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	m IT-203 (2003) ANUCHA BROWNE-SANDERS CONTINUE TO THE		•
* ;	31 Enter the amount from fine 30, Federal amount column on page 1 22 Enter the larger of your standard deduction (from instructions) or your demixed deduction.	. 31	Page 1. 235.016
e :	33 Subtract line 32 from line 31 (if line 32 is more than the 31 to	32	25.877
		<u> _3</u> 3	
	35 Subtract line 34 from line 33. This is your taxable income New York State tax on line 35 amount (use line IV) State Tax Table in the state of th	34	
. 3	16 New York State tax on line 33 amount (use the NY State Tax Table in the instructions; If line 31 is more than \$100,000, see instructions)	35	
-	than \$100,000, see instructions). New York State household credit (from table 1. If or III in the instructions).		
	New York State household credit (from table t, II, or III in the instructions) Subtract line 37 from line 36 (if line 37 is more than line 37 (in the instructions)	36	
5	Subtract line 37 from line 36 (if line 37 is more than 16.26). New York State child and dependent are specific from 16.26.	37	
		38.	13,400.
* 4	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	1 39.	240.
		40.	15,220.
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	(son instructions) from the 20	42.	15,220.
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-	- Authory line 42 by the decimal on line 43. This is your attached	43.	0.9406
	- The state individual credits (from Form IT 202 or contract	44.	14.316.
=	46 Subtract line 45 from line 44 (if line 45 is more than line 44, leave blank) 47 Net other New York State Laves (from for the line 44, leave blank)	45.	
_	47 Net other New York State Javes (from Form it 202 0	46.	14,316.
==	47 Net other New York State laxes (from Form IT-203-B, line 24) 48 Add lines 46 and 47. This is the total of your Hard.	47.	
	48 Add lines 46 and 47. This is the total of your New York State taxes	48.	14,316.
	49 Other city of New York taxes (from Form IT-203-B, line 27; see instructions).	49.	
==	50 City of Yonkers nonresident earnings tax (attach Form Y-203)		
-	The state of the s		
	52 Sales or use tax (see instructions) 53 Voluntary gitts/contributions / whole of the second	_	
	Polymore Fund # 6	52.	<u>0.</u> j
	Missing/Exploited Children Fund # c /	•	
54	Alshair C	1	
55			
- 56		51.	14.316.
y 57	Other refundable credits (from Form IT-203-B, line 67). 55. Total New York State tay withheld (r		####1612 12/11/03
58	Total New York State tax withheld (see instructions) 56. Total city of New York tax withheld (see instructions) 57 18.117. Total city of Yorkers tax withheld (see instructions) 58.	5	larie your wage and tax intements at the bottom of
59	Total city of Yorkers fax withheld (con not).	5	PO 7 in the instructions to
* 60	Total city of Yorkers tax withheld (see instructions) Total of estimated tax payments, and amount pard with extension form IT-370 Add times 55 through 60. This is the total of the second form IT-370 Add times 55 through 60.		rtier instructions on isembling your return
61	Add lines 55 through 60. This is the total of your payments Amount overpaid. If line 61 is more than line 54, subtract line 54 to 15.		· Jan Kilani
62	Amount overpaid. If line 61 is more than line 54, subtract line 54 from line 61 (also see lines 63 and 64).		
R 63	A	61.	18 117 1
5 1	Amount of line 62 that you want refunded to your	61.	18, 117.
	a Routing number Refund w	—∸∤	3.801.
r.	a Routing number	62. 63.	3.801. 3.801.
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New York State Department of Taxation and Finance

Income Allocation and Itemized Deduction

Attachment to Form IT-203

Name(s) as sho	own on Form (T-203	Your social security pumber
ANUCHA (BROWNE - SANDERS	Occupation
Complete al	parts that apply to you: see instructions. Attach this to a	<u></u>
to New Yo	T = MIUU.41100 01.14286 554 5515*	Schedule B — Living quarters maintained in New York State by a nonresident
Complete a	separate Schedule A for each job for which your wage and salary bject to allocation.	If you or your
Two addition are required line p on all I New York Sta	al Schedule A sections are provided on page 2 of this form. If you to complete more than one Schedule A, total the amounts from the schedules and include this total on Form IT-203, line 1, in the amount column.	State during any part of the year, give address(es) below. Altach additional sheets if necessary. Check the box next to any living quarters still maintained for or by you.
Do not use the transacted. S	nis schedule for income based on the volume of business see the Schedule A instructions if:	
you ha	nd more than one job	DEDARTED
you ha	id a job for only part of the year	REDACTED
you an	d your spouse each had a job that requires offered	Address(es)
Tu Total Ga	ys (see instructions)	
Non-	o Saturdays and Sundays (not worked) 16 98	<u> </u> -
working 10	Holidays (not worked)	
included 10	Sick leave	
10. 10. 16	vacation	-
11	Other nonworking days	
ig rotal non	working days (add lines 1b through 10	
t it total days t	Norked in year at this job (subtract line to from tipe ta)	[-)
1) Enter num	natured in line Ih worked outside NYS . 1i. 32	
1 k Subtract I	ine li from line li	
11 Days work	VCQ In INYS (Cubicact line 1). (It	
ImEnter num	ther of days from line 1h above	Fater the number of de
1 n Divide In 11 t		Enter the number of days spent in New York State in 2003:
I o Wages, salari	ies, lips, etc (to be atlocated) 10. 0.8650	days days
T p Multiply line State allocate	In by line Io; this is your I/ew York and salary income	Any part of a day spent in New York State is considered a
ct the the tp	amount on Form IT-203 line 1 in at 4110	
chedule C - 	 New York State itemized deduction Complete Schedul (see instructions). 	e C only if you itemized deductions on very
1	The state of the control of the state of the	
2	2 Taxes you paid (from federal Schedule A, line 4)	1.
3	Interest you paid (from federal Salada a ti	2 20 400
= 4	Gifts to charity (from federal Schedule A line 14)	3 18 137
5	Casualty and theft losses (from federal Sahadata A fr	4.1 9 100
= 6	Casualty and theft losses (from federal Schedule A, line 19) Job expenses and most other miscellaneous deductions (from federal Schedule A)	5, 100.
5 6 7	Job expenses and most other miscellaneous deductions (from for the miscellaneous deductions) (from federal School to the miscellaneous deductions)	ederal Schedule A, line 26) 6.
8	Other miscellaneous deductions (from federal Schedule A, line : Total federal itemized deductions (from federal Schedule A, line :	27) 7.
9	Total federal itemized deductions (from federal Schedule A, line state, local, and foreign income taxes and other subtraction adjustments (see	e 28) 8. 53.636
	The resident to the supplementation adjustments of the supplements of the supplementation and the supp	

15 Subtract line 14 from line 13. This is your New York itemized deduction 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.

> PL04367 Form IT-203-ATT (2003)

53,636.

19,133

34,503.

34,503

8,626

25,877

10.

11,

12,

13.

9 State, local, and foreign income taxes and other subtraction adjustments (see instructions)

Addition adjustments (see instructions)....

Add lines 10, 11, and 12

Itemized deduction adjustment (see instructions)

10 Subtract line 9 from line 8

Schedule D — College tuition itemized deduction workshedt (See the instructions for Schedule D) Complete columns A have belief to whom you paid qualified college tuition exponses. Attach additional sheets if necessary. A make of legible student or whom you paid qualified college tuition exponses shad during college facilities of qualified college facilities and qualified college facilities an	Schedule D — College tuition i temized deduction worksheet (See the instructions for Schedule D) Complete columns A through A hame of eligible student for whem you paid qualified college button expenses. Attach additional sheets if more warm you paid qualified college button expenses. Attach additional sheets if more warm of earlief and the part of college student of college students of college st	Form IT-203-ATT (2003)		CHA BROWNE-SANDERS	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	41	
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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. 2 Lock of the 11, on page 1 of this form. 2 Lock of the 11, on page 1 of this form. 2 Lock of the 12	1 Add column E amounts (include amounts from any additional sheets) 2 Matilply line 1 by 75% (75). This is your college fulfill on itembed 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) 2. Desturdays and Sundays (not worked) 2. Desturdays (not worked) 3. Desturdation (not some the security of the sourth docima			REDACTI			
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2 a Total days (see instructions) 2 b Saturdays and Sundays (not worked) 2 b Saturdays and Sundays (not worked) 2 d Sick leave 2 d Sick leave 2 t Other nonworking days (add lines 20 through 20) 2 t Total days worked in year at this job (subtract line 2g from line 2a) 2 t Total days worked in year at this job (subtract line 2g from line 2a) 2 t Total days included in line 2h worked outside New York State 2 i Enter number of days worked at home included in line 2 i amount 2 i 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 i Enter number of days worked at home included in line 2 i amount 2 i Total days included in line 2h above 2 i Days worked in New York State (subtract line 2k from line 2h) 2 i Days worked in New York State (subtract line 2k from line 2h) 2 i Days worked in New York State (subtract line 2k from line 2h) 2 i Days worked in New York State (subtract line 2k from line 2h) 2 i Days worked in New York State (subtract line 2k from line 2h) 2 i Days worked in New York State (subtract line 2k from line 2h) 2 i Days worked in year at line 3 in the New York State allocated wage and salary income 2 i Days worked in New York State subtract line 3k from line 3a) 3 i Total days (see instructions) 3 i Total days worked at home included in line 3i amount 3 i Total days worked at home included in line 3i amount 3 i Days worked in New York State (subtract line 3k from line 3h) 3 i Days worked in New York State (subtract line 3k from line 3h) 3 i Days worked in New York State (subtract line 3k from line 3h) 3 i Days worked in New York State (subtract line 3k from line 3h) 3 i Days worked in New York State (subtract line 3k from line 3h)	2 a Total days (see instructions) 2a. 2b Saturdays and Sundays (not worked) 2b Saturdays and Sundays (not worked) 2c Holidays (not worked) 2d Sick leave 2d Holidays (not worked) 2d Sick leave 2d Other nonworking days 2g Total nonworking days (add lines 2b through 20) 2h Total days worked in year at this job (subtract line 2g from line 2a) 2 Total days included in line 2h worked outside New York State 2 I Total days included in line 2h worked outside New York State 2 I Language (and Insee You Insee 2) 2 I Days worked in New York State (subtract line 2k from line 2h) 2 I Days worked in New York State (subtract line 2k from line 2h) 2 I Days worked in New York State (subtract line 2k from line 2h) 2 I Days worked in New York State (subtract line 2k from line 2h) 2 I Days worked in New York State (subtract line 2k from line 2h) 2 I Days worked in New York State (subtract line 2k from line 2h) 2 I Days worked in New York State (subtract line 2k from line 2h) 2 I Days worked in New York State (subtract line 2k from line 2h) 2 I Days worked in New York State allocated wage and salary income 2 Days worked in New York State allocated wage and salary income 2 Days worked in State (subtract line 3k from line 3h) 3 Days worked at home included in line 3h worked outside New York State 3 I Total days included in line 3h worked outside New York State 3 I Total days included in line 3h worked outside New York State 3 I Total days included in line 3h worked outside New York State 3 I Total days included in line 3h worked outside New York State 3 I Total days included in line 3h worked outside New York State 3 I Total days included in line 3h worked outside New York State 3 I Total days included in line 3h worked outside New York State 3 I Days worked in New York State (subtract line 3k from line 3h) 3 I Days worked in New York State (subtract line 3k from line 3h) 3 I Days worked in New York State (subtract line 3k from line 3h) 3 I Days worked in New York State (subtract line 3k from line 3h)					2.	
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4 Divide line 31 by fine 3m; round the annual and a second	o Wages, salaries, tips, etc (to be allocated)	working 2c Holidays (flays nefluded notine 2a: 2e Vacation	working days ys (add lines 2b through a year at this job (subtract line 2i worked at home included line 2i worked line 2h above worked line 2h above worked line 2h above worked line 2h above worked line 3h worked outside Newsked at home included ne 3i worked shapeyed from line 3h above worked line 3h worked line 3h above worked li	20) It line 2g from line 2a) New York State ad in line 2i amount 2k from line 2h) The fourth decimal place The State allocated wage and salar, in the New York State amount column in the New York State amount of the State allocated wage and salar, in the New York State amount column in the New York State amount of the State amount was a salar in the State amount of the State in line 3g from line 3a) The York State in line 3i amount was from line 3h)	2b, 2c, 2d, 2e, 2f, 2i, 2j, 2n, 2n,	2g	
	······································	u need to allocate wage	and salary income from r	nore than three jobs attach addition	nn.		

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

	For office use only .	ENTI	Alaw York State Departmen	u at T	avaling and Fig.						
		laim f	or Child and D				Credit		<u> 2</u>	203	T-216
٠.	P Important: Your first nam ANUCHA Spouse's first Mailing address	You must	enter your social ea-							Y.	. 210
	P Your first nam	e and middle	enter your social sec	urity Tyr	number(s) to our last name (for	o the i	right.				
	ANUCHA							name)	₹ You	social secu	ily number
1	t Spouse's first	name and mi	ddle initial	Sn	ROWNE - SA	NUER	35			_	
				1	0020 3 (03(1MH))	•			Y Spo	rse's social s	ecurity number
	Mailing address	(number and	d street or rural route)				Anual .				
	¥ .					- 1	Apartment num	iber	New York	State county	of residence
•						Slate	ZIP code		•		
						arare I	AIF Code	ł			
							•	١			
[2 Persons or grossination of	11 742	e you already filed you o, you must file this cla	im w	rith a return.				RE	D <u>A</u>	CTEL
	2 Persons or organizations who pro	vided the d	are. (If you have more	tha	n two provide	ers, se	e instruction	15.)			
	Care provider's first name	. 1	(1)	3) ress			. (C)			(D)
	middle initial, and last nam					ļ	ldentifyir (SSN	ig numb or EIN)	per	Алтог	int paid
	John III MCA		67 MAPLE STREE				<u> </u>	<u> </u>		(sec ins	tructions)
			SUMMIT NJ 0790	1			<u>• 221-4</u>	8-739	2 •		6,000.
		j				- [•				
:	3 In the spaces provided but	<u>-</u> -L					•		•		
	In the spaces provided below, list of more than two qualifying persons,	ip to two q mark an X	ualifying persons you	are o	laiming. (If y	ou are	e claiming i	.,			
	First name and			717 DC	ed expenses		<u> </u>	<u>×</u>			
.1	middle initial			pai	d in 2003	witt	Person i disability*	Socia	l securit	y number	Year of
1					2 000						birth
ł					3,000	· •		•			
•	*See instructions.				3,000.			•			•
4		lboCC					1				1.
5	Can you claim an exemption for all Enter the lesser of:	me quantii	ed persons listed on tir	ne 3	above?				Ye:	S	No
	Qualified expenses you is a										
	a delege in one drambling betsou: 7	6.000 if Iw	o or more qualifying	ersor	ns (see instru	uctions	:)		<u></u>		
	Note: If you are claiming expenses publid's birth month here	BIG TOL A	reheudeur child potu it	า 199	0, enter that		7 ·······	• • • • • •	5.		6,000.
	- m- o and month here		lockedo oo marrir a			se					
6	paid from January 1, 2003, through t	DP (12)/ Oc.	cooling the etil to con								
7	Enter your earned income (see instruction of the second file of the se	icuons)			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • •		6.		34,916.
	If your filing status is (2) Married filinenter the amount from line 6 (see ins	ig joint reti Structions)	urn, enter your spouse	's ea	rned income;	; all ot	hers.	•			34, 310.
	•			• • • •					7.	2.	34,916.
8	Enter the smallest of line 5, 6, or 7. Enter the amount from:		***********								
3	regeral Form Indna iing 21					• • • • • •	•	• • • • • • • • •	8.		6,000.
	rederal Form 1040, line 34	· · · · · · · · · · · ·				·	770	705			
10	Enter on line 10 the decimal amount :	shown belo	Ow that applies to the		<u>9</u> ,	<u>:L</u>	239,	795.			
			If line 9 is		int on line 9						
		imal		-	But not	Decir	mal				
	\$0 - 15,000 .3	ount is s	Over		over	amou					
	15,000 — 17,000 .3		\$ 29,000		31,000	.27					
	17,000 — 19,000 3		31,000		33,000	.26			B pir	117/	· ^
	19,000 21,000		33,000	-	35,000	.25			RI L) 4 3 6	プ
	21,000 - 23,000 .3		35,000 37,000	-	37,000	.24					
	23,000 — 25,000 .30)	39,000	-	39,000	.23					
	25,000 - 27,000 .29	}	41,000	_	41,000	.22					
	27,000 - 29,000 .28		43,000	_	43,000 No limit	.21		r -			
II M	fultiply line 8 by the decimal amount of the country of the countr	n line 10	-			.20		[1	0.		0.20
13 13013								_			
U 1 3U i	1 NYIA4212 10/10/03 This is a sc	annable fo	rm; please file this or	igina	return with	tha T		<u>* 1</u>	11.[,200.
						uie I	ax Departme	ent.		Form IT-	216 2003

	rm IT-216 (2003) ANUCHA BROWNE-SANI			·
_		$DLIM \Lambda \Phi r$	· F=3	D .
1:	2 Amount from page 1, line 11	REDACTE		, Pag
1:	Enter below your New York adjusted gross in instructions; Form IT-201 filers, line 33; Form	come (Form IT-200 filers, from Worksheet 1 in t	he Form IT-216	12. 1,20
	I lea the Manual and	gross arconte	235,016	!
		care credit limitation table in the instructions to		
14	Multiply line 12 by the decimal amount on line care credit (see instructions)	2 13: This is your New York State child and depo	endent	13. 0.20
Pa	rt-year residents must complete lines	5 15 x 22 and sign but	••••••••	14. 240
		13 - 22 and sign below. All others st	op here and sig	n below.
15	Eriter the amount from Form IT-203, line 38		_	
	If line 15 is equal to or more than line If line 15 is less than line 14, continu	e 14, stop. You do not have excess credit.		15.
16				
••	Subtract line 15 from line 14. This is your exce	ess child and dependent care credit	r	
17	Enter the amount from Form IT-203-B, line 20 continue on line 18 below.)	(if you are not required to file Form IT-203-B, er	[Dier 'D' and	16.
		16, stop. Do not continue with the		17.
18	Subtract line 17 from line 16. This is your rema		[-	
19 1	Enter the amount from line 18, Column B, of the fillocation worksheet in your Form IT-203 instruc			8.
20 F	oler the amount (and			•
å	inter the amount from line 18, Column A, of the flocation worksheet in your Form IT-203 instruct	Part-year resident income tion booklet	,	
			l	
	00% (1.0000)	fourth decimal place). This amount cannot exce-	ed .	
1 2 N	tillials time to a second	fourth decimal place). This amount cannot exce	1 00	
1	tillials time to a second		1 00	<u></u> -
12 M	uiliply line 18 by line 21. Enter the result here a lis is the refundable portion of your part-year r	and on Form IT-203-B, line 51. resident child and dependent care credit	1 00	<u></u> -
22 M Ti Pai repai	uiltiply line 18 by line 21. Enter the result here a nis is the refundable portion of your part-year of Preparer's signature		1 00	<u></u> -
2 M Ti Pai repai	uiltiply line 18 by line 21. Enter the result here a nis is the refundable portion of your part-year a Preparer's signature	resident child and dependent care credit	21 Your signature	
1 22 M	uiltiply line 18 by line 21. Enter the result here a nis is the refundable portion of your part-year of Preparer's signature	and on Form IT-203-B, line 51, resident child and dependent care credit	Your signalure (//	

- 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.

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

SCHEDULE C (Form 1040)		Profit o	r Loss From Business CUNI	-IDENT	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service (99)	► Parti ► Attach to Fo		rentures, etc, must file Form 1065 or 1065-B . ► See Instructions for Schedule C (For	3. 10.40	2003
Name of proprietor ANUCHA BROWNE			omedic c (ror		09 ity number (SSN)
A Principal business or professi	on, including product or s	ervice (see instruction	nns)		wa comper (22N)
DIRECT MARKETI	NG		** REDACTED	B Enter co	de from instructions
C Business name. If no separate	business name, leave b	lank.		0 Fmslava	90
E Business address (including st City, lown or post office, state,	ite or room no.)*				r ID number (EIN), if any
F Accounting method:	(I) VIC	21			
G Did you 'materially parti	cinate' in the sec		Other (specify)		
H If you started or acquire	d this business dur	ing 2003, check	(3) ☐ Other (specify) ► ness during 2003? If 'No,' see instructions for the company the c	or limit on los:	ses X Yes No
income					
 Gross receipts or sales. Statutory employee box 	Caution, If this inc	ome was report	ed to you on Form W-2 and the		T
Returns and allowances			e instructions and check here	- 1	}
3 Subtract line 2 from line	1	***********	••••••••••••••••••••••••	2	·
4 Cost of goods sold (from	line 42 on page 2)				
5 Gross profit. Subtract tio				·····. <u>4</u>	
6 Other income includion (e 4 from line 3		Ou and Mi		
- Cutch recome, including t	ederal and state g	asoline or fuel t	ax credit or refund	5	
7 Gross income. Add lines	5 and 6			-	
Partill Expenses. En	ter expenses for hi	rsiness use of w	our home only on line 30.		
8 Advertising	8	isiness use or y	mie 30.		
9 Car and truck expenses			19 Pension and profit-sharing plans	19	
(see instructions)	9	5,970	20 Rent or lease (see instructions):		
10 Commissions and fees	10		— and equipmen	1 20a	
11 Contract labor			b Other business property	20 ь	
(see instructions)	11		22 Supplies (not included in Part III)	21	
12 Depletion	12		23 Taxes and licenses	22	2,487.
1/4 expense deduction			24 Travel, meals, and entertainment:		2,160.
(not included in Part III) (see instructions)	1,2		a Travel	24a	
14 Employee benefit programs		419	b Meals and	248	
(outer than on line 19)	ו אדו		entertainment	11	
15 Insurance (other than healt!	1) 15		c Enter nondeductible		
16 Interest:			amount included on		
a Mortgage (paid to banks, etc)	16a		line 24b (see instrs)		
b Other	16b		d Subtract line 24c from line 24b	···· 24d	-
17 Legal & professional service	s 17	450.	26 Wages (less employment credits)	25	
	18	784.	27 Other expenses (from line 48 on page 2)	26	
expenses before expenses	nses for business u	se of home. Ad	27 Other expenses (from line 48 on page 2)d lines 8 through 27 in columns		8,363.
				28	20,633
30 Expenses for business use of	f your home. Attack	27		29	20 622
31 Net profit or (loss). Subtract	line 30 from tine or	3 Form 8829		30	-20,633.
• If a profit enter on Farmer	5.50 to	•	_		· · · · · · · · · · · · · · · · · · ·
 If a profit, enter on Form 1 employees, see instructions). If a loss, you must go to lie 	estates and trusts	so on Schedulo	SE, line 2 (statutory		•
 If a loss, you must go to fe 	na 21	, since our rorm	1041, line 3.	[31	20,633.
32 If you have a loss, check the	box that describes	your investment	in this policity (a.e.)		
 If you checked 32a, enter the statutory employees, see ins 	ie loss on Form to	An time to			
(stalulory employees, see ins	tructions). Estates	and trusts, enta	also on Schedule SE, line 2	-	All investment is
		****	Service 1, line 3,	32 a 💢	at risk.
If you checked 32b, you mu BAA For Pagaryork Date of	st atlach Form 619	8	ļ		Some investment
BAA For Paperwork Reduction Ac	t Notice, see Form	1040 instructio	ons.	320	s not at risk.
		EDIZO		Schedule C	(Form 1040) 2003

Cost of Goods Sold (see instructions)	 	Page
- Tost bill lower of cost or market - TT	<i>J</i>	
33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c C 34 Was there any change in determining quantities, costs, or valuations between opening and closing 15 Yes, attach explanation		anation)
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 an analysis		
Information on Your Vehicle. Complete this part only if you are claiming car or truck required to file Form 4562 for this business. See the instructions for line 13 to find out if you	expenses on lin	e 9 and are not
43 When did you place your valida in any in the time	/2001	
44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used	your vehicle for:	
45 Do you (or your spouse) have another vehicle available for personal use?	<u> </u>	
46 Was your vehicle available for personal use during off-duty hours?		X Yes No
the state of the s		
47 a Do you have evidence to support your deduction?		X Yes No
47 a Do you have evidence to support your deduction?		X Yes No
47 a Do you have evidence to support your deduction?		— X Yes □ No
b If 'Yes,' is the evidence written? Other Expenses, List below business expenses not included on lines 8-26 or line 30.	······································	∏Yes ∏No
b If 'Yes,' is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE	······································	Yes No Yes X No
bit Yes, is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE OUKS, SUBSCRIPTIONS	······································	Yes No Yes No 1,258.
b If 'Yes,' is the evidence written? The bility of the bility of the evidence written? The bility of the evidence written and the evidence written an	······································	Yes No Yes No 1,258. 1,058.
b If 'Yes,' is the evidence written? The property of the pro	······································	Yes No 1,258. 1,058. 269.
bif 'Yes,' is the evidence written? Diff 'Yes,' is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30. ELEPHONE OOKS, SUBSCRIPTIONS NTERNET OSTAGE ARKING & TOLLS	······································	Yes No 1,258. 1,058. 269. 326.
b If 'Yes,' is the evidence written? The interpolation of the evidence written and the evidence writt	······································	Yes No 1,258. 1,058. 269. 326. 178. 1,694.
b If 'Yes,' is the evidence written? The interpolation of the evidence written and the evidence writt	······································	Yes No 1,258. 1,058. 269. 326.
b If 'Yes,' is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30.	······································	Yes No 1,258. 1,058. 269. 326. 178. 1,694.
bif 'Yes,' is the evidence written? Diff 'Yes,' is the evidence written? DOKS, SUBSCRIPTIONS DOKS, SUBSCRIPTIONS DOKS, SUBSCRIPTIONS DOKS, Written And Written An	······································	Yes No 1,258. 1,058. 269. 326. 178. 1,694.

FDIZ0112 10/14/03

PL04372

IT-216

Claim for Child and Dependent Care Credit Worksheet

2003

ame as Shown on Return NUCHA_BROWNE-SAN	DERS	RE	DACTE	ED	Soc	ial Security	y No.
ine 2 — Additional Ca						-	<u> </u>
(A) Care provider's first name, middle initial, and last name		(B) Address			c) ifying aber security er or oyer cation per)	r urity or on	
3 — Additional Qua					<i>j</i>		
First name and middle initial	Last nam suffix	e and	Qualified expenses paid in 2003	Check box if dis- abled		security inber	Year of birth
			3,000.				

CONFIDENTIAL

Case 1:06-cv-00589-GEL-DCF

Document 73-23

Filed 06/29/2007

Page 11 of 19

NJ-1040/ HR-1040 2003



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 Ye

Beginning	2002 14-11 5 11	Ower tax tear
· · · -	, 2003, Month Ending	
On-line Fe	ederal Extension Confirmation #	 '

BROWNESANDERS ANUCHA

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

-	at which the prepar	er has any knowledge.	ad Rebate Application, including accompanying slete. If prepared by a person other than	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 Paid Preparer's Signature	Dale	Spouse's Signature (II	filing jointly, BOTH must sign)	If you have an amount due, enclose your check and NJ-1040-V payment
Firm's Name		04/13/04		voucher and your return to: NJ Division of Yaxalion Revenue Processing Center, PO Box 111. Trenton, NJ 08645-0111
		MIV0101 12/0		If REFUND: NJ Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555 PLO 4 3 7 5
		KNV0101 1540	2/03	CONFIDENTIA

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

Fo	TT NJ-1040/HR-1040 (2003) REDACTED		Page 2
Na	So	cial Security Number	
(B)	OWNE-SANDERS, ANUCHA		
EX	FMPTIONS 6 Regular	g colleges Add Lines 6, 7, 8	
		ONTH DAY YEAR	TO MONTH DAY YEAR
	JBERNATORIAL Do you wish to designate \$1 of your taxes for this fund?X Yes ECTIONS FUND If joint return, does your spouse wish to designate \$1? Yes	No	
14		No	NJIA0123 10/20/03
15	a Taxable interest income	14	255,549.
15	b rax exempt interest income. DO NOT include on Line 15a		
16	Dividends	16	100
17	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	77	100.
18	Net gains or income from disposition of property (Schedule B, Line 4)	18	0.
19	rensions, Annulus a Taxable Amount Received		
	b Less New Jersey Pension Exclusion 196		-
20	c Subtract Line 19b from Line 19a	19 c	
20	Distributive Share of Partnership Income (See instructions)	20	
21	Net pro rata share of S Corporation Income (See instructions)	21	
22 23	Net gain or income from rents, royalties, patents and copyrights (Schedule C, Line 3)	22	
24	Net Gambling Winnings	23	
25	Alimony and separate maintenance payments received	24	
26	Other (See instructions)	25	
27	Total income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)	26	255,649.
28	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS.	27	
29	Other Retirement Income Exclusion (See Worksheet and instructions)	28	
	New Jersey Gross Income (Subtract Line 28 from Line 26). See instructions Exemptions: From Line 12a	29	255,649.
30 t	1.000	- 1 1	
	From Line 12b 3 x \$1,500 = 4,500. Total Exemption Amount (6dd Line 300 and Line 300)	. }	
31	Total Exemption Amount (Add Line 30a and Line 30b). Part-Year Residents see instructions	30 с	5,500
32	Medical Expenses/Medical Savings Account Contributions (See Worksheet and instructions)	31	
33	Alimony and Separate Maintenance Payments		
	Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33)	33	
35	Taxable Income (Subtract Line 34 from Line 29). If zero or less, MAKE NO ENTRY	34	5,500.
36	Property Tax Deduction (See instructions)	35	250,149.
37	NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35). If zero or less, MAKE NO ENTR	36	9,200.
38	Tax (From Tax Tables in the instructions)	Y 37	240,949.
39	Credit for Income Taxes Paid to Other Jurisdictions (See instructions)	38	11,306.
40	Balance of Tax (Subtract Line 39 from Line 38)	39	9,776.
41	Use Tax Due on Out-of-State Purchases (See instructions). If no Use Tax, enter ZERO	40	1,530.
42	Total Tax (Add Line 40 and Line 41)	41	0.
43	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R)	42	1,530.
44	Property Tax Credit (See instructions)	43	
45	New Jersey Estimated Tax Payments/Credit from 2002 tax return	44	
	Check X if Form NJ-2210 is enclosed.	45	
16	New Jersey Earned Income Tax Credit		•
17	New Jersey Earned Income Tax Credit	46	
18	EXCESS New Jersey UI/HC/WD Withheld (See instructions) (Enclose Form NJ-2450)	47	
19	EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450)	48	
	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

Name	REDACTED	Social Security Number	Page
BROWNE-SANDERS, ANUCHA		Soundy Monthber	
50 If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUN If you owe lax, you may make a donation by enterior	T OF TAX YOU OWE	50	
your check amount.	Lines 53, 54, 55, 56, 57 and/or 58 and adding this to	<u> </u>	1,530.
51 If payments (Line 49) are MORE THAN tax (Line 42)	enter OVERPAYMENT	51	
	54, 55, 56, 57 AND/OD CO WILL BERLING	UR TAX RECUMO	
		- WARELOND.	
52 Your 2004 tax	· · · · · · <u>. · ·</u> · · · · · · · <u>· · ·</u> · · · · · ·	52	
53 NJ Endangered Wildlife Fund	S10 [S20 [] OH-		0.
54 NJ Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Dou		
The free and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
The Steast Carrier Research Fund	[\$10]#aa Jan		
57 U.S.S. New Jersey Educational Museum Fund 58 Other Designated Contribution	\$10 \$20 Olher	57	
58 Other Designated Contribution 59 Total Deductions from Overcomment (Add Line 50)	\$10 \\$20 \Other	58	
59 Total Deductions from Overpayment (Add Lines 52 th	rough 58)	59	 .
60 REFUND (Amount to be sent to you, Line 51 LESS Line) RECT DEPOSIT INFORMATION (ONLY FOR RETURNS W	ne 59)	60	
I' for Refund only, '2' for Homestead rebate only, '3' for bot	/	 	L
		C' for Checking, 'S' for	Savinos)
Accoun	nt Number	_]	
ARNED INCOME TAX CREDIT SCHEDULE			
Ortonous has attailed a service of	Credit if you at it was a		
ou may be eligible for the New Jersey Earned Income Tax come on Line 29, Form NJ-1040 is \$20,000 or less and yo come Tax return. Complete this schedule to see if you are our filling status is single or married, filling spangale return.	our filling status for New Jersey is the same as	ome Credit for 2003, yo	our gross
come Tax return. Complete this schedule to see if you are bur filing status is single or married, filing separate return o	eligible. Your are not eligible for the New Jer	s your tiling status on y	our Federal
		- ""3" GC(10115.	x Credit II
 Did you file a 2003 Federal Schedule EIC, on which yo Fill in the box if you had the IRS figure your Federal Federal Federal 	/ listed at least one laurity is a re-	_	
2 Fill in the box if you had the IRS figure your Federal East Enter the amount of Federal East Income Section 1	arned income Credit qualitying child?	Yes [No
3 Enter the amount of Endander	arrived module Credit		
Enter 20% of amount on line 3 here and on Page 2, Lin			
4 Enter 20% of amount on line 3 here and on Page 2, Lin	m your 2003 Federal Form 1040 or 1040A		
4 Enter 20% of amount on line 3 here and on Page 2, Lin 2003 HR-1040 HO			
2003 HR-1040 HO On December 31, 2003 I (and/or my spouse) was:	m your 2003 Federal Form 1040 or 1040A ne 46	3 4	
2003 HR-1040 HO On December 31, 2003 I (and/or my spouse) was: Fill in only one box. See instructions.	m your 2003 Federal Form 1040 or 1040A ne 46 MESTEAD REBATE APPLICATION Age 65 or older Blind or disa	abled X Not 65 or blin	d or disabled
2003 HR-1040 HO On December 31, 2003 I (and/or my spouse) was: Fill in only one box. See instructions.	m your 2003 Federal Form 1040 or 1040A ne 46 MESTEAD REBATE APPLICATION Age 65 or older Blind or disa	abled X Not 65 or blin	
2003 HR-1040 HO On December 31, 2003 I (and/or my spouse) was: Fill in only one box. See instructions. Enter the GROSS INCOME you reported on Line 29, Followers filter status is MACRISE. The course of the cours	m your 2003 Federal Form 1040 or 1040A ne 46 MESTEAD REBATE APPLICATION Age 65 or older Blind or disa	abled X Not 65 or blin	d or disabled
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2003 HR-1040 HO 2005 HO 2006 HO 2006 HO 2007 HO 2008 HO 2009 HO 2008 HO 2008 HO 2009 HO 2	MESTEAD REBATE APPLICATION Age 65 or older Blind or disa Blind o	abled X Not 65 or blin 8 25 9 25 REBATE. 3 enter your last New Jersey c Both which the rebate is cla yes yes Yes Yes 15 16a 16b	5, 649. 5, 649. residence. No No No
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2003 HR-1040 HO 2004 Ho 2005 HO 2006 HO 2006 HO 2007 HO 2008 HO 2008 HO 2008 HO 2008 HO 2008 HO 2008 HO 2009 HO 20	MESTEAD REBATE APPLICATION Age 65 or older Blind or disa Municipal Blind or disa Blind or disa Blind or disa Blind or disa Municipal Blind or disa Municipal Blind or disa Blin	3 4 abled X Not 65 or blin 8 25 9 25 REBATE. 3 enter your last New Jersey c Both which the rebate is cla yes Yes Yes 15 16a 16b 17 18a	5, 649.
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CONFIDENTIAL

FORM NJ-2210

UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS, ESTATES OR TRUSTS

2003

	-SANDE	RS,	ANUCHA		ck on the front of Form	RE	DACI	ED	Social Securi	y Number
PARTI			G YOUR UN	IDERF	AYMENT					
1 2003	Tax (Line	e 40.	Form N.1-1040	or Line	22 5 111 101055					
2 Ente	the total	of Li	nes 43, 44, 46,	47, an	22, Form NJ-1040EZ) . 48, Form NJ-1040 or 1	inon 25 1				1,53
3 Subti	act Line	2 fron	n Line T (If less	i than \$	48, Form NJ-1040 or t 400, do not complete the () (Two-thirds for auglifi	ne rest of i	to, and 28, Form	1 NJ-1040EZ	2	<u></u>
4a Multip	oly the an	nount	on Line 1 by .	30 (80%) (Two-thirds for qualifi	ed farmers	: :)	••••••••••••	3	1,530
40 Cities	2002 tax	(Fro	m Form NJ-104	IO, Line	40)		*********		4a	I, 224
							PAYMEN	T DUE DATES	4Ы	2,09
					(A)		(B)	(C)	·	
~ a ∪ı	ษม สกก ก	IVICIAI	ınt on either lin by four. Enter t		APRIL 15, 200		UNE 15, 2003	SEPT 15		(D) JANUARY 15, 2004
6 Estim. per pe colum	ated tax p priod (see n on Line	oaid a instri	nd tax withheld uctions). If each		3	06.	306	-	306.	306
not co	mplete th	e resi	n on Line 5, do t of this form		6	0.	0	_	0.	
7 throu	igh 13 for tling the r	one rext c	nt (Line 13) fro (Complete Line column before column.)	s	7					0
9 Enter the	fotal under	rute 1			8	0.	0	 	 -	·
Enter L	ine 8 min	evious e.1 i	nt (Line 11 plus column	} <u> </u>	9		306.		612.	0
(C35, 61	ner zero .			1	o	0.	_			918
enter Li	s perioa. ne 9 mini	if Line	nent from e 10 is zero le 8 otherwise				0.		0.	0.
UNDERPA	CMENT CICI	ina S i	s greater than Line	}—-	A SCHOOL PLANTS OF THE PARTY OF	<u> </u>	306.		612.	918.
OVERPAYA Line 5, ent	ENT (II Lic er Line 10 a	ne 10 is minus (greater (han Line 5)			5.	306.		306.	306.
	EXCEP.									
Total amou	See instr f you med hese am	uclior et exc ounts	ns, complete we ception 1 at line will be automostic from January 1	orkshee 15 do atically	els for exceptions 2, 3 a not file this form. verified by the Division	nd 4 and e	enciose computa	tions for each e	xception cl	aimed.)
through par	ment due d	late ch	our (D)		APRIL 15, 2003		E 15, 2003	SEPT 15, 20	102	
			cember 31, 2003.)	1	1			JEFT 15, 20	145]	ANUARY 15, 2004
			<u></u>	14	0	<u>. </u>	0.		0.	_
Exception Enter 200 tax (Line	2		2,091	. 15	25% of 2002 tax	1	of 2002 tax	75% of 2002 to		0.
Event					523	 	1,046.	1.	568.	2 001
			002 gross nptions and	16	25% of tax	5	0% of tax	75% of tax		2,091. 100% of tax
				` \	0.	 	0.		0.	^
Exception 2003 inco	3 – Tax	on ar	nualized	. 17	20% of tax	40	% of tax	60% of tax		y .
Exception over 3, 5 a	uiu o∙moi	nth pe	03 income	. 18	90% of tax	l	% of tax	90% of tax		
(OTAL INIT	EDFet	# TF	AMOUNT O	F ANY I	L EXCEPTION IS EQUAL 14 INTEREST WILL NO	TO OR LE	SS THAN THE (RGED FOR THA	CORRESPONDI T PERIOD	VG	
OTAL INT	c				ax due. If you have an amount will be deduct		·		5	

Form NJ-2210 BROWNE-SANDERS, ANUCHA			garan er .		Page 2
W	ORKS	HEERSEDA(门门		· age 2
EXCEPTION II Tax on 2002 Gross Income using 2	.003 e	xemptions and tax	rates		-
1 Enter 2002 New Jersey Gross Income (Line 29, 2002 NJ-1040	D)				214 261
2 Enter 2003 Total Exemptions (Line 30c, 2003 NJ-1040 or Line					214,361.
3 Subtract Line 2 from Line 1		5,500.			
	-	208,861.			
toward to the cite of tables (ax Tales)		9,262.			
5 Enter Credit for Income Taxes Paid to Other Jurisdictions (Lin					9,776.
6 Subtract Line 5 from Line 4. Enter the applicable percentage of EXCEPTION III Tax on 2003 Appualized Income (att	of this a	mount on Line 16, Part I	of this form	6	0.
EXCEPTION III Tax on 2003 Annualized Income (att Estates and trusts, do not use the period endiand 7/31/03. Also, estates and trusts cannot u 1.7143, respectively.	ach cong date	s shown, instead use the annualization amounts st	following ending nown on Line 2 an	dales: d mus	2/28/03, 4/30/03, t use 6, 3, and
1 Fataur Programme		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	. 1				
2 Annualization amounts	2	4	2.4		1.5
3 Annualized Income (multiply Line 1 by Line 2)	. 3				_
4 Enter Total Exemptions (Line 30c, NJ-1040 or Line 17, NJ-1040EZ)	_4_				
5 Subtract Line 4 from Line 3	. 5				
6 Compute Tax on Line 5	6				
7 Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (Line 39, NJ-1040) that is applicable to each period					
	-			-	
Subtract Line 7 from Line 6. Enter the applicable percentage of this amount on Line 17, Part II of this form	. 8				
XCEPTION IV Tax on Actual 2003 Taxable Income of	<u> </u>	, 5 and 8-month per	riods (attach c	omp	utations)
		1/1/03 - 3/31/03	1/1/03 - 5/31/0		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	1				
2 Compute Tax on Line 1	2			\dashv	
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	3				
4 Subtract Line 3 from Line 2. Enter 90% of this amount on Line 18, Part II of this form				\dashv	

	Casa 1:06 av 00590	CEL E	OCE Door	mont 72 02	Filed 06/20	1/2007	Dogo 17 of 10
	Case 1:06-cv-00589 CHEDULE C	-GEL-L		ument 73-23	Filed 06/29	9/2007	Page 17 of 19
	Form 1040)		Profit or I	Loss From Bus ole Proprietorship)	iness	,	OMB No. 1545-0074
D.	epartment of the Treasury ternal Revenue Service (99)	► Part Attach to Fo	nerships, joint ven orm 1040 or 1041.	utures, etc, must file For See Instructions fo	rm 1065 or 1065-B.	1040)	2003
N	ime of proprietor						ty number (SSN)
_	ANUCHA BROWNE-SAND			KEU <i>F</i>	ACTED	Joseph Security	A unweet (22M)
	A Principal business or profession, include	ding product or	service (see instructions)		B Enter coo	le from instructions
_	DIRECT MARKETING					- 4543	
	C Business name. If no separate busines	s name, leave	blank.				10 number (EIN), if any
_	E Business address (including suite or ro- City, lown or post office, state, and ZIP	om no.) ► code					
_	F Accounting method: (1)	X Cash	(n				
	G Did you 'materially participate'	in the oper	(2) Accrual	(3) Other (specif	y) ►	- -	
	yer meterially paracipate	business du	rring 2003, check b	sss anting 5003; It 140°,	see instructions for	limit on los:	ses X Yes No
P	If you started or acquired this Income	003111033 00	aring 2003, Check I	ere		· · · · · · · · · · · · · · · · · · ·	
	Gross receipts or sales. Cautio	an If this in			<u> </u>		
	Gross receipts or sales. Caution 'Statutory employee' box on the	at intiti was	CHECKEO. See the	instructions and chack i	noro s .	\sqcap \sqcup ,	•
2	Returns and allowances					┕━┛	
•	Subtract line 2 from line 1						
4	Cost of goods sold (from line 4	2 on page 2	2)		************		
5	Frank paperage mic 4 MC	om line 3			*************	S	
ŭ	Other income, including Federa	ii and state	gasoline or fuel (a:	x credit or refund		6	
7	Gross income. Add lines 5 and	6					
Pai	Expenses, Enler ex	penses for	business use of vo	ur home only on line 30	<u> </u>	7	<u> </u>
8	Advertising	. 8	3 2 2 di y 0	19 Pension and pro			
9	Car and truck expenses			20 Rènt or lease (se	ne instructions)	19	<u> </u>
	(see instructions)	. 9	5,970.		tery, and equipment	20-	
10	Commissions and fees	10		b Other business p	property	20 a	
11	Contract labor			21 Repairs and main			
10	(see instructions)	111		22 Supplies (not inc	luded in Part III)	22	2,487.
	Depreciation and section	12		23 Taxes and licens	es	23	2,160.
• 3	179 expense deduction			24 Travel, meals, an			
	(not included in Part III) (see instructions)		4	a Travel		24a	
14		13	419.	{ Dimeals and			
14	Employee benefit programs (other than on line 19)	14		entertainment	··-		
15	Insurance (other than health)	15		c Enler nondeductible			
	Interest:		· 	amount included on line 24b (see instrs)	1] [
a	Mortgage (paid to banks, etc)	16 a			from line 24b		
	Other	16b			1000 lide 240		<u> </u>
	Legal & professional services	17	450.		oyment credits)	25	
18	Office expense	18	784.	27 Other property from t	San 40	26	0.363
28	Total expenses before expenses	for busines:	s use of home. Add	l lines 8 through 27 in c	columns	> 28	8,363.
						-	20,633.
29	Tentative profit (loss). Subtract lin	ne 28 from I	line 7		******	29	-20.022
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-vherizes for positiess are at Non	r home, Att	ach Form 8829		/ * * * * * * * * * * * * * * * * * * *	30	-20,633.
′' '	ver bront of (1022). Subtract line :	30 from Jine	29.				
•	If a profit, enter on Form 1040, employees, see instructions). Esta	line 12, and ales and tru	d also on Schedule ists, enter on Form	SE, line 2 (statutory 1041, line 3]_		5.
•	If a loss, you must go to line 20	1		/ · , mile d.		[31	-20,633.

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.

32 a X at risk. 32b Some investment is not at risk.

• If you checked 32b, you must attach Form 6198. BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

• If a loss, you must go to line 32.

Schedule C (Form 1040) 600381

-20,633.

Schedule C (Form 1040) 2003 ANUCHA BROWNE-SANDERS REDACTED Cost of Goods Sold (see instructions)		Page 2
33 Method(s) used to value closing investory.		
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory if 'Yes,' attach explanation.		_
35 Inventory at beginning of year. If different from fast 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	37	
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	_	
Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file	42 es on li	ne 9 and are not
43. When did you place your vehicle is a second		4302.
44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicles.	icle for:	
cOther 7.	575	
45 Do you (or your spouse) have another vehicle available for personal use?		Б
46 Was your vehicle available for personal use during off-duty hours?		XYes No
47 a Do you have evidence to support your deduction?		···· X Yes No
b If 'Yes,' is the evidence written?	••••	X Yes Ho
b If 'Yes,' is the evidence written? Other Expenses. List below business expenses not included on lines 8-26 or line 30.	· · <u>· · · · · · · · · · · · · · · · · </u>	Yes X No
TELEBRANE		
BOOKS, SUBSCRIPTIONS		1,258.
INTERNET		1,058.
POSTAGE		269.
		326.
ARKING & TOLLS		178.
ROFESSIONAL DUES	_	1,694.
ONFERENCES		_ _
		3,580.
8 Total other expenses. Enter here and on page 1, line 27	+	
	48	<u>8,363.</u>

Schedule C (Form 1040) 2003

REDACTED

	ne(s) as shown on Form NJ-1040		$\frac{1}{100}$	HIFH	윤	NTIAI -		Cour Soul	10		
BR	OWNE-SANDERS, ANUCHA		UU)[YI IL	ノ に ! -	KIITL		i our Socia	l Security Number		
Sc	thedule A CORY OF OTHER JUF	RISDICTION	(ES If you a sep	are clain arate Sch	ning a reduk	a credit for i	ncome taxes enclosed to	paid to	more than one jurisdi See instructions.	iction	
	A COPY OF OTHER STATE	E OR POLITICAL	SUBDIVISIO	N TAX RE	TUR.	N MUST BE	RETAINED	WITH Y	OUR RECORDS		
	New York	·	in year (mucc	ate name		,				\top	
	(DO NOT combine the same income taxed by more than one jurisdiction). REDACTED										
2	moome subject to tax by New Jersey (From Line 29, Form NJ-1040)								221,06		
3	Maximum Allowable Credit Percent	tage 1	221	,067.				-2	255,64	9.	
l	(Divide Line 2 into Line 1)	2	255	.649				3	9,5	47 ~	
4	IF YOU ARE NOT ELIGIBLE FOR A PROPER	TY TAX BENEFIT ONL	Y COMPLETE CO	DLUMN B.		COLU	MN A		COLUMN B	4/%	
·	Taxable Income (after Exemptions and Dedu		Form NJ-1040 .		4	2	50.149.	4		9.T	
5	Property Enter property tax or 18% of r Tax and and paid in 2003. See instructi	ent due	0.2/	,						-	
	Deduction Eligible amount (Box 5a or \$10		9,2(70.1	_					- 1	
6	New Jersey Taxable Income (Line 4	minus Line 5)	s). See msuucu	ous	5		9,200.	5	-0-	\perp	
7	Tax on Line 6 amount (From Tax Ta	ables or Tax Rate	Schedules)		7		40,949.		250,149		
8	Allowable Credit (Line 3 times Line	7)			8		11,306.		11,892		
9	Credit for Enter in Box 9a the inc Taxes or wage tax paid to oth	come I I		7	-		9,776.	8	10,283	<u>}.</u>	
	Paid to jurisdiction during tax s	vear III			1		ļ			- [
	Other on income shown on L Jurisdiction 1. See instructions	ina I I	14.20	- 1	ļ		ĺ	1		ļ	
	Credit allowed. (Enter		14,31	6.			į			- [
	Credit may not exceed	Vour New Jerca	v tav og í ino	201	9		9,776.				
	If you are not eligible for a property tay has	rofit and th				9. Form NI-104		y on Lines	10,283		
	deduction or taking the property tax credit.		- The Co	e mstracaut	15 tO G	etermine wheth	er you receive :	greater b	enefit by claiming a propert		
ocn_	edule B NET GAINS OR INCOM DISPOSITION OF PRO	PERTY	List the net ga disposition of	ains or inc property	ome.	, less net lo	ss, derived f	rom the	sale, exchange, or othingible or intangible.	ner	
1	a Kind of property and		Date sold	d Gross		 	Paradia Wil	cuici (a)	igible of intangible.		
	description	acquired (Month, day, year)	(Month, day, year)	- 4.053	3010	s price e	Cost or other as adjusted (s instructions) a expense of sal	ee ind	(d less e)		
-					_	-+					
ļ										4	
ŀ				<u> </u>		- -				┥—	
ŀ										+-	
2	Co-ital Caira Billian									┥—	
3	Capital Gains Distributions		<u></u>					2			
								3		+	
	Net Gains (Add Lines 1, 2, and 3) (Enertry on Line 18)	Nier here and on	line 18 If Inc	7						+-	
`.h.	edule C NET GAIN OR INCOME	SDOM DELETE	LISTING	nich fod ⁴	C Or 6	101 1000000	1	<u>. 4 </u>	d from or in the form o		
ocite	ROYALTIES, PATENTS	AND COPYRIGE	ITS rents, t	oyallies,	pater	ils, and cop	yrights as re	, aerivei ported o	d from or in the form on your Federal Income	of	
1	a Kind of Property		Rental	c Ne			00000 101 1 6	uciai pu	n your Federal Income rposes, see instruction	ns.	
L			ome (loss)	fro	n Ro	ome oyalties	d Net Inco	me lents	e Net Income	. 1	
				-f					from Copyright	i\$	
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I N	et Income (Combino Columna t			c			d		e	\dashv	
	et Income (Combine Columns b, c, d ake no entry on Line 22)	, and e). (Enter I	here and on L	ine 22. If	loss	enter ZERC	here and		T		
				 .	· · · ·	<u> </u>	<u></u>	3	; }		