

CONFIDENTIAL

For office use only

New York State Department of Taxation and Finance
Nonresident and Part-Year Resident
Income Tax Return

CLIENT'S COPY

2003 IT-203

New York State • City of New York • City of Yonkers
For the year January 1, 2003, through December 31, 2003, or fiscal tax year beginning 03 and ending



Important: You must enter your social security number(s).
Your first name and middle initial: ANUCHA
Your last name (for a joint return, enter spouse's name below): BROWNE-SANDERS
Spouse's first name and middle initial:
Spouse's last name:
Mailing address (number and street or rural route): REDACTED
Permanent home address (see instructions) (number and street or rural route):
City, village, or 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 X 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 2003
(2) Number of months your spouse lived in New York City in 2003

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.

Table with 3 columns: Description, Federal amount, New York State amount. Rows include Wages, salaries, tips, etc.; Taxable interest income; Ordinary dividends; Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or loss; Capital gain or loss; Other gains or losses; Taxable amount of IRA distributions; Taxable amount of pensions and annuities; Rental real estate, royalties, partnerships, S corporations, trusts, etc; Farm income or loss; Unemployment compensation; Taxable amount of social security benefits; Other income; Add lines 1 through 15; Total federal adjustments to income; Subtract line 17 from line 16. This is your federal adjusted gross income; New York additions; Interest income on state and local bonds; Public employee 414(h) retirement contributions; Other; Add lines 18 through 21; New York subtractions; Taxable refunds, credits, or offsets of state and local income taxes; Pensions of New York State and local governments and the federal government; Taxable amount of social security benefits; Interest income on U.S. government bonds; Pension and annuity income exclusion; Other; Add lines 23 through 28; 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)

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Form IT-203 (2003)

Form IT-203 (2003) ANUCHA BROWNE-SANDERS

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31 Enter the amount from line 30, *Federal amount* column on page 1 **235,016.**

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:  Standard  Itemized

33 Subtract line 32 from line 31 (if line 32 is more than line 31, leave blank) **25,877.**

34 Exemptions for dependents only (not the same as total federal exemptions; see instructions) **209,139.**

35 Subtract line 34 from line 33. This is your taxable income **3,000.**

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) **206,139.**

37 New York State household credit (from table I, II, or III in the instructions) **15,460.**

38 Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank) **15,460.**

39 New York State child and dependent care credit (from Form IT-210, attach form; see instructions) **240.**

40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) **15,220.**

41 New York State earned income credit (from Form IT-215, attach form; see instructions) **15,220.**

42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank). This is your base tax **15,220.**

43 Income percentage (see instructions) **0.9406**  
 NYS amount from line 30: **221,067.** Federal amount from line 30: **235,016.**

44 Multiply line 42 by the decimal on line 43. This is your allocated New York State tax **14,316.**

45 New York State nonrefundable credits (from Form IT-203-B, line 50) **14,316.**

46 Subtract line 45 from line 44 (if line 45 is more than line 44, leave blank) **14,316.**

47 Net other New York State taxes (from Form IT-203-B, line 24) **14,316.**

48 Add lines 46 and 47. This is the total of your New York State taxes **14,316.**

49 Other city of New York taxes (from Form IT-203-B, line 27; see instructions) **14,316.**

50 City of Yonkers nonresident earnings tax (attach Form Y-203) **0.**

51 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1) **0.**

52 Sales or use tax (see instructions) **0.**

53 Voluntary gifts/contributions (whole dollar amounts only; see instructions) **0.**  
 Return a Gift to Wildlife  Breast Cancer Research Fund  Missing/Exploited Children Fund  Alzheimer's Fund  Olympic Fund

54 Add lines 48 through 53. This is the total of your state and city taxes and gifts **14,316.**

55 Part-year city of New York school tax credit (also complete item D on page 1) **18,117.**

56 Other refundable credits (from Form IT-203-B, line 67) **3,801.**

57 Total New York State tax withheld (see instructions) **3,801.**

58 Total city of New York tax withheld (see instructions) **3,801.**

59 Total city of Yonkers tax withheld (see instructions) **3,801.**

60 Total of estimated tax payments, and amount paid with extension Form IT-370 **3,801.**

61 Add lines 55 through 60. This is the total of your payments **3,801.**

62 Amount overpaid. If line 61 is more than line 54, subtract line 54 from line 61 (also see lines 63 and 64) **3,801.**

63 Amount of line 62 that you want refunded to you **3,801.**  
 a Routing number: **Refund** b Type: **Checking** c Account number: **Savings**

64 Estimated tax: Amount of line 62 that you want applied to your 2004 estimated tax (subtract line 63 from line 62) **0.**

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 **0.**

66 Penalty for underpayment of tax (will reduce line 62 or increase line 65; see instructions) **0.** Owe **0.** Staple payment to page 1.

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 2003? (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**  **No**  (complete the following)

Designee's name: **PREPARER** Designee's phone number: **PREPARER** Personal Identification Number (PIN): **PREPARER**

Paid preparer's use only: Preparer's signature: **PREPARER** Preparer's SSN or PTIN: **PREPARER** Your signature: **PREPARER**  
 Firm's name (for yours, if self-employed) and Address: **PREPARER** Spouse's signature (if joint return): **PREPARER**  
 Date: **04-13-04** Date: **PREPARER** Daytime phone no. (optional): **PREPARER**  
 Mail your completed return to: STATE PROCESSING CENTER, P.O. BOX 61000, ALBANY NY 12261-0001

REDACTED

Place your wage and tax statements at the bottom of page 1 of this return. See Step 7 in the instructions for further instructions on assembling your return.

You can choose to have your refund sent directly to your bank account. See the instructions and fill in lines 63a, 63b, and 63c.

204366



New York State Department of Taxation and Finance

**Income Allocation and Itemized Deduction**

Attachment to Form IT-203

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
1 b Saturdays and Sundays (not worked)	1b.	98
1 c Holidays (not worked)	1c.	10
1 d Sick leave	1d.	0
1 e Vacation	1e.	20
1 f Other nonworking days	1f.	
1 g Total nonworking days (add lines 1b through 1f)	1g.	128
1 h Total days worked in year at this job (subtract line 1g from line 1a)	1h.	237
1 i Total days included in line 1h worked outside NYS	1i.	32
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.	32
1 l Days worked in NYS (subtract line 1k from line 1h)	1l.	205
1 m Enter number of days from line 1h above	1m.	237
1 n Divide 1l by 1m; round result to fourth dec place	1n.	0.8650
1 o Wages, salaries, tips, etc (to be allocated)	1o.	255,421.
1 p Multiply line 1n by line 1o; this is your New York State allocated wage and salary income	1p.	220,939.

Incl 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 2003:  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** (see instructions).

Complete Schedule C only if you itemized deductions on your federal return

1 Medical and dental expenses (from federal Schedule A, line 4)	1.	
2 Taxes you paid (from federal Schedule A, line 9)	2.	29,408.
3 Interest you paid (from federal Schedule A, line 14)	3.	18,137.
4 Gifts to charity (from federal Schedule A, line 18)	4.	9,100.
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 Total federal itemized deductions (from federal Schedule A, line 28)	7.	
8 State, local, and foreign income taxes and other subtraction adjustments (see instructions)	8.	53,636.
9 Subtract line 8 from line 7	9.	19,133.
10 College tuition itemized deduction (see instructions)	10.	34,503.
11 Addition adjustments (see instructions)	11.	
12 Add lines 10, 11, and 12	12.	
13 Itemized deduction adjustment (see instructions)	13.	34,503.
14 Subtract line 14 from line 13. This is your New York itemized deduction	14.	8,626.
	15.	25,877.

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.

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NYIA1712 11/12/03

PL04367  
 Form IT-203-ATT (2003)

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Form IT-203-ATT (2003)

ANUCHA BROWNE-SANDERS

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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(s) of college/university	D Amount of qualified college tuition expenses paid during 2003 (see instructions)	E Enter the lesser of column D or \$10,000
<b>REDACTED</b>			\$	\$
<b>REDACTED</b>			\$	\$
<b>REDACTED</b>			\$	\$

- 1 Add column E amounts (include amounts from any additional sheets) .....
- 2 Multiply line 1 by 75% (.75). This is your college tuition itemized deduction. Also enter this amount on Schedule C, line 11, on page 1 of this form .....

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

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

Non-working days included in line 2a:

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

2 c Holidays (not worked) .....

2 d Sick leave .....

2 e Vacation .....

2 f Other nonworking days .....

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

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

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

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

2 k Subtract line 2j from line 2i .....

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

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

2 n Divide line 2l by line 2m; round the result to the fourth decimal place .....

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

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.

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

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

Non-working days included in line 3a:

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

3 c Holidays (not worked) .....

3 d Sick leave .....

3 e Vacation .....

3 f Other nonworking days .....

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

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

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

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

3 k Subtract line 3j from line 3i .....

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

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

3 n Divide line 3l by line 3m; round the result to the fourth decimal place .....

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

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.

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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NYIA1712 11/12/03

PL04368

Form IT-203-ATT (2003)

For office use only **CONFIDENTIAL** New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

2003 IT-216



<b>Important: You must enter your social security number(s) to the right.</b>			
P r i n t e r t y p e	Your first name and middle initial <b>ANUCHA</b>	Your last name (for joint claim, enter SP's name) <b>BROWNE-SANDERS</b>	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
State		ZIP code	

1 Have you already filed your 2003 New York State income tax return?  Yes  No  
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	6,000.

3 In the spaces provided below, list up to two qualifying persons you are claiming. (If you are claiming more than two qualifying persons, mark an X in the box and see instructions.)

First name and middle initial	Last name	Qualified expenses paid in 2003	Person with disability*	Social security number	Year of birth
		3,000.	<input checked="" type="checkbox"/>		
		3,000.	<input checked="" type="checkbox"/>		

\*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 2003, or  
 • \$3,000 if one qualifying person; \$6,000 if two or more qualifying persons (see instructions)  5.  6,000.

Note: If you are claiming expenses paid for a dependent child born in 1990, enter that child's birth month here . Include as qualified expenses only those paid from January 1, 2003, through the day preceding the child's 13th birthday.

6 Enter your earned income (see instructions)  6.  234,916.

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.  234,916.

8 Enter the smallest of line 5, 6, or 7  8.  6,000.

9 Enter the amount from:  
 federal Form 1040A, line 21, or  
 federal Form 1040, line 34  9.  239,795.

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	- 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

PL04369

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.  1,200.

Form IT-216 (2003) ANUCHA BROWNE-SANDERS

REDACTED

12 Amount from page 1, line 11 ..... 12. 1,200.

13 Enter below your New York adjusted gross income (Form IT-200 filers, from Worksheet 1 in the Form IT-216 instructions; Form IT-201 filers, line 33; Form IT-203 filers, line 31) ..... 235,016.  
New York adjusted gross income

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. 240.

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.  
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 the amount from line 18, Column B, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet ..... 19.

20 Enter the amount from line 18, Column A, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet ..... 20.

21 Divide line 19 by line 20 (round the result to the fourth decimal place). 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 preparer's use only	Preparer's signature		Preparer's SSN or PTIN	
	Firm's name (or yours, if self-employed) and Address		Employer identification no.	
	Date	04-13-04	Check <input checked="" type="checkbox"/> if self-employed	
Sign here	Your signature			
	Spouse's signature (if joint claim)			
	Date	Daytime phone no. (optional)		

Need help? Telephone assistance is available from 8:00 am to 5:00 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.

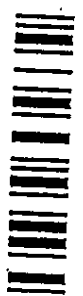
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NYIA4212 10/10/03

PL 04370 Form IT-216 2003

CONFIDENTIAL



**SCHEDULE C**  
(Form 1040)

**Profit or Loss From Business**  
(Sole Proprietorship)

**CONFIDENTIAL**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

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

**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**

**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 2003? If 'No,' see instructions for limit on losses

Yes  No

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

**Part I Income**

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	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	
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		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		20a	a Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11		20b	b Other business property		
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:			24a	a Travel		
16a	a Mortgage (paid to banks, etc)	16a			b Meals and entertainment		
16b	b Other	16b			c Enter nondeductible amount included on line 24b (see instrs)		
17	Legal & professional services	17	450.	24d	d Subtract line 24c from line 24b	24d	
18	Office expense	18	784.	25	Utilities	25	
25				26	Wages (less employment credits)	26	
26				27	Other expenses (from line 48 on page 2)	27	8,363.
27				28		28	20,633.
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		29		29	-20,633.
29	Tentative profit (loss). Subtract line 28 from line 7	29		30		30	
30	Expenses for business use of your home. Attach Form 8829	30		31		31	-20,633.
31	Net profit or (loss). Subtract line 30 from line 29	31					

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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PL04371

Schedule C (Form 1040) 2003

Schedule C (Form 1040) 2003 ANUCHA BROWNE-SANDERS

**Part III** Cost of Goods Sold (see instructions)

**REDACTED**

Page 2

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	
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	

**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	8,363.

Schedule C (Form 1040) 2003



IT-216

Claim for Child and Dependent Care Credit Worksheet

2003

▶ Attach to Your Tax Return

Name as Shown on Return ANUCHA BROWNE-SANDERS	<b>REDACTED</b>	Social Security No.
--	-----------------	---------------------

Line 2 – Additional Care Providers

(A) Care provider's first name, middle initial, and last name	(B) Address	(C) Identifying number (social security number or employer identification number)	(D) Amount paid

Line 3 – Additional Qualifying Persons

First name and middle initial	Last name and suffix	Qualified expenses paid in 2003	Check box if disabled	Social security number	Year of birth
		3,000.	<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
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			<input type="checkbox"/>		

PL04374

CONFIDENTIAL

NJ-1040/  
HR-1040  
2003



CLIENT'S COPY

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN  
HOMESTEAD REBATE APPLICATION

For Privacy Act Notification, See Instructions  
For Tax Year January - December 2003 or Other Tax Year

Beginning \_\_\_\_\_, 2003, Month Ending \_\_\_\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

BROWNESANDERS ANUCHA

REDACTED

001	00	014	255549	038	11306	SS	
EXT	0	15A	0	039	9776	SP	
FS	4	15B	0	041	0	007	0
006	1	016	100	042	1530	MS	3
007	0	017	0	043	0	010	0
008	0	018	0	044	0	012	255649
009	3	19A	0	045	0	13B	0
010	0	19B	0	046	0	13L	0
011	0	19C	0	047	0	13Q	0
12A	1	020	0	048	0	14A	0
12B	3	021	0	049	0	14B	0
13F	000000	022	0	050	1530	14C	0
13T	000000	023	0	051	0	14D	0
GEF	1	024	0	052	0	015	0
DNM	0	025	0	053	0	16A	0
22C	1	026	255649	054	0	16B	0
22I	0	028	0	055	0	017	0
PA	1	30C	5500	056	0	18A	0
VC	1030	031	0	057	0	18B	0
CTY	0710	032	0	058	0	EI1	0
NAB	1083	033	0	58C	0	EI2	0
CDV	5765	036	9200	059	0	EI3	0
		037	240949	060	0	EI4	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 \_\_\_\_\_ Federal Identification Number \_\_\_\_\_

Firm's Name \_\_\_\_\_ Date 04/13/04 \_\_\_\_\_

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, PO Box 111,  
Trenton, NJ 08645-0111

IF REFUND:  
NJ Division of Taxation, Revenue  
Processing Center, PO Box 555,  
Trenton, NJ 08647-0555

NJA101 12/02/03

PL04375

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PAGE 2 AND PAGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YOUR 2003 NJ-1040/HR-1040

Form NJ-1040/HR-1040 (2003)

**REDACTED**

Page 2

Name <b>BROWNE - SANDERS, ANUCHA</b>	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	1	10 Number of other dependents	0
7 Age 65 or over	0	11 Dependents attending colleges	0
8 Blind or disabled	0	12 Totals (Line 12a - Add Lines 6, 7, 8 and 11)	1
9 Number of qualified dependent children	3	(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 \_\_\_\_\_  
MONTH DAY YEAR MONTH DAY YEAR

**GUVERNATORIAL 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

NJIA0123 10/20/03

14 Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	255,549.
15a Taxable interest income	15a	
15b Tax exempt interest income. DO NOT include on Line 15a	15b	
16 Dividends	16	100.
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		
a Taxable Amount Received	19a	
b Less New Jersey Pension Exclusion	19b	
c Subtract Line 19b from Line 19a	19c	
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	255,649.
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	255,649.
30a Exemptions: From Line 12a .. 1 x \$1,000 = 1,000.		
30b From Line 12b .. 3 x \$1,500 = 4,500.		
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	250,149.
36 Property Tax Deduction (See instructions)	36	9,200.
37 NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35). If zero or less, MAKE NO ENTRY	37	240,949.
38 Tax (From Tax Tables in the instructions)	38	11,306.
39 Credit for Income Taxes Paid to Other Jurisdictions (See instructions)	39	9,776.
40 Balance of Tax (Subtract Line 39 from Line 38)	40	1,530.
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	1,530.
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 2002 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/HCWD 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	PL04376

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PAGE 2 AND PAGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YOUR 2003 NJ-1040/HR-1040

Form NJ-1040/HR-1040 (2003)

Name **BROWNE - SANDERS, ANUCHA** **REDACTED** Social Security Number Page 3

50 If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE ..... 50 1,530.  
 If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56, 57 and/or 58 and adding this to your check amount.

51 If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT ..... 51  
 NOTE: AN ENTRY ON LINES 52, 53, 54, 55, 56, 57 AND/OR 58 WILL REDUCE YOUR TAX REFUND.

Deductions from Overpayment on Line 51 which you elect to credit to:

52	Your 2004 tax				52	0
53	NJ Endangered Wildlife Fund	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> Other	53	
54	NJ Children's Trust Fund to Prevent Child Abuse	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> Other	54	
55	NJ Vietnam Veterans' Memorial Fund	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> Other	55	
56	NJ Breast Cancer Research Fund	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> Other	56	
57	U.S.S. New Jersey Educational Museum Fund	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> Other	57	
58	Other Designated Contribution	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> Other	58	
59	Total Deductions from Overpayment (Add Lines 52 through 58)				59	
60	REFUND (Amount to be sent to you, Line 51 LESS Line 59)				60	

**DIRECT DEPOSIT INFORMATION (ONLY FOR RETURNS WITH 2-D BARCODES)**

'1' for Refund only, '2' for Homestead rebate only, '3' for both and '4' for no. Type of account ('C' for Checking, 'S' for Savings)

Check Routing Number  Account Number

**EARNED INCOME TAX CREDIT SCHEDULE**

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2003, your gross income on Line 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your Federal Income Tax return. Complete this schedule to see if you are eligible. Your are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer 'No' to question 1 below. See instructions.

- 1 Did you file a 2003 Federal Schedule EIC, on which you listed at least one 'qualifying child'?  Yes  No
- 2 Fill in the box if you had the IRS figure your Federal Earned Income Credit
- 3 Enter the amount of Federal Earned Income Credit from your 2003 Federal Form 1040 or 1040A 

3	
---	--
- 4 Enter 20% of amount on line 3 here and on Page 2, Line 46 

4	
---	--

**2003 HR-1040 HOMESTEAD REBATE APPLICATION**

7 On December 31, 2003 I (and/or my spouse) was:  Age 65 or older  Blind or disabled  Not 65 or blind or disabled  
 Fill in only one box. See instructions.

8 Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions ..... 8 255,649.

9 If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ-1040) and check this box  ..... 9

10 TOTAL GROSS INCOME (Add Line 8 and Line 9) ..... 10 255,649.  
**STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE.**

11 Enter your New Jersey residence on December 31, 2003 if different than above. If you were not a resident on December 31, 2003 enter your last New Jersey residence.  
 Street Address \_\_\_\_\_ Municipality \_\_\_\_\_

12 Check your residency status during 2003: a  Homeowner b  Tenant c  Both

13 If you checked 'Homeowners' or 'Both' on Line 12, enter the block and lot number of the residence for which the rebate is claimed.  
 Block  Lot  Qualifier

- 14a Did you live at more than one New Jersey residence during the year?  Yes  No
- b Did you share ownership of a principal residence during the year with anyone, other than your spouse?  Yes  No
- c Did any principal residence you owned during the year consist of multiple dwelling units?  Yes  No
- d Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling during the year?  Yes  No

Home Owner	15	Total 2003 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2003	15	
	16a	Total Property taxes paid (Schedule HR-A, PART I, Line 5)	16a	
	16b	Number of days as an owner (Schedule HR-A, PART I, Line 4)	16b	
Tenant	17	Enter total rent you (and your spouse) paid on your principal residence in New Jersey during 2003	17	
	18a	Total Rent paid (Schedule HR-A, PART II, Line 11)	18a	
	18b	Number of days as a tenant (Schedule HR-A, PART II, Line 10)	18b	

I authorize the Division of Taxation to discuss my return and enclosures with my preparer  NJIA0123 10/20/03 PL04377

**CONFIDENTIAL**

PL04378

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FORM NJ-2210

UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS, ESTATES OR TRUSTS

2003

Please check the appropriate block on the front of Form NJ-1040 and enclose with your 2003 Gross Income Tax Return.

Name(s) as shown on Form NJ-1040

BROWNE-SANDERS, ANUCHA

REDACTED

Social Security Number

PART I FIGURING YOUR UNDERPAYMENT

1	2003 Tax (Line 40, Form NJ-1040 or Line 22, Form NJ-1040EZ)	1	1,530.
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	1,530.
4a	Multiply the amount on Line 1 by .80 (80%) (Two-thirds for qualified farmers)	4a	1,224.
4b	Enter 2002 tax (From Form NJ-1040, Line 40)	4b	2,091.

	PAYMENT DUE DATES			
	(A) APRIL 15, 2003	(B) JUNE 15, 2003	(C) SEPT 15, 2003	(D) JANUARY 15, 2004
5	306.	306.	306.	306.
6	0.	0.	0.	0.
7				
8	0.	0.	0.	0.
9		306.	612.	918.
10	0.	0.	0.	0.
11		306.	612.	918.
12	306.	306.	306.	306.
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, 2003	JUNE 15, 2003	SEPT 15, 2003	JANUARY 15, 2004
14	Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2003.) (See instructions)	0.	0.	0.	0.
15	Exception 1 - Enter 2002 tax (Line 40)	25% of 2002 tax 2,091.	50% of 2002 tax 1,046.	75% of 2002 tax 1,568.	100% of 2002 tax 2,091.
16	Exception 2 - Tax on 2002 gross income using 2003 exemptions and tax rates	25% of tax 0.	50% of tax 0.	75% of tax 0.	100% of tax 0.
17	Exception 3 - Tax on annualized 2003 income	20% of tax	40% of tax	60% of tax	
18	Exception 4 - Tax on 2003 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 (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.) \$

NJ120512 12/05/03

PL04379

CONFIDENTIAL

WORKSHEET **REDACTED**

**EXCEPTION II Tax on 2002 Gross Income using 2003 exemptions and tax rates**

1	Enter 2002 New Jersey Gross Income (Line 29, 2002 NJ-1040) .....	1	214,361.
2	Enter 2003 Total Exemptions (Line 30c, 2003 NJ-1040 or Line 17, 2003 NJ-1040EZ) .....	2	5,500.
3	Subtract Line 2 from Line 1 .....	3	208,861.
4	Compute Tax on Line 3 (2003 tax rates) .....	4	9,262.
5	Enter Credit for Income Taxes Paid to Other Jurisdictions (Line 39, 2003 NJ-1040) .....	5	9,776.
6	Subtract Line 5 from Line 4. Enter the applicable percentage of this amount on Line 16, Part II of this form .....	6	0.

**EXCEPTION III Tax on 2003 Annualized Income (attach computations)**

Estates and trusts, do not use the period ending dates shown, instead use the following ending dates: 2/28/03, 4/30/03, and 7/31/03. Also, estates and trusts cannot use the annualization amounts shown on Line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/03 - 3/31/03	1/1/03 - 5/31/03	1/1/03 - 8/31/03
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 2003 Taxable Income over 3, 5 and 8-month periods (attach computations)**

		1/1/03 - 3/31/03	1/1/03 - 5/31/03	1/1/03 - 8/31/03
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 .....			



**SCHEDULE C**  
(Form 1040)

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2003**  
09

Department of the Treasury  
Internal Revenue Service (99)

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

Name of proprietor

ANUCHA BROWNE-SANDERS

**REDACTED**

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  Yes  No

**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	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	
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):	20	
10	Commissions and fees	10		20a	a Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		20b	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:	24	
16	Interest:	16		24a	a Travel	24a	
16a	a Mortgage (paid to banks, etc)	16a		24b	b Meals and entertainment	24b	
16b	b Other	16b		24c	c Enter nondeductible amount included on line 24b (see instrs)	24c	
17	Legal & professional services	17	450.	24d	d Subtract line 24c from line 24b	24d	
18	Office expense	18	784.	25	Utilities	25	
19				26	Wages (less employment credits)	26	
20				27	Other expenses (from line 48 on page 2)	27	8,363.
21				28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	20,633.
22				29	Tentative profit (loss). Subtract line 28 from line 7	29	-20,633.
23				30	Expenses for business use of your home. Attach Form 8829	30	
24				31	Net profit or (loss). Subtract line 30 from line 29.	31	-20,633.

• 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.

FD-20112 10/14/03

Schedule C (Form 1040) 2003 PL04381

**CONFIDENTIAL**

Schedule C (Form 1040) 2003 ANUCHA BROWNE-SANDERS

**REDACTED**

**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

35	
36	
37	
38	
39	
40	
41	
42	

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

**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

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	1,258.
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	8,363.

**REDACTED**

**CONFIDENTIAL**

Name(s) as shown on Form NJ-1040 <b>BROWNE-SANDERS, ANUCHA</b>		Your Social Security Number	
<b>Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION</b>		If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.	
<b>A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS</b>			
1	Income actually taxed by other jurisdiction during tax year (indicate name <b>New York</b> )		
(DO NOT combine the same income taxed by more than one jurisdiction. (The amount on Line 1 cannot exceed the amount shown on Line 2) ... <b>REDACTED</b>		1	221,067.
2	Income subject to tax by New Jersey (From Line 29, Form NJ-1040) .....	2	255,649.
3	Maximum Allowable Credit Percentage ..... 1 <b>221,067.</b> (Divide Line 2 into Line 1) ..... 2 <b>255,649.</b>	3	86.47%
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		<b>COLUMN A</b>	
4 Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040 .....		4	250,149.
5 Property Tax and Deduction Enter property tax or 18% of rent due and paid in 2003. See instructions ... 5a <b>9,200.</b> Eligible amount (Box 5a or \$10,000, whichever is less). See instructions .....		5	9,200.
6	New Jersey Taxable Income (Line 4 minus Line 5) .....	6	240,949.
7	Tax on Line 6 amount (From Tax Tables or Tax Rate Schedules) .....	7	11,306.
8	Allowable Credit (Line 3 times Line 7) .....	8	9,776.
9	Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions ..... 9a <b>14,316.</b> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38) ... 9 <b>9,776.</b>	9	10,283.
<ul style="list-style-type: none"> <li>If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 39, Form NJ-1040. Make no entry on Lines 36 or 44, Form NJ-1040.</li> <li>If you are eligible for a property tax benefit, you must complete Worksheet F in the instructions to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.</li> </ul>			
<b>Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.	
1	a Kind of property and description	b Date acquired (Month, day, year)	c Date sold (Month, day, year)
	d Gross sales price	e Cost or other basis as adjusted (see instructions) and expense of sale	f Gain or (loss) (d less e)
2	Capital Gains Distributions .....		
3	Other Net Gains .....		
4	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18) .....		
<b>Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS</b>		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.	
1	a Kind of Property	b Net Rental Income (loss)	c Net Income from Royalties
	d Net Income from Patents	e Net Income from Copyrights	
2	Totals .....		
3	Net Income (Combine Columns b, c, d, and e). (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22) .....		