	Form 1040	0_	<u> </u>	ICIVICUAL INC	Internal Revenue Service	20	00				
	(See	Г	r or the ye	ar Jan. 1- Dec. 31, 2	000, or other tax year beginn	ning		, ending	Do not wr	le or staple in the	
7	instructions	1					, 2000	, sname	. 20	OMB No	1545-0074
	on page 19.)	T	OM RI	משת					Yours	ocial security	number
	Use the IRS	R	edacted	DER						edacted	
	<b>label.</b> Otherwise,		cancica						Spous	e's social sec	urity number
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	Presidential	<u> </u>	<del></del>		<b></b>				-	You must en	ter 🐣
	Election Cam	paig	n Note	s. Checking "Yes" wi	Ill not change your tax or redu	LICE VOLUE OF	4		<b> </b>	your SSN(s) a	ibove.
	(See page 19.)		Doy	ou, or your spouse i	filling a joint return, want \$3	to go to this	iung.			You	Spouse
	Filing State	us	1 X	Single	11111100	io go io mis	lung?	<u> </u>		X No	Yes No
	•		2	Married filing join	nt return (even if only one had	d in a					1.557 1140
			3	Married filing ser	parate return. Enter spouse's Si	u income)					
	Check only		4	Head of househi	old (with qualibring passes)	SN above an	d full name here.	<b></b>			
	one box.			enter this child's	old (with qualifying person). (	(See page	19.) If the qualit	ying person is a ci	nild but no	t vous depend	on!
			5	Qualifying widow	v(er) with depart			<del></del>		- your dopens	on,
	Exemptions		6a X Y	ourself. If your pan	v(er) with dependent child (y	ear spouse	died >	). (See page 1	9.)		
		•		return de	ent (or someone else) can cia not check box 6a	aim you as	a dependent o	his or her tax		7	
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					Last name		ependents	(3) Dependen	8 (4)	No. of you	our on Se
	If more than six	_		O. FIGHT	Last name	Social 9	ecurity number		o on	ld for	
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	see page 20.	_								did not	0 divorce
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١	Income		7 Wage	s salares ties et	ns claimed					Add numb	ore
,	Income			o, salanes, ups, sic.	Attach Form(s) W- 2			<del></del>	VIIII	. lines abov	• • 1
			8a Taxab	In interest Attack C	chedule B if required				7		
			b Tax-e	Yempt interest Dr	nedule Bif required				8a	<del></del>	
	Attach Forms W- 2 and	. !	9 Ordina	Midenda Arash	ot include on line 8a.		86				
	W- 2G here.	10	0 Taxabi	e refrince amake a	Schedule B if required .				9		
	Also attach	1	1 Alimon	y received	r offsets of state and local inc	come taxes	(see page 22)		<del></del>		
	Form(s) 1099- R If taxwaa	12						• • • • •	10	<del></del>	
	withheld.	13	- Canital	Gain or (loss).	Attach Schedule C or C- EZ				11		
		14	Othero	gain of (loss), if Sch	D not required, check here			<b>▶</b> [	12	11	,550.
		15	ia Totalle	ains or (losses). Atta lA distributions	1 1 ' ' '				13		
	lf you did not get a W- 2,	16	a Total na	on distributions	. 15a	ь	Taxable amt	• • • • •	14		
	see page 21.	17	' Rental r	on albris and annuitie	s, 16a		-		15b		
	. 5	18	Farmin	earestate, royalties,	partnerships, S corporations	s, trusts, et	. Attach Sched	ule F	16b		
Ę	Enclose, but do	19							17		
r	ot attach, any	20.	Social -	oyment compensati	on				18		
	ayment, Aiso,	21	Other:-	ecurity benefits .	. 20a	ь	Taxable amt		19		
	lease use orm 1040- V.		Outet ID	Come. List type and	amount (see page 25)		///	• • • • •	20b		
		22	Add the								
_		23	IDA dad	amounts in the lar no	ght column for lines 7 through	h 21. This is	Vour total inco		21		
	djusted	24					23	me >	22	11,	550.
	iros <b>s</b>	25	Madiant	loan interest deducti	on (see page 27)		24				
lı	ncome		Medicals	savings account ded	luction. Attach Form 8853		25				
		26 27	Woving E	expenses. Attach For	m 3903		26				
			One- half	of self- employmen	tax. Attach Schedule SE	· · · }	27				
		28	Sell- emb	oloyed health insurar	ace deduction (con a con	,	28	816.			
		29	Sou- etub	Ployed SEP, SIMPLE	and qualified plans	_	29				
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		314	· ····································	and precipients?	ssn ▶						
		32	Add lines	23 through 31a			31a				
_	34 5 =	33	Subtract	ine 32 from line 22. T	Tria in		· · · ·	· · · . <u>. L</u>	32		816.
KI	SA For Disclosu	ure, i	Privacy Ac	t, and Paperwork R	nis is your <b>adjusted</b> gross in eduction Act Notice, see pa	ane se			33	10,	
1	Form 1040 (2000)			FD1040-1		age 36.	EXH	DANT'S IIBIT		Form 1040	
							ALL-STATE LEG	AL SUPPLY CO.	TR	00546	

ax and	34	Amount from	n line 33 (adjust	ed gross inco	me)					Redacte	
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Deduction	36	Enter your ite	emized deduct ut see page 31 t	ions from Sch	nedule A line	e 28 or etam	مانيات المحمل		_ [		
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S4,400	37									36	4,40
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ointly or	41	Alternative m	inimum tax. Atta	sch Form 625	1	J. 01111 4372			· ·	40	52
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57.3 <b>50</b>	43	Foreign tax or	redit. Attach For	m 1116 if regu	· · · ·		1		. ▶ _	42	52
Married	44	Credit for chile	d and depende	ent care over an	arred,		43				
iling	45	Credit for the	eidedy or the di	sabled Aver	Ses. Attach	rorm 2441.	44				
eparately:	46	Education	elderly or the di edits. Attach For	Sauleu. Aliaci cocc	n Schedule f	۱ [	45				
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er										1	529
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Form 2210

## Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► See separate instructions.

OMB No. 1545- 0140 Attachment

Department of the Treasury ➤ Attach to Form 1040, 1040A, 1040NR, 1040NR- EZ, or 1041. Name(s) shown on tax return Sequence No. 06 Identifying number TOM RIDER 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 Redacted 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. 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. Check whichever boxes apply (if none apply, see the Note above): 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. 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. 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. Your required annual payment (line 14 below) is based on your 1999 tax and you filed or are filling a joint return for either 1999 or 2000 but not for both years. Part II **Required Annual Payment** Enter your 2000 tax after credits (see page 2 of the instructions) 2 Other taxes (see page 2 of the instructions) . 2 3 529 4 3 Add lines 2 and 3 1,632 Earned income credit . . . 4 2,161 Additional child tax credit . . . 6 6 C redit for Federal tax paid on fuels Add lines 5, 6, and 7. Current year tax. Subtract line 8 from line 4 10 9 2,161 1,945 Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the 11 Subtract line 11 from line 9. If less than \$1,000, stop here; do not complete or file this form. You 12 11 Enter the tax shown on your 1999 tax return. (108.6% of that amount if the adjusted gross income 2,161 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 Note: If line † 1 is equal to or more than line 14, stop here; you do not owe the penalty. Do not 14 1,945 file Form 2210 unless you checked box 1d above. 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 total amount, if any, of estimated tax payments you made 16 17 Total underpayment for year. Subtract line 17 from line 14, If zero or less, stop here; you do 18 17 not owe the penalty. Do not file Form 2210 unless you checked box 1d above ... Multiply line 18 by .05976 19 1,945 • If the amount on line 18 was paid on or after 4/15/01, enter - 0-. 19 116 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 Number of days paid X line 18 before 4/15/01 00025 20 0 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 For Paperwork Reduction Act Notice, see page 1 of separate instructions.

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Form 2210 (2000)

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

## Net Profit From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065- B. ► Attach to Form 1040 or Form 1041. ► See instructions on page 2. OMB No. 1545- 0074 Attachment

Name of proprietor

TOM RIDER

Sequence No. 09A Social security number (85N)
Reducted

Р	art I General Infor	mation					
Sc Ins Sc	u May Use hedule C- EZ stead of hedule C ily If You:	<ul> <li>Had business expenses of \$2,500 or less.</li> <li>Use the cash method of accounting.</li> <li>Did not have an inventory at any time during the year.</li> <li>Did not have a net loss from your business.</li> <li>Had only one business as a sole proprietor.</li> </ul>	And You:	Are not Deprey this by for Sc C- 3 to busing     Do no	ot required in eciation and usiness. Se thedule C, like of find out if you the deduct extend essues of your thave prior ye activity lo	es during the ye to file Form 456; Amortization, file the instruction ne 13, on page /ou must file, penses for our home, year unallowed sses from this	<b>2,</b> or s
A	Principal business or profes	sion, including product or service		· ·	B Enter co	ode from page	C-7&8
С		ate business name, leave blank.				999 er ID number (	999
E	Business address (including Redacted	suite or room no.). Address not required if s	ame as on Form 1040, p	ace 1			
	City, town or post office, stat						
	Redacted						
Pa	rt II Figure Your No	et Profit					
2	page C- 2 and check here .	this income was reported to you on Form Wid, see Statutory Employees in the instruction of the instruction o	ons for Schedule C, line	nployee* 1, an ▶		1	11,550.
3	Net profit. Subtract line 2 from 1040, line 12, and also	m line 1. If less than zero, you <b>must</b> use Sche on <b>Schedule SE, line 2.</b> (Statutory employe 2. Estates and trusts, enter on Form 1041, lin	dule C. Enter on	· · · ·		2	0.
Pa	t III Information on	Your Vehicle. Complete this part only	ne 3.)	<del></del>		3	11,550.
4	When did you place yourvehi	icle in service for business purposes? (month	n, day, year)	▶_		<b>2.</b>	
5	Of the total number of miles yo	ou drove your vehicle during 2000, enter the i	number of miles you use	ed your vehicl	le for:		
4	Business	b Commuting					
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 supp	ortyourdeduction?				. Yes	□ No
	If "Yes," is the evidence written					Π	<u> </u>
BA	For Paperwork Reduction Ad	ct Notice, see Form 1040 instructions.	<u> </u>	<u> </u>		dule C- EZ (For	m 1040) 2000

SCHED	ULE SE
(Form 1	040)

## Self- Employment Tax

► See instructions for Schedule SE (Form 1040).

Attach to Form 1040.

OMB No. 1545- 0074

2000

Attachment
Sequence No. 17

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

Department of the Treasury Internal Revenue Service 15

- Attach to Form 1

on Form 1040) Social security number of person

with self-employment income

Redacted

#### Who Must File Schedule SE

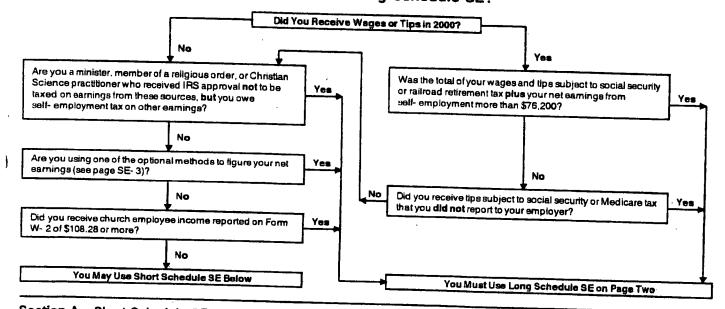
You must file Schedule SE if:

- You had not 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		γ
	1065), line 15a.  Net profit or (loss) from Schedule C. line 31: Schedule C. T. line 6. 0.	ĺ	
2	Net profit or (loss) from Schedule C, line 31; Schedule C- EZ, line 3; Schedule K- 1 (Form 1065).	1_	
	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- 3 for other		
3	income to report  Combine lines 1 and 2	2	11,550.
4	Net earnings from self- employment. Multiply line 3 by 92 35% ( 9235) 14 locality and 100	3	11,550.
	do not file this schedule; you do not owe self- employment tax  Self- employment tax. If the amount on line 4 is:		
5	Self- employment tax. If the amount on line 4 is:	4	10,666.
	• \$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	5	1,632.
	result. Enter the total here and on Form 1040, line 52.		
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		
ΚB	A For Paperwork Reduction Act Notice see Form 1979 6 816.		

1 37 1 aperwork reduction Act Notice, see Form 1040 instructions

Schedule SE (Form 1040) 2000

#### Virginia Individual Income Tax Return 760PY 2000 PART- YEAR RESIDENT FISCAL YEAR FILERS: Enter beginning date ending date First name and initial fit joint or combined return, enter both) **Use** AND check here Last name Your social security number Virginia B TOM RIDER Label. E Redacted Present hame address (number and street or rural route) Otherwise Spouse's social security number please Redacted lacktriantor type. City, town or post office and state ZIP Code For Office Use Redacted Name of Virginia city or county where you were a resident on January 1, 2001 CITY or **IMPORTANT**▶ ALEXANDRIA COUNTY Dates of residence in Virginia: Yourself - From $01/01/2000_{To}03/31/2000$ Month Year Month Month Month FILING STATUS (CHECK ONLY ONE) STEP 1 Year **EXEMPTIONS** (enter number) If both husband and wife had income, using Filing Status 4 may result in less lax than Filing Status 2 (see instructions). If both husband and **EXEMPTION AMOUNT** Check '<u>ours</u> ell Single (claiming federal Head of Household? YES Use when completing line 12 0 VOUL 0 800 00 X\$800 = Filling Married, Filing joint return (Even if only one had income) Status X\$800 -00 Enter Married, filing separate returns (Enter spouse's social security your number in space above Exemptions X.\$800 --00 and enter full name here Married, filling separately on this combined return Column B: Yourself X \$800 = 00 В Column A: Spouse X\$800 = 5 if you can be claimed as a dependent on another's return and had 00 SPOUSE unearned income, check here. See the instructions for line 11 YOURSELF USE ONLY when Filling Status 4 is checked В 6 Federal ADJUSTED GROSS INCOME (total of line 32, columns A1 and 81, Part I, page 2) or use by all other filers STEP 2 Compute 7 Additions from LINE 35 on page 2 ...... 10,734 Your VAGI 8 Subtotal (add line 6 and line 7) ...... Do you need to tile? 9 Subtractions from LINE 47 on page 2 ...... 10,734 See Line 10 9 10 Virginia adjusted gross income (subtract line 9 from line 8). Instructions 9,138 11 (a) Standard deduction from Part IV on page 2 if federal standard deduction claimed . . STEP 3 1,596 Compute (b) Itemized deductions from Part V on page 2 if lederal itemized deductions claimed .......(b) Your 12 Prorated EXEMPTION AMOUNT (See instructions to prorate using the Ratio Schedule) ..... 12 Virginia Taxable 14 Subtotal [add lines 11(a) or 11(b), 12 and 13] ..... Income 15 VIRGINIA TAXABLE INCOME (subtract line 14 from line 10), STEP 4 Compute 17 TOTAL TAX (add column A and column B, line 16) Your Tax 17 STEP 5 (b) SPOUSES Virginia income tax withheld [attach form(s)]....... Compute Your **Payments** CREDITS: and Credita (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 (q)) 20 If LINE 17 is larger than LINE 19, enter the difference. This is the INCOMETAX YOU OWE. Skip to line 22 .... STEPS 21 If LINE 19 is larger than LINE 17, enter the difference. This is the OVERPAYMENT AMOUNT . . . . . Compute 22 Addition to tax, penalty and interest (from Schedule NPY, Side 1, Part II, line 4) . . . . . **Amount** 23 Amount of overpayment on line 21 to be CREDITED to 2001 ESTIMATED income tax. 23 You Owe OF 24 Contributions and Consumers Use Tax from Side 2 of Schedule NPY ...... Your 25 Add line 22, line 23 (columns A and B) and line 24 Refund 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 BE SURE TO 27 0 SIGN YOUR RETURN ON For Office Use LTD Coding

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Form 760PY (2000)
Form Software Copyright 1996 - 2001 H&R Block Tax Services, Inc

ART I - SCHEDULE OF INCOME AND ADJUSTME	NTS (see instruct	tions)	· ALL FII FRG	MUSTCOM	DI CT#	0.00	dacted
			· ALL FILERS				
Income:	Column A I	Calumn A2	Column A3	· Solumn I	OR USE BY	ALL OTHER	
(a) Wages, salaries, tips, and	Federal Return	Income While Virginia Resident	Income While NOT	Income	n Inco	ome While	Column 83
other compensation		ginia Healden	Virginia Resident	Federal Re	turn Virgin	na Resident	Virginia Resid
ib) Interest and dividends (b)		<del> </del>	<del> </del>				
(c) Pension and other income (attach explanation) (c)							
Gross income (add lines 28 (a), (b) and (c))		<u> </u>		11,	550	1,800	9,7
Adjust ments to income: moving expenses 30				11,	50	1,800	
							7,,,
Other income adjustments (altach explanation) 31				8	316	204	<del> </del>
Adjusted gross income (line 29 less lines 30 and 31) 32				10,7			
ium of Col. A1 and B1 on line 32 must equal your federal djusted gross income from federal Form 1040, 1040A or	Enter this amount on Pg. 1, Ln. 8,		Enter this amount	Enter this ar		1,596	<del></del>
	Col. A of this form.	i	on Pg. 2, Ln. 38, Cai. A of this form.	on Pg. 1, Ln	. 6,	ı	Enter this amo
			Out. A Of this form.	Col. B of this		<del></del>	Col. B at this !.
RT II - ADDITIONS TO FEDERAL ADJUSTED GR	OSSINCOME			AUSE ON	POUSE LYwhen Filin	В	YOURSE!
Interest earned while a Virginia resident on obligation	ann of other state			Status	4 is checked		other filer
Other additions to federal adjusted gross income as	s neovided is is a	s exempt from le	deraltax 33			] [	
TOTAL ADDITIONS (add lines 33 and 34). Enter he	s provided in inst	ructions - Attach	explanation, 34			] [	
RT III - SUBTRACTIONS FROM FEDERAL ADJUS	reand on LINE 7	on page 1				7 <b>—</b>	
Age deduction for taynavers who are as as	SIED GROSS IN	ICOME				~ ~~~	
Age deduction for taxpayers who are age 62 and ov Schedule NPV Side 1 Bods	er on January 1,	2001, from					
Schedule NPY, Side 1, Part I	• • • • • • • • • • • • • •		· · · · · 3 <del>6</del>				
State income tax refund or overpayment credit repo	rted as income o	n your federal re	turn and			┥┝┈	
TOTAL TIME TO STUDIE ICIAIN IN The com	a aak			,	j		
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THANKS IS THE BUILDING A VIII BANKS AND AND THE	lood to some	Maria 1	,				
ermanently and totally disabled persons under age	SE	ine rederal credit	for				
Inemployment benefits included in Federal Adjuste	OS. (Altach ledera	i Sch AorSch. 3, 1	orm 1040A) 41				
ong- term health care insurance premiums a side who	d Gross income	received while a	VA resident 42				
ong- term health care insurance premiums paid wh	ille a Virginia resid	dent	43				
irst \$15,000 of military basic pay received while a Vi	rginia resident .	<i></i>	44				
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The state of the s	'n avnianation						
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		_					9,13
Federal ADJUSTED GROSS INCOME (Total of ii     Income attributable to period of Virginia residence	ne 32, columna A	1 + B1 from Part	lahove)	med on your le	derai return -		tione)
Income attributable to period of Virginia residence     Percentage of full standard deduction allowable	e (Total of line 32	2. columns A2 + A	2 fmm Bod labou	· · · · · · · · · · · · · · · · · · ·		l(a)	10,73
		n line 48/h) divid	and bus areas as a	∍)	• • • • • • • •	(b)	1,59
						- 1	
). Filing Status 1: Enter \$3,000; Filing Status 2 or 4: 1	Enter \$5 000, 500.			• • • • • • • • •	• • • • • • • •	(c)	14.
). Filing Status 1: Enter \$3,000; Filing Status 2 or 4: I ) Multiply line 48(c) by 48(d). ENTER here and on L you may allocate this amount between him.	INF 11/2\22 ===	-2 - (	32,500	• • • • • • • • • •		(d)	3,00
you may allocate this amount between husband	arve i r(a) on pag	je i irusing Filin	g Status 4,				
V- ITEMIZED DEDUCTIONS (If you itemized dec Itemized deductions from Schedule A paid while	luctions	uaily agreed		<u> </u>		(e)	441
Itemized deductions from Schedule A paid	o versions on your	rederal return, YO	DU MUST claim ite	mized deduc	tions on vo	ur Viroinia	return \
) Itemized deductions from Schedule Apaid while ) State and local income taxes claimed on Schedule	u virginia residen	ıt			49(		. Jaum. J
State and local income taxes claimed on Schedul Allowable Virginia itemized deductions: Subtract	e A and included	on line 49(a)			· · · · · · · · · · //	ь)	
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DOUBLE TO TOUR PEDERALING	OME TAX RETU	IRN AND ALL OT	HER RECUIRED	VIRCINIA	<del></del>	<u>c)</u>	
ne undersigned, declare under penalty of law that i (we) had inplete raturn. We agree that filing apparately on this combination and any returned due will be made payable to us form.	ve examined this ret hed return makes us	turn and to the best	of my (our) knowleds	e, it is a true	OWE	NIS.	
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Spouse's signature (if Filling Status 2 or 4, BOTH must	sign) Date	/ Spe	use's business phon				
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Firm's name (or yours if self - amployed) and address			(202) 659	-2020	incomo in f	rom farmir	ng and fishing
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Step 2	1	X Single		1
	2	Married filing joint return (even if only one spouse had income)		<del></del> -
Filing Status	3	Married filling separate century Enter sequences had income)		
Check anly ane.	4	Married filling separate return. Enter spouse's social security number above and full name here Head of household (with qualifying person). STOP. See instructions.		
	5 [	Qualifying widow(er) with dependent child. Enter year spouse died		
O4 0	6 1	If your parent (or someone clos) con the		
Step 3	!	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  For line 7, line 8, line 9, and line 11: Multink the amount was a second to the second		
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Credits and	51 Credit for joint custody head of household. See	page 17 • 31	°
Nonrefundable			
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	43 Subtractline 42 from line 28 If less than years	42 A	≥
Step 7	44 Alternative minimum tax. Attach Schedule R (54)	1ter - 0- 42	0.
Other Taxes	45 Other taxes and credit recenture Section 19	ONR)	
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Payments	48 2000 CA estimated tay Socials 20	■ 47	
	• 51	page 20 for lines 51 through 54	
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		<b>■ 54</b>	
Step 9	56 Overs sid to 15th - 55	e your total payments	
-	57 Amount of the 55 is more than line 46, subtri	sact line 46 from line 55	
Overpaid Tax or Tax Due			
	50 Overpaid tax available this year. Subtract line 57	57 from line 56	
Step 10		58 s 55 /rom line 46 59	0.
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Contributions	Set page 21 • 60	66 CA Firefighter's Memorial Fund	· · · · · · · · · · · · · · · · · · ·
	Alizheimer's Disease/Related Disorders Fund® 61		
	62	68 Emergency Food Assistance Program Fund® 68	
	63 Rare and Endangered Species	UN CA Paga Office to	
	Preservation Program 63	70 Birth Defeats Research Fund 970	<del></del>
	64 State Children's Trust Fund for the		<del></del>
•	Prevention of Child Abuse 64	72 CA Lung Disesse and Asthma Research . 972	<del></del>
	73 Add line 60 through line 72. These are your total or	ontributions 73	
Step 11	74 REFUND OR NO AMOUNT DUE. Subtract line 73	from line 58. Mail to:	
Retund or	PHANCHISE TAX BOARD, PO BOX 942840, SAC	PRAMENTO CA 94240, DODO	
Amount	The Author Spanding 72 Spandin	nego 20 Mailan.	0.
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	79 If you do not need California income tax forms mai	iled to you next year chack have	
Step 13	The state of a voided check or a deposit slip.		<u> </u>
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ourest, and complete	ndry, I declare that I have examined this return, including accom	npanying schedules and statements, and to the best of my knowledge and b	
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	Spouse's signature (if filling joint, both must sign)	Redacted	
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Form 1040		J.S. Individual Income Tax Return 2000				
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(See page 19.)	aign				You	Spouse
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one box.		Head of household (with qualifying person). (See page 19.) If the qualify enter this child's name here.	ing person is a chi	ld but n	ot your de	Dendent
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Attach Forms W- 2 and W- 2G here. Also attach Form(a) 1099- R if tax was withheld.  fyou did not jet a W- 2, see page 21  Enclose, but do oot attach, any ayment. Also, lease use	7 8 1 9 10 11 12 13 14 15a 16a 17 18	Wages, salaries, tips, etc. Attach Form(s) W- 2  Taxable interest. Attach Schedule B if required  Tax-exempt interest. Do not include on line 8a.  Ordinary dividends. Attach Schedule B if required:  Taxable refunds, credits, or offsets of state and local income taxes (see page 22).  Alimony received  Business income or (loss). Attach Schedule C or C- EZ  Capital gain or (loss). If Sch D not required, check here  Other gains or (losses). Attach Form 4797.  Total IRA distributions  Total pensions and annuities.  Total pensions and annuities,  Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule F  Unemployment compensation.	ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19	Add ent	ered on a strove 1
Attach Forms W- 2 and W- 2G here. Also attach Form(s) 1099- R If tax was withheld.  If you did not yet a W- 2, see page 21.  Inclose, but do not attach, any ayment. Also,	7 8 9 10 11 12 13 14 15a 16a 17 18 19 20a 21	Wages, salaries, tips, etc. Attach Form(s) W- 2  Taxable interest. Attach Schedule B if required  Tax-exempt interest. Do not include on line 8a.  Ordinary dividends. Attach Schedule B if required.  Taxable refunds, credits, or offsets of state and local income taxes (see page 22).  Alimony received  Business income or (loss). Attach Schedule C or C- EZ  Capital gain or (loss). If Sch D not required, check here  Other gains or (losses). Attach Form 4797.  Total IRA distributions  Total pensions and annuities.  15a  b Taxable amt  b Taxable amt  b Taxable amt  b Taxable amt  control real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule  Farm income or (loss). Attach Schedule F.  Unemployment compensation  Social security benefits  20a  b Taxable amt  Other income. List type and amount (see page 25)	ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b	Add ent	ered on a strove 1
Attach Forms W- 2 and W- 2G here. Also attach Form(s) 1099- R If tax was withheld.  fyou did not jet a W- 2, jee page 21.  Inclose, but do not attach, any ayment. Also, lease use form 1040- V.	7 8 9 10 11 12 13 14 15a 16a 17 18 19 20a 21	Wages, salaries, tips, etc. Attach Form(s) W- 2  Taxable interest. Attach Schedule B if required  Tax-exempt interest. Do not include on line 8a.  Ordinary dividends. Attach Schedule B if required:  Taxable refunds, credits, or offsets of state and local income taxes (see page 22).  Alimony received  Business income or (loss). Attach Schedule C or C- EZ  Capital gain or (loss). If Sch D not required, check here  Other gains or (losses). Attach Form 4797.  Total IRA distributions  Total pensions and annuities.  Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule F  Unemployment compensation.  Social security benefits  20a  b Taxable amt  b Taxable amt  b Taxable amt  cother income. List type and amount (see page 25)  Add the amounts in the far right column for lines 7 through 21. This is your total inco	ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b	Add ent	11,550.
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Attach Forms W- 2 and W- 2G here. Also attach Form(s) 1099- R 1 tax was withheld.  fyou did not let a W- 2, lee page 21.  Inclose, but do ot attach, any ayment. Also, lease use orm 1040- V.  Adjusted iross	7 8 9 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24	Wages, salaries, tips, etc. Attach Form(s) W- 2  Taxable interest. Attach Schedule B if required  Tax-exempt interest. Do not include on line 8a.  Ordinary dividends. Attach Schedule B if required:  Taxable refunds, credits, or offsets of state and local income taxes (see page 22).  Alimony received  Business income or (loss). Attach Schedule C or C- EZ  Capital gain or (loss). If Sch D not required, check here  Other gains or (losses). Attach Form 4797.  Total IRA distributions  Total pensons and annuities.  Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule F.  Unemployment compensation.  Social security benefits  Qua  Other income. List type and amount (see page 25)  Add the amounts in the far right column for lines 7 through 21. This is your total inco IRA deduction (see page 27).	ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b	Add ent	11,550.
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Attach Forms W- 2 and W- 2G here. Also attach Form(a) 1099- R If tax was withheld.  fypu did not jet a W- 2, jee page 21.  Enclose, but do not attach, any ayment. Also, lease use form 1040- V.  Adjusted iross	7 8 9 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24 25 26 27	Wages, salaries, tips, etc. Attach Form(s) W- 2  Taxable interest. Attach Schedule B if required  Tax-exempt interest. Do not include on line 8a.  Ordinary dividends. Attach Schedule B if required.  Taxable refunds, credits, or offsets of state and local income taxes (see page 22). Alimony received  Business income or (loss). Attach Schedule C or C- EZ  Capital gain or (loss). If Sch D not required, check here  Other gains or (losses). Attach Form 4797.  Total IRA distributions  Total pensions and annuities.  Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule F.  Unemployment compensation.  Social security benefits  20a  Other income. List type and amount (see page 25)  Add the amounts in the far right column for lines 7 through 21. This is your total incollable in	ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b	Add ent	11,550.
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Attach Forms W- 2 and W- 2G here. Also attach Form(s) 1099- R 1 tax was withheld.  I you did not let a W- 2, see page 21.  Inclose, but do ot attach, any ayment. Also, lease use orm 1040- V.  Inclusted iross	7 8 9 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30	Wages, salaries, tips, etc. Attach Form(s) W-2  Taxable interest. Attach Schedule B if required  Tax- exempt interest. Do not include on line 8a.  Ordinary dividends. Attach Schedule B if required.  Taxable refunds, credits, or offsets of state and local income taxes (see page 22). Alimony received  Business income or (loss). Attach Schedule C or C- EZ  Capital gain or (loss). If Sch D not required, check here  Other gains or (losses). Attach Form 4797.  Total IRA distributions  Total pensons and annuities  Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule F  Unemployment compensation  Social security benefits  Other income. List type and amount (see page 25)  Add the amounts in the far right column for lines 7 through 21. This is your total inco  IRA deduction (see page 27)  Student loan interest deduction (see page 27)  Medical savings account deduction. Attach Form 8853  One- half of self- employment tax. Attach Schedule SE  Self- employed health insurance deduction (see page 29)  Self- employed SEP. SIMPLE, and qualified plans  Alimony paid  Alimony paid  Draxable ant  b Taxable amt  b Taxable amt  b Taxable amt  b Taxable amt  c Taxable amt  c Taxable amt  b Taxable amt  c	ule E	7 8a 9 10 11 12 13 14 15b 16b 17 18 19 20b	Add ent	11,550.
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Form 1040 (2000)

Form 1040 (2000 Tax and	34	OM RIDER  Amount from line 33 (adjusted gross income).	Redacted
rax and Credits	35	N Charlette   I w	34 10,734
o eurs		La caracteristic de di citati i i i i i i i i i i i i i i i i i	
		Add the number of boxes checked above and enter the total here	
	_ [	of It you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 21 or dual-status alien.	
Standard	ſ	you were a dual- status alien, see page 31 and check here	
Deduction	36	Enter your itemized deductions from Sahadula & II	
for Most	ſ	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 plaim you are a deduction if you checked any box on	
People		The same same same same same same same sam	
Single: \$4,400	37	Subtract line 36 from line 34.	
Head of	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 work shoot as a second of exemptions claimed on	6,334
household:			
\$6.450	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter - 0-	38 2,800
Married filing	40	The officer if any tax is from at 1 Form(s) AR14 by 15 4076	39 3,534
jointly or	41	Alternative minimum tax. Attach Form 6251	<del></del>
Qualifying widow(er):	42	Add lines 40 and 41	41
\$7,350	43	Foreign tax credit Atlach Form 1115 it and the state of t	42 529
Married	44	Credit for child and dependent care expenses. Attach Form 2441.	
filing	45	Credit for the elderty or the disabled, An J. S. Altach Form 2441,	
separately:	46	Credit for the elderly or the disabled. Attach Schedule R	
\$3,675	47	Child tax credit (con core off)	
	48	Child tax credit (see page 35).	
	49	Adoption credit. Attach Form 8839 Other. Check if from Form 3800 h Form 3800	
	70	The state of the s	
	50		
		Add lines 43 through 49 Subtract line 50 from line 42. If line 50 in more than it.	
	51	The state of the s	50
her		STATE OF THE STATE	51 529
xes	53		
•	54		_53
		The state of the crown of the c	54 55
	5 <b>8</b>	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax	5.5 5.6
yments	56 57 58	Household employment taxes. Attach Schedule H  Add lines \$1 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099	5.5 5.6
	56 57 58 59	Household employment taxes. Attach Schedule H  Add lines \$1 through \$6. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1099 returns	5.5 5.6
yments you have a lualifying	58 57 58 59 60a	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  58  2000 estimated tax payments & amount applied from 1999 return.  59  Earned Income credit (EIC)	5.5 5.6
you have a lualifying hild, attach	56 57 58 59 60a b	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  58  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC)  Nontaxable earned income: amount	5.5 5.6
you have a ualifying hild, attach chedule EIC.	58 57 58 59 60a b	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC)  Nontaxable earned income: amount	5.5 5.6
you have a ualifying hild, attach ichedule EIC.	58 57 58 59 60a b	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC)  Nontaxable earned income: amount	5.5 5.6
you have a ualifying hild, attach chedule EIC.	58 57 58 59 60a b	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58 2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount   Excess social security and RRTA tax withheld (see page 50) 61  Additional child tax credit. Attach Form 8812	5.5 5.6
you have a ualifying hild, attach chedule EIC.	58 57 58 59 60a b	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC)  Nontaxable earned income: amount  Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)	5.5 5.6
you have a ualifying hild, attach chedule EIC.	56 57 58 59 60a b 61   62 / 63 /	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount  and type >  Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from 8  Form 2439 b. Form 2439 b. Form 4135	5.5 5.6
you have a ualifying hild, attach chedule EIC.	56 57 58 59 60a b 61 1 62 / 63 / 64 0 65 /	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount  Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 51 through 64. Total payments.	5.5 5.6
you have a ualifying hild, attach chedule EIC.	56 57 58 59 60a b 61 1 62 / 63 / 64 0 65 /	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount  Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 51 through 64. Total payments.	5.5 5.6
you have a ualifying hild, attach chedule EIC.	56 57 58 59 60a b 61 1 62 / 63 / 64 0 65 / 66 11 67a /	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC).  Nontaxable earned income: amount  and type >  Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments  Ine 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid vincount of line 66 you want refunded to you	55 58 57 2,161
you have a ualifying hild, attach chedule EIC.	56 57 58 59 60a b 61 1 62 / 63 / 64 0 65 / 66 11 67a /	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount  and type >  Excess social security and RRTA tax withheld (see page 50) 61  Additional child tax credit. Attach Form 8812 62  Amount paid with request for extension to file (see page 50) 63  Other payments. Check if from a Form 2439 b Form 4136 64  Add lines 58, 59, 60a, and 61 through 64. Total payments  I line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid withing number	55 58 57 2,161
you have a ualifying hild, attach schedule EIC.	58 57 58 59 60a b 61   1 62 / 7 66 / 8 66   11 66 / 8	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC).  Nontaxable earned income: amount  and type >  Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments  Ine 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid vincount of line 66 you want refunded to you	55 58 57 2,161 65 65 0.
you have a ualifying hild, attach chedule EIC.  fund e it city cosited! page 50 fill in 67b.	58 57 58 59 60a b 61   1 62 / 4 63 / 4 64 ( ) 66 65 / 4 66   11 67   4 66   67   4 66   67   4 66   67   66   67   66   67   67   67	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC)  Nontaxable earned income: amount  Excess social security and RRTA tax withheld (see page 50) 61  Additional child tax credit. Attach Form 8812 62  Amount paid with request for extension to file (see page 50) 63  Other payments. Check if from a Form 2439 b Form 4135 64  Add lines 58, 59, 60a, and 61 through 64. Total payments  Line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid withing number coount number  Count number Savings	55 58 57 2,161 65 65 0.
you have a ualifying hild, attach chedule EIC.	58 57 58 59 60a b 61   1 62 / 4 63 / 4 64   66   11 66   67   66   11 66   67   68   68   68   68   68   68	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC)  Nontaxable earned income: amount   Excess social security and RRTA tax withheld (see page 50) 61  Additional child tax credit. Attach Form 8812 62  Amount paid with request for extension to file (see page 50) 63  Other payments. Check if from a Form 2439 b Form 4135 64  Add lines 58, 59, 60a, and 61 through 64. Total payments  Line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid withing number count number Checking Savings  Checking Savings	55 58 57 2,161 65 65 66
you have a ualifying hild, attach chedule EIC.  fund e it city cosited! page 50 fill in 67b, and 67d.	56 57 58 59 60a b 61   1 62 / 7 63 / 8 64   65 / 8 66   11 67a   A 67a	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC)  Nontaxable earned income: amount   Excess social security and RRTA tax withheld (see page 50) 61  Additional child tax credit. Attach Form 8812 62  Amount paid with request for extension to file (see page 50) 63  Other payments. Check if from a Form 2439 b Form 4136 64  Add lines 58, 59, 60a, and 61 through 64: Total payments  Filine 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid would fine 66 you want refunded to you count number Cacount number  Mount of line 66 you want applied to 2001 estimated tax  68	55 58 57 2,161 65 65 66
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you have a ualifying mild, attach chedule EIC.	58 57 58 59 60a 61   1 62 / 7 66   11 66   67   A 66   67   A 66   67   A 66   67   A 67   A 68   A 69   7 60	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount   Excess social security and RRTA tax withheld (see page 50) 61  Additional child tax credit. Attach Form 8812 62  Amount paid with request for extension to file (see page 50) 63  Other payments. Check if from a Form 2439 b Form 4136 64  If line 55 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid with request for extension to file 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid with request for extension to file 65 you want refunded to you count number conducting number conducting number conducting number for than line 65, subtract line 65 from line 57. This is the amount you owe.  South of line 66 you want applied to 2001 estimated tax 68  Inc 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe.  South of line 66 you want applied to 2001 estimated tax 68  Inc 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe.	55 56 57 2,161 65 66 67a 68 2,277.
you have a ualifying mild, attach chedule EIC.	58 57 58 59 60a 61   1 62 / 7 66   11 66   67   A 66   67   A 66   67   A 66   67   A 67   A 68   A 69   7 60	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount   Excess social security and RRTA tax withheld (see page 50) 61  Additional child tax credit. Attach Form 8812 62  Amount paid with request for extension to file (see page 50) 63  Other payments. Check if from a Form 2439 b Form 4136 64  If line 55 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid with request for extension to file 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid with request for extension to file 65 you want refunded to you count number conducting number conducting number conducting number for than line 65, subtract line 65 from line 57. This is the amount you owe.  South of line 66 you want applied to 2001 estimated tax 68  Inc 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe.  South of line 66 you want applied to 2001 estimated tax 68  Inc 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe.	55 56 57 2,161 65 66 67a 68 2,277.
you have a ualifying nild, attach chedule EIC.  fund eit city page 50 fill in 67b, and 67d.  Owe 7	58 57 58 59 60a 61   1 62 / 7 66   11 66   67   A 66   67   A 66   67   A 66   67   A 67   A 68   A 69   7 60	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount  and type  Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136  Add lines 58, 59, 60a, and 61 through 64. Total payments  Inine 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  amount of line 66 you want refunded to you  Southing number Cocount number Co	55 56 57 2,161 65 65 66 67a 68 2,277.
you have a uselfying nild, attach chedule EIC.  fund sit sit sit sit shall page 50 fill in 67b, and 67d.  Owe 70 chedule EIC.	58 57 58 59 60a 61   1 62 / 7 66   11 66   67   A 66   67   A 66   67   A 66   67   A 67   A 68   A 69   7 60	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099	55
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you have a ualifying mild, attach chedule EIC.  fund e it oby page 50 fill in 67b, and 67d.  Owe 70 unt obe return?  age 19. a copy ur ds.	58 57 58 59 60 a 61 1 62 7 63 7 64 66 III 66 A 66 A 66 A 67 A 68 A 69 A 60 A 60 A 61 A 61 A 62 A 63 A 64 A 65 A 66 A 67 A 68	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136  Add lines 58, 59, 60a, and 61 through 64. Total payments  Line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid wount of line 66 you want refunded to you count number  Cocount number  Cocoun	55 56 57 2,161  65 0. 66 67a  Desir of my knowledge and preparer has any knowledge  Daytime phone number  May IRS discuss this return with the preparer
you have a ualifying hild, attach chedule EIC.  fund e it city page 50 fill in 67b, and 67d.  ount Owe 70 coupt 10 coupt	58 57 58 59 60 a 61 1 62 7 63 7 64 66 III 66 A 66 A 67 A 68 A 68 A 69 A 60 A 60 A 61 A 60 A 61 A 60	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50).  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments  If line 65 ismore than line 57, subtract line 57 from line 65. This is the amount you overpaid.  Wouting number Cocount number Cocount number  In cocount number Cocount number Cocount number  In cocount number Cocount number Cocount number In cocount number Cocount numb	55 56 57 2,161  65 67 68 67 68 67 69 2,277  Dest of my knowledge and preparer has any knowledge Daytime phone number  May IRS discuss this return with the preparer has any knowledge No
you have a ualifying hild, attach chedule EIC.  fund e it city object of the city page 50 fill in 67b, and 67d.  ount i Owe 7  n e return? page 19. a copy our ds.  Pre signarer's Fin	56 57 58 59 60a b 61 1 62 63 64 66 65 66 66 66 66 66 66 66 66 66 66 66	Household employment taxes. Attach Schedule H  Add lines \$1 through \$5. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax credit. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax payments. Attach Form \$812  Amount paid with request for extension to file (see page \$50)  Additional child tax payments. And to file (see page \$50)  Additional child tax payments. And tax payments for the file of the f	55 56 57 2,161 57 2,161 65 65 0. 68 67a 2,277. 6best of my knowledge and preparer has any knowledge and preparer has any knowledge Daytime phone number  May IRS discuss this return with the preparer has any knowledge and has a preparer has any knowledge and has a preparer has a pr
you have a unalifying mild, attach chedule EIC.  fund e it city page 50 fill in 67b, and 67d.  Owe 70 und e return?  Page 19.  a copy ur ds.  President of the composite of the	56 57 58 59 60a b 61 1 62 1 63 64 65 66 11 6 66 66 11 6 66 66 66 66 66 66 66	Household employment taxes. Attach Schedule H  Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned Income credit (EIC).  Nontaxable earned income: amount  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50).  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments  If the 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid.  Amount of line 66 you want refunded to you would file 65 you want refunded to you would file 66 you want applied to 2001 estimated tax  For details on how to pay, see page 51  Stimated tax penalty. Also include on line 69  To 116 - Institute of pertury, i decire that I have examined thus return and accompanying schedules and statements, and to the apy are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all information of which the pay are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all information of which the pay are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all information of which the pay are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all information of which the pay are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all information of which the pay are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all information of which the pay are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all information of which the pay are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all information of which the pay are true, correct, and complete. Declaration of preparer (other than Laxpayer) is based on all informa	55 56 57 2,161 57 2,161 65 65 0. 68 67a  Dest of my knowledge and preparer has any knowledge Daytime phone number  May IRS discuss this return with the preparer. Yes No

	t	Nonresident or Part-Year ncome Tax Return 2000	_	FORM
Fiscal year filer	3 or	by: Enter month of year end: month year 2001.	5 <sub>-</sub>	40NR
	ŀ	RIDE **		P
		TOM RIDER		
		***************************************		AC
	li.	odastod		A
	ľ	Redacted		^
				R
				RP
Step 2	1	X Single	<del></del>	
Filing Status	2	(even if only one spouse had income)		
Check only one	3	Married filling separate return. Enter spouse's social security number above and full name to		
	4 5	- Stop See instructions		
<del></del>		Todaily ing widow (er) with dependent child. Enter year spouse died		
Step 3	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 sheek thicker.	<del></del>	
Exemptions	▶			6
Attach check or	7	Personal: If you checked box 1.3 or 4 above, enter the box by the pre-printed dollar an	nount for that li	ne.
maney order here.		m you checked the box on line 6, see page 15		
	8	The last the	X 575 =	
	9	The total in the light spouse and the second state of the second	X\$75 =	
	10	and a subsequent of the second	X \$75 = Total	
Dependent	11	Dependents: Enter name and relationship. Do not include yourself or your spouse.	TOTAL	3 /3
Exemptions				
Step 4	12	Total California wages from all your Form(s) W- 2, box 17	0 X \$235 =	\$
Taxable	13	The read adjusted gross income from form 1040 line 39. Early 1040 line		
ncome		Form 1040EZ, line 4; TeleFile Tax Record line I Form 1040NB line 2		
ittach copy of	14			10,734
our Form(a) V- 2, W- 2G,				1,800
099- R. 582- B	18			8,934
ther Forms 099 showing alifornia text			• 16	0.
ithheid here.	17	Caution: If the amount on Schedule CA (540NR), line 33, column C	-	
	18	Adjusted gross income from all sources. Combine line 15 and line 16.  Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 40; OR	• 17	8,934.
	19	Subtract line 16 from line 17. This is your <b>taxable income</b> . If less than zero, enter - 0-	• 18	2,811.
				6,123.
•	20 22	CA adjusted gross income from Schedule CA (540NR), line 33, column E • 20 8 , 9 3 4 .		
		X Tow Tobbs The Check if from:		
			• 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		
2		Thorwise, add line 10 and line 11 and enter the result on the		
2	24	Subtract line 23 from line 22. If less than zero, enter - 0-	23	75.
2	24 ! 25a !	Ratio. Enter the ratio from Schedule CA (540NR), line 34	24	0.
2 2	24 : 25a : 25b :	Ratio. Enter the ratio from Schedule CA (540NR), line 34  fultiply line 24 by the ratio on line 25a	24	0. 1.0000
2 2	24 : 25a : 25b :	Ratio. Enter the ratio from Schedule CA (540NR), line 34  Aultiply line 24 by the ratio on line 25a  ax. Check the box Schedule G- 1. Tax on Lump- Sum Distributions; and	24 25e	0.
2 2 2	24   25a   25b   26	Ratio. Enter the ratio from Schedule CA (540NR), line 34  Autiliply line 24 by the ratio on line 25a  ax. Check the box Schedule G-1. Tax on Lump-Sum Distributions; and	24 25e 25b	0. 1.0000 0.
2 2 2	24   25a   25b   26	Ratio. Enter the ratio from Schedule CA (540NR), line 34  fultiply line 24 by the ratio on line 25a	24 25e 25b	0. 1.0000

<u> </u>	MOV DEPOS	
Step 6 Yo	urname: TOM RIDER Yourssn Reducted	-
Special	28 Amount Irom Side 1, line 27	,
Credits		
and		
Nonrefundable Renter's	and the second of the second o	
Credit	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 co	
	37 Enter credit namecode no and amount,	
	COUBID. And amount	
	40 Nonrefundable renter's credit. See page 17	
_		
Step 7	43 Subtract line 42 from line 28. If less than zero, enter - 0- 44 Alternative minimum tax, Attach Schedule 8 (540NE)	0
Other Taxes		
Other I days		
Step 8		0
Payments		
rayments		
	EACH CONTRACTOR OF THE PROPERTY OF THE PROPERT	
	Established Lipenses Credit: See page 20 for lines 51 through 54	
	• 52 <b>•</b> 53	
Step 9	The state of the s	
Overpaid Tax		
or Tax Dua	The state of the s	
Step 10	60 CA Series Canada Marine 40, subtract line 35 from line 46	0
Contributions		
	65 CA Firefighter's Memorial Fund	
	62 CA Fund to Davis and Memorial 67	
	63 Second Second Second Program Fund® 68	
	GB CA Peace Officer Memorial Foundation. • GB	
	84 State Objects Research Fund	
	/ I National World War II Vaterana Memoriai, 970	
	72 CA Lung Disease and Asthma Research . 972	_
	73 Add line 60 through line 72. These are your total contributions	
Step 11	74 REFUND OR NO AMOUNT DUE, Subtract line 73 from line 58. Mail to:	
Refund or	FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 84249, COSC	
Amount	75 AWOUNT YOU OWE. Add line 59 and line 72. See nage 22. Mail to:	0.
ou Owe	PHANCHISE TAX BOARD, PO BOX 942887 SACRAMENTO CA SACRE	
Step 12	. The return penalties, and late payment penalties	0.
nterest and	77 Underpayment of estimated tax. Check box: FTB 5805 attached 5TB 58055	
enalties	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	bo not attach a voided check or a deposit slip.	
Pirect Deposit	Check the boxes to have your refund directly deposited. Routing number	
nformation	Account Type: Account	
oder nemalities of ne	Checking •     Sevings •	
rect, and complete	rijury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	
ign		1
lere	Spouse's eignature (if Illing joint, both must eign)  Redacted	
	Spouse's eignature (if filing joint, both must sign)	
ent return? e page 23	X .	
-	Paid preparer's signature (declaration of preparer is o ased on all information of which preparer has any knowledge   Paid Preparer's SSN/PTIN	
a uniawful to		
	Firm's name (or yours it self- employed)  Firm's address  FEIN	
	H AND R BLOCK EASTER WASHINGTON DC 20009-0000	
de 2 Form 540NF	340NR00204046	

TAXABLEYEAR 2000

## California Adjustments -Nonresidents or Part-Year Residents

s	HEDULE
CA	(540NR)

me(s) as shown on return					<del></del>	
M RIDER					Redacted	numb er
t Residency Information. You must complete	all lin	es that apply to y	ou and your spor	190.		
ring 2000:				Your	self	Spouse
a I was domicited in (enter state)		•		57 / S		
b I was in the military and stationed in (enter state or c	ount.	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	N/A		
became a California resident (enter the state of prior	regid	97		N/A		
became a nonresident (enter new state of residence	and d	data of move)	ove)	N/A		
I was a nonresident of California the entire year (enter	ctata	accountry of social		N/A		
The number of days I spent in California (for any purp	nee\i	e	эпсе)	<u>N/A</u>		
I owned a home/property in California (enter "Yes" or	'Na"\	<b>3</b> . ,		0		
ore 2000:	140 /		· • • • • • • • • • • • • • • • • • • •	<u>NO</u>		
I was a California resident for the period of (enter date:	a)			** / *		
l entered California on (enterdate).	٠,	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	N/A		
l left California on (enter date)	• • • • •			N/A.	<del></del>	
			• • • • • • • • • • • • • • • • • • • •	<u>N/A</u>		
t II income Adjustment Schedule		A	В	С	D	E
etion A- Income		Federal Amounts (texable 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 trom column C to the result)	CA Amounta
Wages, salaries, tips, etc. See instructions	•			<u> </u>	TO (Na result)	<del> </del>
before making an entry in column B or C	7			i	•	
Taxable interest income	8			<del>                                     </del>	<del> </del>	
Ordinary dividends	9			<del> </del>		
State lax refund. Enter the same amount	-			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		 
in column A and column B	10	}				
Alimany received	11					
Business income or (loss)	12	11,550.	1,800.	<del></del>	9,750.	0.750
Capital gain or (loss)	13			T	37730.	9,750
Other gains or (losses)	14_					<del></del>
Total IRA distributions. See instructions.						
(a)	(p) _			1	ļ	
Total pensions and annuities. See		Į.				
instructions. (a)	(p) _			<u>                                     </u>		
Rental real estate, royalties, partnerships,						
S corporatione, trusts, etc.	17 _			<u></u>		
Farm income or (loss)	18 ~					
Unemployment compensation.	19 _					
Social security benefits (a) Other income.	(p) _					
a California lottery winnings						
b Disaster loss carryover from FTB 3805V				• <i>/////////</i>		
c Federal NOL (Form 1040, line 21)		ط م		ь <i>////////</i> ////////////////////////////		
d NOL carryover from FTB 3805V		C		c		
NOL from FTB 3805Z, FTB 3806, or	21_	{		<i>الالالللل</i> ك	21	21
FTB 3807			!			
Other (describe)		[ •		e <i>[[[[[]]]]]</i> , ]	Ì	
	_	<u> </u>		· <del></del>		
Totals Combined to the second						
Total: Combine line 7 through line 21 n each column. Continue to Side 2	2a	11,550.	1,800.	0.	9,750.	9,750.

ì

· •———						Redacted	
	me Adjustment Schedule ion B- Adjustments to Income	_ A		8	c	D	E
	A TAIL STATE OF THE STATE OF TH	Federal A (taxable a trom your retu	mounta r lederal	Subtractions See instructions	Additions See instructions	Total Amounts Using CA Law As If You Were a CA Resident (subtract column 8 from column A; edd column C to the result)	CA Amounts Income sarned or received as a CA resident and income earned or received from CA sources as a nonresident)
2	b Enter totals from Schedule CA (540NR), Side 1.			ļ			
:3	line 22a, column A through column E 22b			1,800	0.	9,750.	9,750
4	IRA deduction						
5	Administration of the second s						
8	Moving expenses						
7	One- half of self- employment tax 27		816.				
3	Self- employed health insurance deduction		310.			816.	816
)	Keogh/self-employed SEP/SIMPLE plans 29		<del></del>				
•	Donally on section 1st and a second						
	a Alimony paid. (b) Enter recipients:						
	SSN				·		
	ruli name31a	•					
	Add line 23 through line 31a						
	in each column, Althrough E		816.	0.1	ا۔ ہ	816.	
	Total Cubin-Ali- and in and					010.	816.
3	Total. Subtract line 32 from line 22b in		l l			ľ	
<b>,</b>	each column. A through E. See instructions	es by drop er (.44455	become	s 4446). This num	ber may be greate	•	8,934.
	each column, A through E. See instructions	es by drop er (.44455	pping amo	ounts 4 and under	(.44454 becomes . ber may be greate	4445)	1.0000
rt II	each column, A through E. See instructions	es by drop er (.44455 e 25a. Not	pping amo	ounts 4 and under s. 4446). This num esult is zero or less	(.44454 becomes . ber may be greate	4445)	
art III	each column, A through E. See instructions	es by drop er (.44455 e 25a. Not	pping amo	ounts 4 and under s. 4446). This num esult is zero or less	(.44454 becomes ber may be greate , enter - 0- on	4445)	1.0000
art III	each column, A through E. See instructions	see by drop eer (.44455 e 25a. Not 	A (Form: 3, 7, 8, 15	punts 4 and under s. 4446). This num esult is zero or less (1040), 5, and 16)	(.44454 becomes , ber may be greate , enter - 0- on	4445)	1.0000
art III	each column, A through E. See instructions	see by drop eer (.44455 e 25a. Not Schedule DNR), lines ome tax an	A (Form:	punts 4 and under s. 4446). This num esult is zero or less (1040), 5, and 16)	(.44454 becomes ber may be greate , enter - 0- on	34	1.0000
art III	each column, A through E. See instructions	see by drop eer (.44455 e 25a. Not Schedule DNR), lines ome tax an	A (Form:	punts 4 and under s. 4446). This num esult is zero or less (1040), 5, and 16)	(.44454 becomes ber may be greate , enter - 0- on	34	1.0000
art III	each column, A through E. See instructions	ses by drop er (.44455 e 25a. Not Schedule DNR), lines ome tax an	A (Form:	punts 4 and under s .4446). This num esult is zero or less	(.44454 becomes ber may be greate , enter - 0- on		1.0000
art	each column, A through E. See instructions	ses by drop er (.44455 e 25a. Not Schedule DNR), lines ome tax an	A (Form:	punts 4 and under s .4446). This num esult is zero or less	(.44454 becomes ber may be greate , enter - 0- on		1.0000
33 34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	each column, A through E. See instructions	see by drop ver (.44455 e 25a. Not Schedule DNR), lines come tax an	A (Form:	punts 4 and under s .4446). This num esult is zero or less	(.44454 becomes ber may be greater, enter- 0- on		1.0000
3	Ratio. Divide line 33, column Eby line 33, column D. Carry the decimal to five places. Then round it to four place and rounding up to the next number for amounts 5 and over than 1,0000. Enter the result here and on Form 540NR, line Form 540NR, line 25a.  If Adjustments to Federal Itemized Deductions Federal Itemized deductions. Add the amounts on federal lines 4, 9, 14, 18, 19, 26, and 27 (or Schedule A (Form 1040) Enter total of federal Schedule A, line 5 (state and local incident lines 8 (toreign taxes only).  Subtract line 36 from line 35. Other adjustments including California lottery losses. See incombine line 37 and line 38.  California itemized deductions Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filling status?	see by drop ver (.44455 e 25a. Not Schedule DNR), lines come tax an instruction	A (Form: A, (Form: A, 7, 8, 15 A State D  amount: /our stan	pounts 4 and under s 4448). This num esult is zero or less	(.44454 becomes ber may be greater, enter- 0- on		1.0000
	Ratio. Divide line 33, column Eby line 33, column D. Carry the decimal to five places. Then round it to four place and rounding up to the next number for amounts 5 and over than 1,0000. Enter the result here and on Form 540NR, line Form 540NR, line 25a.  I Adjustments to Federal Itemized Deductions Federal itemized deductions. Add the amounts on federal lines 4, 9, 14, 18, 19, 26, and 27 (or Schedule A (Form 1040 Enter total of federal Schedule A, line 5 (state and local incident and line 8 (toreign taxes only).  Subtract line 36 from line 35. Other adjustments including California lottery losses. See incombine line 37 and line 38.  California itemized deductions s your federal AGI (Form 540NR, line 13) more than the amount shown below for your filling status?  Single or married filing separate	see by drop er (.44455 e 25a. Not Schedule DNR), lines ome tax an instruction  Is the than y Single	A (Form: A (Form: A, 7, 8, 15 A (State D  A s. Specify  amount: /our stan	pounts 4 and under s 4448). This num esult is zero or less (1040), (5, and 16). Seability Insurance (1040) and deduction bed filing separate (1040) int. head of house!	(.44454 becomes ber may be greater, enter- 0- on		1.0000
art III	Ratio. Divide line 33, column Eby line 33, column D. Carry the decimal to five places. Then round it to four place and rounding up to the next number for amounts 5 and over than 1,0000. Enter the result here and on Form 540NR, line 540NR, line 25a.  I Adjustments to Federal Itemized Deductions Federal Itemized deductions. Add the amounts on federal lines 4, 9, 14, 18, 19, 26, and 27 (or Schedule A (Form 1040) Enter total of federal Schedule A, line 5 (state and local incident and line 8 (foreign taxes only).  Subtract line 36 from line 35. Other adjustments including California lottery losses. See incombine line 37 and line 38. California itemized deductions s your federal AGI (Form 540NR, line 13) more than the amount shown below for your filling status? Single or married filing separate \$124,246 Married filing joint or qualifying yidow(er) \$248,494	see by drop er (.44455 e 25a. Not Schedule DNR), lines ome tax an instruction  Is the than y Single	A (Form: A (Form: A, 7, 8, 15 A (State D  A s. Specify  amount: /our stan	pounts 4 and under s 4448). This num esult is zero or less	(.44454 becomes ber may be greater, enter- 0- on		1.0000
artill i ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	Ratio. Divide line 33, column Eby line 33, column D. Carry the decimal to five places. Then round it to four place and rounding up to the next number for amounts 5 and over than 1 0000. Enter the result here and on Form 540NR, line 540NR, line 25a.  I Adjustments to Federal Itemized Deductions Federal itemized deductions. Add the amounts on federal lines 4, 9, 14, 18, 19, 26, and 27 (or Schedule A (Form 1040 Enter total of federal Schedule A, line 5 (state and local income and line 8 (toreign taxes only). Subtract line 36 from line 35 Other adjustments including California lottery losses. See in Combine line 37 and line 38. California itemized deductions s your federal AGI (Form 540NR, line 13) more than the amount shown below for your filling status? Single or married filling separate \$124,246 Married filling joint or qualifying yid ow (er) \$248,494 dead of household \$186,370	Schedule ONF), lines ome tax an instruction  Is the than y  Single qualify  YES.	A (Form: A (Form: A, 15 and State D  amount: your stan or marries of filing jo ying widon	pounts 4 and under s. 4446). This num esult is zero or less	(.44454 becomes ber may be greater, enter- 0- on		1.0000
int III	Ratio. Divide line 33, column Eby line 33, column D. Carry the decimal to five places. Then round it to four place and rounding up to the next number for amounts 5 and over than 1,0000. Enter the result here and on Form 540NR, line 540NR, line 25a.  I Adjustments to Federal Itemized Deductions Federal Itemized deductions. Add the amounts on federal lines 4, 9, 14, 18, 19, 26, and 27 (or Schedule A (Form 1040) Enter total of federal Schedule A, line 5 (state and local incident and line 8 (foreign taxes only).  Subtract line 36 from line 35. Other adjustments including California lottery losses. See incombine line 37 and line 38. California itemized deductions s your federal AGI (Form 540NR, line 13) more than the amount shown below for your filling status? Single or married filing separate \$124,246 Married filing joint or qualifying yidow(er) \$248,494	see by drop eer (.44455 ee 25a. Not Schedule DNR), lines ome tax an instruction Is the than y Single Marrie qualify	A (Form: A (Form: A, 7, 8, 15 A State C  amount our stan or marries of filing jo	pounts 4 and under s. 4446). This num esult is zero or less	de 40 more elow?		1.0000

(See	<u> </u>	for the year Jan. 1- Dec. 31, 2000, or other tax year begin	nning	2000	IRS Use Only ending			
instructions				. 2000,	ending	20	OMB	No. 1545- 00
on page 19.)	T	OM RIDER				rour	Reducted	rity number
Use the IRS	Re	dacted						security num
Otherwise,						opuu	ac 2 200191 2	security num
please print						A	Impor	tanti
ortype.						4	You must	enter
Presidential L Election Camp	aion	Note. Checking "Yes" will not shape a					your SSN(	s) above.
(See page 19.)		Note. Checking "Yes" will not change your tax or re Do you, or your spouse if filling a joint return, want \$	duce your refund	₫.			You	Spous
Filing Statu	•	1 X Single	3 to go to this fur	<u>ıd?</u>	<u> </u>	$\Box$	es X No	Yes
9	•	2 Married filing joint return (even if only one if	3 2 d in e \					
		Married filling separate return. Enter spouse's Head of household (with qualifying)	SON					
Check only one box.		4 Head of household (with qualifying person	) (See page 40	il name here.	<u> </u>			
One DOX.		Head of household (with qualifying person enter this child's name here. ▶	/ (See page 19.	) if the qualify	ring person is a ch	ild but n	ot your depe	endent,
		5 Qualifying widow(er) with dependent child	(veer angues di					
Exemptions	i	6a X Yourself. If your parent (or someone else) can	Claim you as a d	<del>20</del>	). (See page 19	).).		
•		The second contract box 68	oldini you as a u	sheugeut ou	his or her tax		No. c	of baxes
		b Spouse		• • •		• • •	Balan	ked an ed 8b
		c Dependents:	(2) Den	endents	(3) Dependent		No. c	of your
If more than six	_	(1) First name Last name		inty number	relationship to		if qual, who:	ren on 6a
dependents,	_			My Hamber	you		<u>ld tax cr. • live</u>	
see page 20.							you a	not live with
	_					+	(see p	eration ege 20)
	-					_	Deper 8c not	ndents on I entered
	_						ab ove	,
	_	d Total sumbor of our					<del> - </del>	_
Income	7	d Total number of exemptions claimed	<del></del>				entere	
come		Wages, salaries, tips, etc. Attach Form(s) W- 2				1111	ines a	bove
	8	Taxable interest. Attach Schedule B if required .				7	ļ	
Attach		b Tax-exempt interest. Do not include on line 8a.	$\cdots$	٠ ,٠ ٠ .		8a		
orms W- 2 and	9	Ordinary dividends. Attach Schedule Bill required	_	8b				<del></del>
N- 2G here.	10	Taxable refunds, credits, or offsets of state and local in	· · · · ·			9		
Also attach Form(a) 1099- R	11	and the contract		ю раде 22) .		10		
i tax was	12	(loss). Attach Schedule C or C. F	· · · · . 7		· · · ·	11		
vithheld.	13	Capital gain or (lose). If Sch Dinot required, check her	—			12		11,550
	14	Other gains or (losses). Attach Form 4797	•		• • • • ▶∐	13		
you did not	15	158	bТа	xable amt		14		
eta W-2, ee page 21.	166	The state and aminutes   168	ľ			15b		
po μαθο Σ ι.	17	Rental real estate, royalties, partnerships, S corporation	ons, trusts, etc. A	ttach Sched	· · · · .	16b		
nclose, but do	18 19	- ( Coo): Altaci Scriedule P			dia E	17		
otattach. any	20a	Unemployment compensation				18		
ayment. Also, ease use	21	204	b Tax	able amt .		19 20b		
orm 1040- V.	-	Other income. List type and amount (see page 25)				77777		
	22	Add the amounts in the for make a				21		
djusted	23	Add the amounts in the far right column for lines 7 through the factor (see page 27)	ugh 21. This is vo	our total inco	me ,	22	1	1,550.
ross	24	Student loan interest deduction (see page 27)	1 -			1111		1,330.
come	25	Medical savings account deduction. Attach Form 8853	. 2	4				
	26	Moving expenses, Attach Form 3903	2!	5				
	27	One- half of self- employment tax. Attach Schedule SE	· · · . 20					
	28	Self- employed health insurance deduction (see page 2			816.			
	29	Self- employed SEP, SIMPLE, and qualified plans	29) 28					
	30	enalty on early withdrawal of savings	29					
		3-		/ 1	Ē	////		
	31 <b>a</b>	Timony paid b Hecipient's SSN ▶						
	32	Add lines 23 through 31a	316					
	32 33	Timony paid b Hecipient's SSN ▶	316			32		816. 0,734.

	34	Amount from line 33 (adjusted gross income)	Redacted
Tax and	354		34 10,
Credits		Shouse was 65 or older	
		Add the number of boxes checked above and enter the total here	
**************************************	` •	If you are married filling separately and your spouse itemizes deductions, or	
Standard	L	you were a dual- status alien, see page 31 and check here	
Deduction	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 shown	
for Most People	ſ		
		can claim you as a dependent	36 4,4
Single: \$4,400	37	Subtract line 36 from line 34.	37 6,
Head of	38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on	
household:		see the worksheet on page 32 for the amount to ache	38 2,8
\$6.450	39	rom line 38 from line 37. If line 38 is more than line 37, enter 10.	
Married filing	40	Form (9) 8814 h   Form 4972	
jointly or Qualifying	41	Alternative minimum tax. Attach Form 6251	
widow(er):	42	Add Wes 40 410 41	41
\$7,350	43	Foreign tax credit. Attach Form 1116 if required.	42 5
Married	44	Credit for child and dependent core and an arrange and arrange and arrange arr	<i>-{///</i> }
filing	45	Credit for the eldedy or the dischlark Anach a control of the eldedy or the dischlark Anach a control of the eldedy or the dischlark Anach a control of the eldedy or the	<i>¥///</i> }
separately: \$3,675	46	Education credite Attach Form each	<i>\$((()</i> )
53,675 	47	Child tax credit (see page 38)	
	48	Adoption credit Attach Form 8830	
	49		
,	••		<i>Y///)</i> :
	50	49	
		Add lines 43 through 49 Subtract line 50 from line 43, 15 line 50 in	50
<del></del>	51	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	51 5
her	52	Schedule SE	52 1,6
xes	53	and wedicare tax on tip income not reported to employer. Attack Englished	53
	54	as on the lettrement plans, and MSAs, Attach Form 5329 if required	
	55	2 - Tallied income credit payments from Form(s) W- 2	54
	56	Household employment taxes. Attach Schedule H	55
		the state of the s	
			56
	57	Add lines 51 through 56. This is your total tax	
vments	58	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099	
<del></del>	58 59	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 rature  50	
you have a	58 59	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099	
you have a ualifying hild, attach	58 59 60a	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  60a	
you have a ualifying hild, attach	58 59 60a	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099	
you have a ualifying hild, attach	58 59 60a	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount	
you have a ualifying hild, attach	58 59 60a b	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099	
you have a ualifying hild, attach	58 59 60a b	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812	
you have a ualifying nild, attach	58 59 60a 61 62 63	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)	
you have a ualifying hild, attach	58 59 60a b 61 62 63 64	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136	
you have a ualifying niid, attach chedule EIC.	58 59 60a b 61 62 63 64 65	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments	
you have a ualifying hild, attach ichedule EIC.	58 59 60a b 61 62 63 64 65	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099	57 2,1 65
you have a ualifying hild, attach chedule EIC.	58 59 60a 61 62 63 64 65 66	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments  If line 66 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  Amount of line 66 you want refunded to you	57 2,1 85 66
you have a ualifying hild, attach ichedule EIC.	58 59 60a b 61 62 63 64 65 66 67a	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments  If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  Amount of line 66 you want refunded to you  Routing number  Checking Savings	57 2,1 65
you have a ualifying hild, attach chedule EIC.  fund e it ctty osited! page 50 fill in 67b.	58 59 60a b 61 62 63 64 65 66 67a b	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 58  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC) 60a  Nontaxable earned income: amount and type Excess social security and RRTA tax withheld (see page 50) 61  Additional child tax credit. Attach Form 8812 62  Amount paid with request for extension to file (see page 50) 63  Other payments. Check if from Form 2439 b Form 4136. 64  Add lines 58, 59, 60a, and 61 through 64. Total payments  If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  Amount of line 66 you want refunded to you  Routing number Checking Savings	57 2,1 85 66
you have a ualifying hild, attach ichedule EIC.  fund e it ctty osited! page 50 lill in 67b, and 67d.	58 59 60a b 61 62 63 64 65 66 67a b	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments  If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  Amount of line 66 you want refunded to you  Routing number  Account number  Amount of line 65 you want applied to 2001 estimated tax	57 2,1 85 66
you have a ualifying hild, attach ichedule EIC.  fund re it city osited! page 50 fill in 67b, and 67d.	58 59 60a 61 62 63 64 65 66 67 67 68 68	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58. 59, 60a, and 61 through 64. Total payments  If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  Amount of line 66 you want refunded to you  Routing number  Account number  Amount of line 65 you want applied to 2001 estimated tax  If line 57 is more than line 65. subtract line 65 from line 57. This is the	57 2,1 85 66
you have a ualifying hild, attach chedule EIC.  fund e it city osited! page 50 fill in 67b, and 67d.	58 59 60a b 61 62 63 64 65 66 67a b	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  and type  Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58. 59, 60a, and 61 through 64. Total payments  If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  Amount of line 66 you want refunded to you  Routing number  Account number  Amount of line 66 you want applied to 2001 estimated tax  68  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	57 2,1 65 66 67a
you have a ualifying hild, attach ichedule EIC.  fund e it ctty osited! page 50 iiil in 67b, and 67d.  count u Owe	58 59 60a b 61 62 63 64 65 66 67 b d d	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58, 59, 60a, and 61 through 64. Total payments  If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  Amount of line 66 you want refunded to you  Routing number  Account number  Amount of line 65 you want applied to 2001 estimated tax  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.  Estimated tax penalty. Also include on line 69.	57 2,1 65 66 67a
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you have a ualifying hild, attach chedule EIC.  fund e it city osited! page 50 lill in 67b, and 67d.  ount Owe	58 59 60a b 61 62 63 64 65 66 67 a d d d f 68 69 i	Add lines 51 through 56. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2000 estimated tax payments & amount applied from 1999 return.  Earned income credit (EIC)  Nontaxable earned income: amount  and type   Excess social security and RRTA tax withheld (see page 50)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 50)  Other payments. Check if from a Form 2439 b Form 4136.  Add lines 58. 59, 60a, and 61 through 64. Total payments  If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid  Amount of line 66 you want refunded to you  Routing number  Account number  Amount of line 65 you want applied to 2001 estimated tax  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  Estimated tax penalty. Also include on line 69  70  116.	85 66 67a
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760PY Virginia Individual Income Tax Return 2000 PART- YEAR RESIDENT FISCAL YEAR FILERS: Enter beginning date First name and initial (f) joint or combined return, enter both) Usa AND check her Your social sacurity number Virginia В ● B TOM RIDER Label. Redacted Ε Present home address (number and street or rural route) Otherwise L Spouse's social security number o leas e Н Redacted print E or type. R City, town or post office and state ZIP Code For Office Use Redacted Name of Virginia city or county where you were a resident on January 1, 2001 X CITY **IMPORTANT**▶ ALEXANDRIA COUNTY Dates of residence in Virginia: Yourself -- From  $01/01/2000_{To}03/31/2000$ Spouse- - From Month Day Month Month Day Year Month Day Year STEP 1 FILING STATUS (CHECK ONLY ONE) **EXEMPTIONS** (enter number) It both husband and wife had income, using Filing Status 4 may result in less tax than Filing Status 2 (see instructions). **EXEMPTION AMOUNT** Check Depandenta Examptions X Single (claiming federal Head of Household? YES Use when completing line 1: 0 0 vour = X \$800 = 800 00 Filing Married, filling joint return (Even if only one had income) Status X \$800 == 00 Enter Married, Hiting separate returns (Enter spouse's social security number in space above and enter full name here your X \$800 == Exemptions 00 Married, filing separately on Column B: Yourself this combined return X \$800 = 00 В Column A: Spouse X \$800 = A 00 5 If you can be claimed as a dependent on another's return and had SPOUSE A USE ONLY when Filly Status 4 is checked YOURSELF unearned income, check here. See the instructions for line 11 B Ē or use by all other filers 6 Federal ADJUSTED GROSS INCOME (total of line 32, columns A1 and B1, Part I, page 2) STEP 2 10,734 Compute Your VAQI 7 Additions from LINE 35 on page 2 ...... 8 Subtotal (add line 6 and line 7) Do you need 10,734 to file? 9 Subtractions from LINE 47 on page 2 ...... 9 See Line 10 9,138 10 Virginia adjusted gross income (subtract line 9 from line 8). Instruction 10 1,596 STEP 3 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 .......(b) Compute Your 12 Prorated EXEMPTION AMOUNT (See instructions to prorate using the Ratio Schedule) ..... 12 Virginia Taxable Income 15 VIRGINIA TAXABLE INCOME (subtract line 14 from line 10). 15 STEP 4 16 INCOMETAX: From Tax Table or Tax Rate Schedule ..... Compute 17 TOTAL TAX (add column A and column B, line 16) Your Tax 0 STEP 5 (b) SPOUSES Virginia income tax withheld [attach form(s)]...... O Compute Your **Payments** (d) COMBINED extension payments made with Form 760E (attach Form 760E) . . . . . . . . . . . (d) ● CREDITS: and Credits (g ) Credits from Schedule CR (attach Schedule CR)...... (h) Check here if reporting Coalfield Employment Enhancement Tax Credit earned in 2000 . . [ (g) 19 TOTAL PAYMENTS AND CREDITS [add lines 18(a) through (g)] 20 If LINE 17 is larger than LINE 19, enter the difference. This is the INCOME TAX YOU OWE. Skip to line 22 a STEP 6 21 If LINE 19 is larger than LINE 17, enter the difference. This is the OVERPAYMENT AMOUNT. Compute 21 22 Addition to tax, penalty and interest (from Schedule NPY, Side 1, Part II, line 4) . . . . . **Amount** You Owe 23 Amount of overpayment on line 21 to be CREDITED to 2001 ESTIMATED income tax. 23 or 24 Contributions and Consumer's Use Tax from Side 2 of Schedule NPY ..... Your 25 Add line 22, line 23 (columns A and B) and line 24 Refund 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 BE SURE TO <u>27</u> a For Local Use SIGN YOUR PETURN ON PAGE 2 For Office Use LTD Coding CG TP DO- HRR Form 760PY (2000) VAPY- 1V 1.7 Form Software Copyright 1996 - 2001 H&R Block Tax Services, Inc

PART I - SCHEDULE OF INCOME AND ADJUSTMEN	ITS (see instruct	tions)	· ALL FILERS	MUSTON	DI ET-	<b>* *</b> 1.0.0	R	edacted	
			NO STATUS 4 IS USE						Pag
28 Income:	Column A1	Column A2	Column A3	Cotumn	ORUS	EBYAL	LOTHE	A FILERS	
	Income on Federal Return	Income While	Income While NOT	Income			mn B2 e While	Column B3	
(a) Wages, salaries, lips, and other compensation	rederal neturn	Virginia Resident	Virginia Resident	Federal Re		Virginia	Pesider	income While I nt Virginia Resid	TOT
								3,	
(b) Interest and dividends									$\dashv$
(c) Pension and other income (attach explanation)(c)				11,5	EA				
9 Gross income ladd lines 28 (a), (b) and (c)  29							,80		5 Q
0 Adjustments to income: moving expenses 30			<del> </del>	11,5	50	1	,80	0 9,7	50
									$\dashv$
Line or a separation of the se				E	16		20	4 6:	-
2 Adjusted gross income (line 29 less lines 30 and 31) 32				10,7		1	, 59		
Sum of Col. At and Bit on line 32 must equal your federal adjusted gross income from federal Form 1040, 1040A or 1040E.	Enter this amount		Enter this amount	Enter this an	_		, 33		
1040EZ	on Pg. 1, Ln 6, Cal A of Ihistorm		on Pg. 2, Ln. 38,	on Pg. 1, Ln	6			Enter this amor	ant
	MIDI BINI TO PA		Col. A of this form.	Col B of this				Col. B of this to	, m
ART II - ADDITIONS TO FEDERAL ADJUSTED GRO			•	Auge SI	POUS	E		VALIDOEL	F
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Interest earned while a Virginia resident on obligation	ons of other state	s exempt from fe	deraitax 33		- 10 (11)		-	other filers	
of the radditions to lederal adjusted gross income as	B Drovided in inet	TICTIONS AHON	ovelessis a				<u> </u>		
TOTAL ADDITIONS (add lines 33 and 34). Enter he	re and on LINE?	Conservation							l_
RT III - SUBTRACTIONS FROM FEDERAL ADJUS	TED CECCO	on page 1		<u> </u>					0
And deduction for the property of	SIEDGROSSIN	COME				=			
Age deduction for taxpayers who are age 62 and ov	eron January 1,	2001, from		ļ		- 1 1	l		
Schedule NPY, Side 1, Part I		* * * * * * * * * * * * * * * * * * * *	36	ł					- 1
State income tax refund or overpayment credit repo	rted as income o	D vous fool and	•				·		
received write a virginia resident. (Claim in the same	e columnuou e-			ł		1. 1			
Income attributable to your period of residence outs	e column you rep	outed the incom	e on line 6.) [ 37			_1_1	<b>Ŭ</b>		- 1
Income (interest dividends association)	ude va nom Part	I, columns A3 &	B3, Line 32 . 38	<u></u>				9,13	ᆔ
Income (interest, dividends orgains) received while	a Virginia reside	nt on obligations	or				╸┝╴		7
securities of the U.S. exempt from state income tax. I	but not from fode	seal tass				1 [			-
Security and equivalent rier i Railroad Retire	ment Act henefit	E reported t	4						
on your federal return and attributable to your period	of residence in	Virginia	able liftOMe			1 1			
Disability income received while a Virginia resident u	and to seem to	Auginia	40						- 1
Dermanenthy and totally disabled access and a	sed to compute	the federal credi	t for						$\vdash$
permanently and totally disabled persons under age	65. (Altach federa	l Sch Rar Sch. 3,	Form 1040A) 41			1 19			-1
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and a supply of the last leceived in	/hile a Viminia co	oidont	44			<del>     </del>			
Other subtractions as provided in Instructions - Attac	t evolunation	Siderit	45			╨╹			Т
TOTAL SUBTRACTIONS - (add lines 36 through 46)	ST SAPIRITATION	• • • • • • • • • • • • • • • • • • • •	46						$\top$
RTIV. STANDARD DEDUCTION	. Enter here and	on LINE 9 on pa	ige 1 47					9,13	<u> </u>
RTIV - STANDARD DEDUCTION (The standard deduction) (The standard deduction) (The standard deduction) (Total of its content of	iction must be claim	red unless itemized	deductions were clai	med on your fe	derei e	duen.			<u> </u>
(a) Federal ADJUSTED GROSS INCOME (Total of lit	ne 32, calumns A	A1 + B1 from Par	(above)	, ,		404	ee instr		<u> </u>
					• • • • •	. 48(ε	"—	10,73	
							)	1,59	5
48(a)]. Enter to only one decimal place (Example d) Filing Status 1: Enter \$3,000: Filing Status 2 or 4: 5	. 10 00/1	JII INIO 40(D) CIVI	ded by amount sho	own on line.					
(d) Filing Status 1: Enter \$3 000: Filing Status 0 4-1		• • • • • • • • • • • • •			<b>.</b> .	(c	s I .	14.9	<b>)</b> 0/
						id	( -	3,000	
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you may allocate this amount between husband a T V- ITEMIZED DEDUCTIONS (If you itemized ded	and wife, as mutu	ge 1. If using Filir	ng Status 4,		<u></u>	(e		447	<u> </u>
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Form 760PY (2000) VAPY- 2V 1.7 Form Software Copyright 1996 - 2001 H&R Block Tax Services, Inc.

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 FERFORMING ANIMAL WELFARE SOCIETY

#### Employee:

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

Submission Type:	
Wages, Tips and Other Compensation:	ORIGINAL SUBMISSION
Federal Income Tax Withheld:	\$2,492.00
Social Security Wages:	\$224.00
Social Security Tax Withheld:	\$2,492.00
Medicare Wages and Tips:	\$154.00
Medicare Tax Withheld:	\$2,492.00
Social Security Tips:	\$36.00
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 leaves	0.00
a size i expenses incurred for Qualified Adoptions	0.00
initia Party Sick Pay Indicator:	0.00
Retirement Plan Indicator:	
Statutory Employee:	•
	**

## Form 1099-MISC

Not Statutory Employee

Form 1040	) [	epartment of the Treasury - Internal Revenue Service I.S. Individual Income Tax Return	2001				
Label		e year Jan. 1-Dec. 31, 2001, or other tax year beginning	200) 1019109	IRS Use Only - Do		or staple in this space	
(See					You <u>r so</u>	MB No 1545-0074 cial security numb	
on page 19)		M RIDER acted			Re	dacted 's social security n	
Otherwise please print or type.				-	<b>A</b> ,	Important!	
Presidential Election Camp (See page 19)	aign	Note. Checking "Yes" will not change your tax or red	uce your refund.			our SSN(s) above.	
Filing Statu		Do you, or your spouse if filing a joint return, want \$3  X Single	to go to this fund?	<u> </u>	Yes	X No Yes	$\overline{}$
Check only		Married filing joint return (even if only one hat Married filing separate return File appears Head of household (with qualifying person) enter this child's name nere	CN II	Ing person is a child	butnot	your dependent.	
		Qualifying widow(er) with dependent child (					
Exemptions	; '	Yourself. If your parent (or someone else) can c return, do not check box 6a b Spouse c Dependents:	laim you as a dependent on	). (See page 19.) his or her tax	<del></del>	No of Doxes chetked on Gaund Sp	1
		(1) First name Last name	(2) Dependent's	(3) Dependent's relationship to		No of your children on Sc.	
If more than six	_	castrianie	social security number	YOU YOU	child i	l for <u>3x cr</u> • lived with you	1
dependents, dee page 20						odid not live will your due to divo	17
					<del>-                                     </del>	or Separation	<del></del>
						C not entered	
	_				++	- spoke	
				<u> </u>	<del></del>	<del> </del>	
		d Total number of exemptions claimed				Preconded by And Control of the Cont	_
Income	•	Wages, salaries, tips, etc. Attach Form(s) W- 2			1111	mes atro	<u></u>
	8	Taxable interest. Attach Schedule B if required			7	2,4	92
A **== b		Tax- exempt interest. Do not include on line 8a.			8a		<u> </u>
Attach Forms W- 2 and	9	Ordinary dividends. Attach Schedule B if required	8b				
W- 2G here.	10	Taxable refunds, credits, or offsets of state and local in			9		
Also attach Form(s) 1099- R	11	Alimony received	(come taxes (see page 22)	. }	10		
if tax was	12	Business income or (loss). Attach Schedule C or C- E2	• • • • • • • • • • • • • • • • • • •		11		
withheld.	13	Capital gain or (loss). If Sch Dinot required, check here	• •	( ا	12	5	97.
	14	Other gains of (losses). Attach Form 4797		<b>▶</b> !!	13		
If you did not	15	Total IRA distributions 15a	b Taxable amt		14		
get a W- 2.	168	Total Perisions and armutales.   162	h Tayahia		15b		
see page 21.	17	Rental real estate, royalties, partnerships, S corporatio	IS trusts etc Attach School		16b	<del></del>	
<b></b> .	18	Attach Schedule F	man in a die, etc. Attach eched	nie E	17		
Enclose butdo not attach, any	19	Unemployment compensation			18		
payment. Also please use Form 1040- V.	20a 21	Social security benefits 20a  Other income List type and amount (see page 27)	b Taxable amt		19 20b		<del></del>
	22	Add the amounts in the far cight solume for the T			21		
Adjusted	23	Add the amounts in the far right column for lines 7 throu IRA deduction (see page 27)	igh 21. This is your total inco		22	3,08	a
Gross	24	Student loan interest deduction (see page 28)	23	16	रक्ष		<u></u> -
Income	25	Archer MSA deduction, Attach Form 8853	24	<u>`</u>			
	26	Moving expenses. Attach Form 3903	25	É			
	27	One- half of self- employment tax. Attach Schedule SE	26				
	28	Self- employed health insurance deduction (see page 3	27	42			
	29	Self- employed SEP SIMPLE and qualified plans	28	<i>\(\)</i>			
	30	Penalty on early withdrawal of savings	30				
	31a	Alimony paid   b Recipient's SSN ▶	31a				
	32	Add lines 23 through 31a	-		<b>22</b>		
	33	Subtract line 32 from line 22. This is your adjusted and	s income	_	32	4	2 .
BA For Disclosi Form 1040 (2001	ure, F	rivacy Act, and Paperwork Reduction Act Notice, see	Page 72	<u> </u>	33	3,04	7.

	Amount from line 33 (adjusted gross income)	Redacted
Credits	35a Check if: You were 65 or older   Plant	34 3,04
	Add to the plant was the dead showe and enter the total bare	3,0.
	b. Hyou are no consistence.	
Standard Deduction	- " YOU DETITABLED HIND CONSENS	
for	you were a dual- status alien, see page 31 and check here	4//3
• People wh		
checked any	The second of the second secon	
box on line		4,55
35a or 35b or	38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on	(1,503
who can be claimed as a		
dependent.	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter - 0-	. 38 2,90
see page 31.	Form(s) 8814 b   Form 4070	39
<ul> <li>All others:</li> </ul>	41 Alternative minimum tax. Attach Form 6251	40
Single	42 Add Intes 40 and 41	41
34 350	43 Foreign tax credit Attach Form 1116 if required	42
Head of	44 Credit for child and dependent care expenses. Attach Form 2441. 44	
housenald 36 690	45 Credit for the elderly or the disabled. Attach Schedule R 45	
Married filing	1 79 EUUCATION Credite Attach C 6000	
jointly or Qualifying	47 Rate reduction credit See the west-based	VIIIA
widow(er). 37:500	47 Rate reduction credit. See the worksheet on page 36 47 47	<del>*///</del> //
Married	tax credit (see page 37)	<i>*///</i>
triing reparately	50 Other credits from 8839	<del>'</del> ////
23 HU0	Form 8396	
	incorporation and a second and	
·	37 Hom line 42 If line 51 is more than line 42	51
ther	Self-employment tax. Attach Schedule SE	52
axes	and intedictife (ax on tip income not ton and a	53 8
	Tax on qualified plans, including IRAs, & other tax- favored accounts  Advance earned loss are seeding.	54
	ER Addition accounts	
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C-5) Estates and truste	e iz, and al	io on Schedule SE, line	2 (statu	tory employees.	]		İ	
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Sch C-1040 (2001) FDC-1V1.9

4

SCHEDULE SE (Form 1040)

Dispartment of the Treasury Internal Revenue Service (29)

## Self-Employment Tax

► See Instructions for Schedule SE (Form 1040).

Attach to Form 1040.

CMB No. 1545-0074 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

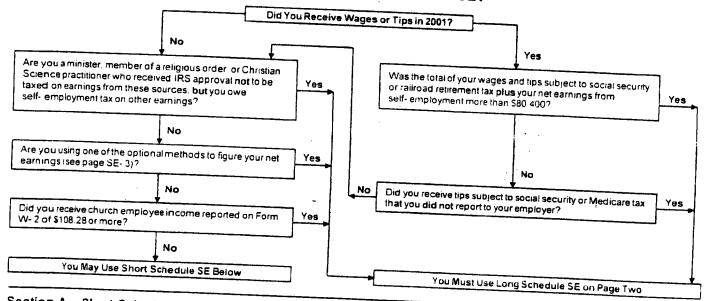
You must file Schedule SE if:

- You had net earnings from self- employment from other than church employee income (line 4 of Short Schedule SE or line 4c of
- 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 imember 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.

# 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  Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule 1065) line 15a.	le K- 1 (Form		1	
<ul> <li>1065) line 15a</li> <li>Net profit or (loss) from Schedule C, line 31: Schedule C- EZ, line 3; Schedule K-line 15a (other than farming); and Schedule K- 1 (Form 1065- B), box 9. Ministers of religious orders, see page SE-1 for amounts to report on this line. See page SI income to report.</li> </ul>	1 (Form 1065),		1	0.
3 Combine lines 1 and 2			. 2	507
4 Net earnings from self- employment, Multiply tipe 2 by 122 120 120 120 120 120 120 120 120 120	•		3	<u>597.</u>
do not file this schedule: you do not owe self- employment tax	an 3400.			597.
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.	]			<u>551.</u>
<ul> <li>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.</li> </ul>			5	84
Deduction for one- half of self-employment tax. Multiply line 5 by 50% (5) Enter the result here and on Form 1040, line 27	÷ .			
BA For Paperwork Reduction Act Notice, see Form 1040 instructions.	6	42.		Uli Uli Pilitar
Sch SE- 1040 (2001) FDSE- 1V 1 13		S	chedule SE (F	orm 1040) 2001

Sch SE- 1040 (2001)

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	Yourname: TOM RIDER	
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Credits	28 Enter credit name	25
and	29 Enter credit name	
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Credit	30 To claim more than two credits, see instructions and amount 29  31 Nonrefundable renter's credit. See instructions 30	
	33 Add line 28 through line 31. These are your total credits  34 Subtract line 33 from line 25. If less than zero, enter - 0-	
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Form 1040	Ü	partment of the Treasury - Internal Revenue Service S. Individual Income Tax Return	2002			
Label	Forth	year Jan 1-Dec. 31, 2002, or other tax year beginning	2002, and ing		o not w	rite of staple in this space.
(See			, 2002, Briging		<u> </u>	OMB No. 1545- 0074
instructions					Your	social security number
on page 21.)		M RIDER				edacted
Use the IRS	Red	neted			Spou	ise's social security numb
Otherwise,						
please print     or type.					A	Important!
Presidential						You must enter
Election Camp	aign	Note. Checking "Yes" will not change your tax or red	uce your refund			your SSN(s) above.
(See page 21.)		53 vou, or your spouse if filling a joint return, want	to go to this fund?	_		
Filing Status	s <sup>'</sup>	<u>v</u> single	4   1	and of household ( )		Yes X No Yes N
			)) pe	stann is a child but not yo	h qualif	ying person). If the qualifying
Check only	;	Married filing separately. Enter spouse's SSN ab	ove >	- me out not yo	ai deben	ying person). If the qualifying dent, enter this child's name had
one box.		and full name below.		Hallfring widow()		
				ualifying widow(er) wi couse died ▶		
Exemptions	6	Yourself. If your parent (or someone else) can ci	aim you as a depender	nt on his or her tay	). (Se	e page 21.)
		A STATE OF THE CHECK DOX 68		TOTAL PROPERTY.		No. of boxes checked on
	_	Spouse			• •	da and 6b
		Dependents:	(2) Dependent	s (3) Dependent	90 /4	Na. of children on 6c wha:
		(1) First name Last name	social security num	relationship to		If qual elived with you
If more than five				vou		Ild tax cr. you due to divorce
dependents,						or separation (see page 22)
see p age 22.						Dependents on 8c
					-	above
						<del></del>
		Total number of exemptions claimed		<del></del>		Add numbers on lines
Income	7	Wages, salaries, tips, etc. Attach Form(s) W- 2			1111	
	8	Total			7	1
		The case Attach Schedule Bill required			. 8a	<del></del>
Attach	9	and the state of the state of the sa				<del></del>
Forms W- 2 and W- 2G here.	· 10	Ordinary dividends. Attach Schedule B if required			9	1
Also attach	11	Taxable refunds, credits, or offsets of state and local in Alimony received	come taxes (see page	24)	10	<del> </del>
Form(s) 1099-R if tax was	12				11	
withheld.	13	Business income or (loss). Attach Schedule C or C-EZ			12	18,388.
	14	Capital gain or (loss). If Sch Dnotrequired, check here Other gains or (losses). Attach Form 4797		▶[	13	10,300.
M	15:	iRA distributions 15a	· · · · · · ·		14	
If you did not get a W- 2,		Pensions and annuities 16a	b Taxable ar		15b	
see page 23.	17	Rental real estate, royalties, pertnerships, S	b Taxable an	nt	16b	
	18	Rental real estate, royalties, partnerships, S corporation Farm income or (loss). Attach Schedule F	ns, trusts, etc. Attach Se	chedule E	17	
Enclose, but do	19	Unemployment compensation	· · · · · · ·		18	
not attach, any payment. Also,	20 <b>a</b>	Social security benefits 20a	· · · · · · · · · · · · · · · · · · ·		19	
piease use	21	Other income. List type and amount (see page 29)	b Taxable an	nt, , , , , , , , ,	20ь	
Form 1040- V.		NOL (9,389)		<del></del>		
	22	Add the amounts in the far right column for lines 7 through	ab 21 This		21	(9,389.)
Adjusted	23	Educator expenses (see page 29)		income >	22	8,999.
Gross	24	IRA deduction (see page 29)	23			
ncome	25	Student loan interest deduction (see page 31)	24			
	26	Tuition and fees deduction (see page 32)	25			
	27	Archer MSA deduction. Attach Form 8853	27			
	28	Moving expenses, Attach Form 3903	28			
	29	One- half of self- employment tax. Attach Schedule SF	20	1 300		
	30	Self- employed health insurance deduction (see page 33	3) 30	1,299.		
	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			
		Add lines 23 through 33a			11/1	
PA For Disales	35	Subtract line 34 from line 22. This is your adjusted gross	• •		34	1,299.
Form 1040 (2002)			page 76.	· .P	35	7,700.
Form Sollware Cook	richi	FD1040-1V 1.25				Form 1040 (2002)

ax and	36	Amount fr	ro <u>m lin</u> e 35 (adj	justed gross inco	ome).							lacted
redits	37	Check if:	You we	re 65 or older,	Blind:			55 or older	. Ш.	· -	. 36	7,70
		Add the n	umber of boxe	s checked above		apous	e was c	o or older	Blin	d.		
· · · · · · · · · · · · · · · · · · ·	٠,								► 37	•	_////	
Standard	'	VOLUMETE:	married liling si	eparately and yo	nı sponsı	e itemizes ded	uction	s, or		_		
Deduction for	'	,	uddar status e	alien, see page 34	4 and che	ck here .			▶ 37	ь		
•	38	ltomin-d	da d41 /e									
<ul> <li>People who checked any</li> </ul>	_	Colonizaci	geductions (fr	om Schedule A)	or your s	tandard dedu	ction (	see left m	arain)		. 38	4 7 0
box on line	39	Capuacin	nia 20 ilom libe	30						•	39	4,70
37a or 37b or	40	If line 36 is	\$103,000 or le	:55, multiply \$3.0(	00 by the	total number o	favam	intions cla	imed on	•	7777	3,00
who can be	1	WI C OG. 11 11	110 20 12 0AOL 2	103,000, see the	workshe	et on page 35					7///	
claimed as a dependent,	41	Taxable ir	ncome. Subtra	ct line 40 from lin	ne 39. If lin	e 40 is more th	 San line	. 20		•		3,00
see page 34.	42	Tax. Chec	k if any tax is fr	om a Form	(s) 8814	h Earn	4070	39, enter	-0		41	
• All others:	43	Alternativ	e minimum ta	x. Attach Form 6	3254	P - Louw	49/2				42	
	44	Add lines 4	12 and 43								43	
Single, \$4,700	45			Form 1116 if req			1			, ,▶	44	
Head of	46	Credit for a	child and den	Leum 11191tted	uired.		45					
household.	47	Credit for t	muano deper	ndent care exper	nses. Atta	ch Form 2441	46					
\$6,900	1	Credition	he elderly or th	e disabled. Attac	h Schedu	ule R	47					
Married filing jointly or	48		credits. Attach				48				<del>-</del> /////	
Qualifying widow(er),	49	Retiremen	t savings contr	ibutions credit. A	lttach For	m 8880	49				<i>-{////</i> }	
\$7,850	50	Child tax cr	redit (see page	39)			_	<del> </del>			<del>-</del> /////	
Married	51	Adoption c	redit. Attach Fo	orm 8839			51	<del> </del> -			- <i>////</i> /	
filing separately,	52	Credits from		Form 8396		orm 8859		+				
\$3,925	53	Other credi	its. Check anni	licable box(es):			52	<del></del>				
		b For	m 8801 c	Specify		orm 3800		1				
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xes	57	Social secu	irity and Medic	are tax on tip inco	ome natr	eported to emi	515	A M F	4127	٠.	56	2,59
	58	Tax on qua	iified plans, inc	luding IRAs, & or	ther tax- f	World accoun		Augen 70	rm 4 (37 ,		57	
	59	Advance ea	emooni bent	redit payments f	from Form	1/a) M 3					58	
	60	Household	employment to	aves Attach Sah		1(3) VV- Z .					59	
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			piyiiiiii u	arou. Attacki Scili	edule H						60	
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		Add lines 55	5 through 60. T	his is your total t	ax			· · ·			60	2 506
yments	62	Add lines 55	5 through 60. T	his is your total t	ax	99	62	· · ·		· .	60	2,598
<del></del>	62 63	Add lines 55 Federal inco 2002 estima	5 through 60. Tome tax withher	his is your total t ld from Forms W ints & amount ap	ax /- 2 and 10 plied from	099		· · ·		· .	60	2,598
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Form 2210

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

OMB No. 1545- 0140

► See separate instructions. Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041. Attachment Sequence No. 06 Name(s) shown on tax return TOM RIDER Reducted 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 36, on the penalty line of your return, but do not attach Form 2210. Part | 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. Check whichever boxes apply (if none apply, see the text above Part I and do not file Form 2210): You request a walver, in certain circumstances, the IRS will waive all or part of the penalty. See Waiver of Penalty on page 1 of the instructions. You use the annualized income installment method. If your income varied during the year, this method may reduce the amount of one or more h required installments. See page 4 of the instructions. 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. Your required annual payment (line 15 below) is based on your 2001 tax and you filled or are filling a joint return for either 2001 or 2002 but not for Part II Required Annual Payment 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. Add lines 2 and 3 Earned income credit <u>2,</u>598. 5 ß Additional child tax credit 6 Credit for Federal tax paid on fuels 7 7 Health insurance credit for eligible recipients. Add lines 5 through 8 . . . . . . . 10 Current year tax. Subtract line 9 from line 4 10 Multiply line 10 by 90% (.90) **2,**598. 11 Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the 338. Subtract line 12 from line 10. If less than \$1,000, stop here; you do not owe the penalty. Do not 12 13 Enter the tax shown on your 2001 tax return (112% of that amount if the adjusted gross income <u>2,</u>598. shown on that return is more than \$150,000, or, if married filling separately for 2002, more than \$75,000). Caution: See page 2 of the instructions 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. 15 2,338. Do not file Form 2210 unless you checked box 1d above. 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.) Enter the amount, if any, from line 12 above 16 Enter the total amount, if any, of estimated tax payments you made 17 Add lines 16 and 17 18 Total underpayment for year. Subtract line 18 from line 15. If zero or less, stop here; you do 18 19 not owe the penalty. Do not file Form 2210 unless you checked box 1d above Multiply line 19 by .03713 19 20 2,338. If the amount on line 19 was paid on or after 4/15/03, enter - 0-. 20 87. 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. Amounton Number of days paid line 19 before 4/15/03 .00014 21 0. 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 For Paperwork Reduction Act Notice, see page 5 of separate instructions.

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Form 2210 (2002)

	HEDULE C					om Business			OMB No. 1545-0074
(, ,	1040)			(Sole	Proprie	torship)			2000
Inter	nat Revenue Service (99)	► Attac	h to For	artnerships, joint venture m 1040 or 1041.	s, etc., Sec	must file Form 1065 or 1065 instructions for Schedule (	B. C(Form 1	0401	Attachment Sequence No. 09
_	ne of proprietor  M RIDER						Social	securi	ty number (SSN)
A	Principal business or p	rofession, in	duding	product or service (see pa	on C+ 1	of the instructions)	Reda	<u>cted</u>	· ·
	ADVOCATE :	SERVIC	E		.go o- ,	or are manachans)	B Ente	r code	from pages C-7, 8, 8.9 9 9 9 9 9
C	Business name. If no se TOM RIDER	eparate bus	iness n	ame, leave blank.					D number (EIN), if any
E	Business address (incli						<u> </u>		
	City, town or post office								
F	Accounting method:	(1) <u>X</u>	Cast	n (2) Accrual	(3)	Other (specify)			
G H	Lid you materially part	icipate" in th	e opera	ition of this business during	20027	If "No," see page C- 3 for limit	on losses		X Yes N
	If you started or acquire	a this busin	essaur	ing 2002, check here	<del></del>	<del></del>			N
1	Gross receipts or sales	Caution. If	thisinco	ome was reported to you or	Form \	N- 2 and the "Statutory		$\overline{}$	
2	Returns and allowances	Oilli Was Cili	ecked;	see page C- 3 and check h	Bre .		.▶ 🔲	1	32,773
3	Subtract line 2 from line	-						2	
4	-		 page 2)	· · · · · · · · · · · ·			· · ·	3	32,773
								4	
5	Gross profit. Subtract l	ine 4 from lir	ne 3 .					5	20
6	Other income, including	) Federal an	d state (	gasoline or fuel tax credit or	refund	(see page C- 3)		6	32,773
7	Gross income. Add line					·		_	
Pa	TII Expenses. E	nter expe	enses	for husiness use	·	r home only on line 3		7	32,773.
8	Advertising		8	ioi odamess use (	19			<del></del>	
9	Bad debts from sales or				20	Pension and profit- sharing Rent or lease (see page C-		19	
	services (see page C- 3)	)	9			Vehicles, machinery, and ed		7////	
10	Car and truck expenses				ь	Other business property.	(uipment	20a 20b	
11	(see page C- 3) Commissions and fees		10		21	Repairs and maintenance		21	<u> </u>
12	Depletion		11		22	Supplies (not included in Pa	urtill)	22	
	•				23	Taxes and licenses		23	
13	Depreciation and section expense deduction (not	included			1	Travel, meals, and entertain	ment:		
	in Part III) (see page C-4	)	13			Meals and		24a	9,812.
14	Employee benefit progra	ems			] -		146.		
15	(other than on line 19). Insurance (other than he		14		C	Enter nondeduct-			
16	Interest:	au),	15		1	included on line			
8	Mortgage (paid to banks,	, etc.)	16a		d		573.		
b	Other	<u></u>	16b		25	Subtract line 24c from line 24 Utilities	<b>b</b>	24d	4,573.
17	Legal and professional	ŀ			26	Wages (less employment cre	rdite)	25 26	
18	Services Office expense	· · ·	17		27	Other expenses (from line 48			
		YDenses for	18	ss use of home. Add lines &		n age 2)		27	
		AP 011000 101	003010	sa usa di nome. Add linas t	through	h 27 in columns	. ▶	28	14,385.
29	Tentative profit (loss). Sui	btractline 28	from li	ne 7			- 1		
30	Expenses for business us	e of your ho	me. Atta	ach Form 8829				30	18,388.
31 j	Net profit or (loss). Subtr	ract line 30 fi	rom line	29.			· · · }	30	
,	■ it a protit, enter on Form see page C- 6). Estates an	n 1040, line	12, and	also on Schedule SE, line	2 (statu	itory employees,	7		
•	● If a loss, you <b>must</b> go to	ine 32.	ret ou p	orm 1041, line 3.			} L	31	18,388.
			lescribe	es your investment in this a	-ticita /-	C. C.			
•	Tyou checked 32a, ente	er the loss or	Form	1040, line 12, and also on	Schedu	de SE tipo 2	7	1	<del>-</del>
(	statutory employees, see	page C-6).	Estates	and trusts, enter on Form	1041. lin	e 3.	``	32a	All investment is at risk.
	If you checked 32b, you	must attach	Form	619 <b>8</b> .	.,		]	32ь	Some investment is not at risk.
\BA	For Paperwork Reduction	on Act Notic	:e, see	Form 1040 instructions.				Sch	sedule C (Form 1040) 2002

### SCHEDULE SE

(Form 1040)

## Self-Employment Tax

OMB No. 1545-0074

Attachment

Department of the Treasury internal Revenue Service (9

► 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 Reducted

TOM RIDER

## Who Must File Schedule SE

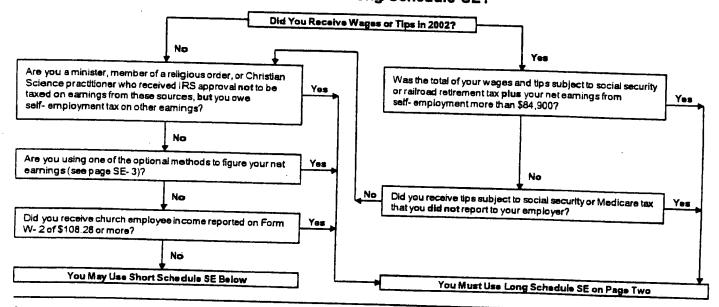
You must file Schedule SE if:

- You had not earnings from self- employment from other than church employee income (line 4 of Short Schedule SE or line 4c of
- 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.

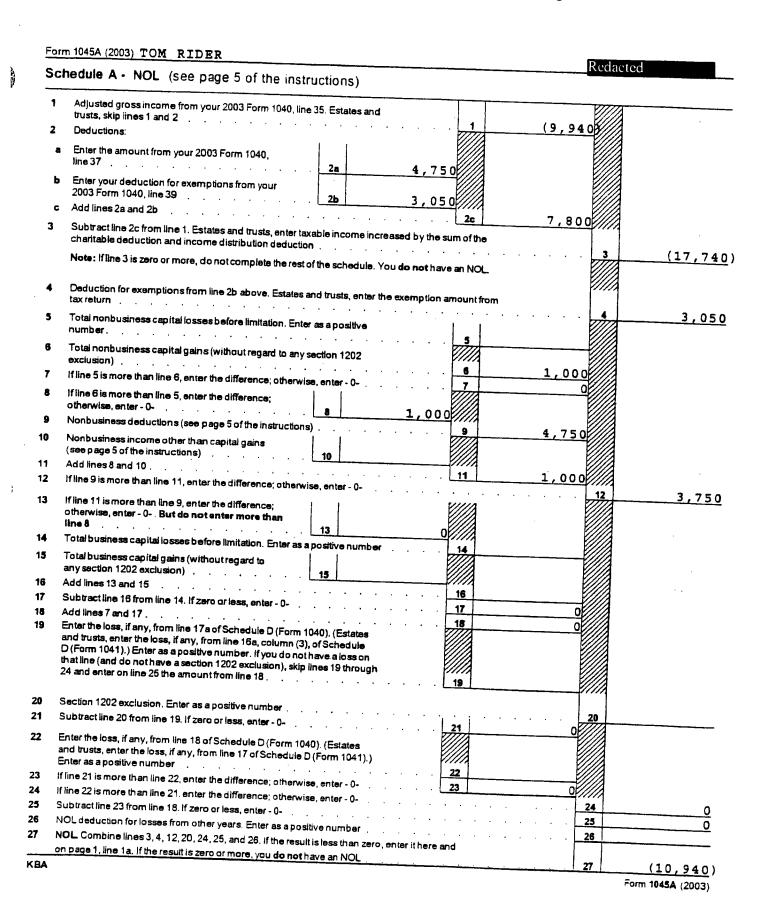
# May I Use Short Schedule SE or Must I Use Long Schedule SE?



# 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, Scheduli 1065), line 15a	K-1 (Form		<del></del>		
2	Net profit or (loss) from Schedule C, line 31; Schedule C- EZ, line 3; Schedule K- 1 line 15a (other than farming); and Schedule K- 1 (Form 1065- B), box 9. Ministers of religious orders, see place SE- 1 for amounts to report on this line.	(Form 1065), and members			1	0.
3	combine lines 1 and 2		• • • •		2	18,388.
4	Net earnings from self- employment. Multiply line 3 by 92.35% (.9235). If less that do not file this schedule; you do not owe self- employment tax.				3	18,388.
5	Self- employment tax. If the amount on line 4 is:		• • •	•	4	16,981.
	<ul> <li>\$84,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56.</li> </ul>	]				
	<ul> <li>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.</li> </ul>				5	2,598.
	Deduction for one- half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 29					
ΚB	A For Paperwork Reduction Act Notice, see Form 1040 instructions	· · · · · · · · · · · · · · · · · · ·	<u> </u>	299.	<u> </u>	

Schedule SE (Form 1040) 2002



Sch A- 1045 (2003)

Califor	'ni	a Reside	nt								
		Tax Retu									
APE	_		111 2002	-						54	
							FEDE	RALRETU	RNATTA	CHMENT	REQUIRED:
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ATTACH LABEL			R	IDE			02	PBA	9999	200	
DAREL		TOM		RIDER					225	J J <del>J</del>	46
Step 1						i					AC A
Name		Reducted									R
an <b>d</b> Address											RP
	·.										
				FOR COMP	JTERIZED U	ISE ONLY					
01		1	37	149	56		^	3.5			
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09		0	39	0	58	•	. 0	38 38			0
10		0,	41	0	59		0		HG1		0
12		0	42	0	60		Ö		70A		0
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29		Ö	51	149 0							
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31		0	53	ő				•			
35		0	54	ő							
36		0	55	0	·						
Step 2		1 X Single									
Filing Status	٠.		ng jointly (even if	only one spouse had in	come)						
Check only one.	;	3 Married fillin	g separately. En	ter spouse's social sect	urity number	above and 6.	# t				
		TI I THE BUT OF HOUS	enold with qualify	ing person) STOP See in	<b>e</b> (	I					
Step 3	_{	6 If someone car	n claim you (or vo	Ur shouse if married)		Qualifying wid	return.ch	ack the box	here	6 8	died .
Exemptions	•									011	
	_		CLUSCYED GIR DI	on iine 6, see instruc	lions				7	1×\$80	<b>-9</b> 80.
										X \$80	
Dependent	10	Dependents: 8	Enter name and r	r spouse) are 65 or old elationship. Do not inc	er, enter 1; if.)	both, enter 2.		· · · · · · · · · · · · · · · ·	• 9	X \$80	
Exemptions						<b>-</b>				_	
	11	Add line 7 throu	igh line 10. This is	s your total exemption a	mount			emptions .	. • 10	X \$25	
Step 4	12										<u> </u>
Taxable	13	Line aujusteu	gross income iro	M vour 2002 federal ret	HER				<del></del>		_
Income	14		TOTAL SUDINGL	·UUIIS. EII(BI (DA AMOLIN	I from School	1.1. CA (CAC)					7,700.
Atlach check or	15										0.
money order here	. 16 17	,		is. Hiller the amount fro	IT SCHOOLING	CA /EAN\ I:	~	_			<u>7,700.</u> 9,389.
	18		3 11001110	, vviiiviile iine (3 ann	IIDA 16					<u>-</u>	7,089.
	19		A. Jose Ov atelle	AND DEGRECTION OR VOL	it CA itemize	of elactronic	_		• 18	<del>-</del>	$\frac{7,089}{3,004}$ .
Step 5	20		110111 11116 17. 1111E	is your taxable income	. If less than	zero, enter - 0	<del>-</del>	<u> </u>	19	1	4 085
Tax	21	Exemption cred	Its. If line 13 is over	er \$132,793, see instruc	tions C#	FTB 3800 or	FT	B 3803	. ● 20		229.
Allach copy of your Form(s) W-2,	22	Subtract line 21	from line 20. If les	is than zero, enter - 0-	.uons. Othen	wise, enter an	nount from	line 11	21 _		30.
N-2G, and other Form(s) 1099 showing CA lax	23	Other Taxes, Ch	eck if from	Schedule G- 1 and	form FTP 4		• • • • • • • •	• • • • • • • •	22 _		149.
with held	24	Add line 22 and I	ine 23. Continue			5870A		• • • • • • • •	. 🥑 23		
									24 _		<u>149.</u>
or Privacy Act I	Votic	ce, get form FTB 1	131.	54002	106046		-			540.5	

C4 C	Yourname: TOM RIDER				
Step 6			Your SSN Redact	ed	
Special	25 Amount from Side 1, line 24		and amount		
Credits	28 Enter credit name	code no	and amount > 28	· · · · · · · · · · · · ·	149
and Nonrefundable		cuteno	20d 2m		
Renter's					
Credit		i. 300 instructions for "Sta	IO 6*		
	33 Add line 28 through line 31. Ti	hese are your total credits	B		
Step 7	35 Alternative minimum tax. Atta	ch Schedule P (540)	<u> </u>		149
Other Taxes	36 Other taxes and credit recapt	ure. See instructions	•••••••••		
CAC - 0	37 Add line 34 through line 36. Th	nis is your total tax			1 4 5
Step 8	39 2002 CA THE	f. See instructions	38 _	31	145
Payments	41 Evene SDI See leave at	her payments	38		
	Child and Dependent Core Sur		39 41		
	Child and Dependent Care Expe  42	mede Oredic See mstruc	dons; attach form FTB 3506.		
ı	44	- • 43			
		d line 45. The	<b>4</b> 5 _	****	
Step 9	47 Overpaid tax. If line 46 is more	than line 37	total payments		
Overpaid Tax	48 Amount of line 47 you want an	Died to your 2002	37 from line 46	· · · · · · · · · · · · · · 47	<u> </u>
or Tax Due			ted tax		
	50 Tax due, if line 46 is less than i	ine 37, subtract line 46 fro	miles 27	49	
Step 10	CA Seniors Special Fund.		m line 37	50	149
Contributions	See instructions	51	CA Breast Cancer Research Fund	· · · · · · • 56	
	Alzheimer's Disease/Related		Chiritelighters Memorial Fund	• 57	
	Disorders Fund	52	_		
	CA Fund for Senior Citizens	53	Program Fund	58	<del></del> -
	Preservation Program		Lupus Foundation of America,		<del></del>
	Preservation Program State Children's Trust Fund for the	54	Lupus Foundation of America,  California Chapters Fund	• 60	
	Preservation Program	54	Lupus Foundation of America,  California Chapters Fund	• 60	
	Preservation Program	55	Lupus Foundation of America,  California Chapters Fund	• 60	
Share 44	Preservation Program	55	Lupus Foundation of America,  California Chapters Fund	• 60	
Step 11	Preservation Program	55	Lupus Foundation of Americs,  California Chapters Fund  Asthma and Lung Disease  Research Fund	• 60 • 61	
Refund or	Preservation Program  State Children's Trust Fund for the Prevention of Child Abuse	55	Lupus Foundation of Americs,  California Chapters Fund  Asthma and Lung Disease  Research Fund	• 60 • 61	0.
Refund or Amount	Preservation Program  State Children's Trust Fund for the Prevention of Child Abuse	55	Lupus Foundation of America, California Chapters Fund	• 60 • 61	0.
Refund or Amount You Owe	Preservation Program  State Children's Trust Fund for the Prevention of Child Abuse  64 Add line 51 through line 61. The 65 REFUND OR NO AMOUNT DU FRANCHISE TAX BOARD, PO 66 AMOUNT YOU OWE. Add line 5 FRANCHISE TAX BOARD, PO	55	Lupus Foundation of America, California Chapters Fund	• 60 • 61	0.
Refund or Amount You Owe Step 12	Preservation Program  State Children's Trust Fund for the Prevention of Child Abuse  64 Add line 51 through line 61. The 65 REFUND OR NO AMOUNT DU FRANCHISE TAX BOARD, PO 66 AMOUNT YOU OWE. Add line 5 FRANCHISE TAX BOARD, PO 67 Interest, late return penalties, an	55  55  55  55  55  55  55  55  55  55	Lupus Foundation of America, California Chapters Fund Asthma and Lung Disease Research Fund tions	• 60 • 61 • 64 • 65 • 66 • 67	0.
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	2002 California Adjustments - Resider	nts					
mp lame	ortant: Attach this schedule directly behind Form 540, Side 2.					_	(340)
	M RIDER				curily number		
art					cted		
ect	tion A - Income	A	Federal Amount	<b>3</b>   E	Subtractions	Tc	Addition
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C		your federal return	<u></u>	See instructions	1	See matruct
8	Taxable interest Income	. 7				1	
9	Taxable interest income	. 8				1	
0	Ordinary dividends.  Taxable refunds credits offents of outs and banks.	. 9					
1	Taxable refunds, credits, offsets of state and local income taxes	. 10				7//	
2	Allmony received  Business income or (loss)	11				<u>a -                                   </u>	
3	Capital gain or (loss)	12	18,388				
ı	Other gains or (losses)	13				T	
5	Total IRA distributions. See instructions. (a)			4_		1	
3	Total pensions and annuities. See instructions. (a)						
	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	(b) _	<del></del>				
	Farm income or (loss).						
	Unemployment compensation. Enter the semi-	18 _					
	Unemployment compensation. Enter the same amount in column A and column B.	19 _				1///	
	Social security benefits (a)	(b) _				V///	
	- O-116-			Γ.			
	L Diamet 15 00005, 30002,			Ь		) b }	
	- 5 4 4 4 4 5 5 5	21 _	(9389)	ء ل		' <sub>م</sub> (	9.
•	c Federal NOL (Form 1040, line 21) f Other (describe) d NOL carryover from FTB 3805V			d	SUSPENDED	a Z	
				•	SUSPENDED	See Instructions   See Instructi	
1	Total. Combine line 7 through line 21 in column A. Add line 7 through line 21fin			_1		f	
_ <	column B and column C. Go to Section B		•				
	on B - Adjustments to income	22	8,999	<u> </u>			: , و
	ducation expense		·				
1	RA deduction.	23 _		1			
S	Student loan interest deduction.	24 _					
T	Tuition and fees deduction			<del> </del>	<u>-</u>		
_	venerivisa deduction			222	(		
IV	noving expenses						
_	Superior of self-amployment (ax						
S	elf-employed health insurance deduction	<sup>29</sup> –	1,299				
_	and drawing plans						
P	enalty on early withdrawal of savings	31 _	<del></del>				
Α	limonypaid. (b) Recipient's: SSN	32 _					
	Lastname						
A	od into 25 tirough line 33 in columns A. B. and C	33 <u>e</u>					
T	otal. Subtract line 34 from line 22 in columns A, B, and C. See the instructions	<sup>34</sup> —	1,299				
			7,700				9,3
Fe	ederal itemized deductions. Add the amounts on fodout S-b. A. S.						
타	ederal itemized deductions. Add the amounts on federal Sch. A (Form 1040), lines 4, nter total of federal Sch. A, line 5 (state and local income tax <b>and</b> State Disability Insur ubtract line 37 from line 36	9, 14,	18, 19, 26, and 27.		· · · · · 36 _		
Sı	ubtract line 37 from line 36	- ice)	and mis o (societâu	taxes	only), 37		
O	ther adjustments including California lottery losses. See instructions			• • • • •	38 _		
C	ombine line 38 and line 39				39 _		
15	your federal AGI (Form 540, line 13) more than the amount shows below for				40		
Sir	ngle or married filing separately - \$132,793 Head of household - \$199,192 Marri D. Transfer the amount on the 40 to the 44	ir Milni	g status?				
NC	D. Transfer the amount on line 40 to line 41	eo IIIIn	g joint, or qualifyin	g wid	ow(er) - \$265, <u>58</u>	9	
YE	S. Complete the Itemized Deductions Worksheet in the instructions for Schedule C.				Г		
	ngle or married filing separately - \$3,004 Married filing jointly, head of household, cansfer the amount on line 42 to Form 540 line 45						
	ansfer the amount on line 42 to Form 540, line 18	rqual	ifying widow(er) - :	\$6,00	B		
Tri							

1040	J.S.	nent of the Treasury - Internal Revenue Service Individual Income Tax Retu	rn 9	) <b>UU3</b>						
Label	Forth	year Jan. 1-Dec. 31, 2003, or other tax year beginning	<u> </u>	2003 and an	(99)	IRS Use Only - D	o not v			<del></del>
(See			<del></del>	, 2003, ending	<b>-</b>	20			No. 1545-0074	
instructions							You	r socia	l security numbe	r
on page 19.)	TO	I RIDER				İ		Reda		
Use the IRS	Red	acted				í	Spa	126,21	ocial security nu	mber
Otherwise,						L				
please print								lr	nportantl	
or type.							_	You	mustenter	-
Presidential				<del></del>				you	r SSN(s) above.	
Election Campa (See page 19.)	aign	Note. Checking "Yes" will not change your to Do you, or your spouse if filing a joint return.	ax or reduci	e your refund.	_		_	You	Spouse	•
Filing Status	s <sup>1</sup>	A Single				ousehold (with -		Yes 7	No Yes	No
	2	Married filing jointly (even if only one had in	come)		If the curl	luine neere is	u airiyi	ng per	son). (See page 2	(0.)
Check only one box.	3	Married filling separately. Enter spouse's SSN abo		e balow	child's nan	ying person is a chi	ild bui	nat your	dependent, enter the	13
one box,							· · · · ·			
Exemptions	6 <b>a</b>	X Yourself, If your parent (or someone else	) can claim	you as a dene	odent en	widow(et) with (	i ep en	dentc	hild. (See page 20.	.)
		return, do not check box 6a		,00 00 00 00 00	iioeni on	nis of ner tax			No. of boxes checked on	
	Ь	Spouse	•	• • • •					6s and 6b _	1
	C	Dependents:	<u> </u>	(2) Depende		(2) Donor de la		<del></del>	No of children on 8c who:	
		(1) First name Last name		(2) Depand		(3) Dependent relationship to	- 1	t) if que child to	USI. • ilved with you	
				ocial security	number	you		hild tax		1
if more than five				<del></del>			$\dashv$	44	or separation (see page 21)	
dependents, see page 21.								$\bot \bot$	Dependents on 6	
555 page 2							$\perp \perp$	$\perp \perp$	not entered	•
								$\perp \perp$	_	
	d	Total number of exemptions claimed				<del></del>		11	Add numbers	
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		<del></del>	on lines	_ 1
income		ve as a second of the second o					_ 1/2			
	8	Taxable interest. Attach Schedule Bifrequire					_	7		
	ı		90.				. ]_	8a		
Attach Forms W- 2 and	94		5a , ,	L	8 <b>b</b>		_//			
W- 2G here.	Ł	Qualified dividends (one a see 20)	uired .					9a		
Also attach	10	Taxable refunds credite or offerte of state of	· · ·	· · · · L	9b		_///			
Form(s) 1099- R If tax was	11	Taxable refunds, credits, or offsets of state an Alimony received	id local inco	me taxes (see	page 23)		· L	10		
withheld.	12	Business income or (loss). Attach Schedule C	· · · · · ·	· · · · ·			. [ -	11		
	13	Capital gain/(loss). Attach Sch D. If not required	or C-EZ				ب <u>ا</u>	12	(10,94	0.)
	b	If box on 13a is checked, enter next Maris	d check here				_	3a	1,00	
	14	If box on 13a is checked, enter post- May 5 ca Other gains or (losses). Attach Form 4797	ipital gain di	istributions 📋	13b	· · · · · · · · · · · · · · · · · · ·	///			
If you did not get a W- 2,	15=	IDA attacher at					. 1	4		
see page 22.	16a		·		ble amt		. 1	5b		
, 6	17		<del></del>	b Taxa	ble amt		. 10	6b		_
Enclase, but do	18	Rental real estate, royalties, partnerships, S co Farm income or (loss). Attach Schedule F	orporations	, trusts, etc. At	tach Scho	edule E	. 1	7		
not attach, any	19	Unemployment compensation					_ 1	8		
payment. Also,	20 a			1 P P P P			. 1	9		
please use Form 1040-V.	21		· · · · · · · · · · · · · · · · · · ·	b Taxa	ble amt		20	ь		
		Other income. List type and amount (see page	27)				. 7//	7		
	22	Add the amounts in the fee sinks at the					2	- 1		
	23	Add the amounts in the far right column for line Educator expenses (see page 29)	s 7 through	21. This is you	r total in	come ,	2		(9,940	<u>,</u> ,
Adjusted	24	IDA at a district of the second		· · ·	3					<del></del> ′
Gross	25			2	4					
ncome	26	Student loan interest deduction (see page 31)		2	5					
	27	Tuition and fees deduction (see page 32)		2	6			<i>a</i>		
	28	Moving expenses, Attach Form 3903		2	7			<i>8</i>		
	29	One- half of self- employment tax. Attach Sche	duie SE .	2	8			<b>A</b>		
	-	Self- employed health insurance deduction (se	e page 33)	2	9			<b>A</b>		
	30 34	Self- employed SEP, SIMPLE, and qualified pla	ans	30	0			<b>A</b>		
	31	Penalty on early withdrawal of savings.		3	1			8		
		Alimonypaid b Recipient's SSN ▶		32	a			1		
	33	Add lines 23 through 32a					33	1		
A For Disales	34	Subtractline 33 from line 22. This is your adjust	ed gross ir	come		•			10 01=	<del>-</del> .
n ForDisclosur 040 (2003)	u, Pri	acy Act, and Paperwork Reduction Act Notice	ce, see pag	e 77.		<del></del>	34	<u> </u>	(9,940	

Tax and Credits	35	Amount from line 34 (adjusted gross income)	Reda	P
redits	36=		35	(9,94
		if Small Standary 2, 1939, Blind. Total boxes		
		Blind.   checked > 36a	_////	
Standard	) •	If you are married filling separately and your spouse itemizes deductions, or		
Deduction		you were a dual- status alien, see page 34 and check here		
or•	L 37	Items in a destruction of the second		4
People who	_ `	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	. 37	4,75
hecked any ox on line	38 39	Subtract line 37 from line 35	. 38	(14,69
6a or 36b or	39	if line 35 is \$104,525 or less, multiply \$3,050 by the total number of exemptions claimed on		1 - 1 - 2 / 3 /
vho can be		une od. it line 35 is over \$104,625, see the worksheet on plage 35	20	3,05
laimed as a lependent	40	axable income. Subtract line 39 from line 38, If line 39 is more than line 38, enter 0	. 40	7,5
ee page 34.	41	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	-	
	42	Alternative minimum tax. Attach Form 6251	42	
All others:	43	Add lines 41 and 42	43	
Single or Married filing	44	Foreign tax credit. Attach Form 1116 if required		
eparately, 4,750	45	Credit for child and dependent care expenses. Attach Form 2441		1
Married filing	46	Credit for the elderly or the disabled. Attach Schedule R		
ointly or Qualifying	47	Education credits. Attach Form 8863	<i>-\(\(\(\)</i>	
widaw(er),	48	Retirement savings contributions credit. Attach Form 8880 48		
9,500 lead of	49	Child tax credit (see page 40)		
rousehold,	50	Adoption credit. Attach Form 8839	-(///	
37,000	51	Credits from: a Form 8396 b Form 8859 51	<i>-(///)</i>	
	52	Other credits. Check applicable box(es): a Form 3800	-////	
		b Form 8801 c Specify 52		
	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	
ther	55	Sell- employment tax. Attach Schedule SE	-	
axes	56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
	31	rax on qualified plans, including IRAs, and other tax- favored accounts.	57	
	36	Advance earned income credit payments from Form(s) W- 2	58	
	59	Household employment taxes. Attach Schedule H	59	
			11111	
	60	Add lines 54 through 59. This is your total tax	Y////	
			60	
ayments	61	Federal income tax withheld from Forms W- 2 and 1099	60	
If you have a	61 62	Federal income tax withheld from Forms W- 2 and 1099	60	<del></del>
If you have a qualifying	61 62 63	Federal income tax withheld from Forms W- 2 and 1099	60	<del></del>
If you have a qualifying child, attach	61 62 63 64	Federal income tax withheld from Forms W- 2 and 1099	60	
If you have a qualifying child, attach	61 62 63 64 65	Federal income tax withheld from Forms W- 2 and 1099	60	
If you have a qualifying child, attach	61 62 63 64 65 66	Federal income tax withheld from Forms W- 2 and 1099	60	
If you have a qualifying child, attach	61 62 63 64 65 66 67	Federal income tax withheld from Forms W- 2 and 1099	60	
If you have a qualifying child, attach	61 62 63 64 65 66 67 68	Federal income tax withheld from Forms W- 2 and 1099		
If you have a qualifying child, attach Schedule EIC.	61 62 63 64 65 66 67 68 69	Federal income tax withheld from Forms W- 2 and 1099	68	
If you have a qualifying child, attach Schedule EIC.	61 62 63 64 65 66 67 68 69 70a	Federal income tax withheld from Forms W- 2 and 1099	68	
If you have a qualifying child, attach Schedule EIC.  If fund ect deposit? e page 56	61 62 63 64 65 66 67 68 69 70a	Federal income tax withheld from Forms W- 2 and 1099	68	
If you have a qualifying child, attach Schedule EIC.  a fund ect deposit? e page 56 d fill in 70b,	61 62 63 64 65 66 67 68 70a > b f	Federal income tax withheld from Forms W- 2 and 1099	68	
If you have a qualifying child, attach Schedule EIC.  afund ect deposit? e page 56 d fill in 70b, c, and 70d.	61 62 63 64 65 66 67 68 70a > b f	Federal income tax withheld from Forms W- 2 and 1099	68	
If you have a qualifying child, attach Schedule EIC.  afund ect deposit? e page 56 d fill in 70b, c, and 70d.	61 62 63 64 65 66 67 68 69 70a > b f	Federal income tax withheld from Forms W- 2 and 1099	68 69 70a	
ofund ect deposit? page 56 dillin 70b, and 70d. nount u Owe	61 62 63 64 65 66 67 68 69 70a 71 71 72 73	Federal income tax withheld from Forms W- 2 and 1099	68	
of you have a qualifying child, attach Schedule EIC.  a fund ect deposit? e page 56 d fill in 70b, and 70d.  nount eu Owe ird Party	61 62 63 64 65 66 67 68 70a 70a 71 71 72 73 EDO you w	Federal income tax withheld from Forms W- 2 and 1099	68 69 70a	
of und  et deposit?  e page 56  d fill in 70b,  and 70d.  nount  u Owe  ird Party	61 62 63 64 65 66 67 68 70a 70a 71 71 72 73 EDO you w	Federal income tax withheld from Forms W- 2 and 1099	68 69 70a 72	ollowing.
ofund ect deposit? e page 56 d fill in 70b, d, and 70d. enount u Owe ird Party signee	61 62 63 64 65 66 67 68 69 70a 71 71 72 73 EDo you v	Federal income tax withheld from Forms W- 2 and 1099 . 61  2003 estimated tax payments & amount applied from 2002 return  Earned Income credit (EIC) NO 63  Excess social security and tier 1 RRTA tax withheld (see page 56) 64  Additional child tax credit. Attach Form 8812 65  Amount paid with request for extension to file (see page 56) 66  Other payments from: a Form Form 4138 c 8886 67  Add lines 61 through 67. These are your total payments.  If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid amount of line 69 you want refunded to you  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	68 69 70a 72	ollowing.   Personal ID numbe
of fund ect deposit? e page 56 d fill in 70b, and 70d, nount u Owe ird Party signee	61 62 63 64 65 66 67 68 70a 68 71 64 71 72 73 60 70 you'v	Federal income tax withheld from Forms W- 2 and 1099	68 69 70a 72	Dillowing.
of fund  of fund  of fund  of fund  of fund  of the fund	61 62 63 64 65 66 67 68 70a 68 71 64 71 72 73 60 70 you'v	Federal income tax withheld from Forms W- 2 and 1099 . 61  2003 estimated tax payments & amount applied from 2002 return  Earned Income credit (EIC) NO 63  Excess social security and tier 1 RRTA tax withheld (see page 56) 64  Additional child tax credit. Attach Form 8812 65  Amount paid with request for extension to file (see page 56) 66  Other payments from: a 2439 b Form Form 8886 67  Add lines 61 through 67. These are your total payments.  If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid.  Amount of line 69 you want refunded to you.  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	68 69 70a 72 72 ete the fo	pllowing. I Personal (D numbe (PIN) ► I Puny knowledge and has any knowledge.
ofund ect deposit? e page 56 d fill in 70b, a and 70d.  nount u Owe ird Party signee in re entreturn?	61 62 63 64 65 66 67 68 70a 71 71 72 73 EDO you v	Federal income tax withheld from Forms W- 2 and 1099	68 69 70a 72 72 ete the fo	Dillowing.
of you have a qualifying child, attach Schedule EIC.  of und ect deposit? a page 56 if ill in 70b, i., and 70d.  nount u Owe ird Party signee ird Party signee it return?	61 62 63 64 65 66 67 68 70a 71 71 72 73 EDO you v	Federal income tax withheld from Forms W- 2 and 1099	68 69 70a 72 72 ete the fo	pllowing.  Personal (D number (PIN) ►  may knowledge and has any knowledge.
of you have a qualifying child, attach Schedule EIC.  of und ect deposit? e page 56 if fill in 70b, and 70d. hount u Owe ird Party signee in Party signee preserved a page 20. p acopy for	61 62 63 64 65 66 67 68 70a 71 71 72 73 EDO you v	Federal income tax withheld from Forms W- 2 and 1099	68 69 70a 72 72 ete the fo	pllowing.  Personal (D number (PIN) ►  may knowledge and has any knowledge.
If you have a qualifying child, attach Schedule EIC.  If fund ect deposit? e page 56 d fill in 70b, c, and 70d.  Inount eu Owe ird Party signee  In re page 20. page	61 62 63 64 65 66 67 68 70a 71 71 72 73 8 9 9 9 10der perer's Spou	Federal income tax withheld from Forms W- 2 and 1099  2003 estimated tax payments & amount applied from 2002 return  Earned Income credit (EIC)  NO  Excess social security and tier 1 RRTA tax withheld (see page 56)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 56)  Other payments from: a 2439 b Form 4138 c Form 8886  Other payments from: a 2439 b Form 4138 c Form 8886  Add lines 61 through 67. These are your total payments.  If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid  Amount of line 69 you want refunded to you  Routing number XXXXXXXXXX > c Type: XXXXXXXXXX  Amount of line 69 you want applied to 2004 estimated tax 71  Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57  Satimated tax penalty (see page 58)  want to allow another person to discuss this return with the IRS (see page 58)? Yes. Complete's name  Phone no.  Phon	68 69 70a 72 72 ete the fo	pllowing. Nersonal   D number (PIN) Nersonal   D number (PIN) Nersonal   D number   Pince   Pi
of you have a qualifying child, attach Schedule EIC.  of fund ect deposit? e page 56 d fill in 70b, c, and 70d.  nount eu Owe ird Party signee  on re on records.  id Price of the page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20. page 20.	61 62 63 64 65 66 67 68 70a 71 A 72 A 73 E Do you v Designe	Federal income tax withheld from Forms W- 2 and 1099 61  2003 estimated tax payments & amount applied from 2002 return 62  Earned Income credit (EIC) NO 63  Excess social security and tier 1 RRTA tax withheld (see page 56) 64  Additional child tax credit. Attach Form 8812 65  Amount paid with request for extension to file (see page 56) 68  Other payments from: a Form Form Form 8886 67  Add lines 61 through 67. These are your total payments.  If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid. Amount of line 69 you want refunded to you.  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	68 69 70a 72 Preparer Daytimo	pllowing.  Personal (D number (PIN))  The property of the prop
qualifying child, attach Schedule EIC.  afund ect deposit? e page 56 d fill in 70b, and 70d,	61 62 63 64 65 66 67 68 70a 71 71 72 73 80 90 you v Designe Spour spharer's name	Federal income tax withheld from Forms W- 2 and 1099 61  2003 estimated tax payments & amount applied from 2002 return 62  Earned Income credit (EIC) NO 63  Excess social security and tier 1 RRTA tax withheld (see page 56) 64  Additional child tax credit. Attach Form 8812 65  Amount paid with request for extension to file (see page 56) 68  Other payments from: a Form Form Form 8886 67  Add lines 61 through 67. These are your total payments.  If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid. Amount of line 69 you want refunded to you.  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	68 69 70a 72 Preparer Daytimo	Personal ID number (PIN)  my knowledge and has any knowledge. e phone number

SCHE	DULE	C
(Form	1040)	

1040- Sch C (2003) FDC- 1V1.9

300

## Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545- 0074
2003
Attachment

		tach to Form	1040 or 1041.	► Se	Instructions for Schedule			Attachment
	lame of proprietor							Sequence No. 09
A	The second second profession,	including pro	duct or service (see	nage	Co 2 of the inetruction -)	Reda	icted	ŗ
-	ADVOCATE : SERVIC	E		- page		B Ente	r code from	n pages C-7, 8, & 9
С	Business name. If no separate but TOM RIDER	usiness name,	, leave blank.					imber (EIN), if any
E		r room no / D				<u> </u>		
	City, town or post office, state, and	ziPonde	Redacted		<del></del>			
F	Accounting method: (1) X	Cash	(2) Accrual	(3)	Other (en paid )			
G	<del></del>	e operation of	this business durin	ים 2003 2003 חו	Other (specify)			
H	If you started or acquired this busine	ess during 200	3, check here		77 in No, see page C- 3 for lin	nit on losses	• • •	Yes Ne
1		thisisses						
	Gross receipts or sales. Caution, if the employee" box on that form was che	ansincome wa acked, see pa	as reported to you o ge C- 3 and check i	on Forr	n W- 2 and the "Statutory	. Γ	7	
2	Returns and allowances						J <u>  1</u>	8,681.
3	Subtract line 2 from line 1	· · · · ·					. 2	
4	Cost of goods sold (from line 42 on p	paga 2)					3	8,681.
	S							<u> </u>
5	Gross profit. Subtract line 4 from lin	103					. 5	8,681.
ŭ	Other income, including Federal and	d state gasolin	e or fuel tax credit o	or refun	id (see page C-3)		. 6	5,001.
7	Gross income. Add lines 5 and 6							
P	art II Expenses. Enter ex	penses fo	r husiness us		your home only on li	<u></u>	<b>&gt;</b> 7	8,681.
8	Advertising	8	or business us	19	your nome only on li	<u>ne 30.</u>		
9	Car and truck expenses		·	20	Pension and profit-sharing	plans	. 19	
	(see page C- 3).	9	5,720.	- a	Rent or lease (see page C- Vehicles, machinery, and e	5): 		
10	Commissions and fees	10		ь	Other business property	daibweut	20a	<del></del>
11	Contract labor			21	Repairs and maintenance		20b	<del></del>
	(see page C- 4),	11		22	Supplies (not included in P	art III)	21	
12 13	Depletion Depreciation and section 179	12		23	Taxes and licenses		23	
	expense deduction (not included			24	Travel, meals, and entertain	ment		
	in Part III) (see page C-4).	13			Travel		24a	8,925.
14	Employee benefit programs	13		Ь	Meals and			
	(other than on line 19)	14			entertainment	9,95	2.	
15	Insurance (other than health)	15		C	Enter nondeduct-			•
16	Interest:				ible amountin- cluded on line 24b			
8	Mortgage (paid to banks, etc.) .	16a			(see page C- 5)	4,976	-	
Ь	Other	16Ь		ď	Subtract line 24c from line 24		. 24d	4 0= 4
17	Legal and professional	_		25	Utilities		25	4,976.
	services	17		26	Wages (less employment cre	edits) .	26	
18	Office expense	18		27	Other expenses (from line 48	on		
28	Total expenses before expenses for	businessusa	Ofhome Add lines	0 4	page 2)	<del></del>	. 27	
	,		orrionia. Add iirias	o inrou	ign 2/ in columns	· · · · •	28	19,621.
29	Tentative profit (loss). Subtract line 28	from line 7.					1 1	
30	Expenses for business use of your hor	me. Attach For	rm 8829				29	(10,940.)
31	Net profit or (loss). Subtract line 30 fro	om line 29.					30	
	If a profit, enter on Form 1040, line 1	2, and also or	Schedule SE, lin	• 2 (sta	atutory employees,	7		
	see p age C- 6). Estates and trusts, enti If a loss, you must go to line 32.	er on Form 10	41, line 3.			}	31	(10,940.)
					•		<u> </u>	120,340.
_ (	f you have a loss, check the box that di	Econoes your	investment in this a	ctivity	(see page C-6)	7		
(	If you checked 32a, enter the loss on statutory employees, see page C- 6).	Form 1040, II Estates and in	ine 12, and also on ists enter an Co	Sche	dule SE, line 2	ĺ	32a X A	linvestment is at risk.
_ (	If you checked 32b, you must attach	Form 6198	asia, criter on horm	1041,	line 3.	}	32b S	ome investment is not
ВА	For Paperwork Reduction Act Not	ce, see Form	1040 instruction		<del></del>		at	risk,
		,		••			Schedul	e C (Form 1040) 2003

Part III Cost of Goods Sold (see page C- 6)	Redacted	Pa
3 Method(s) used to	Other (attach explanatio	
Was there any change in determining quantities, costs, or valuations between opening and closing investigations.		n)
If "Yes," attach explanation.	· · · · [	Yes _
inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
Purchases less cost of items withdrawn for personal use	36	
Cost of labor. Do not include any amounts paid to yourself		
Materials and supplies		
Other costs		
Add lines 35 through 39		
Inventory at end of year		<del></del>
Cost of goods sold. Subtract line 41 from line 40. Enter the smouth have and a sold.		
Information on Your Vehicle. Complete this part only if you are alginized		ises on
C-4 to find out if you must file Form 4562	instructions for line	3 on pa
When did you place your vehicle in service for business purposes? (month, day, year) ▶ 1/1/2003		
Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle	_	
Business <u>15888</u> b Commuting <u>0</u> c		
Do you (or your spouse) have another vehicle available for personal use?		Yes X
Was your vehicle available for personal use during off-duty hours?		Yes
Do you have evidence to support your deduction?	<del>-</del>	Yes
Minutes the sould be as		
Other Expenses. List below business expenses not included on lines 8-	26 or line 20	Yes
The state of the s	20 01 mie 30.	
	_	
	-	
Total other expenses. Enter here and on page 1, line 27	48	

#### SCHEDULE D (Form 1040)

### Capital Gains and Losses

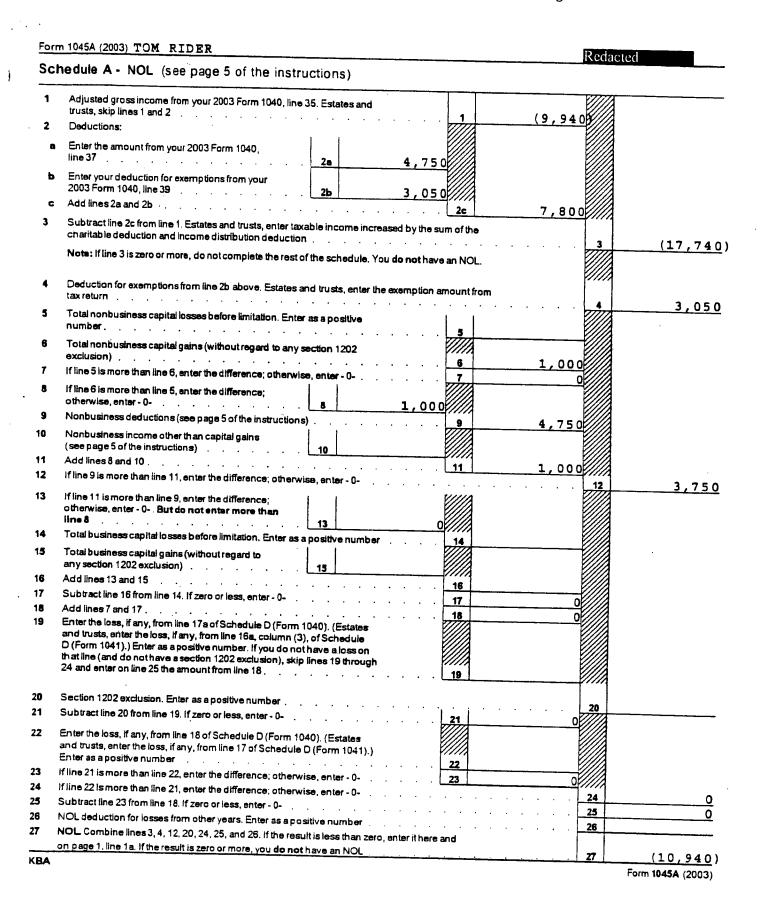
► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040). OMB No. 1545- 0074

Department of the Treasury internal Revenue Service (98)

Attachment

lame(s) shown on Form 1040 COM RIDER Part Short- Term (a) Description of property (Example: 100 sh. XYZCo.)	Capital Gains					1 and 8.		Sequence No. 12
(a) Description of property (Example: 100 sh. XYZ Co.)	acquired	and Losse					Your socia	al security number
(Example: 100 sh. XYZ Co.)	acquired		s - A	ssets Held Or	ne Year or	1 000	Redacted	
· · · · · · · · · · · · · · · · · · ·	(Mo day of	(c) Date	sold	(d) Sales price	(e) Cost	or other	(f) Gain or (loss)	(g) Post- May 5
COLLECTIBLES	livio., day, yr.)	(Mo., day	, yr.)	(see page D- 6 of the instructions)	basis (see i	age D- 6	for the entire year Subtract (e) from (c	- 1
	VARIOUS	12/31/	2003	2,000	. 1.	000.	1,000.	1 00
							27500.	1,00
·								<del> </del>
						<del></del>		<del></del>
Enter your short- term total	s, if any, from	<u>L</u>	7 +					
			2					
Total short- term sales pr								
Add lines 1 and 2 in column	ז (d)		3	2,000	.///////			<b>X</b> ////////////////////////////////////
Short-term gain from Form	6252 and short-term	n gain or (loss	from Fo	rms 4684.	· V////////////////////////////////////			
6781, and 8824								j
Net short- term gain or (los:	s) from partnerships,	Scorporation	s. estate	s and truste		·   <del>- •</del> -		<del> </del>
from Schedule(s) K-1						_		
Short-term capital loss can	ryover. Enter the amo	ount, if any, fro	m line 8	afvaur		5		VIIIIIIIIII
2002 Capital Loss Carryove	er Worksheet						,	
Combine lines 1 through 5 i	in column (a). If the re	sult is a lose	 Enter the	rmanile		. 6	( )	
Otherwise, enter - 0 Do no	otenter more than ze							1
Net short-term capital gai	in or (loss). Combine	e lines 1 thmus	 .h 6 in	· · · · · · · · ·		·   7a		4(
art II Long-Term	Capital Gains a	and Losse	s Ac	soto Hold Ma		<u>7b</u>	1,000.	
(a) Cescipionioi biobany		(c) Date s	-14	(d) Sales price	(e) Cost o	ne Yea	ar	
(Example: 100 sh. XYZ Co.)	acquired (Mo., day, yr.)	(Mo., day,		(see page D- 6 of	ibasis (see n		(f) Gain or (loss) for the entire year	(g) Post- May 5
	THE THE TENT	<u> </u>	<del></del>	the instructions)	of the instru	ctions)	Subtract (e) from (d)	gain or (loss)*
			j		1	- 1		
					<del> </del> -			
			}		1	ĺ		1
				***************************************				
			ł		j			
					<del></del>			
	<del></del>							
Enter your long- term totals,	if any, from							
Schedule D- 1, line 9			9				ļ	ı
Total long-term sales price	e amounts.							
Add lines 8 and 9 in column	(d)		10					
Gain from Form 4797, Part I;	long- term gain from	Forms 2439 a	nd 6252	and				
long- term gain or (loss) from						11		
	from partnerships, S	corporations,	estates,	and trusts				
Net long- term gain or (loss) from Schedule(s) K- 1	• • •			• • • • •		12		
10111 CO1102210(3) (C-1		structions					i	
10111 CO1102210(3) (C-1	epage D-2 of the ins			fynur	• • • •	13		
Capital gain distributions. Se	over. Enter the amou	nt, if any, from	line 13 o	. , , , ,			ν	
Capital gain distributions. Se Long-term capital loss carryo 2002 Capital Loss Carryover	over. Enter the amou Worksheet	nt, if any, from				14 (		
Capital gain distributions. Se Long-term capital loss carryo 2002 Capital Loss Carryover Combine lines 8 through 13 in	over. Enter the amou Worksheet n column (g). If zero o	nt, if any, from or less, enter -	 0			14 (		0.
Capital gain distributions. Se Long-term capital loss carryo 2002 Capital Loss Carryover Combine lines 8 through 13 in Net long-term capital gain of	over. Enter the amou Worksheet n column (g). If zero o or (loss). Combine lii	nt, if any, from or less, enter -	 0				) ////////////////////////////////////	
Capital gain distributions. Se Long-term capital loss carryover 2002 Capital Loss Carryover Combine lines 8 through 13 in Net long-term capital gain of Next: Go to Part III on page to	over. Enter the amou Worksheet n column (g). If zero o or (foss). Combine lii	nt, if any, from		umn (f)		15		
Capital gain distributions. Se Long-term capital loss carryo 2002 Capital Loss Carryover Combine lines 8 through 13 in Net long-term capital gain of	over. Enter the amou Worksheet n column (g). If zero or or (loss). Combine lin wo. und losses from colum	nt, if any, from or less, enter- nes 8 through	0	umn (f)	ns (including	15	int payments receive	O O

	M RIDER edule D (Form 1040) 2003		Re	dacted
	Taxable Gain or Deductible Loss			Page
	Combine lines 7b and 16 and enter the result. If a loss enter-0-	on line 17h and so to line 18		<del></del>
	if a gain, enter the gain on Form 1040, line 13a, and go to line 17	b below		1 2 2 2
ь	Combine tines raight 15. If zero or less, enter - 0 Then comple	ste Form 1040 through line 40		17a 1,000
	Treating to bi achequie Disagain of you have qualified (	dividends on Form 1040 line	• • • • •	17b 0
	90, complete Part IV below.			
	<ul> <li>Otherwise, skip the rest of Schedule D and complete F</li> </ul>	Form 1040.		
18	If line 17a is a loss, enter here and on Form 1040, line 13a, the sm	nalier of (a) that lose or		
	<ul><li>(b) (\$3,000) (or, if married filing separately, (\$1,500)) (see page)</li></ul>	D-7 of the instructions)		18 (
	Next: If you have qualified dividends on Form 1040, line 9h	complete Form 1040 through		[ <b>18</b> ] (
	and then complete Part IV below (but skip line:	s 19 and 20).		
	Otherwise, skip Part IV below and complete the rest of the re	f Form 1040.		
Par	Tax Computation Using Maximum Capita	I Gains Rates		
40	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	chief your unrecaptured section 1250 gain, if any, from line 18 of	the worksheet on page D-7		19
20	iter your 20% rate gain, if any, from line 7 of the worksheet on p	age D- 8 of the instructions		20
	If lines 19 and 20 are zero, go to line 21. Otherwise, complete the amount to enter on lines 35 and 53 below, and at in all others.	the worksheet on page D- 11 of the ins	tructions to flavo	
24	on and skip all oth	OF HEAR Delow.	- Tonoine to Hank	
21	Enter your taxable income from Form 1040, line 40			21
2 <b>2</b> 23	Enter the smaller of line 16 or line 17a, but not less than zero			
24	Enter your qualified dividends from Form 1040, line 9b. Add lines 22 and 23	23		
25		24		
26	Amount from line 4g of Form 4952 (investment interest expense)	<u>25</u>		
27	Subtract line 25 from line 24. If zero or less, enter - 0- Subtract line 26 from line 21. If zero or less, enter - 0-			26
28	Enter the smaller of line 21 or:	the transfer to the second of the		27
	• \$56,800 if married filing jointly or qualifying widow(er);		;	
	• \$28,400 if single or married filing separately; or	1 1		
	• \$38,050 if head of household	28		
	If line 27 is more than line 28, skip lines 29- 39 and go to line 40			
29	Enter the amount from line 27			
30	Subtractions 25 from line 25, it zero or less, enter - 0-, and go to lin	a 40		
31	Add lines 17b and 23°	31		
32	Enter the smaller of line 30 or line 31	72		
33	Multiply line 32 by 5% (.05)			33
	in lines 30 and 32 are the same, skip lines 34- 39 and on to line.	An .		
34	Subtract line 32 from line 30 Enter your qualified 5, was racin if you form			
	- The year quantities or year gain, if any, from			
36	line 8 of the worksheet on page D- 10	35		
37	Enter the smaller of line 34 or line 35. Multiply line 35 by 8% ( 08)			
38	Multiply line 36 by 8% (.08)	er er er er er er er er er er er er		37
39	Subtract line 36 from line 34 Multiply line 38 by 10% ( 10)	38		
	Multiply line 38 by 10% (.10) If lines 26 and 30 are the same, skip lines 40- 49 and go to line 5			39
40	Enter the smaller of line 21 or line 26	50. ! !		
41	Enter the amount from line 30 (if line 30 is blank, enter - 0- )	40		
42	Subtract line 41 from line 40	41		
43	Add lines 17b and 23°	43	<del></del> [	
44	Enter the amount from line 32 (if line 32 is blank, enter - 0- ).	44		
45	Subtract line 44 from line 43	45		
46	inter the smaller of line 42 or line 45	40		
4/	viumply line 46 by 15% (.15)	<del></del>		7/12
40	subtract line 40 from line 42	امدا		47
49	viuluply line 48 by 20% (.20)			11/1
••	iguidate tax or: the amount on tine 4/. Use the lax lable or Tay F	Pata Schadulan which	( -	49
• • •	100 m.00 00, 07, 03, 47, 43, and 30			50
	and the control and the street of the tax (able or tax in	Rate Schedules which success		51
<del>70</del> ,	ax on all taxable income. Enter the smaller of line 51 or line 52 he 23 and 25 are more than zero, see Lines 31 and 43 on page D-9 (			53
	2.2.200 /9.200 more then man 11 04 140		<del> </del>	JU



Individual Income Tax Return ending	Do not write above this line
Illinois Department of Revenue 2003 Form IL- 1040 or for fiscal year	

Redacted

TOM RIDER

Redacted		

L	Step 2: Incom	C ne	Check your filling status.  K Single or head of household Married filing jointly Married filing separately	Widowed	
STAPLE V		1 2 3	Write your federal adjusted gross income from your U.S. 1040, Line 34; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I. Write your federally tax- exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. Write any other additions to your income that are taxable in Illinois. See	1	(9,940.00)
2 W		4	Instructions for details. Specify your additions.  Add Lines 1 through 3. This is your income.	3	
2	Step 3: Base I	Inco	and cities i undugh 3. This is your income.	4	(9,940.00)
å. 1	Attach Fed ensi Page 1, Form W- 2, 1099- R	· 5	Write income received from Social Security benefits and certain retirement plansif that income is included in Step 2, Line 1. See instructions.		
991R F	See	7 8	Write the military pay you earned if it is included in Step 2, Line 1.  Write any Illinois Income Tax refund included in Line 10 of U.S. 1040.  Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S.	<del></del>	
OR 25 1 W	See instructions	9	agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1.  Write any other subtractions to your income. See Line 9 instructions and Pub 101 for details. Do not subtract your out- of- state income. Specify your subtractions.	•	
ERE			Check if Line 9 includes any amount from Schedule 1299- C.		
Ā		10	Add Lines 5 through 0. This is the stand of		
Ŧ		11	Add Lines 5 through 9. This is the total of your subtractions.	10	
•	Step 4: Exemp		Subtract Line 10 from Line 4. This is your Illinois base income.	11	(9,940.00)
▼ ATT	See instructions before completing this step.	12	a Write the number of exemptions from your federal return.  b If someone else claimed you on their return, see Line 12 instructions to figure the number to write here.  c Check if 65 or older:  d Check if legally blind:  You + Spouse = X \$1,000 c  X \$1,000 d  Add Lines a through d. This is your total illinois exemption allowance.		2,000.00
A S	Step 5: Net inc				2,000.00
H YOUR		13 14	Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 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	13	
H 5	Step 6: Tax — 1			10)	<del></del>
Ř A	•		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
16.	1040 page 1 (R- 12/03)	L		ure to 92-0085	

1040 (2003) Form Software Copyright 1998 - 2004 H&R Block Tax Services, Inc.

	16	Write the amount of your tax from Page 1, Step 6, Line 15 here.			lacted
		and Credits ————————————————————————————————————		16	0.0
	17	Write the total amount of Illinois income Tax withheld from your pay			
W-2's (Allach to page 1)	4.0	as shown on your W- 2 forms, generally found in Box 17.	17		
to page 1)	18	Write any estimated playments you made with Forms IL- 1040- ES	·· <del></del> -		
		and IL- 505- I. Include any credit from your 2002 overpayment.	18		
Schedule CR	19	If you paid income tax to another state while an Illinois resident, complete			
Other states'		Schedule CR and write the amount from Line 8 of that schedule here.	19		
eintus aud Munet states	20	If you paid Illinois Property Tax, complete the PT Worksheet in instructions			
equired schedules		Write PT Worksheet Line 3 amount here. → 20a		•	
, cired dies		write P1 Worksheet Line 8 amount here.	> 20b		
Receipt or	21	If you paid education expenses, see instructions. Write Schedule ED or			
Schedule ED		ED Worksheet Line 1 amount here. → 21a			
	22	Write Schedule ED or ED Worksheet Line 10 amount here.	→ 21b		
	22	The state of the s		<u> </u>	
		Write EIC Worksheet Line 1 amount here. → 22a			
		Write your EIC credit amount from the EIC Worksheet here.	>_22b		
	22	Check if you have a qualifying child (living with you) born after 12/31/85.			
chadula 198- C	23 24	If you completed IL Sch 1299- C, write the amt from Step 4, Line 51 here. —	<b>→ 23</b>		
n 8: Overn		Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payment	s and credite	24	0.00
p	25				
	26	If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your or	verpayment.	25	0.00
p 9: Penalt		If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your ta	x due.	26	0.00
	•	Write your late- nymt pen eity for undersymmetry			
	<b>→</b>	Write your late- pymt penalty for underpymnt of est tax from Form IL- 2210, L a Check if you annualized your income on Form IL- 2210, Step 6,	n 28. <b>27</b>		
orm IL- 2210		or if you are 65 or older and permanently living in a nursing home			
		Unock if at least two-thirds of your federal gross in a pro-	[ ]		
ep 10: Dona	tions	i 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	V contribution 6d		
		Wildlife Preservation   Multiple Scienosis			
		Child Abuse Prevention b Military Family Relief	9		
		Alzheimer's Research c Lou Gehrig's Disease	h		
		Homeless Assistance d WWII Veterans Memorial	]	<del>-</del>	
		Breast Cancer Research	k		
		Prostate Cancer Research f Leukemia Treatment	i	-	
		Add Lines a through I. This is your voluntary contributions total	28	-	
	29 .	Add Line 27 and Line 28. This is your total penalty and donations.		29	0 00
		Amount You Owe —			0.00
•	30 I	fyou have an overpayment on Line 25 and this amount is greater than			
,		Line 29, subtract Line 29 from Line 25.		30	0.00
		Write the amount from Line 30 that you want applied to your 2004 estimated to	tax. 31		0.00
t Deposit	,2	SUD tract Line 31 from Line 30. This is your refund.		32	0.00
nstructions	,	Direct deposit your refund by completing the following information.			3.00
<del></del>		Routing number Checking of	Savings		
ment Options			J		
instructions	· - 11	you have tax due on Line 26, add Lines 26 and 29. Of If you have an overpa	ayment on Line 25	and	
12: Sign a	nd E	ate ————————————————————————————————————	unt you owe.	34	0.00
. 3	Unde	cpenalties of perjury 1 state that I have examined this return, and, to the best			
	ے ک	Reducted	or my knowledge, i	it is true, correct, ar	nd complete.
ž.	_			, ·	
	Your		(i) Your enguesis	nian	
ė		Date Dayline priorie number ( )	Your spouse's	agnature	Dat <b>e</b>
,	H A	ND R BLOCK 03/28/07	<u> </u>		Date
	H A	ND R BLOCK 03/28/07	<u> </u>	N, SSN, or PTIN	<i>Date</i>
!fno pa	H A	IND R BLOCK 03/28/07  Preparer's signature Date Preparer's phone number	Preparer's FEII	N, SSN, or PTIN	
lfno pa	H A	AND R BLOCK 03/28/07  Preparer's signature Date Preparer's phone number tenciosed, ILLINOIS DEPARTMENT OF REVENUE If payment end	Preparer's FEII	N, SSN, or PTIN	OF REVENUE
If no pa	H A	AND R BLOCK 03/28/07  Preparer's signature Date Preparer's phone number tenciosed, ILLINOIS DEPARTMENT OF REVENUE If payment end	Preparer's FEII	N, SSN, or PTIN	OF REVENUE



Illinois Department of Revenue

## Schedule NR

12/2003 Tax year ending

Nonresident and Part-Year Resident Computation of Illinois Tax

30	ep 1. Flovide the following information		Attach to you	ır Form IL- 1040
1	TOM		RIDER	
	Your first name and initial Spouse's first name (and last name if d	ifferent)	Yourlastname	
_	Redacted	<b>-</b>	, our restricting	
2a	b			
	Your Social Security number Your spouse's Social Se	ecurity number	<del>-</del>	
3	Were you, or your spouse if "married filing jointly," a full-year resident of Illinoi	is during the tay year?		
		outing the tax year?		
	Yes X No \$10P If you answered "Yes," you cannot us	e this form (see instruct	tions).	
4	COLUMN TO THE PARTY OF THE PART			
	If you, or your spouse if "married filing jointly," were a part- year resident durin	g the tax year complete	Line 4a and b, if applicab	le.
a	I lived in IIIInols from $09/01/03$ to $12/31/03$	lived in CA	6 01/01/02	***
	Month Day Year Month Day Year	State	from 01/01/03 t	Month Day Year
þ	My spouse lived in Illinois from to	ly spouse lived in_		Month Day Year
	Month Day Year Month Day Year	State	from Month Day	Year Month Day Year
5	If you were a resident of any of the states listed below during the tax year, chec	ck the appropriate state		rear Month Day Yes
	lowa Kentucky Michigan	Wisconsin	•	
c	Management of the second of th	_		
0	If you earned income or filed an income tax return for the tax year in any other a	state than those listed a	bove, write the name of th	At state
	<u> </u>	c		
Ste	ep 2: Complete Form IL- 1040			
Con	nple te Lines 1 through 12 of your Form IL- 1040, Individual Income Tax Retur emainder of this schedule following the instructions for your residency. Attack	=		•
				, complete
Ste	ep 3: Figure the Illinois portion of your federal	adjusted area	· · · · · · · · · · · · · · · · · · ·	
Writ	e the amounts from your federal return in Column A. Before completing C	anjusted Atos	ss income	
	Companie C	column b, read the Co		
			Column A Federal Total	Column B
1 1	7 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ	Line 1: or	Lagaret Loten	Illinois Portion
11	the wage amounts on your W- 2 forms if you TeleFiled your federal return	n) 7		
11	5 axable interest income (federal Form 1040 or 1040A, Line 8a: 1040EZ i	Line 2; or		<del></del>
1 1	TeleFile Worksheet, Line C)	8		
1 1	9 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	9		
1	10 Taxable refunds, credits, or offsets of state and local income tax			
	(federal Form 1040, Line 10)	. 10		
1 1	11 Alimony received (federal Form 1040, Line 11)	11		
	12 Business income or loss (federal Form 1040, Line 12)	. 12	(10,940.00)	(5,964.00)
C	13 Capital gain or loss (federal Form 1040, Line 13a or 1040A, Line 10a) 14 Other gains or losses (federal Form 1040 Line 14)	13	1,000.00	1,000.00
0	3-11-1-10-00 (100 01 M) (101 10 14)	4.4		=7000.00
M	1040, Line 150; or 1040A. Line 150; or 1040A. Line 150	ini <b>16</b>		
E	<ul> <li>16 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A,</li> <li>17 Rents, royalties, partnerships, S corporations, estates, and trusts</li> </ul>	Line 12b) 16		
	(federal Form 1040, Line 17)			<del></del>
1 1	18 Farm income or loss (federal Form 1040, Line 18)	17		
	19 Unemployment compensation (federal Form 1040, Line 19; 1040A, Line 1			
	1040EZ, Line 3; or TeleFile Worksheet, Line D)		_	
	20 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, I	19		
	21 Other income (federal Form 1040, Line 20b; or 1040A, I	Line 14b) 20		
	Include winnings from the Hillinois State Lottery as Illinois income in Colu	mn B 34		
	22 Add Column B, Lines 7 through 21. This is the Illinois portion of your feder.	al total income	**	/4 0 5 4 5
		william	22 .	(4,964.00)
L- 104	0 Schiedule MR page 1 (R- 12/03)		Comtinue	

Continue with Step 3 on Page 2

_		RIDER	R	edacted	Sch	nedule NR - Page 2
5	_ `	3: Continued		Column A Federal Total		Column B
1 <u>X</u> 10C C O P	2	Deduction for tuition and fees (federal Form 1040, Line 25; or 1040A, Line 19)  Moving expenses (federal Form 1040, Line 27)	24 25 26 27 28		-	Illinois Portion (4,964.00
¥mzrs ro -zuo≱m	3: 3: 3: 3: 3:	Self- employed health insurance deduction (federal Form 1040, Line 29)  Self- employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 30)  Penalty on early withdrawal of savings (federal Form 1040, Line 31)  Alimony paid (federal Form 1040, Line 32a)	29 30 31 32 33 34 ments t		- - -	0.00
	1	1040A, Line 21; 1040EZ, Line 4; or TeleFile Worksheet, Line i.	36	(9,940.00	<u>)</u>	
<u>_</u>		Subtract Line 35 from Line 23. This is the Illinois portion of your federal adjusted grown	ss inco	me.	37	(4,964.00
In C	Joiur	4: Figure your Illinois additions and subtractions nn A, write the total amounts from your Form IL- 1040. You must read ructions for Column B to properly complete this step.		Column A Form IL- 1040 Total		Column B Illinois Pordon
,	38 39	Federally tax- exempt interest income (Form IL- 1040, Line 2)  Other additions (Form IL- 1040, Line 3)  Specify your additions.	38 39		•	
0-02-rr	40	Add Column B, Lines 37, 38, and 39. This is the Illinois portion of your total income.	. 38 .		40	(4,964.00)
0-5 40-00 8-0.	43	Federally taxed Social Security and retirement income (Form IL- 1040, Line 5) Military pay earned and included in your adjusted gross income. (Form IL- 1040, Line 6) Illinois Income Tax refund included on your U.S. 1040, Line 10. (Form IL- 1040, Line 7) U.S. Treasury bonds, bills, notes, savings bonds, and U.S agency interest (Form IL- 1040, Line 8)	42		•	
S		Other subtractions (Form IL- 1040, Line 9)  Specify your subtractions.  Add Column B, Lines 41 through 45. This is the total of your Illinois subtractions.	44 _		•	
Ste		5: Figure your Illinois income and tax			46	0.00
T A	47 48 49	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.  Write the base income from Form IL- 1040, Line 11.	48 _		47 _	(4,964.00)
CALCULATIONS	50	Divide Line 47 by Line 48. Write the appropriate decimal. If Line 47 is greater than Line 48, write 1.000.  Write your exemption allowance from your Form IL- 1040, Line 12.  Multiply Line 50 by the decimal on Line 49. This is your Illinois exemption allowance.	49 _ 50 _			
020	53	Subtract Line 51 from Line 47. This is your Illinois net income.  Multiply the amount on Line 52 by 3% (.03). This is your tax.  Write this amount on your Form IL- 1040, Line 15.			51 _ 52 _	
- 104	0 Sch	edule NR page 2 This form is suithered to suit in a			53 _	0.00
1-12/		edule NR page 2 This form is authorized as outlined by the Illinois income Tax Act. Disclosu information could result in a penalty. This form has been approved by the F	re of thi	s 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- Sch NR (2003)
Form Software Convictor 1998 - 2004 HAD Block Tax Santings Inc.

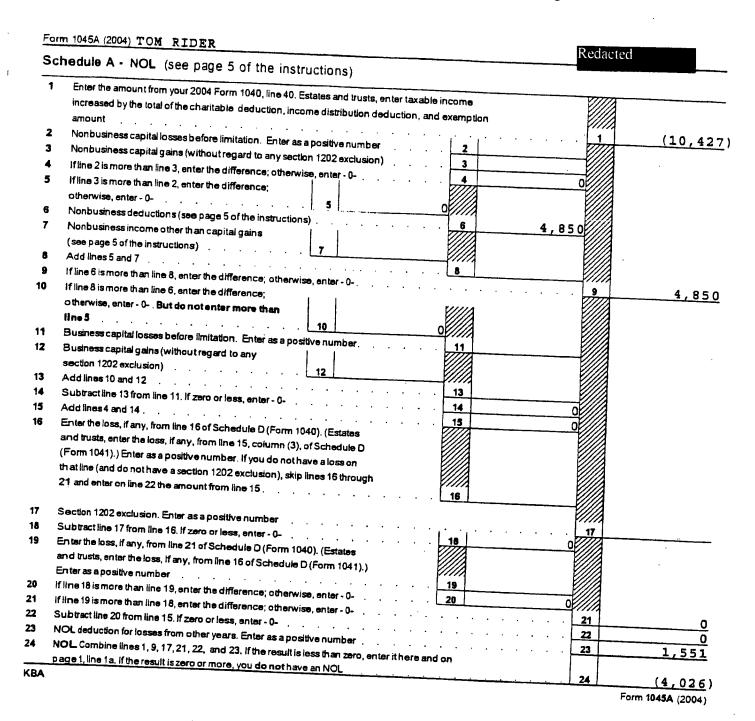
(R-12/03)

Label	Fort	ne yeer Jan. 1-Dec. 31, 2004, or other tax	year beginning	2004, end	(99) Ling	IRS Use Only -	Do uol Mi	ON 4D N	le in this space.
	ጥር	M RIDER					Your		. 1545-0074 curity number
Use the IRS		dacted	-					Redact	
label.		ane tee							al security num
Otherwise, please print							1		ar sacurry num
or type.							$\blacktriangle$	Imp	ortant!
Presidential		Note Checking "Voo" will and	L				You mu	≄t enter	your SSN(s) abo
Election Camp	aign	Note: Checking "Yes" will not c	nange your tax or red	uce your refund	d.			ou	Spouse
Filing Statu	_ 1	Do you, or your spouse if filing a	a joint return, want \$3	to go to this fur		<u> </u>		os X N	o Tvaa T
ming Statu	2	Married filing jointly (even if on	Ily one had income)	4 [_	Head of	household (with	qualifyin	person	). (See page 17
Check only	3	Married filling separately. Enter spo	NASA SSN shove & toll -		it (he que	lifying person is a cl	nild but no	t your dep	endeni, enter inis
ne box.		<b>•</b>	200 2014 BD046 & 1811 U	name below.	CUING BUSI	me here			
Exemptions	64	X Yourself. If someone can cla	aim vou as a depende	3 L	Qualifyin	q widow(er) with	depend	ent child	(see page 17)
		Spouse	you as a separica	ait, do not che	ck box 6a	• • • • •	٠.,	1	Boxes checked on 8a and 6b
	C	Dependents:	<del></del>	(2) Depar	· · · · · ·	(2) Don			No. of children on 8c who:
		(1) First name Last nam	ne	(2) Deper social securi		(3) Dependen relationship t			lived with you
lana a shaar fa ca					y number	you		d.iax.cr	did not live with y
more than four ependents.				<del>                                     </del>					due to divorce or separation
ee page 18.									Dependents
									intered above
		Total number of exemptions claim	ed		<del></del>	<del></del>		<del></del>	Add numbers
ncome	1	Wages, salaries, tips, etc. Attac	h Form(s) W- 2		<del></del>	· · · · · · · · · · · · · · · · · · ·	· · · · · //		boye
							//	9	
ttach Form(s)	•	Taxable interest. Attach Schedu	ile Bifrequired				- 7		
/- 2 here. Also		b Tax-exempt interest. Do not inc	lude on line 8a		86			<del></del>	
tach Forms		Ordinary dividends. Attach Sche     Qualified dividends (see page 2)	dule Bifrequired .				. 9	9	
/- 2G and 099- R If tax	10		D)		9ь				
es withheld.	11	- Control of Chemistry of Olise	ets of state and local in	rcome taxes (s	e page 20	)	. 10	7	•
	12						. 11		
	13	Attack	n Schedule C or C. EZ	<b>z</b>			12	_	(4,026
	14	Capital gain/(loss). Attach Sch D Other gains or (losses). Attach Fo	. If not required check he	ere		▶[	13		12/020
you did not et a W- 2,	15	■ 120 A all-adults	15a				14		
e page 19.	16		16a		ocable amt		151		
	17	Rental real estate, royalties, partn	erships S corporation	b Ta	xable amt	$\cdot$ $\cdot$ $\cdot$ $\cdot$	16L		
iciose, butdo	18	Farm income or (loss). Attach Sch	3001200 i=		Attach Sch	edule E	. 17		
t attach, any yment. Also,	19	Unemployment compensation .			• • •	• • • • •	. 18		
asa usa	20	Contain and the contain and the contain and the contains	20.	1	xable amt	• • • • •	19		
rm 1040- V.	21	Other income. List type and amou	int (see page 24)		ms elus		. 20b	<del>/</del>	
		NOL (1,551.)					- ////	1	
	22	Add the amounts in the far right co	olumn for lines 7 throu	gh 21. This is w	Our total in		_ 21	<del> </del>	(1,551.
ljusted	23	oxponses (see page 20)			23	come	22	<del> </del>	(5,577.
oss	24	Certain business expenses for res	ervists, performing ar	tists, and				1	
come	25	iee- pasis government officials. At	tach Form 2106 or 210	DR 57	24			1	
	25	invadeduction (see page 26)			25				
	26	Student loan interest deduction (si	<del>00</del> page 28)		26		////	1	
	27 28	read deduction (see pa	ige 29)	1	27		<del>-</del> 9///		
	29	rieduri savings account deduction	. Attach Form 8889		28				
		Moving expenses. Attach Form 39	03		29				
	30	THE THE PROPERTY OF THE PROPER	Attach Schedule SE		30				
	30 31	One- half of self- employment tax,							
	30 31 32	Sen- employed health insurance de	eduction (see page 30	o) <u> </u>	31		/////		
	31	Self- employed health insurance do Self- employed SEP, SIMPLE, and	eduction (see page 30 qualified plans	[-	31 32				
	31 32 33	Self- employed health insurance do Self- employed SEP, SIMPLE, and Penalty on early withdrawal of savir	eduction (see page 30 qualified plans nos	[-					
	31 32 33	Self- employed health insurance do Self- employed SEP, SIMPLE, and Penalty on early withdrawal of savir Alimony paid b Recipient's SSN I	eduction (see page 30 qualified plans nos		32 33 34a				

Tax and Credits	37 Amount from line 36 (adjusted gross income).		Redacted
Ciediis	38a Check You were born before January		37 (5,5
	if: Snouse was been before	The state of the s	11/1/2
Standard	if: Spouse was born before Janua	ry 2, 1940, Blind. ∫ checked ▶ 38a	
Deduction	b If your spouse itemizes on a separate return or you we	re a dual- status alien and a 24 a	<del>- [</del> ////]
far -			7 <b>(///</b> )
People who	39 Itemized deductions (from Schedule A) are as	ur standard deduction (see left margin)	
checked any	40 Subtract line 39 from line 37	ur standard deduction (see left margin)	. 39 4 9
box on line			-/
38a or 38b or			40 (10,42
who can be			
claimed as a	42 Taxable income. Subtract line 41 from line 40.	street on page 33	41 3,10
dependent,	43 Tax. Check if any tay in from:	if line 41 is more than line 40, enter - 0-	42
see page 31.	many took is in only. If I pormie is	1844 LI   E	
All others:	Aud lines 43 and 44		44
Single or Married filing	46 Foreign tax credit. Attach Form 1116 if required.		45
separately,	47 Credit for child and dependent care are	46	
\$4,850	47 Credit for child and dependent care expenses.	Attach Form 2441 47	7///3
Married filling	or the disabled. Attach Sch.	edule D	- <i>Y///</i> /
Jointly or Qualifying	To coucation credits, Attach Form 8863		- <i>V///</i> 2
Widow(er),	50 Retirement savings contributions credit. Attach i	49	<i>¥///</i> /
\$9,700	51 Child tax credit (see page 37)	form 8880 50	
Head of	51 Child tax credit (see page 37) 52 Adoption credit Attach Form cook	51	*///\
7,150	A THOUSE CHARLE ATTACK FORM 8839		<i>\( \( \( \( \) \)</i>
	Form 8396 b   Form	2050	<i>4///</i>
	54 Other gradite Charles in	33	<i>Y///</i> 2
	b Form 8801 c Specify	Form 3800	
	55 Add lines 48 through 54 Ti	54	
	The second of th		
	the state of item and 40. If line 55 is more than	n line 45, enter - 0.	55
ther			56
ixes	58 Social security and Medicare tax on tip income no 59 Additional tax on IRAs, other qualified rolls		57
•	Additional tax on IRAs, other qualified retirement Advance earned income credit payments from 5	or reported to employer. Attach Form 4137	58
			59
	60 Advance earned income credit payments from Fo 61 Household employment taxes. Attach Schedule H		60
yments	62 Add lines 56 through 61. This is your total tax.		62
	63 Federal income tax withheld from Forms W- 2 and	1099 63	0
you have a	2004 estimated tax payments & amount english 6	om 2003 return 64	
ualifying hild, attach	Termed licolise cledit (FIC)	NO 65a	
chedule EIC.	Nontaxable combat pay election > REA	77777	
	56 Excess social security and tier 1 RRTA tax withheld		
	Additional child tax credit. Attach Form 8812	(see page 54) . 66	///)
	TOTAL CHILD LOS CIEDIT ATTACK COMP. DO 45		
	Amount paid with request for extension to file (see	page <u>54</u> ) 68	
	Form 2439 b	130 6	
	0 Add ins 63, 64, 85s, & 66 th rough 69. These		
fund	1 If line 70 is more than line 62 subtract the cost	ayments .	70
	1 If line 70 is more than line 62, subtract line 62 from ii 2a Amount of line 71 you want refunded to you	ne 70. This is the amount you overpaid	
ct deposit?	h Pouting august a service of the se		
page 54	AAAAAAAA C Tyne	1'   / <b>19748 8848 88</b>	72a
fill in 72b, ▶	d Accountnumber XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Z V V V	
and 724	Amount of line /1 you want applied to your zons		
		umated tax ▶ 73	
Ount 7	Amount you owe Subtract line 70 5		17/4
ount 7	Subtract line 70 from line 62 Eng	details on how to pay, see page 55	7 A
Ount 7	Estimated tax penalty (see page 55)	details on how to pay, see page 55	74
ount 7 Owe 7	Estimated tax penalty (see page 55)  Ou want to allow another person to discuss this return.	vith the IDS (	
ount 7 1 Owe 7 1 d Party Do	Estimated tax penalty (see page 55)  ou want to allow another person to discuss this return with the second	vith the IRS (see page 56)? X Yes. Complete	
ount 7 1 Owe 7 1 d Party Doilignee	Estimated tax penalty (see page 55)  Ou want to allow another person to discuss this return with the second	vith the IRS (see page 56)? X Yes. Complete	the following. No
ount 7 1 Owe 7 1 Ord Party Do De De De De De De De De De De De De De	Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)	vith the IRS (see page 56)? X Yes. Complete	the following. No
ount 7 1 Owe 7 1 d Party Do De De De De De De De De De De De De De	Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)	vith the IRS (see page 56)? X Yes. Complete	the following. No
ount 7 1 Owe 7 1 d Party Do De De De De De De De De De De De De De	Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)  Output  Estimated tax penalty (see page 55)	with the IRS (see page 56)?  Phone no.  (202) 659-202  And accompanying schedules and statements, and to the builder than tax payer) is based on all information of which private.	the following. No Personal ID number  O (PIN) 08101  Personal in the following of the follo
ount 7 I Owe 7 Id Party Decisionee	Estimated tax penalty (see page 55)  Ou want to allow another person to discuss this return with the second of the	with the IRS (see page 56)?  Phone no.  (202) 659-202  And accompanying schedules and statements, and to the beat other than taxpayer) is based on all information of which provides  Your occupation	the following. No Personal ID number  O (PIN) 08101  Personal in the following of the follo
ount 7 I Owe 7 Id Party Decisionee	Estimated tax penalty (see page 55)  Ou want to allow another person to discuss this return with the second of the	with the IRS (see page 56)?  Phone no.  (202) 659-202  And accompanying schedules and statements, and to the bit other than taxpayer) is based on all information of which private your occupation  ADVOCATE	the following. No
ount 7 Owe 7 d Party ignee Decided 1 Und belie 9 return? age 17. acopy/or	Estimated tax penalty (see page 55)  To want to allow another person to discuss this return with the seed of the s	with the IRS (see page 56)?  Phone no.  (202) 659-202  And accompanying schedules and statements, and to the bit other than taxpayer) is based on all information of which private your occupation  ADVOCATE	the following. No Personal ID number  O (PIN) 08101  Personal in the following of the follo
ount  I Owe  A Party  I greater of the property of the propert	Estimated tax penalty (see page 55)  You want to allow another person to discuss this return with the second of th	with the IRS (see page 56)?  Phone no.  P(202) 659-202  and accompanying schedules and statements, and to the bubbler than taxpayer) is based on all information of which proceed the process of the proc	the following. No Personal ID number  O (PIN) 08101  Personal in the following of the follo
ount i Owe 7 d Party signee Do Det pereturn? acopy for ecords.	Estimated tax penalty (see page 55) rou want to allow another person to discuss this return want to allow another person to discuss this return want to allow another person to discuss this return was ginee's name  IR BLOCK repenalties of perjury, I declare that I have examined this return they are true, correct, and complete. Declaration of preparer to our, signature  Doubse's signature. If a joint return, both must sign.	with the IRS (see page 56)?  Phone no.  P(202) 659-202  and accompanying schedules and statements, and to the bigother than taxpeyer) is based on attindermation of which properties the properties of the propert	the following. No Personal ID number  O (PIN) > 081 01  part of my knowledge and exparer has any knowledge.  aytime phone number
ount  Owe  O Party  ignee  Oelignee  Teturn? age 17. acopy for ecords.  Prepsigna  Parer's  Figure	Estimated tax penalty (see page 55)  You want to allow another person to discuss this return with the person to discuss this return with the penalties of perjury, I declare that I have examined this return penalties of perjury, I declare that I have examined this return our, signature  Our, signature  Douse's signature. If a joint return, both must sign.	with the IRS (see page 56)?  Phone no.  P(202) 659-202  and accompanying schedules and statements, and to the bigother than taxpeyer) is based on all information of which property in the property of the pro	the following. No Personal ID number  O (PIN) > 081 01  Personal ID number  O (PIN) > 081 01  Personal ID number  O (PIN) > 081 01  Personal ID number  O (PIN) > 081 01  Personal ID number  No Personal ID n
ount  Owe  Ount  Owe  Ount  Ou	Estimated tax penalty (see page 55)  rou want to allow another person to discuss this return with the seed of the	with the IRS (see page 56)?  Phone no.  P(202) 659-202  and accompanying schedules and statements, and to the bigother than taxpeyer) is based on all information of which property in the property of the pro	the following. No Personal ID number  O (PIN) > 081 01  Personal ID number  O (PIN) > 081 01  Personal ID number  O (PIN) > 081 01  Personal ID number  O (PIN) > 081 01  Personal ID number  No Personal ID n
ount  Owe  Od Party  ignee  Oes  return? age 17. acopy for ecords.  Prepr signa  Firm's only	Estimated tax penalty (see page 55)  rou want to allow another person to discuss this return with the seed of the	with the IRS (see page 56)?  Phone no.  P(202) 659-202  And accompanying schedules and statements, and to the beather than taxpayer) is based on all information of which provide ADVOCATE  ate  Spouse's occupation  Date  4/2/2007  Check If  self- employed  Check If	the following. No Personal ID number  O (PIN) > 081 01  part of my knowledge and exparer has any knowledge.  aytime phone number

	SCHEDULE C		Profit or Lo	oss	From Business			•
(	Form 1040)				prietorship)			OMB No. 1545- 0074
۵	epartment of the Treasury	► Pa	rtnerships, joint ventu	ures e	rtc., must file Form 1065 or 106			2001
<u>ir</u>	ternal Revenue Service	► Attach to F	orm 1040 or 1041.	► Se	e instructions for Schedule C	i5- B.		Attachment
	lame of proprietor				a matrocuons for Schedule C			Sequence No. 09
	OM RIDER					Socials	ecurity n	umber (SSN)
A	Principal business or p	profession, including	product or service (see	e page	C- 2 of the instructions)			
c		7 47 C D			= - · · · · · · · · · · · · · · · · · ·	B Ente	r code fro	m pages C-7, 8, & 9
·	Business name, If no:	separate business n	ame, leave blank.				999	
E		at				Cimp	ibyer iD N	umber (EIN), if any
-	Business address (included City, town or post office,	aing suite or room no	).) ► Redacted			<del></del>		
F	Accounting method:		(0)					
G	Did you "materially partie	(1) X Cash	(2) Accrual	(3)	Other (specify)			
н	If you started or acquired	this business during	n of this business durin	ng 2004	☐ Other (specify) ► 47 If "No," see page C- 3 for limit	on losses		X Yes
	Part I Income	uns pusiness aurino	2004, check here	<u></u>	<del> </del>			Yes
1		Sand and the sand					· · · · ·	<del></del>
•	employee" box on that for	m was checked, see	e was reported to you o	on Forn	n W- 2 and the "Statutory			
2	Returns and allowances		shade or a stud cueck to	nere .		. ▶ [	] [ 1	23,940
3	Subtract line 2 from Ilne 1		· · · · · · · · · · · · · · · · · · ·				. 2	- 7710
4	Cost of goods sold (from	ine 42 on page 2)					3	23,940
				•			. 4	
5	Gross profit. Subtract lin	e 4 from line 3 .						
6	Other income, including F	ederal and state gas	coline or fuel tax credit a	· ·	d (see n ee- C - 2)		. 5	23,940
_				, olai	u (see page C-3)		6	
7	Gross income. Add lines	5 and 6	<del> </del>					
	art II Expenses. E	nter expenses	for business us	e of	your home only on line	30	7	23,940
9				19	Pension and profit-sharing pl	<del>,</del> 30,		
•	Car and truck expenses			20	Rent or lease (see page C- 5):	ans	. 19	
10	page C-3) Commissions and fees		17,867.		Vehicles, machinery, and equ	inment		
11	Contract labor (see page	10		ь	Other business property	Pillotte .	20a	
12	Depletion			21	Repairs and maintenance		21	
13	Depreciation and section			22	Supplies (not included in Part	HI)	22	
	expense deduction (not			23	Taxes and licenses		23	
	included in Part III) (see			24	Travel, meals, and entertainme	ent		
	page C- 4)	13			Travel		. 24a	5,000.
14	Employee benefit progra	ms		D	Meals and		IT	
	(other than on line 19).	14		_	entertainment 1	0,199	4	
15	insurance (other than he	alth) 15		•	ible amount in-		1 1	
16	Interest				cluded on line 24b			
ь	Mortgage (paid to banks, Other	etc.) . 16a			(see page C- 5)	<u>5,100</u>		
17	Other Legal and professional	16b			Subtract line 24c from line 24b	2,100	7 1	_
••	services	_		25	Utilities		24d 25	5,099.
		17		26	Wages (less employment credit	s)	26	
18	Office expense	. 18		27	Other expenses (from line 48 on	- <b>,</b>	20	
28 T	otal expenses before expe	nses for husiness u			page 2)	·	27	,
	,		se of nome. Add lines 8	ghroug	n 27 in columns		28	27,966.
29 T	entative profit (loss). Subtra	act line 28 from line 7						
30 E	xpenses for business use o	fyour home. Attach	Farm 8829	• •			29	(4,026.)
31 14	et prom of (loss). Subtrac	t line 30 from line 20.					30	
•	If a profit, enter on Form 10 se page C- 6). Estates and t	40, line 12, and also	on Schedule SE, line	2 (stat	I itoni america	٦		
		. 2012' SLITEL OUT LOUM	1041, line 3.	- (5,62	atory employees,	{		
	if a loss, you must go to line	32.				}	31	(4,026.)
32 IT	you have a loss, check the b	oox that describes yo	our investment in this ac	tivity (s	see page C. R\	J		- <del></del>
	,	10 IUSS ON PAPM 111 <i>8</i> 1	l lima 47   / -			7	_ 🗀	
•	/ / / / / / / / / / / / / / / /	go or o). Estates and	If USIS Anter on Com. 1	1041, lir	ne 3,	,	2a X All	investment is at risk.
	ii you checked 320, you mu	ist atlach Form #10/	l			3:	26b ∐So	me investment is not
, DA	For Paperwork Reduction	Act Notice, see Fo	rm 1040 instructions.					isk.
	Sch C (2004)	FD0 414					Schedule	C (Form 1040) 2004

Pa	edule C (Form 1040) 2004 TOM RIDER  of III Cost of Goods Sold (see page C-6)	Redacted	
3 <b>3</b>	Method(s) used to		P
34	walue closing inventory:  a Cost  b Lower of cost or market  c Other  Was there any change in determining quantities and the cost or market	r (attach explanation	1
	- Samuel of the state of the st		,
	"Yes," attach explanation		Yes [
5	inventory at beginning of the Market and Alexander		] Tes [
	inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
6	Purchases less cost of items with the	'	
	Purchases less cost of Items withdrawn for personal use	36	
7	Cost of Jahor. Do not include and	30	
	Cost of labor. Do not include any amounts paid to yourself	37	
3	Materials and supplies		
	Materials and supplies	38	
•	Other costs		
	Other costs	39	
•	Add lines 35 through 39		
	Add lines 35 through 39	. 40	
	Inventory at end of year		
	Inventory at end of year	. 41	
	Cost of goods sold. Subtract line 41 from the 40 from		
311	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.  Information on Your Vehicle. Complete this	42	
	Information on Your Vehicle. Complete this part only if you are claiming car o line 9 and are not required to file Form 4562 for this business. See the instruction of the first of the fir	r truck expens	es on
	C-4 to find out if you must file Form 4562.	ctions for line	13 on na
	100 met om 4302.		pe
	When did you place your vehicle in service for business purposes? (month, day, year) $\triangleright \frac{1/1/2003}{}$		
	1/1/2003		
	Of the total number of miles you drave your vehicle during 2004, enter the number of miles you used your vehicle for:  Business	•	
	Business 47644 b Commuting 0 c Other		
	Business 47644 b Commuting 0 c Other		
<b>e</b>	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?		(az [Y]
<b>e</b>	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?		(az [Y]
<b>6</b> 1	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off-duty hours?		Yes X
<b>a</b> 1	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off-duty hours?		Yes X
• I	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes X
• I	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
• I	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
e     	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Was your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
1 e V	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
) V V	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
1 e V	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
) V V	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
) V V	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
) V V	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
) V V	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes []
1 e V	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes []
e     	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes []
e     	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes []
e     	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes []
• I	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
• I	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes []
а II V Н	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes []
а II V Н	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes
e     	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	Yes []
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Tot	Business 47644 b Commuting 0 c Other  Do you (or your spouse) have another vehicle available for personal use?  Nas your vehicle available for personal use during off- duty hours?  Do you have evidence to support your deduction?	x x	/es X



&√	Illinois Department of Revenue 2004 Form IL- 1040	
www.iLtax.com	Individual Incomo Tay Day	
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•	III BOTH REPORT	2008年,1800年,1900年,
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T	OM RIDER	
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R	edacted	
	C Filing status (check one)	
Step 2: Income	X Single or head of household Married filing jointly Married filing	ng separately Widowed
,		
	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	
	a reversity tax- exempt interest and dividend income from the control of the cont	1(5,577.
- New - Complete		A, Line 8b;
Schedule M.	4 Add Lines 1 through 3 Training	2
Step 3: Base Ir		4(5,577.
	income received from Social Security benefits and certain retirement plans	3.73.7.
	" TWP 4, LITTO 1, ALLBERT INCAPA 1 P M	
	Military p ay earned if included in Step 2, Line 1. Attach military W- 2.  Milinois income Tax overpayment included in U.S. 1040, Line 10  No. Treampropagation of the state o	
	- TOTAL C.S. 1040, SCREQUE B OF 1 S 1040A C-L	
Complete Schedule M	Outer subtractions to your income. Attach School up 14	
	Check if Line 9 includes any amount from Schedule 1299- C  Add Lines 5 through 9. This is the total of your subtractions.	
Ston 4: Example		10
		110.0
See instructions	2 a Number of exemptions from your federal return  1 X \$2,000 a	2,000.00
before completing	return, see instructions to figure the asset a dependent on their	
this step.	Check # 65 or older: You + Server	
	d Check if legally blind: You + Spause -	
tep 5: Net Inco		12 2.000 0
13		122,000.0
14		1.
	Check the box that applies to you during the year 2004	13
tep 6: Tax ——	Illinois base income from Schedule NR. Attach Schedule NR. 14	t-year resident 1,073.00
15	Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.	
	The party year residents: Write the toy from C.	
	This amount may not be less than zero.	
		150.00
040 page 1 (R-12/04)	This form is authorized as outlined by the illinois income Tax Act. Disclosure of this information is provide information could result in a penalty. This form has been approved by the Forms Management	

	16 Tax amount from Page 1, Step 6, Line 15 /ments and Credits ————————————————————————————————————	16	Reducted 0.
	17 Illinois Income Tax withheld. Attach W- 2 and 1099 forms.		
	Estimated payments from Forms IL- 505- I and IL- 1040- ES, including	7	_
	overpayment applied from 2003 return		-
Nonresidents	19 Income tax paid to another state while an Illinois resident. Attach	B	
may not claim	Schedule CR and other states' returns.		
a credit on Lines 19.	20 Illinois Property Tax credit Volument		
20, or 21.			
The lotal of	PT Worksheet Line 8 amount 20a		
Lines 19, 20b.		)	
and 21b may not exceed	201 Education expense credit. You must complete ED Worksheet in instructions.		<del></del>
thetax	ED Workshad & A comptor Schedule ED.		·
amount on	ED Work sheet or Sch ED Line 1 amount 21a		
Line 16.	ED Worksheet or Sch ED Line 10 amount 22 Earned Income Credit You amount	<b>,</b>	
	must complete EIC Washabass.		<del></del>
	aniount 975		
	EIC credit amount from the EIC Worksheet		
	Check if you have a qualifying child (Ilving with you) born after 12/31/86.		<del></del>
	The same of the sa		
Sten 8: Over			
otep c. Over			0.0
	23 If Line 24 is greater than Line 16 subtract Line 16 5		
Stop O. Dans	26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due.		0.0
Step 9: Pena		26 _	0.0
	27 Late- payment penalty for underpayment of estimated tax 27		
	Check if you annualized your income on Form II. 2010 a.		
	os or dider and permanently living in a pursion have		<del>_</del>
Ston 40. D.	b Check if at least two- thirds of your federal gross income is from farming	4	
Steh In: DOU!	The state of the s		
	The state of the fellowing		
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	Critica Acuse Prevention b		
	Althemer's Research a		
	Lou Gening & Dispasa		
	Tionidas Assistance d		
	Breast Cancer Research		
	Breast Cancer Research   Add Lines a through I. This is your donation total		
Ston 44. D. f	Breast Cancer Research   Add Lines a through I. This is your donation total.		
Step 11: Refui	Breast Cancer Research   Add Lines a through I. This is your donation total.  28		_ 0.00
Step 11: Refui	Breast Cancer Research   Add Lines a through I. This is your donation total.  28  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount.		0.00
	Breast Cancer Research   Add Lines a through I. This is your donation total.  28  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.		0.00
	Breast Cancer Research   Add Lines a through I. This is your donation total.  28  Add Line 27 and Line 28. This is your total penalty and donations.  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.		
	Breast Cancer Research   Add Lines a through I. This is your donation total.  28  29  Add Line 27 and Line 28. This is your total penalty and donations.  19  19  19  10  10  10  10  10  10  10	29	
	Breast Cancer Research   Add Lines a through L This is your donation total.  28  29  Add Line 27 and Line 28. This is your total penalty and donations.  19  19  10  10  10  10  10  10  10  10	29 30 31	0.00
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Direct	Breast Cancer Research  Add Lines a through I. This is your donation total.  28 Add Line 27 and Line 28. This is your total penalty and donations.  Or Amount You Owe  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2005 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund.	29	
Direct Deposit	Breast Cancer Research  Add Lines a through I. This is your donation total.  28	29	0.00
Direct Deposit See Instructions for payment	Breast Cancer Research  Add Lines a through I. This is your donation total.  28	29	0.00
Direct Deposit  See Instructions for payment options.	Breast Cancer Research  Add Lines a through L. This is your donation total.  28	29	0.00
Direct Deposit  See Instructions for payment options.	Breast Cancer Research  Add Lines a through L. This is your donation total.  28	29	0.00
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Direct Deposit See instructions for payment options.  tep 12: Sign a	Breast Cancer Research  Add Lines a through I. This is your donation total.  28  29  Add Line 27 and Line 28. This is your total penalty and donations.  and or Amount You Owe  If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.  Amount from Line 30 that you want applied to 2005 estimated tax  Subtract Line 31 from Line 30. This is your refund.  Complete to direct deposit your refund  Routing number  Account number  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.  Ind Date  Under penalties of persery, I state that have examined this return, and to the best of my knowledge of the penalties of persery, I state that have examined this return, and to the best of my knowledge of penalties of persery, I state that have examined this return, and to the best of my knowledge of the penalties of persery, I state that have examined this return, and to the best of my knowledge of the penalties of persery, I state that have examined this return, and to the best of my knowledge of the penalties of persery, I state that have examined this return, and to the best of my knowledge of the penalties of persery. I state that have examined this return, and to the best of my knowledge of the penalties of persery. I state that have examined this return, and to the best of my knowledge of the penalties of persery. I state that have examined this return and to the best of my knowledge of the penalties of persery. I state that have examined this return and to the best of my knowledge of the penalties of persery. I state that have examined the penalties of persery is state that have examined the penalties of penaltie	30	0.00 0.00 0.00 t, and complete.
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Illinois Department of Revenue

2004 Schedule NR

or fiscal year ending

		and Part-Year Resident Co		Attach to you	ir Form IL- 104
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Reda	eted	,		rouriastname	
	ocial Security number	b			
		Your spouse's Social Security nu		<del></del>	
Were yo	ou, or your spouse if "marri	ed filing jointly," a full-year resident of Illinois during	the toy years		
	es X No ST	If you answered "Yes," you cannot use this form			
If you, or	r your spouse if "married fil	ing jointly "were a part, year-raid and	(SCO III SQ QCIII	ons).	
		ing jointly,"were a part- year resident during the tax	year complet	e Line 4a and b, if applicab	le.
l lived in	Illinois from 01/01/	/04 = 11 /20 /n.			
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7 Wai the ame   7 Wai the   8 Tax.   Tele   9 Ord   10 Taxa   (fede   13 Capi   14 Other   15 Taxa   17 Rentr   (fede   18 Farm   19 Unerr   10406   20 Taxab   21 Other	res 1 through 12 of your Frof this schedule following Figure the Illino ounts from your federal rounts from your federal rounts from your federal rounts from your washe interest income (federal federal form) dividend income (federal form) dividend income (federal form) only received (federal form) only received (federal form) only received (federal form) reas income or loss (federal form) gains or losses (federal form) federal form or loss (federal form) federal form 1040, Line 17) income or loss (federal form) income or loss (federal form) federal form 1040, Line 17) income or loss (federal form) federal form federal form federal form) federal form federal form federal form federal form) federal form federal form federal form form federal form form federal form form federal form form)	form IL- 1040, Individual Income Tax Return, as If you the instructions for your residency. Attach Schedul IS portion of your federal adjus seturn in Column A. Before completing Column B. Ideral Form 1040 or 1040A, Line 7; 1040EZ, Line 1; or 2 forms if you TeleFiled your federal return) rail Form 1040 or 1040A, Line 8a; 1040EZ, Line 2; or Ideral Form 1040 or 1040A, Line 9a) Issets of state and local income tax in 1040, Line 11) rail Form 1040, Line 12) rm 1040, Line 13 or 1040A, Line 10) Form 1040, Line 14) rail Form 1040, Line 15b; or 1040A, Line 11b) is (federal Form 1040, Line 15b; or 1040A, Line 11b) is (federal Form 1040, Line 19; 1040A, Line 13; issheet, Line D)	7	SS Income iumn Binstructions. Column A Federal Total	Column B

Continue with Step 3 on Page 2

T	M	RIDER	Dag	lagted	اديد	
_	2 2 2 2 2 2 3 3 3 3 3	<ul> <li>3: Continued</li> <li>Write the Illinois portion of your federal total income from Page 1, Step 3, Line 22.</li> <li>Deduction for educator expenses (federal Form 1040, Line 23; or 1040A, Line 16)</li> <li>Certain business expenses of reservists, performing artists, and fee- based government officials (federal Form 1040, Line 24)</li> <li>Total IRA deduction (federal Form 1040, Line 25; or 1040A, Line 17)</li> <li>Deduction for student loan interest (federal Form 1040, Line 26; or 1040A, Line 18)</li> <li>Deduction for tuition and fees (federal Form 1040, Line 27; or 1040A, Line 19)</li> <li>Deduction for health savings account (federal Form 1040, Line 28)</li> <li>Moving expenses (federal Form 1040, Line 29)</li> <li>Deduction for one- half of self- employment tax (federal Form 1040, Line 30)</li> <li>Self- employed health insurance deduction (federal Form 1040, Line 31)</li> </ul>	24 25 26 27 28 29 30 31	Column A Federal Total	23	Column B Illinois Portion 1,073.00
0 - 20055	34 34 36 37 38	<ul> <li>3 Self- employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 32)</li> <li>4 Penalty on early withdraw all of savings (federal Form 1040, Line 33)</li> <li>5 Alimony paid (federal Form 1040, Line 34a)</li> <li>6 Other adjustments (see instructions)</li> <li>7 Add Column B, Lines 24 through 36. This is the Illinois portion of your federal adjustr</li> <li>5 Write your adjusted gross income as reported on your federal Form 1040, Line 36;</li> <li>1040A, Line 21; 1040EZ, Line 4; or TeleFile Worksheet, Line I.</li> <li>5 Subtract Line 37 from Line 23. This is the Illinois portion of your federal adjusted gross</li> </ul>	33	(5 577 0	37	0.00
in C	insti	4: Figure your Illinois additions and subtractions mn A, write the total amounts from your Form (L- 1040. You must read ructions for Column B to properly complete this step.	1	Column A Form IL- 1040 Total		Column B Illinois Portion
I L A D	41	Pederally tax- exempt interest income (Form IL- 1040, Line 2) Other additions (Form IL- 1040, Line 3) Add Column B, Lines 39, 40, and 41. This is the Illinois portion of your total income.				1,073.00
	45 46 47	Federally taxed Social Security and retirement income (Form IL- 1040, Line 5) Milltary pay earned and included in your adjusted gross income. (Form IL- 1040, Line 6) Illinois Income Tax refund included on your U.S. 1040, Line 10. (Form IL- 1040, Line 7) U.S. Treasury bonds, bills, notes, savings bonds, and U.S agency interest (Form IL- 1040, Line 8) Other subtractions (Form IL- 1040, Line 9) Add Column B, Lines 43 through 47. This is the total of your Illinois subtractions.	44		 	
Ste		5: Figure your Illinois income and tax				0.00
TAX CALCULAT	50 51 52 53	Subtract Line 48 from Line 42. If line 48 is larger than Line 42, write zero. This is your III Write this amount on your Form IL- 1040, Line 14. If Line 49 is zero, skip Lines 50 through 54, and write "0" on Line 55. Write the base income from Form IL- 1040, Line 11. Divide Line 49 by Line 50. Write the appropriate decimal. If Line 49 is greater than Line 50, write 1.000. Write your exemption allowance from your Form IL- 1040, Line 12. Multiply Line 52 by the decimal on Line 51. This is your illinois exemption allowance.	50 51 52	0.00 1.000 2,000.00	49	1,073.00
020	5 <b>5</b>	Subtract Line 53 from Line 49. This is your Illinois net income.  Multiply the amount on Line 54 by 3% (.03). This amount may not be less than zero. Th  Write this amount on your Form IL- 1040, Line 15.	ís is your (	tax.	53 54 55	2,000.00 0.00 0.00

IL - 1040 Schedule NR pg 2 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

1	Fort	Individual Income Tax Return 2005	ly - D	o not w	rite -	r staple in this space.
Label	1 07 (1	e year Jan, 1-Dec, 31, 2005, or other tax year beginning 2005, ending 20		<u> </u>	OM	B No. 1545- 0074
Use the IRS	TO	M RIDER		Your		al security number
label. Otherwise,	Re	dacted	- 1		Rec	lacted
please print			- 1			social security num
or type.			L			
Presidential			- [.	<b>A</b>	Y	You MUST enter our SSN(s) above.
Election Camp	aign	The state of the s		ے ح	neck is	ng a box below will not be your lax of refund.
Filing Statu	s 1	A Head of Land 1		- 1	Yo	U Spauma
	2	Married filing jointly (even if only one had income).	with q	ualifyir	g pe	rson). (See page 17.
Check only one box.	3	Married filling separately. Enter spouse's SSN above & full name below	is a chi	d but n	ol you	ir dependent, enter this
		S. O. Wife				
Exemptions	•	X Yourself. If someone can claim you as a dependent, do not check box 6a	with o	epend	ento	hild (see page 17) Boxes checked
	0			•		on 6a and 6b
	С	Dependents: (2) Dependent's (3) Depen	ndent'	s //4	<u>.</u>	No. of children
		Contractions Lastname social security number relations	hip to	,		
fmore than four	,	YOU	L		جما لها	cr edid not live with y due to divorce
dependents,				-	╁┼	or separation
see page 19.				_	++	Dependents on 6c not
		Total number of		_	++	antered above
	7	Total number of exemptions claimed			<del></del>	Add numbers on lines
ncome	•	Wages, salaries, tips, etc. Attach Form(s) W-2	<del></del>		ZŽ.	. shove
	8	Tayable interest Attack Col. 11 Co.		- [~	7	
ttach Form(s)		Taxable interest. Attach Schedule B if required Tax-exempt interest. Do not include on line 8a		-   e		
V- 2 here. Also	9	Ordinary dividends. Attach Schedule B if required			7	<del></del>
ttach Forms V- 2G and		O Qualified dividends (see page 23)		. 9		
099-R Iftax	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)		_7//		
vas withheld.	11	Alimony received		. 1		
	12	Business income or (loss). Attach Schedule C or C- EZ		. 1	LΙ	
	13	Capital gain/(loss). Attach Sch D. If not required check here	۰,	. 1		5,394
You did not	14	Other gains or (losses). Attach Form 4797	▶ _	]   1	$\perp$	
et a W- 2,	15	I IRA distributione		. 14	1	
ee page 22.	16			. <u>  15</u>	<u> </u>	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	•	16	<u>.                                     </u>	
nclose, butdo ot attach, any	18	Miles of (1055). Attach Schedule F		17	1	
ayment. Also,	19	Unemployment compensation .		18	- -	
ease use	20 a			19	_	
orm 1040-V,	21	Other income. List type and amount (see page 29)	٠.	201	_	
					1	
<del></del>	22	Add the amounts in the far right column for lines 7 through 21. This is your total Income		21	┿	
djusted	23	The state of the s		22	<del> -</del>	5,394.
ross	24	Certain business expenses of reservists, performing artists, and			1	
come	25	lee- basis government officials. Attach Form 2106 or 2106, 57			1	
	26	riedur savings account deduction. Attach Form 8889				
	27	Moving expenses. Attach Form 3903			1	
	28	One- half of self- employment tax. Attach Schedule SE 27 3	81.			
	29	Sivirue, and quained plans				
	30	Self- employed health insurance deduction (see page 30)  Penalty on early withdrawed of an in-				
	31a	Penalty on early withdrawal of savings.  Alimony paid b Recipient's SSN ▶				
	32	IDA				
	33	Student loan interest deduction (as a second				
	34	Witton and fees deduction (				
	35	Domestic production activities deduction Attack 5				
	36	Add lines 23 through 31a and 32 through 35			_	
	37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b>		36		381.
·						

Tax and	38	Amount from line 37 (adjusted gross income)	Redacted	Pa
Credits	39	Check You were born before January 2, 1941, Blind. Total boxes	. 38	5,01
	\	if Change week		
Standard Doduction		If your spouse itemizes on a separate return or you were a dual-status ellen, see pg 35 & check here > 39a	<del></del>	
Deduction for -		39b	<i>□ [////]</i>	
People who	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		
checked any	41	SUBTRACTION AD from Res 20	40	5,00
box on line	42		. 41	1
39a or 39b <b>or</b>		If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina,		
who can be claimed as a	43	see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	. 42	3,20
dependent,	44	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-	. 43	
see page 36.	45	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	. 44	
■ All o thers:	46	Alternative minimum tax (see page 39). Attach Form 6251 Add lines 44 and 45	. 45	
Single or	47		46	
Married filing	48	Foreign tax credit. Attach Form 1116 if required		
separately, \$5,000		Credit for child and dependent care expenses. Attach Form 2441 48		
Married filing	49	Credit for the elderly or the disabled. Attach Schedule R	7///	
jointly or Qualifying	50	Education credits. Attach Form 8863		
widow(er),	51	Retirement savings contributions credit. Attach Form 8880 51		
\$10,000 Head of	52	Child tax credit (see page 41). Attach Form 8901 if required 52		
household,	53	Adoption credit. Attach Form 8839		
\$7,300	54	Credits from: a Form 8396 b Form 8859	- <i>(///</i> )	
	55	Other credits. Check applicable box(es): a Form 3800	<del>-</del> ////	
		b Form 8801 c Form 55		
	56		-(///	
	57	Subtract line 56 from line 46, If line 56 is more than line 46, enter - 0-	56	
ther	58	Self- employment tax. Attach Schedule SE	57	(
irier IXes	59	Self- employment tax. Attach Schedule SE Social security and Medicare tay on the locations	58	762
axes	60	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.  Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
		tax or it vas, outer qualified retirement plans, etc. Attach Form 5329 if required	1 1	
	61	Advance sarned income credit a company of the compa	60	
	61 62	Advance earned income credit payments from Form(s) W- 2		
	61 62	Advance earned income credit payments from Form(s) W-2  Household employment taxes. Attach Schedule H	61 62	
	62	Household employment taxes. Attach Schedule H	61	
	62 63	Advance earned income credit payments from Form(s) W- 2  Household employment taxes. Attach Schedule H  Add lines 57 through 62. This is your total tax	61 62	762
ayme nts	62 63 64	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099	61 62	762
If you have a	62 63 64 65	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  65	61 62	762
If you have a qualifying	62 63 64 65 66a	Advance earned income credit payments from Form(s) W- 2 Household employment taxes. Attach Schedule H  Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned income credit (EiC)  66a  384	61 62 63	762
ayme nts  If you have a qualifying child, attach Schedule FIC	62 63 64 65 66a b	Advance earned income credit payments from Form(s) W- 2 Household employment taxes. Attach Schedule H  Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned income credit (EiC)  Nontaxable combat pay election   66b	61 62 63	762
If you have a qualifying child, attach	62 63 64 65 66a b	Advance earned income credit payments from Form(s) W- 2 Household employment taxes. Attach Schedule H  Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned income credit (EiC)  Nontaxable combat pay election   65  Excess social security and tier 1 RRTA tax withheld (see page 59)  67	61 62 63	762
If you have a qualifying	62 63 64 65 66a b 67 68	Add lines 57 through 62. This is your total tax  Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned Income credit (EIC)  Nontaxable combat pay election   65  Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812	61 62 63	762
If you have a qualifying child, attach	62 63 64 65 66a b	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned income credit (EIC)  Nontaxable combat pay election   Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59)	61 62 63	762
If you have a qualifying child, attach	62 63 64 65 66a b 67 68	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned Income credit (EiC)  Nontaxable combat pay election   Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59)  Payments from:	61 62 63	762
If you have a qualifying child, attach	62 63 64 65 66a b 67 68	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned income credit (EiC)  Nontaxable combat pay election ▶ 66b  Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59).  69  Payments from: a Form 2439 b Form 4138 c Form 8885  Add ins 64, 65, 86a, & 67 (hrough 70, These are your total payments.	61 62 63	
If you have a qualifying child, attach Schedule EIC.	62 63 64 65 66a b 67 68 69 70	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned income credit (EiC)  Nontaxable combat pay election ▶ 66b  Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59).  69  Payments from: a Form 2439 b Form 4138 c Form 8885  Add ins 64, 65, 86a, & 67 (hrough 70, These are your total payments.	61 62 63 71	
If you have a qualifying child, attach Schedule EIC.	62 63 64 65 66a b 67 68 69 70 71	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned income credit (EiC)  Nontaxable combat pay election ▶ 66b  Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59).  Add Ins 84, 85, 86a, & 67 through 70. These are your total payments  If line 71 is more than line 63, subtract line 63 from line 71. This is the amount your excessed.	61 62 63 71 72	
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of you have a qualifying child, attach Schedule EIC.	62 63 64 65 66a b 67 68 69 70 71 72 73a b d 74	Household employment taxes. Attach Schedule H  Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned Income credit (EIC)  Nontaxable combat pay election   Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59)  Payments from:  a Form 2439 b Form 4138 c Form 8885  Add Ins 64, 65, 86a, & 67 (through 70, These are your total payments  If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid.  Amount of line 72 you want refunded to you  Routing number	61 62 63 71 72	384
fyou have a qualifying child, attach Schedule EIC.	62 63 64 65 66a b 67 68 69 70 71 72 73a b d 74 75 76	Household employment taxes. Attach Schedule H  Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099 64 2005 estimated tax payments & amount applied from 2004 return 65  Earned Income credit (EiC) 66a 384  Nontaxable combat pay election 66b  Excess social security and tier 1 RRTA tax withheld (see page 59) 67  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59) 69  Payments from: a Form 2439 b Form 4138 c Form 8885  Add Ins 84. 85. 86a. & 67 through 70. These are your total payments  If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you everpaid.  Amount of line 72 you want refunded to you  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	61 62 63 71 72 73a	384
efund ect deposit? e page 59 d fill in 73b, and 73d. hount u Owe	62 63 64 65 66a 67 68 69 70 71 72 73a b b 74 75 76	Household employment taxes. Attach Schedule H  Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W- 2 and 1099  2005 estimated tax payments & amount applied from 2004 return  Earned income credit (EiC)  Nontaxable combat pay election   Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59)  Form 4138   Form 2439   Form 4138   Form 8855  Add ins 84. 85. 86s. A67 through 70. These are your total payments  If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid  Amount of line 72 you want refunded to you  Routing number  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	61 62 63 71 72 73a	384
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	CHEDULE C					From Business			OMB No. 1545- 0074
<u>In</u>	epart ment of the Treasury ternal Revenue Service (98)	► Att	► Par tach to Fo	tnerships, joint ventu rm 1040 or 1041.	ires, e	tc., must file Form 1065 or 1065 e Instructions for Schedule C (	i- B. Form 104		2005 Attachment
	ame of proprietor OM RIDER						Socials	ecurity nu	Sequence No. 09 mber (SSN)
A		ERVIC	E		age C	- 2 of the instructions)		code from 9999	n pages C-8, 9 & 10
С	Business name, If no sep TOM RIDER	parate busi	ness nam	e, leave blank.			D Empl		mber (EIN), if any
E	Business address (includ			) ► Redacted			<u> </u>		
F	City, town or post office, s Accounting method:	state, and Z		(0)					
G				(2) Accrual	(3)	Other (specify)			
Н	If you started or acquired	this busine	s oberanoi	of this business during	ig 200:	57 If "No," see page C- 3 for limit of	n losses		X Yes N
	Part I Income		<u>se a brilla</u>	2000, CHECK HEIB .	<del></del>	<del></del>	<u> </u>	<del></del>	▶
1	Gross receipts or sales. C	Caution. If the	nis income	was reported to you o	on For	m W- 2 and the "Statutory		,	
2	Returns and allowances				1016 .			J <u>1</u>	33,600
3	Subtract line 2 from line 1				• •				
4	Cost of goods sold (from l	line 42 on p	age 2) .					. 3	33,600
_							• • •	. 4	
5	Gross profit. Subtract lin							. 5	33,600
6	Other income, including F	Federal and	state gas	cline or fuel tax credit	or refu	nd (see page C-3)		. 6	33,600
7	Gross income. Add lines	5 and 6	<del></del>	<del></del>		<del> </del>		<b>7</b>	33,600
8 8	Advertising	enter ex	penses	for business us	e of	your home only on line	30.		33,800
9	Advertising  Car and truck expenses		8		18	Office expense		18	
•	page C-3)	-	9	10 602	19	Pension and profit- sharing pl	ans , ,	. 19	
10	Commissions and fees		10	19,693.	20	Rent or lease (see page C- 5):			
11	Contract labor (see pag		11		b	The state of the s	ipment .	20a	
12	Depletion		12		21	- and business property .	• • •	20ь	
13	Depreciation and section				22	Repairs and maintenance Supplies (not included in Part		. 21	
	expense deduction (not		1 1		23	Taxes and licenses	III)	. 22	
	included in Part III) (see		1 1		24	Travel, meals, and entertainme	nt.	23	- <u></u>
	page C-4)		13			Travel		240	3 200
14	Employee benefit progra	ams			b				3,200.
15	(other than on line 19) . Insurance (other than he		14			entertainment (see page C- 5)		. 24ь	5,313.
16	interest:	eath)	15		25	Utilities , , , , , ,		. 25	
	Mortgage (paid to banks	e etc \	16a		26	Wages (less employment cred	its) . ,	. 26	
Ь	Other		16b		27	Other expenses (from line 48 o	n		
17	Legal and professional		100			pag <del>e</del> 2)		. 27	
	services		17						
28	Total expenses before exp	penses for l	business	use of home. Add lines	8 thro	ugh 27 in columns		- 1////	
						-green columns	•	28	28,206.
	Tentative profit (loss). Subt	tract line 28	from line	7				. 29	F 3.5.
30	Expenses for business use	of your hor	ne. Attach	Form 8829				30	5,394.
31	Net profit or (loss). Subtra	act line 30 fr	om line 29	).		· · · ,		30	
	<ul> <li>If a profit, enter on Form 1 see page C- 6). Estates and</li> </ul>	1040, line 1	2, and als	o on Schedule SE, lin	1 <b>e 2</b> (si	atutory employees,	7		
	<ul> <li>If a loss, you must go to life</li> </ul>	, a asis, ent ine 32.	ei vii rom	n 1∪41,∥ne3.			}	31	5,394.
							1		

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

If you checked 32b, you must attach Form 6198, Your loss may be limited.

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.

Schedule C (Form 1040) 2005

at risk.

All investment is at risk.

j Some investment is not

32a

32b

33	iet III Cost of Goods Sold (see page C-6)	Redacted	Pag
	Method(s) used to		
	value closing inventory: a Cost b Lower of cost or market c Other (a		
4	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If	ttach explanation)	
	"Yes," attach explanation		
	"Yes," attach explanation	Yes	
5	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		
	s to sing inventory, attach explanation	35	
5	Purchases less cost of items withdrawn for personal use		
	The state of the s	. 36	
7	Cost of labor. Do not include any amounts poid to viscos to		
	Cost of labor. Do not include any amounts paid to yourself	37	
3	Materials and supplies		
	Materials and supplies	. 38	
)	Other costs		
	Other costs	. 39	
	Add lines 35 through 39		
	Add lines 35 through 39	. 40	
	Inventory at end of year		
		. 41	
	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4		
31	MAN THE PARTY OF T	42	
	line 9 and are not required to file Form 4562 for this business. See the instruct  C-4 to find out if you must file Form 4562	truck expenses	חכ
	C-4 to find out if you must file Form 4562.	ions for line 13 o	n pag
	When did you place your vehicle in service for business purposes? (month, day, year)		
		<del></del> ·	
	Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:		
8	Business.		
_	b Commuting (see inst) c Ot	her	
	Do you (or your spouse) have another vehicle available for personal use?	Yes	
	Was your vehicle available for personal use during off- duty hours?		
ı	Do you have evidence to support your deduction?		
		· · · · L Yes	N
	If "Yes," is the evidence written?	_	
H	Other Expenses. List below business expenses not included on lines 8-26 or lin	Yes	N
	policio nel meiadea on lines 6- 26 or lin	e 30.	
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, T	otal other expenses. Enter here and on page 1, line 27		
	otal other expenses. Enter here and on page 1, line 27  ch C (2005)  FDC- 2V 1.9  Iw are Copyright 1996 - 2005 H&R Block Tax Services. Inc.	48	

### SCHEDULE SE (Form 1040)

### Self-Employment Tax

OMB No. 1545-0074 Attachment

Department of the Treasury

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

Sequence No. 17

TOM RIDER

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

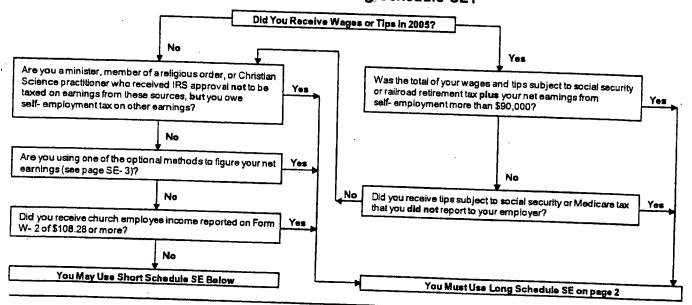
You must file Schedule SE if:

- You had not earnings from self- employment from other than church employee income (line 4 of Short Schedule SE or line 4c of
- 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,

# 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

	you built use Short Sch		\ <b>\</b> _
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K- 1 (Form 1065), box 14, code A  Net profit or (loss) from Schedule C, line 31; Schedule C, 57, line 3.0, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,		
2	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 recent as the line.		
3	for other income to report  Combine lines 1 and 2	[_	2 5,394.
4	Not earnings from self- employment. Multiply line 3 by 92 35% ( 0035) kg	· · <u> </u>	3 5,394.
5	do not file this schedule; you do not owe self- employment tax  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.	•	4,981.
	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.		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		
(B/	For Paperwork Reduction Act Notice, see Form 1040 instructions.	1.//	

Schedule SE (Form 1040) 2005

Supporting Schedules	SSN:	Redacted 2005
N ON YOUR VEHICLES		
1/1/2003 23832 0 0 No Yes Yes Yes		
7/1/2005 22164 0 0 No Yes		
	1/1/2003 23832 0 0 No Yes Yes Yes Yes 22164 0	1/1/2003 23832 0 0 NO NO Yes Yes Yes Yes Yes 0 0 0 NO Yes

T	<u> </u>	Individual Income Tax Return	2006	(99)	IRS Hea Onto	Deser	-11		
Label	Forth	e year Jan. 1-Dec. 31, 2006, or other tax year beginning	, 2006, end		, 20	Do not w		staple in this space 3 No. 1545-0074	
Use the IRS	TO	M RIDER				Your		security numb	
labei.		acted					Reda	icted	
Otherwise, please print								social security r	numb
or type.									
Presidential							Y0	ou MUST enter ur SSN(s) above	<u> </u>
Election Camp	aign	► Check here if you or your engues if file = i				ے ا	heckin changi	g a pox pelow will i	not
Filing Statu	_ 1	► Check here if you, or your spouse if filling jointly, X Single	want \$3 to go to this	fund (see	page 16) ▶		You	I Spor	150
rining Statu	<b>5</b> 2	Married filing jointly (even if only one had incom	4 <u></u>	Head of	household (with	qualifyii	ng per	son). (See page	∍ 17.)
Check only	3	Married filling separately. Enter spouse's SSN above &		If the qui	alifying person is a	child but r	ot your	r dependent, enter	this
one box.		> Solvatory 2 mor spoude a Solvatove &	ruit name below,		ime here. 🟲				
C	6 <b>a</b>	Yourself. If someone can claim you as a depe	andent de not ob	Qualityi	ng widow(er) wit	h depen	dent c		
Exemptions	<u>b</u>	Spouse	andent, do not ched	K DOX 0a		• •		Baxes checke on 68 and 6b	:
	. c	Dependents:	(2) Deper	dente	(3) Depende	200	<del></del>	No. of childres on 8c who:	'n
		(1) First name Last name	social securi		relationship		it q child to		,u
16 15 6				y	you		ild tax		rith you
If more than four dependents.						<del></del>	++	or separation	
see page 19.				····			++	Dependents on 8c not	
							++	entered above	_
		Total number of exemptions claimed						Add numbers on lines	I _
Incomo	7	Wages, salaries, tips, etc. Attach Form(s) W-2		<del></del>	· · · · · ·		7//	above >	
Income						M	7		
AM / 1		Taxable interest. Attach Schedule B if required				— <u> </u>	Sa Ba		
Attach Form(s) W-2here. Also		b Tax- exempt interest. Do not include on line 8a		8b		· ·	<i>"</i>		<del></del>
attach Forms	9	- Tradition of Attach Schedule Bit required	d.,,,				9a		
W- 2G and 1099- R if tax	10	Qualified dividends (see page 23)		9b					
was withheld.	11	or office and lo	cal income taxes (s	e page 2	4)		10		
	12	Alimonyreceived					11		
	13	(loas). Attach schedule C of	C-EZ			🗀	12	4.6	82.
	14	Capital gain/(loss). Attach Sch D. If not required che Other gains or (losses). Attach Form 4797	ock here		<b>.</b>		3		<u> </u>
If you did not get a W- 2,	15:						4		
see page 23.	16:			xable am		1	5b		
	17		b Ta	xable am	t	10	6b		
Enclose, but do	18	Rental real estate, royalties, partnerships, Scorpo Farm income or (loss). Attach Schedule F.			hedule E .	· . <u>  1</u>	7		
not attach, any	19	Unemployment compensation .		• • •		· · <u>  1</u>	8		
payment. Also, piease use	20 a	Social security benefits 20a					9		
Form 1040-V.	21	Other income. List type and amount (see page 29)	D (8	xable ami		. 20	77		
	22	Add the amounts in the far right column for lines 7	through 21. This is a	our total		_2			
Adjusted	23	Areach Form 8853		23	mcome ,	2	<del>}</del>	4,6	<u>82.</u>
Gross	24	Certain business expenses of reservists, performing	ng artists, and						
ncome		fee- basis government officials. Attach Form 2106	or 2106- F7	24			<b>%</b>		
	25	Health savings account deduction. Attach Form 88	389	25			<b>%</b>		
	26	Moving expenses, Attach Form 3903		26		///			
	27	One- half of self- employment tax. Attach Schedule	SE [	27	3 3	1.///	8		
	28	Self- employed SEP, SIMPLE, and qualified plans	[	28		<del></del> ///	<b>a</b>		
	29 30	Self- employed health insurance deduction (see pa	age 29)	29			<b>a</b>		
		Penalty on early withdrawal of savings.	[	30			<b>a</b>		
	32	1DA		31a			<b>A</b>		
	33	Student loan interest de de si		32			8		
	34	Student loan interest deduction (see page 33)		33			3		
		Jury duty pay you gave to your employer.		34			3		
	36	Domestic production activities deduction. Attach Fo Add lines 23 through 31a and 32 through 35	_	35			1		
						26	7		1.
	37	Subtractline 36 from line 22. This is your adjusted o			the state of the state of	36		3.5	

Form 1040 (2006)

Tax and	38 Amount from line 37 (adjusted gross income)	Redacted
<b>~</b>	20- Cht-     12-	. 38 4,35
Credits	Slind. Total hoves	
Standard	) Blind, chacked > 30.	
Deduction	b If your spause itemizes on a separate return or you were a dual-status alien, see pg 34 & check here 39b	<del>+</del> *////
for -	Side Side Side Side Side Side Side Side	J <b>////</b>
• People wh	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	
checked any		40 5,15
boxonline	43 Million 20 In control of the control	. 41 (79
39a or 39b or	42 If the 36 is over \$112,875, or you provided housing to a person displaced by Hurricana Katrina	7////
who can be	see p age 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	
claimed as a	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-	
dependent,	44 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972	. 43
see p age 34.	45 Alternative minimum tay/con page 30) Attack 5	. 44
	Attach Form 6251	. 45
<ul><li>All others:</li></ul>	46 Add lines 44 and 45	
Single or Married (illing	47 Foreign tax credit. Attach Form 1116 if required	46
separately,	48 Credit for child and dependent accounts	
\$5,150	49 Credit for the elderly or the disable day, 10 1 1 1	
Married filing	50 Education credits Attach Form 8863	_////
jointly or Qualifying	50	V///
widow (er),	51 Retirement savings contributions credit. Attach Form 8880	
\$10,300	52 Residential energy credits. Attach Form 5695	<del>-\</del> ////)
Head of household.	53 Child tax credit (see page 42) Attack Farm 2004 is	
\$7,550		<i>-\( \( \( \) \)</i>
	Communication of the communica	<i>Y///</i>
	555, 5 FORM	
	Add lines 47 through 55. These are your total credits	7/2/1
<del></del>	57 Subtract line 56 from line 46. If line 56 is more than line 46, enter - 0-	56
her	58 Self- employment tax. Attach Schedule SE	57 0
	59 Social security and Medicare tay on the increase.	58 662
xes	4127	59
	5320 if and all the state of th	60
	Advance earned income credit payments from Form(s) W- 2, box 9	61
	62 Household employment taxes. Attach Schedule H	
	63 Add lines 57 through 62. This is your total tax	62
yments	64 Federal income to withhold for F	662
	65 2006 estimated tay payments and amount and the state of the state o	
you have a l	and amount applied from 7005 return   gg	
ualifying	66a Earned income credit (EIC) 66a 335.	<i>\( /// \)</i>
		<i>V////</i>
	p Nontaxable combat pay election ▶ 66b	
	b Nontaxable combat pay election ▶ 66b	
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und	Form 2439 b Form 4136 c Form 8815 if line 72 is more than line 63, subtract line 63 from line 73 you want refunded to you. If Form 8888 is attached check here.	73
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	CHEDULE C			Profit or L	oss	From Business			1	OMBAL 1515 com
(1	Form 1040)			(So	ie Proj	prietorship)			_ <u> </u> -	OMB No. 1545- 0074
De	epart ment of the Treasury		<b>&gt;</b> F	<sup>3</sup> artnerships, joint vent	uros, c	tc., must file Form 1065 or 1065	.a			2006
	ernal Revenue Service (99)	► Attach t	Fo	rm 1040, 1040NR, or 104	1.	See Instructions for Schedule	C (Form	1046	.	Attachment 00
	ame of proprietor									Sequence No. 09
_	OM RIDER						Rec	aci	ed	11061 (22M)
A	Principal business or pr	rofession, inclu	ding	product or service (see p	age C	- 2 of the instructions)				pages C-8, 9, & 10
_	ADVOCATE :	SERVICE						<b>▶</b> 9	999	0 0
С	Business name. If no se	eparate busine	\$\$ N	ame, leave blank.						mber (EIN), if any
_	TOM RIDER	<del></del>						,		moet (Elite), it ality
E	Business address (inclu	iding suite or re	om	no.) ► Redacted			·			
_	City, town or post office,									
F	Accounting method:	(1) <u>X</u>			(3)	Other (specify)				
G	Did you "materially partic	cipate" in the o	pera	tion of this business durir	ng 200	67 If "No," see page C-3 for limit of	n losses			X Yes
H	Terrestation of dedoller	d this business	duri	ng 2006, check here	<u> </u>			•	• •	· · · · · · · · · · · · · · · ·
	art I Income							······	<u> </u>	
1	Gross receipts or sales.	Caution. If this	inco	me was reported to you	on For	m W- 2 and the "Statutory				
_	, , , , , , , , , , , , , , , , , , , ,		ed, s	see page C-3 and check	here .	· · · · · · · · · · · · · · · · · · ·	. ▶ [	7	1	32,900
2	Returns and allowances						_	_	2	
3	Subtract line 2 from line								3	32,900
4	Cost of goods sold (from								4	
3	Gross profit, Subtract lin	ne 4 from line 3						.	5	32,900
5	Other income, including	federal and sta	ate g	asoline or fuel tax credit o	r refun	d (see page C-3)			6	32,300
100	Gross income. Add line:	s5 and 6						▶	7	32,900
( <b></b> )	artena Expenses.	Enter expe	ens	es for business us	se of	your home only on line	30.			32,300
0	Advertising	· · · · L	8		18	Office oversions		. [	18	
9	Car and truck expense	· ·	_		19	Pension and profit- sharing pla	ans		19	
10	page C-4)	· · · · -	9	19,726.	20	Rent or lease (see page C- 5):				
11	Commissions and fees		10	<del></del>		Vehicles, machinery, and equi	pment .	. [	20a	
12	Contract labor (see page Depletion		11		ь	Other business property .		. [	20ь	<del></del>
13	Depletion  Depreciation and section		12		21	Repairs and maintenance .		. [	21	
	expense deduction (no		į		22	Supplies (not included in Part I	II)	. [	22	
	included in Part III) (see				23	Taxes and licenses		. [	23	
	page C-4)				24	Travel, meals, and entertainme	ent			
14	Employee benefit progr		13		a	Travel		. [	24a	2,350
	(other than on line 19)	}	14		b	and and and				
15	Insurance (other than h		15			entertainment (see page C-6)			24Ь	6,142
16	Interest	. 27			25	Utilities		. L	25	
a	Mortgage (paid to bank		16a		26	Wages (less employment credi			26	
b	Other		16ь		27	Other expenses (from line 48 or	ו			
17	Legal and professional		-			page 2)		$\cdot \mid_{Z}$	27	
	services		17							
28	Total expenses before ex	penses for bu	sines	suse of home. Add lines	0 45			-//		
				TO STATE OF THE ST	o u iro	agn 27 in columns	•	·  -	28	28,218.
29	lentative profit (loss). Sub	tract line 28 fro	m lin	ne 7						
30 E	Expenses for business use	ofyourhome	. Atta	ich Form 8829	• •				29	4,682.
31 1	<b>let profit or (loss).</b> Subtra	act line 30 from	line	29.	• •	• • • • • • • • • • •	• •	·  -	30	
•	If a profit, enter on Form	1040, line 12,	and :	Schedule SE, line 2 or o	n Form	1040NR, line 13 (statutory	Т			
	p.o ,000, 300 page 0-0)	. Estates and t	rusts	s, enter on Form 1041, line	• 3.		(			
•	' if a loss, you <b>must</b> go to li	ine 32.					ſ	نا	31	4,682.
32 If	you have a loss, check the	e box that desc	ribe	syour investment in this	activity	(see page C- 6)	J			
_	ii you checked 32a, enter	r the loss on bo	ith Fe	orm 1040, line 12, and Si	chadu	is SE line 2 a. a.	7	77-	Π	t
r	Offin 104014K, IINB 13 (Stat	tutory employe	es, s	see page C-6). Estates ar	nd trus	ts, enter on Form 1041	ļ	32a 32b		investment is at risk.
101	ne 3.						ſ	<b>940</b>	iSo atr	me investment is not isk.
-	If you checked 32b, you n	nust attach Fo	rm 6	198. Your loss may be lin	nited.		J		u.i	
KBA	For Paperwork Reducti	ion Act Notice	, 586	page C-8 of the instru	tions					0/5
								3¢	· : # G f 1 6	C (Form 1040) 2006

	edule C (Form 1040) 2006 TOM RIDER  rt HI Cost of Goods Sold (see page C-7)	Redacted	Page 2
33	Method(s) used to		<del></del>
34	value closing inventory:  a Cost  b Lower of cost or market  c Other (at Was there any change in determining quantities, costs, or valuations between opening and closing inventory?	tach explanation)	
	If "Yes," attach explanation	Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 35	
36	Purchases less cost of items withdrawn for personal use	. 36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs		
40	Add lines 35 through 39		
41	Inventory at end of year		
42	Cast of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4		
Pai	information on Your Venicle. Complete this part only if you are claiming car or	truck oungenee	n
	line 9 and are not required to file Form 4562 for this business. See the instruction C-4 to find out if you must file Form 4562.	ions for line 13 or	n page
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 7/1/2005		
44	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:	<del>-</del> ,	
8	Business 44328 b Commuting (see inst) 0 c Ot	har	0
45	Do you (or your spouse) have another vehicle available for personal use?		<u>U</u>
46	Was your vehicle available for personal use during off- duty hours?		No No
47 a	Do you have evidence to support your deduction?	<del></del>	No
_ b	If "Yes," is the evidence written?	<u> </u>	NO
Par	Other Expenses. List below business expenses not included on lines 8-26 or lin	e 30.	No
			<del></del>
			<del></del>
			<del></del>
48	Total other expenses. Enter here and on page 1, line 27.		<del></del>
		48	

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#### **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:

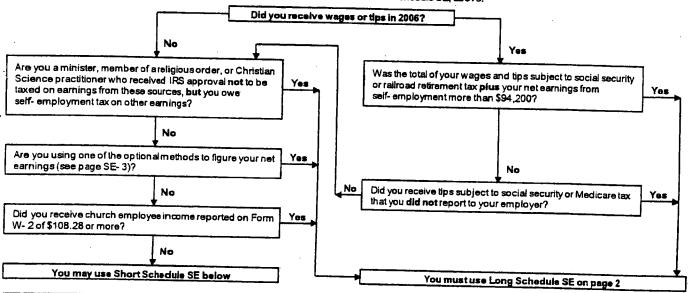
- You had not earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a
  religious order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

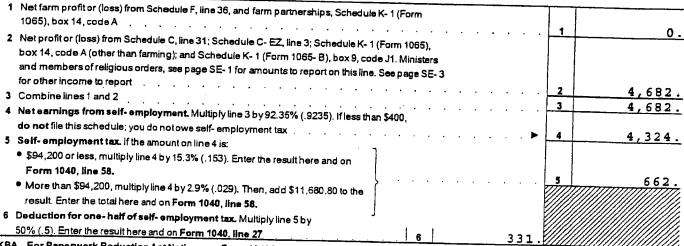
Exception. If your only self- employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt- Form 4361" on Form 1040,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



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

Schedule SE (Form 1040) 2006