

## Visuals

Below are the visual aids that will be used during the presentation of Module 4: Check Taxes.

**Bucket List:**

Print the four pictures below and affix one to each bucket.



**Bucket List:**

1. Make several copies of the sample documents below.
2. Separate and make into sets; make enough for participants to work in pairs.
3. Place sets in 10"x7" envelopes.






**CITY OF Oxnard CALIFORNIA** UTILITY BILLING  
<http://www.ci.oxnard.ca.us>  
 305 W. Third Street, Oxnard, CA 93030-5790 • Phone (805) 385-7816

**WATER REFUSE SEWER**

SERVICE ADDRESS: **1234 MAIN STREET**

ACCOUNT #	01234-56789	CYCLE-ROUTE	05-05	BILLING DATE	8/23/07	PAST DUE ON	9/13/07	
**AUTO**S-DIGIT 53030 1 P55 40248RA23-A-1 170 1 AV 0.312							Total Current Charges	\$ 114.04
 JOHN DOE 1234 MAIN STREET OXNARD, CA 93030-1234							Balance Forward	\$ 0.00
							<b>Total Amount Due</b>	<b>\$ 114.04</b>

DETACH, TURN OVER, AND INCLUDE THIS STUB WITH PAYMENT

ACCOUNT #	01234-56789	CYCLE-ROUTE	05-05	BILLING DATE	8/23/07	PAST DUE ON	9/13/07	
Last payment amount/date: \$129.56 8/16/07							Last Bill Amount	\$ 129.56
							Payments	-129.56
							Adjustments	0.00
							Balance Forward	\$ 0.00


Service Period	Days	Meter Number	Current Reading	Previous Reading	HCF Usage
WA 7/17/07 8/14/07	28	123456987	553.70	532	21.7
COMPARE YOUR USAGE FROM AUGUST 2006					
* HCF (Hundred Cubic Feet) = 748.05 gallons					

Service	Consumption	Charge	Total
WA WATER-SINGLE 3/4"	21.70	53.82	53.82
SW SEWER-SINGLE UNIT	7/17/07 8/14/07	24.85	24.85
EC EXTRA CONTAINER	7/17/07 8/14/07	10.00	10.00
RT RESIDENTIAL REFUSE	7/17/07 8/14/07	25.37	25.37
Total Current Charges			\$ 114.04
Balance Forward			\$ 0.00
<b>Total Amount Due</b>			<b>\$ 114.04</b>

PAYMENT MUST BE RECEIVED BY THE PAST DUE DATE OR A 10% PENALTY WILL BE ADDED.



**CERTIFICATION OF LIVE BIRTH**

STATE OF HAWAII HONOLULU  DEPARTMENT OF HEALTH HAWAII U.S.A.

CERTIFICATE NO. [REDACTED]

CHILD'S NAME  
BARACK HUSSEIN OBAMA II

DATE OF BIRTH  
August 4, 1961

CITY, TOWN OR LOCATION OF BIRTH  
HONOLULU

MOTHER'S MAIDEN NAME  
STANLEY ANN DUNHAM

MOTHER'S RACE  
CAUCASIAN

FATHER'S NAME  
BARACK HUSSEIN OBAMA

FATHER'S RACE  
AFRICAN

DATE FILED BY REGISTRAR  
August 8, 1961

3005-B-2001

OHSM 1.1 (Rev 11/01) LASER This copy serves as prima facie evidence of the fact of birth in any court proceeding. [HRS 338-13(b), 338-19]

**ANY ALTERATIONS INVALIDATE THIS CERTIFICATE**

**Statement of Personal Credit Card Account**

EA BANK

Account Number: 1234-567-890

Statement Closing Date: 01-31-01

Current Amount Due: \$278.50

MAIL PAYMENT TO:  
EA BANK  
132 VINE STREET  
ANYTOWN, USA 07500-0010

JOE EMPLOYEE  
456 SKYVIEW DRIVE  
HOMETOWN, USA 99900-1234

872917345 001762550000000003

**Statement of Personal Credit Card Account**

EA BANK

Account Number: 1234-456-890

Statement Closing Date: 01-31-01

Cardmember Name: JOE EMPLOYEE

Statement Date: 02-01-01

Closing Date: 01-31-01

Credit Limit: \$1,500.00

New Balance: \$278.50

Payment Due Date: 03-01-01

Credit Available: \$1221.50

Minimum Payment Due: \$20.00

**Account Summary**

Previous Balance:	+74.24	Transaction Fees:	+3.00
Purchases:	+250.50	Annual Fees:	+25.00
Cash Advances:	+0	Current Amount Due:	+250.50
Payments:	-74.25	Amount Past Due:	+0
Finance Charge:	+0	Amount Over Credit Limit:	+0
Late Charge:	+0	<b>NEW BALANCE:</b>	<b>\$278.50</b>

Reference Number	Sold	Posted	Activity Since Last Statement	Amount
43210987	01-03	01-13	Payment, Thank You	-\$74.25
01234567	01-12	01-13	Wings 'N' Things Anytown, USA	\$25.25
78901234	01-14	01-17	Record Release Anytown, USA	\$40.00
45678901	01-14	01-17	Sports Stadium Anytown, USA	\$75.25
3210987	01-22	01-23	Tie Back Anytown, USA	\$20.75
76543210	01-29	01-30	Electronic World Anytown, USA	\$89.25
2345678	01-30	01-30	Transaction Fees	\$3.00
34567890	01-01	01-01	Annual Fee	\$25.00

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**Rate Summary**

Finance Charge Summary	Purchases	Advances
Periodic Rate	20.45%	20.45%
Annual Percentage Rate	19.80%	19.80%

**For account information and customer service, please call 1-800-555-5555**

Payments or credits received after closing date above will appear on next month's statement.

YEARLY RENEWABLE TERM

# THE MURRAY LIFE INSURANCE COMPANY OF NEW YORK

1788853      **An Consideration** of the      annual premium of Twenty-five and 99/100 Dollars  
(the receipt of which is hereby acknowledged), and of the payment upon each Sixth day of  
increasing premium on the basis of the Table of Premiums for Renewals on the second page of this Policy,  
I hereby declare that my family consists of:

Office of the President of the Company in the City of New York upon receipt at said Home

\*\*\*Richard L. Hall\*\*\*

of      County of Oglethorpe      State of Georgia  
**INSURANCE MUSEUM**  
to his executors, administrators or assigns

the beneficiary is, with the right of revocation,

**Change of Beneficiary.**—When the right of revocation has been reserved, or in case of the death of any beneficiary under either a revocable or irrevocable designation, the Insured, if there be no existing assignment of the Policy made as herein provided, may, while the Insured is living, designate a new beneficiary with or without reserving the right of revocation by filing written notice thereof at the Home Office of the Company, together with a statement of the Insured as to the reasons therefor, and the new beneficiary shall be the beneficiary named on the Policy by the Company. If any beneficiary shall die before the Insured the interest of such beneficiary shall vest in the Insured.

**Payment of Premiums.**—The Company will accept payment of premiums at other than the time as stated above, as follows:  
Payable either: SEMI annually in TWO payments on the SIXTH day of May & November in each year;  
or, quarterly in FOUR payments on the SIXTH day of May, August, November and February in each year, in accordance with the increasing premium on the back of this Policy.

Except as herein provided the payment of a premium or installment thereof shall not maintain the Policy in force beyond the date when the same is due.

All premiums are payable in advance at said Home Office or to any agent of the Company upon delivery, on or before the day, of a receipt signed by an Executive Officer (President, Vice-President, Second Vice-President, Secretary or Treasurer) of the Company and countersigned by the Insured.

Interest on the unpaid portion of the premium for the three current policy-years shall be deducted from the amount payable hereunder.

**Renewal and Grace.**—This Policy is free from any restriction as to renewal and grace.

**Assignment.**—This Policy may be assigned in whole or in part, and the assignee shall be bound by the terms hereof as to other obligations of the Insured, it being understood that the Company shall not be liable hereunder in the event of the Insured's death by his own act, whether sane or insane, during the period of one year after the issuance of this Policy, as set forth in the provisions of the application endorsed hereon or attached hereto.

**Contingent Beneficiary.**—This Policy shall be non-assignable, except for non-payment of premium, provided two years shall have elapsed from its date.

This Policy and the application hereof, copy of which is endorsed hereon or attached hereto, constitute the entire contract between the parties hereto. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties, and no such statement shall constitute a condition precedent to the issuance of a claim under this Policy unless contained in the written application hereof, copy of which is endorsed hereon or attached hereto.

If the age of the Insured has been misstated, the amount payable hereunder shall be such as the last premium paid would have purchased at the correct age.

AMOUNT OF INSURANCE PAYABLE  
IF DEATH OCCUR WITHIN TERM

PREMIUMS PAYABLE UNTIL DEATH,  
INCREASING ANNUALLY UNTIL AGE 65

ANNUAL DIVIDEND PERIOD

## Last Will and Testament of \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS:

That, I, \_\_\_\_\_ of \_\_\_\_\_ State of \_\_\_\_\_, being of sound and disposing mind and memory, and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will and Testament.

**Article I**

I hereby declare that my family consists of:

**Article II.**

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral, be paid by my executor as soon after my death is practicable, provided, however, that this direction shall not authorize any creditors to require payment of any debt or obligation prior to its normal maturity in due course.

**Article III.**

I direct that all estate expenses, inheritance and other taxes and interest or penalties thereon imposed by reason of my death, whether or not attributable to property passing under this Will and whether or not the same would otherwise be payable by my estate or by a recipient of any such property, to be paid and discharged by my personal representative out of the residue of my estate with no right of reimbursement for the Recipients named in the residuary clause of the Will.

**Article IV.**

I give, devise and bequeath unto:



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