

Form **1040** Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return **2000**
 For the year Jan. 1 - Dec. 31, 2000, or other tax year beginning 2000, ending 20 OMB No. 1545-0074

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.
TOM RIDER
 Redacted
 Your social security number **Redacted**
 Spouse's social security number
Important! You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.) 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?
 You Yes No Spouse 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 and full name here.
 4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here.
 5 Qualifying widow(er) with dependent child (year spouse died). (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.
 b Spouse
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to YOU (4) if qual. child for child tax cr.
 No. of boxes checked on 8a and 8b: **1**
 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 8c not entered above
 d Total number of exemptions claimed: **1**
 Add numbers entered on lines above

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2
 8a Taxable interest. Attach Schedule B if required
 b Tax-exempt interest. Do not include on line 8a.
 9 Ordinary dividends. Attach Schedule B if required
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 13 Capital gain or (loss). If Sch D not required, check here
 14 Other gains or (losses). Attach Form 4797
 15a Total IRA distributions 15a b Taxable amt
 16a Total pensions and annuities, 16a b Taxable amt
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.
 18 Farm income or (loss). Attach Schedule F.
 19 Unemployment compensation
 20a Social security benefits 20a b Taxable amt
 21 Other income. List type and amount (see page 25)
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income **11,550.**

Adjusted Gross Income
 23 IRA deduction (see page 27)
 24 Student loan interest deduction (see page 27)
 25 Medical savings account deduction. Attach Form 8853
 26 Moving expenses. Attach Form 3903
 27 One-half of self-employment tax. Attach Schedule SE
 28 Self-employed health insurance deduction (see page 29)
 29 Self-employed SEP, SIMPLE, and qualified plans
 30 Penalty on early withdrawal of savings
 31a Alimony paid b Recipient's SSN
 32 Add lines 23 through 31a
 33 Subtract line 32 from line 22. This is your adjusted gross income **816.**

Adjusted Gross Income **10,734.**
 KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 56.

DEFENDANT'S EXHIBIT
60
 ALL-STATE LEGAL SUPPLY CO.

Form 1040 (2000) **TOM RIDER**

Redacted Page 2

Tax and Credits

34 Amount from line 33 (adjusted gross income). **10,734.**
 35a Check if: You were 65 or older, Blind, Spouse was 65 or older, Blind.
 Add the number of boxes checked above and enter the total here **35a**

Standard Deduction for Most People
 Single: \$4,400
 Head of household: \$6,450
 Married filing jointly or Qualifying widow(er): \$7,350
 Married filing separately: \$3,675

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**
 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. **4,400.**
 37 Subtract line 36 from line 34. **6,334.**
 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. **2,800.**
 39 **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- **3,534.**
 40 Tax. Check if any tax is from a Form(s) 8814 b Form 4972 **529.**
 41 Alternative minimum tax. Attach Form 6251 **529.**
 42 Add lines 40 and 41
 43 Foreign tax credit. Attach Form 1116 if required.
 44 Credit for child and dependent care expenses. Attach Form 2441.
 45 Credit for the elderly or the disabled. Attach Schedule R.
 46 Education credits. Attach Form 8863.
 47 Child tax credit (see page 36).
 48 Adoption credit. Attach Form 8839.
 49 Other. Check if from a Form 3800 b Form 8396
 c Form 8801 d Form (specify)

Other Taxes

50 Add lines 43 through 49
 51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- **529.**
 52 Self-employment tax. Attach Schedule SE **1,632.**
 53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.
 54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required.
 55 Advance earned income credit payments from Form(s) W-2
 56 Household employment taxes. Attach Schedule H

Payments

If you have a qualifying child, attach Schedule EIC.

57 Add lines 51 through 56. This is your **total tax** **2,161.**
 58 Federal income tax withheld from Forms W-2 and 1099
 59 2000 estimated tax payments & amount applied from 1999 return.
 60a **Earned income credit (EIC).**
 b Nontaxable earned income: amount and type
 61 Excess social security and RRTA tax withheld (see page 60)
 62 Additional child tax credit. Attach Form 8812
 63 Amount paid with request for extension to file (see page 50)
 64 Other payments. Check if from a Form 2439 b Form 4136
 65 Add lines 58, 59, 60a, and 61 through 64. **Total payments** **0.**

Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid
 67a Amount of line 66 you want refunded to you
 b Routing number
 c Type: Checking Savings
 d Account number
 68 Amount of line 66 you want applied to 2001 estimated tax

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
 70 Estimated tax penalty. Also include on line 69 **2,277.**

Sign Here

Joint return? See page 19.
 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: *Tom Rider* Date: 4/11/07 Your occupation: **ADVOCATE** Daytime phone number:
 Spouse's signature: If a joint return, both must sign. Date: Spouse's occupation: May IRS discuss this return with the preparer shown below? Yes No

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 4/5/07 Check if self-employed Preparer's SSN or PTIN: **P00172890**
 Firm's name (or yours if self-employed), address, and ZIP code: **H AND R BLOCK EASTERN TAX SERV WASHINGTON, DC 20009-0000** EIN: **43-1862224**
 Phone no.: **(202) 659-2020**

Form **2210**

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

OMB No. 1545-0140

2000

Attachment
Sequence No. **06**

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Name(s) shown on tax return:

TOM RIDER

Identifying number
Redacted

Note: In most cases, you **do not** need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 **only** if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 21 or Part IV, line 35, on the penalty line of your return, but **do not** attach Form 2210.

Part I

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

- 1 Check whichever boxes apply (if none apply, see the **Note** above):
 - a You request a **waiver**. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 1 of the instructions.
 - b You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 5 of the instructions.
 - c You had **Federal income tax withheld** from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 3.
 - d Your required annual payment (line 14 below) is based on your 1999 tax and you filed or are filing a joint return for either 1999 or 2000 but not for both years.

Part II

Required Annual Payment

2 Enter your 2000 tax after credits (see page 2 of the instructions)		2	529
3 Other taxes (see page 2 of the instructions)		3	1,632
4 Add lines 2 and 3		4	2,161
5 Earned income credit	5		
6 Additional child tax credit	6		
7 Credit for Federal tax paid on fuels	7		
8 Add lines 5, 6, and 7		8	
9 Current year tax. Subtract line 8 from line 4		9	2,161
10 Multiply line 9 by 90% (.90)	10	1,945	
11 Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions)		11	
12 Subtract line 11 from line 9. If less than \$1,000, stop here; do not complete or file this form. You do not owe the penalty.		12	2,161
13 Enter the tax shown on your 1999 tax return. (108.6% of that amount if the adjusted gross income shown on that return is more than \$150,000, or, if married filing separately for 2000, more than \$75,000). Caution: See page 3 of the instructions		13	
14 Required annual payment. Enter the smaller of line 10 or line 13. Note: If line 11 is equal to or more than line 14, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.		14	1,945

Part III

Short Method (**Caution:** See page 3 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)

15 Enter the amount, if any, from line 11 above		15					
16 Enter the total amount, if any, of estimated tax payments you made		16					
17 Add lines 15 and 16		17					
18 Total underpayment for year. Subtract line 17 from line 14. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above		18	1,945				
19 Multiply line 18 by .05976		19	116				
20 <ul style="list-style-type: none"> • If the amount on line 18 was paid on or after 4/15/01, enter - 0- • If the amount on line 18 was paid before 4/15/01, make the following computation to find the amount to enter on line 20. 	Amount on line 18	X	Number of days paid before 4/15/01	X	00025	20	0
21 Penalty. Subtract line 20 from line 19. Enter the result here and on Form 1040, line 70; Form 1040A, line 45; Form 1040NR, line 69; Form 1040NR-EZ, line 27; or Form 1041, line 26		21	116				

KBA For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form 2210 (2000)

**SCHEDULE C- EZ
(Form 1040)**

Net Profit From Business

(Sole Proprietorship)

OMB No. 1545-0074

2000

Attachment
Sequence No. **09A**

Department of the Treasury
Internal Revenue Service (991)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
▶ Attach to Form 1040 or Form 1041. ▶ See instructions on page 2.

Name of proprietor
TOM RIDER

Social security number (SSN)
Redacted

Part I General Information

**You May Use
Schedule C- EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$2,500 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C- 3 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service ADVOCATE : SERVICE	B Enter code from pages C- 7 & 8 999999
C Business name. If no separate business name, leave blank. TOM RIDER	D Employer ID number (EIN), if any
E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1. Redacted	
City, town or post office, state, and ZIP code Redacted	

Part II Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W- 2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C- 2 and check here	▶ <input type="checkbox"/>	1	11,550.
2 Total expenses. If more than \$2,500, you must use Schedule C. See instructions		2	0.
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and also on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)		3	11,550.

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

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

5 Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:

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

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

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

8a Do you have evidence to support your deduction? Yes No

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

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

Schedule C- EZ (Form 1040) 2000

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2000

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (99)

▶ See instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

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

Social security number of person
with self-employment income ▶

Redacted

Who Must File Schedule SE

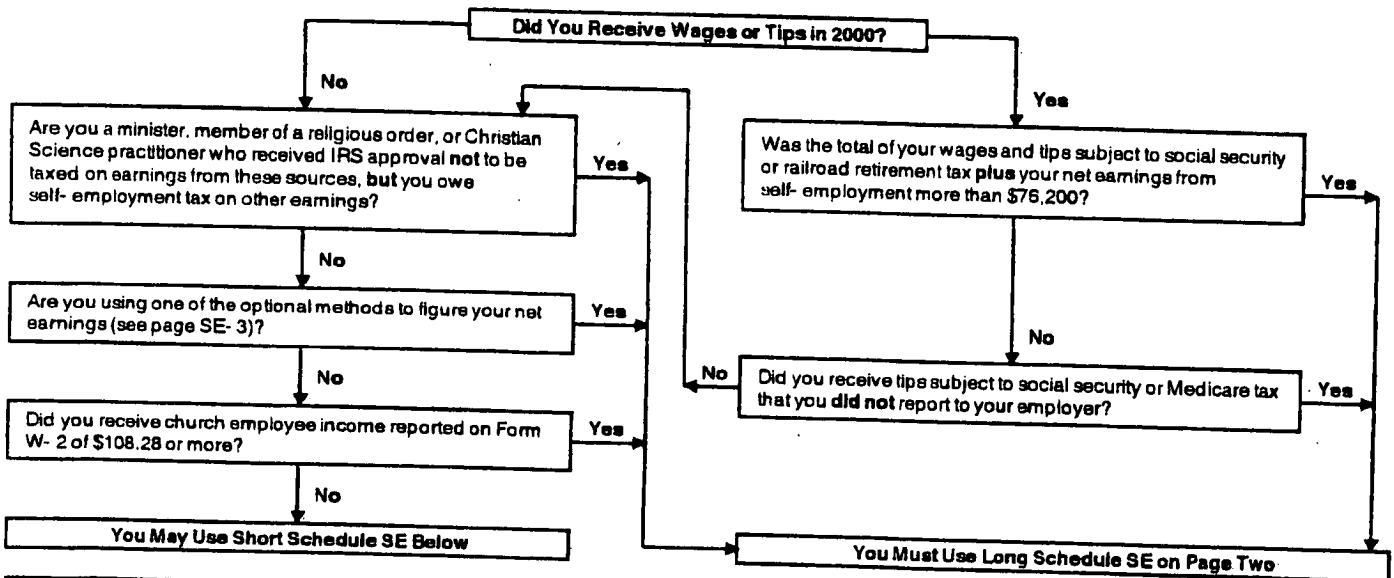
You must file Schedule SE if:

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

Note. Even if you 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 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		
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		
3	Combine lines 1 and 2	11,550.	
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	11,550.	
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.	1,632.	
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		816.

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

Schedule SE (Form 1040) 2000

760PY Virginia Individual Income Tax Return PART-YEAR RESIDENT 2000

FISCAL YEAR FILERS: Enter beginning date 20 ending date

Use **Virginia Label.** **L A B E L** **H E R E** **AND check here**

Otherwise, please print or type.

First name and initial (if joint or combined return, enter both) TOM RIDER Last name _____

Your social security number **B** Redacted

Present home address (number and street or rural route) Redacted

Spouse's social security number **A** _____

City, town or post office and state Redacted ZIP Code _____

For Office Use _____

IMPORTANT Name of Virginia city or county where you were a resident on January 1, 2001 ALEXANDRIA CITY or COUNTY

Date of residence in Virginia: Yourself - From 01/01/2000 To 03/31/2000 Spouse - From _____ To _____

STEP 1 **FILING STATUS (CHECK ONLY ONE)** **EXEMPTIONS (enter number)** **EXEMPTION AMOUNT**

If both husband and wife had income, using Filing Status 4 may result in less tax than Filing Status 2 (see instructions).

1 Single (claiming federal Head of Household? YES) **1** + **0** + **0** + **0** = **1** X \$800 = **800.00**

2 Married, filing joint return (Even if only one had income) **2** + _____ + _____ + _____ = _____ X \$800 = _____

3 Married, filing separate returns (Enter spouse's social security number in space above and enter full name here) **1** + _____ + _____ + _____ = _____ X \$800 = _____

4 Married, filing separately on this combined return **Column B: Yourself** **1** + _____ + _____ + _____ = _____ X \$800 = _____ **Column A: Spouse** **1** + _____ + _____ + _____ = _____ X \$800 = _____

STEP 2 **Compute Your VAGI** **Do you need to file? See Line 10 Instructions.**

5 If you can be claimed as a dependent on another's return and had unearned income, check here. See the instructions for line 11 **5**

6 Federal ADJUSTED GROSS INCOME (total of line 32, columns A1 and B1, Part I, page 2) **6** **A SPOUSE USE ONLY when Filing Status 4 is checked** **B YOURSELF For use by all other filers**

7 Additions from LINE 35 on page 2 **7** **10,734**

8 Subtotal (add line 6 and line 7) **8** **10,734**

9 Subtractions from LINE 47 on page 2 **9** **9,138**

10 Virginia adjusted gross income (subtract line 9 from line 8) **10** **1,596**

STEP 3 **Compute Your Virginia Taxable Income**

11 (a) Standard deduction from Part IV on page 2 if federal standard deduction claimed **11 (a)**

(b) Itemized deductions from Part V on page 2 if federal itemized deductions claimed **OR** **11 (b)**

12 Prorated EXEMPTION AMOUNT (See instructions to prorate using the Ratio Schedule) **12**

13 Virginia child and dependent care expenses deduction. (See instructions to compute) **13**

14 Subtotal (add lines 11(a) or 11(b), 12 and 13) **14**

15 VIRGINIA TAXABLE INCOME (subtract line 14 from line 10) **15**

STEP 4 **Compute Your Tax**

16 INCOMETAX: From Tax Table or Tax Rate Schedule **16**

17 TOTAL TAX (add column A and column B, line 16) **17** **0**

STEP 5 **Compute Your Payments and Credits**

18 PAYMENTS: (a) YOUR Virginia income tax withheld (attach form(s)) **18(a)** **0**

(b) SPOUSE'S Virginia income tax withheld (attach form(s)) **(b)**

(c) COMBINED 2000 estimated tax payments (include credit from 1999) **(c)**

(d) COMBINED extension payments made with Form 760E (attach Form 760E) **(d)**

CREDITS: (e) Tax Credit for Low-Income Individuals (Attach Schedule CLI) **(e)**

(f) Credit for Tax Paid to Another state from Schedule NPY **(f)**

(g) Credits from Schedule CR (attach Schedule CR) **(g)**

(h) Check here if reporting Coalfield Employment Enhancement Tax Credit earned in 2000

19 TOTAL PAYMENTS AND CREDITS (add lines 18(a) through (g)) **19** **0**

STEP 6 **Compute Amount You Owe or Your Refund**

20 If LINE 17 is larger than LINE 19, enter the difference. This is the INCOME TAX YOU OWE. Skip to line 22 **20** **0**

21 If LINE 19 is larger than LINE 17, enter the difference. This is the OVERPAYMENT AMOUNT **21**

22 Addition to tax, penalty and interest (from Schedule NPY, Side 1, Part II, line 4) **22**

23 Amount of overpayment on line 21 to be CREDITED to 2001 ESTIMATED income tax. **23**

24 Contributions and Consumer's Use Tax from Side 2 of Schedule NPY **24**

25 Add line 22, line 23 (columns A and B) and line 24 **25**

26 If you owe tax on LINE 20, add lines 20 and 25 - OR - If LINE 21 is an overpayment and LINE 25 is larger than LINE 21, enter the difference. This is the AMOUNT YOU OWE. Attach payment **26** **0**

Credit Card payment has been made

27 If line 21 is larger than line 25, subtract line 25 from line 21. This is the amount to be REFUNDED TO YOU **27** **0**

FORM 760PY (2000) VA DEPT OF TAXATION **TOM RIDER**

Redacted

PART I - SCHEDULE OF INCOME AND ADJUSTMENTS (see instructions) - ALL FILERS MUST COMPLETE THIS SCHEDULE - Page 2

28 Income:	ENTER SPOUSE'S INCOME WHEN FILING STATUS 4 IS USED			FOR USE BY ALL OTHER FILERS		
	Column A1 Income on Federal Return	Column A2 Income While Virginia Resident	Column A3 Income While NOT Virginia Resident	Column B1 Income on Federal Return	Column B2 Income While Virginia Resident	Column B3 Income While NOT Virginia Resident
(a) Wages, salaries, tips, and other compensation 28 (a)				11,550	1,800	9,750
(b) Interest and dividends (b)				11,550	1,800	9,750
(c) Pension and other income (attach explanation) (c)						
29 Gross income (add lines 28 (a), (b) and (c)) 29						
30 Adjustments to income: moving expenses 30						
31 Other income adjustments (attach explanation) 31				816	204	612
32 Adjusted gross income (line 29 less lines 30 and 31) 32				10,734	1,596	9,138
Sum of Col. A1 and B1 on line 32 must equal your federal adjusted gross income from federal Form 1040, 1040A or 1040EZ.	Enter this amount on Pg. 1, Ln. 8, Col. A of this form.		Enter this amount on Pg. 2, Ln. 38, Col. A of this form.	Enter this amount on Pg. 1, Ln. 6, Col. B of this form.		Enter this amount on Pg. 2, Ln. 38, Col. B of this form.

PART II - ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

	A SPOUSE USE ONLY when Filing Status 4 is checked	B YOURSELF For use by all other filers
33 Interest earned while a Virginia resident on obligations of other states exempt from federal tax 33		
34 Other additions to federal adjusted gross income as provided in instructions - Attach explanation 34		
35 TOTAL ADDITIONS (add lines 33 and 34). Enter here and on LINE 7 on page 1 35		0

PART III - SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

36 Age deduction for taxpayers who are age 62 and over on January 1, 2001, from Schedule NPY, Side 1, Part I 36		
37 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. (Claim in the same column you reported the income on line 6.) 37		
38 Income attributable to your period of residence outside VA from Part I, columns A3 & B3, Line 32 38		9,138
39 Income (interest, dividends or gains) received while a Virginia resident on obligations or securities of the U.S. exempt from state income tax, but not from federal tax 39		
40 Social Security and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on your federal return and attributable to your period of residence in Virginia. 40		
41 Disability income received while a Virginia resident used to compute the federal credit for permanently and totally disabled persons under age 65. (Attach federal Sch. A or Sch. 3, Form 1040A) 41		
42 Unemployment benefits included in Federal Adjusted Gross income received while a VA resident 42		
43 Long-term health care insurance premiums paid while a Virginia resident 43		
44 First \$15,000 of military basic pay received while a Virginia resident 44		
45 Federal/State employee low-income pay received while a Virginia resident 45		
46 Other subtractions as provided in instructions - Attach explanation 46		
47 TOTAL SUBTRACTIONS - (add lines 36 through 46). Enter here and on LINE 9 on page 1 47		9,138

PART IV - STANDARD DEDUCTION (The standard deduction must be claimed unless itemized deductions were claimed on your federal return - see instructions)

48 (a) Federal ADJUSTED GROSS INCOME (Total of line 32, columns A1 + B1 from Part I above) 48(a)	10,734
(b) Income attributable to period of Virginia residence (Total of line 32, columns A2 + B2 from Part I above) (b)	1,596
(c) Percentage of full standard deduction allowable [amount shown on line 48(b) divided by amount shown on line 48(a)]. Enter to only one decimal place (Example 12.2%) (c)	14.9 %
(d) Filing Status 1: Enter \$3,000; Filing Status 2 or 4: Enter \$5,000; Filing Status 3: Enter \$2,500 (d)	3,000
(e) Multiply line 48(c) by 48(d). ENTER here and on LINE 11(a) on page 1. If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed (e)	447

PART V - ITEMIZED DEDUCTIONS (If you itemized deductions on your federal return, YOU MUST claim itemized deductions on your Virginia return.)

49 (a) Itemized deductions from Schedule A paid while a Virginia resident 49(a)	
(b) State and local income taxes claimed on Schedule A and included on line 49(a) (b)	
(c) Allowable Virginia itemized deductions: Subtract line 49(b) from line 49(a). ENTER here and on LINE 11(b) on page 1. If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed (c)	

ATTACH A COMPLETE COPY OF YOUR FEDERAL INCOME TAX RETURN AND ALL OTHER REQUIRED VIRGINIA ATTACHMENTS.

I (we), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. We agree that filing separately on this combined return makes us jointly and severally liable for the amount of tax shown to be due on this return and any refunds due will be made payable to us jointly.

Please Sign x Here	Your signature <i>Tom Rider</i>	Date 04/05/07	Your business phone number	Home phone number Redacted
	Spouse's signature (if Filing Status 2 or 4, BOTH must sign)	Date	Spouse's business phone number	
Preparer's Use Only x	Preparer's signature <i>[Signature]</i>	Date 04/05/2007	Preparer's phone number (202) 659-2020	Farmers and Fishermen: Check the box if self-employed and at least two-thirds of your income is from farming and fishing. <input type="checkbox"/>
Firm's name (or yours if self-employed) and address H AND R BLOCK EASTERN TAX SERV 1701 K ST NW WASHINGTON DC 20009-0000				

California Nonresident or Part-Year Resident Income Tax Return 2000

FORM
540NR

Fiscal year filers only: Enter month of year end: month _____ year 2001.

Redacted RIDE ** 00
TOM RIDER

Redacted

P
AC
A
R
RP

Step 2

Filing Status
Check only one.

- 1 Single
- 2 Married filing joint return (even if only one spouse had income)
- 3 Married filing separate return. Enter spouse's social security number above and full name here _____
- 4 Head of household (with qualifying person). STOP. See instructions.
- 5 Qualifying widow(er) with dependent child. Enter year spouse died _____

Step 3

Exemptions
Attach check or money order here.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, check this box 6
- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see page 15 7
- 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1 if both, enter 2 8 X\$75=\$ 75.
- 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 X\$75=\$
- 10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 Total \$ 75.
- 11 Dependents: Enter name and relationship. Do not include yourself or your spouse.

Dependent Exemptions

Step 4

Taxable Income

Attach copy of your Form(s) W-2, W-2G, 1099-R, 502-B, 594, 587, and other Forms 1099 showing California tax withheld here.

- 12 Total California wages from all your Form(s) W-2, box 17 12 X\$235=\$
- 13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4; TeleFile Tax Record, line I; Form 1040NR, line 33; or Form 1040NR-EZ, line 10 13 10,734.
- 14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 33, column B 14 1,800.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 8,934.
- 16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 33, column C 16 0.
- 17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 8,934.
- 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 40; OR Your California standard deduction. See page 16 18 2,811.
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 6,123.

Step 5

Tax

- 20 CA adjusted gross income from Schedule CA (540NR), line 33, column E 20 8,934.
- 22 Tax on the amount shown on line 19. Check if from:
 - Tax Table Tax Rate Schedules FTB 3800 or FTB 3803 22 67.

Caution: If under age 14 and you have more than \$1,400 of investment income, read the line 22 instructions to see if you must attach form FTB 3800.
- 23 Exemption credits. If the amount on line 13 is more than \$124,246, see instructions. Otherwise, add line 10 and line 11 and enter the result on line 23 23 75.
- 24 Subtract line 23 from line 22. If less than zero, enter -0- 24 0.
- 25a Ratio. Enter the ratio from Schedule CA (540NR), line 34 25a 1.0000
- 25b Multiply line 24 by the ratio on line 25a 25b 0.
- 26 Tax. Check the box Schedule G-1. Tax on Lump-Sum Distributions; and form FTB 5870A, Tax on Accumulation Distribution of Trusts 26 0.
- 27 Add line 25b and line 26. Continue to Side 2 27 0.

Step 6 Your name: **TOM RIDER** Your SSN: **Redacted**

Special Credits and Nonrefundable Renter's Credit

28 Amount from Side 1, line 27 28 **0.**

31 Credit for joint custody head of household. See page 17 **31** _____

32 Credit for dependent parent. See page 18 **32** _____

33 Credit for senior head of household. See page 18 **33** _____

34 Credit for long-term care. See page 18 **34** _____

36 Add line 31 through line 34. Multiply the total by the ratio on Side 1, line 25a **36** _____

37 Enter credit name _____ code no. _____ and amount **37** _____

38 Enter credit name _____ code no. _____ and amount **38** _____

39 To claim more than two credits, see page 17 **39** _____

40 Nonrefundable renter's credit. See page 17 **40** _____

42 Add line 36 through line 40. These are your total credits **42** _____

43 Subtract line 42 from line 28. If less than zero, enter -0- **43** **0.**

Step 7

Other Taxes

44 Alternative minimum tax. Attach Schedule P (540NR) **44** _____

45 Other taxes and credit recapture. See page 18 **45** _____

46 Add line 43 through line 45. This is your total tax **46** **0.**

Step 8

Payments

47 California income tax withheld. See page 20 **47** _____

48 2000 CA estimated tax. See page 20 **48** _____

50 Excess SDI. See page 20 **50** _____

Child and Dependent Care Expenses Credit. See page 20 for lines 51 through 54

51 _____ **52** _____

53 _____ **54** _____

55 Add line 47, line 48, line 50, and line 54. These are your total payments **55** _____

Step 9

Overpaid Tax or Tax Due

56 Overpaid tax. If line 55 is more than line 46, subtract line 46 from line 55 **56** _____

57 Amount of line 56 you want applied to your 2001 estimated tax **57** _____

58 Overpaid tax available this year. Subtract line 57 from line 56 **58** _____

59 Tax due. If line 55 is less than line 46, subtract line 55 from line 46 **59** **0.**

Step 10

Contributions

60 CA Seniors Special Fund. See page 21 **60** _____

61 Alzheimer's Disease/Related Disorders Fund **61** _____

62 CA Fund for Senior Citizens **62** _____

63 Rare and Endangered Species Preservation Program **63** _____

64 State Children's Trust Fund for the Prevention of Child Abuse **64** _____

65 CA Breast Cancer Research Fund **65** _____

66 CA Firefighter's Memorial Fund **66** _____

67 CA Mexican American Veteran's Memorial **67** _____

68 Emergency Food Assistance Program Fund **68** _____

69 CA Peace Officer Memorial Foundation **69** _____

70 Birth Defects Research Fund **70** _____

71 National World War II Veterans Memorial **71** _____

72 CA Lung Disease and Asthma Research **72** _____

73 Add line 60 through line 72. These are your total contributions **73** _____

Step 11

Refund or Amount You Owe

74 REFUND OR NO AMOUNT DUE. Subtract line 73 from line 58. Mail to:
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000 **74** _____ **0.**

75 AMOUNT YOU OWE. Add line 59 and line 72. See page 22. Mail to:
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 **75** _____ **0.**

Step 12

Interest and Penalties

76 Interest, late return penalties, and late payment penalties **76** _____

77 Underpayment of estimated tax. Check box: FTB 5805 attached FTB 5805F attached **77** _____

78 Total amount due. See page 23 **78** _____

79 If you do not need California income tax forms mailed to you next year, check here **79** _____

Step 13

Direct Deposit Information

Do not attach a voided check or a deposit slip.

Check the boxes to have your refund directly deposited. Routing number _____

Account Type: Checking Savings Account number _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Your signature: *Tom Rider* **1**

Spouse's signature (if filing joint, both must sign) **Redacted**

Joint return? X See page 23.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) _____ Date _____

Firm's name (or yours if self-employed) **H AND R BLOCK EASTER WASHINGTON DC 20009-0000** Firm's address _____

Paid Preparer's SSN/PTIN **P00172890**

FEIN _____

Form **1040** Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return **2000**

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

Label
 (See instructions on page 19.)
 Use the IRS label.
 Otherwise, please print or type.

TOM RIDER
 Redacted

Your social security number
 Redacted
 Spouse's social security number

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

Presidential Election Campaign
 (See page 19.)

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?
 You: Yes No
 Spouse: 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 and full name here.
- 4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 Qualifying widow(er) with dependent child (year spouse died _____). (See page 19.)

Check only one box.

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 <input type="checkbox"/> Spouse		c Dependents:		(4) <input checked="" type="checkbox"/> If qual. child for child tax or credit	No. of boxes checked on 6a and 6b
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you		
					1

If more than six dependents, see page 20.

d Total number of exemptions claimed Add numbers entered on lines above **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
8b	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	11,550.
13	Capital gain or (loss). If Sch D not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797.	14	
15a	Total IRA distributions	15a	
		b Taxable amt	
16a	Total pensions and annuities	16a	
		b Taxable amt	
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 amt	
21	Other income. List type and amount (see page 25)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	11,550.

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

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

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	816.
28	Self-employed health insurance deduction (see page 29)	28	
29	Self-employed SEP, SIMPLE, and qualified 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	816.
33	Subtract line 32 from line 22. This is your adjusted gross income	33	10,734.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 56.

Form 1040 (2000) **TOM RIDER**

Redacted Page 2

Tax and Credits

34 Amount from line 33 (adjusted gross income). **34** **10,734.**
 35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here **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**

Standard Deduction for Most People
 Single: \$4,400
 Head of household: \$6,450
 Married filing jointly or Qualifying widow(er): \$7,350
 Married filing separately: \$3,675

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** **4,400.**
 37 Subtract line 36 from line 34. **37** **6,334.**

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** **2,800.**
 39 **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- **39** **3,534.**

40 **Tax.** Check if any tax is from a Form(s) 8814 b Form 4972 **40** **529.**
 41 **Alternative minimum tax.** Attach Form 6251 **41**
 42 Add lines 40 and 41 **42** **529.**

43 **Foreign tax credit.** Attach Form 1116 if required. **43**
 44 **Credit for child and 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 Form 3800 b Form 8396 **49**
 c Form 8801 d Form (specify)

50 Add lines 43 through 49. **50**
 51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- **51** **529.**

Other Taxes

52 **Self-employment tax.** Attach Schedule SE. **52** **1,632.**
 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** **2,161.**

Payments

If you have a qualifying child, attach Schedule EIC.

58 **Federal income tax withheld from Forms W-2 and 1099.** **58**
 59 **2000 estimated tax payments & amount applied from 1999 return.** **59**
 60a **Earned income credit (EIC).** **60a**
 b **Nontaxable earned income: amount and 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 Form 2439 b Form 4136. **64**
 65 Add lines 58, 59, 60a, and 61 through 64. **Total payments.** **65** **0.**

Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid. **66**
 67a **Amount of line 66 you want refunded to you.** **67a**
 b **Routing number** **67b**
 c **Type:** Checking Savings
 d **Account number**

68 **Amount of line 66 you want applied to 2001 estimated tax.** **68**
 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** **2,277.**

Amount You Owe

70 **Estimated tax penalty.** Also include on line 69. **70** **116.**

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: *[Signature]* Date: 4/5/07 Your occupation: **ADVOCATE** Daytime phone number:
 Spouse's signature: If a joint return, both must sign. Date: Spouse's occupation: May IRS discuss this return with the preparer shown below? Yes No

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 4/5/07 Check if self-employed Preparer's SSN or PTIN: **P00172890**

Firm's name (or yours if self-employed), address, and ZIP code: **H AND R BLOCK EASTERN TAX SERV WASHINGTON, DC 20009-0000** EIN: **43-1862224**

California Nonresident or Part-Year Resident Income Tax Return 2000

FORM

540NR

Fiscal year filers only: Enter month of year end: month _____ year 2001.

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TOM RIDER

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Step 2

Filing Status
Check only one

- 1 Single
- 2 Married filing joint return (even if only one spouse had income)
- 3 Married filing separate return. Enter spouse's social security number above and full name here _____
- 4 Head of household (with qualifying person). STOP. See instructions.
- 5 Qualifying widow(er) with dependent child. Enter year spouse died _____

Step 3

Exemptions

Attach check or money order here.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, check this box 6
- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see page 15 7 1 X \$75 = \$ 75.
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1 if both, enter 2. 8 X \$75 = \$
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2. 9 X \$75 = \$
- 10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 Total \$ 75.
- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

Dependent Exemptions

Step 4

Taxable Income

Attach copy of your Form(s) W-2, W-2G, 1099-R, 1099-B, 594, 597, and other Forms 1099 showing California tax withheld here.

- Total dependent exemption credit 11 0 X \$235 = \$
- 12 Total California wages from all your Form(s) W-2, box 17 12
- 13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4; TeleFile Tax Record, line I; Form 1040NR, line 33; or Form 1040NR-EZ, line 10 13 10,734.
- 14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 33, column B 14 1,800.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 8,934.
- 16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 33, column C 16 0.
- 17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 8,934.
- 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 40; OR Your California standard deduction. See page 16 18 2,811.
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 6,123.

Step 5

Tax

- 20 CA adjusted gross income from Schedule CA (540NR), line 33, column E. 20 8,934.
- 22 Tax on the amount shown on line 19. Check if from: Tax Table Tax Rate Schedules FTB 3800 or FTB 3803 22 67.
- Caution: If under age 14 and you have more than \$1,400 of investment income, read the line 22 instructions to see if you must attach form FTB 3800.
- 23 Exemption credits. If the amount on line 13 is more than \$124,246, see instructions. Otherwise, add line 10 and line 11 and enter the result on line 23. 23 75.
- 24 Subtract line 23 from line 22. If less than zero, enter -0- 24 0.
- 25a Ratio. Enter the ratio from Schedule CA (540NR), line 34 25a 1.0000
- 25b Multiply line 24 by the ratio on line 25a 25b 0.
- 26 Tax. Check the box Schedule G-1, Tax on Lump-Sum Distributions; and form FTB 5870A, Tax on Accumulation Distribution of Trusts 26 0.
- 27 Add line 25b and line 26. Continue to Side 2 27 0.

Step 6

Your name: TOM RIDER

Your SSN Redacted

Special Credits and Nonrefundable Renter's Credit

- 28 Amount from Side 1, line 27
31 Credit for joint custody head of household. See page 17
32 Credit for dependent parent. See page 18
33 Credit for senior head of household. See page 18
34 Credit for long-term care. See page 18
36 Add line 31 through line 34. Multiply the total by the ratio on Side 1, line 25a
37 Enter credit name code no. and amount
38 Enter credit name code no. and amount
39 To claim more than two credits, see page 17
40 Nonrefundable renter's credit. See page 17
42 Add line 36 through line 40. These are your total credits
43 Subtract line 42 from line 28. If less than zero, enter -0-

Step 7

Other Taxes

- 44 Alternative minimum tax. Attach Schedule P (540NFR)
45 Other taxes and credit recapture. See page 18
46 Add line 43 through line 45. This is your total tax

Step 8

Payments

- 47 California income tax withheld. See page 20
48 2000 CA estimated tax. See page 20
50 Excess SDI. See page 20
Child and Dependent Care Expenses Credit. See page 20 for lines 51 through 54
51
52
53
54
55 Add line 47, line 48, line 50, and line 54. These are your total payments

Step 9

Overpaid Tax or Tax Due

- 56 Overpaid tax. If line 55 is more than line 46, subtract line 46 from line 55
57 Amount of line 56 you want applied to your 2001 estimated tax
58 Overpaid tax available this year. Subtract line 57 from line 56
59 Tax due. If line 55 is less than line 46, subtract line 55 from line 46

Step 10

Contributions

- 60 CA Seniors Special Fund. See page 21
61 Alzheimer's Disease/Related Disorders Fund
62 CA Fund for Senior Citizens
63 Rare and Endangered Species Preservation Program
64 State Children's Trust Fund for the Prevention of Child Abuse
65 CA Breast Cancer Research Fund
66 CA Firefighter's Memorial Fund
67 CA Mexican American Veteran's Memorial
68 Emergency Food Assistance Program Fund
69 CA Peace Officer Memorial Foundation
70 Birth Defects Research Fund
71 National World War II Veterans Memorial
72 CA Lung Disease and Asthma Research
73 Add line 60 through line 72. These are your total contributions

Step 11

Refund or Amount You Owe

- 74 REFUND OR NO AMOUNT DUE. Subtract line 73 from line 58. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000
75 AMOUNT YOU OWE. Add line 59 and line 72. See page 22. Mail to: FRANCHISE TAX BOARD, PO BOX 942887, SACRAMENTO CA 94287-0001

Step 12

Interest and Penalties

- 76 Interest, late return penalties, and late payment penalties
77 Underpayment of estimated tax. Check box: FTB 5805 attached FTB 5805F attached
78 Total amount due. See page 23
79 If you do not need California income tax forms mailed to you next year, check here

Step 13

Direct Deposit Information

Do not attach a voided check or a deposit slip. Check the boxes to have your refund directly deposited. Routing number Account Type: Checking Savings Account number

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Your signature Spouse's signature (if filing joint, both must sign) Daytime phone number Redacted

Joint return? See page 23

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) Date Paid Preparer's SSN/PTIN

It is unlawful to forge a spouse's signature

Firm's name (or yours if self-employed) Firm's address FEIN H AND R BLOCK EASTER WASHINGTON DC 20009-0000

TAXABLE YEAR
2000

**California Adjustments -
Nonresidents or Part-Year Residents**

SCHEDULE
CA (540NR)

Important: Attach this schedule directly behind Form 540NR, Side 2.

Name(s) as shown on return

TOM RIDER

Social security number

Redacted

Part I Residency Information. You must complete all lines that apply to you and your spouse.

During 2000:

	Yourself	Spouse
1 a I was domiciled in (enter state)	N/A	
b I was in the military and stationed in (enter state or country)	N/A	
2 I became a California resident (enter the state of prior residence and date of move)	N/A	
3 I became a nonresident (enter new state of residence and date of move)	N/A	
4 I was a nonresident of California the entire year (enter state or country of residence)	N/A	
5 The number of days I spent in California (for any purpose) is:	0	
6 I owned a home/property in California (enter "Yes" or "No")	NO	

Before 2000:

7 I was a California resident for the period of (enter dates)	N/A	
8 I entered California on (enter date)	N/A	
9 I left California on (enter date)	N/A	

Part II Income Adjustment Schedule

	A	B	C	D	E	
Section A - Income	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions	Additions See instructions	Total Amounts Using CA Law As if You Were a CA Resident (subtract column B from column A; add column C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)	
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7					
8 Taxable interest income	8					
9 Ordinary dividends	9					
10 State tax refund. Enter the same amount in column A and column B	10					
11 Alimony received	11					
12 Business income or (loss)	12	11,550.	1,800.	9,750.	9,750.	
13 Capital gain or (loss)	13					
14 Other gains or (losses)	14					
15 Total IRA distributions. See instructions. (a)	(b)					
16 Total pensions and annuities. See instructions. (a)	(b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17					
18 Farm income or (loss)	18					
19 Unemployment compensation	19					
20 Social security benefits (a)	(b)					
21 Other income. a California lottery winnings b Disaster loss carryover from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL carryover from FTB 3805V e NOL from FTB 3805Z, FTB 3806, or FTB 3807 f Other (describe)	21					
22a Total: Combine line 7 through line 21 in each column. Continue to Side 2	22a	11,550.	1,800.	0.	9,750.	9,750.

CANR00104046

TOM RIDER

Redacted

Income Adjustment Schedule
Section B- Adjustments to Income

	A	B	C	D	E
	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions	Additions See instructions	Total Amounts Using CA Law As if You Were a CA Resident (subtract column B from column A; add column C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E	22b 11,550.	1,800.	0.	9,750.	9,750.
23 IRA deduction	23				
24 Student loan interest deduction	24				
25 Medical savings account deduction	25				
26 Moving expenses	26				
27 One-half of self-employment tax	27 816.			816.	816.
28 Self-employed health insurance deduction	28				
29 Keogh/self-employed SEP/SIMPLE plans	29				
30 Penalty on early withdrawal of savings	30				
31 a Alimony paid. (b) Enter recipient's SSN Full name	31a				
32 Add line 23 through line 31a in each column, A through E	32 816.	0.	0.	816.	816.
33 Total. Subtract line 32 from line 22b in each column, A through E. See instructions	33 10,734.	1,800.	0.	8,934.	8,934.
34 Ratio. Divide line 33, column E by line 33, column D. Carry the decimal to five places. Then round it to four places by dropping amounts 4 and under (.44454 becomes .4445) and rounding up to the next number for amounts 5 and over (.44455 becomes .4446). This number may be greater than 1.0000. Enter the result here and on Form 540NR, line 25a. Note: If the result is zero or less, enter -0- on Form 540NR, line 25a				34 1.0000	

Part III Adjustments to Federal Itemized Deductions

35 Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16)	35
36 Enter total of federal Schedule A, line 5 (state and local income tax and State Disability Insurance) and line 8 (foreign taxes only)	36
37 Subtract line 36 from line 35	37
38 Other adjustments including California lottery losses. See instructions. Specify	38
39 Combine line 37 and line 38	39

40 California itemized deductions

Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?

Single or married filing separate \$124,246
 Married filing joint or qualifying widow(er) \$248,494
 Head of household \$186,370

NO. Transfer the amount on line 39 to line 40.
 YES. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 40.

Is the amount you entered on line 40 more than your standard deduction below?

Single or married filing separate \$2,811
 Married filing joint, head of household, or qualifying widow(er) \$5,622

YES. Transfer the amount on line 40 to Form 540NR, line 18.
 NO. Enter your standard deduction on Form 540NR, line 18.

40

Form 1040 U.S. Individual Income Tax Return 2000 Department of the Treasury - Internal Revenue Service

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

TOM RIDER Redacted

Your social security number Redacted Spouse's social security number

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

Presidential Election Campaign (See page 19.)

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?

You Yes X No Spouse Yes No

Filing Status

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

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.
6b Spouse
6c Dependents:

If more than six dependents, see page 20.

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If qual. child for child tax cr. Includes checkboxes for living with you, etc.

d Total number of exemptions claimed

Income

Table for income items: 7 Wages, salaries, tips, etc. Attach Form(s) W-2; 8a Taxable interest; 9 Ordinary dividends; 10 Taxable refunds; 11 Alimony received; 12 Business income; 13 Capital gain; 14 Other gains; 15a Total IRA distributions; 16a Total pensions and annuities; 17 Rental real estate; 18 Farm income; 19 Unemployment compensation; 20a Social security benefits; 21 Other income.

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

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

Adjusted Gross Income

Table for adjusted gross income items: 22 Add the amounts in the far right column for lines 7 through 21. This is your total income; 23 IRA deduction; 24 Student loan interest deduction; 25 Medical savings account deduction; 26 Moving expenses; 27 One-half of self-employment tax; 28 Self-employed health insurance deduction; 29 Self-employed SEP, SIMPLE, and qualified plans; 30 Penalty on early withdrawal of savings; 31a Alimony paid; 32 Add lines 23 through 31a; 33 Subtract line 32 from line 22. This is your adjusted gross income.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 56.

Form 1040 (2000) **TOM RIDER**

Tax and Credits

Standard Deduction for Most People
 Single: \$4,400
 Head of household: \$6,450
 Married filing jointly or Qualifying widow(er): \$7,350
 Married filing separately: \$3,675

34 Amount from line 33 (adjusted gross income). **10,734.**

35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here **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**

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.** **4,400.**

37 Subtract line 36 from line 34. **6,334.**

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. **2,800.**

39 **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- **3,534.**

40 **Tax.** Check if any tax is from a Form(s) 8814 b Form 4972 **529.**

41 **Alternative minimum tax.** Attach Form 6251

42 Add lines 40 and 41 **529.**

43 **Foreign tax credit.** Attach Form 1116 if required.

44 **Credit for child and dependent care expenses.** Attach Form 2441.

45 **Credit for the elderly or the disabled.** Attach Schedule R

46 **Education credits.** Attach Form 8863

47 **Child tax credit (see page 36).**

48 **Adoption credit.** Attach Form 8839

49 **Other.** Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify)

50 Add lines 43 through 49

51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-

Other Taxes

52 **Self-employment tax.** Attach Schedule SE **529.**

53 **Social security and Medicare tax on tip income not reported to employer.** Attach Form 4137 **1,632.**

54 **Tax on IRAs, other retirement plans, and MSAs.** Attach Form 5329 if required

55 **Advance earned income credit payments from Form(s) W-2**

56 **Household employment taxes.** Attach Schedule H

57 Add lines 51 through 56. This is your **total tax** **2,161.**

Payments

If you have a qualifying child, attach Schedule EIC.

58 **Federal income tax withheld from Forms W-2 and 1099**

59 **2000 estimated tax payments & amount applied from 1999 return.**

60a **Earned income credit (EIC).**

b **Nontaxable earned income: amount and type**

61 **Excess social security and RRTA tax withheld (see page 50)**

62 **Additional child tax credit.** Attach Form 8812

63 **Amount paid with request for extension to file (see page 50)**

64 **Other payments.** Check if from a Form 2439 b Form 4136

65 Add lines 58, 59, 60a, and 61 through 64. **Total payments** **0.**

Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid **66**

67a **Amount of line 66 you want refunded to you**

b **Routing number**

c **Type:** Checking Savings

d **Account number**

68 **Amount of line 66 you want applied to 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

70 **Estimated tax penalty.** Also include on line 69 **116.**

Sign Here

Joint return? See page 19. 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: *Tom Rider* Date: _____ Your occupation: **ADVOCATE** Daytime phone number: _____

Spouse's signature: _____ Date: _____ Spouse's occupation: _____ May IRS discuss this return with the preparer shown below? Yes No

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: **4/5/07** Check if self-employed Preparer's SSN or PTIN: **P00172890**

Firm's name (or yours if self-employed): **H AND R BLOCK EASTERN TAX SERV** EIN: **43-1862224**

address and ZIP code: **WASHINGTON, DC 20009-0000** Phone no. (202) **659-2020**

760PY Virginia Individual Income Tax Return 2000
PART-YEAR RESIDENT

FISCAL YEAR FILERS: Enter beginning date 20 ending date

Use Virginia Label. Otherwise, please print or type.	L A B E L H E R E	First name and initial (If joint or combined return, enter both) Last name TOM RIDER	AND check here Your social security number ● B Redacted
		Present home address (number and street or rural route) Redacted	Spouse's social security number ● A
		City, town or post office and state Redacted	ZIP Code
		Name of Virginia city or county where you were a resident on January 1, 2001 ALEXANDRIA	

IMPORTANT ▶ Dates of residence in Virginia: Yourself - From 01/01/2000 To 03/31/2000 Spouse - From _____ To _____
 Month Day Year Month Day Year Month Day Year Month Day Year

STEP 1 Check your Filing Status	FILING STATUS (CHECK ONLY ONE) If both husband and wife had income, using Filing Status 4 may result in less tax than Filing Status 2 (see instructions).	EXEMPTIONS (enter number)					Total Exemptions	EXEMPTION AMOUNT Use when completing line 12
		1	2	3	4	5		
1	<input checked="" type="checkbox"/> Single (claiming federal Head of Household? YES <input type="checkbox"/>)	1	0	0	0	0	1	X\$800 = 800.00
2	<input type="checkbox"/> Married, filing joint return (Even if only one had income)	2						X\$800 = 00
3	<input type="checkbox"/> Married, filing separate returns (Enter spouse's social security number in space above and enter full name here)	1						X\$800 = 00
4	<input type="checkbox"/> Married, filing separately on this combined return	1						X\$800 = 00
		1						X\$800 = 00

5 If you can be claimed as a dependent on another's return and had unearned income, check here. See the instructions for line 11 5

STEP 2 Compute Your VAGI	Description	A SPOUSE USE ONLY when Filing Status 4 is checked		B YOURSELF For use by all other filers	
		6	7	8	9
6	Federal ADJUSTED GROSS INCOME (total of line 32, columns A1 and B1, Part I, page 2)				10,734
7	Additions from LINE 35 on page 2				
8	Subtotal (add line 6 and line 7)				10,734
9	Subtractions from LINE 47 on page 2				9,138
10	Virginia adjusted gross income (subtract line 9 from line 8)				1,596
11 (a)	Standard deduction from Part IV on page 2 if federal standard deduction claimed				
11 (b)	Itemized deductions from Part V on page 2 if federal itemized deductions claimed OR				
12	Prorated EXEMPTION AMOUNT (See instructions to prorate using the Ratio Schedule)				
13	Virginia child and dependent care expenses deduction. (See instructions to compute)				
14	Subtotal [add lines 11(a) or 11(b), 12 and 13]				
15	VIRGINIA TAXABLE INCOME (subtract line 14 from line 10)				

STEP 4 Compute Your Tax	Description	17	
		A	B
16	INCOME TAX: From Tax Table or Tax Rate Schedule		
17	TOTAL TAX (add column A and column B, line 16)		
18 (a)	YOUR Virginia income tax withheld [attach form(s)]		0
18 (b)	SPOUSE'S Virginia income tax withheld [attach form(s)]		0
18 (c)	COMBINED 2000 estimated tax payments (include credit from 1999)		
18 (d)	COMBINED extension payments made with Form 760E (attach Form 760E)		
18 (e)	Tax Credit for Low-Income Individuals (Attach Schedule CLI)		
18 (f)	Credit for Tax Paid to Another state from Schedule NPY		
18 (g)	Credits from Schedule CR (attach Schedule CR)		
18 (h)	Check here if reporting Coalfield Employment Enhancement Tax Credit earned in 2000 <input type="checkbox"/>		
19	TOTAL PAYMENTS AND CREDITS [add lines 18(a) through (g)]		0

STEP 5 Compute Your Payments and Credits	Description	19	
		A	B
20	If LINE 17 is larger than LINE 19, enter the difference. This is the INCOME TAX YOU OWE. Skip to line 22		
21	If LINE 19 is larger than LINE 17, enter the difference. This is the OVERPAYMENT AMOUNT		
22	Addition to tax, penalty and interest (from Schedule NPY, Side 1, Part II, line 4)		
23	Amount of overpayment on line 21 to be CREDITED to 2001 ESTIMATED income tax. 23		
24	Contributions and Consumer's Use Tax from Side 2 of Schedule NPY		
25	Add line 22, line 23 (columns A and B) and line 24		
26	If you owe tax on LINE 20, add lines 20 and 25 - OR - If LINE 21 is an overpayment and LINE 25 is larger than LINE 21, enter the difference. This is the AMOUNT YOU OWE. Attach payment		0
27	If line 21 is larger than line 25, subtract line 25 from line 21. This is the amount to be REFUNDED TO YOU		0

BE SURE TO SIGN YOUR RETURN ON PAGE 3
 00-HRB LTD For Office Use Coding CG TP

Redacted

VA DEPT OF TAXATION TOM RIDER

PART I - SCHEDULE OF INCOME AND ADJUSTMENTS (see instructions) - ALL FILERS MUST COMPLETE THIS SCHEDULE. Page 2

28 Income:	ENTER SPOUSE'S INCOME WHEN FILING STATUS 4 IS USED			FOR USE BY ALL OTHER FILERS		
	Column A1 Income on Federal Return	Column A2 Income While Virginia Resident	Column A3 Income While NOT Virginia Resident	Column B1 Income on Federal Return	Column B2 Income While Virginia Resident	Column B3 Income While NOT Virginia Resident
(a) Wages, salaries, tips, and other compensation 28 (a)				11,550	1,800	9,750
(b) Interest and dividends (b)						
(c) Pension and other income (attach explanation) (c)						
29 Gross income (add lines 28 (a), (b) and (c)) 29				11,550	1,800	9,750
30 Adjustments to income: moving expenses 30						
31 Other income adjustments (attach explanation) 31						
32 Adjusted gross income (line 29 less lines 30 and 31) 32				816	204	612
Sum of Col. A1 and B1 on line 32 must equal your federal adjusted gross income from federal Form 1040, 1040A or 1040EZ	Enter this amount on Pg. 1, Ln. 6, Col. A of this form		Enter this amount on Pg. 2, Ln. 38, Col. A of this form	Enter this amount on Pg. 1, Ln. 6, Col. B of this form		Enter this amount on Pg. 2, Ln. 38, Col. B of this form
				10,734	1,596	9,138

PART II - ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

	A SPOUSE USE ONLY when Filing Status 4 is checked	B YOURSELF For use by all other filers
33 Interest earned while a Virginia resident on obligations of other states exempt from federal tax 33		
34 Other additions to federal adjusted gross income as provided in instructions - Attach explanation 34		
35 TOTAL ADDITIONS (add lines 33 and 34). Enter here and on LINE 7 on page 1 35		0

PART III - SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

36 Age deduction for taxpayers who are age 62 and over on January 1, 2001, from Schedule NPY, Side 1, Part I 36		
37 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. (Claim in the same column you reported the income on line 6.) 37		
38 Income attributable to your period of residence outside VA from Part I, columns A3 & B3, Line 32 38		9,138
39 Income (interest, dividends or gains) received while a Virginia resident on obligations or securities of the U.S. exempt from state income tax, but not from federal tax 39		
40 Social Security and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on your federal return and attributable to your period of residence in Virginia. 40		
41 Disability income received while a Virginia resident used to compute the federal credit for permanently and totally disabled persons under age 65. (Attach federal Sch. R or Sch. 3, Form 1040A). 41		
42 Unemployment benefits included in Federal Adjusted Gross income received while a VA resident 42		
43 Long-term health care insurance premiums paid while a Virginia resident 43		
44 First \$15,000 of military basic pay received while a Virginia resident 44		
45 Federal/State employee low-income pay received while a Virginia resident 45		
46 Other subtractions as provided in instructions - Attach explanation 46		
47 TOTAL SUBTRACTIONS - (add lines 36 through 46). Enter here and on LINE 9 on page 1 47		9,138

PART IV - STANDARD DEDUCTION (The standard deduction must be claimed unless itemized deductions were claimed on your federal return - see instructions)

48 (a) Federal ADJUSTED GROSS INCOME (Total of line 32, columns A1 + B1 from Part I above) 48(a)	10,734
(b) Income attributable to period of Virginia residence (Total of line 32, columns A2 + B2 from Part I above) (b)	1,596
(c) Percentage of full standard deduction allowable (amount shown on line 48(b) divided by amount shown on line 48(a)). Enter to only one decimal place (Example 12.2%) (c)	14.9 %
(d) Filing Status 1: Enter \$3,000; Filing Status 2 or 4: Enter \$5,000; Filing Status 3: Enter \$2,500 (d)	3,000
(e) Multiply line 48(c) by 48(d). ENTER here and on LINE 11(a) on page 1. If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed (e)	447

PART V - ITEMIZED DEDUCTIONS (If you itemized deductions on your federal return, YOU MUST claim itemized deductions on your Virginia return.)

49 (a) Itemized deductions from Schedule A paid while a Virginia resident 49(a)	
(b) State and local income taxes claimed on Schedule A and included on line 49(a) (b)	
(c) Allowable Virginia itemized deductions: Subtract line 49(b) from line 49(a). ENTER here and on LINE 11(b) on page 1. If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed (c)	

ATTACH A COMPLETE COPY OF YOUR FEDERAL INCOME TAX RETURN AND ALL OTHER REQUIRED VIRGINIA ATTACHMENTS.

I (we), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. We agree that filing separately on this combined return makes us jointly and severally liable for the amount of tax shown to be due on this return and any refunds due will be made payable to us jointly.

Please Sign x Here	Your signature <i>[Signature]</i>	Date 04/11/07	Your business phone number	Home phone number Redacted
x	Spouse's signature (if Filing Status 2 or 4, BOTH must sign)	Date	Spouse's business phone number	Farmers and Fishermen: Check the box if self-employed and at least two-thirds of your income is from farming and fishing. <input type="checkbox"/>
Preparer's Use Only x	Preparer's signature <i>[Signature]</i>	Date 04/05/2007	Preparer's phone number (202) 659-2020	

Firm's name (or yours if self-employed) and address: **H AND R BLOCK EASTERN TAX SERV**
1701 K ST NW WASHINGTON DC 20009-0000 **43-1862224**



Internal Revenue Service

DEPARTMENT OF THE TREASURY

e-SERVICES

This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 03-14-2007

Response Date: 03-14-2007

Employee Number: **Redacted**

Tracking Number: 100013434012

SSN Provided: **Redacted**
 Tax Period Requested: December, 2001

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN): 943005157
 PERFORMING ANIMAL WELFARE SOCIETY

Employee:

Employee's Social Security Number: 337-46-2548
 TOM E RIDER

Submission Type:	ORIGINAL SUBMISSION
Wages, Tips and Other Compensation:	\$2,492.00
Federal Income Tax Withheld:	\$224.00
Social Security Wages:	\$2,492.00
Social Security Tax Withheld:	\$154.00
Medicare Wages and Tips:	\$2,492.00
Medicare Tax Withheld:	\$36.00
Social Security Tips:	0.00
Allocated Tips:	0.00
Advanced EIC Payment:	0.00
Dependent Care Benefits:	0.00
Deferred Compensation:	0.00
Code "Q" Military Pay:	0.00
Code "R" Employer's Contribution to MSA:	0.00
Code "S" Employer's Contribution to Simple Account:	0.00
Code "T" Expenses Incurred for Qualified Adoptions:	0.00
Third Party Sick Pay Indicator:	0.00
Retirement Plan Indicator:	
Statutory Employee:	

Not Statutory Employee

Form 1099-MISC

Form **1040** Department of the Treasury - Internal Revenue Service **2001**
U.S. Individual Income Tax Return

(99) IRS Use Only - Do not write or staple in this space

Label

(See instructions on page 19) Use the IRS label. Otherwise please print or type.

For the year Jan. 1-Dec. 31, 2001, or other tax year beginning 2001 ending 2001

OMB No. 1545-0074

Your social security number **Redacted**

Spouse's social security number

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

Presidential Election Campaign (See page 19)

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?

You: Yes No Spouse: 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 and full name here)
- 4 Head of household (with qualifying person) (See page 19) If the qualifying person is a child but not your dependent, enter this child's name here
- 5 Qualifying widow(er) with dependent child (year spouse died)

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

c Dependents:

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

d Total number of exemptions claimed **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	2,492.
8a	Taxable interest. Attach Schedule B if required	8a	
8b	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	597.
13	Capital gain or (loss). If Sch D not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
15b	Taxable amt	15b	
16a	Total pensions and annuities	16a	
16b	Taxable amt	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	
20b	Taxable amt	20b	
21	Other income. List type and amount (see page 27)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	3,089.
23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 28)	24	
25	Archer MSA deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	42.
28	Self-employed health insurance deduction (see page 30)	28	
29	Self-employed SEP, SIMPLE, and qualified 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	42.
33	Subtract line 32 from line 22. This is your adjusted gross income	33	3,047.

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

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

Adjusted Gross Income

Form 1040 (2001) **TOM RIDER**

Tax and Credits

34 Amount from line 33 (adjusted gross income) Redacted

35a Check if: You were 65 or older. Blind. Spouse was 65 or older Blind 34 3,047
Also check box for all that apply. Check all that apply and enter the total here.

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 35a
35b

Standard Deduction for --

- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.
- All others:

Single 34,550

Head of household 36,550

Married filing jointly or Qualifying widow(er) 37,500

Married filing separately 32,800

36 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 36 4,550

37 Subtract line 36 from line 34 37 (1,503.)

38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32. 38 2,900

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 0

40 Tax. Check if any tax is from a Form(s) 8814 b Form 4972 40 0

41 Alternative minimum tax. Attach Form 6251 41 0

42 Add lines 40 and 41 42 0

43 Foreign tax credit. Attach Form 1116 if required. 43

44 Credit for child and 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 Rate reduction credit. See the worksheet on page 36. 47

48 Child tax credit (see page 37). 48

49 Adoption credit. Attach Form 8839. 49

50 Other credits from: a Form 3800 b Form 8396 50

c Form 8801 d Form (specify) 50

51 Add lines 43 through 50 51

52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- 52 0

Other Taxes

53 Self-employment tax. Attach Schedule SE 53 84

54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137. 54

55 Tax on qualified plans, including IRAs, & other tax-favored accounts 55

56 Advance earned income credit payments from Form(s) W-2 56

57 Household employment taxes. Attach Schedule H 57

58 Add lines 52 through 57. This is your total tax 58 84

Payments

59 Federal income tax withheld from Forms W-2 and 1099 59 234

60 2001 estimated tax payments & amount applied from 2000 return. 60 234

61a Earned income credit (EIC) 61a NO

b Nontaxable earned income 61b

62 Excess social security and RRTA tax withheld (see page 51) 62

63 Additional child tax credit. Attach Form 8812 63

64 Amount paid with request for extension to file (see page 51) 64

65 Other payments. Check if from a Form 2439 b Form 4136. 65

66 Add lines 59, 60, 61a, and 62 through 65. Total payments 66 234

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid 67 150

68a Amount of line 67 you want refunded to you 68a 150

b Routing number 68b

d Account number 68d

c Type: Checking Savings 68c

69 Amount of line 67 you want applied to 2002 estimated tax 69

Amount You Owe

70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52. 70

71 Estimated tax penalty. Also include on line 70 71

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? (see page 53)? Yes. Complete the following. No

Designee's name Personal identification number (PIN)

Phone no. Your signature

Date Your occupation

Date Spouse's occupation

Date Preparer's SSN or PTIN

Check if self-employed Preparer's signature

Firm's name (or yours if self-employed) **H AND R BLOCK** EIN 43-1632899

address and ZIP code **WASHINGTON, DC 20006-0000** Phone no. (202) 466-4411

KBA

Form 1040 (2001)

FD1040-2V 1.25

Form 1040 (2001)

**SCHEDULE C
(Form 1040)**

PROFIT OR LOSS FROM BUSINESS

(Sole Proprietorship)

CMB No. 1545-0074

2001

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

TOM RIDER

Social security number (SSN)

Redacted

A Principal business or profession, including product or service (see page C-1 of the instructions)

ADVOCATE : SERVICE

B Enter code from pages C-7 & 8

999999

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

TOM RIDER

D Employer ID number (EIN), if any

E Business address (including suite or room no.)

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

Redacted

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

G Did you "materially participate" in the operation of this business during 2001? If "No," see page C-2 for limit on losses

Yes 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	1	8,782.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	8,782.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	8,782.
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	8,782.

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

8	Advertising	8		19	Pension and 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		20a	a Vehicles, machinery, and equipment		
11	Commissions and fees	11		20b	b Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		22	Supplies (not included in Part III)		
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses		
15	Insurance (other than health)	15		24	Travel, meals, and entertainment:		
16	Interest:			24a	a Travel		5,350.
16a	a Mortgage (paid to banks, etc.)	16a		24b	b Meals and entertainment	5,670.	
16b	b Other	16b		24c	c Enter nondeductible amount included on line 24b (see pg. C-5)	2,835.	
17	Legal and professional services	17		24d	d Subtract line 24c from line 24b		2,835.
18	Office expense	18		25	Utilities		
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26	Wages (less employment credits)		
29	Tentative profit (loss). Subtract line 28 from line 7	29	8,185.	27	Other expenses (from line 48 on page 2)		
30	Expenses for business use of your home. Attach Form 8829	30	597.				
31	Net profit or (loss). Subtract line 30 from line 29.	31	597.				
32a	If you have a loss, check the box that describes your investment in this activity (see page C-6)						
32b	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.						

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

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

Schedule C (Form 1040) 2001

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (2001)

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

CMB No. 1545-0074

2001

Attachment
Sequence No. 17

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

Social security number of person
with self-employment income ▶

Redacted

Who Must File Schedule SE

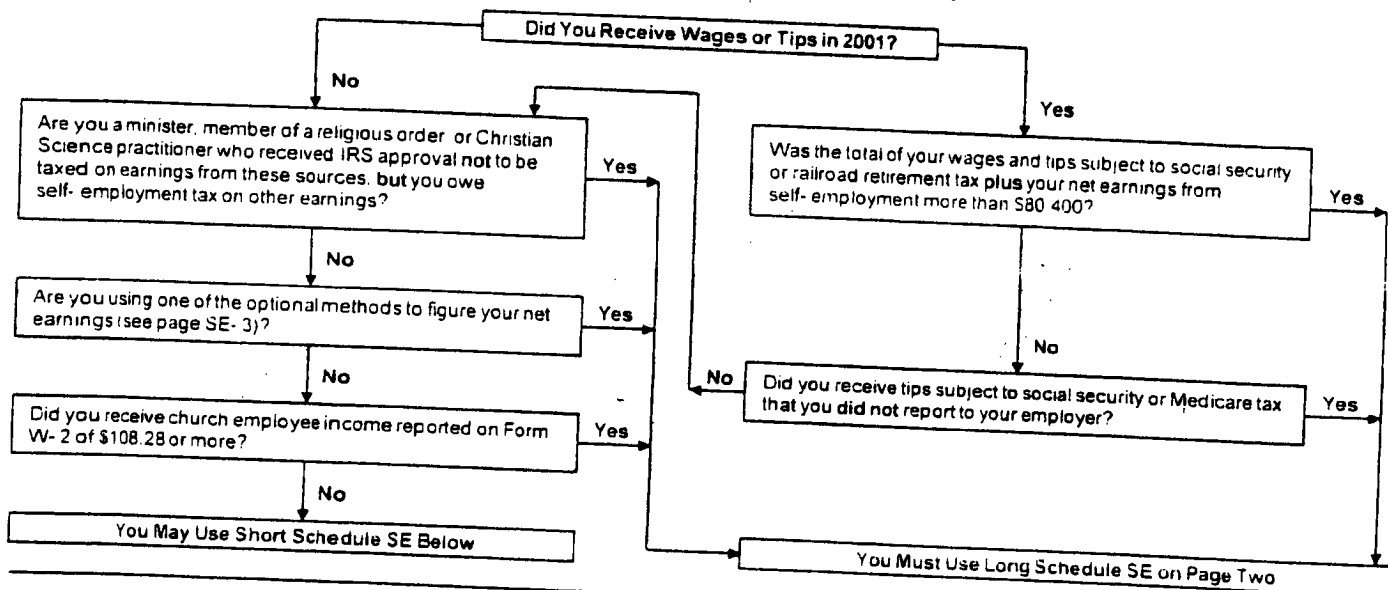
You must file Schedule SE if:

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

Note Even if you 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 53.

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.
- 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.
- 3 Combine lines 1 and 2.
- 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.
- 5 **Self-employment tax.** If the amount on line 4 is:
 - \$80,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 53.
 - More than \$80,400, multiply line 4 by 2.9% (.029). Then, add \$9,969.60 to the result. Enter the total here and on Form 1040, line 53.
- 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.

1	0.
2	597.
3	597.
4	551.
5	84.
6	

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

**California Resident
Income Tax Return 2001**

540

FEDERAL RETURN ATTACHMENT REQUIRED:
 YES NO

DO NOT
ATTACH
LABEL

Redacted RIDE
TOM RIDER

01 PBA 999999

P
AC
A
R
RP

Step 1

Name
and
Address

Redacted

FOR COMPUTERIZED USE ONLY

01	1	37	0	56	0	APE	0
06	0	38	0	57	0	3800	0
09	0	39	0	58	0	3803	0
11	0	41	0	59	0	SCHG1	0
12	0	42	0	60	0	5870A	0
14	0	43	0	64	0	5805 5805F	0
16	0	44	0	65	0	P. 00172890	0
17	3047	45	0	66	0		
18	2960	47	0	68	0		
20	1	48	0		0		
23	0	49	0		0		
28	0	50	0		0		
29	0	51	0		0		
30	0	52	0		0		
31	0	53	0		0		
35	0	54	0		0		
36	0	55	0		0		

Step 2

Filing Status

- 1 Single
- 2 Married filing joint return (even if only one spouse had income)
- 3 Married filing separate return Enter spouse's social security number above and full name here
- 4 Head of household (with qualifying person) STOP See instr. 5 Qualifying widower (with dependent child) Enter year spouse died

Step 3

Exemptions

- 6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here 6
- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions 7
- 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1, if both, enter 2 8 X \$79 = \$ 79.
- 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 X \$79 = \$
- 10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 Total: \$

Dependent Exemptions

Step 4

Taxable Income

- 11 Total dependent exemption credit 11 X \$247 = \$
- 12 State wages from your Form(s) W-2, box 16 12
- 13 Enter adjusted gross income from your 2001 federal return 13
- 14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 33, column B 14 3,047.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 0.
- 16 California adjustments - additions. Enter the amount from Schedule CA (540), line 33, column C 16 3,047.
- 17 California adjusted gross income. Combine line 15 and line 16 17 0.
- 18 Enter the larger of your CA standard deduction OR your CA itemized deductions 18 3,047.
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 2,960.

Step 5

Tax

- 20 Tax. Check if from Tax Table Tax Rate Schedule FTB 3800 or FTB 3803 20
- 21 Exemption credits. If line 13 is over \$130,831, see instructions. Otherwise, add line 10 and line 11 21
- 22 Subtract line 21 from line 20. If less than zero, enter -0- 22
- 23 Other Taxes. Check if from Schedule G-1 and form FTB 5870A 23
- 24 Add line 22 and line 23. Continue to Side 2 24 0.

For Privacy Act Notice, get form FTB 1131.

54001106046

Form 540 C1 2001 Side 1

TR 00570

Your name: TOM RIDER

Your SSN: Redacted

Step 6

Special Credits and Nonrefundable Renter's Credit

25 Amount from Side 1 line 24 _____ 25

28 Enter credit name _____ code no _____ and amount _____ ▶ 28 _____

29 Enter credit name _____ code no _____ and amount _____ ▶ 29 _____

30 To claim more than two credits, see instructions • 30 _____

31 Nonrefundable renter's credit. See instructions for "Step 6" • 31 _____

33 Add line 28 through line 31. These are your total credits 33 _____

34 Subtract line 33 from line 25. If less than zero, enter - 0- 34 _____

Step 7

Other Taxes

35 Alternative minimum tax. Attach Schedule P (540) 35 _____

36 Other taxes and credit recapture. See instructions • 36 _____

37 Add line 34 through line 36. This is your total tax • 37 _____

Step 8

Payments

38 California income tax withheld. See instructions ■ 38 _____

39 2001 CA estimated tax and other payments ■ 39 _____

41 Excess SDI. See instructions ■ 41 _____

Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506.

• 42 _____

■ 43 _____

■ 44 _____

■ 45 _____

46 Add line 38, line 39, line 41, and line 45. These are your total payments 46 _____

Step 9

Overpaid Tax or Tax Due

47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 47 _____

48 Amount of line 47 you want applied to your 2002 estimated tax ■ 48 _____

49 Overpaid tax available this year. Subtract line 48 from line 47 ■ 49 _____

50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37 50 _____

Step 10

Contributions

CA Senior Citizens Fund • 51 _____

Alzheimer's Disease/Related Disorders Fund • 52 _____

CA Fund for Senior Citizens • 53 _____

Rare and Endangered Species Preservation Program • 54 _____

State Children's Trust Fund for the Prevention of Child Abuse • 55 _____

CA Health Care Program • 56 _____

CA Health Care Medical • 57 _____

Emergency Food Assistance Program Fund • 58 _____

CA Peace Officer Memorial Foundation Fund • 59 _____

Lupus Foundation of America, California Chapters Fund • 60 _____

Step 11

Refund or Amount You Owe

64 Add line 51 through line 60. These are your total contributions • 64 _____

66 REFUND OR NO AMOUNT DUE. Subtract line 64 from line 49. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 ■ 65 _____

66 AMOUNT YOU OWE. Add line 50 and line 64. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 66 _____

Step 12

Interest and Penalties

67 Interest, late return penalties, and late payment penalties ■ 67 _____

68 Underpayment of estimated tax. Check box: FTB 5805 attached FTB 5805F attached ■ 68 _____

69 Total amount due. See instructions ■ 69 _____

70 4 _____

Step 13

Direct Deposit of Refund

Do not attach a voided check or a deposit slip.

Complete this section to have your refund directly deposited. Routing number _____

Account Type

Checking Savings Account number _____

Sign Here

IMPORTANT: See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature _____ Daytime phone number Redacted

Spouse's signature (if filing joint, both must sign) _____

Paid preparer's signature _____ Date _____

(Information of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours if self-employed) H AND R BLOCK Firm's address WASHINGTON DC 20006-0000 Paid preparer's SSN/PTIN 00172890

FEIN _____

It is unlawful to forge a spouse's signature

Joint return? (See instructions)

Form **1040** Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return **2002**

(99) IRS Use Only - Do not write or staple in this space.

Label
 (See instructions on page 21.)
 Use the IRS label.
 Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning 2002, ending 20

TOM RIDER
 [Redacted]

OMB No. 1545-0074
 Your social security number
 [Redacted]
 Spouse's social security number

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

Presidential Election Campaign
 (See page 21.)

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?

You Spouse
 Yes No Yes No

Filing Status
 Check only one box.

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name below.
 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.
 5 Qualifying widow(er) with dependent child (year spouse died). (See page 21.)

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
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qual child for child tax cr.
 d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2		
8a	Taxable interest. Attach Schedule B if required		7
8b	Tax-exempt interest. Do not include on line 8a		8a
9	Ordinary dividends. Attach Schedule B if required		9
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)		10
11	Alimony received		11
12	Business income or (loss). Attach Schedule C or C-EZ		12
13	Capital gain or (loss). If Sch D not required, check here		13
14	Other gains or (losses). Attach Form 4797		14
15a	IRA distributions	15a	15a
15b	Taxable amt		15b
16a	Pensions and annuities	16a	16a
16b	Taxable amt		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	20a
20b	Taxable amt		20b
21	Other income. List type and amount (see page 29) NOL (9,389)		21
22	Add the amounts in the far right column for lines 7 through 21. This is your total income		22
			18,388.
			(9,389.)
			8,999.

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	IRA deduction (see page 29)	24	
25	Student loan interest deduction (see page 31)	25	
26	Tuition and fees deduction (see page 32)	26	
27	Archer MSA deduction. Attach Form 8853	27	
28	Moving expenses. Attach Form 3903	28	
29	One-half of self-employment tax. Attach Schedule SE	29	1,299.
30	Self-employed health insurance deduction (see page 33)	30	
31	Self-employed SEP, SIMPLE, and qualified plans	31	
32	Penalty on early withdrawal of savings	32	
33a	Alimony paid b Recipient's SSN	33a	
34	Add lines 23 through 33a	34	
35	Subtract line 34 from line 22. This is your adjusted gross income	35	1,299.
			7,700.

Form 1040 (2002) **TOM RIDER**

Redacted Page 2

Tax and Credits

36 Amount from line 35 (adjusted gross income). **36** 7,700.
 37a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here **37a**

Standard Deduction for --

- People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 34.
- All others:
 - Single, \$4,700
 - Head of household, \$6,900
 - Married filing jointly or Qualifying widow(er), \$7,850
 - Married filing separately, \$3,925

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here **37b**

38 Itemized deductions (from Schedule A) or your standard deduction (see left margin). **38** 4,700.
 39 Subtract line 38 from line 36. **39** 3,000.

40 If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35. **40** 3,000.

41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-. **41** 0.

42 Tax. Check if any tax is from a Form(s) 8814 b Form 4972 **42** 0.

43 Alternative minimum tax. Attach Form 6251. **43** 0.

44 Add lines 42 and 43. **44** 0.

45 Foreign tax credit. Attach Form 1116 if required. **45**

46 Credit for child and dependent care expenses. Attach Form 2441. **46**

47 Credit for the elderly or the disabled. Attach Schedule R. **47**

48 Education credits. Attach Form 8863. **48**

49 Retirement savings contributions credit. Attach Form 8880. **49**

50 Child tax credit (see page 39). **50**

51 Adoption credit. Attach Form 8839. **51**

52 Credits from: a Form 8396 b Form 8859. **52**

53 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Specify **53**

54 Add lines 45 through 53. **54**

55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-. **55** 0.

Other Taxes

56 Self-employment tax. Attach Schedule SE. **56** 2,598.

57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137. **57**

58 Tax on qualified plans, including IRAs, & other tax-favored accounts. **58**

59 Advance earned income credit payments from Form(s) W-2. **59**

60 Household employment taxes. Attach Schedule H. **60**

61 Add lines 55 through 60. This is your total tax. **61** 2,598.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099. **62**

63 2002 estimated tax payments & amount applied from 2001 return. **63**

64 Earned income credit (EIC). **64** NO

65 Excess social security and tier 1 RRTA tax withheld (see page 56). **65**

66 Additional child tax credit. Attach Form 8812. **66**

67 Amount paid with request for extension to file (see page 56). **67**

68 Other payments from: a Form 2439 b Form 4138 c Form 8885. **68**

69 Add lines 62 through 68. These are your total payments. **69** 0.

Refund

Direct deposit? See page 58 and fill in 71b, 71c, and 71d.

70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid. **70**

71a Amount of line 70 you want refunded to you. **71a**

b Routing number c Type: Checking Savings

d Account number

72 Amount of line 70 you want applied to 2003 estimated tax. **72**

Amount You Owe

73 Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57. **73** 2,685.

74 Estimated tax penalty (see page 57). **74** 87.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? Yes. Complete the following. No

Designee's name Phone no. Personal ID number (PIN)

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 Date Your occupation **ADVOCATE** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN **218-11-9141**

Firm's name (or yours if self-employed), address, and ZIP code **HR BLOCK WASHINGTON, DC 20006-0000** EIN Phone no.

Form **2210**

****DO NOT FILE****
Underpayment of
Estimated Tax by Individuals, Estates, and Trusts

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0140

2002

Attachment
Sequence No. **06**

Name(s) shown on tax return

TOM RIDER

Identifying number
Redacted

In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 22, or Part IV, line 38, on the penalty line of your return, but do not attach Form 2210.

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

- 1 Check whichever boxes apply (if none apply, see the text above Part I and do not file Form 2210):
- a You request a waiver. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 1 of the instructions.
 - b You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
 - c You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 2.
 - d Your required annual payment (line 15 below) is based on your 2001 tax and you filed or are filing a joint return for either 2001 or 2002 but not for both years.

Part II Required Annual Payment

2	Enter your 2002 tax after credits (see page 2 of the instructions)	2	
3	Other taxes (see page 2 of the instructions)	3	2,598.
4	Add lines 2 and 3	4	2,598.
5	Earned income credit	5	
6	Additional child tax credit	6	
7	Credit for Federal tax paid on fuels	7	
8	Health insurance credit for eligible recipients	8	
9	Add lines 5 through 8	9	
10	Current year tax. Subtract line 9 from line 4	10	2,598.
11	Multiply line 10 by 90% (.90)	11	2,338.
12	Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions)	12	
13	Subtract line 12 from line 10. If less than \$1,000, stop here; you do not owe the penalty. Do not file Form 2210	13	2,598.
14	Enter the tax shown on your 2001 tax return (112% of that amount if the adjusted gross income shown on that return is more than \$150,000, or, if married filing separately for 2002, more than \$75,000). Caution: See page 2 of the instructions	14	
15	Required annual payment. Enter the smaller of line 11 or line 14. If line 12 is equal to or more than line 15, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.	15	2,338.

Part III Short Method (Caution: See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)

16	Enter the amount, if any, from line 12 above	16	
17	Enter the total amount, if any, of estimated tax payments you made	17	
18	Add lines 16 and 17	18	
19	Total underpayment for year. Subtract line 18 from line 15. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	19	2,338.
20	Multiply line 19 by .03713	20	87.
21	<ul style="list-style-type: none"> • If the amount on line 19 was paid on or after 4/15/03, enter -0- • If the amount on line 19 was paid before 4/15/03, make the following computation to find the amount to enter on line 21. 	21	0.
22	Penalty. Subtract line 21 from line 20. Enter the result here and on Form 1040, line 74; Form 1040A, line 48; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 1041, line 26, but do not file Form 2210 unless you checked one or more of the boxes in Part I above	22	87.

KBA For Paperwork Reduction Act Notice, see page 5 of separate instructions.

Form 2210 (2002)

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2002

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor
TOM RIDER

Social security number (SSN)
Redacted

A Principal business or profession, including product or service (see page C-1 of the instructions)
ADVOCATE : SERVICE

B Enter code from pages C-7, 8, & 9
999999

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.) **Redacted**
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2002? If "No," see page C-3 for limit on losses

Yes No

H If you started or acquired this business during 2002, 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	32,773.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	32,773.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	32,773.
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	32,773.

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

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see page C-3)	9		20 Rent or lease (see page C-5):	20a	
10 Car and truck expenses (see page C-3)	10		a Vehicles, machinery, and equipment	20b	
11 Commissions and fees	11		b Other business property	21	
12 Depletion	12		21 Repairs and maintenance	22	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		22 Supplies (not included in Part III)	23	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	24	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:	24a	9,812.
16 Interest:			a Travel	24b	
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment	24c	9,146.
b Other	16b		c Enter nondeductible amount included on line 24b (see pg. C-5)	24d	4,573.
17 Legal and professional services	17		d Subtract line 24c from line 24b	25	4,573.
18 Office expense	18		25 Utilities	26	
19 Pension and profit-sharing plans	19		26 Wages (less employment credits)	27	
20 Rent or lease (see page C-5):			27 Other expenses (from line 48 on page 2)		
a Vehicles, machinery, and equipment			28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	14,385.
b Other business property			29 Tentative profit (loss). Subtract line 28 from line 7	29	18,388.
21 Repairs and maintenance			30 Expenses for business use of your home. Attach Form 8829	30	
22 Supplies (not included in Part III)			31 Net profit or (loss). Subtract line 30 from line 29.	31	18,388.
23 Taxes and licenses			• 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.		
24 Travel, meals, and entertainment:			• If a loss, you must go to line 32.		
a Travel			32 If you have a loss, check the box that describes your investment in this activity (see page C-6).		
b Meals and entertainment			• 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.		
c Enter nondeductible amount included on line 24b (see pg. C-5)			• If you checked 32b, you must attach Form 6198.		
d Subtract line 24c from line 24b					
25 Utilities			32a <input type="checkbox"/> All investment is at risk.		
26 Wages (less employment credits)			32b <input type="checkbox"/> Some investment is not at risk.		
27 Other expenses (from line 48 on page 2)					

KBA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2002

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2002

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (99)

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

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

Social security number of person
with self-employment income ▶

Redacted

Who Must File Schedule SE

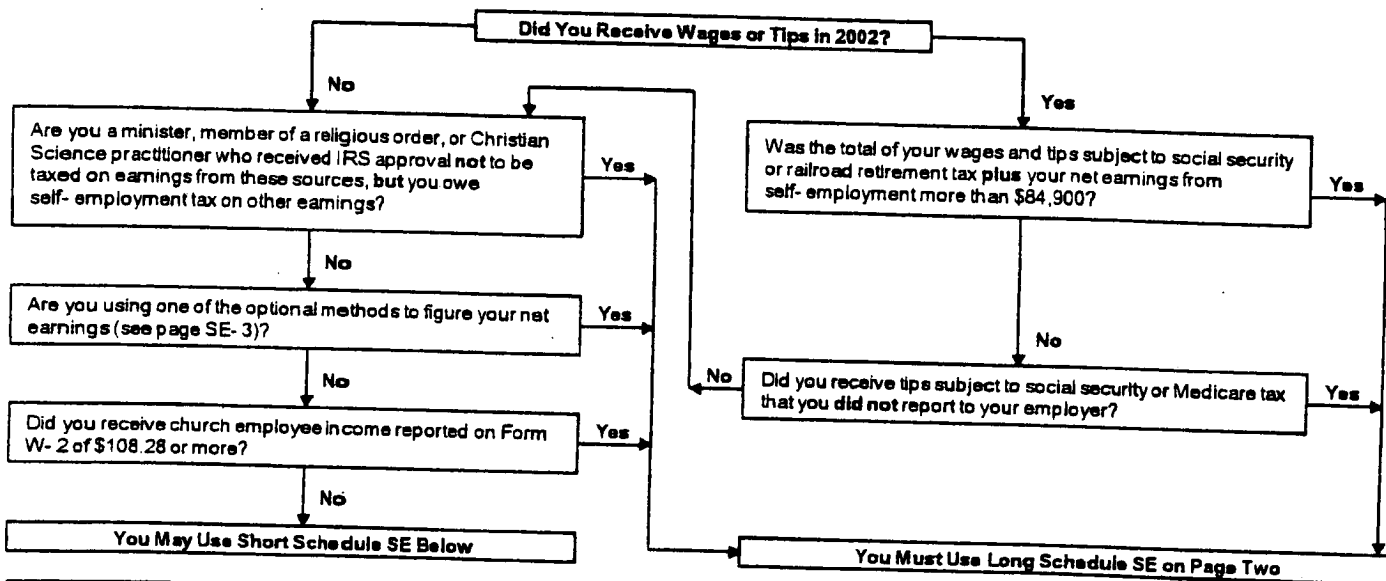
You must file Schedule SE if:

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

Note. Even if you 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 56.

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	0.
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	18,388.
3	Combine lines 1 and 2	3	18,388.
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	16,981.
5	Self-employment tax. If the amount on line 4 is: • \$84,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$84,900, multiply line 4 by 2.9% (.029). Then, add \$10,527.60 to the result. Enter the total here and on Form 1040, line 56.	5	2,598.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 29	6	1,299.

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

Schedule SE (Form 1040) 2002

Form 1045A (2003) **TOM RIDER**

Redacted

Schedule A - NOL (see page 5 of the instructions)

1	Adjusted gross income from your 2003 Form 1040, line 35. Estates and trusts, skip lines 1 and 2		1	(9,940)
2	Deductions:			
a	Enter the amount from your 2003 Form 1040, line 37	2a	4,750	
b	Enter your deduction for exemptions from your 2003 Form 1040, line 39	2b	3,050	
c	Add lines 2a and 2b	2c	7,800	
3	Subtract line 2c from line 1. Estates and trusts, enter taxable income increased by the sum of the charitable deduction and income distribution deduction		3	(17,740)
<i>Note: If line 3 is zero or more, do not complete the rest of the schedule. You do not have an NOL.</i>				
4	Deduction for exemptions from line 2b above. Estates and trusts, enter the exemption amount from tax return		4	3,050
5	Total nonbusiness capital losses before limitation. Enter as a positive number.	5		
6	Total nonbusiness capital gains (without regard to any section 1202 exclusion)	6	1,000	
7	If line 5 is more than line 6, enter the difference; otherwise, enter -0-	7	0	
8	If line 6 is more than line 5, enter the difference; otherwise, enter -0-	8	1,000	
9	Nonbusiness deductions (see page 5 of the instructions)	9	4,750	
10	Nonbusiness income other than capital gains (see page 5 of the instructions)	10		
11	Add lines 8 and 10	11	1,000	
12	If line 9 is more than line 11, enter the difference; otherwise, enter -0-	12		3,750
13	If line 11 is more than line 9, enter the difference; otherwise, enter -0-. But do not enter more than line 8	13	0	
14	Total business capital losses before limitation. Enter as a positive number	14		
15	Total business capital gains (without regard to any section 1202 exclusion)	15		
16	Add lines 13 and 15	16		
17	Subtract line 16 from line 14. If zero or less, enter -0-	17	0	
18	Add lines 7 and 17	18	0	
19	Enter the loss, if any, from line 17a of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16a, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 19 through 24 and enter on line 25 the amount from line 18.	19		
20	Section 1202 exclusion. Enter as a positive number	20		
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0	
22	Enter the loss, if any, from line 18 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 17 of Schedule D (Form 1041).) Enter as a positive number	22		
23	If line 21 is more than line 22, enter the difference; otherwise, enter -0-	23	0	
24	If line 22 is more than line 21, enter the difference; otherwise, enter -0-	24		0
25	Subtract line 23 from line 18. If zero or less, enter -0-	25		0
26	NOL deduction for losses from other years. Enter as a positive number	26		0
27	NOL Combine lines 3, 4, 12, 20, 24, 25, and 26. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	27		(10,940)

KBA

Form 1045A (2003)

**California Resident
Income Tax Return 2002**

APE

540

DO NOT
ATTACH
LABEL

Redacted

RIDE
RIDER

FEDERAL RETURN ATTACHMENT REQUIRED:

YES NO

02 PBA 999999

P

AC

A

R

RP

Step 1

Name
and
Address

Redacted

FOR COMPUTERIZED USE ONLY

01	1	37	149	56	0	APE	0
06	0	38	0	57	0	3800	0
09	0	39	0	58	0	3803	0
10	0	41	0	59	0	SCHG1	0
12	0	42	0	60	0	5870A	0
14	0	43	0	61	0	5805 5805F	0
16	9389	44	0	64	0		
17	17089	45	0	65	0		
18	3004	47	0	66	149	FN	
20	229	48	0	68	0		
23	0	49	0				
28	0	50	149				
29	0	51	0				
30	0	52	0				
31	0	53	0				
35	0	54	0				
36	0	55	0				

Step 2

Filing Status

- 1 Single
- 2 Married filing jointly (even if only one spouse had income)
- 3 Married filing separately. Enter spouse's social security number above and full name here
- 4 Head of household (with qualifying person) STOP See instr: 5 Qualifying widow(er) with dependent child. Enter year spouse died

Step 3

Exemptions

- 6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here • 6
- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions 7 X \$80=\$ 80.
- 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 X \$80=\$
- 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 9 X \$80=\$
- 10 Dependents: Enter name and relationship. Do not include yourself or your spouse. Total dependent exemptions 10 X \$251=\$

Step 4

Taxable
Income

Attach check or
money order here.

- 11 Add line 7 through line 10. This is your total exemption amount 11 \$ 80.
- 12 State wages from your Form(s) W-2, box 16 12
- 13 Enter adjusted gross income from your 2002 federal return 13 7,700.
- 14 California adjustments- subtractions. Enter the amount from Schedule CA (540), line 35, column B 14 0.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 7,700.
- 16 California adjustments- additions. Enter the amount from Schedule CA (540), line 35, column C 16 9,389.
- 17 California adjusted gross income. Combine line 15 and line 16 17 17,089.
- 18 Enter the larger of your CA standard deduction OR your CA itemized deductions 18 3,004.
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 14,085.

Step 5

Tax

Attach copy of
your Form(s) W-2,
W-2G, and other
Form(s) 1099
showing CA tax
withheld

- 20 Tax. Check if from: Tax Table Tax Rate Schedule FTB 3800 or FTB 3803 20 229.
- 21 Exemption credits. If line 13 is over \$132,793, see instructions. Otherwise, enter amount from line 11 21 30.
- 22 Subtract line 21 from line 20. If less than zero, enter -0- 22 149.
- 23 Other Taxes. Check if from Schedule G-1 and form FTB 5870A 23
- 24 Add line 22 and line 23. Continue to Side 2 24 149.

Your name: **TOM RIDER**

Your SSN: **Redacted**

Step 6

Special Credits and Nonrefundable Renter's Credit	25 Amount from Side 1, line 24	25	149.
	28 Enter credit name _____ code no _____ and amount	▶ 28	
	29 Enter credit name _____ code no _____ and amount	▶ 29	
	30 To claim more than two credits, see instructions	• 30	
	31 Nonrefundable renter's credit. See instructions for "Step 6"	• 31	
	33 Add line 28 through line 31. These are your total credits	33	
	34 Subtract line 33 from line 25. If less than zero, enter -0-	34	149.

Step 7

Other Taxes	35 Alternative minimum tax. Attach Schedule P (540)	• 35	
	36 Other taxes and credit recapture. See instructions	• 36	
	37 Add line 34 through line 36. This is your total tax	• 37	149.

Step 8

Payments	38 California income tax withheld. See instructions	■ 38	
	39 2002 CA estimated tax and other payments	■ 39	
	41 Excess SDI. See instructions	■ 41	
	Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506.		
	42 _____	• 42	
	43 _____	• 43	
	44 _____	■ 44	
	45 _____	■ 45	
	46 Add line 38, line 39, line 41, and line 45. These are your total payments	46	0.

Step 9

Overpaid Tax or Tax Due	47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46	47	0.
	48 Amount of line 47 you want applied to your 2003 estimated tax	■ 48	
	49 Overpaid tax available this year. Subtract line 48 from line 47	■ 49	
	50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37	50	149.

Step 10

Contributions	CA Seniors Special Fund. See instructions	• 51	
	Alzheimer's Disease/Related Disorders Fund	• 52	
	CA Fund for Senior Citizens	• 53	
	Rare and Endangered Species Preservation Program	• 54	
	State Children's Trust Fund for the Prevention of Child Abuse	• 55	
	CA Breast Cancer Research Fund	• 56	
	CA Firefighters' Memorial Fund	• 57	
	Emergency Food Assistance Program Fund	• 58	
	CA Peace Officer Memorial Foundation Fund	• 59	
	Lupus Foundation of America, California Chapters Fund	• 60	
	Asthma and Lung Disease Research Fund	• 61	
	64 Add line 51 through line 61. These are your total contributions	• 64	0.

Step 11

Refund or Amount You Owe	65 REFUND OR NO AMOUNT DUE. Subtract line 64 from line 49. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009	■ 65	0.
	66 AMOUNT YOU OWE. Add line 50 and line 64. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	■ 66	149.

Step 12

Interest and Penalties	67 Interest, late return penalties, and late payment penalties	■ 67	0.
	68 Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	■ 68	0.
	69 Total amount due. See instructions	69	149.
	70	70	4

Step 13

Do not attach a voided check or a deposit slip. See instructions.

Complete this section to have your refund directly deposited. Routing number _____

Account Type: Checking Savings Account number _____

Sign Here

IMPORTANT: See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: X _____ Daytime phone number (optional): **Redacted**

Spouse's signature (if filing jointly, both must sign): X _____

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge): _____ Date: _____

Joint return? See instructions. Yes No

Firm's name (or yours if self-employed): **HR BLOCK** Firm's address: **WASHINGTON DC 20006-0000** Paid Preparer's SSN/PTIN: **218-11-9141** FEIN: _____

TAXABLE YEAR

2002 California Adjustments - Residents

SCHEDULE
CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

TOM RIDER

Social security number

Redacted

Part I Income Adjustment Schedule

Section A - Income

	A Federal Amounts (taxable amounts from your federal return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C.	7		
8 Taxable interest income	8		
9 Ordinary dividends	9		
10 Taxable refunds, credits, offsets of state and local income taxes	10		
11 Alimony received	11		
12 Business income or (loss)	12		
13 Capital gain or (loss)	13		
14 Other gains or (losses)	14		
15 Total IRA distributions. See instructions. (a)	(b)		
16 Total pensions and annuities. See instructions. (a)	(b)		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17		
18 Farm income or (loss)	18		
19 Unemployment compensation. Enter the same amount in column A and column B.	19		
20 Social security benefits (a)	(b)		
21 Other income.			
a California lottery winnings			
b Disaster loss carryover from FTB 3805V			
c Federal NOL (Form 1040, line 21)			
d NOL carryover from FTB 3805V			
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809			
f Other (describe)			
22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21 in column B and column C. Go to Section B	22		

18,388

(9,389)

a
b
c
d
e
f

SUSPENDED
SUSPENDED

9,389

8,999

9,389

Section B - Adjustments to Income

23 Education expense	23		
24 IRA deduction	24		
25 Student loan interest deduction	25		
26 Tuition and fees deduction	26		
27 Archer MSA deduction	27		
28 Moving expenses	28		
29 One-half of self-employment tax	29		
30 Self-employed health insurance deduction	30		
31 Self-employed SEP, SIMPLE, and qualified plans	31		
32 Penalty on early withdrawal of savings	32		
33 Alimony paid. (b) Recipient's SSN _____ Last name _____	33a		
34 Add line 23 through line 33 in columns A, B, and C	34		
35 Total. Subtract line 34 from line 22 in columns A, B, and C. See the instructions	35		

1,299

1,299

7,700

9,389

Part II Adjustments to Federal Itemized Deductions

36 Federal itemized deductions. Add the amounts on federal Sch. A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27.	36	
37 Enter total of federal Sch. A, line 5 (state and local income tax and State Disability Insurance) and line 8 (foreign taxes only)	37	
38 Subtract line 37 from line 36	38	
39 Other adjustments including California lottery losses. See instructions. Specify _____	39	
40 Combine line 38 and line 39	40	
41 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? Single or married filing separately - \$132,793 Head of household - \$199,192 Married filing jointly, or qualifying widow(er) - \$265,589 NO. Transfer the amount on line 40 to line 41 YES. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540) line 41.	41	
42 Enter the larger of the amount on line 41 or your standard deduction listed below Single or married filing separately - \$3,004 Married filing jointly, head of household, or qualifying widow(er) - \$6,008 Transfer the amount on line 42 to Form 540, line 18	42	

CA54002104046

Form 1040

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

2003

(99) IRS Use Only - Do not write or staple in this space.

Label

(See instructions on page 19.)
Use the IRS label. Otherwise, please print or type.

For the year Jan. 1- Dec. 31, 2003, or other tax year beginning 2003, ending 20

TOM RIDER
Redacted

OMB No. 1545-0074

Your social security number
Redacted

Spouse's social security number

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

Presidential Election Campaign (See page 19.)

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?
You: Yes No Spouse: Yes No

Filing Status

1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name below.
4 Head of household (with qualifying person). (See page 20.)
5 Qualifying widow(er) with dependent child. (See page 20.)

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
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qual. child for child tax cr.
d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
8b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
9b Qualified dividends (see page 23)
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13a Capital gain/(loss). Attach Sch D. If not required check here.
13b If box on 13a is checked, enter post-May 5 capital gain distributions
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
15b Taxable amt
16a Pensions and annuities
16b Taxable amt
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
20b Taxable amt
21 Other income. List type and amount (see page 27)

Adjusted Gross Income

22 Add the amounts in the far right column for lines 7 through 21. This is your total income (9,940.)
23 Educator expenses (see page 29)
24 IRA deduction (see page 29)
25 Student loan interest deduction (see page 31)
26 Tuition and fees deduction (see page 32)
27 Moving expenses. Attach Form 3903
28 One-half of self-employment tax. Attach Schedule SE
29 Self-employed health insurance deduction (see page 33)
30 Self-employed SEP, SIMPLE, and qualified plans
31 Penalty on early withdrawal of savings
32a Alimony paid b Recipient's SSN
32a
33 Add lines 23 through 32a
34 Subtract line 33 from line 22. This is your adjusted gross income (9,940.)

Form 1040 (2003) **TOM RIDER**

Redacted Page 2

Tax and Credits

35 Amount from line 34 (adjusted gross income) **35** (9,940.)
 36a Check You were born before January 2, 1939, Blind. Total boxes checked **36a**
 if: Spouse was born before January 2, 1939, Blind.

Standard Deduction for -
 • People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.
 • All others:
 Single or Married filing separately, \$4,750
 Married filing jointly or Qualifying widow(er), \$9,500
 Head of household, \$7,000

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here **36b**
 37 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **37** 4,750.
 38 Subtract line 37 from line 35 **38** (14,690.)
 39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35 **39** 3,050.
 40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- **40** 0.
 41 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 **41** 0.
 42 Alternative minimum tax. Attach Form 6251 **42** 0.
 43 Add lines 41 and 42 **43** 0.
 44 Foreign tax credit. Attach Form 1116 if required **44**
 45 Credit for child and dependent care expenses. Attach Form 2441 **45**
 46 Credit for the elderly or the disabled. Attach Schedule R **46**
 47 Education credits. Attach Form 8863 **47**
 48 Retirement savings contributions credit. Attach Form 8880 **48**
 49 Child tax credit (see page 40) **49**
 50 Adoption credit. Attach Form 8839 **50**
 51 Credits from: a Form 8396 b Form 8859 **51**
 52 Other credits. Check applicable box(es): a Form 3800 **52**
 b Form 8801 c Specify _____
 53 Add lines 44 through 52. These are your total credits **53**
 54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- **54** 0.

Other Taxes

55 Self-employment tax. Attach Schedule SE **55**
 56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 **56**
 57 Tax on qualified plans, including IRAs, and other tax-favored accounts. **57**
 58 Advance earned income credit payments from Form(s) W-2 **58**
 59 Household employment taxes. Attach Schedule H **59**
 60 Add lines 54 through 59. This is your total tax **60** 0.

Payments

If you have a qualifying child, attach Schedule EIC.

61 Federal income tax withheld from Forms W-2 and 1099 **61**
 62 2003 estimated tax payments & amount applied from 2002 return **62**
 63 Earned income credit (EIC) **NO** **63**
 64 Excess social security and tier 1 RRTA tax withheld (see page 56) **64**
 65 Additional child tax credit. Attach Form 8812 **65**
 66 Amount paid with request for extension to file (see page 56) **66**
 67 Other payments from: a Form 2439 b Form 4139 c Form 8885 **67**
 68 Add lines 61 through 67. These are your total payments **68** 0.

Refund

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid **69** 0.
 70a Amount of line 69 you want refunded to you **70a**
 b Routing number XXXXXXXXXX c Type: Checking Savings
 d Account number XXXXXXXXXXXXXXXXXXXX
 71 Amount of line 69 you want applied to 2004 estimated tax **71**

Amount You Owe

72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 **72**
 73 Estimated tax penalty (see page 58) **73**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? Yes. Complete the following. No
 Designee's name _____ Phone no. _____ Personal ID number (PIN) _____

Sign Here

Joint return? See page 20. 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 3/11/07 Your occupation **ADVOCATE** Daytime phone number _____
 Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer's Use Only

Preparer's signature _____ Date 3/28/2007 Check if self-employed Preparer's SSN or PTIN 218-11-9141
 Firm's name (or yours if self-employed) **H AND R BLOCK** EIN _____
 address and ZIP code **WASHINGTON, DC 20006-0000** Phone no. _____

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2003

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (991)

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

Name of proprietor
TOM RIDER

A Principal business or profession, including product or service (see page C-2 of the instructions)
ADVOCATE : SERVICE

B Enter code from pages C-7, 8, & 9
▶ **999999**

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ **Redacted**
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2003? If "No," see page C-3 for limit on losses

H If you started or acquired this business during 2003, check here Yes 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-3 and check here	1	8,681.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	8,681.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	8,681.
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	8,681.

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

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Car and truck expenses (see page C-3)	9	5,720.	20	Rent or lease (see page C-5):	20a	
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20b	
11	Contract labor (see page C-4)	11		21	Repairs and maintenance	21	
12	Depletion	12		22	Supplies (not included in Part III)	22	
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel, meals, and entertainment:	24a	8,925.
15	Insurance (other than health)	15		a	Travel	24b	
16	Interest:	16a		b	Meals and entertainment	24c	9,952.
a	Mortgage (paid to banks, etc.)	16b		c	Enter nondeductible amount included on line 24b (see page C-5)	24d	4,976.
b	Other	17		d	Subtract line 24c from line 24b	25	
17	Legal and professional services	18		25	Utilities	26	
18	Office expense	19		26	Wages (less employment credits)	27	
25	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	27		27	Other expenses (from line 48 on page 2)	28	19,621.
29	Tentative profit (loss). Subtract line 28 from line 7.	28		28		29	(10,940.)
30	Expenses for business use of your home. Attach Form 8829	29		29		30	
31	Net profit or (loss). Subtract line 30 from line 29.	30		30		31	(10,940.)

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

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

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2003

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Name(s) shown on Form 1040

TOM RIDER

Your social security number
Redacted

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1 COLLECTIBLES	VARIOUS	12/31/2003	2,000.	1,000.	1,000.	1,000.

2 Enter your short-term totals, if any, from Schedule D-1, line 2	2					
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3	2,000.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4					
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5					
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet	6					
7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0-. Do not enter more than zero	7a					
b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7b				1,000.	

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8						

9 Enter your long-term totals, if any, from Schedule D-1, line 9	9					
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10					
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11					
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12					
13 Capital gain distributions. See page D-2 of the instructions	13					
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet	14					
15 Combine lines 8 through 13 in column (g). If zero or less, enter -0-	15					0.
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)	16					

* Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, "collectibles gains and losses" (as defined on page D-8 of the instructions) or eligible gain on qualified small business stock (see page D-4 of the instructions).

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

TOM RIDER

Schedule D (Form 1040) 2003

Redacted

Part III Taxable Gain or Deductible Loss

17a	Combine lines 7b and 16 and enter the result. If a loss, enter - 0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below.	17a	1,000.
17b	Combine lines 7a and 15. If zero or less, enter - 0-. Then complete Form 1040 through line 40. Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete Form 1040.	17b	0.
18	If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see page D- 7 of the instructions). Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete Part IV below (but skip lines 19 and 20). • Otherwise, skip Part IV below and complete the rest of Form 1040.	18	()

Part IV Tax Computation Using Maximum Capital Gains Rates

If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.

19	Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet on page D- 7.	19	
20	Enter your 28% rate gain, if any, from line 7 of the worksheet on page D- 8 of the instructions.	20	

If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet on page D- 11 of the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.

21	Enter your taxable income from Form 1040, line 40.	21	
22	Enter the smaller of line 16 or line 17a, but not less than zero.	22	
23	Enter your qualified dividends from Form 1040, line 9b.	23	
24	Add lines 22 and 23.	24	
25	Amount from line 4g of Form 4952 (investment interest expense).	25	
26	Subtract line 25 from line 24. If zero or less, enter - 0-.	26	
27	Subtract line 26 from line 21. If zero or less, enter - 0-.	27	
28	Enter the smaller of line 21 or: • \$56,800 if married filing jointly or qualifying widow(er); • \$28,400 if single or married filing separately; or • \$38,050 if head of household	28	
29	If line 27 is more than line 28, skip lines 29- 39 and go to line 40. Enter the amount from line 27.	29	
30	Subtract line 29 from line 28. If zero or less, enter - 0- and go to line 40.	30	
31	Add lines 17b and 23*.	31	
32	Enter the smaller of line 30 or line 31.	32	
33	Multiply line 32 by 5% (.05). If lines 30 and 32 are the same, skip lines 34- 39 and go to line 40.	33	
34	Subtract line 32 from line 30.	34	
35	Enter your qualified 5- year gain, if any, from line 8 of the worksheet on page D- 10.	35	
36	Enter the smaller of line 34 or line 35.	36	
37	Multiply line 36 by 8% (.08).	37	
38	Subtract line 36 from line 34.	38	
39	Multiply line 38 by 10% (.10). If lines 26 and 30 are the same, skip lines 40- 49 and go to line 50.	39	
40	Enter the smaller of line 21 or line 26.	40	
41	Enter the amount from line 30 (if line 30 is blank, enter - 0-).	41	
42	Subtract line 41 from line 40.	42	
43	Add lines 17b and 23*.	43	
44	Enter the amount from line 32 (if line 32 is blank, enter - 0-).	44	
45	Subtract line 44 from line 43.	45	
46	Enter the smaller of line 42 or line 45.	46	
47	Multiply line 46 by 15% (.15).	47	
48	Subtract line 46 from line 42.	48	
49	Multiply line 48 by 20% (.20).	49	
50	Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies.	50	
51	Add lines 33, 37, 39, 47, 49, and 50.	51	
52	Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies.	52	
53	Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41.	53	

* If lines 23 and 25 are more than zero, see Lines 31 and 43 on page D- 9 for the amount to enter.

Form 1045A (2003) TOM RIDER

Redacted

Schedule A - NOL (see page 5 of the instructions)

1	Adjusted gross income from your 2003 Form 1040, line 35. Estates and trusts, skip lines 1 and 2		1	(9,940)	
2	Deductions:				
a	Enter the amount from your 2003 Form 1040, line 37	2a	4,750		
b	Enter your deduction for exemptions from your 2003 Form 1040, line 39	2b	3,050		
c	Add lines 2a and 2b	2c	7,800		
3	Subtract line 2c from line 1. Estates and trusts, enter taxable income increased by the sum of the charitable deduction and income distribution deduction			3	(17,740)
<i>Note: If line 3 is zero or more, do not complete the rest of the schedule. You do not have an NOL.</i>					
4	Deduction for exemptions from line 2b above. Estates and trusts, enter the exemption amount from tax return			4	3,050
5	Total nonbusiness capital losses before limitation. Enter as a positive number	5			
6	Total nonbusiness capital gains (without regard to any section 1202 exclusion)	6	1,000		
7	If line 5 is more than line 6, enter the difference; otherwise, enter -0-	7	0		
8	If line 6 is more than line 5, enter the difference; otherwise, enter -0-	8	1,000		
9	Nonbusiness deductions (see page 5 of the instructions)	9	4,750		
10	Nonbusiness income other than capital gains (see page 5 of the instructions)	10			
11	Add lines 8 and 10	11	1,000		
12	If line 9 is more than line 11, enter the difference; otherwise, enter -0-	12			3,750
13	If line 11 is more than line 9, enter the difference; otherwise, enter -0-. But do not enter more than line 8	13	0		
14	Total business capital losses before limitation. Enter as a positive number	14			
15	Total business capital gains (without regard to any section 1202 exclusion)	15			
16	Add lines 13 and 15	16			
17	Subtract line 16 from line 14. If zero or less, enter -0-	17	0		
18	Add lines 7 and 17	18	0		
19	Enter the loss, if any, from line 17a of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16a, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 19 through 24 and enter on line 25 the amount from line 18.	19			
20	Section 1202 exclusion. Enter as a positive number	20			
21	Subtract line 20 from line 19. If zero or less, enter -0-	21	0		
22	Enter the loss, if any, from line 18 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 17 of Schedule D (Form 1041).) Enter as a positive number	22			
23	If line 21 is more than line 22, enter the difference; otherwise, enter -0-	23	0		
24	If line 22 is more than line 21, enter the difference; otherwise, enter -0-	24			0
25	Subtract line 23 from line 18. If zero or less, enter -0-	25			0
26	NOL deduction for losses from other years. Enter as a positive number	26			
27	NOL Combine lines 3, 4, 12, 20, 24, 25, and 26. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	27			(10,940)

KBA

Form 1045A (2003)



Illinois Department of Revenue

2003 Form IL-1040

ILtax.com Individual Income Tax Return or for fiscal year ending /04

Step 1: Personal information

Do not write above this line.



Redacted

TOM RIDER

Redacted

C Check your filing status.

- Single or head of household Married filing jointly Married filing separately Widowed

Step 2: Income

- 1 Write your federal adjusted gross income... 1 (9,940.00)
2 Write your federally tax-exempt interest and dividend income... 2
3 Write any other additions to your income... 3
4 Add Lines 1 through 3. This is your income. 4 (9,940.00)

Step 3: Base Income

- 5 Write income received from Social Security benefits... 5
6 Write the military pay you earned... 6
7 Write any Illinois Income Tax refund... 7
8 Write the U.S. Treasury bonds, bills, notes... 8
9 Write any other subtractions to your income... 9
10 Add Lines 5 through 9. This is the total of your subtractions. 10
11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 (9,940.00)

Step 4: Exemptions

- 12 a Write the number of exemptions from your federal return. 1 X \$2,000 a 2,000.00
b If someone else claimed you on their return... b
c Check if 65 or older: You + Spouse = X \$1,000 c
d Check if legally blind: You + Spouse = X \$1,000 d
Add Lines a through d. This is your total Illinois exemption allowance. 12 2,000.00

Step 5: Net Income

- 13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14.
14 Nonresidents and part-year residents only:
Check the box that applies to you during the year 2003. Nonresident Part-year resident
Complete IL Sch NR, and write your IL base income from Step 5, Line 47. 14 (4,964.00)

Step 6: Tax

- 15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.
Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 53. 15 0.00

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center, IL-492-0086

TOM RIDER

16 Write the amount of your tax from Page 1, Step 6, Line 15 here.

Redacted 16 0.00

Step 7: Payments and Credits

Attach

W-2's (Attach to page 1)

Schedule CR

Other states' returns and required schedules

Receipt or Schedule ED

Schedule 1299-C

- 17 Write the total amount of Illinois Income Tax withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17
18 Write any estimated payments you made with Forms IL- 1040- ES and IL- 505- I. Include any credit from your 2002 overpayment. 18
19 If you paid income tax to another state while an Illinois resident, complete Schedule CR and write the amount from Line 8 of that schedule here. 19
20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions. Write PT Worksheet Line 3 amount here. -> 20a Write PT Worksheet Line 8 amount here. -> 20b
21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. -> 21a Write Schedule ED or ED Worksheet Line 10 amount here. -> 21b
22 If you received a federal EIC, complete the EIC Worksheet in instructions. Write EIC Worksheet Line 1 amount here. -> 22a Write your EIC credit amount from the EIC Worksheet here. -> 22b
23 Check if you have a qualifying child (living with you) born after 12/31/85. [] If you completed IL Sch 1299- C, write the amt from Step 4, Line 51 here. -> 23
24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24

Step 8: Overpayment or Tax Due

- 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 0.00
26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 0.00

Step 9: Penalty

Attach

Form IL- 2210

- 27 Write your late- pymt penalty for underpymnt of est tax from Form IL- 2210, Ln 28. 27
a Check if you annualized your income on Form IL- 2210, Step 6, or if you are 65 or older and permanently living in a nursing home
b Check if at least two- thirds of your federal gross income is from farming

Step 10: Donations

Any donation will reduce your refund or increase the amount you owe

- 28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.
Wildlife Preservation a
Child Abuse Prevention b
Alzheimer's Research c
Homeless Assistance d
Breast Cancer Research e
Prostate Cancer Research f
Multiple Sclerosis g
Military Family Relief h
Lou Gehrig's Disease i
WWII Veterans Memorial j
Asthma & Lung Research k
Leukemia Treatment l
Add Lines a through l. This is your voluntary contributions total. 28

Step 11: Refund or Amount You Owe

- 29 Add Line 27 and Line 28. This is your total penalty and donations. 29 0.00
30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 0.00
31 Write the amount from Line 30 that you want applied to your 2004 estimated tax. 31 0.00
32 Subtract Line 31 from Line 30. This is your refund. 32 0.00
33 Direct deposit your refund by completing the following information.
Routing number [] Checking or [] Savings
Account number []
34 If you have tax due on Line 26, add Lines 26 and 29. Of if you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 0.00

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature H AND R BLOCK Date 03/28/07 Daytime phone number [] Your spouse's signature [] Date []
Paid preparer's signature [] Date [] Preparer's phone number [] Preparer's FEIN, SSN, or PTIN []

If no payment enclosed, ILLINOIS DEPARTMENT OF REVENUE mail to: SPRINGFIELD IL 62719- 0001
If payment enclosed, ILLINOIS DEPARTMENT OF REVENUE mail to: SPRINGFIELD IL 62726- 0001

IL- 1040 page 2 (R12/03) DR _____ AP _____ ME ZZ SE WA RR RX NS DC ID _____



Illinois Department of Revenue
Schedule NR

12/2003
 Tax year ending

Nonresident and Part-Year Resident Computation of Illinois Tax

Step 1: Provide the following information

Attach to your Form IL-1040

1 **TOM**
 Your first name and initial _____ Spouse's first name (and last name if different) _____ **RIDER**
 Your last name _____

2a **Redacted** _____ b _____
 Your Social Security number _____ Your spouse's Social Security number _____

3 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No **STOP** If you answered "Yes," you cannot use this form (see instructions).

4 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year complete Line 4a and b, if applicable.

a I lived in Illinois from 09/01/03 to 12/31/03 I lived in CA from 01/01/03 to 08/31/03
 Month Day Year Month Day Year State Month Day Year Month Day Year

b My spouse lived in Illinois from _____ to _____ My spouse lived in _____ from _____ to _____
 Month Day Year Month Day Year State Month Day Year Month Day Year

5 If you were a resident of any of the states listed below during the tax year, check the appropriate state.
 Iowa Kentucky Michigan Wisconsin

6 If you earned income or filed an income tax return for the tax year in any other state than those listed above, write the name of that state.
 a _____ b _____ c _____

Step 2: Complete Form IL-1040

Complete Lines 1 through 12 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
7 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1; or the wage amounts on your W-2 forms if you TeleFiled your federal return)	7 _____	_____
8 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2; or TeleFile Worksheet, Line C)	8 _____	_____
9 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	9 _____	_____
10 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10)	10 _____	_____
11 Alimony received (federal Form 1040, Line 11)	11 _____	_____
12 Business income or loss (federal Form 1040, Line 12)	12 <u>(10,940.00)</u>	<u>(5,964.00)</u>
13 Capital gain or loss (federal Form 1040, Line 13a or 1040A, Line 10a)	13 <u>1,000.00</u>	<u>1,000.00</u>
14 Other gains or losses (federal Form 1040, Line 14)	14 _____	_____
15 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	15 _____	_____
16 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	16 _____	_____
17 Rents, royalties, partnerships, S corporations, estates, and trusts (federal Form 1040, Line 17)	17 _____	_____
18 Farm income or loss (federal Form 1040, Line 18)	18 _____	_____
19 Unemployment compensation (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3; or TeleFile Worksheet, Line D)	19 _____	_____
20 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	20 _____	_____
21 Other income (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	21 _____	_____
22 Add Column B, Lines 7 through 21. This is the Illinois portion of your federal total income.	22 _____	<u>(4,964.00)</u>

TOM RIDER

Redacted

Schedule NR - Page 2

Step 3: Continued

	ADJUSTMENTS TO INCOME	
	Column A Federal Total	Column B Illinois Portion
23 Write the Illinois portion of your federal total income from Page 1, Step 3, Line 22.		23 (4,964.00)
24 Educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)	24	
25 Total IRA deduction (federal Form 1040, Line 24; or 1040A, Line 17)	25	
26 Deduction for student loan interest (federal Form 1040, Line 25; or 1040A, Line 18)	26	
27 Deduction for tuition and fees (federal Form 1040, Line 26; or 1040A, Line 19)	27	
28 Moving expenses (federal Form 1040, Line 27)	28	
29 Deduction for one-half of self-employment tax (federal Form 1040, Line 28)	29	
30 Self-employed health insurance deduction (federal Form 1040, Line 29)	30	
31 Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 30)	31	
32 Penalty on early withdrawal of savings (federal Form 1040, Line 31)	32	
33 Alimony paid (federal Form 1040, Line 32a)	33	
34 Other adjustments (Included in federal Form 1040, Line 33)	34	
35 Add Column B, Lines 24 through 34. This is the Illinois portion of your federal adjustments to income.		35 0.00
36 Write your adjusted gross income as reported on your federal Form 1040, Line 34; 1040A, Line 21; 1040EZ, Line 4; or TeleFile Worksheet, Line I.	36 (9,940.00)	
37 Subtract Line 35 from Line 23. This is the Illinois portion of your federal adjusted gross income.		37 (4,964.00)

Step 4: Figure your Illinois additions and subtractions

In Column A, write the total amounts from your Form IL- 1040. You must read the instructions for Column B to properly complete this step.

	ILLINOIS ADJUSTMENTS	
	Column A Form IL- 1040 Total	Column B Illinois Portion
38 Federally tax- exempt interest income (Form IL- 1040, Line 2)	38	
39 Other additions (Form IL- 1040, Line 3) Specify your additions.	39	
40 Add Column B, Lines 37, 38, and 39. This is the Illinois portion of your total income.		40 (4,964.00)
41 Federally taxed Social Security and retirement income (Form IL- 1040, Line 5)	41	
42 Military pay earned and included in your adjusted gross income. (Form IL- 1040, Line 6)	42	
43 Illinois Income Tax refund included on your U.S. 1040, Line 10. (Form IL- 1040, Line 7)	43	
44 U.S. Treasury bonds, bills, notes, savings bonds, and U.S agency interest (Form IL- 1040, Line 8)	44	
45 Other subtractions (Form IL- 1040, Line 9) Specify your subtractions.	45	
46 Add Column B, Lines 41 through 45. This is the total of your Illinois subtractions.		46 0.00

Step 5: Figure your Illinois income and tax

	TAX CALCULATIONS	
	47 Subtract Line 46 from Line 40. This is your Illinois base income. Write the amount from Line 47 on your Form IL- 1040, Line 14. If Line 47 is zero or negative, skip Lines 48 through 52, and write "0" on Line 53.	
48 Write the base income from Form IL- 1040, Line 11.	48	
49 Divide Line 47 by Line 48. Write the appropriate decimal. If Line 47 is greater than Line 48, write 1.000.	49	
50 Write your exemption allowance from your Form IL- 1040, Line 12.	50	
51 Multiply Line 50 by the decimal on Line 49. This is your Illinois exemption allowance.		51
52 Subtract Line 51 from Line 47. This is your Illinois net income.		52
53 Multiply the amount on Line 52 by 3% (.03). This is your tax. Write this amount on your Form IL- 1040, Line 15.		53 0.00

IL- 1040 Schedule NR page 2
(R- 12/03)

This form is authorized as outlined by the Illinois income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL- 492- 0098

1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2004

IRS Use Only - Do not write or staple in this space.

Label

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, ending 20 OMB No. 1545-0074

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

TOM RIDER Redacted

Your social security number Redacted Spouse's social security number

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? You Yes No Spouse Yes No

Filing Status

1 X Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above & full name below. 4 Head of household (with qualifying person). (See page 17.) 5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a X Yourself. If someone can claim you as a dependent, do not check box 6a. b Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qual. child for child tax cr. d Total number of exemptions claimed

Boxes checked on 6a and 6b No. of children on 6c who: Lived with you Did not live with you due to divorce or separation Dependents on 6c not entered above Add numbers on lines above

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required 8b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required 9b Qualified dividends (see page 20) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain/ (loss). Attach Sch D. If not required check here 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15b Taxable amt 16a Pensions and annuities 16b Taxable amt 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20b Taxable amt 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

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

Adjusted Gross Income

23 Educator expenses (see page 26) 24 Certain business expenses for reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 IRA deduction (see page 26) 26 Student loan interest deduction (see page 28) 27 Tuition and fees deduction (see page 29) 28 Health savings account deduction. Attach Form 8889 29 Moving expenses. Attach Form 3903 30 One-half of self-employment tax. Attach Schedule SE 31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans 33 Penalty on early withdrawal of savings 34a Alimony paid b Recipient's SSN 35 Add lines 23 through 34a 36 Subtract line 35 from line 22. This is your adjusted gross income

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 75.

Form 1040 (2004)

Form 1040 (2004) **TOM RIDER**

Redacted Page 2
37 (5,577.)

Tax and Credits

Standard Deduction for -

- People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.
- All others:
 - Single or Married filing separately, \$4,850
 - Married filing jointly or Qualifying widow(er), \$9,700
 - Head of household, \$7,150

37 Amount from line 36 (adjusted gross income).

38a Check You were born before January 2, 1940, Blind. Total boxes checked ▶ 38a

if: Spouse was born before January 2, 1940, Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 38b

39 Itemized deductions (from Schedule A) or your standard deduction (see left margin).

40 Subtract line 39 from line 37

41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33

42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-

43 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972

44 Alternative minimum tax (see page 35). Attach Form 6251

45 Add lines 43 and 44

46 Foreign tax credit. Attach Form 1116 if required.

47 Credit for child and dependent care expenses. Attach Form 2441

48 Credit for the elderly or the disabled. Attach Schedule R.

49 Education credits. Attach Form 8863

50 Retirement savings contributions credit. Attach Form 8880

51 Child tax credit (see page 37)

52 Adoption credit. Attach Form 8839

53 Credits from: a Form 8396 b Form 8859

54 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Specify

55 Add lines 46 through 54. These are your total credits

56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-

37	(5,577.)
39	4,850.
40	(10,427.)
41	3,100.
42	0.
43	0.
44	
45	0.
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	0.
57	
58	
59	
60	
61	
62	0.
63	
64	
65a	
65b	
66	
67	
68	
69	
70	0.
71	0.
72a	
73	
74	
75	

Other Taxes

57 Self-employment tax. Attach Schedule SE

58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

60 Advance earned income credit payments from Form(s) W-2

61 Household employment taxes. Attach Schedule H

62 Add lines 56 through 61. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

63 Federal income tax withheld from Forms W-2 and 1099

64 2004 estimated tax payments & amount applied from 2003 return

65a Earned income credit (EIC) **NO**

b Nontaxable comb at pay election ▶ 65b

66 Excess social security and tier 1 RRTA tax withheld (see page 54)

67 Additional child tax credit. Attach Form 8812

68 Amount paid with request for extension to file (see page 54)

69 Other payments from: a Form 2439 b Form 4136 c Form 8885

70 Add lines 63, 64, 65a, & 66 through 69. These are your total payments

63	
64	
65a	
65b	
66	
67	
68	
69	
70	0.
71	0.
72a	
73	
74	
75	

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid

72a Amount of line 71 you want refunded to you

▶ b Routing number **XXXXXXXXXX** ▶ c Type: Checking Savings

▶ d Account number **XXXXXXXXXXXXXXXXXXXX**

73 Amount of line 71 you want applied to your 2005 estimated tax ▶ 73

70	0.
71	0.
72a	
73	
74	
75	

Amount You Owe

74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55

75 Estimated tax penalty (see page 55)

74	
75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. No

Designee's name ▶ **HR BLOCK** Phone no. ▶ **(202) 659-2020** Personal ID number (PIN) ▶ **108101**

Sign Here

Joint return? See page 17. 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 *[Signature]* Date **4/1/07** Your occupation **ADVOCATE** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date **4/2/2007** Check if self-employed Preparer's SSN or PTIN **218-11-9141**

Firm's name (or yours if self-employed), address, and ZIP code ▶ **H AND R BLOCK WASHINGTON, DC 20005** EIN **43-1862224** Phone no.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2004

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

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

Name of proprietor
TOM RIDER

Social security number (SSN)
Redacted

A Principal business or profession, including product or service (see page C-2 of the instructions)
ADVOCATE : SERVICE

B Enter code from pages C-7, 8, & 9
▶ **999999**

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ Redacted
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses

Yes No

H If you started or acquired this business during 2004, 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	23,940.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	23,940.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	23,940.
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	23,940.

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

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see page C-3)	9	17,867.	20 Rent or lease (see page C-5):		
10 Commissions and fees	10		a Vehicles, machinery, and equipment	20a	
11 Contract labor (see page C-4)	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	5,000.
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment		10,199.
b Other	16b		c Enter nondeductible amount included on line 24b (see page C-5)		5,100.
17 Legal and professional services	17		d Subtract line 24c from line 24b	24d	5,099.
18 Office expense	18		25 Utilities	25	
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	27,966.
30 Expenses for business use of your home. Attach Form 8829				29	(4,026.)
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-6). Estates and trusts, enter on Form 1041, line 3.				31	(4,026.)
• If a loss, you must go to line 32.					

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

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

Form 1045A (2004) TOM RIDER

Redacted

Schedule A - NOL (see page 5 of the instructions)

1	Enter the amount from your 2004 Form 1040, line 40. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount				1	(10,427)
2	Nonbusiness capital losses before limitation. Enter as a positive number	2				
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3				
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4		0		
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5		0		
6	Nonbusiness deductions (see page 5 of the instructions)	6		4,850		
7	Nonbusiness income other than capital gains (see page 5 of the instructions)	7				
8	Add lines 5 and 7	8				
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9				4,850
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	10		0		
11	Business capital losses before limitation. Enter as a positive number.	11				
12	Business capital gains (without regard to any section 1202 exclusion)	12				
13	Add lines 10 and 12	13				
14	Subtract line 13 from line 11. If zero or less, enter -0-	14		0		
15	Add lines 4 and 14	15		0		
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15.	16				
17	Section 1202 exclusion. Enter as a positive number	17				
18	Subtract line 17 from line 16. If zero or less, enter -0-	18		0		
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	19				
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20		0		
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21				0
22	Subtract line 20 from line 15. If zero or less, enter -0-	22				0
23	NOL deduction for losses from other years. Enter as a positive number	23				1,551
24	NOL Combine lines 1, 9, 17, 21, 22, and 23. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you do not have an NOL	24				(4,026)

KBA

Form 1045A (2004)



Illinois Department of Revenue

2004 Form IL-1040

www.Iltax.com Individual Income Tax Return or for fiscal year ending _____ /05

Step 1: Personal information

Do not write above this line.

Redacted

TOM RIDER

Redacted

C Filing status (check one)

- Single or head of household
- Married filing jointly
- Married filing separately
- Widowed

Step 2: Income

- 1 Federal adjusted gross income from your U.S. 1040, Line 36; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I
- 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 1 (5,577.00)
- 3 Other additions to your income. Attach Schedule M. 2
- 4 Add Lines 1 through 3. This is your total income. 3
- 4 (5,577.00)

- New - Complete Schedule M.

Step 3: Base Income

- 5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1, Form W-2, 1099R. 5
- 6 Military pay earned if included in Step 2, Line 1. Attach military W-2. 6
- 7 Illinois Income Tax overpayment included in U.S. 1040, Line 10 7
- 8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 8
- 9 Other subtractions to your income. Attach Schedule M. Check if Line 9 includes any amount from Schedule 1299-C 9
- 10 Add Lines 5 through 9. This is the total of your subtractions. 10
- 11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 0.00

- New - Complete Schedule M.

Step 4: Exemptions

- 12 a Number of exemptions from your federal return 1 X \$2,000 a 2,000.00
- b If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. X \$2,000 b
- c Check if 65 or older: You + Spouse = X \$1,000 c
- d Check if legally blind: You + Spouse = X \$1,000 d
- Add Lines a through d. This is your total Illinois exemption allowance. 12 2,000.00

See instructions before completing this step.

Step 5: Net Income

- 13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. 13
- 14 Nonresidents and part-year residents only: Check the box that applies to you during the year 2004. Nonresident Part-year resident 14 1,073.00
- Illinois base income from Schedule NR. Attach Schedule NR.

Step 6: Tax

- 15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax. Nonresidents and part-year residents: Write the tax from Schedule NR. This amount may not be less than zero. 15 0.00

STAPLE HERE & 1099 FORMS HERE

STAPLE YOUR CHITRY

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0085

TOM RIDER

16 Tax amount from Page 1, Step 6, Line 15 Redacted
16 0.00

Step 7: Payments and Credits

Nonresidents may not claim a credit on Lines 19, 20, or 21. The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 16.

- 17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 17 _____
- 18 Estimated payments from Forms IL- 505- I and IL- 1040- ES, including overpayment applied from 2003 return 18 _____
- 19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 19 _____
- 20 Illinois Property Tax credit. You must complete the PT Worksheet in instructions. 20 _____
PT Worksheet Line 3 amount 20a _____
PT Worksheet Line 8 amount 20b _____
- 21 Education expense credit. You must complete ED Worksheet in instructions, or Schedule ED. Attach receipt or Schedule ED. 21 _____
ED Worksheet or Sch ED Line 1 amount 21a _____
ED Worksheet or Sch ED Line 10 amount 21b _____
- 22 Earned Income Credit. You must complete EIC Worksheet in instructions. 22 _____
EIC Worksheet Line 1 amount 22a _____
EIC credit amount from the EIC Worksheet 22b _____
Check if you have a qualifying child (living with you) born after 12/31/86.
- 23 Income tax credit amount from Schedule 1299- C. Attach Schedule 1299- C. 23 _____
- 24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 0.00

Step 8: Overpayment or Tax Due

- 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 0.00
- 26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 0.00

Step 9: Penalty

- 27 Late- payment penalty for underpayment of estimated tax 27 _____
a Check if you annualized your income on Form IL- 2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL- 2210.
- b Check if at least two- thirds of your federal gross income is from farming.

Step 10: Donations

- 28 Amount you wish to donate to one or more of the following voluntary contribution funds 28 _____

Wildlife Preservation	a _____	Multiple Sclerosis	f _____
Child Abuse Prevention	b _____	Military Family Relief	g _____
Alzheimer's Research	c _____	Lou Gehrig's Disease	h _____
Homeless Assistance	d _____	Illinois Veterans' Home	i _____
Breast Cancer Research	e _____		
- Add Lines a through i. This is your donation total.
- 29 Add Line 27 and Line 28. This is your total penalty and donations. 29 0.00

Step 11: Refund or Amount You Owe

- 30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 0.00
- 31 Amount from Line 30 that you want applied to 2005 estimated tax 31 _____
- 32 Subtract Line 31 from Line 30. This is your refund. 32 0.00

Direct Deposit

See instructions for payment options.

33 Complete to direct deposit your refund

Routing number	<input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account number	<input type="text"/>	

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature [Signature] Date 04/02/07 Daytime phone number Redacted

Paid preparer's signature _____ Date _____ Preparer's phone number 43-1862224

Your spouse's signature _____ Date _____ Preparer's FEIN, SSN, or PTIN _____

If no payment enclosed, ILLINOIS DEPARTMENT OF REVENUE mail to: SPRINGFIELD IL 62719- 0001

If payment enclosed, ILLINOIS DEPARTMENT OF REVENUE mail to: SPRINGFIELD IL 62726- 0001

IL- 1040 page 2 (R/2/04) DR _____ AP _____ CA ME NS PR RV WA WV ZZ ID _____



Illinois Department of Revenue
2004 Schedule NR

or fiscal year ending _____

Nonresident and Part-Year Resident Computation of Illinois Tax

Step 1: Provide the following information

Attach to your Form IL-1040

- 1 **TOM**
Your first name and initial _____ Spouse's first name (and last name if different) _____ **RIDER**
Your last name _____
- 2 a **Redacted**
Your Social Security number _____ b _____
Your spouse's Social Security number _____
- 3 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
 Yes No **STOP!** If you answered "Yes," you cannot use this form (see instructions).
- 4 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year complete Line 4a and b, if applicable.
- a I lived in Illinois from 01/01/04 to 11/30/04 I lived in FL from 12/01/04 to 12/31/04
Month Day Year Month Day Year State Month Day Year Month Day Year
- b My spouse lived in Illinois from _____ to _____ My spouse lived in _____ from _____ to _____
Month Day Year Month Day Year State Month Day Year Month Day Year
- 5 If you were a resident of any of the states listed below during the tax year, check the appropriate state.
 Iowa Kentucky Michigan Wisconsin
- 6 If you earned income or filed an income tax return for the tax year in a state other than those listed above, write the two-letter abbreviation of that state.

Step 2: Complete Form IL-1040

Complete Lines 1 through 12 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

Step 3: Figure the Illinois portion of your federal adjusted gross income

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

	Column A Federal Total	Column B Illinois Portion
7 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1; or the wage amounts on your W-2 forms if you TeleFiled your federal return)	7 _____	_____
8 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2; or TeleFile Worksheet, Line C)	8 _____	_____
9 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	9 _____	_____
10 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10)	10 _____	_____
11 Alimony received (federal Form 1040, Line 11)	11 _____	_____
12 Business income or loss (federal Form 1040, Line 12)	12 _____	_____
13 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	12 <u>(4,026.00)</u>	<u>1,073.00</u>
14 Other gains or losses (federal Form 1040, Line 14)	13 _____	_____
15 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	14 _____	_____
16 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	15 _____	_____
17 Rents, royalties, partnerships, S corporations, estates, and trusts (federal Form 1040, Line 17)	16 _____	_____
18 Farm income or loss (federal Form 1040, Line 18)	17 _____	_____
19 Unemployment compensation (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3; or TeleFile Worksheet, Line D)	18 _____	_____
20 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	19 _____	_____
21 Other income (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	20 _____	_____
	21 <u>(1,551.00)</u>	_____
22 Add Column B, Lines 7 through 21. This is the Illinois portion of your federal total income.	22 _____	<u>1,073.00</u>

TOM RIDER

Redacted

Schedule NR - Page 2

Step 3: Continued

		Column A Federal Total	Column B Illinois Portion
ADJUSTMENTS TO INCOME	23		23 <u>1,073.00</u>
	24		
	25		
	26		
	27		
	28		
	29		
	30		
	31		
	32		
	33		
	34		
	35		
	36		
	37		37 <u>0.00</u>
	38	38 <u>(5,577.00)</u>	
	39		39 <u>1,073.00</u>

Step 4: Figure your Illinois additions and subtractions

In Column A, write the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion
ADJUSTMENTS	40		
	41		
	42		42 <u>1,073.00</u>
	43		
	44		
	45		
	46		
	47		
	48		48 <u>0.00</u>

Step 5: Figure your Illinois income and tax

TAX CALCULATIONS	49		49 <u>1,073.00</u>
	50	50 <u>0.00</u>	
	51	51 <u>1.000</u>	
	52	52 <u>2,000.00</u>	
	53		53 <u>2,000.00</u>
	54		54 <u>0.00</u>
	55		55 <u>0.00</u>

IL-1040 Schedule NR pg 2 (R-12/04)

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0098

Form 1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2005

(99) IRS Use Only - Do not write or staple in this space.

Label

For the year Jan. 1 - Dec. 31, 2005, or other tax year beginning 2005, ending 20

OMB No. 1545-0074

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

TOM RIDER Redacted

Your social security number Redacted Spouse's social security number

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

You MUST enter your SSN(s) above. Checking a box below will not change your tax or refund.

Filing Status

- 1 [X] Single
2 [] Married filing jointly (even if only one had income).
3 [] Married filing separately. Enter spouse's SSN above & full name below.
4 [] Head of household (with qualifying person). (See page 17.)
5 [] Qualifying widow(er) with dependent child (see page 17)

Exemptions

- 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [] Spouse

Table with columns: (1) First name, Lastname, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If qual. child for child tax cr.

Income

Table with columns: Line number, Description, Amount. Includes lines 7-21.

Adjusted Gross Income

Table with columns: Line number, Description, Amount. Includes lines 22-37.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.

Form 1040 (2005) **TOM RIDER**

Redacted Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 5,013.

39a Check You were born before January 2, 1941, Blind. Total boxes checked **39a**

if: Spouse was born before January 2, 1941, Blind. **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 5,000.

41 Subtract line 40 from line 38 **41** 13.

42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d **42** 3,200.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 0.

44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 **44** 0.

45 Alternative minimum tax (see page 39). Attach Form 6251 **45** 0.

46 Add lines 44 and 45 **46** 0.

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Credit for the elderly or the disabled. Attach Schedule R **49**

50 Education credits. Attach Form 8863 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit (see page 41). Attach Form 8901 if required **52**

53 Adoption credit. Attach Form 8839 **53**

54 Credits from: a Form 8396 b Form 8859 **54**

55 Other credits. Check applicable box(es): a Form 3800 **55**
b Form 8801 c Form

56 Add lines 47 through 55. These are your total credits **56**

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- **57** 0.

Standard Deduction for -

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.
- All others:
 - Single or Married filing separately, \$5,000
 - Married filing jointly or Qualifying widow(er), \$10,000
 - Head of household, \$7,300

Other Taxes

58 Self-employment tax. Attach Schedule SE **58** 762.

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 **59**

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **60**

61 Advance earned income credit payments from Form(s) W-2 **61**

62 Household employment taxes. Attach Schedule H **62**

63 Add lines 57 through 62. This is your total tax **63** 762.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 **64**

65 2005 estimated tax payments & amount applied from 2004 return **65**

66a Earned income credit (EIC) **66a** 384.

b Nontaxable combat pay election **66b**

67 Excess social security and tier 1 RRTA tax withheld (see page 59) **67**

68 Additional child tax credit. Attach Form 8812 **68**

69 Amount paid with request for extension to file (see page 59) **69**

70 Payments from: a Form 2439 b Form 4138 c Form 8885 **70**

71 Add lines 64, 65, 66a, & 67 through 70. These are your total payments **71** 384.

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid **72**

73a Amount of line 72 you want refunded to you **73a**

b Routing number XXXXXXXXXX **73b**

c Type: Checking Savings **73c**

d Account number XXXXXXXXXXXXXXXXXXXX **73d**

74 Amount of line 72 you want applied to your 2006 estimated tax **74**

Amount You Owe

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60 **75** 378.

76 Estimated tax penalty (see page 60) **76**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? Yes. Complete the following. No

Designee's name **HR BLOCK** Phone no. **(202) 659-2020** Personal ID number **(PIN) 08101**

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 *[Signature]* Date **3/1/07** Your occupation **ADVOCATE** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature *[Signature]* Date **3/28/2007** Check if self-employed Preparer's SSN or PTIN **P00172890**

Firm's name (or yours if self-employed), address, and ZIP code **H AND R BLOCK EASTERN ENTERPRISES I WASHINGTON, DC 20005** EIN **43-1862224** Phone no.

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2005
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor
TOM RIDER

Social security number (SSN)
Redacted

A Principal business or profession, including product or service (see page C-2 of the instructions)
ADVOCATE : SERVICE

B Enter code from pages C-8, 9 & 10
999999

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses Yes No

H If you started or acquired this business during 2005, 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	33,600.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	33,600.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	33,600.
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	33,600.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see page C-3)	9	19,693.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see page C-5):		
11 Contract labor (see page C-4)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	3,200.
b Other	16b		b Deductible meals and entertainment (see page C-5)	24b	5,313.
17 Legal and professional services	17		25 Utilities	25	
			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	28,206.			
29 Tentative profit (loss). Subtract line 28 from line 7.	29	5,394.			
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31	5,394.			

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 to line 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. Your loss may be limited.

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

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

Schedule C (Form 1040) 2005

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2005

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

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

Social security number of person
with self-employment income ▶

Redacted

Who Must File Schedule SE

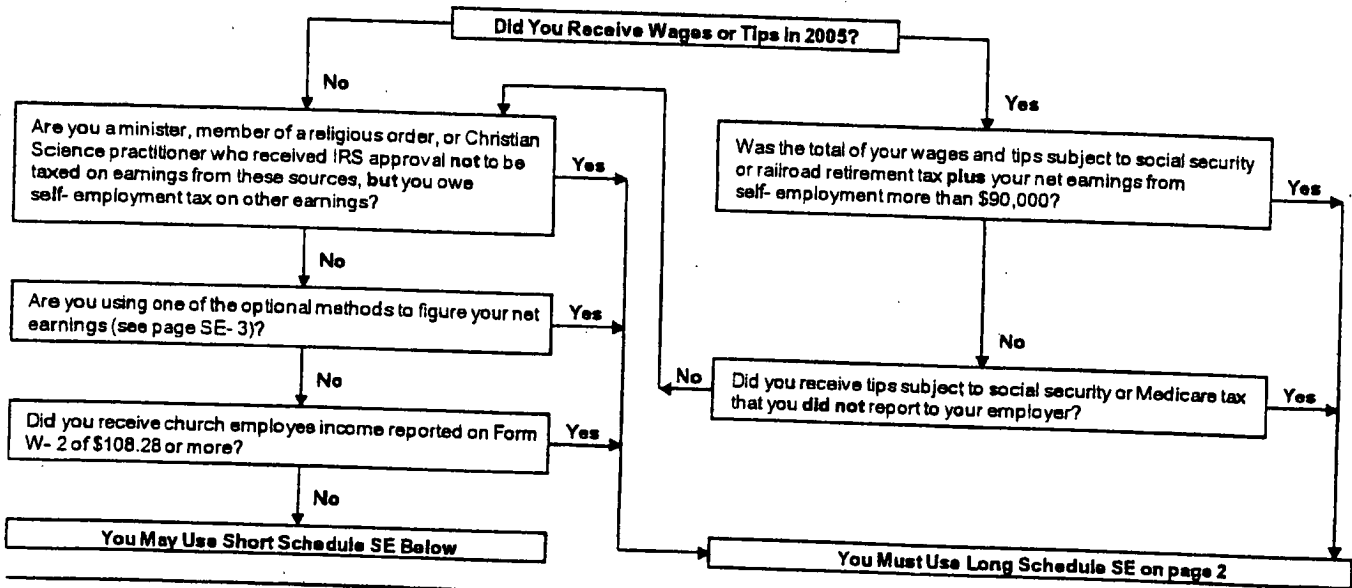
You must file Schedule SE if:

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

Note. Even if you 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 58.

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), box 14, code A	1	0.
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (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	5,394.
3	Combine lines 1 and 2	3	5,394.
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	4,981.
5	Self-employment tax. If the amount on line 4 is: • \$90,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$90,000, multiply line 4 by 2.9% (.029). Then, add \$11,160.00 to the result. Enter the total here and on Form 1040, line 58.	5	762.
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	381.

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

Schedule SE (Form 1040) 2005

Name: TOM RIDER

Supporting Schedules

2005

SSN: Redacted

SCHEDULE C - TOM RIDER
PAGE 2 PART IV - INFORMATION ON YOUR VEHICLES

Auto 1

Date in service 1/1/2003
Total business miles 23832
Total commuting miles 0
Total other miles 0
Another vehicle available? No
Vehicle available off-duty? Yes
Supporting evidence? Yes
Is evidence written? Yes

Auto 2

Date in service 7/1/2005
Total business miles 22164
Total commuting miles 0
Total other miles 0
Another vehicle available? No
Vehicle available off-duty? Yes
Supporting evidence? Yes
Is evidence written? Yes

Form
1040

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

2006

(99) IRS Use Only - Do not write or staple in this space

Label

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20

OMB No. 1545-0074

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

TOM RIDER
Redacted

Your social security number
Redacted
Spouse's social security number

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

You MUST enter your SSN(s) above.
Checking a box below will not change your tax or refund.
You Spouse

Filing Status

- 1 Single
- 2 Married filing jointly (even if only one had income)
- 3 Married filing separately. Enter spouse's SSN above & full name below.
- 4 Head of household (with qualifying person). (See page 17.)
- 5 Qualifying widow(er) with dependent child (see page 17)

Check only one box.

Exemptions

- 6a Yourself. If someone can claim you as a dependent, do not check box 6a
- b Spouse
- c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr.
- d Total number of exemptions claimed Add numbers on lines above **1**

If more than four dependents, see page 19.

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 23)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	4,682.
13	Capital gain/(loss). Attach Sch D. If not required check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amt	15b	
16a	Pensions and annuities	16a	
b	Taxable amt	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 amt	20b	
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	4,682.

If you did not get a W-2, see page 23.

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

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	331.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 33)	33	
34	Jury duty pay you gave to your employer	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	331.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	4,351.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

Form 1040 (2006) **TOM RIDER**

Redacted Page 2

Tax and Credits

38 Amount from line 37 (adjusted gross income). **38** 4,351.

39a Check You were born before January 2, 1942; Blind. Total boxes checked **39a**

if: Spouse was born before January 2, 1942; Blind. **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin). **40** 5,150.

41 Subtract line 40 from line 38. **41** (799.)

42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d. **42** 3,300.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-. **43** 0.

44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 **44** 0.

45 Alternative minimum tax (see page 39). Attach Form 6251 **45** 0.

46 Add lines 44 and 45. **46** 0.

47 Foreign tax credit. Attach Form 1116 if required. **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Credit for the elderly or the disabled. Attach Schedule R. **49**

50 Education credits. Attach Form 8863 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Residential energy credits. Attach Form 5696 **52**

53 Child tax credit (see page 42). Attach Form 8901 if required **53**

54 Credits from: a Form 8396 b Form 8839 c Form 8859 **54**

Other credits: a Form 3800 b Form 8801 c Form **55**

56 Add lines 47 through 55. These are your total credits **56**

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-. **57** 0.

Standard Deduction for -

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.
- All others:
 - Single or Married filing separately, \$5,150
 - Married filing jointly or Qualifying widow (er), \$10,300
 - Head of household, \$7,550

Other Taxes

58 Self-employment tax. Attach Schedule SE **58** 662.

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137. **59**

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **60**

61 Advance earned income credit payments from Form(s) W-2, box 9 **61**

62 Household employment taxes. Attach Schedule H **62**

63 Add lines 57 through 62. This is your total tax. **63** 662.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 **64**

65 2006 estimated tax payments and amount applied from 2005 return **65**

66a Earned income credit (EIC) **66a** 335.

b Nontaxable combat pay election **66b**

67 Excess social security and tier 1 RRTA tax withheld (see page 60) **67**

68 Additional child tax credit. Attach Form 8812 **68**

69 Amount paid with request for extension to file (see page 60) **69**

70 Payments from: a Form 2439 b Form 4138 c Form 8885 **70**

71 Credit for federal telephone excise tax paid. Attach Form 8913 if required **71** 30.

72 Add lines 64, 65, 66a, & 67 through 71. These are your total payments **72** 365.

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid **73**

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here **74a**

b Routing number XXXXXXXXXXXX **74b**

c Type: Direct deposit Savings **74c**

d Account number XXXXXXXXXXXXXXXXXXXX **74d**

75 Amount of line 73 you want applied to your 2007 estimated tax **75**

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62. **76** 297.

77 Estimated tax penalty (see page 62) **77**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? Yes. Complete the following. No

Designee's name **HR BLOCK** Phone no. **(202) 659-2020** Personal ID number **(PIN) 08101**

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 *[Signature]* Date **3/11/07** Your occupation **ADVOCATE** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Preparer's Use Only

Preparer's signature *[Signature]* Date **3/28/2007** Check if self-employed Preparer's SSN or PTIN **P00172890**

Firm's name (or yours if self-employed), address, and ZIP code **H AND R BLOCK EASTERN ENTERPRISES I** EIN **43-1862224** Phone no.

WASHINGTON, DC 20005

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2006

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor
TOM RIDER

A Principal business or profession, including product or service (see page C-2 of the instructions)
ADVOCATE : SERVICE

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

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
Redacted

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses Yes No

H If you started or acquired this business during 2006, check here Yes No

Part I Income

Social security number (SSN)
Redacted

B Enter code from pages C-8, 9, & 10
999999

D Employer ID number (EIN), if any

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employees" box on that form was checked, see page C-3 and check here.	1	32,900.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	32,900.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	32,900.
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	32,900.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see page C-4)	9	19,726.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see page C-5):		
11	Contract labor (see page C-4)	11		20a	Vehicles, machinery, and equipment		
12	Depletion	12		20b	Other business property		
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest			24	Travel, meals, and entertainment:		
16a	Mortgage (paid to banks, etc.)	16a		24a	Travel	24a	2,350.
16b	Other	16b		24b	Deductible meals and entertainment (see page C-6)	24b	6,142.
17	Legal and professional services	17		25	Utilities	25	
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		28		28	28,218.
29	Tentative profit (loss). Subtract line 28 from line 7.	29		29		29	4,682.
30	Expenses for business use of your home. Attach Form 8829	30		30		30	
31	Net profit or (loss). Subtract line 30 from line 29.	31		31		31	4,682.

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

KBA For Paperwork Reduction Act Notice, see page C-8 of the instructions.

Schedule C (Form 1040) 2006

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2006

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

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

Social security number of person
with self-employment income ▶

Redacted

Who Must File Schedule SE

You must file Schedule SE if:

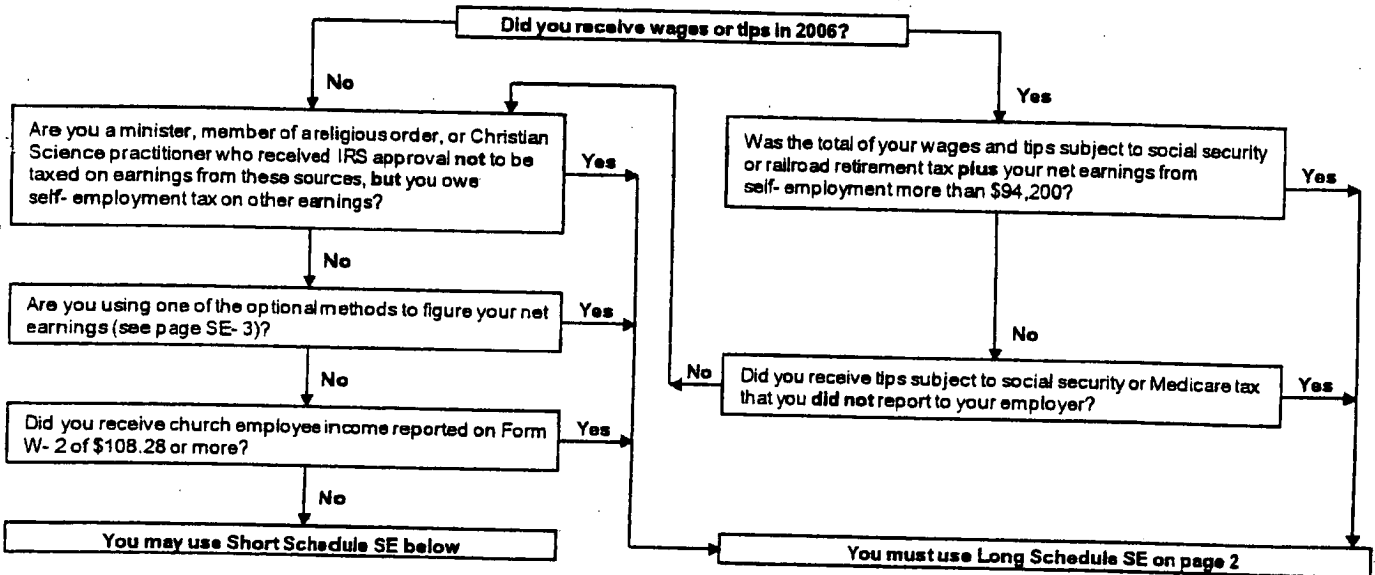
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order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

Note. Even if you 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 58.

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

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



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), box 14, code A	1	0.
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report		
3	Combine lines 1 and 2	2	4,682.
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	3	4,682.
5	Self-employment tax. If the amount on line 4 is: • \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58.	4	4,324.
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	5	662.
		6	331.

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

Schedule SE (Form 1040) 2006