

Schedule E.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY OTHER THAN CAPITAL ASSETS (See Instruction 9)

Table with 8 columns: 1. Description of property held for not more than two years, 2. Date acquired, 3. Date sold or exchanged, 4. Gross sales price, 5. Cost or other basis, 6. Expense of sale and cost of improvements subsequent to acquisition, 7. Depreciation allowed (or allowable) since acquisition, 8. Gain or loss (column 4 plus column 7 minus the sum of columns 5 and 6). Total net gain (or loss) (enter as item 9, page 1)

State the family, fiduciary, or business relationship to you, if any, of purchaser of any of the above items:

If any of the above items were acquired by you other than by purchase, explain fully how acquired:

Schedule F.—OTHER INCOME. (See Instruction 10)

Table with 4 columns: Nature, Amount, Nature, Amount. Total. (Enter as item 10, page 1)

Schedule G.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULES C, D, AND E (See Instruction K)

Table with 9 columns: 1. Kind of property (if buildings, state material of which constructed), 2. Date acquired, 3. Cost or other basis, 4. Assets fully depreciated in use at end of year, 5. Depreciation allowed (or allowable) in prior years, 6. Remaining cost or other basis to be recovered, 7. Estimated life used in accumulating depreciation, 8. Estimated remaining life from beginning of year, 9. Depreciation allowable this year.

Schedule H.—CONTRIBUTIONS OR GIFTS PAID. (See Instruction 12)

Table with 4 columns: Name and Address of Organization, Amount, Name and Address of Organization, Amount. Includes handwritten entries: Roman Catholic Church, D.C. (\$52.00), American Red Cross, D.C. (\$25.00), Oblate Srs. of Providence, D.C. (10.00), Srs. of St. Dominick, D.C. (5.00), Infantile Paralysis Fd., D.C. (5.00), Comm. War Fund, D.C. (20.00). Total. (Enter as item 12, page 1, subject to 15 percent limitation) \$117.00

Schedule I.—INTEREST. (See Instruction 13)

Schedule J.—TAXES. (See Instruction 14)

Table with 4 columns: To whom paid, Amount, Nature, Amount. Total. (Enter as item 13, page 1) and Total. (Enter as item 14, page 1)

Schedule K.—EXPLANATION OF LOSSES. (See Instruction 15)

Table for Schedule K with multiple rows for listing losses.

(Name of firm or employer, if any)

(If this is a joint return of husband and wife, it must be signed by both)

(SEE TAX TABLE BELOW)

Schedule L.—EXPLANATION OF BAD DEBTS. (See Instruction 16)

Table with 6 columns: 1. Taxable Year, 2. Net Income Reported, 3. Sales on Account, 4. Bad Debts Charged Off If No Reserve Is Carried on Books, 5. Gross Amount Added to Reserve, 6. Amount Charged Against Reserve. Rows for years 1941, 1942, 1943, 1944.

Check whether deduction claimed represents worthless debts charged off , or is an addition to a reserve .

Schedule M.—OTHER DEDUCTIONS AUTHORIZED BY LAW (See Instruction 17)

Table with 2 columns: Nature, Amount. Includes a Total row at the bottom.

Schedule N.—EXPLANATION OF CREDITS CLAIMED IN ITEMS 20 AND 21. (See Instructions 20 and 21)

Table with 2 main sections: (1) Personal Exemption and (2) Credit for Dependents. Includes rows for status (Single, Married, Head of family) and dependent information.

QUESTIONS

- 1. State your principal occupation or profession...
2. Did you file a return with the District of Columbia for the year 1943?
3. Are items of income and deductions of both husband and wife included in this return?
4. State name of husband or wife, if a separate return was made;
5. Check whether this return was prepared on the cash or accrual basis.

TAXPAYER'S RECORD OF PAYMENTS

Table with 5 columns: Payment, Amount, Date, Check or M. O. No., Bank or Office of Issue. Includes rows for First and Second payments.

(Name of firm or employer, if any)

(If this is a joint return of husband and wife, it must be signed by both)

(SEE TAX TABLE BELOW)

EMPLOYER BY WHOM PAID (Name and address)

Executive Office of the President  
The White House Office  
Washington, D. C.

Total Wages paid during the calendar year 1944	Federal Income Tax withheld
\$ 6,228.24	\$ 950.40

EMPLOYEE TO WHOM PAID (Print full name, address, Social Security No.)

Grace G. Tully  
3000 Connecticut Avenue, N. W.  
Washington, D. C.

To EMPLOYEE: Change name and address if not correctly shown

To EMPLOYEE: This Withholding Receipt may be used as your income tax return if your 1944 income meets the TEST below.

A married couple may make a combined return on this Withholding Receipt, if their total income meets the test. Their incomes should be combined on Lines 1, 2, and 3, and shown separately on Line 4. The Collector of Internal Revenue will figure the tax on either the combined or the separate incomes, whichever is to the taxpayers' advantage.

LINE 1 Write total of wages shown on this and all your other 1944 Withholding Receipts (Form W-2) \$

LINE 2 If you had any wages from which no tax was withheld or any dividends or interest, write total \$

LINE 3 Add Line 1 and 2. Write total here \$

TEST: If Line 2 is not over \$100 AND Line 3 is less than \$5,000, you may use this Withholding Receipt as your return provided you had no income other than wages, dividends, and interest. If your income does not meet this test, use Form 1040.

LINE 4 If Line 3 includes income of both husband and wife, show husband's income here \$; wife's income here \$

LINE 5 If you filed a 1944 Declaration of Estimated Tax (Form 1040-ES), write total of estimated tax paid \$

EMPLOYEE SHOULD KEEP THIS COPY  
FOR HIS RECORD.  
DO NOT FILE WITH COLLECTOR.

(over)

If this is a joint return of husband and wife, list dependent relatives of both.

Your Exemptions

NAME (Please print)	Relationship	NAME (Please print)	Relationship
Your name Grace G. Tully	XXXXXXXXXX		
Mrs. A. F. Tully	Mother		

Your Income

2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1944, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Members of armed forces and persons claiming traveling or reimbursed expenses, see Instruction 2.

PRINT EMPLOYER'S NAME	WHERE EMPLOYED (CITY AND STATE)	AMOUNT
White House	Wash. D.C.	\$ 6228.24

Enter total here → \$ 6228.24

3. Enter here the total amount of your dividends and interest (including interest from Government obligations unless wholly exempt from taxation) \$ 65.-

4. If you received any other income, give details on page 3 and enter the total here \$ -

5. Add amounts in items 2, 3, and 4, and enter the total here \$ 6293.24

If item 5 includes income of both husband and wife, show husband's income here, \$; wife's income here, \$

How to Figure Your Tax

IF YOUR INCOME WAS LESS THAN \$5,000.—You may find your tax in the tax table on page 2. This table, which is provided by law, is based on the same tax rates as are used in the Tax Computation on page 4. The table automatically allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous expenses. If your expenditures and losses of these classes amount to more than 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 4.

IF YOUR INCOME WAS \$5,000 OR MORE.—Disregard the tax table and compute your tax on page 4. You may either take a standard deduction of \$500 or itemize your deductions, whichever is to your advantage.

HUSBAND AND WIFE.—If husband and wife file separate returns, and one itemizes deductions, the other must also itemize deductions.

Tax Due or Refund

6. Enter your tax from table on page 2, or from line 15, page 4 \$ 1204.98

7. How much have you paid on your 1944 income tax?

(A) By withholding from your wages (Attach Withholding Receipts, Form W-2) \$ 950.40

(B) By payments on 1944 Declaration of Estimated Tax \$ 182.-

Enter total here → \$ 1132.40

8. If your tax (item 6) is larger than payments (item 7), enter BALANCE OF TAX DUE here \$ 72.58

9. If your payments (item 7) are larger than your tax (item 6), enter the OVERPAYMENT here \$ -

Check (✓) whether you want this overpayment: Refunded to you ; or Credited on your 1945 estimated tax

If you filed a return for a prior year, what was the latest year? 1943  
To which Collector's office was it sent? Baltimore  
To which Collector's office did you pay amount claimed in item 7 (B), above?

Is your wife (or husband) making a separate return for 1944? No  
If "Yes," write below: ("Yes" or "No")  
Name of wife (or husband)  
Collector's office to which sent

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(Signature of person (other than taxpayer or agent) preparing return)

(Date)

(Signature of taxpayer)

(Date)

(Name of firm or employer, if any)

(If this is a joint return of husband and wife, it must be signed by both)

(SEE TAX TABLE BELOW)

**YOUR 1944 EXEMPTIONS**

- (1) List your own name on first line below.
- (2) If married and your wife (or husband) had no income, or if this is a combined return of husband and wife, list name of your wife (or husband).
- (3) List names of other close relatives with 1944 incomes of less than \$500 who received more than one-half of their support from you.

NOTE: If this is a combined return of husband and wife, list dependent relatives of both and write letter "W" after names of dependents supported by wife.

Your Name -----

(Name) ----- (Relationship) -----

If you need more space, attach list. -----

Is your wife (or husband) making a separate return for 1944? ----- ("Yes" or "No")

If "Yes," write below: -----

Name of wife (or husband) -----

Collector's office to which sent -----

**Was your income \$500 or more?** If so, you must file an income tax return either on a Withholding Receipt or on Form 1040.

**Was your income under \$500?** If so, file a return to get a refund of tax withheld. A married couple should file a combined return to get full benefit of exemptions.

**Deductions:** If you file your return on a Withholding Receipt, the Government will figure your tax from a tax table provided by law, which allows about 10% of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. In order to claim deductions of more than 10%, you must file your return on Form 1040.

**To file a Withholding Receipt as your return,** fill out both sides of the ORIGINAL, sign, and mail to Collector of Internal Revenue, your district, between Jan. 1 and Mar. 15, 1945. Keep the duplicate.

**If you got more than one receipt** for income tax withheld during 1944 (Form W-2 or Form W-2, Rev.), fill out and sign the last one received and attach the others to it. If filing a combined return, attach receipts of both husband and wife. If any receipt is missing and you cannot obtain a copy from your employer, make your return on Form 1040. Write here the total number of receipts you file, including the one used as your return.

**Make no payment now,** but wait for bill or refund from Collector.

**EMPLOYEE SHOULD KEEP THIS COPY  
FOR HIS RECORD.  
DO NOT FILE WITH COLLECTOR.**

☆ 900

(over)

	NAME (Please print)	Relationship	NAME (Please print)	Relationship
<b>Your Exemptions</b>	Your name <i>Grace G. Tully</i>	XXXXXXXXXX		
	<i>Mrs. A. P. Tully</i>	<i>Mother</i>		

2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1944, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Members of armed forces and persons claiming traveling or reimbursed expenses, see Instruction 2.

PRINT EMPLOYER'S NAME	WHERE EMPLOYED (CITY AND STATE)	AMOUNT
<i>White House</i>	<i>Wash. DC</i>	\$ <i>6228.74</i>

Enter total here → \$ *6228.74*

- 3. Enter here the total amount of your dividends and interest (including interest from Government obligations unless wholly exempt from taxation) -----
  - 4. If you received any other income, give details on page 3 and enter the total here -----
  - 5. Add amounts in items 2, 3, and 4, and enter the total here -----
- \$ *6293.74*
- If item 5 includes income of both husband and wife, show husband's income here, \$ -----; wife's income here, \$ -----

**How to Figure Your Tax**

**IF YOUR INCOME WAS LESS THAN \$5,000.**—You may find your tax in the tax table on page 2. This table, which is provided by law, is based on the same tax rates as are used in the Tax Computation on page 4. The table automatically allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous expenses. If your expenditures and losses of these classes amount to more than 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 4.

**IF YOUR INCOME WAS \$5,000 OR MORE.**—Disregard the tax table and compute your tax on page 4. You may either take a standard deduction of \$500 or itemize your deductions, whichever is to your advantage.

**HUSBAND AND WIFE.**—If husband and wife file separate returns, and one itemizes deductions, the other must also itemize deductions.

**Tax Due or Refund**

- 6. Enter your tax from table on page 2, or from line 15, page 4 ----- \$ *1204.98*
  - 7. How much have you paid on your 1944 income tax?
    - (A) By withholding from your wages (Attach Withholding Receipts, Form W-2) ----- \$ *950.40*
    - (B) By payments on 1944 Declaration of Estimated Tax ----- *182.00*

Enter total here → \$ *1132.40*
  - 8. If your tax (item 6) is larger than payments (item 7), enter BALANCE OF TAX DUE here ----- \$ *72.58*
  - 9. If your payments (item 7) are larger than your tax (item 6), enter the OVERPAYMENT here ----- \$ -----
- Check (✓) whether you want this overpayment: Refunded to you ; or Credited on your 1945 estimated tax

If you filed a return for a prior year, what was the latest year? *1943*

To which Collector's office was it sent? *Baltimore*

To which Collector's office did you pay amount claimed in item 7 (B), above? -----

Is your wife (or husband) making a separate return for 1944? ----- ("Yes" or "No")

If "Yes," write below: -----

Name of wife (or husband) -----

Collector's office to which sent -----

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(Signature of person (other than taxpayer or agent) preparing return) ----- (Date) -----

(Signature of taxpayer) ----- (Date) -----

(Name of firm or employer, if any) ----- (If this is a joint return of husband and wife, it must be signed by both)

(SEE TAX TABLE BELOW)

File this return with Collector of Internal Revenue on or before March 15, 1945. Any balance of tax due (item 8, below) must be paid in full with return. See separate Instructions for filling out return.

FORM 1040  
Treasury Department  
Internal Revenue Service

# U. S. INDIVIDUAL INCOME TAX RETURN FOR CALENDAR YEAR 1944

# 1944

or fiscal year beginning \_\_\_\_\_, 1944, and ending \_\_\_\_\_, 1945

EMPLOYEES.—Instead of this form, you may use your Withholding Receipt, Form W-2 (Rev.), as your return, if your total income was less than \$5,000, consisting wholly of wages shown on Withholding Receipts or of such wages and not more than \$100 of other wages, dividends, and interest.

Do not write in these spaces

File Code \_\_\_\_\_  
Serial No. \_\_\_\_\_  
District \_\_\_\_\_  
(Cashier's Stamp)

NAME Grace J. Tully  
(PLEASE PRINT. If this return is for a husband and wife, use both first names)  
ADDRESS 3000 Courthouse  
(PLEASE PRINT. Street and number or rural route)  
Wash. D.C. Social Security No. (if any) \_\_\_\_\_  
(City or town, postal zone number) (State)

### Your Exemptions

1. List your own name. If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband). List names of other close relatives with 1944 incomes of less than \$500 who received more than one-half of their support from you. If this is a joint return of husband and wife, list dependent relatives of both.

NAME (Please print)	Relationship	NAME (Please print)	Relationship
Your name <u>Grace J. Tully</u>	<u>XXXXXXX</u>		
<u>Mrs. A. F. Tully</u>	<u>Mother</u>		

### Your Income

2. Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1944, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Members of armed forces and persons claiming traveling or reimbursed expenses, see Instruction 2.

PRINT EMPLOYER'S NAME	WHERE EMPLOYED (CITY AND STATE)	AMOUNT
<u>White House</u>	<u>Wash. D.C.</u>	\$ <u>6228.74</u>

Enter total here → \$ 6228.74

3. Enter here the total amount of your dividends and interest (including interest from Government obligations unless wholly exempt from taxation) \_\_\_\_\_

4. If you received any other income, give details on page 3 and enter the total here \_\_\_\_\_

5. Add amounts in items 2, 3, and 4, and enter the total here \$ 6293.74

If item 5 includes income of both husband and wife, show husband's income here, \$ \_\_\_\_\_; wife's income here, \$ \_\_\_\_\_

### How to Figure Your Tax

IF YOUR INCOME WAS LESS THAN \$5,000.—You may find your tax in the tax table on page 2. This table, which is provided by law, is based on the same tax rates as are used in the Tax Computation on page 4. The table automatically allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous expenses. If your expenditures and losses of these classes amount to more than 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 4.

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HUSBAND AND WIFE.—If husband and wife file separate returns, and one itemizes deductions, the other must also itemize deductions.

### Tax Due or Refund

6. Enter your tax from table on page 2, or from line 15, page 4 \$ 1204.98

7. How much have you paid on your 1944 income tax?

(A) By withholding from your wages (Attach Withholding Receipts, Form W-2) \$ 950.40

(B) By payments on 1944 Declaration of Estimated Tax 182.00

Enter total here → \$ 1132.40

8. If your tax (item 6) is larger than payments (item 7), enter BALANCE OF TAX DUE here \$ 72.58

9. If your payments (item 7) are larger than your tax (item 6), enter the OVERPAYMENT here \$ \_\_\_\_\_

Check (✓) whether you want this overpayment: Refunded to you ; or Credited on your 1945 estimated tax

If you filed a return for a prior year, what was the latest year? 1943

To which Collector's office was it sent? Baltimore

To which Collector's office did you pay amount claimed in item 7 (B), above? \_\_\_\_\_

Is your wife (or husband) making a separate return for 1944?

If "Yes," write below: Name of wife (or husband) \_\_\_\_\_

Collector's office to which sent \_\_\_\_\_

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

(Signature of person (other than taxpayer or agent) preparing return) (Date) (Signature of taxpayer) (Date)

(Name of firm or employer, if any) (If this is a joint return of husband and wife, it must be signed by both)

(SEE TAX TABLE BELOW)

If you use this table, tear off this page and file only pages 1 and 3

**TAX TABLE—FOR INCOMES UNDER \$5,000**

Read down the shaded columns below until you find the line covering the total income you entered in item 5, page 1. Then read across to the column headed by the number corresponding to the number of persons listed in item 1, page 1. Enter the tax you find there in item 6, page 1.  
Husband and wife see Special Rule at end of table.

If total income in item 5, page 1, is—		And the number of persons listed in item 1, page 1, is—					If total income in item 5, page 1, is—		And the number of persons listed in item 1, page 1, is—								
At least	But less than	1	2	3	4	5 or more	At least	But less than	1	2	3	4	5	6	7	8	9 or more
		Your tax is—							Your tax is—								
							\$2,300	\$2,325	\$364	\$264	\$164	\$64	\$47	\$47	\$47	\$47	\$47
80	\$550	\$0	\$0	\$0	\$0	\$0	2,325	2,350	369	269	169	69	48	48	48	48	48
550	575	1	0	0	0	0	2,350	2,375	374	274	174	74	49	49	49	49	49
575	600	7	1	1	1	1	2,375	2,400	379	279	179	79	49	49	49	49	49
600	625	12	2	2	2	2	2,400	2,425	384	284	184	84	50	50	50	50	50
625	650	17	2	2	2	2	2,425	2,450	390	290	190	90	51	51	51	51	51
650	675	22	3	3	3	3	2,450	2,475	395	295	195	95	51	51	51	51	51
675	700	27	4	4	4	4	2,475	2,500	400	300	200	100	52	52	52	52	52
700	725	32	4	4	4	4	2,500	2,525	405	305	205	105	53	53	53	53	53
725	750	38	5	5	5	5	2,525	2,550	410	310	210	110	54	54	54	54	54
750	775	43	6	6	6	6	2,550	2,575	415	315	215	115	54	54	54	54	54
775	800	48	6	6	6	6	2,575	2,600	421	321	221	121	55	55	55	55	55
800	825	53	7	7	7	7	2,600	2,625	426	326	226	126	56	56	56	56	56
825	850	58	8	8	8	8	2,625	2,650	431	331	231	131	56	56	56	56	56
850	875	64	8	8	8	8	2,650	2,675	436	336	236	136	57	57	57	57	57
875	900	69	9	9	9	9	2,675	2,700	441	341	241	141	58	58	58	58	58
900	925	74	10	10	10	10	2,700	2,725	446	346	246	146	58	58	58	58	58
925	950	79	10	10	10	10	2,725	2,750	452	352	252	152	59	59	59	59	59
950	975	84	11	11	11	11	2,750	2,775	457	357	257	157	60	60	60	60	60
975	1,000	89	12	12	12	12	2,775	2,800	462	362	262	162	62	60	60	60	60
1,000	1,025	95	12	12	12	12	2,800	2,825	468	367	267	167	67	61	61	61	61
1,025	1,050	100	13	13	13	13	2,825	2,850	473	372	272	172	72	62	62	62	62
1,050	1,075	105	14	14	14	14	2,850	2,875	479	378	278	178	78	62	62	62	62
1,075	1,100	110	14	14	14	14	2,875	2,900	485	383	283	183	83	63	63	63	63
1,100	1,125	115	15	15	15	15	2,900	2,925	490	388	288	188	88	64	64	64	64
1,125	1,150	120	20	16	16	16	2,925	2,950	496	393	293	193	93	64	64	64	64
1,150	1,175	126	26	16	16	16	2,950	2,975	502	398	298	198	98	65	65	65	65
1,175	1,200	131	31	17	17	17	2,975	3,000	507	403	303	203	103	66	66	66	66
1,200	1,225	136	36	18	18	18	3,000	3,050	516	411	311	211	111	67	67	67	67
1,225	1,250	141	41	18	18	18	3,050	3,100	527	422	322	222	122	68	68	68	68
1,250	1,275	146	46	19	19	19	3,100	3,150	538	432	332	232	132	69	69	69	69
1,275	1,300	152	52	20	20	20	3,150	3,200	549	442	342	242	142	71	71	71	71
1,300	1,325	157	57	20	20	20	3,200	3,250	561	453	353	253	153	72	72	72	72
1,325	1,350	162	62	21	21	21	3,250	3,300	572	463	363	263	163	73	73	73	73
1,350	1,375	167	67	22	22	22	3,300	3,350	583	473	373	273	173	75	75	75	75
1,375	1,400	172	72	22	22	22	3,350	3,400	594	484	384	284	184	84	76	76	76
1,400	1,425	177	77	23	23	23	3,400	3,450	606	496	394	294	194	94	77	77	77
1,425	1,450	183	83	24	24	24	3,450	3,500	617	507	404	304	204	104	79	79	79
1,450	1,475	188	88	24	24	24	3,500	3,550	628	518	415	315	215	115	80	80	80
1,475	1,500	193	93	25	25	25	3,550	3,600	639	529	425	325	225	125	82	82	82
1,500	1,525	198	98	26	26	26	3,600	3,650	651	541	435	335	235	135	83	83	83
1,525	1,550	203	103	27	27	27	3,650	3,700	662	552	446	346	246	146	84	84	84
1,550	1,575	208	108	27	27	27	3,700	3,750	673	563	456	356	256	156	86	86	86
1,575	1,600	214	114	28	28	28	3,750	3,800	684	574	466	366	266	166	87	87	87
1,600	1,625	219	119	29	29	29	3,800	3,850	696	586	477	377	277	177	88	88	88
1,625	1,650	224	124	29	29	29	3,850	3,900	707	597	487	387	287	187	90	90	90
1,650	1,675	229	129	30	30	30	3,900	3,950	718	608	498	397	297	197	97	97	97
1,675	1,700	234	134	34	31	31	3,950	4,000	729	619	509	408	308	208	108	92	92
1,700	1,725	239	139	39	31	31	4,000	4,050	741	631	521	418	318	218	118	94	94
1,725	1,750	245	145	45	32	32	4,050	4,100	752	642	532	429	329	229	129	95	95
1,750	1,775	250	150	50	33	33	4,100	4,150	763	653	543	439	339	239	139	96	96
1,775	1,800	255	155	55	33	33	4,150	4,200	774	664	554	449	349	249	149	98	98
1,800	1,825	260	160	60	34	34	4,200	4,250	786	676	566	460	360	260	160	99	99
1,825	1,850	265	165	65	35	35	4,250	4,300	797	687	577	470	370	270	170	100	100
1,850	1,875	271	171	71	35	35	4,300	4,350	808	698	588	480	380	280	180	102	102
1,875	1,900	276	176	76	36	36	4,350	4,400	819	709	599	491	391	291	191	103	103
1,900	1,925	281	181	81	37	37	4,400	4,450	831	721	611	501	401	301	201	104	104
1,925	1,950	286	186	86	37	37	4,450	4,500	842	732	622	512	411	311	211	111	106
1,950	1,975	291	191	91	38	38	4,500	4,550	853	743	633	523	422	322	222	122	107
1,975	2,000	296	196	96	39	39	4,550	4,600	864	754	644	534	432	332	232	132	109
2,000	2,025	302	202	102	39	39	4,600	4,650	876	766	656	546	442	342	242	142	110
2,025	2,050	307	207	107	40	40	4,650	4,700	887	777	667	557	453	353	253	153	111
2,050	2,075	312	212	112	41	41	4,700	4,750	898	788	678	568	463	363	263	163	113
2,075	2,100	317	217	117	41	41	4,750	4,800	909	799	689	579	473	373	273	173	114
2,100	2,125	322	222	122	42	42	4,800	4,850	921	811	701	591	484	384	284	184	115
2,125	2,150	327	227	127	43	43	4,850	4,900	932	822	712	602	494	394	294	194	117
2,150	2,175	333	233	133	43	43	4,900	4,950	943	833	723	613	504	404	304	204	118
2,175	2,200	338	238	138	44	44	4,950	5,000	954	844	734	624	515	415	315	215	119

**SPECIAL RULE FOR HUSBAND AND WIFE**  
If item 5, page 1, includes the incomes of both husband and wife, reduce the tax you found in the table by 3 percent of the smaller of the two incomes but not by more than \$15. For an example, see last paragraph of page 2 of instructions.

**Schedule A.—INCOME FROM ANNUITIES OR PENSIONS**

1. Cost of annuity (total amount you paid in)	\$	4. Total amount received this year	\$
2. Amount received tax-free in prior years		5. Excess, if any, of line 4 over line 3	
3. Remainder of your cost (line 1 less line 2)	\$	6. Enter line 5, or 3 percent of line 1, whichever is greater	\$

**Schedule B.—INCOME FROM RENTS AND ROYALTIES**

1. Kind of property	2. Amount of rent or royalty	3. Depreciation or depletion (explain in Schedule F)	4. Repairs (explain in Schedule G)	5. Other expenses (itemize in Schedule G)
	\$	\$	\$	\$
Net profit (or loss) (col. 2 less sum of cols. 3, 4, and 5)	\$	\$	\$	\$

**Schedule C.—PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION.** (Farmers should obtain Form 1040F)

(State (1) nature of business \_\_\_\_\_; (2) business name \_\_\_\_\_)

1. Total receipts		\$
<b>COST OF GOODS SOLD</b> (To be used where inventories are an income-determining factor) (Enter the letters "C," or "C or M," on line 2 and 8 if inventories are valued at either cost, or cost or market whichever is lower)		<b>OTHER BUSINESS DEDUCTIONS</b>
2. Inventory at beginning of year	\$	11. Salaries and wages not included as "Labor"
3. Merchandise bought for sale		12. Interest on business indebtedness
4. Labor		13. Taxes on business and business property
5. Material and supplies		14. Losses (explain in Schedule G)
6. Other costs (explain in Schedule G)		15. Bad debts arising from sales or services
7. Total of lines 2 to 6	\$	16. Depreciation, obsolescence and depletion (explain in Schedule F)
8. Less inventory at end of year		17. Rent, repairs, and other expenses (explain in Schedule G)
9. Net cost of goods sold (line 7 less line 8)	\$	18. Amortization of emergency facilities (attach statement)
10. Gross profit (line 1 less line 9)	\$	19. Net operating loss deduction (attach statement)
		20. Total of lines 11 to 19
		21. Total of lines 9 and 20
		22. Net profit (or loss) (line 1 less line 21)

**Schedule D.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF CAPITAL ASSETS, ETC.**

- Net gain (or loss) from sale or exchange of capital assets (from separate Schedule D)
- Net gain (or loss) from sale or exchange of property other than capital assets (from separate Schedule D)

**Schedule E.—INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, AND OTHER SOURCES**

Name and address of partnership, syndicate, etc.	Amount, \$
Name and address of estate or trust	Amount, \$
Other sources (state nature)	Amount, \$
Total	

**Total income from above sources** (Enter as item 4, page 1) \$

**Schedule F.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULES B AND C**

1. Kind of property (If buildings, state material of which constructed)	2. Date acquired	3. Cost or other basis (Do not include land or other nondepreciable property)	4. Assets fully depreciated in use at end of year	5. Depreciation allowed (or allowable) in prior years	6. Remaining cost or other basis to be recovered	7. Estimated life used in accumulating depreciation	8. Estimated remaining life from beginning of year	9. Depreciation allowable this year
		\$	\$	\$	\$			\$

**Schedule G.—EXPLANATION OF COLUMNS 4 AND 5 OF SCHEDULE B, AND LINES 6, 14, AND 17 OF SCHEDULE C**

1. Column or Line No.	2. Explanation	3. Amount	1. Column or Line No.	2. Explanation	3. Amount
		\$			\$

Do not itemize deductions if—(1) You determine your tax from the tax table on page 2, or  
 (2) Your total income is \$5,000 or more and you claim the \$500 standard deduction.  
 If husband and wife living together at end of year file separate returns and one itemizes deductions,  
 the other must file his or her return on Form 1040, and must also itemize deductions.

**DEDUCTIONS**

Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return		Amount
<b>Contributions</b>	-----	\$-----
	-----	-----
	-----	-----
	-----	-----
Allowable Contributions (not in excess of 15 percent of item 5, page 1)-----		\$-----
<b>Interest</b>	-----	\$-----
	-----	-----
	-----	-----
	-----	-----
Total Interest-----		-----
<b>Taxes</b>	-----	\$-----
	-----	-----
	-----	-----
	-----	-----
Total Taxes-----		-----
<b>Losses from fire, storm, shipwreck, or other casualty, or theft</b>	-----	\$-----
	-----	-----
	-----	-----
	-----	-----
Total Allowable Losses (not compensated by insurance or otherwise)-----		-----
<b>Medical and dental expenses</b>	-----	\$-----
	-----	-----
	-----	-----
	-----	-----
Net Expenses (not compensated by insurance or otherwise)-----		\$-----
Enter 5 percent of item 5, page 1, and subtract from Net Expenses-----		-----
Allowable Medical and Dental Expenses. See Instruction for limitation-----		-----
<b>Miscellaneous (including alimony, amortizable bond premium, special deduction for the blind, etc.)</b>	-----	\$-----
	-----	-----
	-----	-----
	-----	-----
Total Miscellaneous Deductions-----		-----
<b>TOTAL DEDUCTIONS</b> -----		\$-----

**TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 2**

1. Enter amount shown in item 5, page 1. This is your Adjusted Gross Income-----	\$ 6293	24
2. Enter DEDUCTIONS (if deductions are itemized above, enter the total of such deductions; if adjusted gross income (line 1, above) is \$5,000 or more and deductions are not itemized, enter the standard deduction of \$500)-----	500	—
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income-----	\$ 5793	24
4. Enter your Surtax Exemptions (\$500 for each person listed in item 1, page 1)-----	1000	—
5. Subtract line 4 from line 3. Enter the difference here. This is your Surtax Net Income-----	\$ 4793	24
6. Use the Surtax Table in instruction sheet to figure your Surtax on amount entered on line 5. Enter the amount here-----	\$ 1046	18
7. Copy the figure you entered on line 3, above. (If line 3 includes partially tax-exempt interest, see Tax Computation Instructions)-----	\$ 5793	24
8. Enter your Normal-Tax Exemption (\$500 if return includes income of only one person; otherwise see Tax Computation Instructions)-----	500	—
9. Subtract line 8 from line 7, and enter the difference here-----	\$ 5293	24
10. Enter here 3 percent of line 9. This is your Normal Tax-----	\$ 158	80
11. Add the figures on lines 6 and 10, and enter the total here. (If alternative tax computation is made on separate Schedule D, enter here tax from line 15 of Schedule D)-----	\$ 1204	98
If you used the \$500 standard deduction in line 2, disregard lines 12, 13, & 14, and copy on line 15 the same figure you entered on line 11		
12. Enter here any income tax payments to a foreign country or U. S. possession (attach Form 1116)-----	\$ —	—
13. Enter here any income tax paid at source on tax-free covenant bond interest-----	—	—
14. Add the figures on lines 12 and 13 and enter the total here-----	—	—
15. Subtract line 14 from line 11. Enter the difference here and in item 6, page 1. This is your tax-----	\$ 1204	98

Collection: Grace Tully Archive; Series: Grace Tully Papers  
 Box 5; Folder: Financial Materials, 1907-1953

THE WHITE HOUSE  
WASHINGTON

Dividends & Interest \$65.00  
 Charities 117.00  
 Income Tax 1944 - 369.97  
*not deductible on DC Return*

Doctors etc \$223.10  
*(not deductible for DC)*

BLOCK No.				
Oct. 21-Nov. 3, 1945				
ION	SLIP No.			
	113			
ION	UNIT			
AUTHORIZATION No.	BOND PURCHASE PRICE			
9	\$ 118.75			
APPROPRIATION(S)				
1160110				
CTIONS			NET PAY	POSTED BY
BOND	OTHER	CODE		(Initials)
0.00	-	2	120.58	
"	-	2	"	
18.75	-	2	181.85	
AUDITED BY				
H-0671-wp				

TON, D. C.  ANYWHERE IN THE UNITED STATES  
 E UNITED STATES  
 EPT APPOINTMENT IN CERTAIN LOCATIONS ONLY. GIVE ACCEPTABLE

fare, or organizational activity which you have performed, out compensation, showing the number of hours per week r in which you were engaged in such activity. Military be described in the spaces below in its proper sequence.  
 ever employed in any position under a name different from n 5 of this application, give under "Description of your ition, the name used.  
 never been employed or are now unemployed, indicate ce provided below for "Present Position."

CLASSIFICATION GRADE (if in Federal Service) SALARY OR EARNINGS:  
 STARTING, PER annum  
 PRESENT, 7,581 PER annum

IMMEDIATE SUPERVISOR  
 Harriman, President of Franklin D. Roosevelt Foundation

BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)

ation to commemorate the memory of  
 nklin D. Roosevelt

OR DESIRING TO CHANGE EMPLOYMENT

ation intends to move to New York

which is customary in such

ACT-

I should have returned this with Miss Tully's  
Inc, TX. forms

FRK

4/2/45-

PERIOD <b>Oct. 21-Nov. 3, 1945</b>			BLOCK No.	
DIVISION		SLIP No.		
SECTION		113		
BOND AUTHORIZATION No.		BOND PURCHASE PRICE		
9		\$ 18.75		
APPROPRIATION(S)				
1160110				
DEDUCTIONS			NET PAY	POSTED BY (Initials)
BOND	OTHER	CODE		
80.00	-	2	120.58	
"	-	2	"	
18.75	-	2	181.83	
AUDITED BY				

H-0671-wp

WASHINGTON, D. C.  ANYWHERE IN THE UNITED STATES

OUTSIDE THE UNITED STATES

YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY. GIVE ACCEPTABLE LOCATIONS:

civic, welfare, or organizational activity which you have performed, with or without compensation, showing the number of hours per week and the number of years per year in which you were engaged in such activity. Military service should be described in the spaces below in its proper sequence.

If you were ever employed in any position under a name different from your own in Item 5 of this application, give under "Description of your position" for each position, the name used.

If you have never been employed or are now unemployed, indicate in the space provided below for "Present Position."

ON

CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS:	
	STARTING.	PER annum
	PRESENT.	PER
	7,581	

TITLE OF IMMEDIATE SUPERVISOR  
**W. W. Harriman, President of Franklin D. Roosevelt Foundation**

BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)  
**Foundation to commemorate the memory of Franklin D. Roosevelt**

IF YOU ARE CURRENTLY EMPLOYED OR DESIRING TO CHANGE EMPLOYMENT  
**Foundation intends to move to New York**

which is customary in such

(CONTINUED ON NEXT PAGE)

10-53940-2

Executive  
 AGENCY The Wh  
 NAME AND No.  
 Tully, Grace  
 DESIGNATION  
 Private Sec  
 Presid

Each time your p  
 Slip" with your pay  
 and net pay. You

CHECK	CASH	REGULAR
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pay This Period		247.6
New Normal Pay		"
Previous Normal Pay		247.6

REMARKS:

PAY ROLL CHANGE SLIP—Sta  
 Form prescribed by Comp. Gen.,  
 General Regulations No. 102.

15. (A) WHAT IS THE LOWEST EMPLOYMENT PER YEAR.  
 You will not be considered as a salaried employee.  
 (B) CHECK IF YOU WILL ACCEPT THE POSITION FOR:  
 1 TO 3 MONTHS  
 NOTE. Acceptance or refusal of this position will not affect your opportunity to be considered for other positions.  
 (C) IF YOU ARE WILLING TO ACCEPT THE POSITION:  
 OCCASIONALLY

16. EXPERIENCE: It is important to describe in sufficient detail the duties of the positions which you have performed, the number of hours per week you have worked in such activity. Military service should be stated in its proper sequence. If you have worked under a name different from your present name, state under "Description of your position" the name now unemployed, indicate the position.

①  
 DATES OF EMPLOYMENT (month and year)  
 FROM: Feb. 1947  
 PLACE OF EMPLOYMENT (city and state)  
 Washington, D. C.  
 NAME AND ADDRESS OF EMPLOYER (name department, bureau, or office)  
 Franklin D. Roosevelt  
 810 - 18th St.  
 NUMBER AND KIND OF EMPLOYMENT  
 1 to 3 at various positions

DESCRIPTION OF YOUR WORK  
 Executive Secretary



48 32129  
 GRACE G TULLY  
 3000 CONN AVE NW  
 CITY

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 OFFICE OF THE ASSESSOR  
 WASHINGTON 4, D. C.

BLOCK No. 945  
 SLIP No. 115  
 UNIT

BOND PURCHASE PRICE  
 \$ 18.75

30110

DE	NET PAY	POSTED BY (Initials)
	120.58	
	"	
	181.83	

BY

H-0671-wp

THE UNITED STATES

DESCRIPTIONS ONLY. GIVE ACCEPTABLE

which you have performed, the number of hours per week you have worked in such activity. Military service should be stated in its proper sequence.

under a name different from your present name, state under "Description of your position" the name now unemployed, indicate the position.

MONTHLY OR EARNINGS:

AMOUNT PER MONTH PER ANNUM  
 7,581 PER ANNUM

Department of Franklin  
 silk, insurance agency.

the memory of

to New York

such

Executive Office of the President  
The White House Office

AGENCY: Executive Office of the President  
The White House Office

NAME AND No.: Tully, Grace G.

DESIGNATION: Private Secretary to the President

PAY ROLL PERIOD: Oct. 21-Nov. 3, 1945

TAX CODE: 2

DIVISION:

GRADE: CAF-13

SALARY RATE: \$ 6,440

SECTION:

BLOCK No.:

SLIP No.: 113

UNIT:

BOND AUTHORIZATION No.: 9

BOND PURCHASE PRICE: \$ 18.75

APPROPRIATION(S): 1160110

**Notice to Employee**  
Each time your pay changes you will receive a "Pay Roll Change Slip" with your pay check showing changes in earnings, deductions, and net pay. You should keep this change slip for future reference.

CHECK	CASH	EARNINGS			DEDUCTIONS					NET PAY	POSTED BY (Initials)
		REGULAR	OVERTIME	GROSS PAY	RETIREMENT	TAX	BOND	OTHER	CODE		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	247.69	12.08	259.79	12.39	46.80	80.00	-	2	120.58	
		"	"	"	"	"	"	-	2	"	
		247.69	12.08	259.79	12.39	46.80	18.75	-	2	181.83	

REMARKS:

PAY ROLL CHANGE SLIP—Standard Form No. 1126a  
Form prescribed by Comp. Gen., U. S., December 7, 1944,  
General Regulations No. 102.

PREPARED BY

AUDITED BY

16-43578-1

H-0671-wp

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT PER YEAR.  
You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED. FOR:  
 1 TO 3 MONTHS     3 TO 6 MONTHS     6 TO 12 MONTHS

NOTE. Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL. SPECIFY:  
 OCCASIONALLY     FREQUENTLY     CONSTANTLY

IN WASHINGTON, D. C.     ANYWHERE IN THE UNITED STATES  
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY. GIVE ACCEPTABLE LOCATIONS:

16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

**PRESENT POSITION**

①

DATES OF EMPLOYMENT (month, year) FROM: Feb. 1947 TO PRESENT TIME

EXACT TITLE OF YOUR PRESENT POSITION: Executive Secretary

CLASSIFICATION GRADE (if in Federal Service):

SALARY OR EARNINGS: STARTING, 7,581 PER annum; PRESENT, 7,581 PER annum

PLACE OF EMPLOYMENT (city and State): Washington, D. C.

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division): Franklin D. Roosevelt Foundation, 810 - 18th St., N.W., D. C.

NAME AND TITLE OF IMMEDIATE SUPERVISOR: W. Averell Harriman, President of Franklin D. Roosevelt Foundation

KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.): Foundation to commemorate the memory of Franklin D. Roosevelt

REASON FOR DESIRING TO CHANGE EMPLOYMENT: Foundation intends to move to New York

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU: 1 to 3 at various times

DESCRIPTION OF YOUR WORK: Executive, supervisory and research work which is customary in such an office.

(CONTINUED ON NEXT PAGE)

16-53940-2

# APPLICATION FOR FEDERAL EMPLOYMENT

**INSTRUCTIONS:** In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type-write or print in **INK**. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a **WRITTEN** examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an **UNWRITTEN** examination, mail this application to the office named in the announcement. Be sure to mail to the same office *any other forms required* by the announcement. Notify the office with which you file this application of any change in your address.

ANNOUNCEMENT

1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2. OPTION(S) (if mentioned in examination announcement)

3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)  
**Washington, D. C.**

4. DATE OF THIS APPLICATION  
**Jan. 15, 1953**

5. MR. MRS. MISS  
**MISS GRACE GEORGE TULLY**

6. (A) STREET AND NUMBER OR R. D. NUMBER  
**3000 Connecticut Ave., D. C. (Apt. 123)**

(B) CITY OR POST OFFICE (including postal zone) AND STATE  
**Washington 8 D. C.**

7. LEGAL OR VOTING RESIDENCE (State)  
**Washington 8 D. C.**

8. (A) OFFICE PHONE  
**NA-8-0781**

(B) HOME PHONE  
**ED 2-4300**

9. DATE OF BIRTH (month, day, year)  
**August 9, 1900**

10.  MARRIED  
 SINGLE

11. PLACE OF BIRTH (city and State; if born outside U. S., name city and country)  
**Bayonne, New Jersey**

12.  MALE  
 FEMALE

13. (A) HEIGHT WITHOUT SHOES: **5 FEET 5 1/2 INCHES**

(B) WEIGHT: **160 POUNDS**

14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT?  YES  NO

(B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE  
**CAP 13 1943**

**DO NOT WRITE IN THIS BLOCK**  
For Use of Civil Service Commission Only

<input type="checkbox"/> APPOR.	<input type="checkbox"/> SUBMITTED	ENTERED REGISTER:
<input type="checkbox"/> NON-APPOR.	<input type="checkbox"/> RETURNED	

NOTATIONS:

APP. REVIEW:

APPROVED:

OPTION	GRADE	EARNED RATING	PREFER-ENCE	AUGM. RATING
			<input type="checkbox"/> 5 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ **8,360** PER YEAR.  
*You will not be considered for any position with a lower entrance salary.*

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR:  
 1 TO 3 MONTHS  3 TO 6 MONTHS  6 TO 12 MONTHS

**NOTE.** Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:  
 OCCASIONALLY  FREQUENTLY  CONSTANTLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:  
 IN WASHINGTON, D. C.  ANYWHERE IN THE UNITED STATES  
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS:

16. **EXPERIENCE:** It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent

religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

## PRESENT POSITION

DATES OF EMPLOYMENT (month, year) FROM: <b>Feb. 1947</b> TO PRESENT TIME	EXACT TITLE OF YOUR PRESENT POSITION <b>Executive Secretary</b>	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS: STARTING, <b>7,581</b> PER annum PRESENT, <b>7,581</b> PER annum
PLACE OF EMPLOYMENT (city and State) <b>Washington, D. C.</b>	NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>W. Averell Harriman, President of Franklin D. Roosevelt Foundation</b>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <b>Franklin D. Roosevelt Foundation 810 - 18th St., N.W., D. C.</b>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <b>Foundation to commemorate the memory of Franklin D. Roosevelt</b>	
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <b>1 to 3 at various times</b>		REASON FOR DESIRING TO CHANGE EMPLOYMENT <b>Foundation intends to move to New York</b>	

DESCRIPTION OF YOUR WORK

**Executive, supervisory and research work which is customary in such an office.**

Collection: Grace Tully Archive; Series: Grace Tully Papers  
Box 5; Folder: Financial Materials, 1907-1953

② DATES OF EMPLOYMENT (month, year) FROM: <b>Aug. 1945</b> TO: <b>Feb. 1947</b>		EXACT TITLE OF YOUR POSITION <b>Special Assistant</b>	CLASSIFICATION GRADE (if in Federal service) <b>CAF 13</b>	SALARY OR EARNINGS: STARTING \$ <b>7,581</b> PER FINAL \$ <b>7,581</b> PER
PLACE OF EMPLOYMENT (city and State) <b>Washington, D. C.</b>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>The President of the United States</b>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <b>U. S. Government White House</b>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <b>Government</b>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <b>NONE</b>		REASON FOR LEAVING <b>To take position with F. D. R. Foundation</b>		
DESCRIPTION OF YOUR WORK <b>Classification of Franklin D. Roosevelt's Papers</b>				

③ DATES OF EMPLOYMENT (month, year) FROM: <b>Mar. 1933</b> TO: <b>Aug. 1945</b>		EXACT TITLE OF YOUR POSITION <b>Private Secretary</b>	CLASSIFICATION GRADE (if in Federal service) <b>CAF 13</b>	SALARY OR EARNINGS: STARTING \$ <b>2,600</b> PER FINAL \$ <b>7,581</b> PER
PLACE OF EMPLOYMENT (city and State) <b>Washington, D. C.</b>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>Franklin D. Roosevelt, President of the U. S.</b>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <b>U. S. Government White House</b>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <b>U. S. Government</b>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <b>6 (Administrative and Clerical)</b>		REASON FOR LEAVING <b>Special assignment by President Truman</b>		
DESCRIPTION OF YOUR WORK <b>Secretarial and Administrative duties required by my position as Secretary to the President of the United States.</b>				

④ DATES OF EMPLOYMENT (month, year) FROM: <b>Jan. 1929</b> TO: <b>Mar. 1933</b>		EXACT TITLE OF YOUR POSITION <b>Private Secretary</b>	CLASSIFICATION GRADE (if in Federal service) (blank)	SALARY OR EARNINGS: STARTING \$ <b>2,600</b> PER FINAL \$ <b>2,600</b> PER
PLACE OF EMPLOYMENT (city and State) <b>Albany, New York</b>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>Governor &amp; Mrs. Franklin D. Roosevelt</b>		
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) <b>State of N. Y. (Office of the Governor)</b>		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.) <b>New York State Government</b>		
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU <b>None</b>		REASON FOR LEAVING <b>To accompany Governor Roosevelt to Washington as his Secretary</b>		
DESCRIPTION OF YOUR WORK <b>Secretarial and Administrative duties required by my position as Secretary to the Governor of New York.</b>				

⑤ DATES OF EMPLOYMENT (month, year) FROM: <b>July 1928</b> TO: <b>Jan. 1929</b>		EXACT TITLE OF YOUR POSITION <b>Secretary</b>	CLASSIFICATION GRADE (if in Federal service) (blank)	SALARY OR EARNINGS: STARTING \$ <b>2,000</b> PER FINAL \$ <b>2,000</b> PER
PLACE OF EMPLOYMENT (city and State) <b>New York, N. Y.</b>		NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>Mrs. Franklin D. Roosevelt</b>		

Collection: Grace Tully Archive; Series: Grace Tully Papers  
 Box 5; Folder= Financial Materials, 1907-1953



STANDARD FORM 58  
OCTOBER 1949  
PROMULGATED BY  
U. S. CIVIL SERVICE COMMISSION  
FEDERAL PERSONNEL MANUAL

**EXPERIENCE AND  
QUALIFICATIONS SHEET**  
(Supplementary)

1. DATE

January 15, 1953

2. NAME (first, middle, maiden (if any), last)

GRACE GEORGE TULLY

3. DATE OF BIRTH

August 9, 1900

4. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

INSTRUCTIONS.—Be sure to read the purposes for which this form is used and the instructions below so that you will fill out correctly those items which are applicable in your case.

1. For use by an applicant when more space is required to complete the question on "Experience" on Standard Form 57. When used for this purpose, fill in Items 1 through 5 only.
2. For use by a Federal employee to keep current his qualifications record. When used for this purpose do not fill in Item 4. List only experience, education, or training (Items 5 and 6) which you acquired since the date of your last Standard Form 57 or 60 on file in the Personnel Office.
3. For use as a qualifications statement to accompany Standard Form 59, Request for Approval of Transfer, Reinstatement, or Position Change. When used for this purpose fill in all items. List all experience (including military) which is pertinent to the position for which you are being proposed.

BE SURE TO SIGN THE FORM IN THE SPACE PROVIDED ON THE REVERSE

5. EXPERIENCE (start with most recent experience and work back)

DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS:	
FROM: May 1918	TO: July 1928			STARTING \$ 624	PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
New York City, N. Y.		Patrick Cardinal Hayes			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		PRESENT ADDRESS OF IMMEDIATE SUPERVISOR (if known)			
Archdiocese of New York 452 Madison Ave., N. Y. City, N.Y.					
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			
Catholic Church		None			
IF PART-TIME WORK, SHOW ESTIMATED AVERAGE NUMBER OF HOURS WORKED PER WEEK	SHOW NUMBER OF MONTHS, IF ANY, ON EXTENDED LEAVE WITHOUT PAY	REASON FOR LEAVING			
		To accept employment with Democratic National Committee			

DESCRIPTION OF YOUR WORK

Secretarial & Administrative

DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS:	
FROM:	TO:			STARTING \$	PER
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)		PRESENT ADDRESS OF IMMEDIATE SUPERVISOR (if known)			
KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)		NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU			
IF PART-TIME WORK, SHOW ESTIMATED AVERAGE NUMBER OF HOURS WORKED PER WEEK	SHOW NUMBER OF MONTHS, IF ANY, ON EXTENDED LEAVE WITHOUT PAY	REASON FOR LEAVING			

DESCRIPTION OF YOUR WORK

(CONTINUE ON OTHER SIDE)



MISSY OWES ME

I OWE MISSY

you owe Missy -

3.50 Barbara (Hospital)

2.50 Uncle John (Paula - Grace - Alice)

2.50 " " (From Mother)

---

Missy you & I together  
owe for spray for Barbara  
?

(D.F.).....	\$3.00
(K.M.) .....	4.32
F. D. R.....	4.29
.....	10.65
wer.....	1.00
(B. H.).....	3.33
(B. H.).....	3.50
.....	5.00
	<u>35.09</u>

id Brentano's

MISSY OWES ME

Charlotte Parker .....\$29.75  
 Luckey Platt..... 2.00  
 Fountain Pen..... 5.00

36.75  
35.09  
1.66

I OWE MISSY

Flowers (D.F.)..... \$3.00  
 " (K.M.) ..... 4.32  
 Gift for F. D. R..... 4.29  
 Matou..... 10.65  
 Desk Drawer..... 1.00  
 Flowers..(B. H.)..... 3.33  
 Flowers..(B. H.)..... 3.50  
 Flowers ..... 5.00

35.09

(I paid Henri Bendel \$3.50 for gloves and paid Brentano's \$6.00 for books)