ORGANIZER				Page 2
2003	1040	US	Client Information	1

DON FITCH CPA 74-478 Highway 111, Ste. 3

Palm Desert, CA 92260

Telephone number: (760)567-3110 Fax number: (760)836-0968

E-mail address: DonFitchCPA@paylesstax.com **Tax Return Appointment**

Date: Time: Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2003 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status 1=married filing separate and lived with spouse. Year spouse died, if qualifying widow(er) (2001 or 2002). First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) 1=blind First name and initial Last name Title/suffix Social security number Occupation Date of death (m/d/y) 1=blind Social security number Occupation Date of death (m/d/y) Date of death (m/d/y) Date of death (m/d/y) 1=blind In care of. Street address Apartment number City State ZiP code Region Postal code Country Postal code Country	Filing	Filing status (table)
First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) 1=blind Spouse Address Address First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of birth (m/d/y) Date of birth (m/d/y) 1=blind Address Address Apartment number City State ZIP code Region Postal code		1=married filing separate and lived with spouse
Last name	- 10-10-2	Year spouse died, if qualifying widow(er) (2001 or 2002)
Title/suffix		First name and initial
Social security number. Occupation Date of birth (m/d/y) Date of death		Last name
Occupation		Title/suffix
Date of birth (m/d/y) Date of death (m/d/y) Date of birth (m/d/y) Date of death (m/d/y) Date	Taynayor	Social security number
Date of death (m/d/y) 1=blind	тахраует	Occupation
1=blind.		Date of birth (m/d/y)
First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) T=blind In care of Street address Apartment number City State ZIP code ZIP code Foreign Address Apstal code Apostal code Aposta		Date of death (m/d/y)
Last name		1=blind
Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) T=blind In care of Street address Apartment number City State ZIP code Region Postal code Postal code Postal code Title Street address Postal code Post		First name and initial
Spouse Social security number. Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind. In care of. Street address Apartment number. City. State. ZIP code ZIP code Postal code. Postal code. Street address Postal code. Street address Postal code. Street address State.		Last name
Occupation Date of birth (m/d/y) Date of death (m/d/y) T=blind Date of death (m/d/y) T=blind Date of death (m/d/y) Date of death (m/d/		Title/suffix
Address Address Address Address Address Apartment number. City. State. ZIP code Region. Postal code.	Snouse	Social security number
Date of death (m/d/y) 1=blind	Opouse	Occupation
Tablind Tabl		
In care of.		
Address Street address		
Address Apartment number. City. State. ZIP code. Region. Postal code. Postal code.		In care of
Address City		Street address
City	Address	Apartment number
ZIP code	71001000	City
Foreign Address Postal code		State
Foreign Address Postal code		
Address Postal code	Foreign	
Country		Postal code
		Country

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

2003 1040 US Dependents

2

Please add, change or delete information for 2003.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
1 2 7	Dependent	Dependent
First name		
Last name		10
Title/suffix		. 0.1
Date of birth (m/d/y)		, 20
Social security number		
Relationship.		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		() ·
Claimed by: 1=taxpayer, 2=spouse		
-	Dependent	Dependent
First name		
Last name	- 0	
Title/suffix	10	
Date of birth (m/d/y)		
Social security number	<i>O</i> ₁	
Relationship		
Months lived at home	, (0	
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		
	Dependent	Dependent
First name	9	
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
.,,: 4000		
Farned income credit (see table)		
Earned income credit (see table)		

Type of Dependent

- 1 = Child at home (default)
- 2 = Child not at home
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

Earned Income Credit

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

2003	1040	US	Miscellaneous Questions
	If an	y of the fo appr	ellowing items pertain to you or your spouse for 2003, please check the ropriate box and provide additional information if necessary.
YES	NO	_	ONAL INFORMATION marital status change during the year?
		Did your a	address change during the year?
		Could you	u be claimed as a dependent on another person's tax return for 2003?
			NDENTS re any changes in dependents?
		Were any	of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2003?
		Did you h	have any children under age 14 on January 1, 2004 with interest and dividend income in excess of \$750,or total nt income in excess of \$1500?
		Did you re	eceive an advance payment of the child tax credit from the Internal Revenue Service?
		Has the II	RS sent you Form 8836, Qualifying Children Residency Statement, with a letter directing you to file it?
		INCOM	
		Did you re	eceive unreported tip income of \$20 or more in any month?
			eash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for your spouse, or your dependents?
		Did you re	eceive any disability income?
		Did you h	nave any foreign income or pay any foreign taxes?
		Did you s	HASES, SALES AND DEBT start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, Son, trust, or REMIC?
		, ,	ourchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.),or convert any assets to business use?
		Did you b	ouy or sell any stocks, bonds or other investment property in 2003?
		Did you s	sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2004?
		Did you p	ourchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
		Did you h	nave any debts cancelled or forgiven?
		Did anyor	ne owe you money which had become uncollectible?

Series: Miscellaneous Questions

2003	1040	US	Miscellaneous Questions (continued)
		·	
	If an	y of the foll	owing items pertain to you or your spouse for 2003, please check the opriate box and provide additional information if necessary.
YES	NO		EMENT PLANS ceive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you ma	ake a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		Did you co	nvert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
		EDUC <i>A</i>	ATION
		Did you red	ceive a distribution from an Education Savings Account or a Qualified Tuition Program?
		Did you, yo vocational	our spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or school?
		Did you inc	cur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12?
		ITFMI7	ED DEDUCTIONS
			cur a loss because of damaged or stolen property?
		Did you wo	ork out of town for part of the year?
		Did you us	e your car on the job (other than to and from work)?
		ECTIM	ATED TAXES
			ply an overpayment of 2002 taxes to your 2003 estimated tax (instead of being refunded)?
		If you have refunded)?	e an overpayment of 2003 taxes, do you want the excess applied to your 2004 estimated tax (instead of being
		Do you exp	pect your 2004 taxable income and withholdings to be generally the same as 2003?
		MISCE	LLANEOUS
		= .	nt to electronically file your tax return?
		Do you wa	nt to allocate \$3 to the Presidential Election Campaign Fund?
		Does your	spouse want to allocate \$3 to the Presidential Election Campaign Fund?
		May the IR	S discuss this return with the preparer?
			ve an interest in or signature or other authority over a financial account in a foreign country, such as a bank ecurities account, or other financial account?

	1040	US	Dire	ct Deposit &	& Estimates	(For	n 1040 ES)		3, 6, 7
			F	Please enter all _l	pertinent 2003 in	format	ion.		
NIDE	CT DEDC	SIT OF F	DEELIN	ID (2)					
	CT DEPC t deposit of fe			nk account	18				
Name o	of bank				19		•		
				ı with 01 thru 12 or 2 ers)					
			4.00						
2003	ESTIMA [*]	TED TAX	(6)	Amount Paid	Federal Data Baid		Amount Boid	State Data Bai	٠
Overpa	yment applied	I from 2002		1 Amount Paid	Date Paid	TS	Amount Paid	Date Paid	d TS
	rter payment			2	3		102	103	
	arter payment				5	\perp	104	105	
	rter payment				7	+	106	107	
Ith qua	rter payment	(due 1/15/04)		8	9	 	108	109	
				38	39		138	139	
	Additional E	stimated		40	41		140	141	
	Tax Payr			42	43	\	142	143	
				44	45		144	145	
اس امام	th extension (not loter than	4/15/04\	10			110	111	
alu Wi	ui exterision (not later than	4/13/04).	[10]	1211		110		
APPI	LICATION	N OF 2003	3 OVE	RPAYMENT (7.1)				
			3 taxes, d	o you want the exce	ss refunded?.	or a	oplied to 2004 estima	te?	
Otner (please explain	1):							
2004	CCTIMA A		INFOR						
2004	ESTIMA ⁻	IED IAX	INFOF	RIVIATION					
	expect your 2	.004 taxable ir	ncome to b	pe generally the sam	e as 2003?			Yes	No
Do you									
f "no" 6	expect your 2	004 withholdir	ng to be g	enerally the same as	s 2003?			Yes	No
If "no" e	expect your 2				s 2003?			Yes	No
If "no" e								Yes	No
f "no" e								Yes	No
f "no" e								Yes	No
f "no" e								Yes	No
f "no" e								Yes	No
f "no" e								Yes	No
f "no" e								Yes	No _
f "no" e								Yes	No

2003 1040 US Wages & Pensions 10, 13

Please enter all pertinent 2003 amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

		1=retirem	ent	Wages, Tips, Other		-	Tax Withheld			
No.	Name of Employer (Box c)	1=retirem plan (Box 1=spouse	7	Other Compensation (Box 1)	Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	2002 Wages
	800	1	2	3	4	6	8	14	18	
								0		
							, 10			
						4				
						V O				
						()				
										,

PENSIONS, IRA DISTRIBUTIONS, W-2G (13)

No.	Name of Days	of Payer 1=IRA/SEP/SIMPLE (Box 7) 2=W-2G			=rollover (Box 7)	Taxable		ithheld	Value of all IRAs at 12/31/03	
INO.	Name of Payer	1=spous			Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Federal (Box 4)	State (Box 10)	at 12/31/03	2002 Distribution
	800		1 2	13		4	6	9	34	
	I		1		ı	I	1	ı	II.	

2003 1040 US Interest & Dividend Income 11, 12

Please enter all pertinent 2003 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms. Last year's amounts are provided for your reference.

INTEREST INCOME (11)

	Name of Paver			Interest Income			pt Interest	Early Withdrawal	
No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds	Withdrawal Penalty (Box 2)	2002 Interest
	800 (801, 813, 802, 803	3) 1	2	3	4	19	5	18	
							0		
					4				
					0				

DIVIDEND INCOME (12)

	1 .		D	ividend Incom	Tax-Exempt Interest	Foreign			
Name of Payer	1=tp 2=sp	Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	Post-May 5 Capital Gain Distrib. (Box 2b)	U.S. Bonds (% or amt.)	Total Municipal Bonds	Tax Paid (Box 6)	2002 Dividends
800	1	2	30	3	31	502	18	16	
	^								
		_ 3p	Dividends (Box 1a)	Name of Payer 2=sp Total Ordinary Dividends (Box 1a) Qualified Dividends (Box 1b)	Name of Payer 1=tp Total Ordinary Qualified Total Capital Qualified Gain Distrib. (Box 1a) (Box 2a)	Dividends Gain Distrib. Capital Gain (Box 1a) (Box 1b) (Box 2a) Distrib. (Box 2b)	Name of Payer 1=tp Total Ordinary Qualified Total Capital Gain Distrib. (Box 1a) (Box 1b) (Box 2a) (Mox 2b) (Wordends (Box 2b) (Mox 2b)	Name of Payer 1=tp Total Ordinary Qualified Dividends Gain Distrib. Capital Gain Distrib. Post-May 5 Capital Gain Distrib. Capital	Name of Payer 1=tp 2=sp Total Ordinary Qualified Dividends (Box 1a) Capital Gain Distrib. (Box 2a) Distrib. (Box 2b) Distrib. (Box 2b) Capital Gain Distrib. (Box 6b) Capital Gain Distrib. (Box 2b) Capital Gain Distrib. (Capital Gain Distrib. (

Miscellaneous Income 2003 1040 US 14.1

Please enter all pertinent 2003 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME		2003 Am	oun	2002 Amount			
		Taxpayer		Spouse		Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)	2	Ę	52				
Medicare premiums paid (SSA-1099)	13	(63				
Tier 1 RR retirement benefits (RRB-1099, box 5)	3	Ę	53				
1=lump-sum election for SS benefits	12	(62				
Alimony received	5	Ę	55				
Taxable scholarships and fellowships	8	Ę	58				
Household employee income not on W-2	9	Ę	59				
Excess minister's allowance	24	7	74				
Alaska permanent fund dividends	21	7	71				
Income from rental of personal property	23	7	73)	
Income subject to S/E tax:				. 0			
	10	(60				
	10	(60				
	10	(60				
	10	(60				
	10		60				
	10	(60				
Other income (1099-MISC, box 3)					i		
	11		61				
	11		51				
	11		61				
	11	10	61				
	11	6	61				
	11		61				
TAX WITHHELD (not entered elsewhere)							
Federal income tax withheld	14	1	64				
State income tax withheld	15		65				

Page 12 US State & Local Tax Refunds / Unemployment Compensation 2003 1040 14.2

Please enter all pertinent 2003 amounts and attach all 1099-G forms.

	Last year's amounts are provided to	r you	r reference.	
	ND LOCAL TAX REFUNDS /			
UNEMPL	OYMENT COMPENSATION (Form 1099-G)		2003 Amount	2002 Amount
	Name of payer	800		
	1=spouse	1		
	Unemployment compensation:			
	Total received (Box 1)	2		
	2003 Overpayment repaid.	3		
	State and local income tax refund, credit or offsets (Box 2)	4		
	Tax year for box 2 if not 2002 (Box 3)	5		
No.	Federal income tax withheld (Box 4)	6		
- <u> </u>	Taxable grants:			
	Federal taxable amount (Box 6)	12		
	State taxable amount, if different	17		
	Agriculture payments:		10	
	Agriculture payments (Box 7)	13	0.17	
	Number of farm	15	X	
	1=box 2 is trade or business income (Box 8)	14	V	
	State income tax withheld	11		
<u> </u>	Texas mesme an manion			<u> </u>
	Name of payer	800		
	1=spouse.	1		
	Unemployment compensation:			
	Total received (Box 1)	2		
	2003 Overpayment repaid.	3		
	State and local income tax refund, credit or offsets (Box 2)	4		
	Tax year for box 2 if not 2002 (Box 3)	5		
No.	Federal income tax withheld (Box 4)	6		
140.	Taxable grants:			
	Federal taxable amount (Box 6)	12		
	State taxable amount, if different	17		
	Agriculture payments:	'		
	Agriculture payments (Box 7)	13		
		15		
	Number of farm	14		
	State income tax withheld	11		
<u> </u>	Jordie income (ax withheld	_		<u> </u>
	Name of payer	800		
	, -	1		
	1=spouse			
	Total received (Box 1)	2		
	2003 Overpayment repaid.	3		
	1	4		
	State and local income tax refund, credit or offsets (Box 2)	5		
No.	Tax year for box 2 if not 2002 (Box 3) Federal income tax withheld (Box 4)	6		
NO.	Taxable grants:	0		
		12		
	Federal taxable amount (Box 6)	12 17		
	·	1/		
	Agriculture payments:	10		
	Agriculture payments (Box 7).			
	Number of farm.	15		
	1=box 2 is trade or business income (Box 8) State income tax withheld	14		
	plate income lax withheld	11		

					_
2003	1040	US	Education Distributions (ESA's and QTP's)	14.3	í

Please enter all pertinent 2003 amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere. Last year's amounts are provided for your reference.

.SA S F	ND QTP'S (Form 1099-Q)		2003 Amount	2002 Amount
	Name of payer	800		
	1=spouse	1		
	Qualified expenses:			
	Higher education (net of nontaxable benefits)	143		
	Elementary & secondary education (net of nontaxable benefits).	307		
	Form 1099-Q:			
	Gross distributions (Box 1)			
lo.	Earnings (Box 2)			
	Basis (Box 3)	303		
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2		
	ESA's only:		(7)	
	2003 contributions to this ESA	142		
	Value of this account at 12/31/03 (plus outstanding rollovers)	144		
	Basis in this ESA as of 12/31/02	165		
		\circ		
	Name of payer	800		
	1=spouse	1		
	Qualified expenses:	' I		
	Higher education (net of nontaxable benefits)	143		
	Elementary & secondary education (net of nontaxable benefits).	307		
	Form 1099-Q:			
	Gross distributions (Box 1)	301		
lo.	Earnings (Box 2)	302		
	Basis (Box 3)	303		
	Rollover: 1=nontaxable, 2=taxable (Box 4)	304		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2		
	ESA's only:			
	2003 contributions to this ESA	142		
	Value of this account at 12/31/03 (plus outstanding rollovers)	144		
	Basis in this ESA as of 12/31/02.	165		
		1 1		
	Name of payer	800	 1	
	1=spouse			
	Qualified expenses:	1.10		
	Higher education (net of nontaxable benefits)			
	Elementary & secondary education (net of nontaxable benefits).	307		
	Form 1099-Q:	201		
. —	Gross distributions (Box 1)			
lo.	Earnings (Box 2).			
	Basis (Box 3).			
	Rollover: 1=nontaxable, 2=taxable (Box 4)			
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)	2		
	ESA's only:			
	2003 contributions to this ESA	142		
	Value of this account at 12/31/03 (plus outstanding rollovers)			
	Pagic in this ESA as of 12/21/02	165		

03	1040	US	Business Income (Schedule C)	No.	16
	Please e	nter all pe	tinent 2003 amounts. Last year's amounts are provided fo	r your reference).
GEN	NERAL IN	IFORMA ⁻	FION		
Princi	pal business/p	orofession			
Princi	pal business o	ode			
Busine	ess name, if o	lifferent from	Form 1040 802		
Busine	ess address, i	f different fro	m Form 1040 803		
			from Form 1040 804		
Other	accounting m	ethod			
Accou	inting method:	1=cash, 2=	accrual		
			ver c/m, 3=other		
1=cha	inge of invento	ory method			
1=spo	use, 2=joint .				
1=first	t Schedule C t	iled for this b	usiness		
1=W-2	2 earnings as	statutory emp	loyee		
			t tax		
1=did	not "materiall	y participate"			
1=inve	estment		37		
INC	OME		2002 A	2002 A	
Cross	raccinta ar ac	oloo (Earm 10	2003 Amount	2002 Amo	ount
			99-MISC, box 7)		
	income:	ices	32		
Other	income.		54		
-			54		
-			54		
-			54		
-			54		
-			54		
-			54		
-			54		
-			54		
COS	ST OF GC	ODS SO		•	
	_		· () ·	1	
	tory at beginn				
	•				
	• • •	ies	18		
Other	costs:		10		
-				+	
-			19	+	
-			19		
-			19		
-			19		
-			19		
-			19	+	
-			19		
Invent	ony at and of	the veer			

JRGANIZER			Page	$T \supset$

Business Income (Schedule C) (cont.) 2003 1040 US 16 p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

EXPENSES		2003 Amount	2002 Amount
Accounting	201		
Advertising	56		
Answering service	202		
Bad debts from sales or service	57		
Bank charges	203		
Car and truck expenses (not entered elsewhere)	59		
Commissions	60		
Contract labor.	87		
Delivery and freight	204		
Dues and subscriptions	205		
Employee benefit programs.	64		
Insurance (other than health)	66		
Mortgage interest (paid to banks, etc.)	12		
Other interest (not entered elsewhere)	67	(1)	
Janitorial	206	. (2)	
Laundry and cleaning	207	, , , ,	
Legal and professional	69		
Miscellaneous.	208		
Office expense.	70		
Outside services.	209) \	
Parking and tolls	210		
Pension and profit sharing plans - contributions.	71	*	
Pension and profit sharing plans - contributions.	53		
Postage	211		
Printing	212		
Rent - vehicles, machinery, & equipment (not entered elsewhere)	58		
Rent - other.	72		
Repairs	73		
	213		
Security	74		
Taxes - real estate	45		
Taxes - payroll	41 43		
	75		
Taxes - other (not entered elsewhere)			
Telephone	214		
Tools.			
Travel	76		
` ,	81		
Department of Transportation meals in full (65%)	86		
Uniforms	216		
Utilities	77		
Wages	78		
Other expenses:			
·	90		
	90		
	90		
	90		
	90		
	90		
	- 50	<u> </u>	<u> </u>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2003 1040 US Capital Gains & Losses (Schedule D)

17

If you sold any stocks, bonds, or other investment property in 2003, please list the pertinent information for each sale below. Be sure to attach all 1099-B forms and brokerage statements.

No.	Description of Property (Box 5)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Incom Tax Withheld (Box 4)
	800	25	26	27	29	28	168
_							
					10		
					.011		
-							
			1				
			(9)				
		0	,				
		(2)					
		•					

ORGANIZER				Page 1/
2003	1040	US	Installment Sales (Form 6252)	17 p2

'RIOR Y	EAR INSTALLMENT SALE		2003 Amount	2002 Amount
	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
No.	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		
	Post May 5, 2003 principal payments included above	385		
	Prior years' payments	37		
	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
No.	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		
	Post May 5, 2003 principal payments included above	385	. 0.	
	Prior years' payments	37		
	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
No.	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		
	Post May 5, 2003 principal payments included above	385		
	Prior years' payments	37		
		1		
	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
No.	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		
	Post May 5, 2003 principal payments included above	385		
	Prior years' payments	37		
	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
No.	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		
	Post May 5, 2003 principal payments included above	385		
	Prior years' payments	37		
		0		
	Description of property	800		
	Date acquired (m/d/y)	25		
	Date sold (m/d/y)	26		
No.	Gross profit ratio (.xxxx)	500		
	Current year principal payments (-1 if none)	36		
	Post May 5, 2003 principal payments included above	385		
	Prior years' payments	37		

Page 18

2003 1040 US Sale of Home & Moving Expenses 17, 27

If you sold your home or moved in 2003, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

the purchase and sale of your home.	
SALE OF HOME (17)	
Description of property (Box 3)	800
Date acquired (m/d/y).	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
=sale of home	
=owned and used property as main home for at least 2 of 5 years before sale	
=business use in year of sale.	167
Adjusted Basis	
Original cost	
mprovements:	
Adjusted basis	20
Adjusted basis	29
Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)	
Total expenses of sale	28
Please complete the following information if due to a change in health, place of employment, or unforseen c	ircumstances you either:
Please complete the following information if due to a change in health, place of employment, or unforseen captures and use tests *, or b) Excluded gain on the sale of another home after May 6,	, 1997.
Please complete the following information if due to a change in health, place of employment, or unforseen conditions on the sale of another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).	, 1997. 152
Please complete the following information if due to a change in health, place of employment, or unforseen centrical Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)=sale due to change in health, employment or unforseen circumstances	1997. 152 161
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)=sale due to change in health, employment or unforseen circumstances	1997. 152 161 148
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforseen circumstances. Days used as main home - taxpayer. Days used as main home - spouse.	1997. 152 161 148 149
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)=sale due to change in health, employment or unforseen circumstances	1997. 152 161 148 149 150
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)=sale due to change in health, employment or unforseen circumstances	1997. 152 161 148 149 150
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)=sale due to change in health, employment or unforseen circumstances. Days used as main home - taxpayer. Days used as main home - spouse. Days property owned - taxpayer. Days property owned - spouse.	1997. 152 161 148 149 150
Please complete the following information if due to a change in health, place of employment, or unforseen combined to be provided to a change in health, place of employment, or unforseen combined to be provided to the sale of another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)=sale due to change in health, employment or unforseen circumstances. Days used as main home - taxpayer. Days property owned - taxpayer. Days property owned - spouse.	1997. 152 161 148 149 150 151
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). = sale due to change in health, employment or unforseen circumstances Days used as main home - taxpayer. Days property owned - taxpayer. Days property owned - spouse. MOVING EXPENSES (27) (If you moved because of a change in the location of your job) = spouse, 2=joint.	1997. 152 161 148 149 150 151
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). = sale due to change in health, employment or unforseen circumstances Days used as main home - taxpayer. Days property owned - taxpayer. Days property owned - spouse. Days property owned - spouse. WOVING EXPENSES (27) (If you moved because of a change in the location of your job) = spouse, 2=joint. = armed forces move due to permanent change of station.	1997. 152 161 148 149 150 151
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). = sale due to change in health, employment or unforseen circumstances. Days used as main home - taxpayer. Days property owned - taxpayer. Days property owned - spouse. Days property owned - spouse. Days property owned - spouse. MOVING EXPENSES (27) (If you moved because of a change in the location of your job) = spouse, 2 = joint. = armed forces move due to permanent change of station. Miles from old home to new work place.	1997. 152 161 148 149 150 151
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). = sale due to change in health, employment or unforseen circumstances. Pays used as main home - taxpayer. Pays used as main home - spouse. Pays property owned - taxpayer. Pays property owned - spouse. Pays property owned - spouse of a change in the location of your job) = spouse, 2=joint. Earmed forces move due to permanent change of station. Pays from old home to new work place. Pays property owned to old work place.	1997. 152 161 148 149 150 151 1 14 2 3
Please complete the following information if due to a change in health, place of employment, or unforseen complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). =sale due to change in health, employment or unforseen circumstances Days used as main home - taxpayer. Days property owned - taxpayer. Days property owned - taxpayer. Days property owned - spouse. Days property owned - spouse. Days property owned - spouse. MOVING EXPENSES (27) (If you moved because of a change in the location of your job) =spouse, 2=joint. =armed forces move due to permanent change of station. Miles from old home to new work place. Miles from old home to old work place. Expenses for transportation and storage of household goods and personal effects.	1997. 152 161 148 149 150 151 1 14 2 3
Please complete the following information if due to a change in health, place of employment, or unforseen of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)=sale due to change in health, employment or unforseen circumstances. Days used as main home - taxpayer. Days property owned - taxpayer. Days property owned - spouse.	1997. 152 161 148 149 150 151
Please complete the following information if due to a change in health, place of employment, or unforseen condition to meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, if excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). =sale due to change in health, employment or unforseen circumstances. Days used as main home - taxpayer. Days property owned - taxpayer. Days property owned - spouse. Days property owned - spouse. Days property owned - spouse. MOVING EXPENSES (27) (If you moved because of a change in the location of your job) =spouse, 2=joint. =armed forces move due to permanent change of station. Miles from old home to new work place. Miles from old home to new work place. Expenses for transportation and storage of household goods and personal effects. Lodging and travel (excluding meals): Lodging and travel (excluding automobile).	1997. 152 161 148 149 150 151
Please complete the following information if due to a change in health, place of employment, or unforseen condition to meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, fexcl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y). = sale due to change in health, employment or unforseen circumstances Days used as main home - taxpayer. Days used as main home - spouse. Days property owned - taxpayer. Days property owned - spouse. Days property owned - taxpayer. Days property owned - spouse. Days property owned - taxpayer. Days property owned - spouse. Days property owned - spouse. Days property owned - taxpayer. Days property owned - ta	1997. 152 161 148 149 150 151
MOVING EXPENSES (27) (If you moved because of a change in the location of your job) I=spouse, 2=joint. I=armed forces move due to permanent change of station. Miles from old home to new work place. Miles from old home to old work place. Expenses for transportation and storage of household goods and personal effects. Lodging and travel (excluding meals): Lodging and travel (excluding automobile).	1997. 152 161 148 149 150 151

17, 27

003	1040	US	Rental & Royalty Income	e (S	chedule E)	No.	18
	Please e	nter all per	tinent 2003 amounts. Last year's a	moı	ints are provided for	your reference	e.
GEN	NERAL IN	IFORMAT	TION				
Kind o	of property		800				
			801				
Locati	on or property	/	801				
Doroo	ntaga of own	erchin if not 10	00% (.xxxx)	500			
	· ·	•	` '	503			
			if not 100% (.xxxx)				
•			royalty	33 39			
			royalty	38			
	٠.	•		32			
	•			71			
				48			
1-11100				40			
INC	OME				2003 Amount	2002 Am	ount
Rents	received (For	m 1099_MISC	, box 1)	2	2003 Amount	2002 AIII	Junt
	`		SC, box 2).	3	. 0.1		
			100, box 2)		. 10		
DIR	ECT EXP	ENSES			V)		
NOTE			ed only to the rental activity. These include tising, and office supplies.				
م مار م	· ·		j.	4			
	3						
				16 5	•		
			where)	6			
	-			7			
			(%)	<u>18</u> 8			
				10			
				23			
Manac	ses and penni sement fees		401	19			
Miscal	llaneous		(المرابع)	24			
			etc.)	9			
			nere)	29			
Paintir	ng and decor:	atina		20			
Pest o	ontrol			21			
				17			
				11			
•				12			
				13			
			nere)	25			
	•			22			
				14			
				15			
Other:					•		
				27			
-				27			
-				27			
-				27			
-				27			
-				27			
-				27			
_							

18

NIZER								Page
03	1040	US	Rental & Ro	yalty Income	: (S	ch. E) (cont.)	No	18
Pleas	se enter al	l pertinent	2003 amounts. L	ast vear's amount	s ar	e provided for your re	eference. The i	ndirect
ex	xpense col	umn shou	ld only be used fo	r vacation homes	or le	e provided for your re ess than 100% tenant	occupied ren	als.
OIL	AND GA	S				2003 Amount	2002 Amo	unt
Produ	ction type (pr	eparer use on	ly)		42	2003 Amount	Z00Z AIIIO	unt
					43			
Percei	ntage depletio	on rate or amo	ount		502			
			-1 if none)		76			
State	% depletion r	ate or amount	t, if different (-1 if none	e) [506			
VAC	ATION H	IOME						
Numbe	er of days rer	nted at fair ma	ırket value		34			
	,			ħ.	35			
Numbe	er of days ow	ned (if optiona	al method elected)		53			
INIDi	IDECT EV	KPENSES	•	_				
וטאוו	IKEUI EA	APENSES	•					
NOTE	: Indirect exp	enses are rela	ated to operating or ma surance, and utilities.	aintaining the dwelling u	unit.			
ا د د د ام ۸		·		Г	204		T	
					204			
			where)	•	216			
	-			The state of the s	206) \		
	· ·				207			
					218	Y		
	3				208			
					210			
					223			
					219			
Miscel	llaneous				224			
Mortga	age interest (į	paid to banks,	etc.)		209			
Other	interest (not	entered elsew	here)		229			
Paintir	ng and decora	ating			220			
					221			
					217			
					211			
					212			
	- real estate.				213			
	•		nere)		225			
				T T	222			
				T T	214			
Other:)			215			
Other.					227			
-					227			
-					227			
-					227			
-					227			
=					227			
-					227			
-					227			
_					227			
_					227			
_					227		<u> </u>	

	1040	US	Farm Income (Schedule	F/F0	rm 4835)	No	19
		-	tinent 2003 amounts. Last year's	amount	ts are provided for y	our reference	÷.
GEN	NERAL IN	FORMAT	TION				
	pal product						
Emplo	oyer ID numbe	r	801				
Agricu	ultural activity	code		1			
			ccrual				
	-			5			
	•	•	~~~	64			
			on	64 65			
			rm 4835 only)	85			
			4835 only)	3			
			x) (Form 4835 only)	504	10		
FAF	RM INCON	ΛE			170,,		
Cash	method:				2003 Amount	2002 Amo	ount
Sa	ales of livestoo	ck, etc. bough	t for resale	6			
			bought for resale				
		ck, etc. you ra	iised	_ 8	V		
	al method:	sk produco o	urains ate	17			
			rains, etcbeginning of yearbeginning of year	23			
			sed	24			
			end of year	25			
	farm income:	,	190				
To	otal cooperativ	e distributions	5	9			
			ons	10			
			yments	11			
			payments	12			
	-		ted under election.	13			
			forfeited or repaid	73 74			
			s received in 2003	14			
			eds received in 2003	75			
	•		income	15			
Other	income:						
				16			
•				16			
				16			
-				16 16			
-				16			
-			_	16			
-				16			
-				16			
				16			
				16			
				16			
				16			
				16			

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2003 1040 US Farm Income (Sch. F/Form 4835) (cont.)	No. 19 p2
-----------------------------------------------------	-----------

FARM EXPENSES		2003 Amount	2002 Amount
Car and truck expenses (not entered elsewhere)	60		
Chemicals	27		
onservation expenses	28		
ustom hire (machine work)	40		
mployee benefit programs	31		
eed purchased	32		
ertilizers and lime	33		
reight and trucking	34		
Sasoline, fuel, and oil	35		
nsurance (other than health)	36		
Nortgage interest (paid to banks, etc.)	41		
Other interest (not entered elsewhere)	42		
abor hired	37		
Pension and profit sharing - contributions	43		
ension and profit sharing plans - admin. and education costs	57	X	
Rent - vehicles, machinery, and equipment (not entered elsewhere)	39		
Rent - other	44		
Repairs and maintenance	45		
Seeds and plants purchased	46		
Storage and warehousing	47		
Supplies purchased	48		
axes (not entered elsewhere)	49		
Jtilities	50		
eterinary, breeding, and medicine	51		
Other expenses:			
	53		
	53		
	53		
	53		
	53		
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	53		
<u> </u>	53		
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	53		
DEDDODUCTIVE DEDIOD EVDENCES			
PREPRODUCTIVE PERIOD EXPENSES (also enter ab	ove)		
Capitalized preproductive period expenses	77		

ORGANIZER Partnership and S corporation Information US 2003 1040 Please add, change or delete 2003 information as appropriate. Be sure to attach all Schedule K-1s. **PARTNERSHIP INFORMATION (20.1)** Tax Shelter Registration Number (Line G) Employer Identification Name of Partnership No. Number 800 801 802 **S CORPORATION INFORMATION (20,2)** Tax Shelter Registration Number Employer Name of S corporation Identification No. Number (Line C) 801 802 800

20.1,20.2

Please add, change or delete 2003 information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802
		10	
		, 70,,,	

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number		
	800	801		

Page 25 **Asset Disposition List** 2003 1040 US 22

If you disposed of any business assets in 2003, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

o.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale
	800	2	16	61	3	62
				10		
				(0),		
			~/			
			~\\ \ \			
		1	١			
		0				
		(0)				
	C.	7				
	70					

2003 1040 US Asset Acquisition List 22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2003, please enter all pertinent information below.

			Pres	oarer Use	Only		Cost	Preparer U	se Only
No.	Description of Property	Related Business or Activity	Form	No. of Form	Category	Date Placed in Service	or Basis	Current Section 179	
	800	or Activity	18	19	1	2	3	8	4
						10			
						0			
						XO.			
						•			
				0					
			1						
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	4								
	Χο,								
								2	2 _{p2}

2003 1040 US Adjustments to Income

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Please enter all pertinent 2003 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIO	NIC	2003 Amount		2002 Amount
I RADITIONAL IKA CONTRIBUTIO	112	Taxpayer	Spouse	Taxpayer Spouse
RA contributions you made or expect to make				
(1=maximum) (\$3,000/\$3,500 if 50 or older)		51		
Contributions made to date	 	53		
1=covered by plan, 2=not covered		55		
2003 payments from 1/1/04 to 4/15/04	8	58		
ROTH IRA CONTRIBUTIONS				
Roth IRA contributions you made or expect to				
make (1=maximum) (\$3,000/\$3,500 if 50 or older).		77		
Contributions made to date	30	80		
SEP, SIMPLE AND QUALIFIED PLA	ANS	(KEOGH)		\O
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)	11	61		
Defined benefit contributions you expect to make	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)	12	62		
Plan contribution rate if not .25 (.xxxx)	501	551		
Self-employed elective deferrals	44	94		
SIMPLE contributions:		1		
Salf ampleyed SIMDLE contributions you				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)	22	72		
Employer matching rate if not .03 (.xxxx)	502	552		
1=nonelective contributions (2%)	24	74		
Contributions made to date	14	64		
AD ILICTMENTS TO INCOME A	O			_
ADJUSTMENTS TO INCOME				
Self-employed health insurance:				
Total premiums (excluding long-term care)	16	66		
Long-term care premiums	26	76		
Student loan interest paid (1098-E, box 1)	23	73		
Educator expenses (kindergarten thru grade 12)	28	78		
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1)	42	92		
Deduction for clean fuel vehicles	43	93		
Expenses from rental of personal property	37	87		
Other adjustments to income:				
	19	69		
	19	69		
	19	69		
		1 1		
Alimony paid: Taxpayer			Spouse	
Recipient's first name 39			89.	
			90.	
Recipient's last name 40.				
Recipient's last name			91.	

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25

2003	1040	US	Itemized Deductions
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Please enter all pertinent 2003 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

Medicare insurance premiums on Sheet 14.		2003 Amount	TS	2002 Amount
escription medicines and drugs	4			
octors, dentists and nurses	5			
ospitals and nursing homes	6			
surance premiums (excluding long-term care and amounts paid with pre-tax dollars)	7			
ong-term care premiums	17			
nsurance reimbursement (enter as a positive number)	8			
odging and transportation:		T		
Out-of-pocket expenses	9			
Number of medical miles	52			
Other medical and dental expenses:	F			
	10		\checkmark	
	10	<u> </u>		
	10			
TAXES PAID (State and local withholding and 2003 estimates are auto	matic `			
			1 1	
State and local income taxes - 1/01 payment on 2002 state estimate	11) 	+	
State and local income taxes - paid with 2002 state extension	12	· ·	++	
State and local income taxes - paid with 2002 state return	13	•	+	
State and local income taxes - paid for prior years and/or to other state	14		++	
Real estate taxes - principal residence.	15		++	
Real estate taxes - property held for investment	16		+	
Personal property taxes (including automobile fees)	18		+	
Foreign income taxes	19			
Other taxes:	20		\neg	
	20		++	
NTEREST PAID			1 1	
Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:				
	21		++	
	21		++	
	21			
Home mortgage interest not reported on Form 1098:				
Payee's name				
Payee's SSN or FEIN 86				
Payee's street address. 87				
Payee's city, state, ZIP . 88.	`		 	
Amount paid				
Points not reported on Form 1098:	22		1 1	
	23		++	
	23			
nvestment interest (interest on margin accounts):	04		 	
-	24		++	
	24		++	
Passive interest	27		++	
Certain home mortgage interest included above (6251)	30			

2003 1040 US Itemized Deductions (continued) 25 p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

0% Limitation (churches, schools, hospitals, and other charitable organization	ons):			
Contributions by cash or check:		2003 Amount	TS	2002 Amount
	32			
-	32			
	32 32			
	32			
	32			
	32			
	32			
Volunteer expenses (out-of-pocket)	31			
Number of charitable miles	53			
0% limitation (veterans' organizations, fraternal societies, nonprofit cemeter nd certain private nonoperating foundations): Contributions by cash or check:	ies,	18	X	
	41			
	41			
	41	· ·		
	41	Y Y		
	41	•		
	41 41			
	41			
Volunteer expenses (out-of-nocket)	40			
Volunteer expenses (out-of-pocket)	40 54			
Number of charitable miles.	54			
Number of charitable miles	54	utions are over \$500)		
Number of charitable miles NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contribution)	54 contribu	utions are over \$500)		
Number of charitable miles NUNCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contribution)	54 contribu	utions are over \$500)		
Number of charitable miles	54 contribu	utions are over \$500)		
Number of charitable miles	33 33 33	utions are over \$500)		
Number of charitable miles	54 contribu	utions are over \$500)		
Number of charitable miles	33 33 33 33 33	utions are over \$500)		
Number of charitable miles	33 33 33 33 34	utions are over \$500)		
Number of charitable miles	33 33 33 33 34 34	utions are over \$500)		
Number of charitable miles	33 33 33 33 34 34 34	utions are over \$500)		
Number of charitable miles. NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contraction (see above): Owner	33 33 33 33 34 34	utions are over \$500)		
Number of charitable miles. NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contraction (see above): Owner	33 33 33 33 34 34 34	utions are over \$500)		
Number of charitable miles. NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contraction (see above): Document	33 33 33 33 34 34 34 34	utions are over \$500)		
Number of charitable miles. NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contraction (see above): Owner	33 33 33 33 34 34 34 34 35	utions are over \$500)		
Number of charitable miles. NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contraction of the	33 33 33 33 33 34 34 34 34 35 35 35 35	utions are over \$500)		
Number of charitable miles. NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contraction of the	33 33 33 33 33 34 34 34 34 35 35 35 35	utions are over \$500)		
Number of charitable miles. NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of the contraction of the	33 33 33 33 33 34 34 34 34 35 35 35 35 35 35	utions are over \$500)		
Number of charitable miles.	33 33 33 33 33 33 34 34 34 34 35 35 35 35 35 35 35	utions are over \$500)		
Number of charitable miles. NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash of 10% limitation (see above): Ow limitation (see above): Ow capital gain property (gifts of capital gain property to 50% limit orgs.):	33 33 33 33 33 34 34 34 34 35 35 35 35 35 35	utions are over \$500)		

2003	1040	IIC	Itemized Deductions (continued)	25
/IIII 3	1 (124(1	111	I ITEMIZEN DENIICTIONS (CONTINUEN)	/ 7 ~2

Please enter all pertinent 2003 amounts.	Last	year's amounts are	provided for	your reference.
------------------------------------------	------	--------------------	--------------	-----------------

MISCELLANEOUS DEDUCTIONS (subject to 2% A		2003 Amount	TS	2002 Amount
Inion and professional dues	42			
other unreimbursed employee expenses (uniforms and protective clorofessional subscriptions, employment agency fees, and certain editions)	othing, u. expens <u>es):</u>			
	43			
	43			
	43			
	43			
	43			
	43			
nvestment expense:				
	44			
	44			
	44			
	44			
	44			
	44			
ax return preparation fee	45			
·	45 46			
afe deposit box rental	46			
afe deposit box rental	46			
Safe deposit box rental	es,			
Safe deposit box rental	46 es,			
Safe deposit box rental	45 es, 47 47			
Safe deposit box rental	46 es, 47 47 47			
Safe deposit box rental	46 es, 47 47 47 47			
Safe deposit box rental	46 es, 47 47 47 47 47 47			
Tax return preparation fee. Safe deposit box rental	46 es, 47 47 47 47 47 47			
DTHER MISCELLANEOUS DEDUCTIONS Gambling losses to extent of winnings	46 es, 47 47 47 47 47 47 47 47 47			
Asia deposit box rental. Asia discellaneous deductions (2% AGI) (certain legal and accounting feet and custodial fees): DTHER MISCELLANEOUS DEDUCTIONS Cambling losses to extent of winnings Estate tax, section 691(c)	46 es, 47 47 47 47 47 47 47 47 47 47 47			
DTHER MISCELLANEOUS DEDUCTIONS Sambling losses to extent of winnings State tax, section 691(c)	46 es, 47 47 47 47 47 47 47 47 47 47 47 47 49			
DTHER MISCELLANEOUS DEDUCTIONS Cambling losses to extent of winnings State tax, section 691(c)	46 es, 47 47 47 47 47 47 47 47 47 47 50			
DTHER MISCELLANEOUS DEDUCTIONS Sambling losses to extent of winnings State tax, section 691(c)	46 es, 47 47 47 47 47 47 47 47 47 47 50 50 50			
DTHER MISCELLANEOUS DEDUCTIONS Cambling losses to extent of winnings State tax, section 691(c)	46 es, 47 47 47 47 47 47 47 47 47 50 50 50 50 50			
Safe deposit box rental	46 es, 47 47 47 47 47 47 47 47 47 47 50 50 50			

2003 1040 US Noncash Contributions (Form 8283) 26

If your total noncash contributions are in excess of \$500 in 2003, please complete the information below for each donee.

DONATED PROPERTY INFORMATION

	L	1
	Name of charitable organization (donee)	800
	Street address	
	City, state, ZIP code	
	1=spouse, 2=joint	·
	Property description	
No.	Date of contribution (m/d/y) *	5
	Date acquired by donor (m/y) *	6
	How acquired by donor (Table 1 or describe)	804
	Donor's cost or basis	7
	Fair market value	8
	Method used to determine FMV (Table 2 or describe)	805
	Name of charitable organization (donee)	800
	Street address	801
	City, state, ZIP code	802
	1=spouse, 2=joint	10
	Property description	803
No.	Date of contribution (m/d/y) *	5
	Date acquired by donor (m/y) *	6
	How acquired by donor (Table 1 or describe)	804
	Donor's cost or basis	7
	Fair market value	8
	Method used to determine FMV (Table 2 or describe)	805
	1.0	
	Name of charitable organization (donee)	800
	Street address	801
	City, state, ZIP code	802
	1=spouse, 2=joint	1
	Property description	803
No.	Date of contribution (m/d/y) *	
	Date acquired by donor (m/y) *	
	How acquired by donor (Table 1 or describe)	
	Donor's cost or basis	
	Fair market value.	
	Method used to determine FMV (Table 2 or describe)	

I How Property was Acquired

- 1 = Purchase
- 2 = Gift
- 3 = Inheritance
- 4 = Exchange

2 Method Used to Determine FMV

- 1 = Appraisal
- 2 = Thrift shop value
- 3 = Catalog
- 4 = Comparable sales

For other methods, see IRS Pub. 561.

26

2003	1040	US	Business Use of Home (Form 8829)	No.	29
ZUUJ	1070		Dusiness use of Home (Form occs)		

Please enter 2003 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME		2003 Amount	2002 Amount
Form	45		
Number of form (e.g., enter 2 for Schedule C number 2)	46		
Business use area (square footage)			
Total area of home (square footage)			
Total hours facility used (for daycare facilities only)			
Total hours available (if not 8,760)			
% (.xx) or amount of gross income from home if not 100% (-1 if none)			
% (.xx) or amount of expenses from home if not 100% (-1 if none)			
INDIRECT EXPENSES			
NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.		(0)	
Mortgage interest	11		
Real estate taxes		, XO	
Casualty losses			
Insurance.			
Miscellaneous.			
Rent			
Repairs and maintenance	17		
Utilities.	18	*	
Excess mortgage interest.	19		
	19		
Other indirect expenses:	20		
	20		
	20		
	20		
	20		
	20		
DIRECT EXPENSES NOTE: Direct expenses benefit only the business part of your home. They in	clude		
NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for business			
Mortgage interest	21		
Real estate taxes	22		
Casualty losses	23		
Insurance	24		
Miscellaneous	25		
Rent	26		
Repairs and maintenance	27		
Utilities	28		
Excess mortgage interest	29		
Excess casualty losses.	30		
Allowable casualty losses.	31		
Other direct expenses:			
outer an out onportions.	32		
	32		
	22		
	32		
	32 32 32		

003	1040	US	Vehicle/Employee Bus.	Exp	. (Form 2106)	No.	30
	Please e	nter all per	tinent 2003 amounts. Last year's	amou	nts are provided for y	your reference.	
GEN	NERAL IN	IFORMAT	ΓΙΟΝ				
Occup	oation, if differ	ent from Forn	n 1040	800			
Form.				13			
Numb	er of form (1=	first Schedule	e C, 2=second, etc.)	14			
				-			
1=per	formance artis	st, 2=handicar	oped, 3=fee-basis government official	8			
EMF	PLOYEE	BUSINES	S EXPENSES		2003 Amount	2002 Amou	nt
Meal a	and entertainr	ment expense:	S	44			
Reimb	oursements fo	r meals and e	ntertainment not on W-2, box 1	45			
1=Dep	partment of Tr	ansportation	(65% meal allowance)	50			
			ain, etc.)	7			
Trave	l expenses wh	nile away from	home overnight	9			
Reimb	oursements no	ot included on	Form W-2, box 1	12			
Other	business exp	enses:					
				10			
				10			
				10			
VEH	HICLE INF	ORMATI	ON	~~			
				11	<u>'</u>		
			than 5% owner	4			
			personal use	2			
			r personal use	5			
			eductionyour deductionyour deduction	6			
			red a vehicle (if not 12 months)	80			
VEH	HICLE 1		-(2)				
Descr	iption of vehic	cle		801			
Date r	placed in serv	ice (m/d/v)		15			
Total	mileage			16			
Busin	ess mileane			17			
Comm	nutina mileage	2		19			
			9	18			
			portion only)	70			
			standard mileage rate	21			
	l expenses:	, =					
		oil		51			
				52			
	•			53			
11				54			
						i e	
In	surance			22			
In M	surance liscellaneous.			<u>22</u> 55			
In M Aı	nsurance liscellaneous. uto license (of	ther than pers	onal property taxes)				
In M Ai Pe	nsurance liscellaneous. uto license (of ersonal prope	ther than pers	onal property taxes)	55			
In M Ai Pe In	nsurance liscellaneous. uto license (of ersonal prope nterest (car loa	ther than pers rty taxes (bas an) (for Sched	onal property taxes)	55 56			
In M Ai Pe In Ve	isurance liscellaneous. uto license (of ersonal prope interest (car loa ehicle rent or	ther than pers rty taxes (bas an) (for Sched lease paymer	onal property taxes)	55 56 57			

<u> Page 34</u>

Vehicle Expenses (Form 2106) (cont.) 2003 1040 US No. **30** p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

Amount	2002 Amount
X	

)3 1040 U	IS Foreign Income Ex	clusion (Form 25!	55) No.	31
<u> </u>		<u> </u>	·	
	Please enter all perti	nent 2003 information.		
GENERAL INFOR	RMATION			
1=spouse		10		
•	er, if different from Form 1040			
Employer's name	·	801		
Employer's U.S. address .		802		
	ss	803		
Employer type: 1=foreign e	entity, 2=U.S. company, 3=self, affiliate of U.S. company, 5=other	5		
Employer type, if other				
Enter last year (after '81)	Form 2555 was filed			
	er exclusion claimed			
Type of exclusion revoked	l			
Tax year revocation was e	effective (m/y)			
,			\sim	
	lence due to adverse living conditions			
	ate foreign residence		3 ``	
•	x year at separate foreign address			
., .	ear			
Dates tax home(s) were es	stablished (m/d/y)	31		
BONA FIDE RESI	IDENCE TEST			
Paginning data for hone fi	ide residence (m/d/y)			
	residence (m/d/y)	16		
Living date for boria fide Living duarters in foreign (country: 1=purchased home, 2=rented house or apa 3=rented room, 4=quarters furnished by en	tment, 17		
	· · · · · · · · · · · · · · · · · · ·			
1=part of family lived abro	oad with taxpayer during year	18		
1=part of family lived abro Names of family living abr	oad with taxpayer during year	18 810		
1=part of family lived abro Names of family living abr Period family lived abroad	oad with taxpayer during yearoad.	18 810 32		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to	oad with taxpayer during yearoad	18 810 32 20		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income	oad with taxpayer during yearoad			
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating	oad with taxpayer during year	18 810 32 20 21 811		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f	oad with taxpayer during year	18 810 32 20 21 811 812		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of sta	oad with taxpayer during year	18 810 32 20 21 811 812 24		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of states	oad with taxpayer during year	18 810 32 20 21 811 812 24 813		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of states Explanation why visa limit 1=maintained a home in L	coad with taxpayer during year	18 810 32 20 21 811 812 24 813 26		
1=part of family lived abro Names of family living abro Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of states Explanation why visa limit 1=maintained a home in U.S	coad with taxpayer during year	18 810 32 20 21 811 812 24 813 26 814		
1=part of family lived abro Names of family living abro Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of states Explanation why visa limit 1=maintained a home in U.S 1=U.S. home rented	coad with taxpayer during year	18 810 32 20 21 811 812 24 813 26 814 33		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of states Explanation why visa limited 1=maintained a home in U.S Address of home in U.S 1=U.S. home rented	oad with taxpayer during year	18 810 32 20 21 811 812 24 813 26 814 33 34		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of states Explanation why visa limited 1=maintained a home in U.S Address of home in U.S 1=U.S. home rented	coad with taxpayer during year	18 810 32 20 21 811 812 24 813 26 814 33 34		
1=part of family lived abro Names of family living abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered for 1=visa limited length of states a limited length of states a limited a home in UAddress of home in U.S 1=U.S. home rented	country of bona fide residence. tax to country of bona fide residence. to length of employment abroad. foreign country under. ay or employment in country. J.S. while living abroad. S. home. in U.S. home.	18 810 32 20 21 811 812 24 813 26 814 33 34 35		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of state Explanation why visa limit 1=maintained a home in U. Address of home in U.S. 1=U.S. home rented Names of occupants in U. Relationship of occupants PHYSICAL PRES Physical presence test beg	country of bona fide residence tax to country of bona fide residence to length of employment abroad. foreign country under ay or employment in country. J.S. while living abroad. S. home. in U.S. home.	18 810 32 20 21 811 812 24 813 26 814 33 34 35		
1=part of family lived abro Names of family living abr Period family lived abroad 1=submitted statement to 1=required to pay income Contractual terms relating Type of visa you entered f 1=visa limited length of sta Explanation why visa limit 1=maintained a home in U. Address of home in U.S. 1=U.S. home rented Names of occupants in U. Relationship of occupants PHYSICAL PRES Physical presence test beg Physical presence test en	country of bona fide residence. tax to country of bona fide residence. to length of employment abroad. foreign country under. ay or employment in country. J.S. while living abroad. S. home. in U.S. home.	18 810 32 20 21 811 812 24 813 26 814 33 34 35		

Qualified housing expenses. 53

31.1

2003 1040 US Foreign Income Exclusion (2555) 31.2,3	2003	1040 US	US Foreign Income Exclusion (2555)	31.2.31.
-------------------------------------------------------------	------	---------	------------------------------------	----------

Please enter all pertinent 2003 information.

DAYS PRESENT IN U.S. OR U.S. POSSESSIONS DURING TAX YEAR (31.2) Bona Fide Residence Travel

No.	1=spouse	Date Arrived in U.S. (m/d/y)	Date Left U.S. (m/d/y)	Number of Days in U.S. on Business
	57	58	59	60
				Q,
			. >0	

TRAVEL ABROAD FOR PHYSICAL PRESENCE TEST (31.3)

Physical Presence Test Travel

No.	Name of Country (including U.S.)	1=travel to U.S. 2=restricted country 1=spouse	Date Arrived (m/d/y)) Date Left (m/d/y)	Number of Days in U.S. on Business
	816	66 99	9 67	68	70

2003 1040 US Foreign Income Exclusion (Form 2555) No. 31.4

Please enter all pertinent 2003 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

Enter amounts in U.S. dollars only. Last year	ir's amounts are provid	ed for your reference.
FOREIGN WAGES, SALARIES, TIPS	2003 Amoun	t 2002 Amount
1=spouse		2002 Amount
1=retirement plan (Box 13).		
1=income earned in a prior year		
Name of employer (Box c)		•
Nages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)	185	
Local income tax withheld (Box 19)		
FOREIGN ALLOWANCES, REIMBURSEMENT	S AND OTHER EAR	NED INCOME
Noncash Income	105	
Home (lodging)		
Meals		
Car	137	
Other properties or facilities:	1100	
38	138	
38	138	
38 38.	138	
Allowances and Reimbursements Cost of living and overseas differential	139	
Family	140	
Education	141	
Home leave	142	
Quarters	143	
Other purposes:		1
44.	144.	
44.	144.	
44	144	
44	144	
Vegle and ladging provided for the convenience of the		•
Meals and lodging provided for the convenience of the Employer (excludable under section 119)	145	
Other Foreign Earned Income	·	·
32	132	
32	132	
32	132	
32	132	
•		1
2003 Days Worked Allocation Information	121	
otal number of days worked (if not 240)		
otal dave worked before and atter foreign accignment	155	
Total days worked before and after foreign assignment Foreign days worked before and after foreign assignment		

2003 | 1040

US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2003 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

JEDEN	DENT CADE EVDENCES (22 1)	2003 Amount			2002 Amount		
	DENT CARE EXPENSES (33.1)	Та	xpayer		Spouse	Taxpayer	Spouse
	care expenses incurred but not paid in 2003	3		53		_	
mployer-p	provided benefits forfeited in 2003	6		56			
PERSO	NS AND EXPENSES QUALIFYIN	IG FOF	R DEPE	NDEN	T CARE C	REDIT	
	First name	17					
	Last name	18					
	Date of birth (m/d/y)	22					
No.	Social security number	19					
	Qualified dependent care expenses incurred and paid in 2003.	20				2002 amt:	
	1=disabled	23				2	
	1=spouse, 2=joint	21			<u> </u>	•	
	First name	17			√		
	Last name.	18		-			
	Date of birth (m/d/y)	22					
No.	Social security number.	19	—				
110.	Qualified dependent care expenses incurred and paid in 2003.	20		X		2002 amt:	
	1=disabled	23) `		ZUUZ aiiit.	
		21	1				
	1=spouse, 2=joint	41	11				
	First name	17	-				
	Last name	18					
	Date of birth (m/d/y)	22					
No.	Social security number	19					
	Qualified dependent care expenses incurred and paid in 2003	20				2002 amt:	
	1=disabled	23					
	1=spouse, 2=joint	21					
PERSO	NS OR ORGANIZATIONS PROV	IDING	CARE (33.2)			
	Name of provider	10					
	Street address	11					
No.	City, state, ZIP code	12					
	Identification number (SSN or EIN)	13				1	
	Amount paid to care provider in 2003	14				2002 amt:	
	1=spouse, 2=joint	15					
	Name of provider	10					
	Street address	11					
No.	City, state, ZIP code	12					
	Identification number (SSN or EIN)	13					
	Amount paid to care provider in 2003	14				2002 amt:	
	1=spouse, 2=joint	15					

33.1,33.2

2003	1040	US	Qualified Adoption Expenses (Form 8839)
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~	_
- <	•
. 1	•

Please enter all pertinent information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

First name	ELIGIBLE	CHILDREN		2003 Amount	2002 Amount
Identification number 13 14 14 15 15 15 15 15 15		First name	11		
Date of birth (m/d/y) 14 1 1 1 1 1 1 1 1		Last name	12		
1=born before 1985 and was disabled 15 16 16 17 16 17 17 18 18 17 19 19 18 18 19 19 19 19		Identification number	13		
No. 1=born before 1985 and was disabled 15 16 16 17 17 18 19 19 19 19 19 19 19		Date of birth (m/d/y)	14		
No. 1=foreign child 1=adoption of foreign child was not final in 2003 22 22 23 2002 for adoption not finalized by end of 2003 23 26 26 26 26 26 27 27 27					
Ladoption of foreign child was not final in 2003. 22		1=special needs child	16		
Qualified Adoption Expenses Paid in * Qualified Adoption Expenses Paid in * Qualified Adoption Qualified	No.	1=foreign child	17		
Qualified Adoption Expenses Paid in Paid		1=adoption of foreign child was not final in 2003	22		
Adoption Expenses Paid in ** Adoption Expenses Paid in ** Adoption Failure and Paid Paid Paid Paid Paid Paid Paid Pai		2002 for adoption not finalized by end of 2003	23		
Expenses 2002 and 2003 for adoption finalized in 2003 20 24 2003 for adoption finalized before 2003 24 24 24 24 24 24 24 2		Zuuz (or aller 96 lor loreigh child)	26		
2003 for adoption finalized before 2003. 24		Expenses 2002 and 2003 for adoption finalized in 2003	20		
First name.		2003 for adoption finalized before 2003	24		
Last name		1=spouse, 2=joint	21		
Identification number		First name	11		
Date of birth (m/d/y) 1=born before 1985 and was disabled 1=special needs child 1=foreign child 1=adoption of foreign child 2002 for adoption not finalized by end of 2003 23 2002 for adoption finalized by end of 2003 26 2002 and 2003 for adoption finalized in 2003 26 2002 and 2003 for adoption finalized before 2003 24 1=spouse, 2=joint 21 11 11 11 11 12 12 1		Last name	12		
No. 1		Identification number	13		
1=special needs child 1=foreign child 1=foreign child 1=adoption of foreign child 1=adoption finalized in 2003 23 2002 and 2003 for adoption finalized by end of 2003 26 2002 and 2003 for adoption finalized in 2003 20 2003 for adoption finalized before 2003 24 2=spouse, 2=joint 21 2 2=		Date of birth (m/d/y)	14		
No. 1=foreign child 1=adoption of foreign child was not final in 2003. 22 22 23 2002 for adoption not finalized by end of 2003. 23 2002 for adoption finalized in 2003. 26 26 26 2002 and 2003 for adoption finalized in 2003. 20 2003 for adoption finalized before 2003. 24 2003 for adoption finalized before 2003. 24 21 22 23 2003 for adoption finalized before 2003. 24 21 22 23 2003 for adoption finalized before 2003. 24 21 22 2003 for adoption finalized before 2003. 24 21 22 23 23 20 20 20 20 20		1=born before 1985 and was disabled	15		
1=adoption of foreign child was not final in 2003		1=special needs child	16		
1=adoption of foreign child was not final in 2003	No.	1=foreign child	17		
Adoption Expenses Paid in * 2002 (or after '96 for foreign child) 2003 200 2003 for adoption finalized in 2003 200 2003 for adoption finalized before 2003 24 2004 for adoption finalized before 2003 24 2004 for adoption finalized before 2003 24 2005 for adoption finalized before 2003 25 2005 for adoption finalized before 2003 25 2005 for adoption finalized in 2003 26 2005 for adoption finalized before 2003 2005 for adoption finalized in 2003 2005 for adoption finalized before 2003					
Adoption Expenses Paid in * 2002 (or after '96 for foreign child) 2003 200 2003 for adoption finalized in 2003 200 2003 for adoption finalized before 2003 24 2004 for adoption finalized before 2003 24 2004 for adoption finalized before 2003 24 2005 for adoption finalized before 2003 25 2005 for adoption finalized before 2003 25 2005 for adoption finalized in 2003 26 2005 for adoption finalized before 2003 2005 for adoption finalized in 2003 2005 for adoption finalized before 2003		2002 for adoption not finalized by end of 2003	23		
Expenses Paid in * 2002 and 2003 for adoption finalized in 2003. 20 2003 for adoption finalized before 2003. 24 24 26 27 27 27 27 27 27 27		Adoption 2002 (or after '96 for foreign child) Adoption for adoption finalized in 2003	26		
2003 for adoption finalized before 2003. 24			20		
First name.		2003 for adoption finalized before 2003	24		
Last name. 12 Identification number 13 Date of birth (m/d/y) 14 1=born before 1985 and was disabled 15 1=special needs child. 16 1=foreign child 1=doption of foreign child was not final in 2003. 22 Qualified Adoption Expenses Paid in * Paid in * Last name. 12 13 14 15 16 17 12 2002 for adoption not finalized by end of 2003. 23 2002 (or after '96 for foreign child) for adoption finalized in 2003. 26 2002 and 2003 for adoption finalized in 2003. 20 2003 for adoption finalized before 2003. 24		1=spouse, 2=joint	21		
Identification number		First name	11		
Identification number		Last name	12		
No. 1=born before 1985 and was disabled 15 1=special needs child 15 1=foreign child 17 1=adoption of foreign child was not final in 2003 22 Qualified Adoption Expenses Paid in * 2002 and 2003 for adoption finalized before 2003 200 (2003 for adoption finalized in 2003 200 (2004 for adoption finalized before 2003 200 (2004 for adoption finalized for adoption for adoption finalized		Identification number	13		
No. 1=special needs child 1=foreign child 1=foreign child 1=adoption of foreign child was not final in 2003. 22 Qualified Adoption Expenses Paid in * 2002 and 2003 for adoption finalized before 2003. 2002 and 2003 for adoption finalized in 2003. 2002 and 2003 for adoption finalized in 2003. 2002 and 2003 for adoption finalized before 2003. 24					
No. 1=foreign child		1=born before 1985 and was disabled	15		
1=adoption of foreign child was not final in 2003. 22 Qualified Adoption Expenses Paid in * 2002 and 2003 for adoption finalized before 2003. 2002 and 2003 for adoption finalized in 2003. 2002 and 2003 for adoption finalized in 2003. 2002 2003 for adoption finalized before 2003. 2003		1=special needs child	16		
Qualified Adoption Expenses Paid in * 2003 for adoption finalized before 2003. 2004	No.	1=foreign child	17		
Qualified Adoption Expenses Paid in * 2002 (or after '96 for foreign child) 2002 (or after '96 for foreign child) 26 26 2002 and 2003 for adoption finalized in 2003. 20 2003 for adoption finalized before 2003. 24		1=adoption of foreign child was not final in 2003	22		
Adoption Expenses Paid in * 2003 for adoption finalized in 2003		Qualified 2002 for adoption not finalized by end of 2003	23		
Paid in * 2003 for adoption finalized before 2003			26		
2003 for adoption finalized before 2003 24		Expenses 2002 and 2003 for adoption finalized in 2003	20		
1=spouse, 2=joint		2003 for adoption finalized before 2003	24		
		1=spouse, 2=joint	21		

2003	1040	115	Education C	redite	(Form	2263

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Please complete the information below if you paid qualified education expenses in 2003 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.

Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS

				2003 Amount	2002 Amount
		1=taxpayer, 2=spouse	. 17		
	Student	First name			
	Info.	Last name			
No.	ן ן	Social security number.			
110.	1-hone cred	lit, 2=lifetime learning credit	. 15		
		and fees paid in 2003 assistance and not entered elsewhere)			
			. 16		
	Amount of p	rior year refund or assistance*	. 20		
i	1	1 1	17		
		1=taxpayer, 2=spouse			
	Student	First name			
	Info.	Last name	. 13		
No.]	Social security number	. 14		
		lit, 2=lifetime learning credit	. 15	λ	
	Qualified tuition (net of refund or	and fees paid in 2003 r assistance and not entered elsewhere)	. 16		
		rior year refund or assistance*	. 20		
		1=taxpayer, 2=spouse	. 17		
	Student	First name	. 12		
	Info.	Last name.	13		
No.	1	Social security number.	14		
110.	1_hono orod	lit, 2=lifetime learning credit	. 15		
	Qualified tuition	and fees paid in 2003 'assistance and not entered elsewhere)			
			. 16		
	Amount of p	rior year refund or assistance*	. 20		
				T	
		1=taxpayer, 2=spouse	. 17		
	Student	First name	. 12		
	Info.	Last name	. 13		
No.]	_Social security number	. 14		T
	1=hope cred	lit, 2=lifetime learning credit	. 15		
	Qualified tuition (net of refund or	and fees paid in 2003 rassistance and not entered elsewhere)	. 16		
	Amount of p	rior year refund or assistance*	. 20		
		V o			
		1=taxpayer, 2=spouse	. 17		
	Student	First name	. 12		
	Info.	Last name	. 13		
No.]	Social security number	. 14		
	1=hone cred	lit, 2=lifetime learning credit	. 15		
		and fees paid in 2003 assistance and not entered elsewhere)			
		rior year refund or assistance*			
	Amount of p	nior your folding of assistance	. 20	I	<u>I</u>
		1=taxpayer, 2=spouse	. 17		
	Student Info.	First name			
	ון ו 📗 וו	Last name.			
No.	J	Social security number			
	1=hope cred	lit, 2=lifetime learning credit	. 15		
	(net of refund or	and fees paid in 2003 rassistance and not entered elsewhere)	. 16		
	Amount of p	rior year refund or assistance*	. 20		

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2003 1040 US Household Employment Taxes (Schedule H)

Please enter all pertinent 2003 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,400 or more in 2003; withheld federal income tax during 2003 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to household employees, please complete the following:

_		
Employer identification number	1	
1=spouse, 2=joint	2	

Social security, Medicare and income taxes:		2003 Amount	2002 Amount
1=paid any one employee cash wages of \$1,400 or more	4		
1=withheld federal income tax for household employee	5		
Total cash wages subject to social security taxes	6		
Total cash wages subject to Medicare taxes	7		
Federal income tax withheld	8		
Advance earned income credit payments	9		
Taxes withheld from state disability payments	33		

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003.	10	
Total cash wages subject to FUTA tax	11	
1=paid unemployment contributions to only one state	12	
1=paid all state unemployment contributions by 4/15/04	13	
1=all wages taxable for FUTA were also taxable for state unemployment.	14	
Name of state	15	
State reporting number	16	
Contributions paid to state unemployment fund	17	
KONK LAGE (A)		

42

03	1040	US	Parent's Elect	tion to Report	Child's Inc.	No	44
	PI	ease enter	all pertinent 2003 ar	nounts & attach all	1099-INT and 1099-D	OIV forms.	
	ו סיכ וגיד		•	ts are provided for	your reference.		
CHI	LD 2 INF	ORMATIC					
First n	name						
	_	nber					
		/)					
		deral ate					
			<u> </u>				
		•	Form 1099-INT)				
Banks	s, credit unior	ns, etc. (Box 1)):		2003 Amount	2002 Amount	
-				3			
US h	onds T-hills	etc (nontaxa	ble to state) (Box 3):				
0.0. 5	701145, 1 51115	oto. (Horitaxai	bio to state) (Box 0).	17			
-				17	10		
Tax-ex	xempt interes	 :t:			.011	•	
To	otal municipa	bonds					
In	-state munici	pal bonds		4			
Adjust	tments:						
No	ominee distril	oution					
					/ /		
Ta	ax-exempt int	erest (1099-IN	IT in error)				
OI	ID adjustmen	t					
AE	BP adjustmer	ıt					
Foreig							
			r foreign account				
	•	•					
			ved distribution from foreig				
Post 8	3/7/86 private	activity bond i	interest (included above) ([6251)			
DIVI	IDEND IN	ICOME (F	orm 1099-DIV)				
Total	ordinary divid	lends (Box 1a)	:		I	ı	
-							
-							_
		(Box 1b) listributions (Bo		29			
_				13			
=				13			
			ons (Box 2b)				
Qualif	ied 5-year ga	in (Box 2c)		28			
			(Box 2d)				
	xempt interes					T	
	•						
				21			
Mamin	nee distributio						
	rdinary divide	nds					
Or	-						
Or Ca	apital gain di	stributions	included above	<u>25</u> 27			

2003	1040	US	Additional Information
Pleas	e furnish a	any additio	nal information or supporting details not provided elsewhere in this tax organizer.
		-	
-			
-			10
			10/1
-			
			18
			C.
-			