

For office use only

New York State Department of Taxation and Finance

Nonresident and Part-Year Resident
Income Tax Return

New York State • City of New York • City of Yonkers

CLIENT'S COPY 2002 IT-203

For the year January 1, 2002, through December 31, 2002, or fiscal tax year beginning

02



ATTACH OR LABEL TYPE OR

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

Your First Name and Middle Initial ANUCHA	Your Last Name (for joint return, enter spouse's name below) BROWNE-SANDERS	and ending Your Social Security Number
Spouse's First Name and Middle Initial	Spouse's Last Name	Spouse's Social Security No.
Mailing Address (number and street or rural route) CONFIDENTIAL		Apartment Number
Permanent Home Address (see instructions) (number and street or rural route)		Apartment Number
City, Village, Post Office	State	ZIP Code
New York State school district code number		If Taxpayer is Deceased, Enter First Name and Date of Death

(A) Filing status - mark an X in one box:

- 1 Single
- 2 Married filing joint return *
- 3 Married filing separate return *
- 4 Head of household (with qualifying person)
- 5 Qualifying widow(er) with dependent child

* For filing status 2 or 3, enter both spouses' social security numbers above, unless filing Form IT-203-C (see instructions).

- (B) Can you be claimed as a dependent on another taxpayer's federal return? ... Yes No X
- (C) If you do not need forms mailed to you next year, mark an X in the box (see instructions) ... X
- (D) City of New York part-year residents only: (see instructions)
 - (1) Number of months you lived in New York City in 2002 ...
 - (2) Number of months your spouse lived in New York City in 2002 ...

Enter federal amounts in the left-hand column and New York State amounts in the right-hand column. See instructions. Part-year residents: complete worksheet first.

	Federal amount	New York State amount
1 Wages, salaries, tips, etc	213,967.	163,034.
2 Taxable interest income		
3 Ordinary dividends	394.	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23)		
5 Alimony received	2,128.	
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)		
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	-20,324.	
8 Other gains or losses (attach copy of federal Form 4797)		
9 Taxable amount of IRA distributions		
10 Taxable amount of pensions and annuities		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040)		
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)		
13 Unemployment compensation		
14 Taxable amount of social security benefits (also enter on line 25)		
15 Other income Identify:		
16 Add lines 1 through 15		
17 Total federal adjustments to income Identify:	196,165.	163,034.
18 Subtract line 17 from line 16. This is your federal adjusted gross income	196,165.	163,034.
New York additions (see instructions)		
19 Interest income on state and local bonds (but not those of New York State or its localities)		
20 Public employee 414(h) retirement contributions		
21 Other Identify:		
22 Add lines 18 through 21	196,165.	163,034.
New York subtractions (see instructions)		
23 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)	2,128.	
24 Pensions of New York State and local governments and the federal government		
25 Taxable amount of social security benefits (from line 14 above)		
26 Interest income on U.S. government bonds		
27 Pension and annuity income exclusion (see instructions)		
28 Other Identify:		
29 Add lines 23 through 28	2,128.	
30 Subtract line 29 from line 22. This is your New York adjusted gross income. Enter here and next to line 43, income percentage. (If zero or less, see instructions)	194,037.	163,034.

This is a scannable form; please file this original return with the Tax Department.

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Form IT-203 (2002) ANUCHA BROWNE-SANDERS

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31	Enter the amount from line 30, Federal amount column on page 1	31	194,037.
32	Enter the larger of your standard deduction (from instructions) or your itemized deduction (from Form IT-203-ATT, Schedule C, line 15; attach form). Mark an X in the appropriate box: <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Itemized	32	25,660.
33	Subtract line 32 from line 31 (if line 32 is more than line 31, leave blank)	33	168,377.
34	Exemptions for dependents only (not the same as total federal exemptions; see instructions)	34	3,000.00
35	Subtract line 34 from line 33. This is your taxable income	35	165,377.
36	New York State tax on line 35 amount (use the NY State Tax Table in the instructions. If line 31 is more than \$100,000, see instructions)	36	11,328.

37	New York State Household Credit (from Table I, II, or III in the instructions)	37	
38	Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank)	38	11,328.
39	New York State Child and Dependent Care Credit (from Form IT-203-ATT, Schedule C, line 15; attach form)	39	192.
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	11,136.
41	New York State Earned Income Credit (from Form IT-215, attach form; see instructions)	41	
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank). This is your base tax	42	11,136.

43 Income percentage (see instructions)

NYS amount from line 30: 163,034. + Federal amount from line 30: 194,037. =

43	Carry result to 4 decimal places	43	0.8402
44	Multiply line 42 by the decimal on line 43. This is your allocated New York State tax	44	9,356.
45	New York State nonrefundable credits (from Form IT-203-B, line 50)	45	
46	Subtract line 45 from line 44 (if line 45 is more than line 44, leave blank)	46	9,356.
47	Net other New York State taxes (from Form IT-203-B, line 24)	47	
48	Add lines 46 and 47. This is the total of your New York State taxes	48	9,356.

49	Other city of New York taxes (from Form IT-203-B, line 27)	49	
50	City of Yonkers nonresident earnings tax (attach Form Y-203)	50	
51	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	51	
52	Add lines 49 through 51. This is the total of your New York City and Yonkers taxes	52	

53	Voluntary gifts/contributions (whole dollar amounts only; see instructions)	53	00
Return a Gift to Wildlife <input type="checkbox"/> w _____ Olympic Fund <input type="checkbox"/> o _____			
Breast Cancer Research Fund <input type="checkbox"/> b _____ Missing/Exploited Children Fund <input type="checkbox"/> c _____			
Alzheimer's Fund <input type="checkbox"/> a _____			
54	Add lines 48, 52, and 53. This is the total of your state and city taxes and gifts	54	9,356.

55	Part-year city of New York school tax credit (also complete item D on page 1)	55	
56	Other refundable credits (from Form IT-203-B, line 67)	56	
57	Total New York State tax withheld (see instructions)	57	14,135.
58	Total city of New York tax withheld (see instructions)	58	
59	Total city of Yonkers tax withheld (see instructions)	59	
60	Total of estimated tax payments, and amount paid with extension Form IT-370	60	
61	Add lines 55 through 60. This is the total of your payments	61	14,135.
62	Amount overpaid. If line 61 is more than line 54, subtract line 54 from line 61 (also see lines 63 and 64)	62	4,779.

63	Amount of line 62 that you want refunded to you	63	4,779.
a Routing number _____ b Type _____ Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/>			
c Account number _____			
64	Estimated tax: Amount of line 62 that you want applied to your 2003 estimated tax (subtract line 63 from line 62)	64	

65	Amount you owe. If line 61 is less than line 54, subtract line 61 from line 54. For details on how to pay, see instructions	65	
66	Penalty for underpayment of tax (will reduce line 62 or increase line 65; see instructions)	66	

See instructions. Part-year residents must complete item E. Nonresidents must complete item F.

(E) Part-year residents: If you were a New York State resident for only part of the year, enter the date and check the box (1, 2, or 3) which describes your situation on the last day of the tax year:

Date of last move (MM-DD-YYYY): _____

(1) moved into New York State

(2) moved out of New York State and received income from New York State sources during your nonresident period

(3) moved out of New York State and received no income from New York State sources during your nonresident period

(F) Nonresidents: Did you or your spouse maintain living quarters in New York State in 2002? (If Yes, complete Schedule B of Form IT-203-ATT; attach form) Yes No

Third-party designee	Do you want to allow another person to discuss this return with the Tax Dept? (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Designee's Name	PREPARER	Designee's Phone Number _____
Preparer's Signature	PREPARER	Personal Identification Number (PIN) _____

Paid preparers use only	Fam's Name (or yours, if self-employed) and Address	Preparer's Signature	Your Signature
Date	04-12-03	Sign your return here	Spouse's Signature (if joint return)
Mark X if self-employed	X	Date	Daytime Phone No. (optional)

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Mail your completed return to: State Processing Center, P.O. Box 61000, Albany NY 12261-0001 Form IT-203 2002

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New York State Department of Taxation and Finance

Income Allocation and Itemized Deduction
Attachment to Form IT-203

CONFIDENTIAL

IT-203-ATT

Name(s) as Shown on Form IT-203
ANUCHA BROWNE-SANDERS

Your Social Security Number

Occupation

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-203.

Schedule A – Allocation of wage and salary income to New York State

MADISON SQUARE GARDEN

Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Two additional Schedule A sections are provided on page 2 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all the schedules and include this total on Form IT-203, line 1, in the *New York State amount* column.

Do not use this schedule for income based on the volume of business transacted. See the Schedule A instructions if:

- * you had more than one job
- * you had a job for only part of the year
- * you and your spouse each had a job that requires allocation

1 a Total days (see instructions)		1a	365
Non-working days included in line 1a:	1 b Saturdays and Sundays (not worked)	1b	104
	1 c Holidays (not worked)	1c	10
	1 d Sick leave	1d	
	1 e Vacation	1e	20
	1 f Other nonworking days	1f	
	1 g Total nonworking days (add lines 1b through 1f)	1g	134
1 h Total days worked in year at this job (subtract line 1g from line 1a) ..	1h	231	
1 i Total days included in line 1h worked outside NYS ..	1i	55	
1 j Enter number of days worked at home included in line 1i amount	1j	0	
1 k Subtract line 1j from line 1i	1k	55	
1 l Days worked in NYS (subtract line 1k from line 1h)	1l	176	
1 m Enter number of days from line 1l above	1m	231	
1 n Divide line 1l by line 1m; carry result to four dec places ..	1n	0.7619	
1 o Wages, salaries, tips, etc (to be allocated)	1o	213,916.	
1 p Multiply line 1n by line 1o; this is your New York State allocated wage and salary income	1p	162,983.	

Include the line 1p amount on Form IT-203, line 1, in the *NYS amount* column.

Schedule B – Living quarters maintained in New York State by a nonresident

If you or your spouse maintained living quarters in New York State during any part of the year, give address(es) below. Attach additional sheets if necessary. Check the box next to any living quarters still maintained for or by you.

REDACTED

Address(es)

Enter the number of days spent in New York State in 2002: days

Any part of a day spent in New York State is considered a day spent in New York State.

Schedule C – New York State itemized deduction Complete Schedule C only if you itemized deductions on your federal return (see instructions).

1 Medical and dental expenses (from federal Schedule A, line 4)	1	
2 Taxes you paid (from federal Schedule A, line 9)	2	22,444.
3 Interest you paid (from federal Schedule A, line 14)	3	17,979.
4 Gifts to charity (from federal Schedule A, line 18)	4	7,867.
5 Casually and theft losses (from federal Schedule A, line 19)	5	
6 Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	6	
7 Other miscellaneous deductions (from federal Schedule A, line 27)	7	
8 Total itemized deductions (from federal Schedule A, line 28)	8	46,524.
9 State, local, and foreign income taxes and other subtraction adjustments (see instructions)	9	13,618.
10 Subtract line 9 from line 8	10	32,906.
11 College tuition itemized deduction (see instructions)	11	
12 Addition adjustments (see instructions)	12	
13 Add lines 10, 11, and 12	13	32,906.
14 Itemized deduction adjustment (see instructions)	14	7,246.
15 Subtract line 14 from line 13. This is your New York itemized deduction	15	25,660.

If the amount on line 15 is more than the New York State standard deduction for your filing status, enter the line 15 amount on Form IT-203, line 32, and mark an X in the *Itemized* box next to line 32.

This is a scannable form; please file this original form with your return.

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Schedule D – College tuition itemized deduction worksheet (See the instructions for Schedule D) Complete columns A through E below for each eligible student for whom you paid qualified college tuition expenses. Attach additional sheets if necessary.

A Name of eligible student	B Social security number	C Name and address of college/university	D Amount of qualified college tuition expenses paid during 2002 (see instructions)	E Enter the lesser of column D or \$10,000
			\$	\$
			\$	\$
			\$	\$
			\$	\$

1 Add column E amounts (include amounts from any additional sheets) **1**

2 Multiply line 1 by 50% (.50). This is your college tuition itemized deduction. Also enter this amount on Schedule C, line 11, on page 1 of this form **2**

Schedule A – Allocation of wage and salary income to New York State

2 a Total days (see instructions) **2a**

Non-working days included in line 2a:

2 b Saturdays and Sundays (not worked) **2b**

2 c Holidays (not worked) **2c**

2 d Sick leave **2d**

2 e Vacation **2e**

2 f Other nonworking days **2f**

2 g Total nonworking days (add lines 2b through 2f) **2g**

2 h Total days worked in year at this job (subtract line 2g from line 2a) **2h**

2 i Total days included in line 2h worked outside New York State **2i**

2 j Enter number of days worked at home included in line 2i amount **2j**

2 k Subtract line 2j from line 2i **2k**

2 l Days worked in New York State (subtract line 2k from line 2h) **2l**

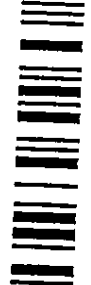
2 m Enter number of days from line 2l above **2m**

2 n Divide line 2l by line 2m; carry the result to four decimal places **2n**

2 o Wages, salaries, tips, etc (to be allocated) **2o**

2 p Multiply line 2n by line 2o; this is your New York State allocated wage and salary income. Include the line 2p amount on Form IT-203, line 1, in the *New York State amount* column. **2p**

REDACTED



Schedule A – Allocation of wage and salary income to New York State

3 a Total days (see instructions) **3a**

Non-working days included in line 3a:

3 b Saturdays and Sundays (not worked) **3b**

3 c Holidays (not worked) **3c**

3 d Sick leave **3d**

3 e Vacation **3e**

3 f Other nonworking days **3f**

3 g Total nonworking days (add lines 3b through 3f) **3g**

3 h Total days worked in year at this job (subtract line 3g from line 3a) **3h**

3 i Total days included in line 3h worked outside New York State **3i**

3 j Enter number of days worked at home included in line 3i amount **3j**

3 k Subtract line 3j from line 3i **3k**

3 l Days worked in New York State (subtract line 3k from line 3h) **3l**

3 m Enter number of days from line 3l above **3m**

3 n Divide line 3l by line 3m; carry the result to four decimal places **3n**

3 o Wages, salaries, tips, etc (to be allocated) **3o**

3 p Multiply line 3n by line 3o; this is your New York State allocated wage and salary income. Include the line 3p amount on Form IT-203, line 1, in the *New York State amount* column. **3p**

If you need to allocate wage and salary income from more than three jobs, attach additional copies of this form. This is a scannable form; please file this original form with your return.

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New York State Department of Taxation and Finance

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Claim for Child and Dependent Care Credit

2002 IT-216



PRINT OR TYPE	Important: You must enter your social security number(s) in the area to the right.		
	Your First Name and Middle Initial ANUCHA	Your Last Name (for joint claim, enter SP's name) BROWNE - SANDERS	Your Social Security Number
	Spouse's First Name and Middle Initial	Spouse's Last Name	Spouse's Social Security Number
	Mailing Address (number and street or rural route)	Apartment Number	New York State County of Residence

1 Have you already filed your 2002 New York State income tax return? **Y**
If No, you must file this claim with a return.

REDACTED

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

(A) Care provider's first name, middle initial, and last name	(B) Address	(C) Identifying number (SSN or EIN)	(D) Amount paid (see instructions)
SUMMIT YMCA	67 MAPLE STREET SUMMIT NJ 07901	221-48-7392	5,755.

3 List below the qualifying persons you are claiming. (If you have more than two qualifying persons, check here and see instructions.)

First name and middle initial	Last name	Qualified expenses paid in 2002	Person with disability*	Social security number	Year of birth
		2,775.	•		
		2,980.	•		

*See instructions.

4 Can you claim an exemption for all the qualified persons listed on line 3 above? Yes No

5 Enter the lesser of:

- Qualified expenses you incurred and paid in 2002, or
 - \$2,400 if one qualifying person; \$4,800 if two or more qualifying persons (see instructions)
- 5

Note: If you are claiming expenses paid for a dependent child born in 1989, enter that child's birth month here . Include as qualified expenses only those paid from January 1, 2002, through the day preceding the child's 13th birthday.

6 Enter your earned income (see instructions) 6

7 If your filing status is (2) married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) 7

8 Enter the smallest of line 5, 6, or 7 8

9 Enter the amount from: federal Form 1040A, line 21, or federal Form 1040, line 35 9

10 Enter on line 10 the decimal amount shown below that applies to the amount on line 9

If line 9 is –			If line 9 is –		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0	– 10,000	.30	\$20,000	– 22,000	.24
10,000	– 12,000	.29	22,000	– 24,000	.23
12,000	– 14,000	.28	24,000	– 26,000	.22
14,000	– 16,000	.27	26,000	– 28,000	.21
16,000	– 18,000	.26	28,000	– No limit	.20
18,000	– 20,000	.25			

10

11 Multiply line 8 by the decimal amount on line 10. This is your federal Child and Dependent Care Credit. Enter here and on line 12 on page 2 of this form 11

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Form IT-216 (2002) ANUCHA BROWNE-SANDERS

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- 12 Amount from page 1, line 11 12 | 960.
- 13 Enter below your New York adjusted gross income (Form IT-200 filers, from Worksheet 2 in the Form IT-216 instructions; Form IT-201 filers, line 33; Form IT-203 filers, line 31)
New York adjusted gross income 194,037.
- Use the New York State child and dependent care credit limitation table in the instructions to determine the decimal to be entered on this line 13 | 0.200
- 14 Multiply line 12 by the decimal amount on line 13. This is your New York State Child and Dependent Care Credit (see instructions) 14 | 192.

Part-year residents must complete lines 15 - 22 and sign below. All others stop here and sign below.

- 15 Enter the amount from Form IT-203, line 38 15 | REDACTED
If line 15 is equal to or more than line 14, stop. You do not have excess credit.
If line 15 is less than line 14, continue on line 16 below.
- 16 Subtract line 15 from line 14. This is your excess Child and Dependent Care Credit 16 |
- 17 Enter the amount from Form IT-203-B, line 20, (if you are not required to file Form IT-203-B, enter "0" and continue on line 18 below) 17 |
If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-B, line 21.
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-B, line 21, and continue on line 18 below.
- 18 Subtract line 17 from line 16. This is your remaining excess Child and Dependent Care Credit 18 |
- 19 Enter amount from Part-Year Resident Income Allocation Worksheet, column B, line 16, from your Form IT-203 instruction booklet 19 |
- 20 Enter amount from Part-Year Resident Income Allocation Worksheet, column A, line 18, from your Form IT-203 instruction booklet 20 |
- 21 Divide line 19 by line 20 (carry the result to four decimal places). This amount cannot exceed 100% (1.0000) 21 |
- 22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-B, line 51. This is the refundable portion of your part-year resident Child and Dependent Care Credit 22 |

Paid preparers use only	Preparer's Signature	Preparer's SSN or PTIN	Sign your return here	Your Signature	
	Firm's Name (for yours, if self-employed) and Address	Employer Identification No.		Spouse's Signature (if joint return)	
	Date	Check <input checked="" type="checkbox"/> if self-employed	Date	Daytime Phone No. (optional)	

Need help?
Telephone assistance is available from 8:00 am to 5:55 pm (eastern time), Monday through Friday. For tax information, call toll free 1 800 225-5829. To order forms and publications, call toll free 1 800 462-8100.

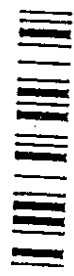
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Form IT-216 2002
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SCHEDULE C
(Form 1040)

Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0074

2002
09

Department of the Treasury
Internal Revenue Service (99)

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

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 2002? If 'No,' see instructions for limit on losses. Yes No

H If you started or acquired this business during 2002, check here Yes No

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see 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	REDACTED
5 Gross profit. Subtract line 4 from line 3	5	
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 II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	624	19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instructions)	10	7,126	a Vehicles, machinery, and equipment	20a	
11 Commissions and fees	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	3,045
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
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	759	25 Utilities	25	
26 Wages (less employment credits)	26		27 Other expenses (from line 48 on page 2)	27	7,901
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28			28	20,324
29 Tentative profit (loss). Subtract line 28 from line 7	29			29	-20,324
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	-20,324

- If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

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

- If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

- If you checked 32b, you must attach Form 6198.

32a All investment is at risk.

32b Some investment is not at risk.

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

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Schedule C (Form 1040) 2002

CONFIDENTIAL

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Schedule C (Form 1040) 2002 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

35	
36	
37	
38	
39	
40	
41	
42	

REDACTED

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

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 2002, enter the number of miles you used your vehicle for:
 a Business 19,523 b Commuting c Other -19,523

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

47 a 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	1,325.
BOOKS, SUBSCRIPTIONS	1,720.
INTERNET	269.
POSTAGE	264.
PARKING & TOLLS	149.
PROFESSIONAL DUES	1,694.
CONFERENCES	2,480.
48 Total other expenses. Enter here and on page 1, line 27	7,901.

Copy C For EMPLOYER'S RECORDS (See note)

These substitute Wage and Tax Statements are acceptable for filing with your Federal, State and Local Income Tax Returns. If you worked in multiple locations, or had several forms of special compensation, you may receive more than one of these documents.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this document is taxable and you fail to report it.

All copies of your W-2 are on this page, separated by perforations. The white copies are for your tax records; the blue copy is for your records. General instructions for these forms, including an explanation of the legal codes used in box 12, are on the other side of this page.

REDACTED

A CONTROL NUMBER 13-3793835		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 213916.42		3 FEDERAL INCOME TAX WITHHELD 45300.23	
B EMPLOYER IDENTIFICATION NUMBER 13-3793835		C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE MADISON SQUARE GARDEN, LP 2 PENNSYLVANIA PLAZA 14TH FLOOR NEW YORK, NY 10121-0091		4 SOCIAL SECURITY TAX WITHHELD 5263.80		5 MEDICARE TAX WITHHELD 3261.29	
D EMPLOYER SOCIAL SECURITY NUMBER		E EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE ANUCHA BROWNE-SANDERS		6 ADVANCED EIC PAYMENT		7 DEPENDENT CARE BENEFITS	
F STATE EMPLOYER STATE ID. NO. NY 133793835		G STATE WAGES, TIPS, ETC. 213916.42		H STATE INCOME TAX 14130.91		I LOCALITY WAGES, TIPS, ETC.	
J LOCAL INCOME TAX		K LOCALITY TAX		L LOCALITY NAME		M FOLD AND TEAR ALONG PERFORATION	

A CONTROL NUMBER 13-3793835		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 213916.42		3 FEDERAL INCOME TAX WITHHELD 45300.23	
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F STATE EMPLOYER STATE ID. NO. NY 133793835		G STATE WAGES, TIPS, ETC. 213916.42		H STATE INCOME TAX 14130.91		I LOCALITY WAGES, TIPS, ETC.	
J LOCAL INCOME TAX		K LOCALITY TAX		L LOCALITY NAME		M FOLD AND TEAR ALONG PERFORATION	

FORM W-2 Wage and Tax Statement 2002

A CONTROL NUMBER 13-3793835		OMB NO. 1545-0008		1 WAGES, TIPS, OTHER COMPENSATION 213916.42		3 FEDERAL INCOME TAX WITHHELD 45300.23	
B EMPLOYER IDENTIFICATION NUMBER 13-3793835		C EMPLOYER'S NAME, ADDRESS, AND ZIP CODE MADISON SQUARE GARDEN, LP		4 SOCIAL SECURITY TAX WITHHELD 5263.80		5 MEDICARE TAX WITHHELD 3261.29	
D EMPLOYER SOCIAL SECURITY NUMBER		E EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE ANUCHA BROWNE-SANDERS		6 ADVANCED EIC PAYMENT		7 DEPENDENT CARE BENEFITS	
F STATE EMPLOYER STATE ID. NO. NY 133793835		G STATE WAGES, TIPS, ETC. 213916.42		H STATE INCOME TAX 14130.91		I LOCALITY WAGES, TIPS, ETC.	
J LOCAL INCOME TAX		K LOCALITY TAX		L LOCALITY NAME		M FOLD AND TEAR ALONG PERFORATION	

Form W-2 Wage and Tax Statement 2002

1. Wages, tips, other compensation 51.17	2. Federal income tax withheld 13.82
3. Social security wages 51.17	4. Social security tax withheld 3.17
5. Medicare wages and tips 51.17	6. Medicare tax withheld .74

Copy B To Be Filed With Employer's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

Control No. **053616** OMB NO. 1545-0008
Department of the Treasury - Internal Revenue Service

a. Employer's identification no. **880391100** b. Employer's social security no.

c. Employer's name, address and ZIP code
**ENTERTAINMENT PARTNERS SVCS GR
P O BOX 7836
BURBANK, CA 91510-7836**

e. Employee's name (first, middle initial, last)
ANUCHA SANDERS

f. Employee's address and ZIP code

12a. See instructions for Box 12 12b.

12c. 12d.

13. Statutory employee Retiree Third-party sick pay 14. Other

15. State / Employer's state ID no. **NY** 16. State wages, tips, etc. **NY SDI .25**

17. State income tax **3.76** 18. Local wages, tips, etc. **51.17**

19. Local income tax **3.76** 20. Locality Name

Form W-2 Wage and Tax Statement 2002

1. Wages, tips, other compensation 51.17	2. Federal income tax withheld 13.82
3. Social security wages 51.17	4. Social security tax withheld 3.17
5. Medicare wages and tips 51.17	6. Medicare tax withheld .74

Copy 2 To Be Filed With Employer's State, City, or Local Income Tax Return.

Control No. **053616** OMB NO. 1545-0008
Department of the Treasury - Internal Revenue Service

a. Employer's identification no. **880391100** b. Employer's social security no.

c. Employer's name, address and ZIP code
**ENTERTAINMENT PARTNERS SVCS GR
P O BOX 7836
BURBANK, CA 91510-7836**

e. Employee's name (first, middle initial, last)
ANUCHA SANDERS

f. Employee's address and ZIP code

12a. See instructions for Box 12 12b.

12c. 12d.

13. Statutory employee Retiree Third-party sick pay 14. Other

15. State / Employer's state ID no. **NY** 16. State wages, tips, etc. **NY SDI .25**

17. State income tax **3.76** 18. Local wages, tips, etc. **51.17**

19. Local income tax **3.76** 20. Locality Name

Form W-2 Wage and Tax Statement 2002

1. Wages, tips, other compensation 51.17	2. Federal income tax withheld 13.82
3. Social security wages 51.17	4. Social security tax withheld 3.17
5. Medicare wages and tips 51.17	6. Medicare tax withheld .74

Copy 3 To Be Filed With Employer's State, City, or Local Income Tax Return.

Control No. **053616** OMB NO. 1545-0008
Department of the Treasury - Internal Revenue Service

a. Employer's identification no. **880391100** b. Employer's social security no.

c. Employer's name, address and ZIP code
**ENTERTAINMENT PARTNERS SVCS GR
P O BOX 7836
BURBANK, CA 91510-7836**

e. Employee's name (first, middle initial, last)
ANUCHA SANDERS

f. Employee's address and ZIP code

12a. See instructions for Box 12 12b.

12c. 12d.

13. Statutory employee Retiree Third-party sick pay 14. Other

15. State / Employer's state ID no. **NY** 16. State wages, tips, etc. **NY SDI .25**

17. State income tax **51.17** 18. Local wages, tips, etc. **51.17**

19. Local income tax **3.76** 20. Locality Name

Form W-2 Wage and Tax Statement 2002

1. Wages, tips, other compensation 51.17	2. Federal income tax withheld 13.82
3. Social security wages 51.17	4. Social security tax withheld 3.17
5. Medicare wages and tips 51.17	6. Medicare tax withheld .74

Copy C For EMPLOYEE'S RECORDS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a copy must be attached to your return or you may be penalized if you fail to report it.

Control No. **053616** OMB NO. 1545-0008
Department of the Treasury - Internal Revenue Service

a. Employer's identification no. **880391100** b. Employer's social security no.

c. Employer's name, address and ZIP code
**ENTERTAINMENT PARTNERS SVCS GR
P O BOX 7836
BURBANK, CA 91510-7836**

e. Employee's name (first, middle initial, last)
ANUCHA SANDERS

f. Employee's address and ZIP code

12a. See instructions for Box 12 12b.

12c. 12d.

13. Statutory employee Retiree Third-party sick pay 14. Other

15. State / Employer's state ID no. **NY** 16. State wages, tips, etc. **NY SDI .25**

17. State income tax **51.17** 18. Local wages, tips, etc. **51.17**

19. Local income tax **3.76** 20. Locality Name

W-2 WAGE AND TAX STATEMENT 2002

EARNINGS SUMMARY

Description	Amount	Description	Amount
EPSP TALENT SERVICES	51.17		
THE CARSEY WERNER C	51.17		
SUBTOTAL	51.17		
GRAND TOTAL	51.17		

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NJ-1040/
HR-1040
2002



State of New Jersey Income Tax – Resident Return
Homestead Rebate Application

For Privacy Act Notification, see instructions
For tax year January - December 2002 or other tax year

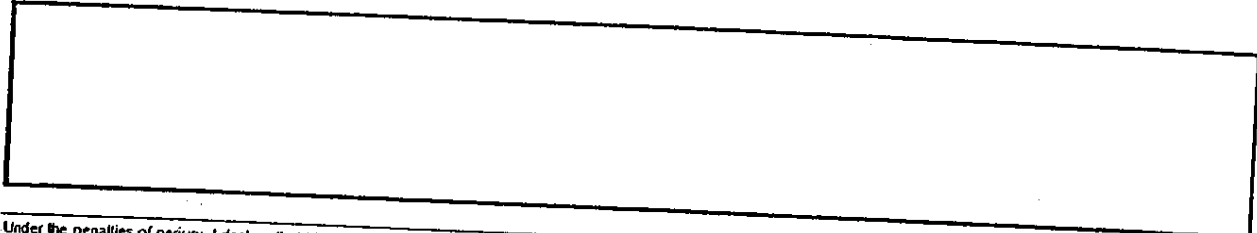
beginning _____, 2002, month ending _____
On-line federal extension confirmation # _____

BROWNESANDERS ANUCHA

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CLIENT'S COPY

001	00	014	213967	038	8733	SS	
EXT	0	15A	0	039	6642	SP	0
FS	4	15B	0	041	0	MS	0
006	1	016	394	042	2091	010	214361
007	0	017	0	043	0	012	0
008	0	018	0	044	0	13B	0
009	3	19A	0	045	0	13L	0
010	0	19B	0	046	0	13Q	0
011	0	19C	0	047	0	14A	0
12A	1	020	0	048	0	14B	0
12B	3	021	0	049	0	14C	0
13F	000000	022	0	050	2091	14D	0
13T	000000	023	0	051	0	015	0
GEF	1	024	0	052	0	16A	0
DNM	0	025	0	053	0	16B	0
22C	1	026	214361	054	0	017	0
22I	86	028	0	055	0	18A	0
PA	0	30C	5500	056	0	18B	0
VC	1030	031	0	057	0	EI1	0
CTY	0710	032	0	058	0	EI2	0
NAB	1083	033	0	58C	0	EI3	0
		036	8309	059	0	EI4	0
		037	200552	060	0		0



Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 50 in full. Write social security number on check or money order and make payable to: State of New Jersey – TGI

Your Signature _____ Date _____ Spouse's Signature (If filing jointly, both must sign) _____

Paid Preparer's Signature _____ Date 04/12/03 Federal Identification Number [REDACTED]

Firm's Name [REDACTED] Federal Employer Identification Number [REDACTED]

If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: NJ Division of Taxation Revenue Processing Center, P.O. Box 111, Trenton, NJ 08645-0111

If Refund: NJ Division of Taxation, Revenue Processing Center, P.O. Box 555, Trenton, NJ 08647-0555

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Page 2 and Page 3 Must be Enclosed With Page 1 of Your 2002 NJ-1040/HR-1040

Form NJ-1040/HR-1040 (2002)

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Page 2

Name: **BROWNE - SANDERS, ANUCHA** Social Security Number: _____

Filing Status: 1 Single 2 Married, filing joint return 3 Married, filing separate return 4 Head of Household 5 Qualifying widow(er)

Exemptions: 6 Regular 7 Age 65 or over 8 Blind or disabled 9 Number of qualified dependent children 3

10 Number of other dependents 11 Dependents attending colleges 12 Totals (line 12a - add lines 6, 7, 8 and 11) 1 (line 12b - add lines 9 and 10) 3

Residency Status: 13 If you were a New Jersey resident for only part of the taxable year, give the period of New Jersey residency: From _____ To _____

Gubernatorial Elections Fund: Do you wish to designate \$1 of your taxes for this fund? Yes No If joint return, does your spouse wish to designate \$1? Yes No

		Month	Day	Year	Month	Day	Year
14	Wages, salaries, tips, and other employee compensation (enclose W-2)						
14							213,967.
15a	Taxable interest income						
15a							
15b	Tax exempt interest income. Do not include on line 15a						
15b							
16	Dividends						
16							394.
17	Net profits from business (enclose copy of federal Schedule C, Form 1040)						
17							0.
18	Net gains or income from disposition of property (Schedule B, line 4)						
18							
19	Pensions, annuities and IRA withdrawals						
19a	a Taxable amount received						
19b	b Less New Jersey pension exclusion						
19c	c Subtract line 19b from line 19a						
20	Distributive share of partnership income (see instructions)						
20							
21	Net pro rata share of S corporation income (see instructions)						
21							
22	Net gain or income from rents, royalties, patents and copyrights (Schedule C, line 3)						
22							
23	Net gambling winnings						
23							
24	Alimony and separate maintenance payments received						
24							
25	Other (see instructions)						
25							
26	Total income (add lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)						
26							214,361.
27	This line is not used on computer generated returns						
27							
28	Other retirement income exclusion (see worksheet and instructions)						
28							
29	New Jersey gross income (subtract line 28 from line 26). See instructions						
29							214,361.
30a	Exemptions: From line 12a <u>1</u> x \$1,000 = <u>1,000.</u>						
30b	From line 12b <u>3</u> x \$1,500 = <u>4,500.</u>						
30c	Total exemption amount (add line 30a and line 30b). Part-year residents see instructions						
30c							5,500.
31	Medical expenses/medical savings account contributions (see worksheet and instructions)						
31							
32	Alimony and separate maintenance payments						
32							
33	Qualified conservation contribution						
33							
34	Total exemptions and deductions (add lines 30c, 31, 32 and 33)						
34							5,500.
35	Taxable income (subtract line 34 from line 29). If zero or less, make no entry						
35							208,861.
36	Property tax deduction (see instructions)						
36							8,309.
37	New Jersey Taxable Income (subtract line 36 from line 35). If zero or less, Make No Entry						
37							200,552.
38	Tax (from tax tables in the instructions)						
38							8,733.
39	Credit for income taxes paid to other jurisdictions (see instructions)						
39							6,642.
40	Balance of tax (subtract line 39 from line 38)						
40							2,091.
41	Use tax due on out-of-state purchases (see instructions). If no use tax, enter zero						
41							0.
42	Total tax (add line 40 and line 41)						
42							2,091.
43	Total New Jersey income tax withheld (enclose Forms W-2 and 1099-R)						
43							
44	Property tax credit (see instructions)						
44							
45	New Jersey estimated tax payments/credit from 2001 tax return						
45	Check <input checked="" type="checkbox"/> if Form NJ-2210 is enclosed.						
46	New Jersey Earned Income Tax Credit						
46							
47	Excess New Jersey UI/HC/Wd withheld (see instructions) (enclose Form NJ-2450)						
47							
48	Excess New Jersey disability insurance withheld (see instructions) (enclose Form NJ-2450)						
48							
49	Total payments/credits (add lines 43 through 48)						
49							

PL04330

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NJ-2210

**Underpayment of Estimated Tax
by Individuals, Estates or Trusts**

2002

Please check the appropriate block on the front of Form NJ-1040 and enclose with your 2002 Gross Income Tax Return.

Name(s) as Shown on Form NJ-1040

BROWNE - SANDERS, ANUCHA

Social Security Number

REDACTED

Part I Figuring Your Underpayment

1	2002 tax (line 40, Form NJ-1040 or line 22, Form NJ-1040EZ)	1	2,091.
2	Enter the total of lines 43, 44, 46, 47, and 48, Form NJ-1040 or lines 25, 26, and 28, Form NJ-1040EZ	2	
3	Subtract line 2 from line 1 (if less than \$400, do not complete the rest of this form)	3	2,091.
4a	Multiply the amount on line 1 by .80 (80%) (two-thirds for qualified farmers)	4a	1,673.
4b	Enter 2001 tax (from Form NJ-1040, line 40)	4b	

	Payment Due Dates			
	(A) April 15, 2002	(B) June 15, 2002	(C) September 15, 2002	(D) January 15, 2003
5	418.	418.	418.	419.
6	0.	0.	0.	0.
7				
8	0.	0.	0.	0.
9		418.	836.	1,254.
10	0.	0.	0.	0.
11		418.	836.	1,254.
12	418.	418.	418.	419.
13				

Part II Exceptions

(See instructions, complete worksheets for exceptions 2, 3 and 4 and enclose computations for each exception claimed.)
If you meet exception 1 at line 15 do not file this form.
These amounts will be automatically verified by the Division of Taxation.

	April 15, 2002	June 15, 2002	September 15, 2002	January 15, 2003
14 Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2002.) (See instructions)	0.	0.	0.	0.
15 Exception 1 - Enter 2001 tax (line 40)	25% of 2001 tax	50% of 2001 tax	75% of 2001 tax	100% of 2001 tax
16 Exception 2 - Tax on 2001 gross income using 2002 exemptions and tax rates	25% of tax	50% of tax	75% of tax	100% of tax
17 Exception 3 - Tax on annualized 2002 income	20% of tax	40% of tax	60% of tax	
18 Exception 4 - Tax on 2002 income over 3, 5 and 8-month periods	90% of tax	90% of tax	90% of tax	

If the amount of any exception is equal to or less than the corresponding amount at line 14 interest will Not be charged for that period.

19 Total interest See 2210. Wks. \$ 86.

(Include this amount with your payment of any tax due. If you have an overpayment on line 51, NJ-1040 or line 31, NJ-1040EZ, this amount will be deducted from your total overpayment.)

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Worksheets

Exception II Tax on 2001 Gross Income Using 2002 Exemptions and Tax Rates

1	Enter 2001 New Jersey gross income (line 29, 2001 NJ-1040)	1	
2	Enter 2002 total exemptions (line 30c, 2002 NJ-1040 or line 17, 2002 NJ-1040EZ)	2	
3	Subtract line 2 from line 1	3	
4	Compute tax on line 3 (2002 tax rates)	4	
5	Enter credit for income taxes paid to other jurisdictions (line 39, 2002 NJ-1040)	5	
6	Subtract line 5 from line 4. Enter the applicable percentage of this amount on line 16, Part II of this form	6	

Exception III Tax on 2002 Annualized Income (attach computations)

Estates and trusts, do not use the period ending dates shown, instead use the following ending dates: 2/28/02, 4/30/02, and 7/31/02. Also, estates and trusts cannot use the annualization amounts shown on line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/02 - 3/31/02	1/1/02 - 5/31/02	1/1/02 - 8/31/02
1	Enter the portion of New Jersey gross income (line 29, NJ-1040 or line 16, NJ-1040EZ) that is applicable to each period shown			
2	Annualization amounts	4	2.4	1.5
3	Annualized income (multiply line 1 by line 2)			
4	Enter total exemptions (line 30c, NJ-1040 or line 17, NJ-1040EZ)			
5	Subtract line 4 from line 3			
6	Compute tax on line 5			
7	Enter the portion of the credit for income taxes paid to other jurisdictions (line 39, NJ-1040) that is applicable to each period			
8	Subtract line 7 from line 6. Enter the applicable percentage of this amount on line 17, Part II of this form			

Exception IV Tax on Actual 2002 Taxable Income Over 3, 5 and 8-Month Periods (attach computations)

		1/1/02 - 3/31/02	1/1/02 - 5/31/02	1/1/02 - 8/31/02
1	Enter the actual amount of New Jersey taxable income (line 37, NJ-1040 or line 21, NJ-1040EZ) that is applicable to each period shown			
2	Compute tax on line 1			
3	Enter the portion of the credit for income taxes paid to other jurisdictions (line 39, NJ-1040) that is applicable to each period shown			
4	Subtract line 3 from line 2. Enter 90% of this amount on line 18, Part II of this form			

NJ-2210
Line 19

Interest Computation Worksheet
▶ Attach to Form NJ-2210

2002

Name as Shown on Return
BROWNE-SANDERS, ANUCHA

REDACTED

Social Security No.

Option 1

Period	A	B	C	D	E	F	G
	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multiplier	Interest (E x F)
1 4/16 - 6/15							
2 6/16 - 9/15						.013	
3 9/16 - 1/15						.020	
4 1/16 - 4/15						.027	
						.018	
5 Total interest for Option 1						5	

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PL04335

BROWNE-SANDERS, ANUCHA

REDACTED

Page 2

Option 2

Payment due dates ▶	(a) 4/15/02	(b) 6/15/02	(c) 9/15/02	(d) 1/15/03
1 Payment date				
2 Amount due	418.	418.	418.	419.
3 Balance from previous quarter		418.	836.	1,254.
4 Balance due	418.	836.	1,254.	1,673.
5 a Number of months from due date to payment date or next quarter due date, whichever is earlier	2	3	4	3
b Interest rate08	.08	.08	.0725
6 Late payment interest. (Line 4 times line 5a times line 5b divided by 12.)	6.	17.	33.	30.
<i>If line 1 is blank, skip lines 7 through 10.</i>				
7 Payment amount				
8 Underpayment amount				
9 a Number of months from payment date to next quarter due date				
b Interest rate08	.08	.08	.0725
10 Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)				
11 Total interest for Option 2. Add lines 6 and 10, columns (a) through (d)			11	86.

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PL04336

SCHEDULE C
(Form 1040)

Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2002
09

Name of proprietor

ANUCHA BROWNE-SANDERS

Social security number (SSN)

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

DIRECT MARKETING

REDACTED

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 2002? If 'No,' see instructions for limit on losses ... Yes No

H If you started or acquired this business during 2002, check here Part Full

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"/>
2	Returns and allowances	
3	Subtract line 2 from line 1	
4	Cost of goods sold (from line 42 on page 2)	
5	Gross profit. Subtract line 4 from line 3	
6	Other income, including Federal and state gasoline or fuel tax credit or refund	
7	Gross income. Add lines 5 and 6	

Part III	Expenses. Enter expenses for business use of your home only on line 30.	
8	Advertising	624.
9	Bad debts from sales or services (see instructions)	
10	Car and truck expenses (see instructions)	7,126.
11	Commissions and fees	
12	Depletion	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	419.
14	Employee benefit programs (other than on line 19)	
15	Insurance (other than health)	
16	Interest:	
16a	a Mortgage (paid to banks, etc)	
16b	b Other	
17	Legal & professional services	450.
18	Office expense	759.
19	Pension and profit-sharing plans	
20	Rent or lease (see instructions):	
20a	a Vehicles, machinery, and equipment	
20b	b Other business property	
21	Repairs and maintenance	
22	Supplies (not included in Part III)	3,045.
23	Taxes and licenses	
24	Travel, meals, and entertainment:	
24a	a Travel	
24b	b Meals and entertainment	
24c	c Enter nondeductible amount included on line 24b (see instrs)	
24d	d Subtract line 24c from line 24b	
25	Utilities	
26	Wages (less employment credits)	
27	Other expenses (from line 48 on page 2)	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	7,901. 20,324.
29	Tentative profit (loss). Subtract line 28 from line 7	
30	Expenses for business use of your home. Attach Form 8829	-20,324.
31	Net profit or (loss). Subtract line 30 from line 29	-20,324.

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

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

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a All investment is at risk.

32b Some investment is not at risk.

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

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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 **REDACTED** 35

36 Purchases less cost of items withdrawn for personal use 36

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

38 Materials and supplies 38

39 Other costs 39

40 Add lines 35 through 39 40

41 Inventory at end of year 41

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

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

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 2002, enter the number of miles you used your vehicle for:
 a Business 19,523 b Commuting c Other -19,523

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

47 a 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	1,325.
BOOKS, SUBSCRIPTIONS	1,720.
INTERNET	269.
POSTAGE	264.
PARKING & TOLLS	149.
PROFESSIONAL DUES	1,694.
CONFERENCES	2,480.
48 Total other expenses. Enter here and on page 1, line 27	7,901.

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