

CONFIDENTIAL

CLIENT'S COPY

Department of the Treasury — Internal Revenue Service

Form **1040** U.S. Individual Income Tax Return **2003** (99) IRS Use Only — Do not write or staple in this space.

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

Your first name: **ANUCHA** MI Last name: **BROWNE-SANDERS** OMB No. 1545-0074

If a joint return, spouse's first name: _____ MI Last name: _____ Your social security number: _____

Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apartment no. _____

Important! You must enter your social security number(s) above.

Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You: Yes No Spouse: Yes No

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above & full name here . . .

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . .

5 Qualifying widow(er) with dependent child. (See instructions.)

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of children on 6c who:
			Son	<input checked="" type="checkbox"/>	<input type="checkbox"/> lived with you <input checked="" type="checkbox"/> did not live with you due to divorce or separation (see instrs)
			Daughter	<input checked="" type="checkbox"/>	
			Son	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above **4**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 255,549.

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a** 100.

b Qualified divs (see instrs) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) **10** 4,779.

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12** -20,633.

13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here **13a**

b If box on 13a is checked, enter post-May 3 capital gain distributions **13b**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a**

b Taxable amount (see instrs) **15b**

16a Pensions and annuities **16a**

b Taxable amount (see instrs) **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a**

b Taxable amount (see instrs) **20b**

21 Other income **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22** 239,795.

Adjusted Gross Income

23 Educator expenses (see instructions) **23**

24 IRA deduction (see instructions) **24**

25 Student loan interest deduction (see instructions) **25**

26 Tuition and fees deduction (see instructions) **26**

27 Moving expenses. Attach Form 3903 **27**

28 One-half of self-employment tax. Attach Schedule SE **28**

29 Self-employed health insurance deduction (see instrs) **29**

30 Self-employed SEP, SIMPLE, and qualified plans **30**

31 Penalty on early withdrawal of savings **31**

32a Alimony paid b Recipient's SSN **32a**

33 Add lines 23 through 32a **33**

34 Subtract line 33 from line 22. This is your adjusted gross income **34** 239,795.

Form 1040 (2003) ANUCHA BROWNE-SANDERS

Tax and Credits

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

35	Amount from line 34 (adjusted gross income)	35	239,795
36 a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/>	36 a	
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	53,636
38	Subtract line 37 from line 35	38	186,159
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet in the instructions	39	5,612
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	180,547
41	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	44,373
42	Alternative minimum tax (see instructions). Attach Form 6251	42	5,639
43	Add lines 41 and 42	43	50,012
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	1,200
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see instructions)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8359	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	1,200
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	48,812

REDACTED

Other Taxes

55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4133	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54-59. This is your total tax	60	48,812

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	53,975
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Gross social security and tier 1 RRTA tax withheld (see instructions)	64	8
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see instructions)	66	
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8855	67	
68	Add lines 61 through 67. These are your total payments	68	53,983

Refund

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

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	5,171
70 a	Amount of line 69 you want refunded to you	70 a	5,171
	↳ b Routing number XXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	↳ d Account number XXXXXXXXXXXXXXXXXXXX		
71	Amount of line 69 you want applied to your 2004 estimated tax	71	

Amount You Owe

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

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature Date 04/13/2004 Check if self-employed Preparer's SSN or PTIN
 Firm's name (or yours if self-employed) address, and ZIP code
 CRT
 Phone no.

CONFIDENTIAL

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2003

07

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040.
See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

ANUCHA BROWNE-SANDERS

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 35	2	
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

Taxes You Paid

5	State and local income taxes	5	20,208.
6	Real estate taxes (see instructions)	6	9,200.
7	Personal property taxes	7	
8	Other taxes. List type and amount	8	
9	Add lines 5 through 8	9	29,408.

Interest You Paid

10	Home mtg interest and points reported to you on Form 1098	10	18,037.
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address	11	

(See instructions.)

REDACTED

Note. Personal interest is not deductible.

12	Points not reported to you on Form 1098. See instrs for spd rules	12	
13	Investment interest. Attach Form 4952 if required. (See instrs.)	13	100.
14	Add lines 10 through 13	14	18,137.

Gifts to Charity

15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	15	8,600.
16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	500.
17	Carryover from prior year	17	
18	Add lines 15 through 17	18	9,100.

Casualty and Theft Losses

19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19	
----	---	----	--

Job Expenses and Most Other Miscellaneous Deductions

20	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions)	20	
21	Tax preparation fees	21	
22	Other expenses — investment, safe deposit box, etc. List type and amount	22	
23	Add lines 20 through 22	23	
24	Enter amount from Form 1040, line 35	24	
25	Multiply line 24 by 2% (.02)	25	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	

Other Miscellaneous Deductions

27	Other — from list in the instructions. List type and amount	27	
----	---	----	--

Total Itemized Deductions

28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if MFS)?	28	53,636.
----	---	----	---------

No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37.
 Yes. Your deduction may be limited. See instructions for the amount to enter.

Itemized Deductions Limited per IRC Sec. 68.

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

FDIA0301 10/16/03

Schedule A (Form 1040) 2003 0704351

CONFIDENTIAL

PL04352

CONFIDENTIAL

(Form 1040)
 Department of the Treasury
 Internal Revenue Service (99)

(Sole Proprietorship)

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

2003
 09

Name of proprietor: **ANUCHA BROWNE-SANDERS**

Social security number (SSN):

A Principal business or profession, including product or service (see instructions):
DIRECT MARKETING

B Enter code from instructions:
454390

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

D Employer ID number (EIN), if any:

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

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

G Did you 'materially participate' in the operation of this business during 2003? If 'No,' see instructions for limit on losses. Yes No

H If you started or acquired this business during 2003, check here

Part III Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	REDACTED
6 Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	

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

8 Advertising	8		19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see instructions)	9	5,970.	20 Rent or lease (see instructions):		
10 Commissions and fees	10		a Vehicles, machinery, and equipment	20a	
11 Contract labor (see instructions)	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	419.	22 Supplies (not included in Part III)	22	2,487.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	2,160.
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17	450.	d Subtract line 24c from line 24b	24d	
18 Office expense	18	784.	25 Utilities	25	
26 Wages (less employment credits)	26		27 Other expenses (from line 48 on page 2)	27	8,363.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28			28	20,633.
29 Tentative profit (loss). Subtract line 28 from line 7	29			29	-20,633.
30 Expenses for business use of your home. Attach Form 8829	30			30	
31 Net profit or (loss). Subtract line 30 from line 29.	31			31	-20,633.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

32a All investment is at risk.

32b Some investment is not at risk.

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

FD/20112 10/14/03

Schedule C (Form 1040) 2003 53

CONFIDENTIAL

Schedule C (Form 1040) 2003 ANUCHA BROWNE - SANDERS

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation Yes No

36 Purchases less cost of items withdrawn for personal use

37 Cost of labor. Do not include any amounts paid to yourself

38 Materials and supplies

39 Other costs

40 Add lines 35 through 39

41 Inventory at end of year

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4

REDACTED

	35	
	36	
	37	
	38	
	39	
	40	
	41	
	42	

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) 02/13/2001

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:
 a Business 16,584 b Commuting _____ c Other 7,575

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

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

47a Do you have evidence to support your deduction? Yes No

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

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

TELEPHONE		1,258.
BOOKS, SUBSCRIPTIONS		1,058.
INTERNET		269.
POSTAGE		326.
PARKING & TOLLS		178.
PROFESSIONAL DUES		1,694.
CONFERENCES		3,580.
48 Total other expenses. Enter here and on page 1, line 27	48	8,363.

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

Department of the Treasury
Internal Revenue Service

2003
12B

▶ Attach to your tax return.

Name(s) shown on return

ANUCHA BROWNE - SANDERS

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2003 (see instructions)	1	
2	Disallowed investment interest expense from 2002 Form 4952, line 7	2	407.
3	Total investment interest expense. Add lines 1 and 2	3	407.

REDACTED

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	100.	
4b	Qualified dividends included on line 4a	4b		
4c	Subtract line 4b from line 4a	4c	100.	
4d	Net gain from the disposition of property held for investment	4d		
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e		
4f	Subtract line 4e from line 4d	4f		
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h	100.	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	100.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2004. Subtract line 6 from line 3. If zero or less, enter -0-	7	307.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	100.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2003)

PL04356

CONFIDENTIAL

Department of the Treasury
Internal Revenue Service (99)

Attach to Form 1040.
See separate instructions.

2003
21
Your social security number

Name(s) shown on Form 1040
ANUCHA BROWNE-SANDERS

Before you begin: You need to understand the following terms. See Definitions in the instructions.
• Dependent Care Benefits • Qualifying Person(s) • Qualified Expenses • Earned Income

Part I Persons or Organizations Who Provided the Care — You must complete this part.
(If you need more space, use the bottom of page 2.)

REDACTED

1	(a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
	SUMMIT YMCA	67 MAPLE STREET SUMMIT NJ 07901	221-48-7392	6,000.

Did you receive dependent care benefits? No Yes
 No —> Complete only Part II below.
 Yes —> Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 59.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.
(a) Qualifying person's name

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2003 for the person listed in column (a)
First	Last		
			3,000.
			6,000.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 26

4 Enter your earned income 3 6,000.

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 4 234,916.

6 Enter the smallest of line 3, 4, or 5 5 234,916.

7 Enter the amount from Form 1040, line 35 7 239,795.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0	15,000	.35	\$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

3	6,000.
4	234,916.
5	234,916.
6	6,000.
7	239,795.
8	X 0.20
9	1,200.
10	50,012.
11	1,200.

9 Multiply line 6 by the decimal amount on line 8. If you paid 2002 expenses in 2003, see the instructions

10 Enter the amount from Form 1040, line 43, minus any amount on Form 1040, line 44

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 45

BAA For Paperwork Reduction Act Notice, see separate instructions.

CONFIDENTIAL

PL04358

CONFIDENTIAL

Form **6251**

Alternative Minimum Tax – Individuals

CONFIDENTIAL

OMB No. 1545-0227

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

2003

Name(s) shown on Form 1040

32

ANUCHA BROWNE-SANDERS

Your social security number

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 38, and go to line 2. Otherwise, enter the amount from Form 1040, line 35, and go to line 7. (If zero or less, enter as a negative amount.)	1	186,159.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2-1/2% of Form 1040, line 35	2	0.
3	Taxes from Schedule A (Form 1040), line 9	3	29,408.
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	
6	If Form 1040, line 35, is over \$139,500 (over \$69,750 if married filing separately), enter the amount from line 9 of the worksheet for Schedule A (Form 1040), line 28	6	-3,009.
7	Tax refund from Form 1040, line 10 or line 21	7	-4,779.
8	Investment interest expense (difference between regular tax and AMT)	8	0.
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (see instructions)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	-187.
18	Passive activities (difference between AMT and regular tax income or loss)	18	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions.)	28	207,592.

REDACTED

Part II Alternative Minimum Tax

29	Exemption. (If this form is for a child under age 14, see instructions.)		
	IF your filing status is ...	AND line 28 is not over ...	THEN enter on line 29 ...
	Single or head of household	\$112,500	\$40,250
	Married filing jointly or qualifying widow(er)	150,000	58,000
	Married filing separately	75,000	29,000
29	If line 28 is over the amount shown above for your filing status, see instructions.		16,477.
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here		191,115.
31	<ul style="list-style-type: none"> If you reported capital gain distributions directly on Form 1040, line 13a; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 16 and 17a of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 65 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 		50,012.
32	Alternative minimum tax foreign tax credit (see instructions)		
33	Tentative minimum tax. Subtract line 32 from line 31		50,012.
34	Tax from Form 1040, line 41 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 44)		44,373.
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 42		5,639.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Part III Tax Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part IV of Schedule D (Form 1040), see the instructions before you complete this part.

36	Enter the amount from Form 6251, line 30			36
37	Enter the amount from Schedule D (Form 1040), line 26, or line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions)	37		
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions)	38		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary)	39		
40	Enter the smaller of line 36 or line 39			40
41	Subtract line 40 from line 36			41
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result			42
43	Enter the amount from Schedule D (Form 1040), line 30, or line 19 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax) (see instructions)	43		
44	Enter the smaller of line 36 or line 37	44		
45	Enter the smaller of line 43 or line 44	45		
46	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from Schedule D (Form 1040), line 43 (or if that line is blank, the amount from Schedule D (Form 1040), line 31). Otherwise, enter the amount from line 32 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040) (or if that line is blank, the amount from line 20 of that worksheet). Refigure all amounts for the AMT, if necessary (see the instructions)	46		
47	Enter the smaller of line 45 or line 46. If line 45 is zero, go to line 55	47		
48	Multiply line 47 by 5% (.05)			48
49	Subtract line 47 from line 45. If zero or less, enter -0- and go to line 55	49		
50	Enter your qualified 5-year gain, if any, from Schedule D (Form 1040), line 35 (as figured for the AMT, if necessary) (see instructions)	50		
51	Enter the smaller of line 49 or line 50	51		
52	Multiply line 51 by 8% (.08)			52
53	Subtract line 51 from line 49	53		
54	Multiply line 53 by 10% (.10)			54
55	Subtract line 47 from line 46	55		
56	Subtract line 45 from line 44	56		
57	Enter the smaller of line 55 or line 56	57		
58	Multiply line 57 by 15% (.15)			58
59	Subtract line 57 from line 56	59		
60	Multiply line 59 by 20% (.20) If line 38 is zero or blank, skip lines 61 and 62 and go to line 63. Otherwise, go to line 61.			60
61	Subtract line 44 from line 40	61		
62	Multiply line 61 by 25% (.25)			62
63	Add lines 42, 48, 52, 54, 58, 60, and 62			63
64	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result			64
65	Enter the smaller of line 63 or line 64 here and on line 31			65

REDACTED

Form 244

Additional Qualifying Person(s)

(a) Qualifying person's name				(b) Qualifying person's social security number	(c) Qualified expenses less Line 20
First	MI	Last	Sfx		
					3,000.
					3,000.
Total					<u>6,000.</u>

REDACTED

PL04362

CONFIDENTIAL

PL04363

CONFIDENTIAL

Supporting Statement of:

Schedule A/Line 6, RE tax main res

Description	Amount
BOA	4,155.00
BOA NUMBER 2	5,045.00
Total	<u>9,200.00</u>

REDACTED