

00-478-CD
ALLSTATE INSURANCE COMPANY -vs- WALTER C. PRAVE et al

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

(111) ALLSTATE INSURANCE COMPANY

NO. 00-478-CO
IN CIVIL ACTION

-vs-

Plaintiff(s)

(104) WALTER C. PRAVE AND ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a (34)
(114) ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES (11)

Defendant(s)

COMPLAINT

CODE -
FILED ON BEHALF OF
PLAINTIFF

COUNSEL OF RECORD
FOR THIS PARTY:

James R. Apple, Esq.

PA I.D. No. 37942

Charles F. Bennett, Esq.

PA I.D. No. 30541

Joel E. Hausman, Esq.

PA I.D. No. 42096

Marylouise Wagner, Esq.

PA I.D. No. 61095

APPLE AND APPLE, P.C.

Firm No. 719

4650 Baum Boulevard

Pittsburgh, PA 15213-1237

Telephone (412) 682-1466

Fax (412) 682-3138

FILED

APR 25 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

ALLSTATE INSURANCE COMPANY

NO.
IN CIVIL ACTION

-vs- *Plaintiff(s)*

WALTER C. PRAVE AND ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES

Defendant(s)

NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and notice are served upon you, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so, the case may proceed without you and a judgment may be entered against you by the Court without further notice, for any money claimed in the Complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Court Administrator
Clearfield County Courthouse
One North Second Street
Clearfield, Pennsylvania 16830
Telephone Number 814-765-2641 Ex 50-51

COMPLAINT

1. Plaintiff is a corporation having offices at c/o Apple and Apple, P.C., 4650 Baum Blvd., Pittsburgh, PA 15213.

2. Defendants are individuals conducting business at Rd 2, Box 25B, Curwensville, Clearfield County, Pennsylvania 16833, and who are hereinafter referred to collectively as "*Defendant.*"

3. At a specific instance the Plaintiff's insured Donald Fuller hired the Defendant to build a car port at his home.

4. On or about January 16, 1999 the carport failed to support ice and snow on the roof and collapsed, damaging a car and a truck of Mr. Fuller's.

5. The Defendant failed to build the carport up to standards, therefore breached his contract failing to perform in a workman like manner and was negligent in his duty.

6. The Plaintiff subsequently paid its insured an insurance claim in the amount of \$1,971.00.

7. The Plaintiff is entitled to be subrogated to all of the rights and claims of its insured, arising from said incident.

8. Plaintiff avers that the balance due amounts to \$1,971.00.

9. Plaintiff claims legal interest, as damages, on the liquidated debt from February 16, 1999.

10. Although repeatedly requested to do so by Plaintiff, Defendant has willfully failed and refused to pay the amount due Plaintiff or any part thereof.

WHEREFORE, Plaintiff demands Judgment against Defendant(s) in the principal amount of \$1,971.00, with appropriate additional interest from February 16, 1999, and costs.

APPLE AND APPLE, P.C.

By: 
Attorneys for Plaintiff(s)

AFFIDAVIT

I, Missy Haugen, of _____, Plaintiff

herein, verify that the statements of fact contained in the foregoing Pleading are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Date

Missy Haugen
Affiant

Title

Address

City, State and Zip

FILED

APR 25 2000

M. J. 481 atty apple

William A. Shaw

Prothonotary

pd \$80.00

Jcc Sheryb

APPLE & APPLE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ALLSTATE INSURANCE COMPANY
VS
PRAVE, WALTER I/A/A/P/TDBA

00-478-CD

COMPLAINT

SHERIFF RETURNS

NOW MAY 10, 2000 AT 9:20 AM DST SERVED THE WITHIN COMPLAINT
ON WALTER C. PRAVE I/A/A/P/T/A/D/B/A ZEPHYR VENTILATED A/T/A
WALTERS CARPORTS AND GARAGES, DEFENDANT AT RESIDENCE RD 2
BOX 25B, CURWENSVILLE, CLEARFIELD COUNTY, PENNSYLVANIA BY
HANDING TO WALTER C. PRAVE, A TRUE AND ATTESTED COPY OF THE
ORIGINAL COMPLAINT AND MADE KNOWN TO HIM THE CONTENTS
THEREOF.

SERVED BY: MORGILLO/NEVLING

NOW MAY 10, 2000 AT 9:20 AM DST SERVED THE WITHIN COMPLAINT
ON ELIZABETH M. PRAVE I/A/A/P/T/A/D/B/A ZEPHYR VENTILATED
A/T/A WALTERS CARPORTS AND GARAGES, DEFENDANT AT RESIDENCE
RD 2 BOX 25B, CURWENSVILLE, CLEARFIELD COUNTY, PENNSYLVANIA
BY HANDING TO WALTER C. PRAVE, HUSBAND & OWNER A TRUE AND
ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO
HIM THE CONTENTS THEREOF.

SERVED BY: MORGILLO/NEVLING

33.69 SHFF. HAWKINS PAID BY: ATTY.
20.00 SURCHARGE PAID BY: ATTY.

SWORN TO BEFORE ME THIS

18th DAY OF May 2000
William A. Shaw

WILLIAM A. SHAW
Prothonotary
My Commission Expires
1st Monday in Jan. 2002
Clearfield Co., Clearfield, PA.

SO ANSWERS,

Chester A. Hawkins
My Mauley Lamp
CHESTER A. HAWKINS
SHERIFF

FILED

MAY 10 2000
6:35 PM
William A. Shaw
Prothonotary
K28

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

ALLSTATE INSURANCE COMPANY,
Plaintiff,

v.

WALTER C. PRAVE and ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES,
Defendants.

*
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*
*

No. 00 - 478 - CD

ANSWER TO COMPLAINT

NOW COME the Defendants, Walter C. Prave and Elizabeth M. Prave, and by their attorney, James A. Naddeo, Esquire, set forth the following:

1. Paragraph 1 is denied in that after reasonable investigation Defendants are without knowledge or information sufficient to form a belief as to the truth of said averment.

2. Paragraph 2 is denied and on the contrary it is alleged that Elizabeth M. Prave has never conducted business as Zephyr Ventilated a/t/a Walters Carports and Garages and to the contrary it is alleged that said business is wholly owned and operated by Walter C. Prave.

3. Paragraph 3 is admitted in so far as it relates to the Defendant, Walter C. Prave. It is denied, however, that

Plaintiff employed the Defendant, Elizabeth M. Prave, for any purpose.

4. Paragraph 4 is denied in that after reasonable investigation Defendants are without knowledge or information sufficient to form a belief as to the truth of said averment.

5. Paragraph 5 is denied and on the contrary it is alleged that said carport was constructed in a workman like manner.

6. Paragraph 6 is denied in that after reasonable investigation Defendants are without knowledge or information sufficient to form a belief as to the truth of said averment.

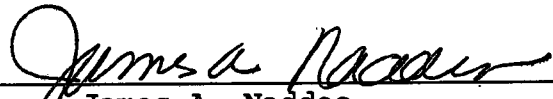
7. Paragraph 7 states a conclusion of law to which no answer is required.

8. Paragraph 8 states a conclusion of law to which no answer is required. To the extent that an answer may be required, it is denied that either Defendant is indebted to the Plaintiff.

9. Paragraph 9 contains a prayer for relief to which no answer is required.

10. Paragraph 10 is admitted in so far as it states that Defendants have failed and/or refused to pay Plaintiff the amount demanded and in further answer thereto Defendants incorporate their answers to Paragraphs 2, 3 and 5 of Plaintiff's Complaint by reference and make them a part hereof.

WHEREFORE, Defendants respectfully request that
Plaintiff's Complaint be dismissed.

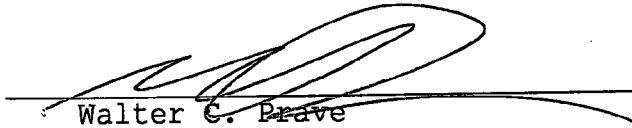

James A. Naddeo
Attorney for Defendants

COMMONWEALTH OF PENNSYLVANIA)

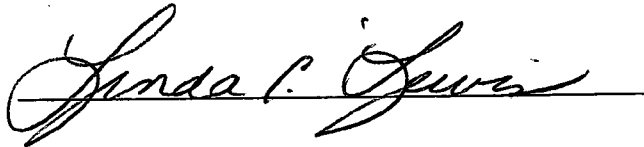
ss.

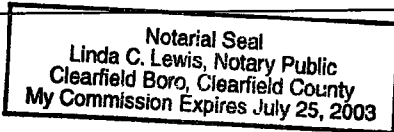
COUNTY OF CLEARFIELD)

Before me, the undersigned officer, personally appeared
WALTER C. PRAVE, who being duly sworn according to law, deposes and
states that the facts set forth in the foregoing Answer to
Complaint are true and correct to the best of his knowledge,
information and belief.


Walter C. Prave

SWORN and SUBSCRIBED before me this 22nd day of May, 2000.




Notarial Seal
Linda C. Lewis, Notary Public
Clearfield Boro, Clearfield County
My Commission Expires July 25, 2003

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

ALLSTATE INSURANCE COMPANY,
Plaintiff,

v.

WALTER C. PRAVE and ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES,
Defendants.

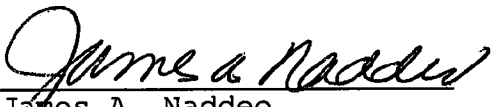
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* No. 00 - 478 - CD
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*

CERTIFICATE OF SERVICE

I, James A. Naddeo, Esquire, do hereby certify that a
certified copy of Defendants' Answer to Complaint in the above-
captioned action was served on the following person and in the
following manner on the 22nd day of May, 2000:

First-Class Mail, Postage Prepaid

James R. Apple, Esquire
Apple and Apple, P.C.
4650 Baum Boulevard
Pittsburgh, PA 15213-1237


James A. Naddeo
Attorney for Defendants

FILED



MAY 22 2000

01/04/15

atly naddo

William A. Shaw

Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

ALLSTATE INSURANCE COMPANY

NO. 00 - 478 - CD
IN CIVIL ACTION

-vs- Plaintiff(s)

WALTER C. PRAVE AND ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES

Defendant(s)

PRAECIPE FOR ARBITRATION

CODE -
FILED ON BEHALF OF
PLAINTIFF

COUNSEL OF RECORD
FOR THIS PARTY:

James R. Apple, Esq.

PA I.D. No. 37942

Charles F. Bennett, Esq.

PA I.D. No. 30541

Joel E. Hausman, Esq.

PA I.D. No. 42096

APPLE AND APPLE, P.C.

Firm No. 719

4650 Baum Boulevard

Pittsburgh, PA 15213-1237

Telephone (412) 682-1466

Fax (412) 682-3138

FILED

JAN 29 2001

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

ALLSTATE INSURANCE COMPANY

NO. 00 - 478 - CD
IN CIVIL ACTION

-vs- *Plaintiff(s)*

WALTER C. PRAVE AND ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES

Defendant(s)

PRAECIPE FOR ARBITRATION

TO THE PROTHONOTARY:

Kindly place the above-captioned matter on the next available Arbitration List.

The hearing will take one hour.

APPLE AND APPLE, P.C.

Dated: Jan 26, 2001

By: 

Attorneys for Plaintiff(s)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

ALLSTATE INSURANCE COMPANY

NO. 00 - 478 - CD
IN CIVIL ACTION

-vs- Plaintiff(s)

WALTER C. PRAVE AND ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES

Defendant(s)

CERTIFICATION OF SERVICE

I hereby certify that I am this day serving a true and correct copy of the attached
or foregoing document upon the person(s) and in the manner indicated below:

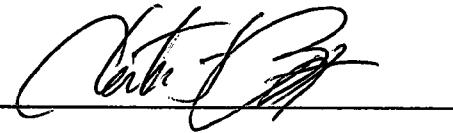
Service by first class mail, postage prepaid and addressed as follows:

James A. Naddeo, Esq.
P.O. Box 552
Clearfield PA 16830

Dated: _____

July 26, 2001

By: _____



FILED

JAN 29 2001
11 36 AM Apple & Apple
William A. Shaw
Prothonotary
Pd. \$20.00

Copy to CA
EPA



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
230 EAST MARKET STREET, SUITE 228
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-~~8889~~ 7449

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

March 1, 2001

Charles F. Bennett, Esquire
Apple & Apple, P.C.
4650 Baum Boulevard
Pittsburgh, PA 15213-1237

James A. Naddeo, Esquire
Attorney at Law
Post Office Box 552
Clearfield, PA 16830

RE: ALLSTATE INSURANCE COMPANY
vs.
WALTER C. PRAVE, al
No. 00-478-CD

FILED

MAR 12 2001

William A. Shaw
Prothonotary

Dear Counsel:

The above case is scheduled for Arbitration Hearing to be held Thursday, May 24, 2001. The following have been appointed to the Board of Arbitrators:

William C. Kriner, Esquire
R. Denning Gearhart, Esquire
Paul E. Cherry, Esquire
Blaise Ferraraccio, Esquire
Jeffrey S. DuBois, Esquire

If you wish to strike an Arbitrator, you must notify the undersigned within seven (7) days from the date of this letter the name you wish stricken from the list.

You will be notified at a later date the exact time of the Arbitration Hearing.

Very truly yours,

Marcy Kelley
Marcy Kelley
Deputy Court Administrator



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
230 EAST MARKET STREET, SUITE 228
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-~~8889~~ 7649

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

March 12, 2001

Charles F. Bennett, Esquire
Apple & Apple, P.C.
4650 Baum Boulevard
Pittsburgh, PA 15213-1237

James A. Naddeo, Esquire
Attorney at Law
Post Office Box 552
Clearfield, PA 16830

RE: ALLSTATE INSURANCE COMPANY

vs.

WALTER C. PRAVE, al
No. 00-478-CD

Dear Counsel:

The above case is scheduled for Arbitration Hearing to be held **Thursday, May 24, 2001 at 1:00 P.M.** The following have been appointed as Arbitrators:

William C. Kriner, Esquire, Chairman
R. Denning Gearhart, Esquire
Paul E. Cherry, Esquire

Pursuant to Local Rule 1306A, you must submit your Pre-Trial Statement seven (7) days prior to the scheduled Arbitration. The original should be forwarded to the Court Administrator's Office and copies to opposing counsel and the Board of Arbitrators. For your convenience, a Pre-Trial (Arbitration) Memorandum Instruction Form is enclosed as well as a copy of said Local Rule of Court.

Very truly yours,

Marcy Kelley
Marcy Kelley
Deputy Court Administrator

cc: William C. Kriner, Esquire
R. Denning Gearhart, Esquire
Paul E. Cherry, Esquire

FILED

W. A. Shaw
MAR 12 2001

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ALLSTATE INSURANCE COMPANY,

Plaintiff

vs.

WALTER C. PRAVE and ELIZABETH
M. PRAVE, i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED, a/t/a
WALTERS CARPORTS AND GARAGES,
Defendants

CIVIL ACTION

No. 00 - 478 - CD

PRAECIPE FOR APPEARANCE

Filed on behalf of:

Plaintiff, ALLSTATE INSURANCE
COMPANY

Counsel of Record for said
Party:

JAMES R. APPLE, ESQUIRE
PA I.D. No. 37942
CHARLES F. BENNETT, ESQUIRE
PA I.D. No. 30541
JOEL E. HAUSMAN, ESQUIRE
PA I.D. No. 42096
MARYLOUISE WAGNER
PA I.D. No. 61095

APPLE AND APPLE, P.C.
Firm No. 719
4650 Baum Boulevard
Pittsburgh, PA 15213-1237
412/682-1466

JOSEPH COLAVECCHI, ESQUIRE
PA I.D. NO. 06810

COLAVECCHI RYAN & COLAVECCHI
221 East Market Street
P.O. Box 131
Clearfield, PA 16830
814/765-1566

LAW OFFICES OF
COLAVECCHI
RYAN & COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

FILED

APR 02 2001

M/12:55/41
William A. Shaw
Prothonotary

W. C.

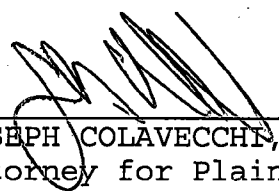
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION

ALLSTATE INSURANCE COMPANY, :
Plaintiff :
vs. : No. 00 - 478 - CD
WALTER C. PRAVE and ELIZABETH :
M. PRAVE, i/a/a/p/t/a/d/b/a :
ZEPHYR VENTILATED, a/t/a :
WALTERS CARPORTS AND GARAGES, :
Defendants:

PRAECIPE FOR APPEARANCE

TO: WILLIAM SHAW, PROTHONOTARY

Please enter my appearance as Co-Counsel on behalf of the
Plaintiff, Allstate Insurance Company, in the above-captioned
action.


JOSEPH COLAVECCHI, ESQUIRE
Attorney for Plaintiff

LAW OFFICES OF
COLAVECCHI
RYAN & COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

5/10/07

DATE

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ALLSTATE INSURANCE COMPANY,
Plaintiff

CIVIL DIVISION

No. 00 - 478 - CD

vs.

PETITION REQUESTING
CONTINUANCE UNDER RULE 1303

WALTER C. PRAVE and ELIZABETH
M. PRAVE, i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED, a/t/a
WALTERS CARPORTS AND GARAGES,
Defendants

Filed on behalf of:

Plaintiff, ALLSTATE INSURANCE
COMPANY

Counsel of Record for said
Party:

JAMES R. APPLE, ESQUIRE
PA I. D. No. 37942
CHARLES F. BENNETT, ESQUIRE
PA I. D. No. 30541
JOEL E. HAUSMAN, ESQUIRE
PA I. D. No. 42096
MARYLOUISE WAGNER
PA I. D. No. 61095

APPLE AND APPLE, P.C.
Firm No. 719
4650 Baum Boulevard
Pittsburgh, PA 15213-1237
412/682-1466

JOSEPH COLAVECCHI, ESQUIRE
PA I. D. NO. 06810

COLAVECCHI, RYAN & COLAVECCHI
221 East Market Street
P. O. Box 131
Clearfield, PA 16830
814/765-1566

LAW OFFICES OF
COLAVECCHI
RYAN & COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

FILED

APR 06 2001

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION

ALLSTATE INSURANCE COMPANY, :
Plaintiff :
vs. : No. 00 - 478 - CD
WALTER C. PRAVE and ELIZABETH :
M. PRAVE, i/a/a/p/t/a/d/b/a :
ZEPHYR VENTILATED, a/t/a :
WALTERS CARPORTS AND GARAGES, :
Defendants:

PETITION REQUESTING CONTINUANCE UNDER RULE 1303

Plaintiff, through its attorney, Joseph Colavecchi, Esquire, files this petition for a continuance and respectfully avers as follows:

1. The above case is presently scheduled to be heard by the Clearfield County Board of Arbitration on May 24, 2001.

2. However, Donald Fuller, witness for the Plaintiff and the owner of the property which is the subject of the Complaint in this case, is scheduled to be out of the country on that date having prepaid for a vacation.

3. James A. Naddeo, Attorney for Defendants, does not oppose a continuance in this case.

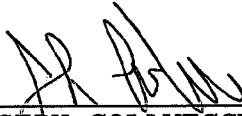
4. The Board of Arbitration in this case consists of William C. Kriner, Esquire, R. Denning Gearhart, Esquire, and Paul E. Cherry, Esquire.

5. It would constitute a grave hardship for Donald Fuller to appear on the date scheduled for this arbitration and he would

suffer a serious financial loss.

6. Plaintiff is Allstate Insurance Company which is the subrogee of the claim of Donald Fuller.

WHEREFORE, Plaintiff asks that the arbitration presently scheduled to be held on May 24, 2001 be continued.



JOSEPH COLAVECCHI, ESQUIRE
Attorney for Plaintiff

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION
No. 00-478-CD

**ALLSTATE INSURANCE COMPANY,
Plaintiff**

vs.

WALTER C. PRAVE and ELIZABETH M. PRAVE, i/a/a/p/t/a/d/b/a ZEPHYR VENTILATED, a/t/a WALTERS CARPORTS AND GARAGES, Defendants

PETITION REQUESTING
CONTINUANCE UNDER RULE 1303

FILED 11:00 AM APR 05 2001
DEAC
Atty Colavecchi

William A. Shaw
Prothonotary

COLAVECCHI
RYAN & COLAVECCHI

ATTORNEYS AT LAW
221 EAST MARKET STREET
(ACROSS FROM COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA 16830

new Order
w/ copies
attached!
Hanks!
m~

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ALLSTATE INSURANCE COMPANY,
Plaintiff

Vs.

WALTER C. PRAVE and
ELIZABETH M. PRAVE,
I/a/a/p/t/a/d/b/a ZEPHYR
VENTILATED a/t/a WALTERS
CARPORTS and GARAGES,
Defendants

CIVIL DIVISION

No. 00 - 478 - CD

ORDER

Filed on Behalf of:

Plaintiff, ALLSTATE INSURANCE
COMPANY

Counsel of Record for This
Party:

JAMES R. APPLE, ESQUIRE
Pa. I.D. #37942
CHARLES F. BENNETT, ESQUIRE
Pa. I.D. #30541
JOEL E. HAUSMAN, ESQUIRE
Pa. I.D. #42096

APPLE AND APPLE
Firm #719
4650 Baum Boulevard
Pittsburgh, PA 15213-1237
412/682-1466

JOSEPH COLAVECCHI, ESQUIRE
Pa. I.D. #06810

COLAVECCHI RYAN & COLAVECCHI
221 East Market Street
P.O. Box 131
Clearfield, PA 16830
814/765-1566

LAW OFFICES OF
COLAVECCHI
RYAN & COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

FILED

APR 17 2001

William A. Shaw
Prothonotary

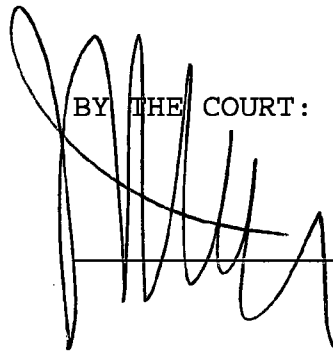
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

ALLSTATE INSURANCE COMPANY, :
Plaintiff : No. 00 - 478 - CD
Vs. :
WALTER C. PRAVE and ELIZABETH :
M. PRAVE, I/a/a/p/t/a/d/b/a :
ZEPHYR VENTILATED a/t/a WALTERS :
CARPORTS and GARAGES, :
Defendants:

ORDER

AND NOW, this 16th day of April 2001, upon consideration
of the foregoing Petition to continue the Arbitration in this case,
it is hereby ORDERED and DECREED that said continuance is granted
and that the Court Administrator is directed to schedule this case
for Arbitration at the next available arbitration date.

BY THE COURT:



LAW OFFICES OF
COLAVECCHI
RYAN & COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

FILED

APR 17 2001

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNA.

CIVIL DIVISION

No. 00 - 478 - CD

ALLSTATE INSURANCE COMPANY,
Plaintiff

vs.

WALTER C. PRAVE and ELIZABETH M.
PRAVE, i/a/a/p/t/a/d/b/a ZEPHRY
VENTILATED a/t/a WALTERS
CARPORTS and GARAGES,

Defendants

ORDER

**COLAVECCHI
RYAN & COLAVECCHI**

ATTORNEYS AT LAW
221 EAST MARKET STREET
(ACROSS FROM COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA 16830

FILED

APR 17 2001

018:30 (wms)
William A. Shaw
Prothonotary

3 cam to Amy

9/25



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
230 EAST MARKET STREET, SUITE 228
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-6089

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

May 1, 2001

Charles F. Bennett, Esquire
Apple & Apple, P.C.
4650 Baum Boulevard
Pittsburgh, PA 15213-1237

James A. Naddeo, Esquire
Attorney at Law
Post Office Box 552
Clearfield, PA 16830

RE: ALLSTATE INSURANCE COMPANY

vs.

WALTER C. PRAVE, al
No. 00-478-CD

Dear Counsel:

The above case is scheduled for Arbitration Hearing to be held Wednesday, July 25, 2001. The following have been appointed to the Board of Arbitrators:

Laurance B. Seaman, Esquire
J. Richard Lhota, Esquire
Gary A. Knaresboro, Esquire
Theron G. Noble, Esquire
William A. Shaw, Jr., Esquire

If you wish to strike an Arbitrator, you must notify the undersigned within seven (7) days from the date of this letter the name you wish stricken from the list.

You will be notified at a later date the exact time of the Arbitration Hearing.

Very truly yours,

Marcy Kelley
Marcy Kelley
Deputy Court Administrator

FILED

MAY 10 2001

William A. Shaw
Prothonotary



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
230 EAST MARKET STREET, SUITE 228
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-8089 7649

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

May 10, 2001

Charles F. Bennett, Esquire
Apple & Apple, P.C.
4650 Baum Boulevard
Pittsburgh, PA 15213-1237

James A. Naddeo, Esquire
Attorney at Law
Post Office Box 552
Clearfield, PA 16830

RE: ALLSTATE INSURANCE COMPANY
vs.
WALTER C. PRAVE, al
No. 00-478-CD

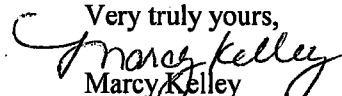
Dear Counsel:

The above case is scheduled for Arbitration Hearing to be held **Wednesday, July 25, 2001 at 1:00 P.M.** The following have been appointed as Arbitrators:

J. Richard Lhota, Esquire, Chairman
Gary A. Knaresboro, Esquire
Theron G. Noble, Esquire

Pursuant to Local Rule 1306A, you must submit your Pre-Trial Statement seven (7) days prior to the scheduled Arbitration. The original should be forwarded to the Court Administrator's Office and copies to opposing counsel and the Board of Arbitrators. For your convenience, a Pre-Trial (Arbitration) Memorandum Instruction Form is enclosed as well as a copy of said Local Rule of Court.

Very truly yours,


Marcy Kelley
Deputy Court Administrator

cc: J. Richard Lhota, Esquire
Gary A. Knaresboro, Esquire
Theron G. Noble, Esquire

FILED

0/10:00/01
MAY 1 11 2001

William A. Shaw
Prothonotary



OFFICE OF COURT ADMINISTRATOR
FORTY-SIXTH JUDICIAL DISTRICT OF PENNSYLVANIA

CLEARFIELD COUNTY COURTHOUSE
230 EAST MARKET STREET, SUITE 228
CLEARFIELD, PENNSYLVANIA 16830

DAVID S. MEHOLICK
COURT ADMINISTRATOR

PHONE: (814) 765-2641
FAX: 1-814-765-~~0009~~ 7649

MARCY KELLEY
DEPUTY COURT ADMINISTRATOR

May 11, 2001

Charles F. Bennett, Esquire
Apple & Apple, P.C.
4650 Baum Boulevard
Pittsburgh, PA 15213-1237

James A. Naddeo, Esquire
Attorney at Law
Post Office Box 552
Clearfield, PA 16830

RE: ALLSTATE INSURANCE COMPANY

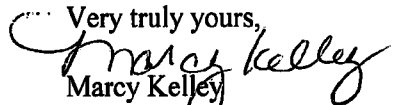
vs.

WALTER C. PRAVE, al
No. 00-478-CD

Dear Counsel:

Regarding the above case scheduled for Arbitration Hearing on Wednesday, July 25, 2001 at 1:00 P.M., please be advised that William A. Shaw, Jr., Esquire will be an Arbitrator rather than Theron G. Noble, Esquire, as stated in my letter of May 10, 2001.

I apologize for any inconvenience or confusion this has caused.

Very truly yours,

Marcy Kelley
Deputy Court Administrator

cc: J. Richard Lhota, Esquire
Gary A. Knaresboro, Esquire
William A. Shaw, Jr., Esquire
Theron G. Noble, Esquire

FILED

MAY 11 2001

William A. Shaw
Prothonotary

1312

12

[Signature]
FILED
07/23/2001
MAY 11 2001
William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

Allstate Insurance Company

Vs.

No. 2000-00478-CD

Walter C. Prave and Elizabeth M. Prave i/a/a/p/t/a/d/b/a
Zephyr Ventilated a/t/a Walters Carports and Garages

OATH OR AFFIRMATION OF ARBITRATORS

Now, this 25th day of July, 2001, we the undersigned, having been appointed arbitrators in the above case do hereby swear, or affirm, that we will hear the evidence and allegations of the parties and justly and equitably try all matters in variance submitted to us, determine the matters in controversy, make an award, and transmit the same to the Prothonotary within twenty (20) days of the date of hearing of the same.

J. Richard Lhota, Esq.

Gary A. Knaresboro, Esq.

William A. Shaw, Jr., Esq.

J. Richard Lhota
Chairman
Gary A. Knaresboro
William A. Shaw, Jr.

Sworn to and subscribed before me this
July 25, 2001

[Signature]
Prothonotary

AWARD OF ARBITRATORS

Now, this 25th day of July, 2001, we the undersigned arbitrators appointed in this case, after being duly sworn, and having heard the evidence and allegations of the parties, do award and find as follows:

We find in favor of Defendant.

J. Richard Lhota
Chairman
Gary A. Knaresboro
William A. Shaw, Jr.

FILED

JUL 25 2001

William A. Shaw
Prothonotary

(Continue if needed on reverse.)

ENTRY OF AWARD

Now, this 25th day of July, 2001, I hereby certify that the above award was entered of record this date in the proper dockets and notice by mail of the return and entry of said award duly given to the parties or their attorneys.

WITNESS MY HAND AND THE SEAL OF THE COURT

[Signature]
Prothonotary

By _____

COPY

Allstate Insurance Company

Vs.

Walter C. Prave Elizabeth M. Prave Zephyr
Ventilated Walters Carports and Garages

: IN THE COURT OF COMMON PLEAS
: OF CLEARFIELD COUNTY
: No. 2000-00478-CD
:

NOTICE OF AWARD

TO: JAMES A. NADDEO

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on July 25, 2001 and have awarded:

We find in favor of Defendant.

William A. Shaw
Prothonotary
By _____

July 25, 2001
Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

COPY

Allstate Insurance Company

Vs.

Walter C. Prave Elizabeth M. Prave Zephyr
Ventilated Walters Carports and Garages

: IN THE COURT OF COMMON PLEAS
: OF CLEARFIELD COUNTY
: No. 2000-00478-CD
:

NOTICE OF AWARD

TO: CHARLES F. BENNETT, ESQ.

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on July 25, 2001 and have awarded:

We find in favor of Defendant.

William A. Shaw
Prothonotary
By _____

July 25, 2001
Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

COPY

Allstate Insurance Company

Vs.

Walter C. Prave Elizabeth M. Prave Zephyr
Ventilated Walters Carports and Garages

: IN THE COURT OF COMMON PLEAS
: OF CLEARFIELD COUNTY
: No. 2000-00478-CD
:

NOTICE OF AWARD

TO: JOSEPH COLAVECCHI

You are herewith notified that the Arbitrators appointed in the above case have filed their award in this office on July 25, 2001 and have awarded:

We find in favor of Defendant.

William A. Shaw

Prothonotary

By _____


July 25, 2001

Date

In the event of an Appeal from Award of Arbitration within thirty (30) days of date of award.

Fuller

allstate v. Prave 00-478-CD



Walter's Steel Carports

RD #2 - Box 25B
Curwensville, PA 16833

Phone/Fax:
(814) 236-1420
(814) 471-8160
1-800-611-3908

STEEL CARPORTS AVAILABLE NOW!

Makes A Beautiful Pavillion

- Holds snow up to three feet deep. (See Photo.)
- Frame & base 2-1/4" square hot-dipped galvanized steel. (Won't rust)
- Three standard sizes: 12'x21', 18'x21', 20'x21'
- Custom sizes available
- Withstands high winds
- Freestanding, install in dirt, asphalt or concrete
- Virtually maintenance-free
- Roofing guaranteed 20 years

PRICES INCLUDE INSTALLATION

12'X21' - \$1,395 • 18'X21' - \$1,595 • 20'X21' - \$1,795

Prices Subject to Change Without Notice.

The
Shadyside
Deal In
Town!

WALTERS CARPORTS & GARAGES
RD2 BOX 25 B, CURWENSVILLE, PA 16833
PHONE/FAX 814-236-7450
814-371-8160 OR 1-800-611-3908

DATE: 11/15/28

DEALER ~~Donald Fullen~~

INVOICE # _____

CUSTOMER NAME: Donald Fullen

ADDRESS: HC 25 Box 22A Lock Haven Pa 17225

PHONE: (717) 765-7896

SIZE: 12x21x6 COLOR/TOP: _____ TRIM: _____

OPTIONAL FEATURES: _____

THANK YOU FOR PURCHASING THE FINEST CARPORT & GARAGE AVAILABLE

WHEN YOUR CARPORT/GARAGE ARRIVES, WE WILL CONTACT YOU FOR A DATE AND TIME TO INSTALL YOUR CARPORT/GARAGE, WEATHER PERMITTING.

FOR YOUR INFORMATION

WE WILL NOT BE RESPONSIBLE FOR PERMITS, COVENANT SEARCH, OR OTHER RESTRICTIONS. PLEASE CONTACT YOUR LOCAL BUILDING INSPECTOR OR HOMEOWNERS ASSOCIATION FOR MORE INFORMATION OR REQUIRED PERMITS.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE AREA IS LEVEL WHERE THE CARPORT/GARAGE IS TO BE INSTALLED. THERE WILL BE AN ADDITIONAL CHARGE FOR ANY DIGGING/LEVELING THAT WE DO.

DOWN PAYMENT REQUIRED WILL BE ONE HALF OF THE TOTAL INSTALLED COST OF THE CARPORT OR GARAGE. BALANCE IS DUE IN FULL AT THE TIME THAT WE DELIVER AND INSTALL YOUR CARPORT OR GARAGE.

PRICE OF CARPORT/GARAGE: \$ 1550.00

SALES TAX (6%) \$ 0

ADDITIONAL CHARGES \$ _____

TOTAL DUE \$ _____

DOWN PAYMENT (1/2 OF COST) \$ 775.00

DATE PAID 11-22-28 900.00

BALANCE DUE TO WALTER'S \$ 775.00

DATE PAID _____

THERE WILL BE AN 18% PER ANNUM LATE FEE CHARGED ON ALL ACCOUNTS NOT PAID IN FULL UPON INSTALLATION.

CUSTOMER SIGNATURE: _____

DATE: _____

THANK YOU VERY MUCH, WE APPRECIATE YOUR BUSINESS!!

12-7-11

1-16

CLAIM PHOTOGRAPH
RECORD

Claim No. 665094 9578
Insured Feller

TAKEN _____
DATE _____
Yes _____ No _____



PHOTO

Negative available: _____

Yes

No

DESCRIPTION _____

ATTACH HERE

COMMENTS: _____

SUBMITTED BY: _____

NAME

DATE

CLAIM PHOTOGRAPH

RECORD

Claim No. 6650949578
Insured Fuller

DATE

Yes

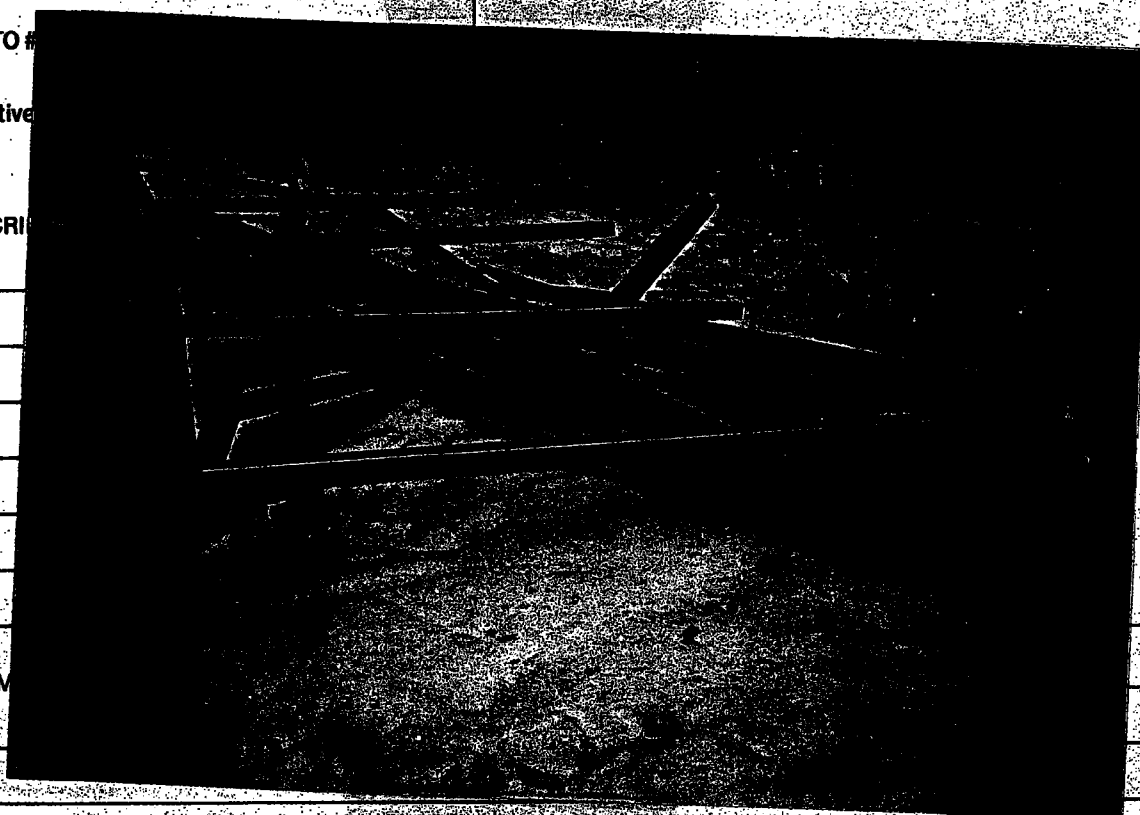
No



PHOTO #

Negative

DESCRIPTION



COMMENTS

SUBMITTED BY:

NAME

DATE

CLAIM PHOTOGRAPH
RECORD

Claim No. _____

Insured _____



_____ TAKEN _____ DATE _____

Negative available? _____ Yes _____ No _____

DESCRIPTION _____

PHOTO # _____ TAKEN _____

Negative available? _____

DESCRIPTION _____



COMMENTS: _____

SUBMITTED BY: _____ NAME _____

DATE _____

**CLAIM PHOTOGRAPH
RECORD**

Claim No. _____

Insured _____



TAKEN _____
DATE _____

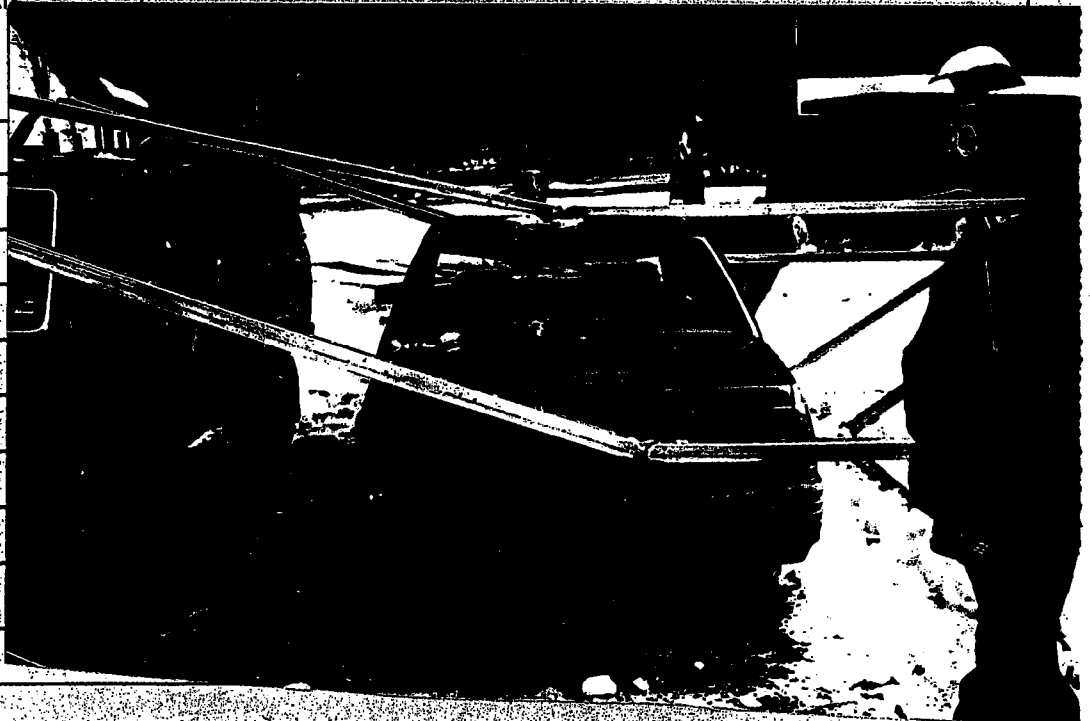
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Yes _____ No _____

PHOTO # _____ TAKEN _____
DATE _____

Negative available? _____
Yes _____

DESCRIPTION _____

COMMENTS: _____



SUBMITTED BY: _____

NAME

DATE

CLAIM PHOTOGRAPH
RECORD

Claim No. _____

Insured _____



TAKEN _____ DATE _____

ble? _____ Yes _____ No _____

← Shows
DEPTH
LESS THAN
1 - 1/2 FOOT

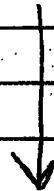
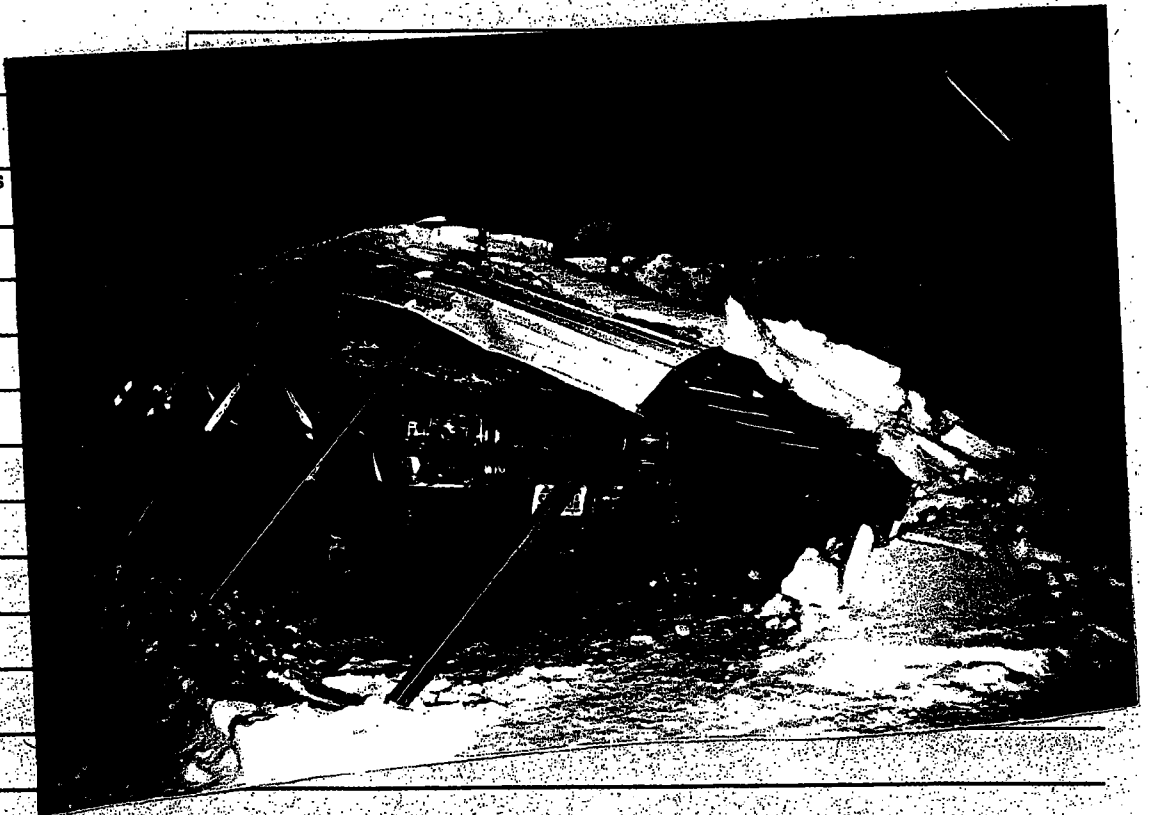


PHOTO # _____ TAKEN _____

Negative available? _____ Yes _____

DESCRIPTION _____

COMMENTS: _____



SUBMITTED BY: _____ TAKEN BY INSD
NAME

DATE

CLAIM PHOTOGRAPH RECORD

Claim No. _____

Insured _____

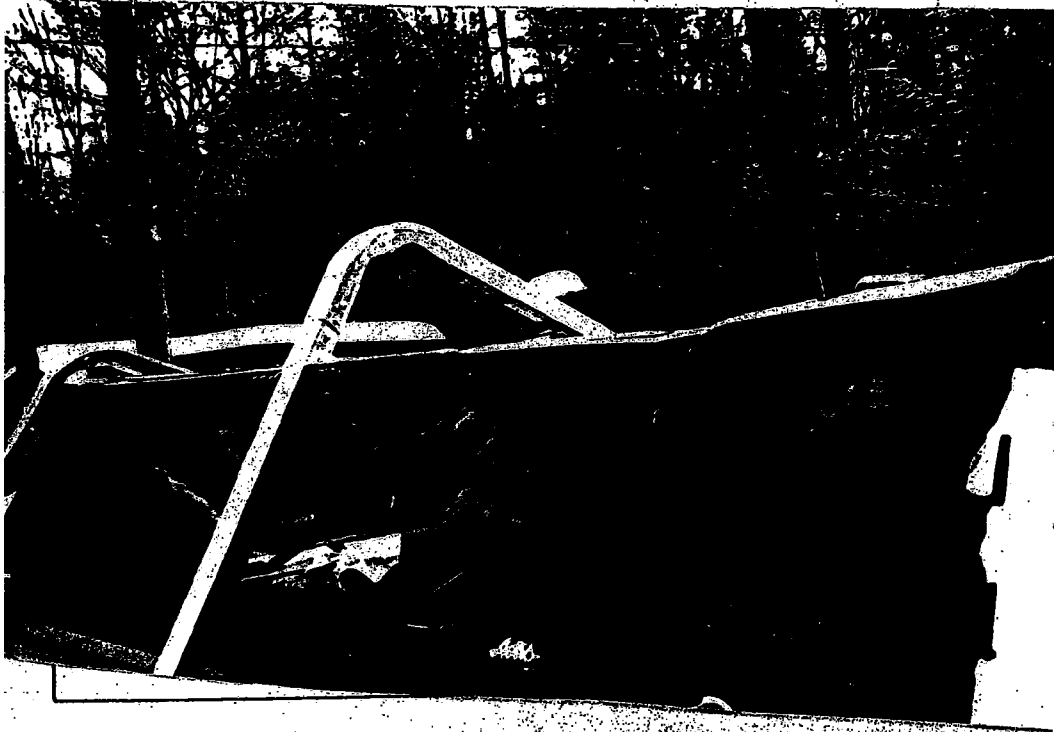


PHOTO # _____ TAKEN _____ DATE _____

Negative available? ☐ Yes ☐ No

DESCRIPTION _____

PHOTO # _____ TAKEN _____

Negative available? _____

DESCRIPTION _____



COMMENTS: _____

SUBMITTED BY: _____ NAME _____

DATE _____

CLAIM PHOTOGRAPH
RECORD

Claim No. _____

Insured _____



TAKEN _____

DATE _____

ble? _____
Yes _____ No _____

← SHOWS
DEPTH
LESS THAN
1 1/2 FOOT



PHOTO # _____ TAKEN _____

Negative available? _____
Yes _____

DESCRIPTION _____

COMMENTS: _____



SUBMITTED BY: _____

NAME

TAKEN BY INSD

DATE

**CLAIM PHOTOGRAPH
RECORD**

Claim No. _____

Insured _____



TAKEN _____
DATE _____

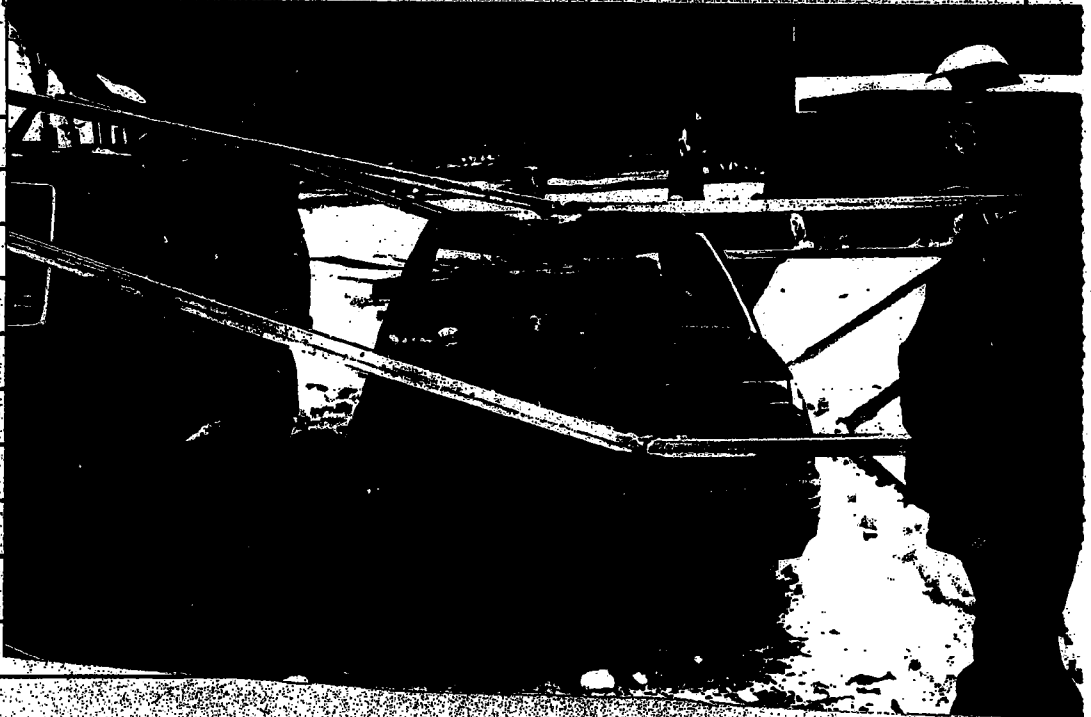
able? _____
Yes _____ No _____

PHOTO # _____ TAKEN _____
DATE _____

Negative available? _____
Yes _____

DESCRIPTION _____

COMMENTS: _____



SUBMITTED BY: _____

NAME

DATE

CLAIM PHOTOGRAPH
RECORD

Claim No. 6650949578
Insured Fuller



DATE _____

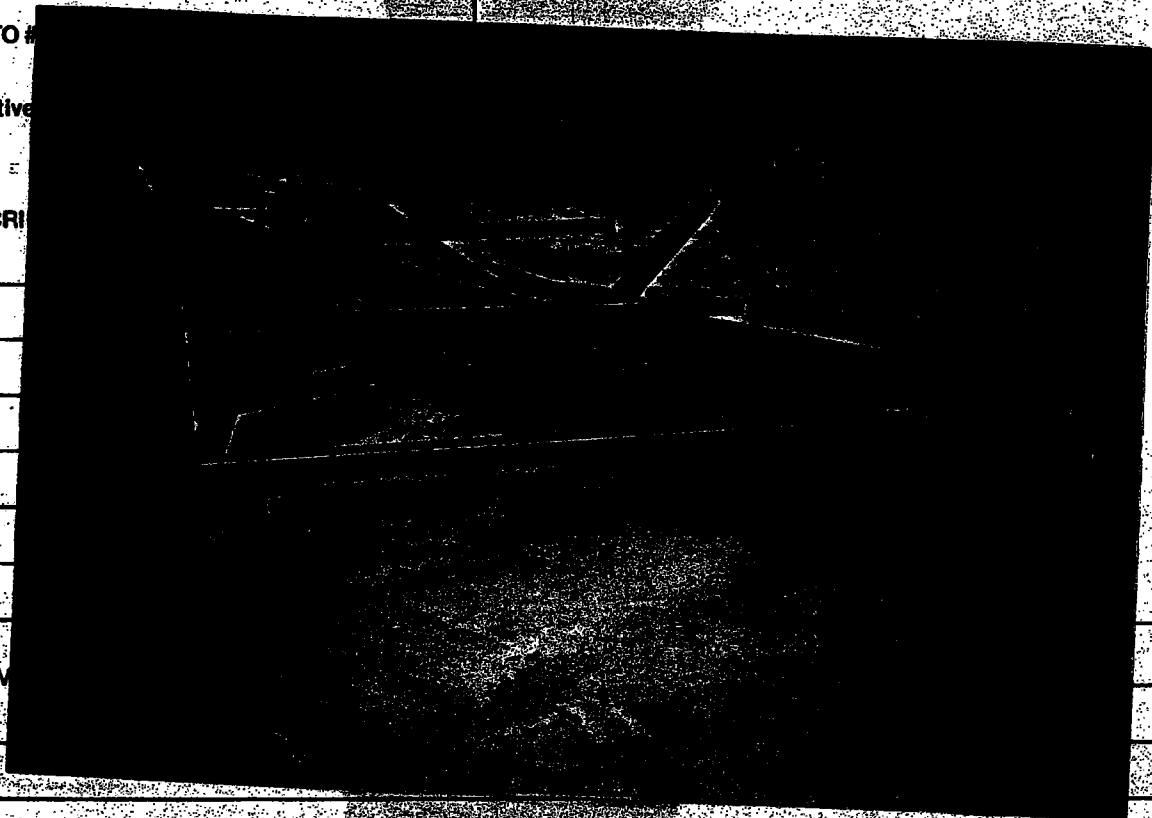
Yes _____ No _____

PHOTO #

Negative

DESCRIBE

COMMENT



SUBMITTED BY: _____

NAME

Alma

DATE

1/22/89

CLAIM PHOTOGRAPH
RECORD

Claim No. 665094 9570
Insured F. H.



TAKEN _____ DATE _____
Yes No

PHOTO

Investigative available:

Yes No

DESCRIPTION _____

ATTACH HERE

COMMENTS: _____

SUBMITTED BY: _____

NAME

DATE

W. H.
TS 3

1/22/99

WALTERS CARPORTS & GARAGES
RD2 BOX 25 B, CURWENSVILLE, PA 16833
PHONE/FAX 814-236-7450
814-371-8160 OR 1-800-611-3908

DATE: 11/15/08

DEALER Donald Fullen INVOICE # _____

CUSTOMER NAME: Donald Fullen

ADDRESS: HC 35 Box 72A Lock Haven Pa 17225

PHONE: (717) 765-7896

SIZE: 12x21x6 COLOR/TOP: _____ TRIM: _____

OPTIONAL FEATURES: _____

THANK YOU FOR PURCHASING THE FINEST CARPORT & GARAGE AVAILABLE

WHEN YOUR CARPORT/GARAGE ARRIVES, WE WILL CONTACT YOU FOR A DATE AND TIME TO INSTALL YOUR CARPORT/GARAGE, WEATHER PERMITTING.

FOR YOUR INFORMATION

WE WILL NOT BE RESPONSIBLE FOR PERMITS, COVENANT SEARCH, OR OTHER RESTRICTIONS. PLEASE CONTACT YOUR LOCAL BUILDING INSPECTOR OR HOMEOWNERS ASSOCIATION FOR MORE INFORMATION OR REQUIRED PERMITS.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE AREA IS LEVEL WHERE THE CARPORT/GARAGE IS TO BE INSTALLED. THERE WILL BE AN ADDITIONAL CHARGE FOR ANY DIGGING/LEVELING THAT WE DO.

DOWN PAYMENT REQUIRED WILL BE ONE HALF OF THE TOTAL INSTALLED COST OF THE CARPORT OR GARAGE. BALANCE IS DUE IN FULL AT THE TIME THAT WE DELIVER AND INSTALL YOUR CARPORT OR GARAGE.

PRICE OF CARPORT/GARAGE: \$ 1550.00

SALES TAX (6%) \$ 0

ADDITIONAL CHARGES \$ _____

TOTAL DUE \$ _____

DOWN PAYMENT (1/2 OF COST) \$ 777.50

DATE PAID 11-22-08 900.00

BALANCE DUE TO WALTER'S \$ 777.50

DATE PAID _____

THERE WILL BE AN 18% PER ANNUM LATE FEE CHARGED ON ALL ACCOUNTS NOT PAID IN FULL UPON INSTALLATION.

CUSTOMER SIGNATURE: _____

DATE: _____

THANK YOU VERY MUCH, WE APPRECIATE YOUR BUSINESS!!

12-7-11

1-16

11-1

Fuller



Walter's Steel Carports

RD #2 Box 238
Curwensville, PA 16827

Phone/Fax:

(814) 321-1100

(800) 321-0100

1-800-321-0100

STEEL CARPORTS AVAILABLE NOW!

Makes A Beautiful Pavillion

- Holds snow up to three feet deep. (See Photo.)
- Frame & base 2-1/4" square hot-dipped galvanized steel. (Won't rust.)
- Three standard sizes: 12'x21', 18'x21', 20'x21'.
- Custom sizes available! • Wide open high walls.
- Free-standing, install in dirt, asphalt or concrete.
- Virtually maintenance-free. • Lasting as long as 20 years.

The
Simplest
Deal In
Town!

PRICES INCLUDE INSTALLATION

12'X21' - \$1,395 • 18'X21' - \$1,595 • 20'X21' - \$1,795

Prices Subject to Change Without Notice.

11/5/2

Law Offices
COLAVECCHI, RYAN & COLAVECCHI

*Joseph Colavecchi
John R. Ryan
Paul Colavecchi*

*221 East Market Street
(across from Courthouse)
P.O. Box 131
Clearfield, Pennsylvania 16830
(814) 765-1566*

*FAX
(814) 765-4570*

May 22, 2001

Marcy Kelley
Deputy Court Administrator
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

In Re: Allstate Insurance vs. Walter C. Prave and Elizabeth M. Prave,
i/a/a/p/t/a/d/b/a/ Zepher Ventilated a/t/a Walters Carports and Garages
No. 00-478-CD

Dear Marcy:

I am enclosing, herein, the Pre-trial Memorandum which I am submitting on behalf of the plaintiff in the above-captioned case.

A copy is being sent to James A. Naddeo, attorney for defendant and to the Arbitrators, William C. Kriner, R. Denning Gearhart and Paul E. Cherry.

Sincerely yours,



Joseph Colavecchi

JC:llh

Enclosure

cc: James A. Naddeo, Attorney at Law
William C. Kriner, Attorney at Law
R. Denning Gearhart, Attorney at Law
Paul E. Cherry, Attorney at Law

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ALLSTATE INSURANCE COMPANY,
Plaintiff

Vs.

WALTER C. PRAVE and
ELIZABETH M. PRAVE,
i/a/a/p/t/a/d/b/a ZEPHYR
VENTILATED a/t/a WALTERS
CARPORTS and GARAGES,
Defendants

CIVIL DIVISION

No. 00 - 478 - CD

PRE-TRIAL MEMORANDUM

Filed on Behalf of:

Plaintiff, ALLSTATE INSURANCE
COMPANY

Counsel of Record for This
Party:

JAMES R. APPLE, ESQUIRE
Pa. I.D. #37942
CHARLES F. BENNETT, ESQUIRE
Pa. I.D. #30541
JOEL E. HAUSMAN, ESQUIRE
Pa. I.D. #42096

APPLE AND APPLE
Firm #719
4650 Baum Boulevard
Pittsburgh, PA 15213-1237
412/682-1466

JOSEPH COLAVECCHI, ESQUIRE
Pa. I.D. #06810

COLAVECCHI RYAN & COLAVECCHI
221 East Market Street
P.O. Box 131
Clearfield, PA 16830
814/765-1566

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

ALLSTATE INSURANCE COMPANY, :
Plaintiff : No. 00 - 478 - CD
:
Vs. :
:
WALTER C. PRAVE and ELIZABETH M. :
PRAVE, I/a/a/p/t/a/d/b/a ZEPHYR :
VENTILATED, a/t/a WALTERS :
CARPORTS and GARAGES, :
Defendants:

PRE-TRIAL MEMORANDUM

BRIEF STATEMENT OF CASE:

Allstate Insurance Company is the subrogee for Donald Fuller who hired Prave to build a carport. The carport was constructed by Prave and payment was made to Prave in the amount of \$1,595.00. After the carport was constructed, it collapsed from snow. It was then necessary to remove the debris and the collapsed carport at a cost of \$376.00. Total damages are One Thousand Nine Hundred Seventy-one Dollars (\$1,971.00).

CITATION TO APPLICABLE CASE OR STATUTES:

This is a matter of contract law and a breach of warranty in that the carport constructed was not suitable for the purpose for which it was intended and the workmanship was shoddy.

LIST OF WITNESSES:

John J. Ulicne, Jr.
Allstate Insurance Company
No. 4 Sheraton Drive
Altoona, PA 16601

Donald Fuller
HRC 75, Box 72
Lock Haven, PA 17745

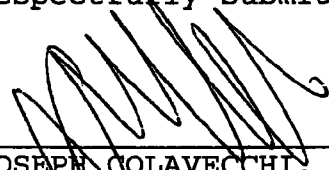
STATEMENT OF DAMAGES:

The damages were the cost of
the carport: \$1,595.00

The cost of clearing the debris: \$ 376.00

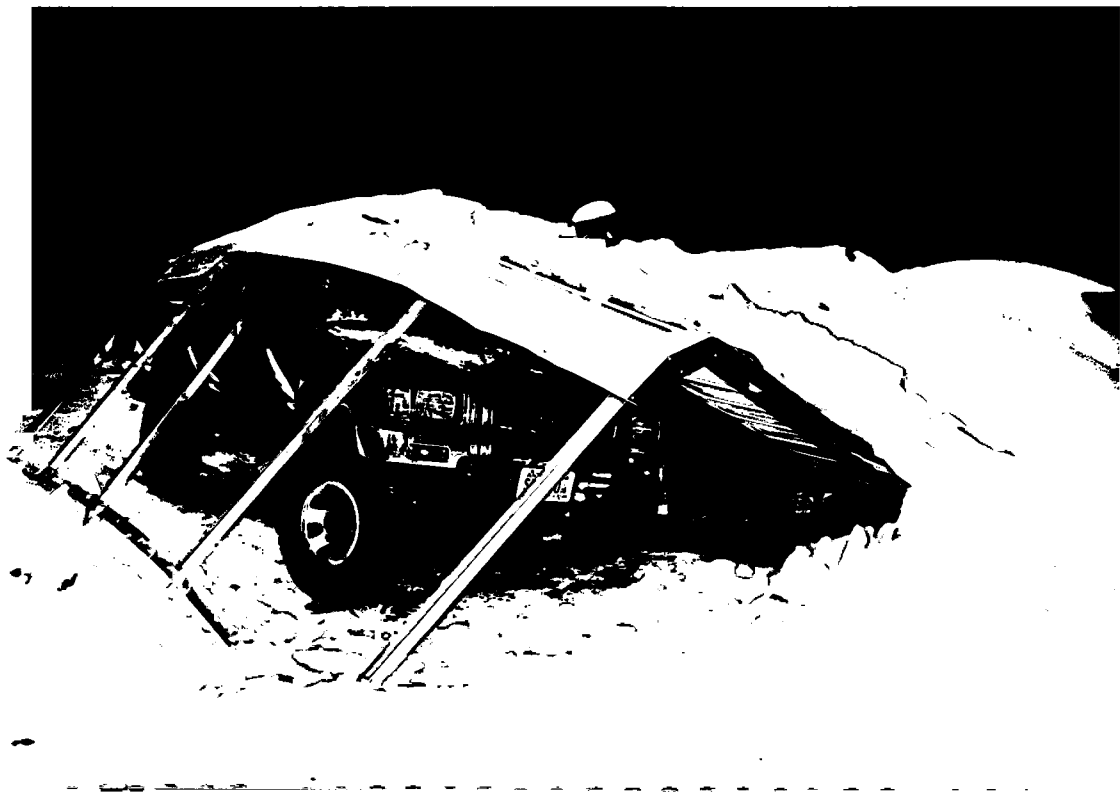
TOTAL: \$1,971.00

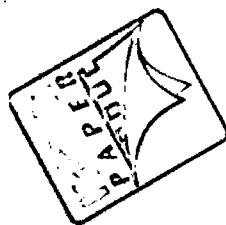
Respectfully submitted,



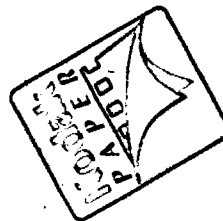
JOSEPH COLAVECCHI, ESQUIRE
Attorney for Plaintiff



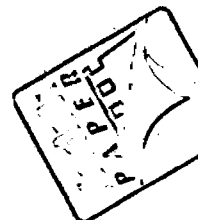


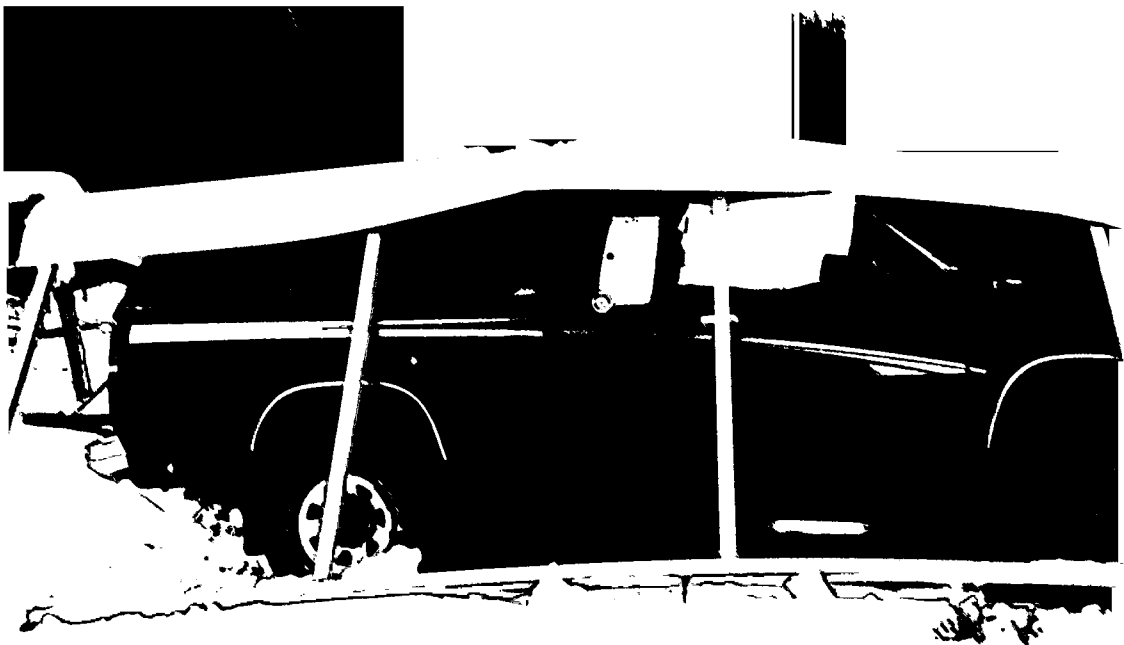


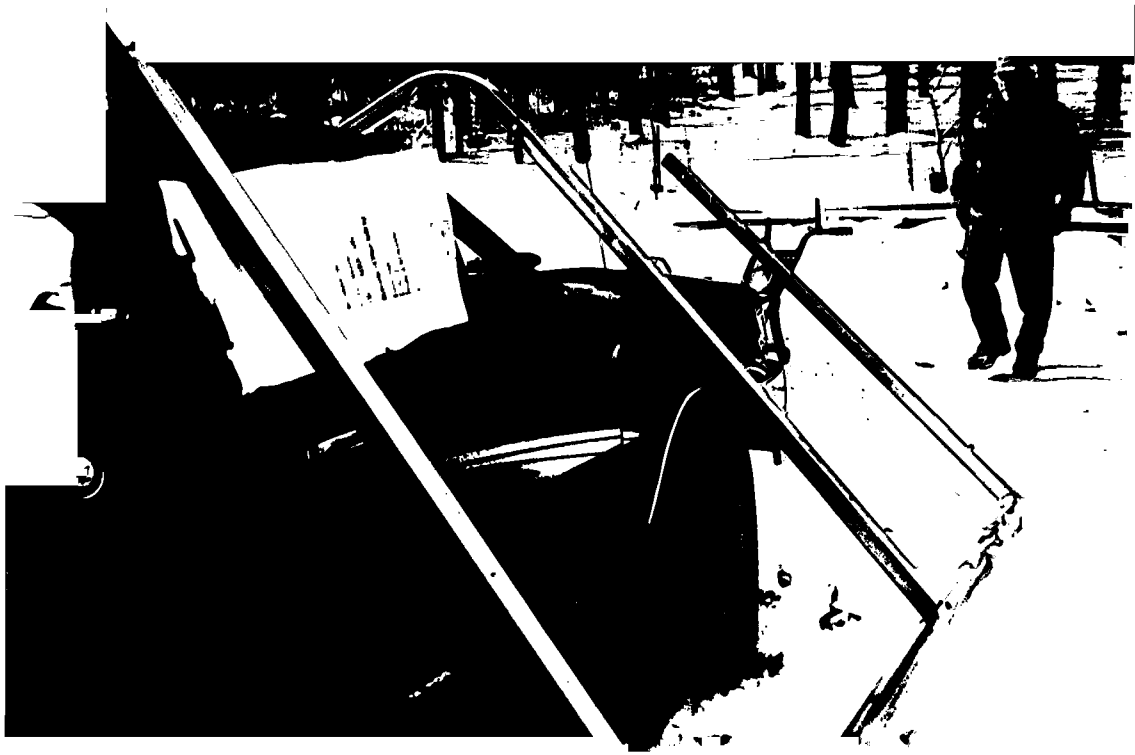
Kodak
PREMIUM
Processing
JAN. 1999 ALK

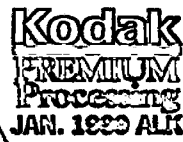
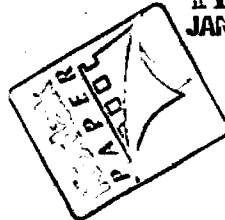


Kodak
PREMIUM
Processing
JAN. 1999 ALK









CLAIM PHOTOGRAPH
RECORD

Claim No. 665094 9570
Insured F. H.



TAKEN _____
DATE _____
Yes _____ No _____

PHOTO

Investigative available:

Yes _____ No _____

DESCRIPTION _____

P#3

ATTACH HERE

COMMENTS: _____

SUBMITTED BY: _____

NAME

DATE

CLAIM PHOTOGRAPH
RECORD

Claim No. 6650949578
Insured Fuller



DATE

Yes

No

PHOTO #

Negative

DESCR

COMM

SUBMITTED BY:

NAME

Alma

DATE

11/22/89

**CLAIM PHOTOGRAPH
RECORD**

Claim No. _____

Insured _____

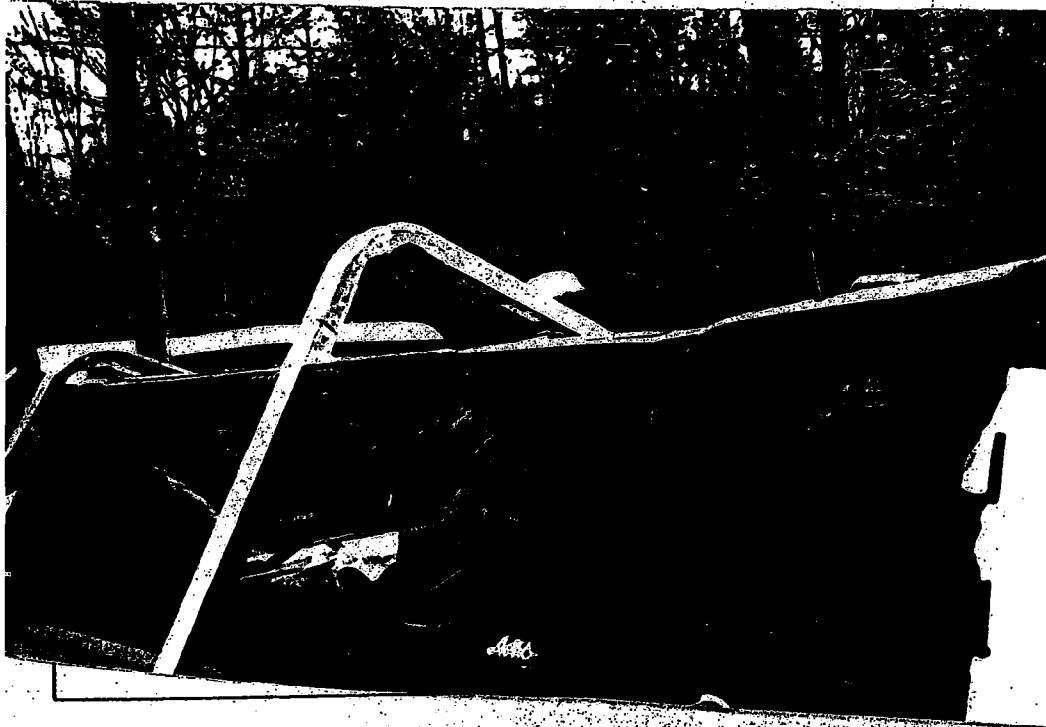


PHOTO # _____ TAKEN _____ DATE _____

Negative available? _____ Yes _____ No _____

DESCRIPTION _____

PHOTO # _____ TAKEN _____

Negative available? _____

DESCRIPTION _____

COMMENTS: _____



SUBMITTED BY: _____ NAME _____

DATE _____

**CLAIM PHOTOGRAPH
RECORD**

Claim No. _____

Insured _____



TAKEN _____
DATE _____

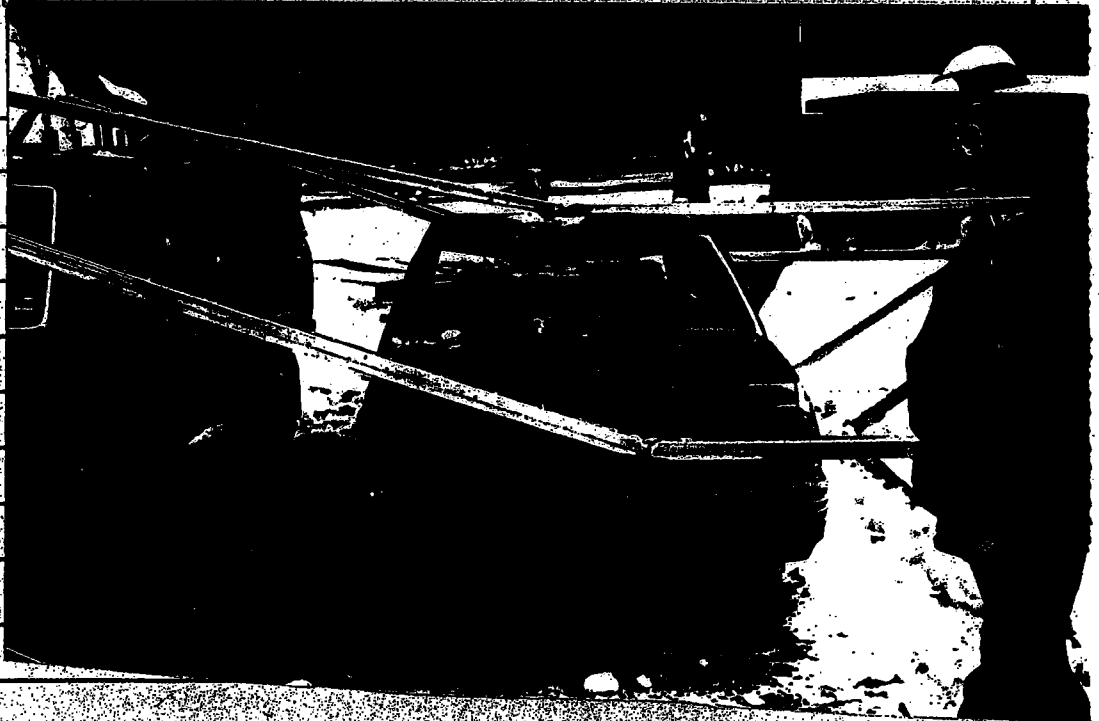
Available? _____
Yes _____ No _____

PHOTO # _____ TAKEN _____
DATE _____

Negative available? _____
Yes _____

DESCRIPTION _____

COMMENTS: _____



SUBMITTED BY: _____

NAME

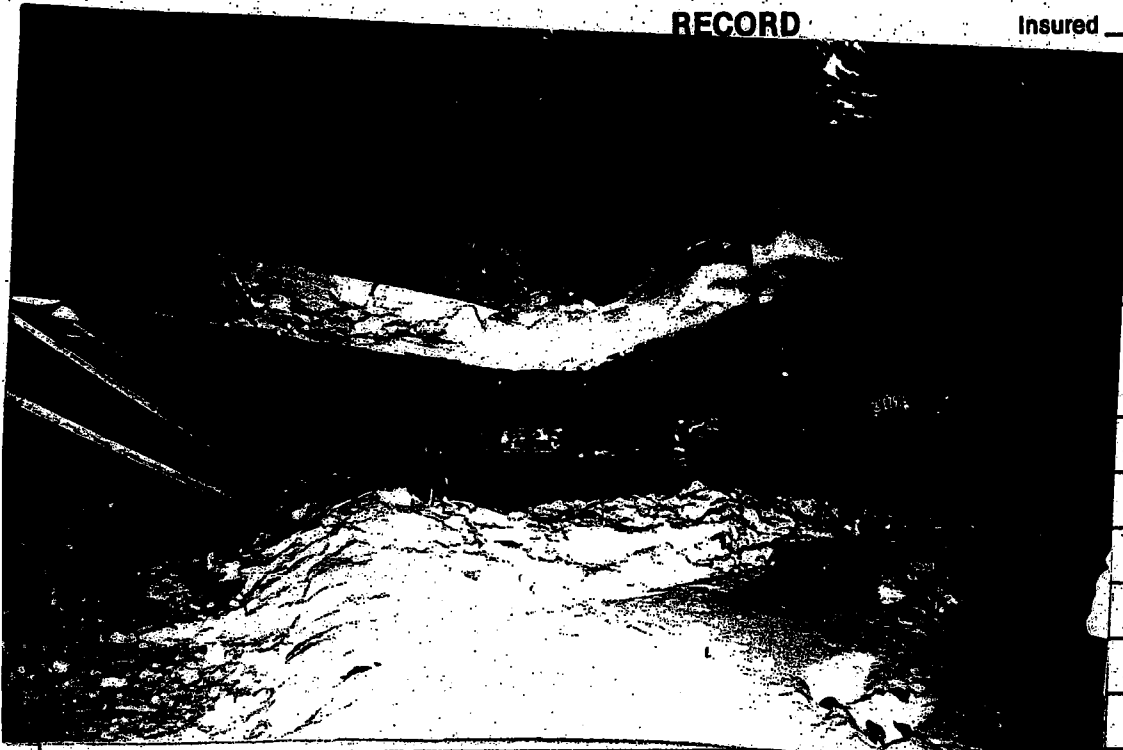
DATE

CLAIM PHOTOGRAPH

RECORD

Claim No. _____

Insured _____



TAKEN _____ DATE _____

able? ☐ Yes ☐ No

← SHOWS
DEPTH
LESS THAN
1 1/2 FOOT

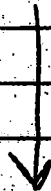
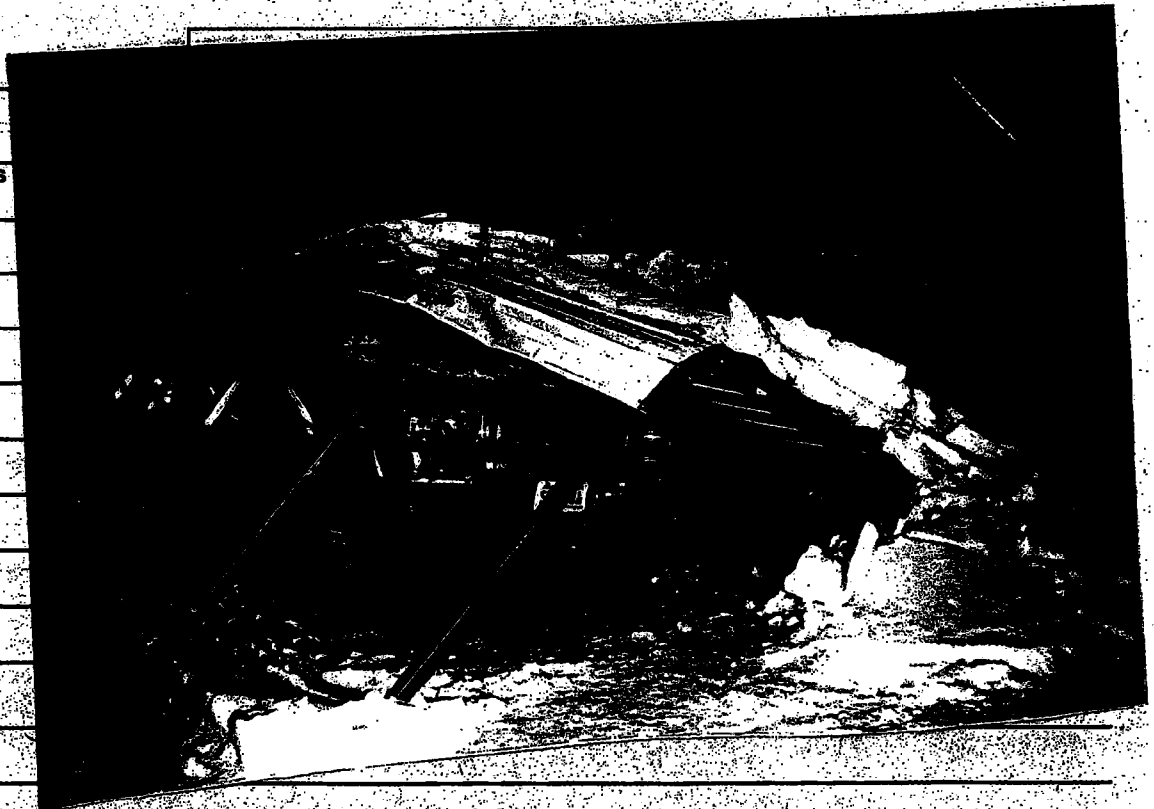


PHOTO # _____ TAKEN _____

Negative available? ☒ Yes

DESCRIPTION _____

COMMENTS: _____



SUBMITTED BY: _____

TAKEN BY INSD
NAME

DATE

2000

Income Tax Return

FOR

**WALTER C. & ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833-9002**

PREPARED BY

**G & C BUSINESS SERVICES CORP
110 N. BRADDOCK STREET
WINCHESTER, VA 22601
Phone: (540) 667-4188
Fax: (540) 667-6872**

B's /

a Control number 00459 50		OMB No. 1545-0008		Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			
b Employer identification number 25-1158053		1 Wages, tips, other compensation 7969.13		2 Federal income tax withheld 1195.38			
c Employer's name, address, and ZIP code CURWENSVILLE AREA SCHOOL DISTRI 650 BEECH STREET CURWENSVILLE, PA. 16833		3 Social security wages 8500.43		4 Social security tax withheld 527.03			
		5 Medicare wages and tips 8500.43		6 Medicare tax withheld 123.27			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 209-32-2036		9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code ELIZABETH M PRAVE R.D. #2 BOX 26 CURWENSVILLE PA 16833		11 Nonqualified plans		12 Benefits included in box 1			
		13 See instrs. for box 13		14 Other PSERS 531.30			
		15 Statutory employee		Deceased		Pension plan <input checked="" type="checkbox"/>	
				Legal rep.		Deferred compensation	
16 State PA	Employer's state I.D. no. 16236440	17 State wages, tips, etc. 8500.43	18 State income tax 238.03	19 Locality name	20 Local wages, tips, etc. 8500.43	21 Local income tax 85.00	

Form **W-2** Wage and Tax Statement **2000**

Department of the Treasury—Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Instructions (Also see Notice to Employee on back of Copy B.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or 1040A.

Box 10. This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. You must complete **Schedule 2 (Form 1040A)** or **Form 2441**, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 12. This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits; see the Form 1040 instructions.

Box 13. The following list explains the codes shown in box 13. You may need this information to complete your tax return.

Note: If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

B—Uncollected Medicare tax on tips (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct)

J—Nontaxable sick pay (not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions)

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q—Military employee basic housing, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

R—Employer contributions to your medical savings account (MSA) (see **Form 8853**, Medical Savings Accounts and Long-Term Care Insurance Contracts)

S—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete **Form 8839**, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

Box 15. If the "Pension plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals in box 13 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong) are generally limited to \$10,500. Elective deferrals for section 403(b) contracts are limited to \$10,500 (\$13,500 in some cases; see Pub. 571). The limit for section 457(b) plans is \$8,000. Amounts over these limits must be included in income. See "Wages, Salaries, Tips, etc." in the Form 1040 instructions.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. The SSA suggests you confirm your work record with them from time to time.

Use the IRS label. Other-wise, please print or type.

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning , 2000, ending , 20 OMB No. 1545-0074

WALTER C. PRAVE
ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833-9002

Your social security number
173-34-2832

Spouse's social security no.
209-32-2036

▲ Important! ▲
 You must enter your SSN(s) above.

Presidential Election Campaign Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☒ No

Filing Status

1 ☐ Single

2 ☒ Married filing joint return (even if only one had income)

3 ☐ Married filing separate return. Enter spouse's SSN above & full name here. ▶

4 ☐ Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (yr. spouse died) ▶. (See page 19.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. No. of boxes checked on 6a and 6b **2**

b ☒ Spouse. No. of your children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see page 20)
 Dependents on 6c not entered above
 Add numbers entered on lines above **2**

c Dependents: If more than six dependents, see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see p. 20)

d Total number of exemptions claimed. **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7,969.**

8a Taxable interest. Attach Schedule B if required. **8a 253.**

b Tax-exempt interest. Do not include on line 8a **8b**

9 Ordinary dividends. Attach Schedule B if required. **9**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) **10**

11 Alimony received. **11**

12 Business income or (loss). Attach Schedule C or C-EZ. **12 8,929.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797. **14**

15a Total IRA distributions **15a** **15b**

b Taxable amount (see pg. 23)

16a Total pensions and annuities **16a** **16b 21.**

b Taxable amount (see pg. 23)

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. **17**

18 Farm income or (loss). Attach Schedule F. **18**

19 Unemployment compensation. **19**

20a Social security benefits **20a** **20b**

b Taxable amount (see pg. 25)

21 Other income. **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22 17,172.**

Adjusted Gross Income

23 IRA deduction (see page 27) **23**

24 Student loan interest deduction (see page 27) **24**

25 Medical savings account deduction. Attach Form 8853. **25**

26 Moving expenses. Attach Form 3903. **26**

27 One-half of self-employment tax. Attach Schedule SE. **27 631.**

28 Self-employed health insurance deduction (see page 29) **28 1,867.**

29 Keogh and self-employed SEP and SIMPLE plans. **29**

30 Penalty on early withdrawal of savings. **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 Add lines 23 through 31a. **32 2,498.**

33 Subtract line 32 from line 22. This is your adjusted gross income **33 14,674.**

Tax and Credits	34	Amount from line 33 (adjusted gross income)	34	14,674.
	35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
	b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	35b	<input type="checkbox"/>
Standard Deduction for Most People	36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	7,350.
Single: \$4,400	37	Subtract line 36 from line 34.	37	7,324.
Head of household: \$6,450	38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	38	5,600.
Married filing jointly or Qualifying widow(er): \$7,350	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	1,724.
Married filing separately: \$3,675	40	Tax. Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	257.
	41	Alternative minimum tax. Attach Form 6251	41	0.
	42	Add lines 40 and 41	42	257.
	43	Foreign tax credit. Attach Form 1116 if required.	43	
	44	Credit for child & dependent care expenses. Attach Form 2441	44	
	45	Credit for the elderly or the disabled. Attach Schedule R.	45	
	46	Education credits. Attach Form 8863	46	
	47	Child tax credit (see page 36)	47	
	48	Adoption credit. Attach Form 8839	48	
	49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	49	
	50	Add lines 43 through 49. These are your total credits	50	
	51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	257.
Other Taxes	52	Self-employment tax. Attach Schedule SE.	52	1,262.
	53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
	54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required.	54	
	55	Advance earned income credit payments from Form(s) W-2.	55	
	56	Household employment taxes. Attach Schedule H.	56	
	57	Add lines 51 through 56. This is your total tax	57	1,519.
Payments	58	Federal income tax withheld from Forms W-2 and 1099	58	1,195.
	59	2000 estimated tax payments & amt. applied from 1999 return	59	
If you have a qualifying child, attach Schedule EIC.	60a	Earned income credit (EIC).	60a	NO
	b	Nontaxable earned income: amt. & type		
	61	Excess social security and RRTA tax withheld (see page 50)	61	
	62	Additional child tax credit. Attach Form 8812	62	
	63	Amount paid with request for extension to file (see page 50)	63	
	64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4138	64	
	65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	65	1,195.
Refund	66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66	
Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.	67a	Amount of line 66 you want refunded to you	67a	
	b	Routing no.	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account no.		
	68	Amt. of line 66 you want applied to your 2001 estimated tax	68	
Amount You Owe	69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51.	69	324.
	70	Estimated tax penalty. Also include on line 69	70	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See page 19. Keep a copy for your records.	Your signature	Date	Daytime phone number	
	Spouse's signature. If a joint return, both must sign.	Date	May the IRS discuss this return with the preparer shown below (see page 52)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Your occupation	SELF EMPLOYED		Spouse's occupation	TEACHERS AID
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
		02/28/2001		223-60-5887
	Firm's name (or yours if self-employed), address, & ZIP code	EIN		
	G & C BUSINESS SERVICES CORP	54-1089270		
	110 N. BRADDOCK STREET	Phone no.		
	WINCHESTER, VA 22601	(540) 667-4188		

Department of the Treasury
Internal Revenue Service (99)

(Sole Proprietorship)

2000

Attachment
Sequence No. 09

► **Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.**

▶ Attach to Form 1040 or Form 1041.

► See instructions for Schedule C (Form 1040).

Name of proprietor

Social security number (SSN)

WALTER C. PRAVE

173-34-2832

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

AWNING INSTALLATION / SALES & SERVICE

235610

C Business name. If no separate business name, leave blank.

D Employer ID no. (EIN), if any

ZEPHYR AWNING CO

52-0946114

E Business ▶ RT 2 BOX 26

City, state, ZIP **CURWENSVILLE, PA 16833**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2000? If "No," see instructions for limit on losses. . . . ☒ Yes ☐ No

H If you started or acquired this business during 2000, check here

Part I	Income
---------------	---------------

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here <input type="checkbox"/>	1	157,808.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1	3	157,808.
4 Cost of goods sold (from line 42 on page 2)	4	118,592.
5 Gross profit. Subtract line 4 from line 3	5	39,216.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 <input type="checkbox"/>	7	39,216.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	7,502.	19	Pension & profit-sharing plans:	19	
9	Bad debts from sales or services (see instructions)	9		20	Rent or lease (see instructions):	20a	
10	Car and truck expenses (see instructions)	10	1,167.	a	Vehicles, machinery, and equipment	20b	
11	Commissions and fees.	11		b	Other business property	21	4,896.
12	Depletion	12		21	Repairs and maintenance	22	762.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,000.	22	Supplies (not included in Part III) . . .	23	1,720.
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	24	
15	Insurance (other than health) . .	15	3,151.	24	Travel, meals, & entertainment:	24a	
16	Interest:			a	Travel		
a	Mortgage (paid to banks, etc.)	16a		b	Meals and entertainment		1,040.
b	Other	16b	2,570.	c	Enter nondeductible amount included on line 24b (see instructions) . .		520.
17	Legal and professional services	17	380.	d	Subtract line 24c from line 24b	24d	520.
18	Office expense	18	750.	25	Utilities	25	5,869.
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns ▶			26	Wages (less employment credits) . .	26	
29	Tentative profit (loss). Subtract line 28 from line 7			27	Other expenses (from line 48 on page 2)	27	
30	Expenses for business use of your home. Attach Form 8829			28		28	30,287.
31	Net profit or (loss). Subtract line 30 from line 29.			29		29	8,929.
	• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.			30		30	
	• If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see instructions).					31	8,929.
	• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.						
	• If you checked 32b, you must attach Form 6198.						
						32a	<input type="checkbox"/> All investment is at risk.
						32b	<input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2000

Schedule C (Form 1040) 2000

**SCHEDULE SE
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**▶ See instructions for Schedule SE (Form 1040).
▶ Attach to Form 1040.

OMB No. 1545-0074

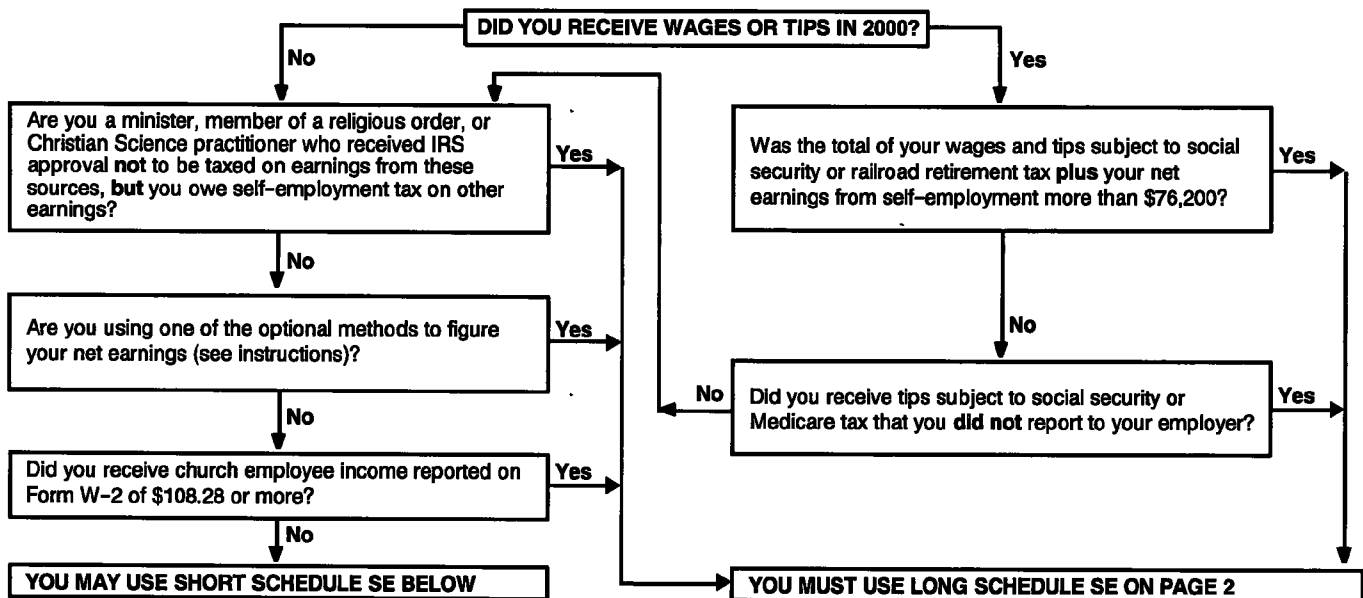
2000Attachment
Sequence No. 17

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

WALTER C. PRAVESocial security number of person
with self-employment income ▶**173-34-2832****Who Must File Schedule SE**

You must file Schedule SE if:

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

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See instructions.**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt -- Form 4361" on Form 1040, line 52.**May I Use Short Schedule SE or MUST I Use Long Schedule SE?****Section A — Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report.	2	8,929.
3	Combine lines 1 and 2.	3	8,929.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	8,246.
5	Self-employment tax. If the amount on line 4 is: • \$76,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 52. • More than \$76,200, multiply line 4 by 2.9% (.029). Then, add \$9,448.80 to the result. Enter the total here and on Form 1040, line 52.	5	1,262.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	631.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2000

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

2000Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WALTER C. & ELIZABETH M. PRAVE**Sch. C - ZEPHYR AWNING CO****173-34-2832**

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see the instructions.	1	\$20,000
2	Total cost of section 179 property placed in service. See the instructions.	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see the instructions.	5	20,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from 1999. See the instructions.	10	
11	Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions).	11	16,898.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)

Section A -- General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See the instructions ☐

Section B -- General Depreciation System (GDS) (See the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Alternative Depreciation System (ADS) (See the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18 Property subject to section 168(f)(1) election.	18	
19 ACRS and other depreciation	19	1,000.

Part IV Summary (See the instructions.)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions.	21	1,000.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	22	

For Paperwork Reduction Act Notice, see the Instructions.

Form 4562 (2000)

SMA 45621-0001 T1127

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support business/investment use claimed?					Yes	No	23b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
24 Property used more than 50% in a qualified business use (See instructions.):											
TRUCK	10/24/92	100%	2,500.	2,500.	5 yrs	DDB HY					
94 FORD TRU	07/01/94	100%	11,000.	8,040.	5 yrs	DDB HY					
TRUCK	07/01/97	100%	2,400.		5 yrs	DDB HY					

25 Property used 50% or less in a qualified business use (See instructions.):

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%				S/L-		
		%				S/L-		
		%				S/L-		

26 Add amounts in column (h). Enter the total here and on line 20, page 1.	26	
27 Add amounts in column (i). Enter the total here and on line 7, page 1.	27	

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (do not include commuting miles -- see the instructions)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven.												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See instructions.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (See instructions.):					
41 Amortization of costs that began before 2000				41	
42 Total. Add amounts in column (f). See instructions for where to report				42	

Mail Form 1040-V Payments to:
INTERNAL REVENUE SERVICE
P.O. BOX 8530
PHILADELPHIA, PA 19162-8530

Form 1040-V (2000)

▼ Detach Here And Mail With Your Payment ▼

Form 1040-V

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

▶ Do not staple or attach this voucher to your payment.

2000

1 Enter the first four letters of your last name P R A V	2 Enter your social security number 173-34-2832	3 Enter the amount you are paying by check or money order ▶ \$ 324.
4 If a joint return, enter the SSN shown second on that return 209-32-2036	5 Enter your name(s) WALTER C. & ELIZABETH M. PRAVE Enter your address RD #2 BOX 26 Enter your city, state, and ZIP code CURWENSVILLE, PA 16833-9002	

PLEASE
DO NOT USE YOUR
LABEL

0000114595

PA-40
2000 PAGE 1 OF 2

173-34-2832	PR	209-32-2036	EX	0	RS	R
PRAVE		WALTER	A	0	FS	J
		ELIZABETH	FY	0		
RD #2 BOX 26			SC	00000		
CURWENSVILLE	PA	16833	PN			
1A	7969.00	1B			1C	7969.00
2	253.00	3			4	8409.00
5	.00	6			7	.00
8	.00	9	16631.00		10	.00
11	16631.00	12	466.00			

PLEASE FOLD PAGE ALONG THIS LINE

Local Information. Enter where you lived as of 12/31/00

School District: CURWENSVILLE

School Code: _____

County: CLEARFIELD

Municipality: CURWENSVILLE

Residency Status. (Mark the Correct Space)

R	<input checked="" type="checkbox"/>	Resident
NR	<input type="checkbox"/>	Nonresident
P	<input type="checkbox"/>	Part Year Resident

From: _____

To: _____

0 PA1 NTF 29924

Extension, (Mark This Space)

Amended Return, (Mark This Space)

Fiscal Year Filer, (Mark This Space)

Type Filer. (Fill-in only one box)

S

J

M

F

D

Single

Married, Filing Jointly

Married, Filing Separately

Final

Deceased

Date of Death _____

1a	Gross Compensation, from PA Schedule W-2S, or your Forms W-2 or other statements	1a	<u>7,969.</u>
1b	Unreimbursed Employee Business Expenses, from PA Schedule UE	1b	<u> </u>
1c	Net Compensation. Subtract Line 1b from Line 1a.	1c	<u>7,969.</u>
2	Interest Income. Complete and enclose PA Schedule A if over \$2,500.	2	<u>253.</u>
3	Dividend Income. Complete and enclose PA Schedule B if over \$2,500	3	<u> </u>
4	Net Income or Loss from the Operation of Business, Profession, or Farm	4	<u>8,409.</u>
5	Net Gain or Loss from the Sale, Exchange, or Disposition of Property	5	<u> </u>
6	Net Income or Loss from Rents, Royalties, Patents, or Copyrights.	6	<u> </u>
7	Estate or Trust Income. Complete and enclose PA Schedule J.	7	<u> </u>
8	Gambling and Lottery Winnings	8	<u> </u>
9	Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6	9	<u>16,631.</u>
10	Contributions To Your Medical Savings Account. See the instructions	10	<u> </u>
11	Adjusted PA Taxable Income. Subtract Line 10 from Line 9.	11	<u>16,631.</u>
12	PA Tax Liability. Multiply Line 11 by 2.8% (0.028). Also enter on Line 13, Side 2.	12	<u>466.</u>

EC

FC

0000114595



0000114595

PRAVE		WALTER	C		173-34-2832
13	466.00	14	238.00	15	.00
16	.00	17	.00	18	.00
19	.00	20A	00	20B	00
21	.00	22	.00	23	.00
24	.00	25	.00	26	.00
27	.00	28	238.00	29	228.00
30	.00	31	.00	32	.00
33	.00	34	.00	35	.00
36	.00	37	.00		

- 13 **Total PA Tax Liability**
Enter your tax liability from Line 12 on Side 1 13 **466.**
- 14 **Total PA Tax Withheld**, from W-2, PA Schedule W-2S, or your Forms W-2, or other statements 14 **238.**
- 15 **Credit from your 1999 PA Income Tax Return** 15 _____
- 16 **2000 Estimated Installment Payments** 16 _____
- 17 **2000 Extension Payment** 17 _____
- 18 **Nonresident Tax Withheld on your PA Schedule(s) NRK-1** 18 _____
- 19 **Total Estimated Payments and Credits**. Add Lines 15, 16, 17, and 18. 19 _____
Tax forgiveness Credit. Complete lines 20a, 20b, 21, and 22. Read instructions.
- 20a **Filing Status:** _____ UnMarried or Separated _____ Married _____ Deceased 20a _____
- 20b **Dependents**, Part B, Line 2, PA Schedule SP 20b _____
- 21 **Total Eligibility Income**, Part C, Line 11, PA Schedule SP 21 _____
- 22 **Tax Forgiveness Credit from Part D**, Line 16, PA Schedule SP 22 _____
- 23 **Total Credit for Taxes Paid to Other States or Countries**. Enclose your PA Schedule G or RK-1. 23 _____
- 24 **PA Employment Incentive Payments Credit**.
Enclose your PA Schedule W, RK-1 or NRK-1. 24 _____
- 25 **PA Jobs Creation Tax Credit**, from enclosed certificate or PA Schedule RK-1 or NRK-1 25 _____
- 26 **PA Waste Tire Recycling Investment Tax Credit**, from enclosed certificate or
PA Schedule RK-1 or NRK-1 26 _____
- 27 **PA Research and Development Tax Credit**, from enclosed certificate
or PA Schedule RK-1 or NRK-1 27 _____
- 28 **TOTAL PAYMENTS and CREDITS**. Add lines 14, 19 and 22 through 27. 28 **238.**
- 29 **TAX DUE**. If Line 13 is more than Line 28, enter the difference here. 29 **228.**
- 30 **OVERPAYMENT**. If Line 28 is more than Line 13, enter the difference here. 30 _____
- 31 **Refund** -- Amount of Line 30 you want as a check mailed to you Refund 31 _____
- 32 **Credit** -- Amount of Line 30 you want as a credit to your 2001 estimated tax account. 32 _____
- 33 **Donation** -- Amount of Line 30 you want to donate to the **Wild Resource Conservation Fund**. 33 _____
- 34 **Donation** -- Amount of Line 30 you want to donate to the **United States Olympic Committee, PA Division** 34 _____
- 35 **Donation** -- Amount of Line 30 you want to donate to the **Organ Donor Awareness Trust Fund** 35 _____
- 36 **Donation** -- Amount of Line 30 you want to donate to the **Korea/Vietnam Memorial, Inc** 36 _____
- 37 **Donation** -- Amount of Line 30 you want to donate to the **Breast and Cervical Cancer Research** 37 _____

The total of Lines 31 through 37 must equal line 30.

Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief they are true, correct, and complete.

Your Signature	Date	Your Occupation SELF EMPLOYED
Spouse's Signature, if filing jointly	Date	Spouse's Occupation TEACHERS AID
Preparer or Company Name, other than taxpayer(s)		
Preparer or Company Name (Please Print) G & C BUSINESS SERVICES CORP	Date 02/28/2001	Telephone Number (540) 667-4188

Signature of the Preparer (Optional)

[Signature]

0 PA2

NTF 29925A

PA DEPARTMENT OF REVENUE 2000

0001214592

OFFICIAL USE ONLY

Name(s) as shown on your PA tax return:

Social Security Number:

PRAVE, WALTER C. & ELIZABETH M.

173-34-2832

Instructions. Instead of submitting your Form(s) W-2, or photocopies, you may write the necessary information below. Keep your original Forms W-2. **Important.** Your PA compensation may be different from your federal wages. **Caution.** If you believe that a PA amount on your Form W-2 is incorrect, you must submit your actual Form W-2 with a written explanation from your employer. You must submit other statements for amounts you are reporting as compensation on your PA tax return.

Information From Each Form W-2.

Number of Form(s) W-2 **1** If you need more space, you may photocopy this schedule or prepare your own schedule in this format.

(a) Employer Identification Number from box B		(b) Federal wages from box 1	(c) Include the total on Line 1a PA taxable compensation from box 17	(d) Include the total on Line 14 PA tax withheld from box 18
1.		\$ 7,969.	\$ 7,969.	\$ 238.
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
7.		\$	\$	\$
Total			\$ 7,969.	\$ 238.

- Do not include local tax withheld in column (d).
- Do not include tax withheld to another state or country in column (d).

Caution. The Department reserves the right to require your actual Form(s) W-2.

PA Schedule A & B (09-00)

Interest and Dividend Income

2000

PA DEPARTMENT OF REVENUE

Name(s) as shown on your PA tax return:

Social Security Number:

PRAVE, WALTER C. & ELIZABETH M.

173-34-2832

If you need more space, you may photocopy these schedules or prepare your own schedules in this format. **Caution.** Federal and PA rules for taxable interest and dividend income are different. **Read the instructions.** **Filing tips.** If either your PA interest income or dividend income is \$2,500 or less, you do not need to submit a schedule. If either your interest income or dividend income is more than \$2,500, you must submit a schedule.

Filing options:

1. You can submit copy of your fed. schedule, or you can just enter your fed. interest income and/or div. income. The Dept. can verify amts. you reported on your Fed. Income Tax rtn.
2. Otherwise, list the name of each payer and the amount of PA interest and dividend income you received in 2000.

PA Schedule A -- PA Taxable Interest Income

Filing option 1. Enter the amount from your Federal Schedule B (Form 1040) or Schedule I (Form 1040A).

1.

§

Filing option 2. PA Taxable Interest Income. Read the instructions.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
2. Total PA Taxable Interest Income. Add the amounts above and enter on Line 2 of your PA tax return.	2. \$

2. Total PA Taxable Interest Income. Add the amounts above and enter on Line 2 of your PA tax return.

2.

\$

PA Schedule B -- PA Taxable Dividend Income

Filing option 1. Enter the amount from your Federal Schedule B (Form 1040) or Schedule I (Form 1040A).

1.

\$

Filing option 2. PA Taxable Dividend Income. Read the instructions.

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
2. Total PA Taxable Dividend Income. Add the amounts above and enter on Line 3 of your PA tax return.	2. \$

2. Total PA Taxable Dividend Income. Add the amounts above and enter on Line 3 of your PA tax return.

2

\$

Important. Capital gain distributions are dividend income for PA purposes, even though you report them on Schedule D for federal purposes.

0 PAABE21

PAABDJ12

NTE29878

0001214592

0001214592

PA Schedule C

0003114592

Profit or Loss From Business or Profession
(SOLE PROPRIETORSHIP)
PA-40 C (09-00)
PA DEPARTMENT OF REVENUE

OFFICIAL USE ONLY

Attach to form PA-40, PA-65, or PA-41

2000

SCHEDULE C

Name of Owner as shown on PA tax return.

PRAVE, WALTER C.

Owner's

Social Security Number **173-34-2832**

A Main business activity ▶ **AWNING INSTALLATION**

; product or service ▶ **SALES & SERVICE**

B Business Name ▶ **ZEPHYR AWNING CO**

C Taxpayer Identification Number

D Business address (number and street) **RT 2 BOX 26**

City, State and ZIP Code ▶ **CURWENSVILLE, PA 16833**

52-0946114

C

E Method(s) used to value closing inventory, check the appropriate box:

(1) ☒ Cost (2) ☐ Lower of cost or market (3) ☐ Other (If other, attach explanation)

C

F Accounting method, check the appropriate box: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Yes No

G Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes" attach explanation.

X

H Did you deduct expenses for an office in your home?

X

PART I Income

1 a Gross receipts or sales.....	1a	157,808.	
b Returns and allowances.....	1b		
c Balance (subtract Line 1b from Line 1a).....	1c	157,808.	
2 Cost of goods sold and/or operations (Schedule C-1, Line 8).....	2	118,592.	
3 Gross profit (subtract Line 2 from Line 1c).....	3	39,216.	
4 Other income (attach schedule) Include interest from accounts receivable, business checking accounts, and other business accounts. Also include sales of operational assets. See Instructions Booklets.....	4		
5 Total income (add Lines 3 and 4).....▶	5	39,216.	

PART II Deductions

6 Advertising.....	7,502.		
7 Amortization.....			
8 Bad debts from sales or services.....			
9 Bank charges.....			
10 Car and truck expenses.....	1,167.		
11 Commissions.....			
12 Depletion.....			
13 Depreciation (explain in Schedule C-2).....	1,000.		
14 Dues and publications.....			
15 Employee benefit programs other than on Line 22.....			
16 Freight (not included on Schedule C-1).....			
17 Insurance.....	3,151.		
18 Interest on business indebtedness.....	2,570.		
19 Laundry and cleaning.....			
20 Legal and professional services.....	380.		
21 Office supplies.....	750.		
22 Pension and profit-sharing plans for employees.....			
23 Postage.....			
24 Rent on business property.....			
25 Repairs.....	4,896.		
26 Supplies (not included on Schedule C-1).....	762.		
27 Taxes.....	1,720.		
28 Telephone.....			
29 Travel and entertainment.....	1,040.		
30 Utilities.....	5,869.		
31 Wages.....			
32 Other expenses (specify):			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			
p			
q			
r			
33 Reduce expenses by the total business credits claimed (for example, Employment Incentive Payments Credit) on your PA-40.			
34 Total deductions (add amounts in columns for Lines 6 through 32r) and deduct Line 33.....▶	34	30,807.	
35 Net profit or loss (subtract Line 34 from Line 5). Enter total here and on the PA tax return.	Loss		
If a net loss, check the box and enter the loss on the PA tax return.....▶	35	8,409.	

PA SCHEDULE C
PA-40 C (09-00)
PA DEPARTMENT OF REVENUE

0003214590

Page 2

OFFICIAL USE ONLY

Name of Proprietor as shown on PA tax return.

Social Security Number

PRAVE, WALTER C.

173-34-2832

SCHEDULE C-1 -- Cost of Goods Sold and/or Operations

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	800.
2	a Purchases	2a	118,542.
	b Cost of items withdrawn for personal use	2b	
	c Balance (subtract Line 2b from Line 2a)	2c	118,542.
3	Cost of labor (do not include salary paid to yourself)	3	
4	Materials and supplies	4	
5	Other costs (attach schedule)	5	
6	Add Lines 1, 2c, 3, 4, and 5	6	119,342.
7	Inventory at end of year	7	750.
8	Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part 1, Line 2.	8	118,592.

SCHEDULE C-2 -- Depreciation

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
See Federal 4562						
3 Totals					3	
4 Depreciation claimed in Schedule C-1					4	
5 Balance (subtract Line 4 from Line 3). Enter here and on Part II, Line 13					5	1,000.

SCHEDULE C-3 -- Expense Information

If you incur any of the expenses described below, enter the amount of the expense and describe the kinds of costs incurred and the business purpose.

Expenses	Amount
A. Entertainment facility (boat, resort, ranch, etc.)	\$
B. Living accommodations (except employees on business)	\$
C. Vacations for yourself, your employees, or their families.	\$

0 PAV1 NTF 29923

2000 PA-V PA PAYMENT VOUCHER

173-34-2832 PR 209-32-2036

0000914598

PRAVE
WALTER C
ELIZABETH M

PAYMENT AMOUNT

\$ 228.00

RD #2 BOX 26
CURWENSVILLE
PA
16833

Make check or money order payable to the
Pennsylvania Department of Revenue

DEPARTMENT USE ONLY

--	--	--	--	--	--

Form PA-40 - Page 1

Net Income or [Loss] from Operation of Business, Profession or Farm

Description	Taxpayer Amount	Spouse Amount
Schedule C	8,409.	0.
	8,409.	0.

2000 "WAGE TAX"

CLEARFIELD COUNTY MUNICIPAL SERVICE ASSOCIATION

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 2000 THROUGH DECEMBER 31, 2000

MAKE REMITTANCE PAYABLE TO C.C.M.S.A. - Phone 236-2901
P.O. BOX 239
CURWENSVILLE, PA. 16833

1. DID YOUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO () YES () → From _____ St. or R.D. & Post Office _____ City, Twp. or Boro _____
2. OCCUPATION TEACHERS AIDE MARITAL STATUS (Circle) M S To _____ St. or R.D. & Post Office _____ City, Twp. or Boro _____
3. SOCIAL SECURITY NO. 209-32-2036
4. WIFE'S/HUSBAND'S NAME WALTER C. PRAVE
5. PHONE NO. 1-814-236-3738

PRAVE, ELIZABETH 209 32 2036
RR 2 BOX 26
CURWENSVILLE PA 16833 LCTY

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

PLEASE INDICATE DATE OF ADDRESS CHANGE		COMPUTE TAXABLE INCOME ON REVERSE SIDE	
14. TOTAL TAXABLE INCOME (From Line 12, reverse side)	→	8500	00
15. TAX AT 1.0% OF LINE 14	→	85	00
16. CREDITS	→		
16A. Taxes withheld by employers	→	85	00
16B. Payments on estimated taxes	→	-	-
TOTAL CREDITS (16A Plus 16B)	→	85	00
17. If Line 15 is larger than Line 16, ENTER BALANCE DUE	→	-	0-
18. If Line 16 is larger than Line 15, ENTER REFUND	→	-	0-
19. Penalty and interest (add 1% of Line 17 for each month that taxes remain unpaid after April 15.)	→		
20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19)	→	-	0-

(Tax due of less than \$1.00 need not be remitted.)

2000 "WAGE TAX"

CLEARFIELD COUNTY MUNICIPAL SERVICE ASSOCIATION

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 2000 THROUGH DECEMBER 31, 2000

MAKE REMITTANCE PAYABLE TO C.C.M.S.A. - Phone 236-2901
P.O. BOX 239
CURWENSVILLE, PA. 16833

1. DID YOUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO () YES () → From _____ St. or R.D. & Post Office _____ City, Twp. or Boro _____
2. OCCUPATION _____ MARITAL STATUS (Circle) M S To _____ St. or R.D. & Post Office _____ City, Twp. or Boro _____
3. SOCIAL SECURITY NO. _____
4. WIFE'S/HUSBAND'S NAME _____
5. PHONE NO. _____

PRAVE, ELIZABETH 209 32 2036
RR 2 BOX 26
CURWENSVILLE PA 16833 LCTY

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

PLEASE INDICATE DATE OF ADDRESS CHANGE		COMPUTE TAXABLE INCOME ON REVERSE SIDE	
14. TOTAL TAXABLE INCOME (From Line 12, reverse side)	→		
15. TAX AT 1.0% OF LINE 14	→		
16. CREDITS	→		
16A. Taxes withheld by employers	→		
16B. Payments on estimated taxes	→		
TOTAL CREDITS (16A Plus 16B)	→		
17. If Line 15 is larger than Line 16, ENTER BALANCE DUE	→		
18. If Line 16 is larger than Line 15, ENTER REFUND	→		
19. Penalty and interest (add 1% of Line 17 for each month that taxes remain unpaid after April 15.)	→		
20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19)	→		

(Tax due of less than \$1.00 need not be remitted.)

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
A COPY OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

EMPLOYER CURWENSVILLE AREA SCHOOL CURWENSVILLE, PA ADDRESS INCOME
8500.00

5. Sub-total earned income (add income from employer(s) listed above) →
6. Less allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation) →
7. TOTAL EARNED INCOME (line 5 less line 6) →

NET PROFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)

8. Profit/Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate) →
9. Profit/Loss from business, profession or farm as a partner (attach Schedule K-1) →
10. Profit from any other earned income not listed above. →
11. TOTAL NET PROFITS (add lines 8 through 10) →

TOTAL TAXABLE INCOME

12. TOTAL EARNED INCOME AND NET PROFITS (line 7 plus line 11) →

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

13. Date Signature of Taxpayer Name of Borough or Township of Residence Signature or stamp of Preparer other than Taxpayer.

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
A COPY OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

EMPLOYER ADDRESS INCOME

5. Sub-total earned income (add income from employer(s) listed above) →
6. Less allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation) →
7. TOTAL EARNED INCOME (line 5 less line 6) →

NET PROFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)

8. Profit/Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate) →
9. Profit/Loss from business, profession or farm as a partner (attach Schedule K-1) →
10. Profit from any other earned income not listed above. →
11. TOTAL NET PROFITS (add lines 8 through 10) →

TOTAL TAXABLE INCOME

12. TOTAL EARNED INCOME AND NET PROFITS (line 7 plus line 11) →

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

13. Date Signature of Taxpayer Name of Borough or Township of Residence Signature or stamp of Preparer other than Taxpayer.

2000 "WAGE TAX"

CLEARFIELD COUNTY MUNICIPAL "SERVICE ASSOCIATION"

CURWENSVILLE AREA

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 2000 THROUGH DECEMBER 31, 2000

MAKE
REMITTANCE → C.C.M.S.A. - Phone 236-2901
PAYABLE TO P.O. BOX 239
CURWENSVILLE, PA. 16833

This return, along with any payment due, must be filed with the Tax Office listed at the left on or before April 15, 2001. All items on this return must be completed in detail. For additional information, refer to the instruction brochure accompanying this return.

1. DID YOUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO () YES () → From _____ City, Twp., or Boro _____

2. OCCUPATION SELF EMPLOYED MARITAL STATUS (Circle) M S To _____ City, Twp., or Boro _____3. SOCIAL SECURITY NO. 173-34-2832 PLEASE INDICATE DATE OF ADDRESS CHANGE _____4. WIFE'S/HUSBAND'S NAME ELIZABETH PRAVE5. PHONE NO. 814-236-3738

PRAVE, WALTER C 173 34 2832
RR 2 BOX 26
CURWENSVILLE PA 16833 LCTY

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

COMPUTE TAXABLE INCOME ON REVERSE SIDE

14. TOTAL TAXABLE INCOME (From Line 12, reverse side) → 8929 00

15. TAX AT 1.0% OF LINE 14 → 89 00

16. CREDITS

16A. Taxes withheld by employers →

16B. Payments on estimated taxes →

TOTAL CREDITS (16A Plus 16B) → -0-

17. If Line 15 is larger than Line 16, ENTER BALANCE DUE → 89 00

18. If Line 16 is larger than Line 15, ENTER REFUND →

19. Penalty and interest (add 1% of Line 17 for each month that taxes remain unpaid after April 15.) →

20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19) → 89 00
(Tax due of less than \$1.00 need not be remitted.)

2000 "WAGE TAX"

CLEARFIELD COUNTY MUNICIPAL "SERVICE ASSOCIATION"

CURWENSVILLE AREA

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 2000 THROUGH DECEMBER 31, 2000

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1. DID YOUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO () YES () → From _____ City, Twp., or Boro _____

2. OCCUPATION _____ MARITAL STATUS (Circle) M S To _____ City, Twp., or Boro _____

3. SOCIAL SECURITY NO. _____ PLEASE INDICATE DATE OF ADDRESS CHANGE _____

4. WIFE'S/HUSBAND'S NAME _____

5. PHONE NO. _____

PRAVE, WALTER C 173 34 2832
RR 2 BOX 26
CURWENSVILLE PA 16833 LCTY

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

COMPUTE TAXABLE INCOME ON REVERSE SIDE

14. TOTAL TAXABLE INCOME (From Line 12, reverse side) →

15. TAX AT 1.0% OF LINE 14 →

16. CREDITS

16A. Taxes withheld by employers →

16B. Payments on estimated taxes →

TOTAL CREDITS (16A Plus 16B) →

17. If Line 15 is larger than Line 16, ENTER BALANCE DUE →

18. If Line 16 is larger than Line 15, ENTER REFUND →

19. Penalty and interest (add 1% of Line 17 for each month that taxes remain unpaid after April 15.) →

20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19) →
(Tax due of less than \$1.00 need not be remitted.)

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
A COPY OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

EMPLOYER

ADDRESS

INCOME

5. Sub-total earned income (add income from employer(s) listed above) ----->

6. Less allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation) ----->

7. **TOTAL EARNED INCOME** (line 5 less line 6) ----->

NET PROFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)

8. Profit / Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate) ----->

9. Profit / Loss from business, profession or farm as a partner (attach Schedule K-1) ----->

10. Profit from any other earned income not listed above. ----->

11. **TOTAL NET PROFITS** (add lines 8 through 10) ----->

TOTAL TAXABLE INCOME

12. **TOTAL EARNED INCOME AND NET PROFITS** (line 7 plus line 11) ----->

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

13.

Date _____ Signature of Taxpayer _____ Name of Borough or Township of Residence _____
 Signature or stamp of Preparer if other than Taxpayer.

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
A COPY OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

EMPLOYER

ADDRESS

INCOME

5. Sub-total earned income (add income from employer(s) listed above) ----->

6. Less allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation) ----->

7. **TOTAL EARNED INCOME** (line 5 less line 6) ----->

NET PROFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)

8. Profit / Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate) ----->

9. Profit / Loss from business, profession or farm as a partner (attach Schedule K-1) ----->

10. Profit from any other earned income not listed above. ----->

11. **TOTAL NET PROFITS** (add lines 8 through 10) ----->

TOTAL TAXABLE INCOME

12. **TOTAL EARNED INCOME AND NET PROFITS** (line 7 plus line 11) ----->

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

13.

Date _____ Signature of Taxpayer _____ Name of Borough or Township of Residence _____
 Signature or stamp of Preparer if other than Taxpayer.

1999

Income Tax Return

FOR

WALTER C. & ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833-9002

PREPARED BY

G & C BUSINESS SERVICES CORP
110 N. BRADDOCK STREET
WINCHESTER, VA 22601
Phone: (540)667-4188
Fax: (540)667-6872

Dis 2

a Control number 00459		OMB No. 1545-0008				
		Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)				
b Employer identification number 25-1158053		1 Wages, tips, other compensation 7059.84		2 Federal income tax withheld 1059.01		
c Employer's name, address, and ZIP code CURWENSVILLE AREA SCHOOL DISTRI 650 BEECH STREET CURWENSVILLE, PA. 16833		3 Social security wages 7530.50		4 Social security tax withheld 466.91		
		5 Medicare wages and tips 7530.50		6 Medicare tax withheld 109.20		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 209-32-2036		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code ELIZABETH M PRAVE R.D. #2 BOX 26 CURWENSVILLE PA 16833		11 Nonqualified plans		12 Benefits included in box 1		
		13 See instrs. for box 13		14 Other PSERS 470.66		
		15 Statutory employee Deceased Pension plan <input checked="" type="checkbox"/> Legal rep. Deferred compensation				
16 State PA	Employer's state I.D. no. 251158053	17 State wages, tips, etc. 7530.50	18 State income tax 210.85	19 Locality name	20 Local wages, tips, etc. 7530.50	21 Local income tax 75.32

Form

W-2 Wage and Tax Statement 1999

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Instructions (Also see Notice to Employee on back of Copy B)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or 1040A.

Box 10. This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan). Any amount over \$5,000 also is included in box 1. You must complete **Schedule 2 (Form 1040A)** or **Form 2441, Child and Dependent Care Expenses**, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 12. This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits; see the Form 1040 instructions.

Box 13. The following list explains the codes shown in box 13. You may need this information to complete your tax return.

Note: If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips (Include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.)

B—Uncollected Medicare tax on tips (Include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in box 1)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals to a section 408(k)(6) salary reduction SEP

G—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in Form 1040 instructions for how to deduct)

J—Nontaxable sick pay (not includible as income)

K—20% excise tax on excess golden parachute payments (see "Total Tax" in Form 1040 instructions)

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions)

P—Excludable moving expense reimbursements paid directly to employee (not included in box 1)

Q—Military employee basic housing, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

R—Employer contributions to your medical savings account (MSA) (see **Form 8853, Medical Savings Accounts and Long-Term Care Insurance Contracts**)

S—Employee salary reduction contributions to a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete **Form 8839, Qualified Adoption Expenses**, to compute any taxable and nontaxable amounts.

Box 15. If the "Pension plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals in box 13 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong) are generally limited to \$10,000. Elective deferrals for section 403(b) contracts are limited to \$10,000 (\$13,000 in some cases; see Pub. 571). The limit for section 457(b) plans is \$8,000. Amounts over these limits must be included in income. See "Wages, Salaries, Tips, etc." in the Form 1040 instructions.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. SSA suggests you confirm your work record with them from time to time.

Use the IRS label. Otherwise, please print or type.

WALTER C. PRAVE
 ELIZABETH M. PRAVE
 RD #2 BOX 26
 CURWENSVILLE, PA 16833-9002

Your social security number
 173-34-2832

Spouse's social security no.
 209-32-2036

▲ You must enter your SSN(s). ▲

Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.
	X	

Presidential Election Campaign Do you want \$3 to go to this fund?
 If a joint return, does your spouse want \$3 to go to this fund?

Filing Status
 1 ☐ Single
 2 ☒ Married filing joint return (even if only one had income)
 3 ☐ Married filing separate return. Enter spouse's SSN above & full name here. ▶
 4 ☐ Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here. ▶
 5 ☐ Qualifying widow(er) with dependent child (yr. spouse died ▶19). (See instructions.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
 b ☒ Spouse

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

No. of your children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see inst.)

Dependents on 6c not entered above

Add numbers entered on lines above ▶ **2**

Dependents: If more than six dependents, see instructions.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see inst.)

d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 7,060.

Attach Copy B of your Forms W-2 and W-2G here. Also attach Form 1099-R if tax was withheld.

If you did not get a W-2, see instructions

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

8a Taxable interest. Attach Schedule B if required. **8a** 173.
 b Tax-exempt interest. DO NOT include on line 8a **8b**
 9 Ordinary dividends. Attach Schedule B if required. **9**
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) **10** 204.
 11 Alimony received **11**
 12 Business income or (loss). Attach Schedule C or C-EZ. **12** 5,315.
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ **13**
 14 Other gains or (losses). Attach Form 4797. **14**
 15a Total IRA distributions **15a** **b** Taxable amount (see inst.) **15b**
 16a Total pensions and annuities **16a** **b** Taxable amount (see inst.) **16b**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation **19**
 20a Social security benefits **20a** **b** Taxable amount (see inst.) **20b**
 21 Other income. See Statement Attached **21** 2,555.
 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ **22** 15,307.



Adjusted Gross Income


23 IRA deduction (see instructions) **23**
 24 Student loan interest deduction (see instructions) **24**
 25 Medical savings account deduction. Attach Form 8853 **25**
 26 Moving expenses. Attach Form 3903 **26**
 27 One-half of self-employment tax. Attach Schedule SE **27** 556.
 28 Self-employed health insurance deduction (see inst.) **28** 1,351.
 29 Keogh and self-employed SEP and SIMPLE plans **29**
 30 Penalty on early withdrawal of savings **30**
 31a Alimony paid **b** Recipient's SSN ▶ **31a**
 32 Add lines 23 through 31a. **32** 1,907.
 33 Subtract line 32 from line 22. This is your **adjusted gross income** ▶ **33** 13,400.

Form 1040 (1999)

Page 2

Tax and Credits	34	Amount from line 33 (adjusted gross income)	34	13,400.
	35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here.	35b	
	36	Enter your Itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	7,200.
	37	Subtract line 36 from line 34.	37	6,200.
	38	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter	38	5,500.
	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	700.
	40	Tax (see inst.). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	107.
	41	Credit for child & dependent care expenses. Attach Form 2441	41	
	42	Credit for the elderly or the disabled. Attach Schedule R	42	
Standard Deduction for Most People Single: \$4,300 Head of household: \$6,350 Married filing jointly or Qualifying widow(er): \$7,200 Married filing separately: \$3,600	43	Child tax credit (see instructions)	43	
	44	Education credits. Attach Form 8863	44	
	45	Adoption credit. Attach Form 8839	45	
	46	Foreign tax credit. Attach Form 1116 if required.	46	
	47	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	47	
	48	Add lines 41 through 47. These are your total credits	48	
	49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	49	107.
	50	Self-employment tax. Attach Schedule SE	50	1,112.
	51	Alternative minimum tax. Attach Form 6251	51	
	52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
Other Taxes	53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required.	53	
	54	Advance earned income credit payments from Form(s) W-2.	54	
	55	Household employment taxes. Attach Schedule H.	55	
	56	Add lines 49 through 55. This is your total tax	56	1,219.
	57	Federal income tax withheld from Forms W-2 and 1099	57	1,059.
	58	1999 estimated tax payments & amt. applied from 1998 return	58	
	59a	Earned income credit. Attach Sch. EIC if you have a qualifying child b Nontaxable earned income: amt. <input type="text"/> & type <input type="text"/> NO	59a	
	60	Additional child tax credit. Attach Form 8812	60	
	61	Amount paid with request for extension to file (see instructions)	61	
	62	Excess social security and RRTA tax withheld (see instructions)	62	
Payments	63	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	63	
	64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64	1,059.
	65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID	65	
	66a	Amount of line 65 you want REFUNDED TO YOU	66a	
	b	Routing no. <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. <input type="text"/>		
	67	Amt. of line 65 you want APPLIED TO YOUR 2000 EST. TAX ▶	67	
	68	If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE . For details on how to pay, see instructions	68	160.
	69	Estimated tax penalty. Also include on line 68	69	

Sign Here Joint return? See instructions Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Your signature 	Date 03/01/00
	Your occupation SELF EMPLOYED	Daytime telephone number (optional)
	Spouse's signature. If a joint return, BOTH must sign. 	Spouse's occupation TEACHERS AID

Paid Preparer's Use Only	Preparer's signature 	Date 03/01/00	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN 223-60-5887
	Firm's name (or yours if self-employed) G & C BUSINESS SERVICES CORP	110 N. BRADDOCK STREET		EIN 54-1089270
	and address WINCHESTER, VA	ZIP code 22601		

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1999

Attachment
Sequence No. **09**

Name of proprietor WALTER C. PRAVE		Social security number (SSN) 173-34-2832
A Principal business or profession, including product or service (see instructions) AWNING INSTALLATION / SALES & SERVICE		B Enter code from instructions 235610
C Business name. If no separate business name, leave blank. ZEPHYR AWNING CO		D Employer ID no. (EIN), if any 52-0946114
E Business address, city, state, ZIP RT 2 BOX 26 CURWENSVILLE, PA 16833		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 1999? If "No," see instructions for limit on losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 1999, check here _____		

Part I Income	
1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here	1 158,212.
2 Returns and allowances.	2
3 Subtract line 2 from line 1	3 158,212.
4 Cost of goods sold (from line 42 on page 2)	4 116,930.
5 Gross profit. Subtract line 4 from line 3	5 41,282.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6
7 Gross income. Add lines 5 and 6.	7 41,282.

Part II Expenses. Enter expenses for business use of your home only on line 30.	
8 Advertising.	8 12,924.
9 Bad debts from sales or services (see instructions)	9
10 Car and truck expenses (see instructions)	10 6,170.
11 Commissions and fees.	11
12 Depletion	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13 1,579.
14 Employee benefit programs (other than on line 19)	14
15 Insurance (other than health)	15 3,827.
16 Interest:	
a Mortgage (paid to banks, etc.)	16a
b Other	16b 2,392.
17 Legal and professional services	17 375.
18 Office expense.	18 975.
19 Pension & profit-sharing plans	19
20 Rent or lease (see instructions):	
a Vehicles, machinery, and equipment	20a
b Other business property	20b
21 Repairs and maintenance	21
22 Supplies (not included in Part III)	22
23 Taxes and licenses	23 1,819.
24 Travel, meals, & entertainment:	
a Travel	24a
b Meals and entertainment	
c Enter nondeductible amount included on line 24b (see instructions)	
d Subtract line 24c from line 24b	24d
25 Utilities	25 5,906.
26 Wages (less employment credits)	26
27 Other expenses (from line 48 on page 2)	27
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28 35,967.
29 Tentative profit (loss). Subtract line 28 from line 7	29 5,315.
30 Expenses for business use of your home. Attach Form 8829	30
31 Net profit or (loss). Subtract line 30 from line 29.	
• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.	
• If a loss, you MUST go on to line 32.	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).	
• If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.	
• If you checked 32b, you MUST attach Form 6198.	
32a <input type="checkbox"/> All investment is at risk.	
32b <input type="checkbox"/> Some investment is not at risk.	
31	5,315.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1999

Part III	Cost of Goods Sold (see instructions)
-----------------	--

33 Method(s) used to value closing inventory: **a** ☒ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If

"Yes," attach explanation ☐ Yes ☒ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	1,000.
-----------	--	-----------	--------

36	Purchases less cost of items withdrawn for personal use	36	116,730.
-----------	---	-----------	----------

37	Cost of labor. Do not include any amounts paid to yourself	37	0.
-----------	---	-----------	-----------

38	Materials and supplies	38	0.
-----------	-------------------------------------	-----------	-----------

39 Other costs	39	0.
-----------------------------	-----------	----

40	Add lines 35 through 39	40	117,730.
-----------	-------------------------------	-----------	----------

41	Inventory at end of year	41	800.
-----------	--------------------------------	-----------	------

42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	116,930.
-----------	---	-----------	----------

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ► _____

44 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:

a Business _____ **b Commuting** _____ **c Other** _____

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

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

47a Do you have evidence to support your deduction?..... ☐ Yes ☐ No

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

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

48 Total other expenses. Enter here and on page 1, line 27 **48**

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

1999

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)
WALTER C. PRAVE

Social security number of person
with self-employment income ►

173-34-2832

Who Must File Schedule SE

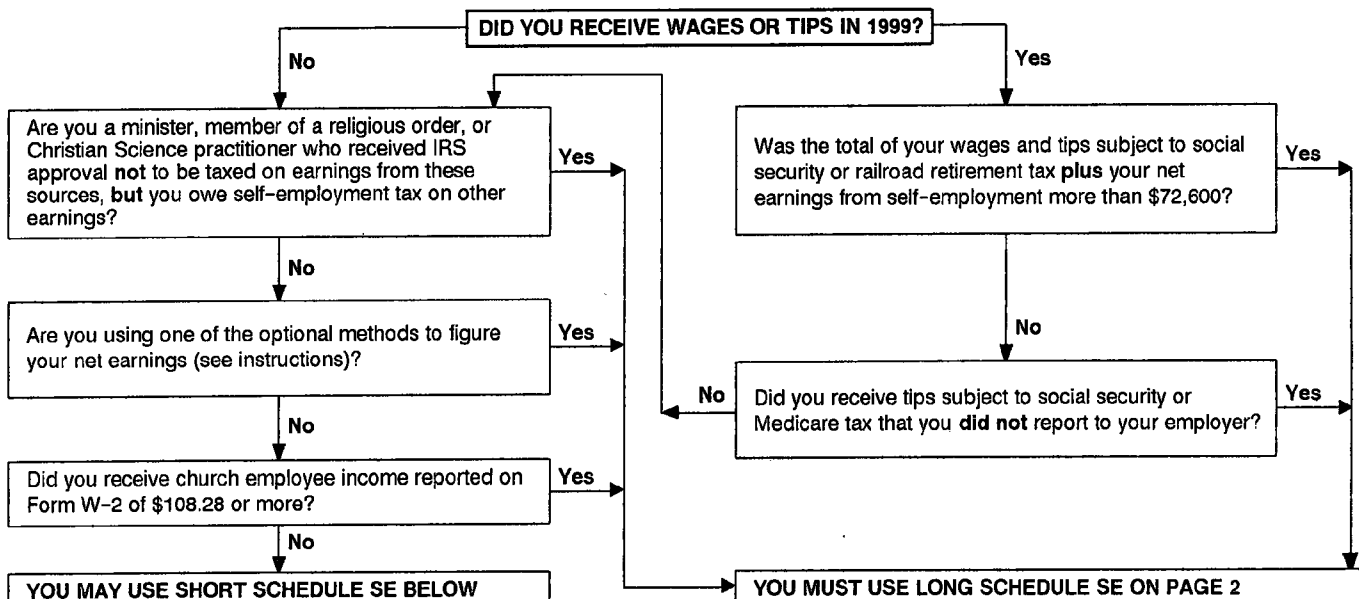
You must file Schedule SE if:

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

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

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt -- Form 4361" on Form 1040, line 50.

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	6,170.
3	Combine lines 1 and 2	3	6,170.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	5,698.
5	Self-employment tax. If the amount on line 4 is: • \$72,600 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 50. • More than \$72,600, multiply line 4 by 2.9% (.029). Then, add \$9,002.40 to the result. Enter the total here and on Form 1040, line 50.	5	872.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	436.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 1999

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

1999

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)
ELIZABETH M. PRAVE

Social security number of person
with self-employment income ►

209-32-2036

Who Must File Schedule SE

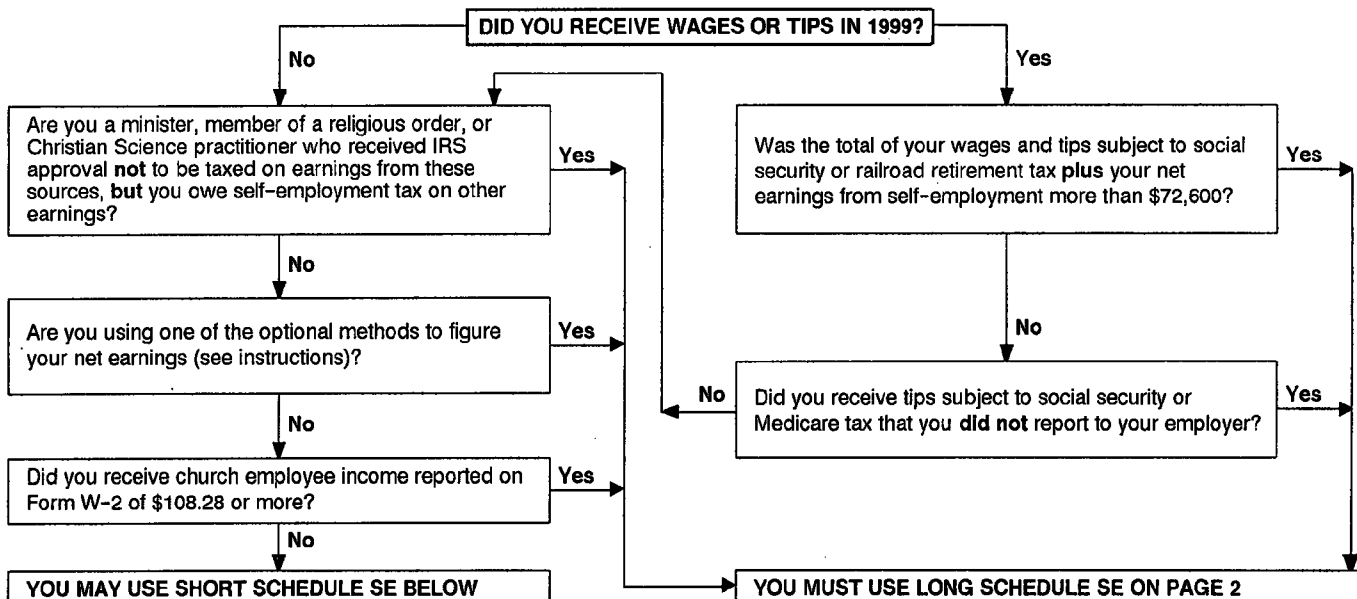
You must file Schedule SE if:

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

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

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt -- Form 4361" on Form 1040, line 50.

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	1,700.
3	Combine lines 1 and 2	3	1,700.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	1,570.
5	Self-employment tax. If the amount on line 4 is: • \$72,600 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 50. • More than \$72,600, multiply line 4 by 2.9% (.029). Then, add \$9,002.40 to the result. Enter the total here and on Form 1040, line 50.	5	240.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	120.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1999

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

1999

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

WALTER C. & ELIZABETH M. PRAVE

Business or activity to which this form relates

Sch. C - ZEPHYR AWNING CO

Identifying number

173-34-2832

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see the instructions.	1	\$19,000
2	Total cost of section 179 property placed in service. See the instructions.	2	
3	Threshold cost of section 179 property before reduction in limitation.	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see the instructions.	5	19,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from 1998. See the instructions.	10	
11	Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions).	11	12,375.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See the instructions. ☐

Section B -- General Depreciation System (GDS) (See the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C -- Alternative Depreciation System (ADS) (See the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1999.	17	
18 Property subject to section 168(f)(1) election.	18	
19 ACRS and other depreciation.	19	1,000.

Part IV Summary (See the instructions.)

20 Listed property. Enter amount from line 26.	20	579.
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions.	21	1,579.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	22	

For Paperwork Reduction Act Notice, see the instructions.

Form 4562 (1999)

Part V Listed Property -- Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support business/investment use claimed?					Yes	No	23b If "Yes," is the evidence written?		Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
24 Property used more than 50% in a qualified business use (See instructions.):										
TRUCK	10/24/92	100%	2,500.	2,500.	5 yrs	DDB HY				
94 FORD TRU	07/01/94	100%	11,000.	8,040.	5 yrs	DDB HY	579.			
TRUCK	07/01/97	100%	2,400.		5 yrs	DDB HY				
25 Property used 50% or less in a qualified business use (See instructions.):										
		%				S/L-				
		%				S/L-				
		%				S/L-				
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	579.		
27 Add amounts in column (i). Enter the total here and on line 7, page 1							27			

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

28 Total business/investment miles driven during year (DO NOT include commuting miles -- see the instructions)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
29 Total commuting miles driven during year						
30 Total other personal (noncommuting) miles driven.						
31 Total miles driven during the year. Add lines 28 through 30						
	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?						
33 Was the vehicle used primarily by a more than 5% owner or related person?						
34 Is another vehicle available for personal use?						

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:					
41 Amortization of costs that began before 1999					41
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					42

Form 1040 - Page 1
Line 21 - Other Income

Description	Amount

SALARY-SELECMAN BOROUGH	1,700.
SALARY-SLECMAN BOROUGH	855.

	2,555.
	=====

Mail Form 1040-V Payments to:
INTERNAL REVENUE SERVICE
P.O. BOX 8530
PHILADELPHIA, PA 19162-8530

Form 1040-V (1999)

▼ DETACH HERE AND MAIL WITH YOUR PAYMENT ▼

Form 1040-V

Payment Voucher

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Do not staple or attach this voucher to your payment.

1999

1 Enter the amount you are paying
by check or money order

▶ \$ 160.

2 Enter the first four letters of your last name

P R A V

3 Enter your social security no.

173-34-2832

4 If a joint return, enter the SSN
shown second on that return

209-32-2036

5 Enter your name(s)

WALTER C. & ELIZABETH M. PRAVE

Enter your address

RD #2 BOX 26

Enter your city, state, and ZIP code

CURWENSVILLE, PA 16833-9002

PLEASE
DO NOT USE YOUR
LABEL

9900113599

PA-40
1999 PAGE 1 OF 2

173-34-2832 PR 209-32-2036
PRAVE WALTER C
ELIZABETH M

EX 0 RS R
A 0 FS J
FY 0

RD #2 BOX 26
CURWENSVILLE PA 16833

SC 00000
PN

1A	9615.00	1B	.00	1C	9615.00
2	173.00	3	.00	4	5315.00
5	.00	6	.00	7	.00
8	.00	9	15103.00	10	.00
11	15103.00	12	423.00		

PLEASE FOLD PAGE ALONG THIS LINE

Local Information. Enter where you lived as of 12/31/99

School District: CURWENSVILLE

School Code: _____

County: CLEARFIELD

Municipality: CURWENSVILLE

Residency Status. (Mark the Correct Space)

R ☒ Resident
NR ☐ Nonresident
P ☐ Part Year Resident

From: _____

To: _____

9 PA12 NTF 22884C

Extension (Mark This Space)

Amended Return, (Mark This Space)

Fiscal Year Filer, (Mark This Space)

Type Filer. (Fill-in only one box)

S

J

M

F

D

Single

Married, Filing Jointly

Married, Filing Separately

Final

Deceased

Date of Death _____

1a	Gross Compensation, from PA Schedule W-2S, or your Forms W-2 or other statements	1a	9,615.
1b	Unreimbursed Employee Business Expenses, from PA Schedule UE	1b	
1c	Net Compensation. Subtract Line 1b from Line 1a.	1c	9,615.
2	Interest Income. Complete and enclose PA Schedule A if over \$2,500.	2	173.
3	Dividend Income. Complete and enclose PA Schedule B if over \$2,500	3	
4	Net Income or Loss from the Operation of Business, Profession, or Farm	4	5,315.
5	Net Gain or Loss from the Sale, Exchange, or Disposition of Property	5	
6	Net Income or Loss from Rents, Royalties, Patents, or Copyrights	6	
7	Estate or Trust Income. Complete and enclose PA Schedule J.	7	
8	Gambling and Lottery Winnings	8	
9	Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6	9	15,103.
10	Contributions To Your Medical Account. See the instructions.	10	
11	Adjusted PA Taxable Income. Subtract Line 10 from Line 9.	11	15,103.B
12	PA Tax Liability. Multiply Line 11 by 2.8% (0.028). Also enter on Line 13, Side 2	12	423.

EC

FC

9900113599



9900113599

PRAVE

WALTER

C

173-34-2832

13	423.00	14	211.00	15	.00
16	.00	17	.00	18	.00
19	.00	20A	2	20B	00
21	15103.00	22	42.00	23	.00
24	.00	25	.00	26	.00
27	.00	28	253.00	29	170.00
30	.00	31	.00	32	.00
33	.00	34	.00	35	.00
36	.00	37	.00		

13 Total PA Tax LiabilityEnter your tax liability from Line 12 on Page 1. 13 423.14 Total PA Tax Withheld, from W-2, PA Schedule W-2S, or your Forms W-2, or other statements 14 211.

15 Credit from your 1998 PA Income Tax Return 15 _____

16 1999 Estimated Installment Payments 16 _____

17 1999 Extension Payment 17 _____

18 Nonresident Tax Withheld from your PA Schedule(s) NRK-1 18 _____

19 **Total Estimated Payments and Credits.** Add Lines 15, 16, 17, and 18. 19 _____

Tax forgiveness Credit. Complete lines 20a, 20b, 21, and 22. Read instructions.

20a Filing Status: UnMarried or Separated ☒ Married ☐ Deceased 20a 02

20b Dependents, Part B, Line 2, PA Schedule SP 20b _____

21 Total Eligibility Income, Part C, Line 11, PA Schedule SP 21 15,103.22 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP 22 42.

23 Total Credit for Taxes Paid to Other States or Countries. Enclose your PA Schedule G or RK-1. 23 _____

24 PA Employment Incentive Payments Credit.

Enclose your PA Schedule W, RK-1 or NRK-1. 24 _____

25 PA Jobs Creation Tax Credit, from enclosed certificate or PA Schedule RK-1 or NRK-1 25 _____

26 PA Waste Tire Recycling Investment Tax Credit, from enclosed certificate or

PA Schedule RK-1 or NRK-1 26 _____

27 PA Research and Development Tax Credit, from enclosed certificate

or PA Schedule RK-1 or NRK-1 27 _____

28 **TOTAL PAYMENTS and CREDITS.** Add lines 14, 19 and 22 through 27 28 253.29 **TAX DUE.** If Line 13 is more than Line 28, enter the difference here 29 170.30 **OVERPAYMENT.** If Line 28 is more than Line 13, enter the difference here 30 _____31 **Refund** -- Amount of Line 30 you want as a check mailed to you **Refund** 31 _____32 **Credit** -- Amount of Line 30 you want as a credit to your 2000 estimated tax account. 32 _____33 **Donation** -- Amount of Line 30 you want to donate to the **Wild Resource Conservation Fund**. 33 _____34 **Donation** -- Amount of Line 30 you want to donate to the **United States Olympic Committee, PA Division** 34 _____35 **Donation** -- Amount of Line 30 you want to donate to the **Organ Donor Awareness Trust Fund** 35 _____36 **Donation** -- Amount of Line 30 you want to donate to the **Korea/Vietnam Memorial, Inc** 36 _____37 **Donation** -- Amount of Line 30 you want to donate to the **Breast and Cervical Cancer Research** 37 _____**The total of Lines 31 through 37 must equal Line 30.**

Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief they are true, correct, and complete.

Your Signature

Date

Your Occupation

SELF EMPLOYED

Spouse's Signature, if filing jointly

Date

Spouse's Occupation

TEACHERS AID

Preparer or Company Name, other than taxpayer(s)

Preparer or Company Name (Please Print)

Date

Telephone Number

G & C BUSINESS SERVICES CORP

03/01/00

(540) 667-4188

Signature of the Preparer (Optional)

PA SCHEDULE SP
SPECIAL TAX FORGIVENESS CREDIT
PA-40 SP (09-99)

9901113598

PA DEPARTMENT OF REVENUE 1999

OFFICIAL USE ONLY

Name as shown on your PA tax return:

PRAVE, WALTER C.

Social Security Number:

173-34-2832

Spouse's Name (even if filing separately):

PRAVE, ELIZABETH M.

Spouse's Social Security Number:

209-32-2036

PART A. Type Filer for Tax Forgiveness.

☐ **UNMARRIED.** Fill in this box & the Unmarried or Separated box on PA-40, Line 20a. Also fill in appropriate box below that describes your situation.

☐ Single. Unmarried on December 31, 1999. Fill in this box if divorced.

☐ Single and claimed as a dependent on my parents' PA Schedule SP. Enter your parents' Social Security Numbers and names.

SSN: _____ Name: _____

SSN: _____ Name: _____

☐ **SEPARATED.** Fill in this box and the Unmarried or Separated box on PA-40, Line 20a if you are separated pursuant to a written agreement, or married, but separated and living apart for the last six months of 1999.

☐ **DECEASED.** Fill in this box if filing for a decedent. Also, fill in the Deceased box on Line 20a of your PA-40.

☒ **MARRIED.** Fill in this box and the Married box on PA-40, Line 20a. Also fill in the appropriate box below that describes your situation.

☒ Married and claiming Tax Forgiveness together with my spouse.

☐ Married and filing separate PA tax returns. Enter spouse's Social Security Number and name above.

☐ Married with a spouse who is a dep. on his or her parents' PA Schedule SP. Enter spouse's parents' Social Security Numbers and names.

SSN: _____ Name: _____

SSN: _____ Name: _____

☐ Married with a spouse who is a dependent on the Federal Income Tax return of another person. Enter the Social Security Number and name of the person claiming your spouse.

SSN: _____ Name: _____

☐ Separated and living apart from my spouse, but for less than six months of 1999. Enter spouse's Social Security Number and name above.

PART B. Dependent Children. Provide all the information for each dependent child. Attach additional sheets if needed.

1.	Dependent's Name	Age	Relationship	Social Security No.	Total Income

Important: Only claim a child whom you claim as your dependent on your Federal Income Tax return.

2. Number of dependents for PA Schedule SP. Enter on PA-40, Line 20b. 2.

Part C. Eligibility Income. If filing as Unmarried, Separated, or for a Decedent, use the Your Income column.

If filing as Married, use the Your Income and Spouse Income columns. Add the totals and use the JOINT Income total.

1. PA Taxable Income, from your PA-40. 1.

Report income that is not taxable for PA purposes on Lines 2 through 10. See the instructions.

2. Nontaxable interest, dividends, and gains. 2.

3. Alimony. 3.

4. Insurance proceeds and inheritances. 4.

5. Gifts, awards, and prizes. 5.

6. Nonresident income. 6.

7. Nontaxable military income. Do Not Include Combat Pay. 7.

8. Nontaxable Gain from the sale of a residence. 8.

9. Nontaxable educational assistance. 9.

10. Cash receipts, for personal purposes, from outside your home. 10.

11. **Total Eligibility Income.** Add Lines 1 through 10.

Enter on PA-40, Line 21. 11.

Your Income	Spouse Income
6,277.	8,826.

If filing as Unmarried or Separated or for a Decedent, use Eligibility Income Table 1.
If filing as Married use Eligibility Income Table 2

Total	Total	Joint Income
6,277.	8,826.	15,103.

Part D. Calculating Your Tax Forgiveness.

12. PA Tax Liability from your PA-40, Line 13. 12.

13. Less Resident Credit from your PA-40, Line 23. 13.

14. Net PA Tax Liability. Subtract Line 13 from Line 12. 14.

15. Percentage of Tax Forgiveness using your depts. from Part B, Line 2 & your Eligibility Inc. from Part C, Line 11.

0.10 Enter decimal.

16. **Tax Forgiveness Credit.** Multiply Line 14 by the decimal on Line 15. Enter on PA-40, Line 22. 16.

423.
423.
42.

9901213596

PA-40 C

9703113598

Profit or Loss From Business or Profession
(SOLE PROPRIETORSHIP)
PA-40-C (09-97)
PA DEPARTMENT OF REVENUE

1999

OFFICIAL USE ONLY

SCHEDULE C

Attach to form PA-40, PA-65 or PA-41

Name of Proprietor as shown on PA tax return.

PRAVE, WALTER C.

Social Security Number

of Proprietor 173-34-2832

A Main business activity ▶ AWNING INSTALLATION

; product or service ▶ SALES & SERVICE

B Business Name ▶ ZEPHYR AWNING CO

C Taxpayer Identification Number

D Business address (number and street) RT 2 BOX 26

City, State and ZIP Code ▶ CURWENSVILLE, PA 16833

52-0946114

E Method(s) used to value closing inventory, check the appropriate box:

(1) ☒ Cost (2) ☐ Lower of cost or market (3) ☐ Other (If other, attach explanation)F Accounting method, check the appropriate box: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Yes No

G Was there any change in determining quantities, costs or valuations between opening and closing inventory?

If "Yes" attach explanation.

H Did you deduct expenses for an office in your home?

PART I Income

1 a Gross receipts or sales	1a	158,212.	
b Returns and allowances	1b		
c Balance (subtract line 1b from line 1a)	1c	158,212.	
2 Cost of goods sold and/or operations (Schedule C-1, line 8)	2	116,930.	
3 Gross profit (subtract line 2 from line 1c)	3	41,282.	
4 Other income (attach schedule) Include interest from accounts receivable, business checking accounts, and other business accounts. Also include sales of operational assets. See Instructions Booklets	4		
5 Total income (add lines 3 and 4)	5	41,282.	

PART II Deductions

6 Advertising	12,924.		
7 Amortization			
8 Bad debts from sales or services			
9 Bank charges			
10 Car and truck expenses	6,170.		
11 Commissions			
12 Depletion			
13 Depreciation (explain in Schedule C-2)	1,579.		
14 Dues and publications			
15 Employee benefit programs other than on Line 22			
16 Freight (not included on Schedule C-1)			
17 Insurance	3,827.		
18 Interest on business indebtedness	2,392.		
19 Laundry and cleaning			
20 Legal and professional services	375.		
21 Office supplies	975.		
22 Pension and profit-sharing plans for employees			
23 Postage			
24 Rent on business property			
25 Repairs			
26 Supplies (not included on Schedule C-1)			
27 Taxes	1,819.		
28 Telephone			
29 Travel and entertainment			
30 Utilities	5,906.		
31 Wages			
32 Other expenses (specify):			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			
p			
q			
r			
33 Reduce expenses by the total business credits claimed (for example, Employment Incentive Payments Credit.) on your PA-40.			
34 Total deductions (add amounts in columns for Lines 6 through 32r) and deduct Line 33	▶	34	35,967.
35 Net profit or loss (subtract Line 34 from Line 5). Enter total here and on the appropriate line of PA tax return. If a net loss is shown, check the box and enter on the appropriate line of the PA tax return	<input type="checkbox"/>	35	5,315.

SCHEDULE C
PA-40 C (09-97)
PA DEPARTMENT OF REVENUE

9703213596

Page 2

OFFICIAL USE ONLY

Name of Proprietor as shown on PA tax return.

Social Security Number

PRAVE, WALTER C.

173-34-2832

SCHEDULE C-1. -- Cost of Goods Sold and/or Operations

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	1,000.
2	a Purchases	2a	116,730.
	b Cost of items withdrawn for personal use	2b	
	c Balance (subtract line 2b from line 2a)	2c	116,730.
3	Cost of labor (do not include salary paid to yourself)	3	
4	Materials and supplies	4	
5	Other costs (attach schedule)	5	
6	Add lines 1, 2c, 3, 4 and 5	6	117,730.
7	Inventory at end of year	7	800.
8	Cost of goods sold and/or operations (subtract line 7 from line 6). Enter here and on Part 1, line 2. ▶	8	116,930.

SCHEDULE C-2. -- Depreciation

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
See Federal 4562						
3 Totals					3	
4 Depreciation claimed in Schedule C-1					4	
5 Balance (subtract line 4 from line 3). Enter here and on Part II, line 13. ▶					5	1,579.

SCHEDULE C-3. -- Expense Information

If you incur any of the expenses described below, enter the amount of the expense and describe the kinds of costs incurred and the business purpose.

Expenses	Amount
A. Entertainment facility (boat, resort, ranch, etc.)	\$
B. Living accommodations (except employees on business)	\$
C. Vacations for yourself, your employees or their families.	\$

9 PAV1 NTF 22886E

1999 PA-V PA PAYMENT VOUCHER

9900913592

173-34-2832 PR 209-32-2036

PRAVE
WALTER C
ELIZABETH M

PAYMENT AMOUNT

\$ 170.00

RD #2 BOX 26
CURWENSVILLE
PA
16833

Make check or money order payable to the
Pennsylvania Department of Revenue

DEPARTMENT USE ONLY

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300181173342832000791999123100000000000000002

Form PA-40 - Page 1

Gross PA Taxable Compensation from W-2 forms and other wage statements

Description	Taxpayer Amount	Spouse Amount
W-2 wages	0.	7,060.
Other Income	855.	1,700.
	-----	-----
	855.	8,760.
	=====	=====

Form PA-40 - Page 1

Net Income or [Loss] from Operation of Business, Profession or Farm

Description	Taxpayer Amount	Spouse Amount
Schedule C	5,315.	0.
	-----	-----
	5,315.	0.
	=====	=====

1998

Income Tax Return

FOR

WALTER C. & ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833-9002

PREPARED BY

G & C BUSINESS SERVICES CORP
110 N. BRADDOCK STREET
WINCHESTER, VA 22601
Phone: (540) 667-4188
Fax: (540) 667-6872

Δ 153

FORM 1099-R

ORIGINAL STATEMENT		Form Date 01/22/1998	COPY C		For Recipient's Records	1998 FORM 1099-R					
PRUDENTIAL INSURANCE CO OF AMERICA P O BOX 2047 FORT WASHINGTON, PA 19034-9830			WALTER C PRAVE RR 2 BOX 26 CURWENSVILLE		PA 16833-9002		OMB No. 1545-0119				
Payer's Federal ID #: 22-1211670			Recipient's ID #: 174-28-0774		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service						
2b Taxable amount not determined	<input type="checkbox"/>	Total distribution	<input type="checkbox"/>	Box 7 Distribution code	7	IRA/ SEP/ SIMPLE	9a Your percentage of total distribution	%	11 State/Payer's state number PA/221211670		
BOX 1 GROSS DISTRIBUTION		BOX 2a TAXABLE AMOUNT		BOX 4 FEDERAL INCOME TAX WITHHELD		BOX 5 EMPLOYEE CONTRIBUTIONS OR INS PREMIUMS		BOX 10 STATE TAX WITHHELD		BOX 12 STATE DISTRIBUTION	
19.80		19.80									
* ACCOUNT/CONTRACT NUMBER: 11810570										OFFICE: ALT1	
PHONE: 1-800-778-2255 INSURED/ANNUITANT: WALTER C PRAVE											

TOTALS

19.80 19.80

THIS FORM 1099-R REPORTS TAXABLE GAIN ON THE DIVIDENDS CREDITED ON YOUR PRUDENTIAL INSURANCE CONTRACT. WHEN THE TOTAL OF DIVIDENDS CREDITED OVER THE LIFE OF THE CONTRACT EXCEEDS THE TOTAL PREMIUMS PAID, THE EXCESS DIVIDEND IS CONSIDERED GAIN AND IS REPORTABLE FOR TAX PURPOSES.

Box 2a. — This part of the distribution is generally taxable. If there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be marked. You may want to get one of the following publications from the IRS to help you figure the taxable amount: Pub. 571, Tax-Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations, Pub. 575, Pub. 590, Pub. 721, Tax Guide to U.S. Civil Service Retirement Benefits, or Pub. 939, General Rule for Pensions and Annuities. For an IRA distribution, see IRAs and Roth and education IRAs above. For a direct rollover, zero should be shown, and you must enter zero (-0-) on the "Taxable amount" line of your tax return.

If this is a total distribution from a qualified plan and you were at least age 59½ on the date of distribution (or you are the beneficiary of someone who had reached age 59½ or someone born before 1936), you may be eligible for the 5- or 10-year tax option. See Form 4972 for more information. The 5- or 10-year tax option does not apply to any IRA or to tax-sheltered annuities.

Box 2b. — If the first checkbox is marked, the payer was unable to determine the taxable amount, and box 2a should be blank unless this is a traditional IRA, SEP, or SIMPLE distribution. If the second checkbox is marked, the distribution was a total distribution that closed out your account.

Box 3. — If you received a lump-sum distribution from a qualified plan and you were born before 1936 (or you are the beneficiary of someone born before 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Sch. D (Form 1040)). See the Instructions for Form 4972. For a charitable gift annuity, report as a long-term capital gain on Schedule D (Form 1040).

Box 4. — This is the amount of Federal income tax withheld. Include this on your income tax return as tax withheld, and if box 4 shows an amount other than zero, attach Copy B to your return. Generally, if you will receive payments next year that are not eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P, Withholding Certificate for Pension or Annuity Payments.

Box 5. — Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; or the nontaxable part of a charitable gift annuity. This box does not show contributions to any IRA.

Box 6. — If you received a lump-sum distribution from a qualified plan that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and the Instructions for Form 4972. If you did not receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which is not taxed until you sell the securities.

Box 7. — These codes identify the distribution you received: 1 — Early distribution, no known exception (in most cases, under age 59½) (See Form 5329. For a rollover to a traditional IRA of the entire taxable part of the distribution, do not file Form 5329. See Form 1040 or 1040A Instructions.); 2 — Early distribution exception applies (under age 59½) (You need not file Form 5329.); 3 — Disability (You need not file Form 5329.); 4 — Death (You need not file Form 5329.); 5 — Prohibited transaction; 6 — Section 1035 exchange (a tax-free exchange of life insurance, annuity, or endowment contracts); 7 — Normal distribution; 8 — Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1998; 9 — PS 58 costs (premiums paid by a trustee or custodian for current insurance protection, taxable to you currently); A — May be eligible for 5- or 10-year tax option (See Form 4972.); B — May be eligible for death benefit exclusion (if employee died before August 21, 1996); C — May be eligible for both A and B; D — Excess contributions plus earnings/excess deferrals taxable in 1996; E — Excess annual additions under section 415 (Report on Form 1040 or 1040A on the line for taxable pension or annuity income. You need not file Form 5329.); F — Charitable gift annuity; G — Direct rollover to IRA (You need not file Form 5329.); H — Direct rollover to qualified plan or tax-sheltered annuity or a transfer from a conduit IRA to a qualified plan. (You need not file Form 5329.); J — Distribution from a Roth IRA in first 5 years (See Form 5329.); K — Distribution from a 1998 Roth conversion IRA in the first 5 years (See Form 5329.); L — Loans treated as distributions; M — Distribution from an education IRA (Ed IRA). If your education expenses during 1998 were not equal to or more than your distribution, part or all of your distribution may be taxable and subject to an additional 10% tax. (See Form 5329 and the Form 1040 Instructions.); P — Excess contributions plus earnings/excess deferrals taxable in 1997; S — Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59½) (May be subject to an additional 25% tax. See Form 5329.)

If the IRA/SEP/SIMPLE box is marked, you have received a traditional IRA, SEP, or SIMPLE IRA distribution.

Box 8. — If you received an annuity contract as part of a distribution, the value of the contract is shown. It is not taxable when you receive it and should not be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You will need this information if you use the special 5- or 10-year tax option (Form 4972).

Box 9a. — If a total distribution was made to more than one person, the percentage you received is shown here.

Box 9b. — If this is the first year of a life annuity from a qualified plan or from a tax-sheltered annuity (with after-tax contributions), the amount shown is the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575.

Boxes 10-15. — If state or local income tax was withheld from the distribution, these boxes may be completed. Boxes 12 and 15 may show the part of the distribution subject to state and/or local tax.

a Control number 00459		OMB No. 1545-0008					Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	
b Employer identification number 25-1158053			1 Wages, tips, other compensation 6843.17		2 Federal income tax withheld 1026.51			
c Employer's name, address, and ZIP code CURWENSVILLE AREA SCHOOL DISTRI 650 BEECH STREET CURWENSVILLE, PA. 16833			3 Social security wages 7299.38		4 Social security tax withheld 452.54			
			5 Medicare wages and tips 7299.38		6 Medicare tax withheld 105.82			
			7 Social security tips		8 Allocated tips			
d Employee's social security number 209-32-2013			9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code ELIZABETH M PRAVE R.D. #2 BOX 26 CURWENSVILLE PA 16833			11 Nonqualified plans		12 Benefits included in box 1			
			13 See instrs. for box 13		14 Other PSERS 456.21			
			15 Statutory employee • Deceased Pension plan <input checked="" type="checkbox"/> Legal rep. Deferred compensation					
16 State PA	Employer's state I.D. no. 251158053	17 State wages, tips, etc. 7299.38	18 State income tax 204.39	19 Locality name	20 Local wages, tips, etc. 7299.38	21 Local income tax 73.03		

Form **W-2** Wage and Tax Statement **1998**

Department of the Treasury—Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Instructions (Also see Notice to Employee on back of Copy B)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 8. This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or 1040A.

Box 10. This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 12. This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits; see the Form 1040 instructions.

Box 13. The following list explains the codes shown in box 13. You may need this information to complete your tax return.

Note: If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military

service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security tax on tips (Include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.)

B—Uncollected Medicare tax on tips (Include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in box 1)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also, includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals to a section 408(k)(6) salary reduction SEP.

G—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(19)(D) tax-exempt organization plan (see "Adjusted Gross Income" in Form 1040 instructions for how to deduct)

J—Nontaxable sick pay (not includible as income)

K—20% tax on excess golden parachute payments (see "Total Tax" in Form 1040 instructions)

L—Nontaxable part of reimbursements for substantiated employee business expense

M—Uncollected social security tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions)

P—Excludable moving expense reimbursements paid directly to employee (not included in box 1)

Q—Military employee basic quarters, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

R—Employer contributions to your medical savings account (MSA) (see Form 8853, Medical Savings Accounts and Long-Term Care Insurance Contracts)

S—Employee salary reduction contributions to a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

Box 15. If the "Pension plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals in box 13 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong) are generally limited to \$10,000. Elective deferrals for section 403(b) contracts are limited to \$10,000 (\$13,000 in some cases; see Pub. 571). The limit for section 457(b) plans is \$8,000. Amounts over these limits must be included in income. See "Wages, Salaries, Tips, etc." in the Form 1040 instructions.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. SSA suggests you confirm your work record with them from time to time.



Prudential

PRUDENTIAL INSURANCE CO OF AMERICA
P O BOX 2047
FORT WASHINGTON, PA 19034-9830

ALT1
11810570
002 F

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PRUDENTIAL



IMPORTANT INFORMATION:

This Form 1099-R is used to report distributions from a Prudential/Pruco life insurance, endowment or annuity contract, or retirement or profit-sharing plan. Transactions that can trigger taxable and reportable distributions include:

- | | | | |
|-----------------------------------|---|--------------------------------------|------------------|
| - Cash Surrenders | - Partial Withdrawals | - Return of Premium or | - Assignments of |
| - Contract Maturities | - Ownership Changes | Not-Taken Cancellations | annuities and |
| - Annuity Death Benefits | - Loan on Annuities and Some Life Contracts | - Lapsed or Exchanged life Contracts | certain life |
| - Outgoing Section 1035 Exchanges | - Direct Rollover | with an Outstanding Loan | insurance |

NOTE: Reinstatement of a lapsed contract with a loan does not cancel the reportable tax event.

Insurance contract distributions are generally taxable to the extent the distribution exceeds the owner's investment in the contract. Investment in the contract generally is Premiums Paid minus Previous Non-taxable Distributions including dividends.

Please realize this Form 1099-R represents only a summary of 1099-R tax events from the account or contract number(s) listed. Therefore, you may receive other tax statements from Prudential/Pruco if there were additional reportable events.

Prudential is required by law to mail tax reporting forms 1099-R for any tax year by the last day in January of the following calendar year.

* Please Note: Indicates Your Account, Policy, or Contract Number.

Use the IRS label. Other-wise, please print or type.

WALTER C. PRAVE
ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833-9002

Your social security number
173-34-2832

Spouse's social security no.
209-32-2036

You must enter your SSN(s).

Yes No Note: Checking "Yes" will not change your tax or reduce your refund.
X

Presidential Election Campaign

Do you want \$3 to go to this fund? ...
If a joint return, does your spouse want \$3 to go to this fund? ...

Filing Status
1 Single
2 X Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's SSN above & full name here.
4 Head of household (with qualifying person). (See page 18.) If qualifying person is a child but not your dependent, enter child's name here.
5 Qualifying widow(er) with dependent child (yr. spouse died 19). (See page 18.)

Exemptions

6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
b X Spouse
No. of boxes checked on 6a and 6b 2

C Dependents: If more than six dependents, see page 19.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 19)	No. of your children on 8c who: • lived with you • did not live with you due to divorce or separation (see page 19)

d Total number of exemptions claimed. 2

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 20.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 6,843.
8a Taxable interest. Attach Schedule B if required 159.
b Tax-exempt interest. DO NOT include on line 8a 8b
9 Ordinary dividends. Attach Schedule B if required. 9
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21) 4.
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ. 12 2,565.
13 Capital gain or (loss). Attach Schedule D. 13
14 Other gains or (losses). Attach Form 4797. 14
15a Total IRA distributions 15a b Taxable amount (see page 22) 15b
16a Total pensions and annuities 16a b Taxable amount (see page 22) 16b 20.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see page 24) 20b
21 Other income. SALARY-SELECMAN BOROUGH 1,835. 21 1,835.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 11,426.

Adjusted Gross Income

If line 33 is under \$30,095 (under \$10,030 if a child did not live with you), see EIC inst. on page 36.

23 IRA deduction (see page 25) 23
24 Student loan interest deduction (see page 27) 24
25 Medical savings account deduction. Attach Form 8853 25
26 Moving expenses. Attach Form 3903 26
27 One-half of self-employment tax. Attach Schedule SE 27 311.
28 Self-employed health insurance deduction (see page 28) 28 1,013.
29 Keogh and self-employed SEP and SIMPLE plans 29
30 Penalty on early withdrawal of savings. 30
31a Alimony paid. b Recipient's SSN 31a
32 Add lines 23 through 31a. 32 1,324.
33 Subtract line 32 from line 22. This is your adjusted gross income 33 10,102.

Tax and Credits	34	Amount from line 33 (adjusted gross income)	34	10,102.
	35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
Standard Deduction for Most People Single: \$4,250 Head of household: \$6,250 Married filing jointly or Qualifying widow(er): \$7,100 Married filing separately: \$3,550.	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 29 and check here	35b	
	36	Enter the larger of your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	7,256.
	37	Subtract line 36 from line 34.	37	2,846.
	38	If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet on page 30 for the amount to enter	38	5,400.
	39	Taxable Income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	0.
	40	Tax. See page 30. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	0.
	41	Credit for child & dependent care expenses. Attach Form 2441.	41	
	42	Credit for the elderly or the disabled. Attach Schedule R.	42	
	43	Child tax credit (see page 31)	43	
	44	Education credits. Attach Form 8863.	44	
Other Taxes	45	Adoption credit. Attach Form 8839.	45	
	46	Foreign tax credit. Attach Form 1116 if required.	46	
	47	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	47	
	48	Add lines 41 through 47. These are your total credits	48	
	49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	49	0.
	50	Self-employment tax. Attach Schedule SE.	50	621.
	51	Alternative minimum tax. Attach Form 6251.	51	
	52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.	52	
	53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required.	53	
	54	Advance earned income credit payments from Form(s) W-2.	54	
55	Household employment taxes. Attach Schedule H.	55		
	56	Add lines 49 through 55. This is your total tax	56	621.
Payments	57	Federal income tax withheld from Forms W-2 and 1099.	57	1,027.
	58	1998 estimated tax payments & amt. applied from 1997 return.	58	
	59a	Earned income credit. Attach Sch. EIC if you have a qualifying child. b Nontaxable earned income: amount <input type="checkbox"/> and type <input type="checkbox"/> NO	59a	
	60	Additional child tax credit. Attach Form 8812.	60	
	61	Amount paid with Form 4868 (request for extension).	61	
	62	Excess social security and RRTA tax withheld (see page 43).	62	
	63	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4138.	63	
	64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64	1,027.
Refund	65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID	65	406.
	66a	Amount of line 65 you want REFUNDED TO YOU	66a	406.
	b	Routing no. <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. <input type="checkbox"/>		
	67	Amount of line 65 you want APPLIED TO 1999 EST. TAX.	67	
Amount You Owe	68	If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE . For details on how to pay, see page 44.	68	
	69	Estimated tax penalty. Also include on line 68.	69	

Sign Here Joint Return? See page 18. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Your signature Spouse's signature. If a joint return, BOTH must sign.	Date Date
	Your occupation SELF EMPLOYED	Daytime telephone number (optional)
	Spouse's occupation TEACHERS AID	

Paid Preparer's Use Only	Preparer's signature 	Date 03/10/99	Check if self-employed <input type="checkbox"/>	Preparer's social security no. 223-60-5887
	Firm's name (or yours if self-employed) and address G & C BUSINESS SERVICES CORP 110 N. BRADDOCK STREET WINCHESTER, VA	EIN 54-1089270	ZIP code 22601	

SCHEDULE A
(Form 1040)

Schedule A -- Itemized Deductions

OMB No. 1545-0074

1998

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security no.

WALTER C. & ELIZABETH M. PRAVE

173-34-2832

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses

Bal. of SE hlth. Ins. 1,239.

1 1,239.

2 Enter amount from Form 1040, line 34 **2** 10,102.

3 Multiply line 2 above by 7.5% (.075) **3** 758.

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4** 481.

Taxes You Paid

5 State and local income taxes **5** 565.

6 Real estate taxes (see page A-2) **6** 700.

(See page A-2.)

7 Personal property taxes **7**

8 Other taxes ▶ **8**

9 Add lines 5 through 8 **9** 1,265.

Interest You Paid

10 Home mortgage interest and points reported to you on Form 1098 **10** 1,949.

11 Home mortgage interest not reported to you on Form 1098. If paid to seller, show that person's name, ID no., & address ▶ **11**

Note:
Personal interest is not deductible.

12 Points not reported to you on Form 1098. See pg. A-3 for special rules **12**

13 Investment interest. Attach Form 4952 if required. (See page A-3.) **13**

14 Add lines 10 through 13 **14** 1,949.

Gifts to Charity

15 Gifts by cash or check 3,311. **15** 3,311.

If you made a gift and got a benefit for it, see page A-4.

16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You **MUST** attach Form 8283 if over \$500 **16** 250.

17 Carryover from prior year **17**

18 Add lines 15 through 17 **18** 3,561.

Casualty, Theft

19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.) **19**

Job Expenses and Most Other Miscellaneous Deductions

20 Unreimbursed empl. exp. You **MUST** attach Form 2106 or 2106-EZ if required. ▶ **20**

21 Tax preparation fees **21**

22 Other expenses ▶ **22**

(See page A-6 for expenses to deduct here.)

23 Add lines 20 through 22 **23**

24 Enter amount from Form 1040, line 34 **24**

25 Multiply line 24 above by 2% (.02) **25**

26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- **26**

Other Miscellaneous Deductions

27 Other -- from list on page A-6. List type and amount ▶ **27**

Total Itemized Deductions

28 Is Form 1040, line 34, over \$124,500 (over \$62,250 if married filing separately)?

NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 36, the larger of this amount or your standard deduction.

YES. Your deduction may be limited. See page A-6 for the amount to enter.

28 7,256.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

1998

Attachment
Sequence No. 09

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule C (Form 1040).

Name of proprietor
WALTER C. PRAVE

Social security number (SSN)
173-34-2832

A Principal business or profession, including product or service (see page C-1)
AWNING INSTALLATION / SALES & SERVICE

B Enter NEW code from pages C-8 & 9
235610

C Business name. If no separate business name, leave blank.
ZEPHYR AWNING CO

D Employer ID no. (EIN), if any
52-0946114

E Business address, City, state, ZIP
**RT 2 BOX 26
CURWENSVILLE, PA 16833**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 1998? If "No," see page C-2 for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 1998, check here ▶ ☐

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here ▶ <input type="checkbox"/>	1	170,798.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1	3	170,798.
4 Cost of goods sold (from line 42 on page 2)	4	138,850.
5 Gross profit. Subtract line 4 from line 3	5	31,948.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6	
7 Gross income. Add lines 5 and 6 ▶	7	31,948.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising.	8	8,476.	19 Pension & profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-5):		
10 Car and truck expenses (see page C-3)	10	2,086.	a Vehicles, machinery, and equipment	20a	
11 Commissions and fees.	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	2,093.
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13	1,740.	22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	3,637.
15 Insurance (other than health)	15	3,682.	24 Travel, meals, & entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		
b Other	16b	967.	c Enter 50% of line 24b subject to limitations (see page C-6)		
17 Legal and professional services	17	365.	d Subtract line 24c from line 24b	24d	
18 Office expense.	18		25 Utilities	25	6,337.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns ▶	28	29,383.	26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29	2,565.	27 Other expenses (from line 48 on page 2)	27	
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12 , and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you MUST go on to line 32.	31	2,565.			

32 If you have a loss, check the box that describes your investment in this activity (see page C-6).
• If you checked 32a, enter the loss on **Form 1040, line 12**, and ALSO on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.
• If you checked 32b, you MUST attach **Form 6198**.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1998

Part III	Cost of Goods Sold (see page C-7)
-----------------	--

- | | | |
|-----------|---|---|
| 33 | Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 1,200. |
| 36 | Purchases less cost of items withdrawn for personal use | 36 129,896. |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 8,754. |
| 38 | Materials and supplies | 38 0. |
| 39 | Other costs | 39 0. |
| 40 | Add lines 35 through 39 | 40 139,850. |
| 41 | Inventory at end of year | 41 1,000. |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | 42 138,850. |

Part IV **Information on Your Vehicle.** Complete this part **ONLY** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file.

- 43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____.
- 44** Of the total number of miles you drove your vehicle during 1998, enter the number of miles you used your vehicle for:
- a** Business _____ **b** Commuting _____ **c** Other _____
- 45** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 46** Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No
- 47a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

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

[illegible]

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

1998
Attachment
Sequence No. 17

Name of person with **self-employment** income (as shown on Form 1040)
WALTER C. PRAVE

Social security number of person
with **self-employment** income ► **173-34-2832**

Who Must File Schedule SE

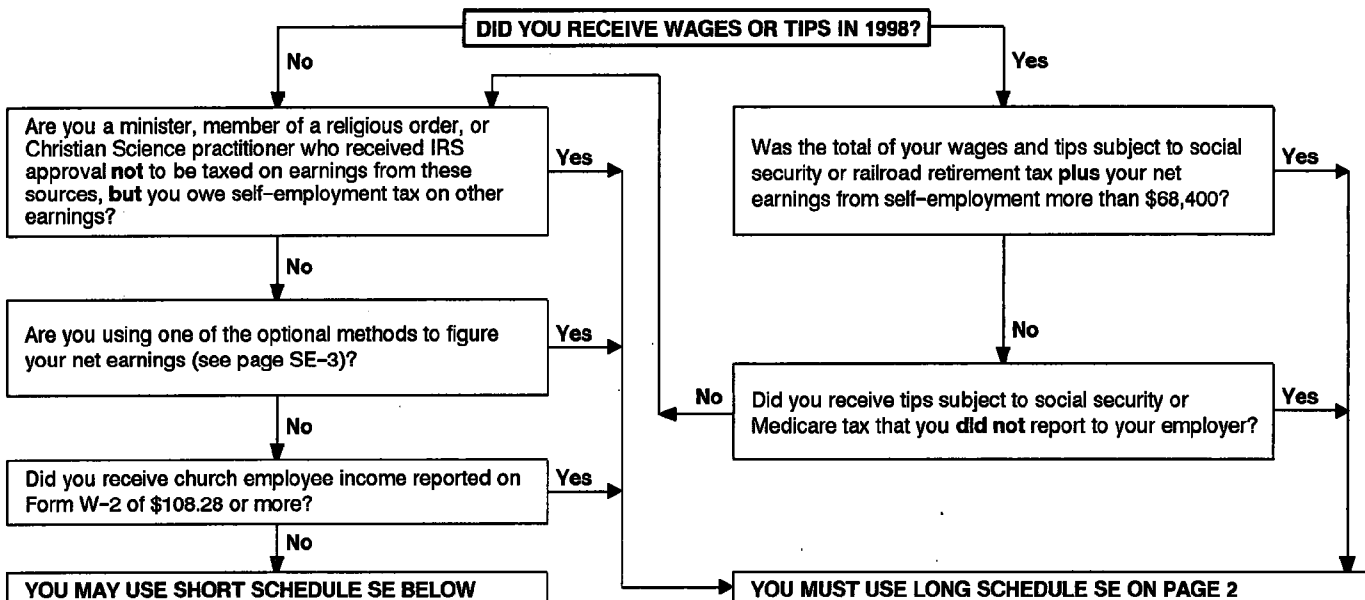
You must file Schedule SE if:

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

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

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt -- Form 4361" on Form 1040, line 50.

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



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

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report.	2	2,565.
3 Combine lines 1 and 2.	3	2,565.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax.	4	2,369.
5 Self-employment tax. If the amount on line 4 is: • \$68,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 50. • More than \$68,400, multiply line 4 by 2.9% (.029). Then, add \$8,481.60 to the result. Enter the total here and on Form 1040, line 50.	5	362.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	181.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1998

**SCHEDULE SE
(Form 1040)**Department of the Treasury
Internal Revenue Service**Self-Employment Tax**▶ See Instructions for Schedule SE (Form 1040).
▶ Attach to Form 1040.

OMB No. 1545-0074

1998Attachment
Sequence No. 17

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

ELIZABETH M. PRAVE

Social security number of person

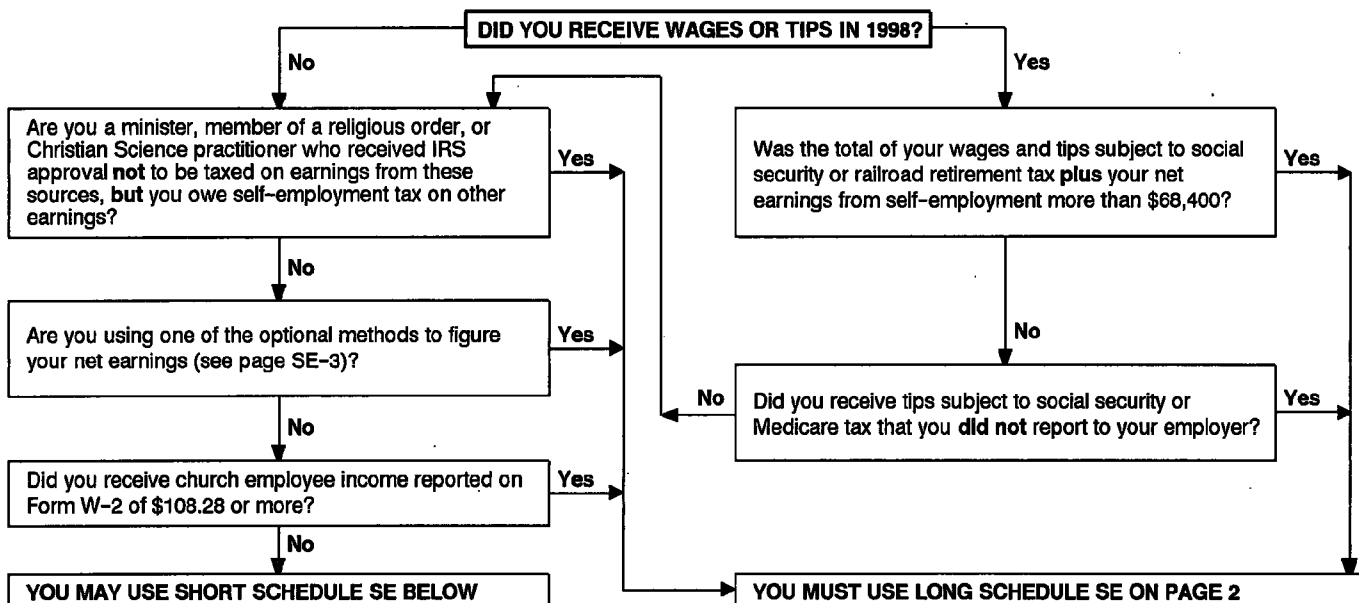
with self-employment income ▶

209-32-2036

Who Must File Schedule SE

You must file Schedule SE if:

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

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt -- Form 4361" on Form 1040, line 50.**May I Use Short Schedule SE or MUST I Use Long Schedule SE?****Section A — Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	1,835.
3 Combine lines 1 and 2	3	1,835.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax. ▶	4	1,695.
5 Self-employment tax. If the amount on line 4 is: • \$68,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 50. • More than \$68,400, multiply line 4 by 2.9% (.029). Then, add \$8,481.60 to the result. Enter the total here and on Form 1040, line 50. }	5	259.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	130.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1998

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

1998

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

WALTER C. & ELIZABETH M. PRAVE

Business or activity to which this form relates

Sch. C - ZEPHYR AWNING CO

Identifying number

173-34-2832

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$18,500
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	15,000.
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	18,500.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1997. See page 3 of the instructions	10	
11	Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions)	11	9,408.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12. . . . ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1998 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions. ▶ ☐

Section B -- General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Alternative Depreciation System (ADS) (See page 5 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 6 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1998.	17	
18 Property subject to section 168(f)(1) election.	18	
19 ACRS and other depreciation	19	583.

Part IV Summary (See page 6 of the instructions.)

20 Listed property. Enter amount from line 26	20	1,157.
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	21	1,740.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 4562 (1998)

Part V Listed Property -- Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles.)

23a Do you have evidence to support business/investment use claimed? ☒ **Yes** ☐ **No** **23b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use (See page 7 of the instructions.):								
94 FORD TRU	07/01/94	100%	11,000.	8,040.	5 yrs	DDB HY	1,157.	
TRUCK	07/01/97	100%	2,400.		5 yrs	DDB HY		
		%						

25 Property used 50% or less in a qualified business use (See page 7 of the instructions.):

TRUCK	10/24/92	%	2,500.		5 yrs	S/L-HY		
		%				S/L-		
		%				S/L-		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 **26** 1,157.

27 Add amounts in column (i). Enter the total here and on line 7, page 1 **27**

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
28 Total business/investment miles driven during year (DO NOT include commuting miles) . . .						
29 Total commuting miles driven during year . . .						
30 Total other personal (noncommuting) miles driven						
31 Total miles driven during the year. Add lines 28 through 30						
	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?						
33 Was the vehicle used primarily by a more than 5% owner or related person?						
34 Is another vehicle available for personal use?						

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 9 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 9 of the instructions		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1998 tax year:					
41 Amortization of costs that began before 1998					41
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					42

173-34-2832 PR 209-32-2036
 PRAVE WALTER C EX 0 B 1
 ELIZABETH M A 0 RS R
 FY 0 FS J
 1020 ADDRESS LINE
 RD #2 BOX 26 SC
 CURWENSVILLE PA 16833 PN

1A	8678.00	1B	.00	1C	8678.00
2	159.00	3	.00	4	2565.00
5	.00	6	.00	7	.00
8	.00	9	11402.00	10	.00
11	11402.00	12	319.00		

PLEASE FOLD PAGE ALONG THIS LINE

Local Information. Enter where you lived as of 12/31/98.

School District: _____

County: _____

Municipality: _____

School District Code: _____

☐
☐
☐
☐
Extention Enclosed, Mark this space.**Amended Return**, Mark this space.**Fiscal Year Filer**, Mark this space.**Option for a 1999 Booklet.**

If you do not want a 1999 Tax

Booklet next year, Mark this space.

Residency Status.

Fill-in only one choice.

R ☒ Resident
 NR ☐ Nonresident
 P ☐ Part Year Resident

From: _____
 To: _____

☐
Identification Label Change.

Mark this space, if the label you received with this booklet is not completely correct

Or if you did not file a 1997 PA tax return. **Do not place label on this form.****Type Filer.**

Fill-in only one choice

S ☐
 M ☐
 D ☐
 Date of Death
 F ☐
 J ☒

Single
 Married, Filing Separately
 Deceased

Final
 Married, Filing Jointly

1a	Gross PA Taxable Compensation, from W-2 forms and other statements	8,678.
1b	Unreimbursed Employee Business Expenses from PA Schedule UE	
1c	Net PA Taxable Compensation. Subtract line 1b from 1a	8,678.
2	PA Taxable Interest Income. Complete and enclose PA Schedule A, if over \$2,500	159.
3	PA Taxable Dividends Income. Complete and enclose PA Schedule B, if over \$2,500	
4	Net Income or Loss from the Operation of Business, Profession, or Farm	2,565.
5	Net Gain or Loss from the Sale, Exchange, or Disposition of Property	
6	Net Income or Loss from Rents, Royalties, Patents, or Copyrights	
7	Estate and Trust Income: Complete and enclose PA Schedule J	
8	Gambling and Lottery Winnings	
9	Total Gross PA Taxable Income. Add the income amounts from lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT SUBTRACT any losses reported on Lines 4, 5 or 6	11,402.
10	CONTRIBUTIONS TO YOUR MEDICAL SAVINGS ACCOUNT	
	See the Instructions booklet	
11	NET PA TAXABLE INCOME. Subtract line 10 from line 9	11,402.
12	PA Tax Liability. Multiply line 11 by 2.8% (0.028). Also enter on Line 13, Page 2	319.

R

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW **MUST** BE ATTACHED TO THIS RETURN.

EMPLOYER	ADDRESS	INCOME
CUMENSVILLE SCHOOL	CUMENSVILLE, PA	7299 00
SELECTMAN SALARY		1835 00
Total earned income (add income from employer(s) listed above)		9134 00
allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation)		9134 00
AL EARNED INCOME (line 5 less line 6)		9134 00
LOFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)		
Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate)		
Loss from business, profession or farm as a partner (attach Schedule K-1)		
from any other earned income not listed above.		
AL NET PROFITS (add lines 8 through 10)		
TAXABLE INCOME		
AL EARNED INCOME AND NET PROFITS (line 7 plus line 11)		9134 00

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

Date _____ Signature of Taxpayer _____ Name of Borough or Township of Residence _____ Signature or stamp of Preparer if other than Taxpayer. *[Signature]*

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW **MUST** BE ATTACHED TO THIS RETURN.

EMPLOYER	ADDRESS	INCOME
CUMENSVILLE SCHOOL	CUMENSVILLE, PA	7299 00
SELECTMAN SALARY		1835 00
Total earned income (add income from employer(s) listed above)		9134 00
allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation)		9134 00
AL EARNED INCOME (line 5 less line 6)		9134 00
LOFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)		
Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate)		
Loss from business, profession or farm as a partner (attach Schedule K-1)		
from any other earned income not listed above.		
AL NET PROFITS (add lines 8 through 10)		
TAXABLE INCOME		
AL EARNED INCOME AND NET PROFITS (line 7 plus line 11)		9134 00

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

Date _____ Signature of Taxpayer _____ Name of Borough or Township of Residence _____ Signature or stamp of Preparer if other than Taxpayer. *[Signature]*

WAGE TAX*

**CLEARFIELD COUNTY MUNICIPAL SERVICE ASSOCIATION
CURWENSVILLE AREA**

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 1998 THROUGH DECEMBER 31, 1998

ANCE → C.C.M.S.A. - Phone 236-2901
E TO P.O. BOX 239
CURWENSVILLE, PA. 16833

This return, along with any payment due, must be filed with the Tax Office listed at the left on or before April 15, 1999. All items on this return must be completed in detail. For additional information, refer to the instruction brochure accompanying this return.

OUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO (X) YES () → From _____
St. or R.D. & Post Office City, Twp., or Boro

IPATION Self Employed MARITAL STATUS (Circle) M S To _____
St. or R.D. & Post Office City, Twp., or Boro

AL SECURITY NO. 173-34-2832

'S/HUSBAND'S NAME Elizabeth M. Prave

IE NO. 814-236-3738

PRAVE, WALTER C 173 34 2832
RR 2 BOX 26
CURWENSVILLE PA 16833

LCTY

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

PLEASE INDICATE DATE OF ADDRESS CHANGE

COMPUTE TAXABLE INCOME ON REVERSE SIDE	
14. TOTAL TAXABLE INCOME (From Line 12, reverse side) ----->	2565 00
15. TAX AT 1.0% OF LINE 14 ----->	26 00
16. CREDITS	
16A. Taxes withheld by employers ----->	
16B. Payments on estimated taxes ----->	
TOTAL CREDITS (16A Plus 16B) ----->	0 00
17. If Line 15 is larger than Line 16, ENTER BALANCE DUE ----->	26 00
18. If Line 16 is larger than Line 15, ENTER REFUND ----->	
19. Penalty and interest (add 1% of Line 17 for each month -----> that taxes remain unpaid after April 15.)	
20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19) -----> (Tax due of less than \$1.00 need not be remitted.)	

WAGE TAX*

**CLEARFIELD COUNTY MUNICIPAL SERVICE ASSOCIATION
CURWENSVILLE AREA**

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 1998 THROUGH DECEMBER 31, 1998

ANCE → C.C.M.S.A. - Phone 236-2901
E TO P.O. BOX 239
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This return, along with any payment due, must be filed with the Tax Office listed at the left on or before April 15, 1999. All items on this return must be completed in detail. For additional information, refer to the instruction brochure accompanying this return.

OUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO (X) YES () → From _____
St. or R.D. & Post Office City, Twp., or Boro

IPATION Self Employed MARITAL STATUS (Circle) M S To _____
St. or R.D. & Post Office City, Twp., or Boro

AL SECURITY NO. 173-34-2832

'S/HUSBAND'S NAME Elizabeth M. Prave

IE NO. 814-236-3738

PRAVE, WALTER C 173 34 2832
RR 2 BOX 26
CURWENSVILLE PA 16833

LCTY

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

PLEASE INDICATE DATE OF ADDRESS CHANGE

COMPUTE TAXABLE INCOME ON REVERSE SIDE	
14. TOTAL TAXABLE INCOME (From Line 12, reverse side) ----->	2565 00
15. TAX AT 1.0% OF LINE 14 ----->	26 00
16. CREDITS	
16A. Taxes withheld by employers ----->	
16B. Payments on estimated taxes ----->	
TOTAL CREDITS (16A Plus 16B) ----->	0 00
17. If Line 15 is larger than Line 16, ENTER BALANCE DUE ----->	26 00
18. If Line 16 is larger than Line 15, ENTER REFUND ----->	
19. Penalty and interest (add 1% of Line 17 for each month -----> that taxes remain unpaid after April 15.)	
20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19) -----> (Tax due of less than \$1.00 need not be remitted.)	

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

EMPLOYER

ADDRESS

INCOME

EMPLOYER	ADDRESS	INCOME
Total earned income (add income from employer(s) listed above) ----->		
allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation) ----->		
AL EARNED INCOME (line 5 less line 6) ----->		
OFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)		
/ Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate) ----->		2,565.
/ Loss from business, profession or farm as a partner (attach Schedule K-1) ----->		
/ from any other earned income not listed above. ----->		
AL NET PROFITS (add lines 8 through 10) ----->		2,565.
TAXABLE INCOME		
AL EARNED INCOME AND NET PROFITS (line 7 plus line 11) ----->		2,565.

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

_____	_____	_____	_____
Date	Signature of Taxpayer	Name of Borough or Township of Residence	Signature or stamp of Preparer if other than Taxpayer.

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

EMPLOYER

ADDRESS

INCOME

EMPLOYER	ADDRESS	INCOME
Total earned income (add income from employer(s) listed above) ----->		
allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation) ----->		
AL EARNED INCOME (line 5 less line 6) ----->		
OFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)		
/ Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate) ----->		
/ Loss from business, profession or farm as a partner (attach Schedule K-1) ----->		
/ from any other earned income not listed above. ----->		
AL NET PROFITS (add lines 8 through 10) ----->		
TAXABLE INCOME		
AL EARNED INCOME AND NET PROFITS (line 7 plus line 11) ----->		

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

_____	_____	_____	_____
Date	Signature of Taxpayer	Name of Borough or Township of Residence	Signature or stamp of Preparer if other than Taxpayer.

1997

Income Tax Return

FOR

WALTER C. & ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833

PREPARED BY

G & C BUSINESS SERVICES CORP
110 N. BRADDOCK STREET
WINCHESTER, VA 22601
Phone: 540-667-4188

DIS 4

ORIGINAL STATEMENT		Form Date 01/22/98	COPY C		For Recipient's Copy	1997 FORM 1099-R	
PRUDENTIAL INSURANCE CO. OF AMERICA P O BOX 2047 FORT WASHINGTON, PA 19034-9830			WALTER C PRAVE RD 2 BOX 26 CURWENSVILLE PA 16833-9002			OMB No. 1545-0119 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service</small>	
Payer's Federal ID #: 22-1211670			Recipients ID #: 174-28-0774				
2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		Box 7 Distribution Code 7	IRA/ SEP/ SIMPLE	9a Your percentage of total distribution %		11 State/Payers state number PA/221211670	
ACCOUNT/ CONTRACT NUMBER	PLAN NUMBER	BOX 1 GROSS DISTRIBUTION	BOX 2a TAXABLE AMOUNT	BOX 4 FEDERAL INCOME TAX WITHHELD	BOX 6 EMPLOYEE CONTRIBUTIONS OR INS PREMIUMS	BOX 10 STATE TAX WITHHELD	BOX 12 STATE DISTRIBUTION
11810570		19.09	19.09	.00	.00	.00	.00
PHONE: 1-800-778-4657		INSURED/ANNUITANT: WALTER C PRAVE				OFFICE CODE: LSTN	
TOTAL		19.09	19.09	.00	.00	.00	.00



PRUDENTIAL INSURANCE CO OF AMERICA
P O BOX 2047
FORT WASHINGTON, PA 19034-9830

LSTN
11810570
002 F

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
PRUDENTIAL



Important Tax Return Document Enclosed

a Control number 19		Copy C For EMPLOYEE'S RECORDS (See Notice on back of Copy B.) <small>OMB No. 1545-0008</small>				
b Employer's identification number 256001024		1 Wages, tips, other compensation 56.00		2 Federal income tax withheld 00		
c Employer's name, address, and ZIP code CLEARFIELD COUNTY GOVERNMENT PO BOX 11 CLEARFIELD, PA 16830		3 Social security wages .00		4 Social security tax withheld .00		
		5 Medicare wages and tips .00		6 Medicare tax withheld .00		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 173-34-2832		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code WALTER PRAVE RD 2 BOX 26 CURWENSVILLE, PA 16833		11 Nonqualified plans		12 Benefits included in box 1		
		13 See Instrs. for box 13		14 Other		
		15 Statutory employee		Deceased employee	Pension plan	Legal rep.
16 State PA	Employer's state I.D. No. 690231927	17 State wages, tips, etc. 56.00	18 State income tax .00	19 Locality name LOCAL	20 Local wages, tips, etc. 56.00	21 Local income tax .00

Department of the Treasury—Internal Revenue Service

Form **W-2 Wage and Tax Statement** **1997**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Instructions (Continued from back of Copy B)

Box 1.—Enter this amount on the wages line of your tax return.

Box 2.—Enter this amount on the Federal income tax withheld line of your tax return.

Box 8.—This amount is **not** included in boxes 1, 5, or 7. For information on how to report tips on your tax return, see your tax return instructions.

Box 9.—Enter this amount on the advance earned income credit payments line of your tax return.

Box 10.—This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441 to compute any taxable and nontaxable amounts.

Box 11.—This amount is a distribution made to you from a nonqualified deferred compensation or section 457 plan and is included in box 1. Or, it may be a contribution by your employer to a nonqualified deferred compensation plan that is included in box 3 and/or 5.

Box 12.—This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits; see the instructions for your tax return.

Box 13.—The following list explains the codes shown in box 13. You may need this information to complete your tax return.

A—Uncollected social security tax on tips (Include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.)

B—Uncollected Medicare tax on tips (Include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in box 1)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also, includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals to a section 403(b) salary reduction agreement

F—Elective deferrals to a section 408(k)(6) salary reduction SEP

G—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in Form 1040 instructions for how to deduct)

J—Sick pay not includible as income

K—Tax on excess golden parachute payments (see "Total Tax" in Form 1040 instructions)

L—Nontaxable part of employee business expense reimbursements

M—Uncollected social security tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions)

P—Excludable moving expense reimbursements (not included in box 1)

Q—Military employee basic quarters, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

R—Employer contributions to your medical savings account (see the instructions for your income tax return)

S—Employee salary reduction contributions to a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete and file with your income tax return a **Form 8839**, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

Box 15.—If the "Pension plan" box is checked, special limits may apply to the amount of IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals in box 13 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong) are generally limited to \$9,500. Elective deferrals for section 403(b) contracts are limited to \$9,500 (\$12,500 in limited circumstances; see Pub. 571). The limit for section 457(b) plans is \$7,500. Amounts over these limits must be included in income. See the Form 1040 instructions.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return.

a Control number 00459		Copy C For EMPLOYEE'S RECORDS (See Notice on back of Copy B.)				
b Employer's identification number 25-1158053		1 Wages, tips, other compensation 6469.58		2 Federal income tax withheld 970.46		
c Employer's name, address, and ZIP code CURWENSVILLE AREA SCHOOL DISTRI 650 BEECH STREET CURWENSVILLE, PA. 16833		3 Social security wages 6900.94		4 Social security tax withheld 427.84		
		5 Medicare wages and tips 6900.94		6 Medicare tax withheld 100.08		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 209-32-2036		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code ELIZABETH M PRAVE R.D. #2 BOX 26 CURWENSVILLE PA 16833		11 Nonqualified plans		12 Benefits included in box 1		
		13 See Instrs. for box 13		14 Other PSERS 431.36		
		15 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input checked="" type="checkbox"/> Legal rep. <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Deferred compensation <input type="checkbox"/>				
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
PA	251158053	6900.94	193.24		6900.94	69.06

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement **1997**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Instructions (Continued from back of Copy B)

Box 1.—Enter this amount on the wages line of your tax return.

Box 2.—Enter this amount on the Federal income tax withheld line of your tax return.

Box 8.—This amount is **not** included in boxes 1, 5, or 7. For information on how to report tips on your tax return, see your tax return instructions.

Box 9.—Enter this amount on the advance earned income credit payments line of your tax return.

Box 10.—This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441 to compute any taxable and nontaxable amounts.

Box 11.—This amount is a distribution made to you from a nonqualified deferred compensation or section 457 plan and is included in box 1. Or, it may be a contribution by your employer to a nonqualified deferred compensation plan that is included in box 3 and/or 5.

Box 12.—This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits; see the instructions for your tax return.

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B—Uncollected Medicare tax on tips (Include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in box 1)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also, includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals to a section 403(b) salary reduction agreement

F—Elective deferrals to a section 408(k)(6) salary reduction SEP

G—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in Form 1040 instructions for how to deduct)

J—Sick pay not includible as income

K—Tax on excess golden parachute payments (see "Total Tax" in Form 1040 instructions)

L—Nontaxable part of employee business expense reimbursements

M—Uncollected social security tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions)

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Q—Military employee basic quarters, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

R—Employer contributions to your medical savings account (see the instructions for your income tax return)

S—Employee salary reduction contributions to a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete and file with your income tax return a **Form 8839**, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

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Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return.

Use the IRS label. Otherwise, please print or type.

WALTER C. PRAVE
ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833

Your social security number
173-34-2832

Spouse's social security no.
209-32-2036

Yes	No
	X
	X

Note: Checking "Yes" will not change your tax or reduce your refund.

Presidential Election Campaign

Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?.....

Filing Status

1		Single
2	X	Married filing joint return (even if only one had income)
3		Married filing separate return. Enter spouse's SSN above & full name here. ▶
4		Head of household (with qualifying person). (See page 10.) If qualifying person is a child but not your dependent, enter child's name here. ▶
5		Qualifying widow(er) with dependent child (yr. spouse died ▶19). (See page 10.)

Check only one box.

Exemptions

6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
b X Spouse

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

No. of your children on 8c who:
● lived with you
● did not live with you due to divorce or separation (see page 11)
Dependents on 8c not entered above
Add numbers entered on lines above **2**

c Dependents: If more than six dependents, see page 10.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) No. of mos. lived in home in 1997

d Total number of exemptions claimed. **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	6,526.
8a	Taxable interest. Attach Schedule B if required	8a	142.
b	Tax-exempt interest. DO NOT include on line 8a	8b	
9	Dividends. Attach Schedule B if required	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 12)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ.	12	7,941.
13	Capital gain or (loss). Attach Schedule D.	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
b	Taxable amount (see pg. 13)	15b	
16a	Total pensions and annuities	16a	
b	Taxable amount (see pg. 13)	16b	19.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see pg. 14)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income. ▶	22	14,628.

Adjusted Gross Income

23	IRA deduction (see page 16)	23	
24	Medical savings account deduction. Attach Form 8853	24	
25	Moving expenses. Attach Form 3903 or 3903-F	25	
26	One-half of self-employment tax. Attach Schedule SE	26	561.
27	Self-employed health insurance deduction (see page 17)	27	750.
28	Keogh and self-employed SEP and SIMPLE plans	28	
29	Penalty on early withdrawal of savings	29	
30a	Alimony paid b Recipient's SSN ▶	30a	
31	Add lines 23 through 30a	31	1,311.
32	Subtract line 31 from line 22. This is your adjusted gross income. ▶	32	13,317.

If line 32 is under \$29,290 (under \$9,770 if a child did not live with you), see EIC inst. on page 21.

Form 1040 (1997)

Page 2

Tax Computation	33	Amount from line 32 (adjusted gross income)	33	13,317.
	34a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	34a	
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 18 and check here	34b	
	35	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see page 18 if you checked any box on line 34a or 34b or someone can claim you as a dependent. • Single -- \$4,150 • Married filing jointly or Qualifying widow(er) -- \$6,900 • Head of household -- \$6,050 • Married filing separately -- \$3,450	35	7,043.
If you want the IRS to figure your tax, see page 18.	36	Subtract line 35 from line 33.	36	6,274.
	37	If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions claimed on line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount to enter	37	5,300.
	38	Taxable Income. Subtract line 37 from line 36. If line 37 is more than line 36, enter -0-	38	974.
	39	Tax. See page 19. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	39	144.
Credits	40	Credit for child & dependent care exp. Attach Form 2441	40	
	41	Credit for the elderly or the disabled. Attach Schedule R.	41	
	42	Adoption credit. Attach Form 8839.	42	
	43	Foreign tax credit. Attach Form 1116.	43	
	44	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	44	
	45	Add lines 40 through 44.	45	
	46	Subtract line 45 from line 39. If line 45 is more than line 39, enter -0-	46	144.
Other Taxes	47	Self-employment tax. Attach Schedule SE.	47	1,122.
	48	Alternative minimum tax. Attach Form 6251.	48	
	49	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.	49	
	50	Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required.	50	
	51	Advance earned income credit payments from Form(s) W-2.	51	
	52	Household employment taxes. Attach Schedule H.	52	
	53	Add lines 46 through 52. This is your total tax	53	1,266.
Payments	54	Federal income tax withheld from Forms W-2 and 1099.	54	970.
	55	1997 estimated tax payments & amt. applied from 1996 return.	55	
	56a	Earned income credit. Attach Sch. EIC if you have a qualifying child b Nontaxable earned income: amount <input type="checkbox"/> and type <input type="checkbox"/> NO 56a	56a	
	57	Amount paid with Form 4868 (request for extension).	57	
Attach Forms W-2, W-2G, and 1099-R on page 1.	58	Excess social security and RRTA tax withheld (see page 27).	58	
	59	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136.	59	
	60	Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments	60	970.
	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID	61	
Refund Have it directly deposited! See page 27 and fill in 62b, 62c, and 62d.	62a	Amount of line 61 you want REFUNDED TO YOU	62a	
	b	Routing no. <input type="checkbox"/> c Type: <input type="checkbox"/> Checking. <input type="checkbox"/> Savings.		
	d	Account no. <input type="checkbox"/>		
	63	Amount of line 61 you want APPLIED TO 1998 EST. TAX. ...	63	
Amount You Owe	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE . For details on how to pay, see page 27.	64	296.
	65	Estimated tax penalty. Also include on line 64.	65	

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

SELF EMPLOYED

Spouse's signature. If a joint return, BOTH must sign.

Date

Spouse's occupation

TEACHERS AID

Paid Preparer's Use Only

Preparer's signature

Date

03/26/98

Check if self-employed ☐Preparer's social security no.
223-60-5887

Firm's name (or yours if self-employed) and address

G & C BUSINESS SERVICES CORP
110 N. BRADDOCK STREET
WINCHESTER, VA

EIN

54-1089270

ZIP code

22601

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A -- Itemized Deductions

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

OMB No. 1545-0074

1997

Attachment
Sequence No. 07

Name(s) shown on Form 1040

WALTER C. & ELIZABETH M. PRAVE

Your social security no.

173-34-2832

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses

Bal. of SE hlth. Ins. 1,125.

1 1,125.

2 Enter amount from Form 1040, line 33 .. 2 13,317.

3 Multiply line 2 above by 7.5% (.075) .. 3 999.

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .. 4 126.

Taxes You Paid

5 State and local income taxes .. 5 285.

6 Real estate taxes (see page A-2) .. 6 700.

(See page A-2.)

7 Personal property taxes .. 7

8 Other taxes. ▶ 8

9 Add lines 5 through 8 .. 9 985.

Interest You Paid

(See page A-2.)

10 Home mortgage interest and points reported to you on Form 1098 .. 10 2,457.

11 Home mortgage interest not reported to you on Form 1098. If paid to seller, show that person's name, ID no., & address ▶

Note:

Personal interest is not deductible.

12 Points not reported to you on Form 1098. See pg. A-3 for special rules

13 Investment interest. Attach Form 4952 if required. (See page A-3.) .. 13

14 Add lines 10 through 13 .. 14 2,457.

Gifts to Charity

15 Gifts by cash or check 3,175.

If you made a gift and got a benefit for it, see page A-3.

16 Other than by cash or check. If any gift of \$250 or more, see page A-3. You MUST attach Form 8283 if over \$500 .. 16 300.

17 Carryover from prior year .. 17

18 Add lines 15 through 17 .. 18 3,475.

Casualty, Theft

19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.) .. 19

Job Expenses and Most Other Miscellaneous Deductions

20 Unreimbursed empl. exp. You MUST attach Form 2108 or 2108-EZ if required. ▶

21 Tax preparation fees .. 21

22 Other expenses ▶ 22

23 Add lines 20 through 22 .. 23

(See page A-5 for expenses to deduct here.)

24 Enter amount from Form 1040, line 33 .. 24

25 Multiply line 24 above by 2% (.02) .. 25

26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- .. 26

Other Miscellaneous Deductions

27 Other -- from list on page A-5. List type and amount ▶ 27

Total Itemized Deductions

28 Is Form 1040, line 33, over \$121,200 (over \$60,600 if married filing separately)?

NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 35, the larger of this amount or your standard deduction.

YES. Your deduction may be limited. See page A-5 for the amount to enter.

28 7,043.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.

► Attach to Form 1040 or Form 1041.

► See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1997

Attachment
Sequence No. 09

Name of proprietor WALTER C. PRAVE	Social security number (SSN) 173-34-2832
A Principal business or profession, including product or service (see page C-1) AWNING INSTALLATION / SALES & SERVICE	B Enter principal busn. code ► 1883
C Business name. If no separate business name, leave blank. ZEPHYR AWNING CO	D Employer ID no. (EIN), if any 52-0946114
E Business address, city, state, ZIP RT 2 BOX 26 CURWENSVILLE, PA 16833	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
H If you started or acquired this business during 1997, check here <input type="checkbox"/>	

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here ► <input type="checkbox"/>	1	135,778.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1	3	135,778.
4 Cost of goods sold (from line 42 on page 2)	4	98,070.
5 Gross profit. Subtract line 4 from line 3	5	37,708.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	
7 Gross income. Add lines 5 and 6	7	37,708.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	6,297.		19 Pension & profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9			20 Rent or lease (see page C-4):		
10 Car and truck expenses (see page C-3)	10	2,071.		a Vehicles, machinery, & equip.	20a	
11 Commissions and fees	11			b Other business property	20b	
12 Depletion	12			21 Repairs and maintenance	21	4,818.
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	3,702.		22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14			23 Taxes and licenses	23	1,648.
15 Insurance (other than health)	15	3,856.		24 Travel, meals, & entertainment:		
16 Interest:				a Travel	24a	
a Mortgage (paid to banks, etc.)	16a			b Meals and entertainment		520.
b Other	16b			c Enter 50% of line 24b subject to limitations (see pg. C-4)		260.
17 Legal and professional services	17	376.		d Subtract line 24c from line 24b	24d	260.
18 Office expense	18	436.		25 Utilities	25	6,303.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns ►				26 Wages (less employment credits)	26	
				27 Other expenses (from line 48 on page 2)	27	
				29 Tentative profit (loss). Subtract line 28 from line 7	29	7,941.
				30 Expenses for business use of your home. Attach Form 8829	30	
				31 Net profit or (loss). Subtract line 30 from line 29.		
				• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.		
				• If a loss, you MUST go on to line 32.		
				32 If you have a loss, check the box that describes your investment in this activity (see page C-5).		
				• If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.		
				• If you checked 32b, you MUST attach Form 6198.		
				32a <input type="checkbox"/> All investment is at risk.		
				32b <input type="checkbox"/> Some investment is not at risk.		
				31		7,941.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1997

33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	500.
36	Purchases less cost of items withdrawn for personal use	36	87,563.
37	Cost of labor. Do not include salary paid to yourself	37	11,207.
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	99,270.
41	Inventory at end of year	41	1,200.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	98,070.

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

44 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting _____ **c** Other _____

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

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

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

[illegible]

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

1997
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)
WALTER C. PRAVE

Social security number of person
with self-employment income ► **173-34-2832**

Who Must File Schedule SE

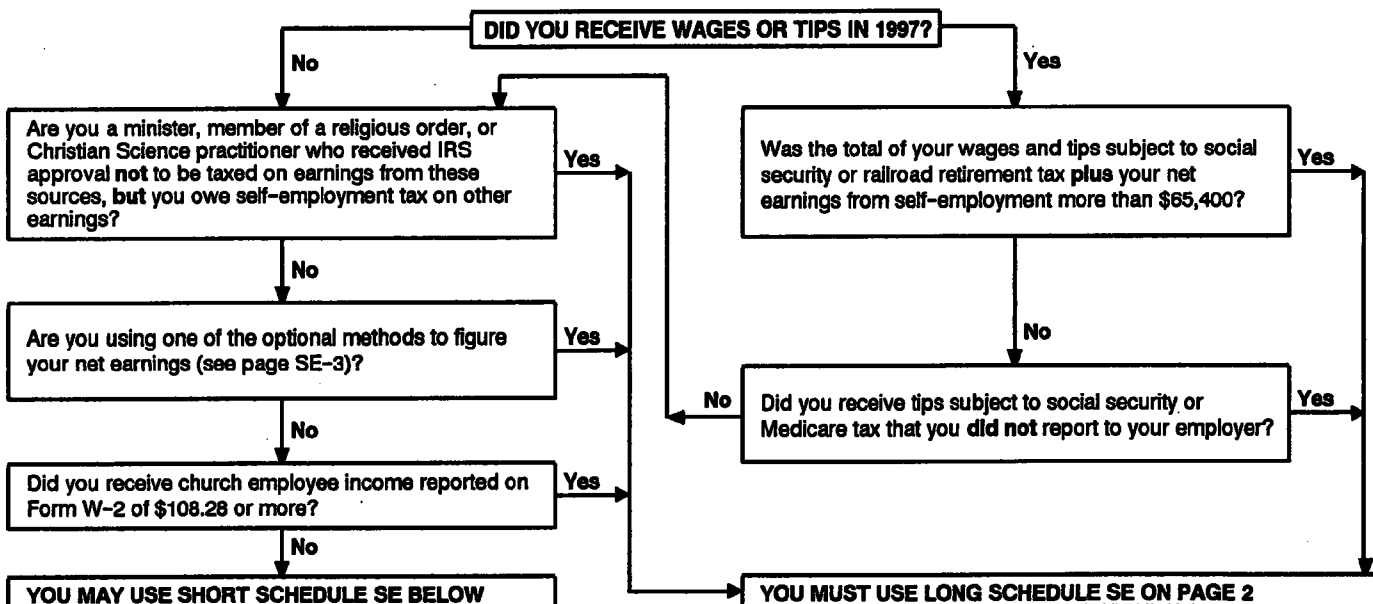
You must file Schedule SE if:

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

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

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

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	7,941.
3	Combine lines 1 and 2.	3	7,941.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax. ►	4	7,334.
5	Self-employment tax. If the amount on line 4 is: • \$65,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 47. • More than \$65,400, multiply line 4 by 2.9% (.029). Then, add \$8,109.60 to the result. Enter the total here and on Form 1040, line 47.	5	1,122.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 26	6	561.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1997

Depreciation and Amortization **(Including Information on Listed Property)**

OMB No. 1545-0172

1997Attachment
Sequence No. 67

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

WALTER C. & ELIZABETH M. PRAVE

Business or activity to which this form relates

Sec. 179 Summary Sheet

Identifying number

173-34-2832

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$18,000
2 Total cost of section 179 property placed in service. See page 2 of the instructions	2	2,400.
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	18,000.
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter amount from line 27	7	2,400.
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	2,400.
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	2,400.
10 Carryover of disallowed deduction from 1996. See page 3 of the instructions	10	
11 Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions) . .	11	16,867.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	2,400.
13 Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12. . . . ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1997 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

- 14 If you are making the election under section 168(l)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions. ☐

Section B -- General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C -- Alternative Depreciation System (ADS) (See page 6 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 6 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1997	17	
18 Property subject to section 168(f)(1) election.	18	
19 ACRS and other depreciation	19	

Part IV Summary (See page 7 of the instructions.)

20 Listed property. Enter amount from line 28	20	
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions.	21	
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

Depreciation and Amortization **(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach this form to your return.

OMB No. 1545-0172

1997Attachment
Sequence No. 67

Name(s) shown on return

WALTER C. & ELIZABETH M. PRAVE

Business or activity to which this form relates

Sch. C - ZEPHYR AWNING CO

Identifying number

173-34-2832

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$18,000
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	2,400.
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	18,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27	7	2,400.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	2,400.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	2,400.
10	Carryover of disallowed deduction from 1996. See page 3 of the instructions	10	
11	Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions) . .	11	16,867.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	2,400.
13	Carryover of disallowed deduction to 1996. Add lines 9 and 10, less line 12. . . . ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1997 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions. ☐

Section B -- General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C -- Alternative Depreciation System (ADS) (See page 6 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 6 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1997.	17	
18 Property subject to section 168(f)(1) election.	18	
19 ACRS and other depreciation	19	

Part IV Summary (See page 7 of the instructions.)

20 Listed property. Enter amount from line 26	20	1,302.
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions.	21	3,702.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	22	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 4562 (1997)

Part V Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles.)

23a Do you have evidence to support business/investment use claimed? ☒ Yes ☐ No **23b** If "Yes," is the evidence written? ☒ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
24 Property used more than 50% in a qualified business use (See page 7 of the instructions.):								
TRUCK	10/24/92	100%	2,500.	2,500.	5 yr	DDB HY	144.	
94 FORD TRU	07/01/94	100%	11,000.	8,040.	5 yr	DDB HY	1,158.	
TRUCK	07/01/97	100%	2,400.		5 yr	DDB HY		2,400.

25 Property used 50% or less in a qualified business use (See page 7 of the instructions.):

		%				S/L-		
		%				S/L-		
		%				S/L-		

26 Add amounts in column (h). Enter the total here and on line 20, page 1. **26** 1,302.

27 Add amounts in column (i). Enter the total here and on line 7, page 1. **27** 2,400.

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
28	Total business/investment miles driven during year (DO NOT include commuting miles) . . .												
29	Total commuting miles driven during year . . .												
30	Total other personal (noncommuting) miles driven.												
31	Total miles driven during the year. Add lines 28 through 30												
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32	Was the vehicle available for personal use during off-duty hours?												
33	Was the vehicle used primarily by a more than 5% owner or related person?												
34	Is another vehicle available for personal use?												

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 9 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 9 of the instructions		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1997 tax year:					
41 Amortization of costs that began before 1997					41
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					42

173-34-2832	PR	209-32-2036	A	0	FY	0
			B	0	RS	R
PRAVE		WALTER	AC	0	FS	J
		ELIZABETH				
RD #2 BOX 26			PN	814-236-3738		
CURWENSVILLE	PA 16833		SC			

1A	6526.00	1B	.00	1C	6526.00
2	142.00	3	.00	4	7681.00
5	.00	5A	.00	6	.00
7	.00	8	.00	9	14349.00
10	.00	11	14349.00	12	402.00

Please Fold Page Along This Line

☐ Fiscal Year Filers, Mark this space.If this is an AMENDED return,
Mark this space. ☐

173-34-2832 PR 209-32-2036

Option for a 1998 Booklet. If you do not want a 1998
Tax Booklet next year, Mark this space. If you paid a
Preparer, ask if he or she is using this option. ☐Daytime Phone
Number: (814) 236-3738PRAVE WALTER C
ELIZABETH MRD #2 BOX 26
CURWENSVILLE, PA 16833

Local Information. Enter where you lived as of 12/31/97.

County: _____

Municipality: _____

School District: _____

Residency Status.

Fill-in only one choice.

R	<input checked="" type="checkbox"/>	Resident
NR	<input type="checkbox"/>	Nonresident
P	<input type="checkbox"/>	Part Year Resident

Type Filer. Fill-in only one choice.

S	<input type="checkbox"/>	Single	F	<input type="checkbox"/>	Final
M	<input type="checkbox"/>	Married Filing	J	<input checked="" type="checkbox"/>	Married Filing
D	<input type="checkbox"/>	Separately			Jointly
		Deceased	Date of Death:		

School District Code: _____

from: _____
to: _____SSN, Name or Address Change, if ANY of the above information you entered is different from
your 1996 PA tax return of the label, and if you did not file a 1996 PA tax return, mark this space. ☐

1a	Gross PA Taxable Compensation from W-2 forms and other wage statements	1a	6,526.
1b	Unreimbursed Employee Business Expenses from PA Schedule UE	1b	
1c	Net PA Taxable Compensation. Subtract line 1b from 1a	1c	6,526.
2	PA Taxable Interest. Complete and attach PA Schedule A if over \$1,000	2	142.
3	PA Taxable Dividends. Complete and attach PA Schedule B if over \$1,000	3	
4	Net Income or [Loss] from Operation of Business, Profession or Farm	4	7,681.
5	Net Gain or [Loss] from the Sale, Exchange or Disposition of Property	5	
5a	Amount of Gain Excluded (from PA Schedule PA-19)	5a	
6	Net Income or [Loss] from Rents, Royalties, Patents and Copyrights	6	
7	Estate and Trust Income	7	
8	Gambling and Lottery Winnings	8	
9	Total Gross PA Taxable Income. Add the income amounts from lines 1c, 2, 3, 4, 5, 6, 7 and 8.	9	14,349.
	DO NOT SUBTRACT ANY [LOSSES] REPORTED ON LINES 4, 5 OR 6		
10	CONTRIBUTIONS TO YOUR MEDICAL SAVINGS ACCOUNT (see page 26)	10	
11	NET PA TAXABLE INCOME. Subtract line 10 from line 9	11	14,349.
12	Total PA Tax Liability. Mult. line 11 by 2.8% (0.028). Enter your tax due here & on Line 13 on next pg.	12	402.

PRAVE

WALTER

C

173-34-2832

13	402.00	14	193.00	15	.00
16	.00	17	.00	18	.00
19	.00	20A	0	20B	.00
20C	.00	21	.00	22	.00
23	.00	24	.00	25	.00
26	193.00	27	209.00	28	.00
29	.00	30	.00	31	.00
32	.00	33	.00	34	.00
35	.00				

13 Total PA Tax Liability.Enter your tax due from line 12 on the first page. 13 402.14 Total PA Tax Withheld from W-2 forms. 14 193.

15 Credit from your 1996 PA Income Tax Return. 15 _____

16 1997 Estimated Installment Payments. 16 _____

17 Payment made with your request for an extension of time to file your 1997 PA-40. 17 _____

Line 18 is for nonresident partners, shareholders and members only

18 Tax withheld as reported on your PA Schedule(s) NRK-1. 18 _____

19 Total Tax Withheld, Payments and Credits. Add lines 15 through 18. 19 _____

Lines 20a, b and c are to list information from PA Schedule SP

20a Dependents, Part B, Line 2. 20a _____

20b Total Eligibility Income, Part C, Line 11. 20b _____

20c Tax Forgiveness Credit from Part D, Line 16. 20c _____

21 Total Credit for Taxes Paid to Other States or Countries. Attach your PA Schedule(s) G or PA Sch.(s) RK-1. 21 _____

22 PA Employment Incentive Payment Credit. Attach PA Schedule(s) W or PA Schedule(s) RK-1 or NRK-1. 22 _____

23 PA Job Creation Tax Credit. Attach your certificate of credit from the PA Department of Community and Economic Development or PA Schedule(s) RK-1 or NRK-1. 23 _____

24 PA Waste Tire Recycling Investment Tax Credit. Attach your certificate of credit from the PA Department of Environmental Protection or PA Schedule(s) RK-1 or NRK-1. 24 _____

25 PA Research and Development Tax Credit. 25 _____

26 Total Payments and Credits. Add lines 14, 19 and 20c through 25. 26 193.27 TAX DUE. Line 13 is more than line 26. Enter the difference here. 27 209.

28 OVERPAYMENT. Line 26 is more than line 13. Enter the difference here. 28 _____

29 Refund -- Amount of line 28 you want as a check mailed back to you. 29 _____

30 Credit -- Amount of line 28 you want as a credit to your 1998 Estimated Tax Account. 30 _____

31 Donation -- Amount of line 28 you want to give to the Wild Resource Conservation Fund. 31 _____

32 Donation -- Amount of line 28 you want to give to the U.S. Olympic Committee, PA Division. 32 _____

33 Donation -- Amount of line 28 you want to give to the Organ Donor Awareness Trust Fund. 33 _____

34 Donation -- Amount of line 28 you want to give to the Korea/Vietnam Memorial, Inc. 34 _____

35 Donation -- Amount of line 28 you want to give to Breast and Cervical Cancer Research. 35 _____

The total of lines 29 through 35 must equal line 28.

Signature(s). Under penalties of perjury, I declare that I have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief they are true, correct and complete.

Your Signature	Date	Your Occupation SELF EMPLOYED
Spouse's Signature	Date	Spouse's Occupation TEACHERS AID

Preparer or Company Name, other than taxpayer(s), based on all information of which preparer has any knowledge.

Preparer or Company Name (Please Print) G & C BUSINESS SERVICES CORP	Date 03/26/98	Telephone Number 540-667-4188
---	------------------	----------------------------------

Signature (Optional)

COMMONWEALTH OF PENNSYLVANIA
Profit or Loss From Business or Profession
 (SOLE PROPRIETORSHIP)

SCHEDULE C
PA DEPT. OF REVENUE

 Attach to form
 PA-40, PA-65 or PA-41

Name of Proprietor as shown on PA tax return.

PRAVE, WALTER C.

Social Security Number

of Proprietor 173-34-2832

A Main business activity ▶ AWNING INSTALLATION

; product or service ▶ SALES & SERVICE

B Business Name ▶ ZEPHYR AWNING CO

C Taxpayer Identification Number

D Business address (number and street) RT 2 BOX 26

C

City, State and ZIP Code ▶ CURWENSVILLE, PA 16833

52-0946114

E Method(s) used to value closing inventory, fill-in the appropriate box:

(1) ☒ Cost (2) ☐ Lower of cost or market (3) ☐ Other (If other, attach explanation)

F Accounting method, fill-in the appropriate box:

(1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Yes No

G Was there any change in determining quantities, costs or valuations between opening and closing inventory?
If "Yes," attach explanation.

X

H Did you deduct expenses for an office in your home?

X

PART I Income

1 a Gross receipts or sales	1a	135,778.	
b Returns and allowances	1b		
c Balance (subtract line 1b from line 1a)	1c	135,778.	
2 Cost of goods sold and/or operations (Schedule C-1, line 8)	2	98,070.	
3 Gross profit (subtract line 2 from line 1c)	3	37,708.	
4 Other Income (attach schedule) Include interest from accounts receivable, business checking accounts, and other business accounts. Also include sales of operational assets. See Instructions Booklets	4		
5 Total income (add lines 3 and 4)	5	37,708.	

PART II Deductions

6 Advertising	6,297.		
7 Amortization			
8 Bad debts from sales or services			
9 Bank charges			
10 Car and truck expenses	2,071.		
11 Commissions			
12 Depletion			
13 Depreciation (explain in Schedule C-2) ..	3,702.		
14 Dues and publications			
15 Employee benefit programs other than on Line 22			
16 Freight (not included on Schedule C-1) ..			
17 Insurance	3,856.		
18 Interest on business indebtedness			
19 Laundry and cleaning			
20 Legal and professional services	376.		
21 Office supplies	436.		
22 Pension and profit-sharing plans for employees ..			
23 Postage			
24 Rent on business property			
25 Repairs	4,818.		
26 Supplies (not included on Schedule C-1) ..			
27 Taxes	1,648.		
28 Telephone			
29 Travel and entertainment	520.		
30 Utilities	6,303.		
31 Wages			
32 Other expenses (specify):			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			
p			
q			
r			
33 Reduce expenses by total business credits claimed on PA tax return, for example, Lines 22 - 25 on PA 40.			
34 Total deductions (add amounts in columns for Lines 6 through 32r) and deduct Line 33		34	30,027.
35 Net profit or loss (subtract Line 34 from Line 5). Enter total here and on the appropriate line of PA tax return. If a net loss is shown, fill-in the box and enter on the appropriate line of the PA tax return		35	7,681.

SCHEDULE C (9-97)

9703211095

Page 2

PA DEPARTMENT OF REVENUE

PRAVE, WALTER C.

Social Security Number

Name of Proprietor as shown on PA tax return.

173-34-2832

SCHEDULE C-1. — Cost of Goods Sold and/or Operations

1 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	500.
2 a Purchases	2a	87,563.
b Cost of items withdrawn for personal use	2b	
c Balance (subtract line 2b from line 2a)	2c	87,563.
3 Cost of labor (do not include salary paid to yourself)	3	11,207.
4 Materials and supplies	4	
5 Other costs (attach schedule)	5	
6 Add lines 1, 2c, 3, 4 and 5	6	99,270.
7 Inventory at end of year	7	1,200.
8 Cost of goods sold and/or operations (subtract line 7 from line 6). Enter here and on Part 1, line 2. ▶	8	98,070.

SCHEDULE C-2. — Depreciation

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment ..						
Machinery/other equipment						
Other (specify)						
See Federal 4562						
3 Totals					3	
4 Depreciation claimed in Schedule C-1					4	
5 Balance (subtract line 4 from line 3). Enter here and on Part II, line 13. ▶					5	3,702.

SCHEDULE C-3. — Expense Information

If you incur any of the expenses described below, enter the amount of the expense and describe the kinds of costs incurred and the business purpose.

Expenses	Amount
A. Entertainment facility (boat, resort, ranch, etc.)	\$
B. Living accommodations (except employees on business)	\$
C. Vacations for yourself, your employees or their families.	\$

1996

Income Tax Return

FOR

WALTER C. & ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833

PREPARED BY

G & C BUSINESS SERVICES CORP
110 N. BRADDOCK STREET
WINCHESTER, VA 22601
Phone: 540-667-4188

ΔS 5

COMMONWEALTH OF PENNSYLVANIA

Profit or [Loss] From Business or Profession

(SOLE PROPRIETORSHIP)

Attach to form PA-40R, PA-40NR, PA-65 or PA-41

SCHEDULE C

PA DEPARTMENT OF REV.

19 96

Name of Proprietor as shown on form PA-40R, PA-40NR, PA-65 or PA-41.

PRAVE, WALTER C.

Social security number of proprietor

173-34-2832

A Main business activity ▶ AWNING INSTALLATION

; product or service ▶ SALES & SERVICE

B Business Name ▶ ZEPHYR AWNING CO

C Taxpayer identification number

D Business address (number and street) RT 2 BOX 26

City, State and Zip Code ▶ CURWENSVILLE PA 16833

52-0946114

E Method(s) used to value closing inventory:

(1) ☒ Cost (2) ☐ Lower of cost or market (3) ☐ Other (if other, attach explanation)F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

C	
Yes	No
	X
	X

G Was there any change in determining quantities, costs or valuations between opening and closing inventory?.....
If "Yes," attach explanation.

H Did you deduct expenses for an office in your home?

C	
Yes	No
	X

PART I Income

1 a Gross receipts or sales.....	1a	161,151.	
b Returns and allowances.....	1b		
c Balance (subtract line 1b from line 1a).....	1c	161,151.	
2 Cost of goods sold and/or operations (Schedule C-1, line 8).....	2	126,525.	
3 Gross profit (subtract line 2 from line 1c).....	3	34,626.	
4 Other income (attach schedule) include interest from accounts receivable, business checking accounts..... and other business accounts. Also include sales of operational assets. See Instructions Booklets.	4		
5 Total income (add lines 3 and 4).....	5	34,626.	

PART II Deductions

6 Advertising.....	5,487.	31a Wages.....	
7 Amortization.....		31b Employer Incentive Payment Credit.....	
8 Bad debts from sales or services.....		31c Balance (subtract line 31b from line 31a).....	
9 Bank charges.....		32 Other expenses (specify):	
10 Car and truck expenses.....	6,703.	a DUES AND PUBLICAT	250.
11 Commissions.....		b	
12 Depletion.....		c	
13 Depreciation (explain in Schedule C-2) ..	2,218.	d	
14 Dues and publications.....		e	
15 Employee benefit programs other than on Line 22 ..		f	
16 Freight (not included on Schedule C-1) ..		g	
17 Insurance.....	4,708.	h	
18 Interest on business indebtedness.....		i	
19 Laundry and cleaning.....		j	
20 Legal and professional services.....	355.	k	
21 Office supplies.....		l	
22 Pension and profit-sharing plans for employees. .		m	
23 Postage.....		n	
24 Rent on business property.....		o	
25 Repairs.....	2,128.	p	
26 Supplies (not included on Schedule C-1).	1,527.	q	
27 Taxes.....	2,011.	r	
28 Telephone.....		s	
29 Travel and entertainment.....	600.		
30 Utilities.....	5,979.		
33 Total deductions (add amounts in columns for lines 6 through 32s).....		33	31,966.
34 Net profit or [loss] (subtract line 33 from line 5). Enter total here and on the appropriate line of your form PA-40R, PA-40NR, PA-65 or PA-41. If a net [loss] is shown, enter the amount in brackets on your return		34	2,660.

SCHEDULE C-1. — Cost of Goods Sold and/or Operations

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	1,000.
2	a Purchases	2a	104,868.
	b Cost of items withdrawn for personal use.	2b	
	c Balance (subtract line 2b from line 2a)	2c	104,868.
3	Cost of labor (do not include salary paid to yourself)	3	21,157.
4	Materials and supplies	4	
5	Other costs (attach schedule)	5	
6	Add lines 1, 2c, 3, 4 and 5.	6	127,025.
7	Inventory at end of year.	7	500.
8	Cost of goods sold and/or operations (subtract line 7 from line 6) Enter here and on Part I, line 2. ▶	8	126,525.

SCHEDULE C-2. — Depreciation

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment ..						
Machinery & other equipment ..						
Other (specify)						
See Federal 4562						
3 Totals					3	
4 Depreciation claimed in Schedule C-1					4	
5 Balance (subtract line 4 from line 3). Enter here and on Part II, line 13. ▶					5	2,218.

SCHEDULE C-3. — Expense Information

If you incur any of the expenses described below, enter the amount of the expense and describe the kinds of costs incurred and the business purpose.

Expenses	Amount
A. Entertainment facility (boat, resort, ranch, etc.)	\$
B. Living accommodations (except employees on business)	\$
C. Vacations for yourself, your employees or their families.	\$

G & C BUSINESS SERVICES CORP
110 N. BRADDOCK STREET
WINCHESTER, VA 22601
540-667-4188

March 5, 1997

WALTER C. & ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833

Enclosed is your completed income tax return for 1996. Please review all forms to ensure that there are no omissions or misstatements. After you have done so, please sign and date the original, and mail. Please retain a copy of your return and all supporting documents for a minimum of three years.

FEDERAL: You should sign, date and mail the return in the enclosed envelope on or before April 15, 1997. You have an overpayment of \$524; \$524 will be refunded and \$0 will be applied to your 1997 federal estimates.

STATE PA: You should sign, date and mail the return in the enclosed envelope on or before April 15, 1997. You have a refund of \$188.

WALTER: You should sign, date and mail the wage tax statement in the enclosed envelope on or before April 15, 1997. Your check in the amount of \$27.00, payable to C.C.M.S.A., should accompany the return.

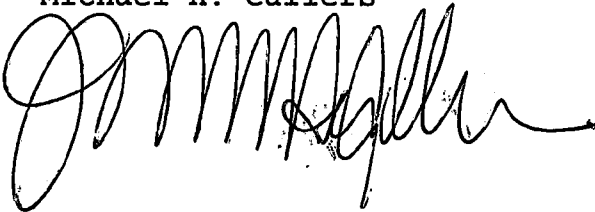
ELIZABETH: You should sign, date and mail the wage tax statement in the enclosed envelope on or before April 15, 1997. You have a refund of \$4.

If your tax return is audited, please feel free to contact us if you want us to handle the examination for you. A fee for this service will be charged based on time and expenses spent in clearing up the tax matter.

Thank you very much for allowing us the opportunity to prepare your taxes this year.

Sincerely yours,

G & C BUSINESS SERVICES CORPORATION
Michael H. Cullers

A handwritten signature in dark ink, appearing to read 'Michael H. Cullers', is written over the typed name. The signature is fluid and cursive, with a long horizontal stroke at the end.

G & C BUSINESS SERVICES CORP
110 N. BRADDOCK STREET
WINCHESTER, VA 22601
540-667-4188

February 26, 1997

WALTER C. & ELIZABETH M. PRAVE
RD #2 BOX 26
CURWENSVILLE, PA 16833

For professional services related to the preparation
of your 1996 tax return:

Form 1040.....	\$	0.00
Schedule A.....		0.00
Schedule C.....		0.00
Schedule SE.....		0.00
Form 4562.....		0.00
Self-Employed Health Insur. Ded. Wkt...		0.00
Earned Income Credit Worksheet.....		0.00
ACCOUNT 71720.....		360.00
<hr/>		
TOTAL.....	\$	360.00
		=====

ORIGINAL STATEMENT		Form Date 01/19/97	COPY C		For Recipient's Copy	1996 FORM 1099-R
PRUDENTIAL INS CO OF AMERICA PO BOX 2047 WASHINGTON, PA 19034-9830			WALTER C PRAVE RD 2 BOX 26 CURWENSVILLE PA 16833-9002			OMB No. 1545-0119 Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. <small>This information is being furnished to the Internal Revenue Service</small>
Payer's Federal ID #: 22-1211670			Recipients ID #: 174-28-0774			
2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		Box 7 Distribution Code 7	IRA/SEP	9a Your percentage of total distribution %	11 State/Payers state number PA/221211670	
ACCOUNT / CONTRACT NUMBER	PENSION PLAN NUMBER	BOX 1 GROSS DISTRIBUTION	BOX 2a TAXABLE AMOUNT	BOX 4 FEDERAL INCOME TAX WITHHELD	BOX 5 EMPLOYEE CONTRIBUTIONS OR INS PREMIUMS	BOX 10 STATE TAX WITHHELD
11810570		18.43	18.43	.00	.00	.00
PHONE: 1-800-778-4657		INSURED/ANNUITANT: WALTER C PRAVE			OFFICE CODE: LSTND	
TOTAL		18.43	18.43	.00	.00	.00



PRUDENTIAL INS CO OF AMERICA
P O BOX 2047
FORT WASHINGTON, PA 19034-9830

LSTND
11810570
002 F

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
PRUDENTIAL

Important Tax Return Document Enclosed

a Control number 00459		Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return				
b Employer's identification number 25-1158053		1 Wages, tips, other compensation 6283.34		2 Federal income tax withheld 906.16		
c Employer's name, address, and ZIP code CURWENSVILLE AREA SCHOOL DISTRI 650 BEECH STREET CURWENSVILLE, PA. 16833		3 Social security wages 6702.26		4 Social security tax withheld 415.56		
		5 Medicare wages and tips 6702.26		6 Medicare tax withheld 97.21		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 209-32-2036		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code ELIZABETH M PRAVE R.D. #2 BOX 26 CURWENSVILLE PA 16833		11 Nonqualified plans		12 Benefits included in box 1		
		13		14 Other PSERS 418.92 PA UC 2.04		
		15 Statutory <input type="checkbox"/> Deceased <input type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Hshld. <input type="checkbox"/> Deferred <input type="checkbox"/> employee rep. plan emp. compensation				
16 State PA	Employer's state I.D. No. 251158053	17 State wages, tips, etc. 6702.26	18 State income tax 187.65	19 Locality name	20 Local wages, tips, etc. 6702.26	21 Local income tax 67.03

(7)

Department of the Treasury - Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

Copyright Forms Software Only, 1996 Nelco, Inc. N9610401

Form 1040 (1996)

Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	8,605.
	33a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	33a	
	b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here	33b	
	34	Enter the larger of your: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single -- \$4,000 • Married filing jointly or Qualifying widow(er) -- \$6,700 • Head of household -- \$5,900 • Married filing separately -- \$3,350	34	7,530.
	35	Subtract line 34 from line 32.	35	1,075.
	36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter	36	5,100.
	37	Taxable Income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	0.
	38	Tax. See instructions. Check if total includes any tax from a <input type="checkbox"/> Forms(s) 8814 b <input type="checkbox"/> Form 4972	38	0.
	39	Credit for child & dependent care exp. Attach Form 2441	39	
	40	Credit for the elderly or the disabled. Attach Schedule R.	40	
	41	Foreign tax credit. Attach Form 1116.	41	
	42	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	42	
	43	Add lines 39 through 42.	43	
	44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-	44	0.
Other Taxes	45	Self-employment tax. Attach Schedule SE.	45	418.
	46	Alternative minimum tax. Attach Form 6251	46	
	47	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	47	
	48	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	48	
	49	Advance earned income credit payments from Form(s) W-2.	49	
	50	Household employment taxes. Attach Schedule H.	50	
	51	Add lines 44 through 50. This is your total tax	51	418.
Payments	52	Federal income tax withheld from Form(s) W-2 and 1099	52	906.
	53	1996 estimated tax payments & amt. applied from 1995 return	53	
	54	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amt. <input type="text"/> and type <input type="text"/>	54	36.
	55	Amount paid with Form 4868 (request for extension).	55	
	56	Excess social security and RRTA tax withheld (see inst.)	56	
	57	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4138.	57	
	58	Add lines 52 through 57. These are your total payments	58	942.
Refund	59	If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID	59	524.
	60a	Amount of line 59 you want REFUNDED TO YOU	60a	524.
	b	Routing no. <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. <input type="text"/>		
	61	Amount of line 59 you want APPLIED TO 1997 EST. TAX.	61	
Amount You Owe	62	If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE . For details on how to pay and use Form 1040-V, see instructions	62	
	63	Estimated tax penalty. Also include on line 62	63	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature <input type="text"/>		Date <input type="text"/>	Your occupation SELF EMPLOYED
	Spouse's signature. If a joint return, BOTH must sign. <input type="text"/>		Date <input type="text"/>	Spouse's occupation TEACHERS AID
Paid Preparer's Use Only	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed. <input type="checkbox"/>	Preparer's social security no. 223-60-5887
	Firm's name (or yours if self-employed) and address G & C BUSINESS SERVICES CORP 110 N. BRADDOCK STREET WINCHESTER, VA	EIN 54-1089270	ZIP code 22601	

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Schedule A -- Itemized Deductions

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

OMB No. 1545-0074

1996

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

WALTER C. & ELIZABETH M. PRAVE

Your social security no.
173-34-2832

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses 200.
Bal. of SE hlth. Ins. 1,403.

1 1,603.

2 Enter amount from Form 1040, line 32 2 8,605.

3 645.

3 Multiply line 2 above by 7.5% (.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

4 958.

**Taxes You
Paid**

5 State and local income taxes.

5 965.

6 Real estate taxes (see page A-2)

6 712.

(See
page A-1.)

7 Personal property taxes.

7

8 Other taxes ▶

8

9 Add lines 5 through 8

9 1,677.

**Interest
You Paid**

(See
page A-2.)

10 Home mortgage interest and points reported to you on Form 1098 ..

10 2,630.

11 Home mortgage interest not reported to you on Form 1098. If paid to
seller, show that person's name, ID no., & address ▶

11

Note:

Personal
interest is
not
deductible.

12 Points not reported to you on Form 1098. See pg. A-3 for special rules

12

13 Investment interest. If required, attach Form 4952. (See page A-3.) ..

13

14 Add lines 10 through 13

14 2,630.

**Gifts to
Charity**

15 Gifts by cash or check 2,065.

15 2,065.

If you made
a gift and got
a benefit for
it, see page
A-3.

16 Other than by cash or check. If any gift of \$250 or more, see page
A-3. If over \$500, you **MUST** attach Form 8283

16 200.

17 Carryover from prior year

17

18 Add lines 15 through 17

18 2,265.

Casualty, Theft

19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.)

19

**Job
Expenses
and Most
Other
Miscel-
laneous
Deduc-
tions**

20 Unreimbursed empl. exp. If required, you **MUST** attach Form 2108 or 2108-EZ ▶

20

21 Tax preparation fees

21

22 Other expenses ▶

22

23 Add lines 20 through 22

23

(See
page A-4 for
expenses to
deduct here.)

24 Enter amount from Form 1040, line 32 24

24

25 Multiply line 24 above by 2% (.02)

25

26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-

26

27 Other -- from list on page A-4. List type and amount ▶

27

**Other
Miscel-
laneous
Deductions**

**Total
Itemized
Deduc-
tions**

28 Is Form 1040, line 32, over \$117,950 (over \$58,975 if married filing separately)?

NO. Your deduction is not limited. Add the amounts in the far right column
for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of
this amount or your standard deduction.

YES. Your deduction may be limited. See page A-5 for the amount to enter.

28 7,530.

**SCHEDULE C
(Form 1040)**

Department of Treasury
Internal Rev. Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1996

Attachment
Sequence No. **09**

Name of proprietor WALTER C. PRAVE		Social security number (SSN) 173-34-2832
A Principal business or profession, including product or service (see page C-1) AWNING INSTALLATION / SALES & SERVICE		B Enter principal busn. code ► 1883
C Business name. If no separate business name, leave blank. ZEPHYR AWNING CO		D Employer ID no. (EIN), if any 52-0946114
E Business address, City, State, ZIP ► RT 2 BOX 26 CURWENSVILLE PA 16833		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 1996, check here <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here <input type="checkbox"/>	1	161,151.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1.	3	161,151.
4 Cost of goods sold (from line 42 on page 2)	4	126,525.
5 Gross profit. Subtract line 4 from line 3	5	34,626.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	
7 Gross income. Add lines 5 and 6	7	34,626.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising.	8	5,487.	19 Pension & profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-4):	20a	
10 Car and truck expenses (see page C-3)	10	6,703.	a Vehicles, machinery, & equip.	20b	
11 Commissions and fees.	11		b Other business property	21	2,128.
12 Depletion	12		22 Repairs and maintenance	22	1,527.
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	2,218.	23 Supplies (not included in Part III)	23	2,011.
14 Employee benefit programs (other than on line 19)	14		24 Taxes and licenses	24a	
15 Insurance (other than health)	15	4,708.	a Travel	24b	
16 Interest:	16a		b Meals and entertainment	24c	600.
a Mortgage (paid to banks, etc.)	16b		c Enter 50% of line 24b subject to limitations (see pg. C-4)	24d	300.
b Other			d Subtract line 24c from line 24b	25	300.
17 Legal and professional services	17	355.	25 Utilities	25	5,979.
18 Office expense.	18		26 Wages (less employment credits)	26	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		27 Other expenses (from line 48 on page 2)	27	250.
29 Tentative profit (loss). Subtract line 28 from line 7	29		31 Net profit or (loss). Subtract line 30 from line 29.	31	2,960.
30 Expenses for business use of your home. Attach Form 8829	30		• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.		
31 Net profit or (loss). Subtract line 30 from line 29.			• If a loss, you MUST go on to line 32.		

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1996

CAA C12 NTF 5474

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

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 1,000.
36	Purchases less cost of items withdrawn for personal use	36 104,868.
37	Cost of labor. Do not include salary paid to yourself	37 21,157.
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 127,025.
41	Inventory at end of year	41 500.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42 126,525.

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ► _____.

44 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting _____ **c** Other _____

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

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

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

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

DUES AND PUBLICATION	250.
48 Total other expenses. Enter here and on page 1, line 27	48 250.

**SCHEDULE SE
(Form 1040)**Department of Treasury
Internal Rev. Service (99)**Self-Employment Tax**

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

1996Attachment
Sequence No. 17

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

WALTER C. PRAVE

Social security number of person
with self-employment income ▶

173-34-2832

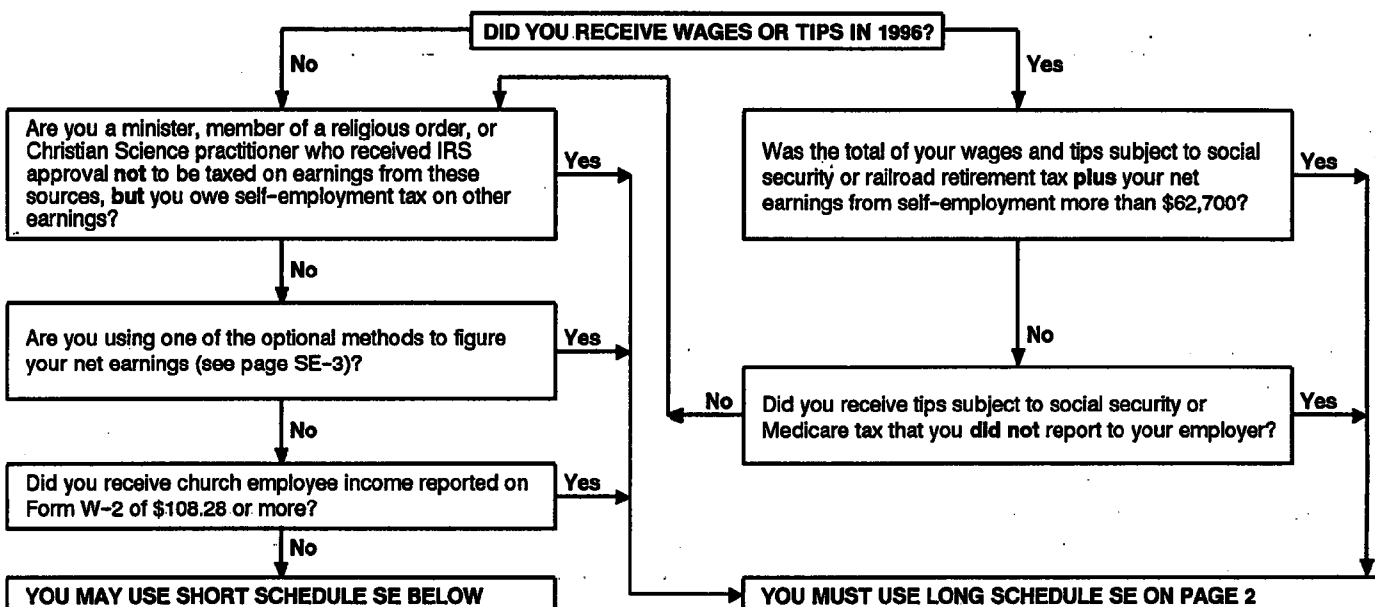
Who Must File Schedule SE

You must file Schedule SE if:

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

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

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt -- Form 4361" on Form 1040, line 45.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?**Section A — Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	2,960.
3 Combine lines 1 and 2	3	2,960.
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax. ▶	4	2,734.
5 Self-employment tax. If the amount on line 4 is: • \$62,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 45. • More than \$62,700, multiply line 4 by 2.9% (.029). Then, add \$7,774.80 to the result. Enter the total here and on Form 1040, line 45. ▶	5	418.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 25	6	209.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 1996

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of Treasury
Internal Rev. Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

1996

Attachment
Sequence No. 67

Name(s) shown on return

WALTER C. & ELIZABETH M. PRAVE

Business or activity to which this form relates

Sch. C - ZEPHYR AWNING CO

Identifying number

173-34-2832

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$17,500
2 Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	17,500.
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter amount from line 27	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1995. See page 2 of the instructions	10	
11 Business income limitation. Enter the smaller of busn. income (not less than zero) or line 5 (see instructions)	11	9,243.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)

Section A -- General Asset Account Election

- 14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions. ☐

Section B -- General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (busn./investment use only -- see inst.)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Alternative Depreciation System (ADS) (See page 4 of the instructions.)

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1996.	17	
18 Property subject to section 168(f)(1) election.	18	
19 ACRS and other depreciation	19	

Part IV Summary (See page 4 of the instructions.)

20 Listed property. Enter amount from line 26	20	2,218.
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions.	21	2,218.
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	22	

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 4562 (1996)

Part V Listed Property — Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A -- Depreciation and Other Information (Caution: See page 5 of the instructions for limitations for automobiles.)

23a Do you have evidence to support business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					23b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busn./ investment use percentage	(d) Cost or other basis	(e) Basis for depr. (busn./investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
24 Property used more than 50% in a qualified business use (See page 5 of the instructions.):									
TRUCK	10/24/92	100%	2,500.	2,500.	5 yr	DDB HY	288.		
94 FORD TRU	07/01/94	100%	11,000.	8,040.	5 yr	DDB HY	1,930.		
		%							
25 Property used 50% or less in a qualified business use (See page 5 of the instructions.):									
		%				S/L-			
		%				S/L-			
		%				S/L-			
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	2,218.	
27 Add amounts in column (i). Enter the total here and on line 7, page 1							27		

Section B -- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
28 Total business/investment miles driven during year (DO NOT include commuting miles) . .												
29 Total commuting miles driven during year . .												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30.												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C -- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 6 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 6 of the instructions.		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1996 tax year:					
41 Amortization of costs that began before 1996.				41	
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return				42	

PENNSYLVANIA INCOME TAX RETURN

YOU MUST FILE BY MIDNIGHT, TUESDAY, APRIL 15, 1997

Commonwealth of Pennsylvania

1996

PA Department of Revenue

PA-40 (09-96)

OFFICIAL USE ONLY

Review all the preprinted information on your label and place it in the name and address area.

Make any necessary corrections to your label and check the SSN/NAME/ADDRESS Change box below.

If you do not have a preprinted label, enter all information -- please print.

YOUR SOCIAL SECURITY NUMBER

173-34-2832

SPOUSE'S SSN, even if filing separately

209-32-2036

Last Name First name and initial -- Include spouse's name, if filing jointly

PRAVE, WALTER C. & ELIZABETH M.

Home Address

RD #2 BOX 26

City or Post office

CURWENSVILLE, PA 16833

State

Zip Code

SSN/NAME/ADDRESS CHANGE

If ANY of the above information is different from your 1995 PA tax return, check this Box. If your address changed, also provide the name and Zip Code of the city, township, borough or municipality where you lived on 12/31/96.

Name

Zip Code

Do Not Use Cents. Round To Whole Dollars

1a	Gross Compensation from W-2 forms and other wage statements.	1a	6,283.	1a	Attach your W-2 forms to the reverse side of your return.
1b	Unreimbursed Employee Business Expenses from PA Schedule UE	1b		1b	
1c	Net PA Taxable Compensation. Subtract line 1b from line 1a.	1c	6,283.	1c	
2	PA Taxable Interest (Complete and attach PA Schedule A if over \$1,000)	2	154.	2	
3	PA Taxable Dividends (Complete and attach PA Schedule B if over \$1,000)	3		3	
4	Net Income or [Loss] from the Operation of a Business, Profession or Farm.	4	2,660.	4	
5	Net Gain or [Loss] from the Sale, Exchange or Disposition of Property.	5		5	
5a	Amount of Gain Excluded from PA Schedule PA-19.	5a		5a	Do not add/deduct line 5a
6	Net Income or [Loss] from Rents, Royalties, Patents and Copyrights.	6		6	
7	Estate and Trust Income.	7		7	
8	Gambling and Lottery Winnings.	8		8	
9	TOTAL PA TAXABLE INCOME Add lines 1c, 2, 3, 4, 5, 6, 7 and 8. Do not subtract a [loss] reported on one or more lines from the profit, income or gain on any other income line. Nor can spouses offset each other's income and [losses] even if on the same line.	9	9,097.	9	
10	PA TAX LIABILITY Multiply line 9 by 2.8% (0.028).	10	255.	10	
11	Total PA Tax Withheld from W-2 forms, etc.	11	188.	11	
12a	Credit from 1995 PA Tax Rtn.	12c	Payment with 1996 Extension.		See instructions.
12b	1996 Estimated Payments. ...	12d	Nonresid. Tax Withheld from PA Schedules NRK-1.		
12e	Total Estimated Payments and Credits Add lines 12a, 12b, 12c and 12d.	12e		12e	
13a	Household Members from PA Schedule SP, Part II, line 4.	13a	2	13a	
13b	Your Eligibility Income from PA Schedule SP, Part III, line 2.	13b	9,097.	13b	You must file by April 15, 1997. File early, if you can.
13c	Your Total Income from PA Schedule SP, Part III, line 1.	13c	9,115.	13c	
13d	Tax Forgiveness Credit from PA Schedule SP, Part III, line 7.	13d	255.	13d	
14	Total Credit for Taxes Paid to Other States or Countries from PA Schedule(s) G.	14		14	
15	Employment Incentive Payments Credit from PA Schedule W.	15		15	
16	TOTAL PAYMENTS AND CREDITS Add lines 11, 12e, 13d, 14 and 15.	16	443.	16	
17	PA TAX DUE Line 10 is more than line 16.	17		17	See instructions for HOW TO PAY

Make check payable to PA DEPT. OF REVENUE. USE YOUR PA-V.

18	OVERPAYMENT Line 16 is more than line 10.	18	188.	18	Check all your calculations
<p>IMPORTANT: The total of lines 19a through 19d must equal line 18.</p> <p>Please do not call about your refund until 8 weeks after filing.</p>					
19a	Amount of line 18 you want as a Refund Check mailed to you.	19a	188.	19a	
19b	Amount of line 18 you want Credited to your 1997 Estimated Tax Account.	19b		19b	
19c	Amount of line 18 you want to Donate to the Wild Resource Conservation Fund.	19c		19c	
19d	Amount of line 18 you want to Donate to the US Olympic Committee, PA Division.	19d		19d	

SIGN YOUR RETURN. Under penalties of perjury, I (we if filing jointly) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, it is true, correct and complete.

Your Signature	Date	Daytime Telephone Number	Your Occupation
X		(814) 236-3738	SELF EMPLOYED
Spouse's Signature (if filing jointly)	Date	BE SURE YOU (AND YOUR SPOUSE) SIGN	Spouse's Occupation
X			TEACHERS AID

Preparer/Company Name, other than taxpayer(s), based on all information of which preparer has any knowledge. *DOUBLE CHECK ALL MATH* ATTACH ALL SCH. & FORMS.

G & C BUSINESS SERVICES CORP.	Date	Preparer's Telephone Number
	03/05/97	540-667-4188

NEXT YEAR, you will also be able to make a donation of all or part of your overpayment to the ORGAN DONOR AWARENESS TRUST FUND.

PA-40 Checklist
Form(s) W-2 1
 PA Schedule(s) A _____
 PA Schedule(s) B _____
 PA Schedule(s) C 1
 PA Schedule(s) C-F _____
 PA Schedule(s) D _____
 PA Schedule(s) D-1 _____
 PA Schedule(s) D-71 _____
 PA Schedule(s) PA-19 _____
 PA Schedule(s) E _____
 PA Schedule(s) F _____
 PA Schedule(s) G _____
 PA Schedule(s) J _____
 PA Schedule(s) NRK-1 _____
 PA Schedule(s) NRH _____
 PA Schedule(s) RK-1 _____
 PA Schedule(s) UE-1 _____
 PA Schedule(s) UE-2 _____
 PA Schedule(s) W _____
 Federal Schedule(s) K-1 _____
 Federal Schedule(s) 2106 _____
 Other attach list. _____

PA-UE-2 (09-98)
PA DEPARTMENT OF REVENUE ALLOWABLE EMPLOYEE BUSINESS EXPENSES 1996

Name of Taxpayer Claiming Expenses: **WALTER C. & ELIZABETH M. PRAVE** Social Security Number **173-34-2832**

Employer's Name _____ Employer's Address _____ Employer's Telephone No. _____

Describe the duties of the job in which you incurred these expenses **Do Not Use Cents Round To Whole Dollars**

PART A: Union Dues. List Union name(s) & amount(s) paid. Enter total. Attach additional sheets, if needed.
 A \$ _____

PART B: Work Clothes and Uniforms. Required as a condition of your employment and not suitable for everyday use B \$ _____

PART C: Small Tools and Supplies. Required as a condition of your employment and not provided by the employer C \$ _____

PART D: Professional License Fees, Malpractice Insurance and Fidelity Bond Premiums. Required as a condition of your employment D \$ _____

PART E: Travel and Mileage. Use your Form 2106.
 If claiming actual expenses, complete a PA Schedule UE-1 E \$ _____

Total Employee Business Expenses. Add Parts A through E. Enter here and on line 1b of your PA tax return 1b \$ _____

Separate PA Schedules UE must be filed if you have more than one occupation and/or if your spouse also incurs unreimbursed employee business expenses. **Do Not Use Cents Round To Whole Dollars**

PA-SP (09-98)
PA DEPARTMENT OF REVENUE PA SCHEDULE SP SPECIAL TAX FORGIVENESS CREDIT 1996
 Before you can complete this schedule, you MUST complete the SP WORKSHEET

Name as shown on your PA tax return: **WALTER C. & ELIZABETH M. PRAVE** Social Security Number **173-34-2832**

PART I. Certification of Eligibility:**Section A: Filing as S, Single or M, Married Filing Separate Return.**

1. ☐ I certify that I personally provided at least one-half of my own Total Support and I am eligible for tax forgiveness. If filing as M, enter your Spouse's Name _____ and SSN _____. Is Spouse filing a PA Sch. SP? ☐ YES ☐ NO
2. ☐ I certify that I am a dependent of a person who is eligible for tax forgiveness. I am being claimed as a dependent on the PA tax return of: Name _____ and SSN _____. You may not claim dependents.

Section B: Filing as J, Married Filing Jointly, and Claiming Tax Forgiveness Jointly

3. ☒ I and my spouse certify that we are each eligible for tax forgiveness and elect to file a joint PA Schedule SP. Also use this status if you file jointly, but only one spouse qualifies for tax forgiveness and the other spouse is a dependent with no taxable income.

Section C: Filing as F, the Final PA Return for a deceased individual

- I certify that I have read the instructions for this filing status and that the decedent named above is eligible for tax forgiveness.
4. ☐ The decedent is an eligible claimant or an eligible dependent for tax forgiveness purposes.

PART II. Number of Household Members for Tax Forgiveness Purposes: Enter the information for yourself, your spouse and each dependent child. List all dependent children. If you are not married and have no dependents, go to Part III.

Household Members for Tax Forgiveness	Age	SSN	Total Income, from your SP Worksheet, line 21	
1. Your Name: WALTER	55	173-34-2832	\$ 2,812.	<input checked="" type="checkbox"/> I am claiming my spouse.
2. Spouse Name: ELIZABETH	56	209-32-2036	\$ 6,303.	<input type="checkbox"/> Spouse is filing separately.
3. Dependent(s) Name(s):	Relationship	Age	SSN	Total Income, if any. Who is claiming each dependent child?
				I am My Spouse is
				I am My Spouse is
				I am My Spouse is
				I am My Spouse is
				I am My Spouse is

4. **Household Members.** You, your spouse (if filing jointly or if your dependent) and only the dependent children you are claiming on this PA Schedule SP. Enter here and on line 13a of your PA-40 or line 8a of your PA-40EZ.

4. **2****PART III. Calculating Your Tax Forgiveness Credit:**

- 1. TOTAL INCOME** from line 21 of SP Worksheet. If married enter the JOINT amount even if filing separately, if single, use YOUR amount. Enter TOTAL INCOME on line 13c of PA-40 or line 8c of PA-40EZ 1. \$ **9,115.**
- 2. YOUR ELIGIBILITY INCOME.** If filing Single or Married Filing Separately, use amount from line 12 of YOUR Column of SP Worksheet. If filing a Joint Return (you & your spouse are each eligible), use amount from line 12 of JOINT Column of your SP Worksheet. Enter here & on line 13b of your PA-40 or line 8b of your PA-40EZ ... 2. \$ **9,097.**
- 3. PA TAX LIABILITY** from line 10 of your PA-40 or line 5 of your PA-40EZ 3. \$ **255.**
- 4. LESS RESIDENT CREDIT** from line 14 of your PA-40. This credit does not apply for PA-40EZ. 4. \$ **255.**
- 5. NET TAX LIABILITY.** Subtract line 4 from line 3 and enter here 5. \$ **255.**
- 6. PERCENTAGE of TAX FORGIVENESS** from the Eligibility Income Table. Use line 2 from this part & Household Members from Part II. Enter the percentage here **100** % and the decimal equivalent on line 6 6. **1.00**
- 7. TAX FORGIVENESS CREDIT** from PA Schedule SP. Multiply line 5 by line 6 and enter here and on line 13d of your PA-40 or line 8d of your PA-40EZ. 7. \$ **255.**

Do Not Use Cents Round To Whole Dollars

COMMONWEALTH OF PENNSYLVANIA

Profit or [Loss] From Business or Profession

SCHEDULE C

(SOLE PROPRIETORSHIP)

Attach to form PA-40R, PA-40NR, PA-65 or PA-41

PA DEPARTMENT OF REV.

19 96

Name of Proprietor as shown on form PA-40R, PA-40NR, PA-65 or PA-41.

PRAVE, WALTER C.

Social security number of proprietor

173-34-2832

A Main business activity ▶ AWNING INSTALLATION

; product or service ▶ SALES & SERVICE

B Business Name ▶ ZEPHYR AWNING CO

C Taxpayer identification number

D Business address (number and street) RT 2 BOX 26

City, State and Zip Code ▶ CURWENSVILLE PA 16833

52-0946114

E Method(s) used to value closing inventory:

(1) ☒ Cost (2) ☐ Lower of cost or market (3) ☐ Other (if other, attach explanation)F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

Yes No

G Was there any change in determining quantities, costs or valuations between opening and closing inventory?
If "Yes," attach explanation.

Yes No

H Did you deduct expenses for an office in your home?

Yes No

PART I Income

1 a Gross receipts or sales	1a	161,151.	
b Returns and allowances	1b		
c Balance (subtract line 1b from line 1a)	1c	161,151.	
2 Cost of goods sold and/or operations (Schedule C-1, line 8)	2	126,525.	
3 Gross profit (subtract line 2 from line 1c)	3	34,626.	
4 Other income (attach schedule) Include interest from accounts receivable, business checking accounts,	4		
and other business accounts. Also include sales of operational assets. See Instructions Booklets.			
5 Total income (add lines 3 and 4)	5	34,626.	

PART II Deductions

6 Advertising	5,487.	31a Wages	
7 Amortization		31b Employer Incentive Payment Credit	
8 Bad debts from sales or services		31c Balance (subtract line 31b from line 31a)	
9 Bank charges		32 Other expenses (specify):	
10 Car and truck expenses	6,703.	a DUES AND PUBLICAT	250.
11 Commissions		b	
12 Depletion		c	
13 Depreciation (explain in Schedule C-2) ..	2,218.	d	
14 Dues and publications		e	
15 Employee benefit programs other than on Line 22 ..		f	
16 Freight (not included on Schedule C-1) ..		g	
17 Insurance	4,708.	h	
18 Interest on business indebtedness		i	
19 Laundry and cleaning		j	
20 Legal and professional services	355.	k	
21 Office supplies		l	
22 Pension and profit-sharing plans for employees. .		m	
23 Postage		n	
24 Rent on business property		o	
25 Repairs	2,128.	p	
26 Supplies (not included on Schedule C-1) ..	1,527.	q	
27 Taxes	2,011.	r	
28 Telephone		s	
29 Travel and entertainment	600.		
30 Utilities	5,979.		
33 Total deductions (add amounts in columns for lines 6 through 32s)		33	31,966.
34 Net profit or [loss] (subtract line 33 from line 5). Enter total here and on the appropriate line of your form PA-40R, PA-40NR, PA-65 or PA-41. If a net [loss] is shown, enter the amount in brackets on your return		34	2,660.

1	Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1	1,000.
2	a Purchases	2a	104,868.
	b Cost of items withdrawn for personal use	2b	
	c Balance (subtract line 2b from line 2a)	2c	104,868.
3	Cost of labor (do not include salary paid to yourself)	3	21,157.
4	Materials and supplies	4	
5	Other costs (attach schedule)	5	
6	Add lines 1, 2c, 3, 4 and 5	6	127,025.
7	Inventory at end of year	7	500.
8	Cost of goods sold and/or operations (subtract line 7 from line 6) Enter here and on Part I, line 2 ▶	8	126,525.

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment ..						
Machinery & other equipment						
Other (specify)						
See Federal 4562						
3 Totals					3	
4 Depreciation claimed in Schedule C-1					4	
5 Balance (subtract line 4 from line 3). Enter here and on Part II, line 13					5	2,218.

If you incur any of the expenses described below, enter the amount of the expense and describe the kinds of costs incurred and the business purpose.	
Expenses	Amount
A. Entertainment facility (boat, resort, ranch, etc.)	\$
B. Living accommodations (except employees on business)	\$
C. Vacations for yourself, your employees or their families.	\$

SP WORKSHEET

1996

This worksheet **MUST** be completed before you can claim tax forgiveness on PA Schedule SP

You do not need to submit this worksheet with your 1996 PA tax return. If the Department has any questions, however, we may request it at later date.

Name(s) as shown on your PA tax return:

WALTER C. & ELIZABETH M. PRAVE

Social Security Number:

173-34-2832

CAREFULLY READ ALL THE INSTRUCTIONS FOR COMPLETING THIS WORKSHEET

STEP 1. PA TAXABLE INCOME		DO NOT USE CENTS -- ROUND TO WHOLE DOLLARS		
	A. YOUR Column	B. SPOUSE Column	C. JOINT Column	
1. From your PA tax return:	1. \$ 2,794.	1. \$ 6,303.	1. \$ 9,097.	
STEP 2. NONTAXABLE INCOME		A. YOUR Column	B. SPOUSE Column	C. JOINT Column
2. Cash Payments and Support Received	2. \$	2. \$	2. \$	
3. Nontaxable Interest, Dividends and Gains	3. \$	3. \$	3. \$	
4. Alimony	4. \$	4. \$	4. \$	
5. Insurance Proceeds and Inheritances	5. \$	5. \$	5. \$	
6. Gifts, Awards and Prizes	6. \$	6. \$	6. \$	
7. Nonresident Income	7. \$	7. \$	7. \$	
8. Nontaxable Military Income	8. \$	8. \$	8. \$	
9. Gain Excluded on Sale of a Personal Residence (Not applicable for PA-40EZ Filers)	9. \$	9. \$	9. \$	
10. Nontaxable Educational Assistance	10. \$	10. \$	10. \$	
11. TOTAL NONTAXABLE INCOME. Add lines 2 through 10 ...	11. \$	11. \$	11. \$	
STEP 3. ELIGIBILITY INCOME		A. YOUR Column	B. SPOUSE Column	C. JOINT Column
12. Add line 1 and line 11. Enter the total here and on PA Schedule SP. Also enter the total on PA tax return	12. \$ 2,794.	12. \$ 6,303.	12. \$ 9,097.	
STEP 4. EXEMPT SP INCOME		A. YOUR Column	B. SPOUSE Column	C. JOINT Column
13. Social Security and Railroad Retirement Benefits	13. \$	13. \$	13. \$	
14. Retirement, Pension, IRA and Annuity Benefits	14. \$ 18.	14. \$	14. \$ 18.	
15. Welfare Benefits	15. \$	15. \$	15. \$	
16. Workers' Compensation Benefits	16. \$	16. \$	16. \$	
17. Unemployment Compensation Benefits	17. \$	17. \$	17. \$	
18. Child Support Payments	18. \$	18. \$	18. \$	
19. Cash or Property from Other Household Members	19. \$	19. \$	19. \$	
20. TOTAL EXEMPT SP INCOME. Add lines 13 through 19	20. \$ 18.	20. \$	20. \$ 18.	
STEP 5. TOTAL INCOME		A. YOUR Column	B. SPOUSE Column	C. JOINT Column
21. Add line 12 and line 20	21. \$ 2,812.	21. \$ 6,303.	21. \$ 9,115.	
Enter the TOTAL INCOME from the JOINT Column on line 1, PART III of PA Schedule SP.				
STEP 6. AVERAGE SUPPORT COST		DO NOT USE CENTS -- ROUND TO WHOLE DOLLARS		
22. Number of Household Members. (You, your spouse and dependent children)	22.	2		
23. Average Support Cost. Divide line 21 JOINT Column by line 22	23. \$	4,558.		
24. Minimum Support Cost. Multiply line 23 by 50% (0.5)	24. \$	2,279.		
STEP 7. DETERMINING CLAIMANT AND/OR DEPENDENT STATUS				
25. IS YOUR line 21 equal to or more than line 24? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, you are a claimant, not a dependent. Complete PA Schedule SP to determine if you qualify for tax forgiveness.				
If NO, you are a dependent of another person. If that person is eligible for tax forgiveness, you are also eligible. You must file a separate PA tax return and PA Schedule SP. You may not claim any dependents. You must complete Section A, Box 2 on your PA Schedule SP.				
26. IS SPOUSE line 21 equal to or more than line 24? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, your spouse is a claimant, not a dependent. Your spouse should complete PA Schedule SP to determine if he or she qualifies for tax forgiveness.				
If NO, your spouse is a dependent. If you answered line 25 YES, your spouse is your dependent. Your spouse may still be eligible for tax forgiveness if you are eligible. Your spouse must complete a separate PA tax return and PA Schedule SP.				
IMPORTANT: Your dependent spouse may not claim any dependents.				

NOTE: If **BOTH** you and your spouse answered YES, you are **BOTH** claimants and may elect to file separately or jointly.
Read the instructions to determine which filing method is best for you and your spouse.

1996 "WAGE TAX"

CLEARFIELD COUNTY MUNICIPAL SERVICE ASSOCIATION

CURWENSVILLE AREA

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 1996 THROUGH DECEMBER 31, 1996

MAKE
REMITTANCE → C.C.M.S.A. - Phone 236-2901
PAYABLE TO P.O. BOX 239
CURWENSVILLE, PA. 16833

This return, along with any payment due, must be filed with the Tax Office listed at the left on or before April 15, 1997. All items on this return must be completed in detail. For additional information, refer to the instruction brochure accompanying this return.

1. DID YOUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO () YES (X) → From _____

2. OCCUPATION SELF-EMPLOYED

3. SOCIAL SECURITY NO. 173-34-2832

4. WIFE/S/HUSBANDS NAME ELIZABETH

5. PHONE NO. 814-236-3738

MARITAL STATUS (Circle) M S To _____
St. or R.D. & Post Office _____ City, Twp., or Boro _____

PLEASE INDICATE DATE OF ADDRESS CHANGE

COMPUTE TAXABLE INCOME ON REVERSE SIDE

14. TOTAL TAXABLE INCOME (From Line 12, reverse side) → 2660.

15. TAX AT 1.0% OF LINE 14 → 27.

16. CREDITS

16A. Taxes withheld by employers →

16B. Payments on estimated taxes →

TOTAL CREDITS (16A Plus 16B) →

17. If Line 15 is larger than Line 16, ENTER BALANCE DUE → 27.

18. If Line 16 is larger than Line 15, ENTER REFUND →

19. Penalty and interest (add 1% of Line 17 for each month that taxes remain unpaid after April 15.) →

20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19) → 27.

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

1996 "WAGE TAX"

CLEARFIELD COUNTY MUNICIPAL SERVICE ASSOCIATION

CURWENSVILLE AREA

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 1996 THROUGH DECEMBER 31, 1996

MAKE
REMITTANCE → C.C.M.S.A. - Phone 236-2901
PAYABLE TO P.O. BOX 239
CURWENSVILLE, PA. 16833

This return, along with any payment due, must be filed with the Tax Office listed at the left on or before April 15, 1997. All items on this return must be completed in detail. For additional information, refer to the instruction brochure accompanying this return.

1. DID YOUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO () YES () → From _____

2. OCCUPATION

3. SOCIAL SECURITY NO.

4. WIFE/S/HUSBANDS NAME

5. PHONE NO.

MARITAL STATUS (Circle) M S To _____
St. or R.D. & Post Office _____ City, Twp., or Boro _____

PLEASE INDICATE DATE OF ADDRESS CHANGE

COMPUTE TAXABLE INCOME ON REVERSE SIDE

14. TOTAL TAXABLE INCOME (From Line 12, reverse side) →

15. TAX AT 1.0% OF LINE 14 →

16. CREDITS

16A. Taxes withheld by employers →

16B. Payments on estimated taxes →

TOTAL CREDITS (16A Plus 16B) →

17. If Line 15 is larger than Line 16, ENTER BALANCE DUE →

18. If Line 16 is larger than Line 15, ENTER REFUND →

19. Penalty and interest (add 1% of Line 17 for each month that taxes remain unpaid after April 15.) →

20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19) →

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

PRAVE, WALTER C 173 34 2832
RD 2 BOX 26
CURWENSVILLE PA 16833
LCTV

EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)

INCOME

[illegible]

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

Signature or stamp of preparer if other than Taxpayer.

EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
A COPY OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

INCOME

[illegible]

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

Signature or stamp of Preparer if other than Taxpayer.

1996 "WAGE TAX"

CLEARFIELD COUNTY MUNICIPAL SERVICE ASSOCIATION

CURWENSVILLE AREA

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 1996 THROUGH DECEMBER 31, 1996

MAKE
REMITTANCE → C.C.M.S.A. - Phone 236-2901
P.O. BOX 239
CURWENSVILLE, PA. 16833

This return, along with any payment due, must be filed with the Tax Office listed at the left on or before April 15, 1997. All items on this return must be completed in detail. For additional information, refer to the instruction brochure accompanying this return.

1. DID YOUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO () YES () → From _____ To _____
 2. OCCUPATION TEACHERS AIDE
 3. SOCIAL SECURITY NO. 209-32-2036
 4. WIFE/S/HUSBANDS NAME MATTHEW
 5. PHONE NO. 814-236-3738

MARITAL STATUS (Circle) M S To _____
 SL or R.D. & Post Office _____ City, Twp., or Boro _____

PLEASE INDICATE DATE OF ADDRESS CHANGE

COMPUTE TAXABLE INCOME ON REVERSE SIDE

14. TOTAL TAXABLE INCOME (From Line 12, reverse side) -----→	6284.
15. TAX AT 1.0% OF LINE 14 -----→	63.
16. CREDITS	
16A. Taxes withheld by employers --→	67.
16B. Payments on estimated taxes --→	
TOTAL CREDITS (16A Plus 16B) -----→	67.
17. If Line 15 is larger than Line 16, ENTER BALANCE DUE -----→	4.
18. If Line 16 is larger than Line 15, ENTER REFUND -----→	4.
19. Penalty and interest (add 1% of Line 17 for each month -----→ that taxes remain unpaid after April 15.) -----→	
20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19) -----→	4.

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

1996 "WAGE TAX"

CLEARFIELD COUNTY MUNICIPAL SERVICE ASSOCIATION

CURWENSVILLE AREA

EARNED INCOME AND NET PROFITS TAX RETURN FOR THE PERIOD JANUARY 1, 1996 THROUGH DECEMBER 31, 1996

MAKE
REMITTANCE → C.C.M.S.A. - Phone 236-2901
P.O. BOX 239
CURWENSVILLE, PA. 16833

This return, along with any payment due, must be filed with the Tax Office listed at the left on or before April 15, 1997. All items on this return must be completed in detail. For additional information, refer to the instruction brochure accompanying this return.

1. DID YOUR ADDRESS CHANGE DURING THE TAX YEAR INDICATED ABOVE? NO () YES () → From _____ To _____
 2. OCCUPATION _____
 3. SOCIAL SECURITY NO. _____
 4. WIFE/S/HUSBANDS NAME _____
 5. PHONE NO. _____

MARITAL STATUS (Circle) M S To _____
 SL or R.D. & Post Office _____ City, Twp., or Boro _____

PLEASE INDICATE DATE OF ADDRESS CHANGE

COMPUTE TAXABLE INCOME ON REVERSE SIDE

14. TOTAL TAXABLE INCOME (From Line 12, reverse side) -----→	
15. TAX AT 1.0% OF LINE 14 -----→	
16. CREDITS	
16A. Taxes withheld by employers --→	
16B. Payments on estimated taxes --→	
TOTAL CREDITS (16A Plus 16B) -----→	
17. If Line 15 is larger than Line 16, ENTER BALANCE DUE -----→	
18. If Line 16 is larger than Line 15, ENTER REFUND -----→	
19. Penalty and interest (add 1% of Line 17 for each month -----→ that taxes remain unpaid after April 15.) -----→	
20. TOTAL AMOUNT REMITTED (Line 17 plus Line 19) -----→	

IF ANY OF THE ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE THE NECESSARY CHANGE(S).

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME
EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)
A COPY OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

EMPLOYER

ADDRESS

INCOME

CURWENSVILLE AREA SCH DIST.

650 BEECH STREET, CURWENSVILLE

6283.34

5. Sub-total earned income (add income from employer(s) listed above) ----->
6. Less allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation) ----->
7. TOTAL EARNED INCOME (line 5 less line 6) ----->

6283.34
6283.34

NET PROFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)

8. Profit/Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate) ----->
9. Profit/Loss from business, profession or farm as a partner (attach Schedule K-1) ----->
10. Profit from any other earned income not listed above. ----->
11. TOTAL NET PROFITS (add lines 8 through 10) ----->

6283.34

TOTAL TAXABLE INCOME

12. TOTAL EARNED INCOME AND NET PROFITS (line 7 plus line 11) ----->

6283.34

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

13.

Date

Signature of Taxpayer

Name of Borough or Township of Residence

M. H. CULLERS, WINCHESTER, VA

THIS SIDE FOR COMPUTATION OF TAXABLE INCOME

EARNED INCOME (full or part-time income from salaries, wages, commissions, bonuses, fees, tips, etc.)

A COPY OF EARNINGS AND TAX STATEMENT (FORM W-2 AND/OR 1099) FROM EACH EMPLOYER LISTED BELOW MUST BE ATTACHED TO THIS RETURN.

EMPLOYER

ADDRESS

INCOME

5. Sub-total earned income (add income from employer(s) listed above) ----->
6. Less allowable employee business expenses (see instructions) and/or nontaxable income (attach explanation) ----->
7. TOTAL EARNED INCOME (line 5 less line 6) ----->

NET PROFITS (if a net loss is incurred, that sum must be entered on the appropriate line.)

8. Profit/Loss from business, professions or farm as a sole proprietor (attach Schedule C or F as appropriate) ----->
9. Profit/Loss from business, profession or farm as a partner (attach Schedule K-1) ----->
10. Profit from any other earned income not listed above. ----->
11. TOTAL NET PROFITS (add lines 8 through 10) ----->

TOTAL TAXABLE INCOME

12. TOTAL EARNED INCOME AND NET PROFITS (line 7 plus line 11) ----->

I declare under the penalties provided by law that this return has been examined by me and is to the best of my knowledge and belief a true, correct and complete return.

13.

Date

Signature of Taxpayer

Name of Borough or Township of Residence

Signature or stamp of Preparer if other than Taxpayer.

Law Offices

COLAVECCHI, RYAN & COLAVECCHI

221 East Market Street
(across from Courthouse)

P.O. Box 131

Clearfield, Pennsylvania 16830
(814) 765-1566

Joseph Colavecchi
John R. Ryan
Paul Colavecchi

FAX
(814) 765-4570

May 22, 2001

Arb 7-25-01-1⁰⁰ pm

Marcy Kelley
Deputy Court Administrator
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

In Re: Allstate Insurance vs. Walter C. Prave and Elizabeth M. Prave,
i/a/a/p/t/a/d/b/a/ Zepher Ventilated a/t/a Walters Carports and Garages
No. 00-478-CD

Dear Marcy:

I am enclosing, herein, the Pre-trial Memorandum which I am submitting on behalf of the plaintiff in the above-captioned case.

A copy is being sent to James A. Naddeo, attorney for defendant and to the Arbitrators, William C. Kriner, R. Denning Gearhart and Paul E. Cherry.

Sincerely yours,


Joseph Colavecchi

JC:llh

Enclosure

cc: James A. Naddeo, Attorney at Law
William C. Kriner, Attorney at Law
R. Denning Gearhart, Attorney at Law
Paul E. Cherry, Attorney at Law

RECEIVED

MAY 23 2001

**COURT ADMINISTRATOR'S
OFFICE**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

ALLSTATE INSURANCE COMPANY,
Plaintiff

CIVIL DIVISION

No. 00 - 478 - CD

Vs.

WALTER C. PRAVE and
ELIZABETH M. PRAVE,
i/a/a/p/t/a/d/b/a ZEPHYR
VENTILATED a/t/a WALTERS
CARPORTS and GARAGES,
Defendants

PRE-TRIAL MEMORANDUM

Filed on Behalf of:

Plaintiff, ALLSTATE INSURANCE
COMPANY

Counsel of Record for This
Party:

JAMES R. APPLE, ESQUIRE
Pa. I.D. #37942
CHARLES F. BENNETT, ESQUIRE
Pa. I.D. #30541
JOEL E. HAUSMAN, ESQUIRE
Pa. I.D. #42096

APPLE AND APPLE
Firm #719
4650 Baum Boulevard
Pittsburgh, PA 15213-1237
412/682-1466

JOSEPH COLAVECCHI, ESQUIRE
Pa. I.D. #06810

COLAVECCHI RYAN & COLAVECCHI
221 East Market Street
P.O. Box 131
Clearfield, PA 16830
814/765-1566

RECEIVED

MAY 23 2001

**COURT ADMINISTRATIVE
OFFICE**

LAW OFFICES OF
COLAVECCHI
RYAN & COLAVECCHI
221 E. MARKET ST.
(ACROSS FROM
COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

ALLSTATE INSURANCE COMPANY, :
Plaintiff : No. 00 - 478 - CD
Vs. :
WALTER C. PRAVE and ELIZABETH M. :
PRAVE, I/a/a/p/t/a/d/b/a ZEPHYR :
VENTILATED, a/t/a WALTERS :
CARPORTS and GARAGES, :
Defendants:

PRE-TRIAL MEMORANDUM

BRIEF STATEMENT OF CASE:

Allstate Insurance Company is the subrogee for Donald Fuller who hired Prave to build a carport. The carport was constructed by Prave and payment was made to Prave in the amount of \$1,595.00. After the carport was constructed, it collapsed from snow. It was then necessary to remove the debris and the collapsed carport at a cost of \$376.00. Total damages are One Thousand Nine Hundred Seventy-one Dollars (\$1,971.00).

CITATION TO APPLICABLE CASE OR STATUTES:

This is a matter of contract law and a breach of warranty in that the carport constructed was not suitable for the purpose for which it was intended and the workmanship was shoddy.

LIST OF WITNESSES:

John J. Ulicne, Jr.
Allstate Insurance Company
No. 4 Sheraton Drive
Altoona, PA 16601

Donald Fuller
HRC 75, Box 72
Lock Haven, PA 17745

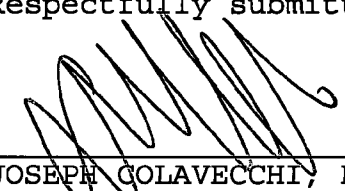
STATEMENT OF DAMAGES:

The damages were the cost of
the carport: \$1,595.00

The cost of clearing the debris: \$ 376.00

TOTAL: \$1,971.00

Respectfully submitted,



JOSEPH COLAVECCHI, ESQUIRE
Attorney for Plaintiff

IN THE COURT OF COMMON PLEAS
OF CLEARFIELD COUNTY, PENNA.
CIVIL DIVISION
No. 00 - 478 - CD

ALLSTATE INSURANCE COMPANY,
Plaintiff

vs.

WALTER C. PRACE and ELIZABETH M.
PRAVE, i/a/a/p/t/a/d/b/a ZEPHYR
VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES,
Defendants

PRE-TRIAL MEMORANDUM

COLAVECCHI
RYAN & COLAVECCHI
ATTORNEYS AT LAW
221 EAST MARKET STREET
(ACROSS FROM COURTHOUSE)
P. O. BOX 131
CLEARFIELD, PA 16830

FILING OR RECORDING OF DOCUMENTS

Date: July 18, 2001

Re: Allstate v. Prave

The following documents are enclosed for filing or recording with your office.

Defendants' Pre-Trial Memorandum

cc: Joseph Colavecchi, Esq.; J. Richard Lhota, Esq.; Gary A. Knaresboro,
William A. Shaw, Jr., Esq. Esq.

☐ Charge our account for fees

☐ Check enclosed to cover fee.

TO [Marcy Kelley
Deputy Court Administrator

Hand Delivered

Arb 7-2501
1⁰⁰ PM

JAMES A. NADDEO

ATTORNEY AT LAW

211 1/2 EAST LOCUST STREET

P.O. BOX 552

CLEARFIELD, PENNSYLVANIA 16830

PHONE: (814) 765-1601

FAX: (814) 765-8142

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

ALLSTATE INSURANCE COMPANY,
Plaintiff,

v.

WALTER C. PRAVE and ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES,
Defendants.

No. 00 - 478 - CD

Type of Pleading:

Defendants' Pre-Trial
Memorandum

Filed on behalf of:
Defendants

Counsel of Record for
this party:

James A. Naddeo, Esq.
Pa I.D. 06820

211 1/2 E. Locust Street
P.O. Box 552
Clearfield, PA 16830
(814) 765-1601

RECEIVED

JUL 18 2001

**COURT ADMINISTRATORS
OFFICE**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

ALLSTATE INSURANCE COMPANY,
Plaintiff,

v.

WALTER C. PRAVE and ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES,
Defendants.

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* No. 00 - 478 - CD
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DEFENDANTS' PRE-TRIAL MEMORANDUM

NOW COME the Defendants and by their attorney, James
A. Naddeo, Esquire, set forth the following:

A. Statement of Case.

Plaintiffs' Complaint alleges a cause of action on a written contract for the construction of a carport, but has failed to plead the written agreement. The Plaintiff contends that the carport failed to support ice and snow because Defendant breached the parties' contract by failing to perform the construction in a workmanlike manner and was otherwise negligent.

Plaintiff also brings this action against the contractor, Walter C. Prave, and his spouse, Elizabeth M. Prave. Elizabeth M. Prave has no interest in the business known as Walters Carports and Garages and has never done business in that

name nor has she ever been engaged in the construction business in any capacity.

Defendant, Walter C. Prave, maintains that the carport constructed on behalf of Plaintiff's insured was constructed in a good and workmanlike fashion and in the same manner that he had constructed thousands of other carports of similar size and construction.

B. Case Law.

Plaintiff in its Pre-Trial Memorandum refers to breach of warranty as an alternate theory of recovery. Plaintiff, however, has never pled material facts to support a breach of warranty, but to the contrary its cause of action relies on faulty construction. Plaintiff is precluded from proceeding on a warranty theory against Defendant. Rules Civ.Proc., Rule 1019(a), 42 Pa.C.S.A. Weiss v. Equibank, 313 Pa. Super. 446, 460 A.2d 271.

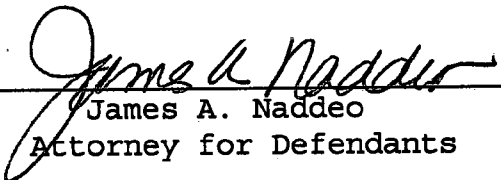
It should also be noted that Plaintiff's cause of action is based upon an express written contract which it has failed to plead. It is submitted that Plaintiff has a duty to plead and to prove the contract between its insured and the Defendant in the absence of which Plaintiff's claim must fail. Warren v. Mosites Constr. Co., 253 Pa. Super. 395, 385 A.2d 397 (1978). Pa.R.E. 1002.

C. Witnesses.

1. Walter C. Prave, Curwensville, PA.
2. Marc E. Prave, Curwensville, PA.
3. Albert Carter, Curwensville, PA.

D. Exhibits.

1. Copy of Defendant's ad brochure.
2. Tax Schedule C for previous five years.


James A. Naddeo
Attorney for Defendants

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

ALLSTATE INSURANCE COMPANY,
Plaintiff,

v.

WALTER C. PRAVE and ELIZABETH
M. PRAVE i/a/a/p/t/a/d/b/a
ZEPHYR VENTILATED a/t/a WALTERS
CARPORTS AND GARAGES,
Defendants.

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* No. 00 - 478 - CD
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*
*

CERTIFICATE OF SERVICE

I, James A. Naddeo, Esquire, do hereby certify that a
certified copy of Defendants' Answer to Complaint in the above-
captioned action was served on the following persons and in the
following manner on the 18th day of July, 2001:

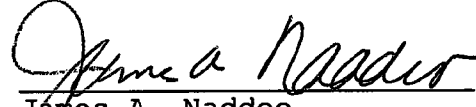
Hand Delivered

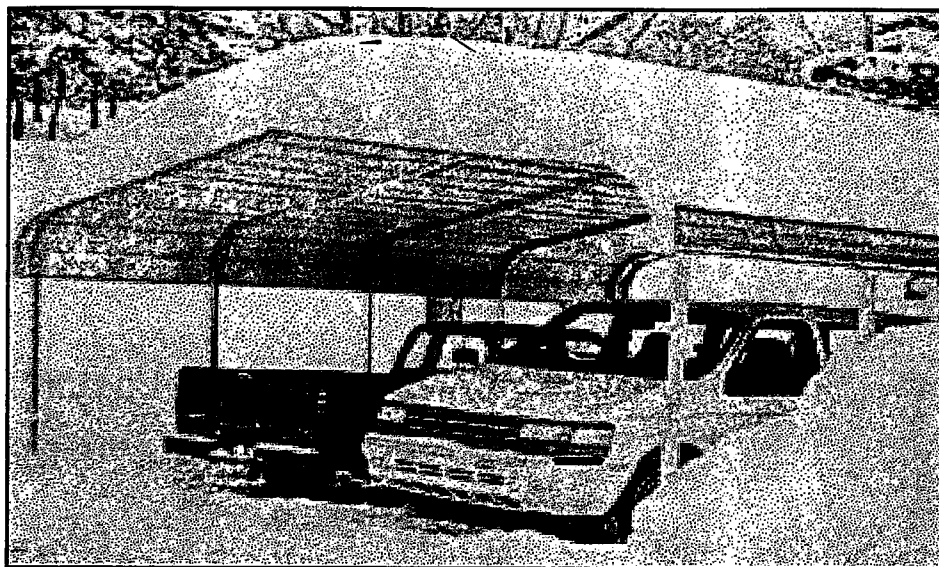
Joseph Colavecchi, Esquire
Colavecchi, Ryan and Colavecchi
221 East Market Street
P. O. Box 131
Clearfield, PA 16830

William A. Shaw, Jr., Esquire
211 North Second Street
Clearfield, PA 16830

J. Richard Lhota, Esquire
110 North Second Street
Clearfield, PA 16830

Gary A. Knaresboro, Esquire
218 South Second Street
Clearfield, PA 16830


James A. Naddeo
Attorney for Defendants



STEEL CARPORTS AVAILABLE NOW!

*The Shadiest
Deal
In Town!*

ZEPHYR AWNING COMPANY
RD 2 BOX 25 B, CURWENSVILLE, PA 16833
PHONE/FAX 814-236-7450
814-371-8160 OR 1-800-611-3908

MAKES A BEAUTIFUL PAVILION!

1. Holds snow up to three feet deep (see photo).
2. Frame and base 2 1/4" square hot dipped galvanized steel.
3. .29 gauge steel roof and trim in 15 color selections.
4. Roofing guaranteed 20 years.
5. Three standard sizes 12' x 21', 18' x 21', 20' x 21'.
6. Custom sizes available!
7. Withstands high winds.
8. Freestanding, install in dirt, asphalt or concrete.
9. Virtually maintenance free.

PRICES INCLUDE INSTALLATION

12' X 21' \$1395.00 18' X 21' \$1595.00 20' X 21' \$1795.00

SERVING CENTRAL PENNSYLVANIA FOR OVER 50 YEARS

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

SCHEDULE C
(Form 1040)

Department of Treasury
Internal Rev. Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1996

Attachment
Sequence No. **09**

Name of proprietor

WALTER C. PRAVE

Social security number (SSN)

173-34-2832

A Principal business or profession, including product or service (see page C-1)

AWNING INSTALLATION / SALES & SERVICE

B Enter principal busn. code ►

1883

C Business name. If no separate business name, leave blank.

ZEPHYR AWNING CO

D Employer ID no. (EIN), if any

52-0946114

E Business address,

► RT 2 BOX 26

City, State, ZIP CURWENSVILLE PA 16833

F Accounting method:

(1) ☒ Cash

(2) ☐ Accrual

(3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 1996, check here ☐ ☐

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	<input type="checkbox"/>	1	161,151.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	161,151.
4 Cost of goods sold (from line 42 on page 2)		4	126,525.
5 Gross profit. Subtract line 4 from line 3		5	34,626.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)		6	
7 Gross income. Add lines 5 and 6		7	34,626.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	5,487.	19 Pension & profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-4):		
10 Car and truck expenses (see page C-3)	10	6,703.	a Vehicles, machinery, & equip.	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	2,128.
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	2,218.	22 Supplies (not included in Part III)	22	1,527.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	2,011.
15 Insurance (other than health)	15	4,708.	24 Travel, meals, & entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		600.
b Other	16b		c Enter 50% of line 24b subject to limitations (see pg. C-4)		300.
17 Legal and professional services	17	355.	d Subtract line 24c from line 24b	24d	300.
18 Office expense	18		25 Utilities	25	5,979.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	250.
				28	31,666.
29 Tentative profit (loss). Subtract line 28 from line 7	29			29	2,960.
30 Expenses for business use of your home. Attach Form 8829	30			30	
31 Net profit or (loss). Subtract line 30 from line 29.				31	2,960.
• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you MUST go on to line 32.					

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

- If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you MUST attach Form 6198.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1996

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

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35 1,000.
36	Purchases less cost of items withdrawn for personal use	36 104,868.
37	Cost of labor. Do not include salary paid to yourself	37 21,157.
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 127,025.
41	Inventory at end of year	41 500.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42 126,525.

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

43 When did you place your vehicle in service for business purposes? (month, day, year) ► _____.

44 Of the total number of miles you drove your vehicle during 1996, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting _____ **c** Other _____

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

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

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

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

DUES AND PUBLICATION	250.
48 Total other expenses. Enter here and on page 1, line 27	48 250.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1997

Attachment
Sequence No. 09

Name of proprietor WALTER C. PRAVE		Social security number (SSN) 173-34-2832
A Principal business or profession, including product or service (see page C-1) AWNING INSTALLATION / SALES & SERVICE		B Enter principal busn. code ► 1883
C Business name. If no separate business name, leave blank. ZEPHYR AWNING CO		D Employer ID no. (EIN), if any 52-0946114
E Business address, City, state, ZIP ► RT 2 BOX 26 CURWENSVILLE, PA 16833		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 1997? If "No," see page C-2 for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 1997, check here <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here ► <input type="checkbox"/>	1	135,778.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	135,778.
4 Cost of goods sold (from line 42 on page 2)	4	98,070.
5 Gross profit. Subtract line 4 from line 3	5	37,708.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	
7 Gross income. Add lines 5 and 6	7	37,708.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	6,297.	19 Pension & profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-4):		
10 Car and truck expenses (see page C-3)	10	2,071.	a Vehicles, machinery, & equip. ...	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	4,818.
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	3,702.	22 Supplies (not included in Part III) ...	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	1,648.
15 Insurance (other than health) ..	15	3,856.	24 Travel, meals, & entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.) ..	16a		b Meals and entertainment		520.
b Other	16b		c Enter 50% of line 24b subject to limitations (see pg. C-4)		260.
17 Legal and professional services	17	376.	d Subtract line 24c from line 24b ..	24d	260.
18 Office expense	18	436.	25 Utilities	25	6,303.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns			26 Wages (less employment credits) ...	26	
			27 Other expenses (from line 48 on page 2)	27	
29 Tentative profit (loss). Subtract line 28 from line 7			28		29,767.
30 Expenses for business use of your home. Attach Form 8829			29		7,941.
31 Net profit or (loss). Subtract line 30 from line 29.			30		
• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.			31		7,941.
• If a loss, you MUST go on to line 32.					

32 If you have a loss, check the box that describes your investment in this activity (see page C-5).

- If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you MUST attach Form 6198.

- 32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1997

33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.....	35	500.
36	Purchases less cost of items withdrawn for personal use	36	87,563.
37	Cost of labor. Do not include salary paid to yourself	37	11,207.
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	99,270.
41	Inventory at end of year	41	1,200.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	98,070.

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

44 Of the total number of miles you drove your vehicle during 1997, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting _____ **c** Other _____

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

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

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

[illegible]

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

1998

Attachment
Sequence No. **09**

Name of proprietor WALTER C. PRAVE		Social security number (SSN) 173-34-2832
A Principal business or profession, including product or service (see page C-1) AWNING INSTALLATION / SALES & SERVICE		B Enter NEW code from pages C-8 & 9 ► 235610
C Business name. If no separate business name, leave blank. ZEPHYR AWNING CO		D Employer ID no. (EIN), if any 52-0946114
E Business address, City, state, ZIP RT 2 BOX 26 CURWENSVILLE, PA 16833		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 1998? If "No," see page C-2 for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 1998, check here <input type="checkbox"/> <input type="checkbox"/>		

Part I Income	
1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/>	1 170,798.
2 Returns and allowances.	2
3 Subtract line 2 from line 1	3 170,798.
4 Cost of goods sold (from line 42 on page 2)	4 138,850.
5 Gross profit. Subtract line 4 from line 3	5 31,948.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6
7 Gross income. Add lines 5 and 6	7 31,948.

Part II Expenses. Enter expenses for business use of your home only on line 30.	
8 Advertising.	8 8,476.
9 Bad debts from sales or services (see page C-3)	9
10 Car and truck expenses (see page C-3)	10 2,086.
11 Commissions and fees.	11
12 Depletion	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13 1,740.
14 Employee benefit programs (other than on line 19)	14
15 Insurance (other than health)	15 3,682.
16 Interest:	
a Mortgage (paid to banks, etc.).	16a
b Other	16b 967.
17 Legal and professional services	17 365.
18 Office expense.	18
19 Pension & profit-sharing plans	19
20 Rent or lease (see page C-5):	
a Vehicles, machinery, and equipment	20a
b Other business property	20b
21 Repairs and maintenance	21 2,093.
22 Supplies (not included in Part III)	22
23 Taxes and licenses	23 3,637.
24 Travel, meals, & entertainment:	
a Travel	24a
b Meals and entertainment	
c Enter 50% of line 24b subject to limitations (see page C-6).	
d Subtract line 24c from line 24b	24d
25 Utilities	25 6,337.
26 Wages (less employment credits)	26
27 Other expenses (from line 48 on page 2)	27
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28 29,383.
29 Tentative profit (loss). Subtract line 28 from line 7	29 2,565.
30 Expenses for business use of your home. Attach Form 8829	30
31 Net profit or (loss). Subtract line 30 from line 29.	
• If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.	
• If a loss, you MUST go on to line 32.	
32 If you have a loss, check the box that describes your investment in this activity (see page C-6).	
• If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.	
• If you checked 32b, you MUST attach Form 6198.	
32a <input type="checkbox"/> All investment is at risk.	
32b <input type="checkbox"/> Some investment is not at risk.	
31	2,565.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1998

48

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

1999

Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service (99)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041.

► See Instructions for Schedule C (Form 1040).

Name of proprietor

WALTER C. PRAVE

Social security number (SSN)

173-34-2832

A Principal business or profession, including product or service (see instructions)

AWNING INSTALLATION / SALES & SERVICE

B Enter code from instructions

235610

C Business name. If no separate business name, leave blank.

ZEPHYR AWNING CO

D Employer ID no. (EIN), if any

52-0946114

E Business address,

► RT 2 BOX 26

City, state, ZIP CURWENSVILLE, PA 16833

F Accounting method:

(1) ☒ Cash

(2) ☐ Accrual

(3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 1999? If "No," see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 1999, check here ☐ ☐

Part I Income

1 Gross receipts or sales. **Caution:** If this income was reported to you on Form W-2 and the

"Statutory employee" box on that form was checked, see instructions and check here ☐

1

158,212.

2 Returns and allowances

2

3 Subtract line 2 from line 1

3

158,212.

4 Cost of goods sold (from line 42 on page 2)

4

116,930.

5 Gross profit. Subtract line 4 from line 3

5

41,282.

6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7

41,282.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising

8

12,924.

9 Bad debts from sales or

services (see instructions)

9

10 Car and truck expenses

(see instructions)

10

6,170.

11 Commissions and fees

11

12 Depletion

12

13 Depreciation and section 179

expense deduction (not included

in Part III) (see instructions)

13

1,579.

14 Employee benefit programs

(other than on line 19)

14

15 Insurance (other than health)

15

3,827.

16 Interest:

a Mortgage (paid to banks, etc.)

16a

b Other

16b

2,392.

17 Legal and professional

services

17

375.

18 Office expense

18

975.

19 Pension & profit-sharing plans

20 Rent or lease (see instructions):

a Vehicles, machinery, and equipment

b Other business property

21 Repairs and maintenance

22 Supplies (not included in Part III)

23 Taxes and licenses

24 Travel, meals, & entertainment:

a Travel

b Meals and

entertainment

c Enter

nondeductible

amount included

on line 24b (see

instructions)

d Subtract line 24c from line 24b

25 Utilities

26 Wages (less employment credits)

27 Other expenses (from line 48 on

page 2)

19

20a

20b

21

22

23

24a

24b

24c

24d

25

26

27

28

29

30

31

32a

32b

1,819.

5,906.

35,967.

5,315.

5,315.

All investment is at risk.

Some investment is not

at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1999

Part III	Cost of Goods Sold (see instructions)
-----------------	--

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35 1,000.
36	Purchases less cost of items withdrawn for personal use	36 116,730.
37	Cost of labor. Do not include any amounts paid to yourself	37 0.
38	Materials and supplies	38 0.
39	Other costs	39 0.
40	Add lines 35 through 39	40 117,730.
41	Inventory at end of year	41 800.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42 116,930.

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

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

44 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting _____ **c** Other _____

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

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

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

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

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

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2000

Attachment
Sequence No. **09**

Name of proprietor

WALTER C. PRAVE

Social security number (SSN)

173-34-2832

A Principal business or profession, including product or service (see instructions)

AWNING INSTALLATION / SALES & SERVICE

B Enter code from instructions ▶

235610

C Business name. If no separate business name, leave blank.

ZEPHYR AWNING CO

D Employer ID no. (EIN), if any

52-0946114

E Business address, ▶ **RT 2 BOX 26**

City, state, ZIP **CURWENSVILLE, PA 16833**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2000? If "No," see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2000, check here ▶ ☐

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here ▶ <input type="checkbox"/>	1	157,808.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1	3	157,808.
4 Cost of goods sold (from line 42 on page 2)	4	118,592.
5 Gross profit. Subtract line 4 from line 3	5	39,216.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	39,216.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising.	8	7,502.	19 Pension & profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instructions)	10	1,167.	a Vehicles, machinery, and equipment	20a	
11 Commissions and fees.	11		b Other business property	20b	
12 Depletion.	12		21 Repairs and maintenance	21	4,896.
13 Depreciation and section 179 expense deduction (not included in Part III)(see instructions).	13	1,000.	22 Supplies (not included in Part III)	22	762.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	1,720.
15 Insurance (other than health)	15	3,151.	24 Travel, meals, & entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		1,040.
b Other	16b	2,570.	c Enter nondeductible amount included on line 24b (see instructions)		520.
17 Legal and professional services	17	380.	d Subtract line 24c from line 24b	24d	520.
18 Office expense.	18	750.	25 Utilities.	25	5,869.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns ▶	28		26 Wages (less employment credits).	26	
			27 Other expenses (from line 48 on page 2)	27	
				28	30,287.
29 Tentative profit (loss). Subtract line 28 from line 7	29			29	8,929.
30 Expenses for business use of your home. Attach Form 8829	30			30	
31 Net profit or (loss). Subtract line 30 from line 29.				31	8,929.
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).				32a <input type="checkbox"/>	All investment is at risk.
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.				32b <input type="checkbox"/>	Some investment is not at risk.
• If you checked 32b, you must attach Form 6198.					

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2000

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