

Department of the Treasury - Internal Revenue Service
Amended U.S. Individual Income Tax Return

OMB No. 1545-0091

This return is for calendar year 2003, or fiscal year ended

Your first name and initial: ANUCHA BROWNE-SANDERS
Last name: [REDACTED]
If a joint return, spouse's first name and initial: [REDACTED]
Last name: [REDACTED]
Home address (no. and street) or P.O. box if mail is not delivered to your home: [REDACTED]
Apt. no.: [REDACTED]
Phone number: [REDACTED]

- A If the name or address shown above is different from that shown on the original return, check here
B Has the original return been changed or audited by the IRS or have you been notified that it will be?
C Filing status. Be sure to complete this line. Note: You cannot change from joint to separate returns after the due date.
On original return: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)
On this return: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Use Part II on page 2 to explain any changes

	A. Original amount or as previously adjusted (see page 2)	B. Net change - amount of increase or (decrease) - explain in Part II	C. Correct amount
1 Adjusted gross income (see page 3)	239,795.	21,258.	261,053.
2 Itemized deductions or standard deduction (see page 3)	53,636.	<11,788.>	41,848.
3 Subtract line 2 from line 1	186,159.	33,046.	219,205.
4 Exemptions. If changing, fill in Parts I and II on page 2	5,612.	<5,612.>	0.
5 Taxable income. Subtract line 4 from line 3	180,547.	38,658.	219,205.
6 Tax (see page 4). Method used in col. C: SCH, D	50,012.	18,112.	68,124.
7 Credits (see page 4)	1,200.	<1,200.>	0.
8 Subtract line 7 from line 6. Enter the result but not less than zero	48,812.	19,312.	68,124.
9 Other taxes (see page 4)			
10 Total tax. Add lines 8 and 9	48,812.	19,312.	68,124.
11 Federal income tax withheld and excess social security, and tier 1 RRRA tax withheld. If changing, see page 4	53,983.		53,983.
12 Estimated tax payments, including amount applied from prior year's return			
13 Earned income credit (EIC)			
14 Additional child tax credit from Form 8812			
15 Credits from Form 2439, Form 4136, or Form 8805			
16 Amount paid with request for extension of time to file (see page 4)			
17 Amount of tax paid with original return plus additional tax paid after it was filed			
18 Total payments. Add lines 11 through 17 in column C			53,983.
19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS			5,171.
20 Subtract line 19 from line 18 (see page 5)			48,812.
21 Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 5			19,312.
22 If line 10, column C, is less than line 20, enter the difference			
23 Amount of line 22 you want refunded to you			
24 Amount of line 22 you want applied to your estimated tax			

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

Your signature: [Signature] Date: [Date]
Spouse's signature: [Signature] Date: [Date]

Preparer's signature: [Signature] Date: NOV 22 2006
Firm's name (or yours if self-employed), address, and ZIP code: LEON M. REIMER & CO., P.C., 805 THIRD AVENUE, 11TH FLOOR, NEW YORK, NY 10022
Check if self-employed:
Preparer's SSN or PTIN: P0017804
FIN: 13-3136076
Phone no.: 212-986-4300

LHA 310701 11-05-03

Form 1040X (Rev. 11-2003)

Form 1040X (Rev. 11-2003) **ANUCHA BROWNE-SANDERS**

REDACTED Page 2

Part I Exemptions. See Form 1040 or 1040A instructions. If you are not changing your exemptions, do not complete this part. If claiming more exemptions, complete lines 25-31. If claiming fewer exemptions, complete lines 25-30.		A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions															
25	Yourself and spouse <i>Caution. If your parents (or someone else) can claim you as a dependent (even if they chose not to), you cannot claim an exemption for yourself.</i>	1		1															
26	Your dependent children who lived with you	3		3															
27	Your dependent children who did not live with you due to divorce or separation																		
28	Other dependents																		
29	Total number of exemptions. Add lines 25 through 28	4		4															
30	Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4. <table border="1" style="font-size: small; margin-top: 5px;"> <thead> <tr> <th>Tax year</th> <th>Exemption amount</th> <th>But see the instructions for line 4 on page 3 if the amount on line 1 is over:</th> </tr> </thead> <tbody> <tr> <td>2003</td> <td>\$3,050</td> <td>\$104,625</td> </tr> <tr> <td>2002</td> <td>3,000</td> <td>103,000</td> </tr> <tr> <td>2001</td> <td>2,900</td> <td>99,725</td> </tr> <tr> <td>2000</td> <td>2,800</td> <td>96,700</td> </tr> </tbody> </table>	Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:	2003	\$3,050	\$104,625	2002	3,000	103,000	2001	2,900	99,725	2000	2,800	96,700	5,612.	<5,612.>	0.
Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:																	
2003	\$3,050	\$104,625																	
2002	3,000	103,000																	
2001	2,900	99,725																	
2000	2,800	96,700																	

31 Dependents (children and other) not claimed on original (or adjusted) return:

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check if qualifying child for child tax credit	No. of your children on line 31 who: <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation <input type="checkbox"/> Dependents on line 31 not entered above
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Part II Explanation of Changes to Income, Deductions, and Credits

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here

SEE ATTACHED SCHEDULE

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here

If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

Form 1040X (Rev. 11-2003)

310702
11-02-03

Anucha Browne-Sanders

Form 1040-X
2003

REDACTED

Explanation of Changes to Income, Deductions, and Credits

Line 1: Adjusted Gross Income:

Increase in Ordinary Dividends	625	See Amended Schedule B
Decrease in Business Income	<u>20,633</u>	To eliminate deductions reflected on Schedule C
	<u>21,258</u>	

Line 2: Itemized Deductions

Decrease in Investment Interest	(58)	See Amended Form 4952
Decrease in Charitable Contributions	(9,000)	See Amended Schedule A
Decrease in Itemized Deductions due to 3% AGI Limitation	<u>(2,730)</u>	See Amended Schedule A
	<u>(11,788)</u>	

Line 4: Exemptions

Decrease due to phaseout	<u>(5,612)</u>
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Line 7: Credits

Elimination of Child Care Credit	<u>(1,200)</u>
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AMENDED

SCHEDULES A & B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Schedule A - Itemized Deductions
(Schedule B is on page 2)

Attach to Form 1040. See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

2003

Attachment Sequence No. 07

Your social security number

REDACTED

ANUCHA BROWNE-SANDERS

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1			
2	Enter amount from Form 1040, line 35	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid					
5	State and local income taxes	5	SEE STATEMENT 5	20,208.	
6	Real estate taxes (see page A-2)	6		9,200.	
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			29,408.
Interest You Paid					
10	Home mortgage interest and points reported to you on Form 1098	10		18,037.	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11			
12	Points not reported to you on Form 1098. (See page A-3.)	12			
13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13	STMT 6	42.	
14	Add lines 10 through 13	14			18,079.
Gifts to Charity					
15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15		100.	
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			100.
Casualty and Theft Losses					
19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19			
Job Expenses and Most Other Miscellaneous Deductions					
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.)	20			
21	Tax preparation fees	21			
22	Other expenses - investment, safe deposit box, etc. List type and amount	22			
23	Add lines 20 through 22	23			
24	Enter amount from Form 1040, line 35	24			
25	Multiply line 24 by 2% (.02)	25			
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			
Other Miscellaneous Deductions					
27	Other - from list on page A-6. List type and amount	27			
Total Itemized Deductions					
28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28	STMT 7		41,848.

319501 10-15-03

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

Schedule A (Form 1040) 2003

13531121 3514

REDACTED

003.08000 BROWNE SANDERS, ANUCHA

08048461

AMENDED

Schedule A-B (Form 1040) 2003

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1

OMB No. 1545-0074

Page 2

Your social security number

ANUCHA BROWNE-SANDERS

REDACTED

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Amount
1	
2	
3	
4	

Part II Ordinary Dividends

5 List name of payer
 INTERNATIONAL BUSINESS MACHINES CORPORATION
 CHARLES SCHWAB

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

	Amount
5	100.
	625.
6	725.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2003, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
 b If "Yes," enter the name of the foreign country
 8 During 2003, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
 If "Yes," you may have to file Form 3520. See page B-2

Yes	No
	X
	X

327501 10-15-03

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

Schedule B (Form 1040) 2003

13531121 35143 REDACTED 003.08000 BROWNE-SANDERS, ANUCHA 08048461

AMENORD

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

2003

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

Attachment
Sequence No. **12B**

Name(s) shown on return

Identifying number

ANUCHA BROWNE-SANDERS

REDACTED

Part I Total Investment Interest Expense

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

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	725.
b	Qualified dividends included on line 4a	4b	683.
c	Subtract line 4b from line 4a	4c	42.
d	Net gain from the disposition of property held for investment	4d	
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment	4e	
f	Subtract line 4e from line 4d	4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	42.
5	Investment expenses (see instructions)	5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter 0.	6	42.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2004. Subtract line 6 from line 3. If zero or less, enter -0-	7	365.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6 (see instructions)	8	42.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2003)

318001
12-18-03

13531121 351438

REDACTED

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2003.08000 BROWNE-SANDERS, ANUCHA

08048461

ALTERNATIVE MINIMUM TAX

AMENDED

Form **4952**

Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0101

2003

Attachment
Sequence No. 12B

Name(s) shown on return

Identifying number

ANUCHA BROWNE-SANDERS

REDACTED

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

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	725.	
b	Qualified dividends included on line 4a	4b	683.	
c	Subtract line 4b from line 4a	4c		42.
d	Net gain from the disposition of property held for investment	4d		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment	4e		
f	Subtract line 4e from line 4d	4f		
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
h	Investment income. Add lines 4c, 4f, and 4g	4h		42.
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		42.

Part III	Investment Interest Expense Deduction	6	
7	Disallowed investment interest expense to be carried forward to 2004. Subtract line 6 from line 3. If zero or less, enter -0-	7	365.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6 (see instructions)	8	42.

REGULAR FORM 4952, LINE 8 42.
 LESS RECOMPUTED FORM 4952, LINE 8 42.
 INTEREST ADJUSTMENT - FORM 6251, LINE 8 42.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2003)

318501
12-16-03

13531121 35143

REDACTED

11

2003.08000 BROWNE-SANDERS, ANUCHA

08048461

Form **6251**
 Department of the Treasury
 Internal Revenue Service (99)

AMENDED
Alternative Minimum Tax - Individuals

OMB No. 1545-0227
2003
 Attachment
 Sequence No. 32

Name(s) shown on Form 1040

▶ Attach to Form 1040 or Form 1040NR.

Your social security number

ANUCHA BROWNE-SANDERS

Part I Alternative Minimum Taxable Income

REDACTED

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 38, and go to line 2. Otherwise, enter the amount from Form 1040, line 35, and go to line 7. (If zero or less, enter as a negative amount.)	1	219,205.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 35	2	
3	Taxes from Schedule A (Form 1040), line 9	3	29,408.
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	
6	If Form 1040, line 35, is over \$139,500 (over \$69,750 if married filing separately), enter the amount from line 9 of the worksheet for Schedule A (Form 1040), line 28	6	<5,739.>
7	Tax refund from Form 1040, line 10 or line 21	7	<4,779.>
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (see instructions)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box G)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions)	28	249,869.

Part II Alternative Minimum Tax

29	Exemption. (If this form is for a child under age 14, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 Single or head of household \$112,500 \$40,250 Married filing jointly or qualifying widow(er) 150,000 58,000 Married filing separately 75,000 29,000 If line 28 is over the amount shown above for your filing status, see instructions.	29	0.
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here	30	249,869.
31	• If you reported capital gain distributions directly on Form 1040, line 13a; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 16 and 17a of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 65 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	68,124.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	68,124.
34	Tax from Form 1040, line 41 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 44)	34	64,188.
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 42	35	3,936.

319481
 12-03-03 LHA For Paperwork Reduction Act, see instructions.

13531121 351438 **REDACTED** 12 Form 6251 (2003)
 2003.08000 BROWNE-SANDERS, ANUCHA 08048461

Form 6251 (2003) ANUCHA BROWNE-SANDERS

REDACTED

Part III Tax Computation Using Maximum Capital Gains Rates

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

36	Enter the amount from Form 6251, line 30		36	249,869.
37	Enter the amount from Schedule D (Form 1040), line 26, or line 13 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions)	37	683.	
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions)	38	0.	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary).	39	683.	
40	Enter the smaller of line 36 or line 39	40	683.	
41	Subtract line 40 from line 36	41	249,186.	
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	68,022.	
43	Enter the amount from Schedule D (Form 1040), line 30, or line 13 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax) (see instructions)	43		
44	Enter the smaller of line 36 or line 37	44	683.	
45	Enter the smaller of line 43 or line 44	45		
46	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from Schedule D (Form 1040), line 43 (or if that line is blank, the amount from Schedule D (Form 1040), line 31). Otherwise, enter the amount from line 32 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040) (or if that line is blank, the amount from line 20 of that worksheet) (refigure all amounts for the AMT, if necessary) (see instructions)	46	683.	
47	Enter the smaller of line 45 or line 46. If line 45 is zero, go to line 55	47	0.	
48	Multiply line 47 by 5% (.05)	48		
49	Subtract line 47 from line 45. If zero or less, enter 0 and go to line 55	49		
50	Enter your qualified 5-year gain, if any, from Schedule D (Form 1040), line 35 (as figured for the AMT, if necessary) (see instructions)	50		
51	Enter the smaller of line 49 or line 50	51		
52	Multiply line 51 by 8% (.08)	52		
53	Subtract line 51 from line 49	53		
54	Multiply line 53 by 10% (.10)	54		
55	Subtract line 47 from line 46	55	683.	
56	Subtract line 45 from line 44	56	683.	
57	Enter the smaller of line 55 or line 56	57	683.	
58	Multiply line 57 by 15% (.15)	58	102.	
59	Subtract line 57 from line 56	59		
60	Multiply line 59 by 20% (.20)	60		
If line 38 is zero or blank, skip lines 61 and 62 and go to line 63. Otherwise, go to line 61.				
61	Subtract line 44 from line 40	61		
62	Multiply line 61 by 25% (.25)	62		
63	Add lines 42, 48, 52, 54, 58, 60, and 62	63	68,124.	
64	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	64	68,213.	
65	Enter the smaller of line 63 or line 64 here and on line 31	65	68,124.	

319591
12-03-03

Form 6251 (2003)

13531121 351438

REDACTED

13

2003.08000 BROWNE SANDERS, ANUCHA

08048461



Please enter your first name first. For a joint return, use both name lines.

Print or type	Your first name and middle initial ANUCHA	Your last name (for a joint return, enter spouse's name on line below) BROWNE-SANDERS
	Spouse's first name and middle initial	Spouse's last name
Mailing address (number and street or rural route)		Apartment number

REDACTED

- (A) Filing status - mark an X in one box:
- 1 Single
 - 2 Married filing joint return*
 - 3 Married filing separate return*
 - 4 Head of household (with qualifying person)
 - 5 Qualifying widow(er) with dependent child
- (B) Can you be claimed as a dependent on another taxpayer's federal return? Yes ___ No X
- (C) Did you file an amended federal return? (If No, explain why in Part IV on page 3) Yes X No ___
- (D) City of New York part-year residents only: (see instr. page 2)
- (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

(E) Enter New York adjusted gross income as reported on line 30 of your original 2003 Form IT-203 return (see IT-203 instructions)	Federal amount		New York State amount	
	Dollars	Cents	Dollars	Cents
See page 4 of this return for information about instructions.	235,016.00		221,067.00	

Part I - Federal income and adjustments
 Enter the new amounts for items that changed, and the original amounts for unchanged items.

	Amended federal amount		Amended New York State amount	
	Dollars	Cents	Dollars	Cents
1 Wages, salaries, tips, etc.	255,549.00		221,067.00	
2 Taxable interest income				
3 Ordinary dividends				
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23)	725.00			
5 Alimony received	4,779.00			
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)				
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)				
8 Other gains or losses (attach copy of federal Form 4797)				
9 Taxable amount of IRA distributions				
10 Taxable amount of pensions and annuities				
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)				
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)				
13 Unemployment compensation				
14 Taxable amount of social security benefits (also enter on line 25)				
15 Other income (Identify: _____)				
16 Add lines 1 through 15	261,053.00		221,067.00	
17 Total federal adjustments to income (Identify: _____)				
18 Subtract line 17 from line 16. This is your amended federal adjusted gross income	261,053.00		221,067.00	
New York additions (see IT-203 instructions)				
19 Interest income on state and local bonds (but not those of NYS or its localities)				
20 Public employee 414(b) retirement contributions				
21 Other (Identify: _____)				
22 Add lines 18 through 21	261,053.00		221,067.00	
New York subtractions (see IT-203 instructions)				
23 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)	4,779.00			
24 Pensions of New York State and local governments and the federal government				
25 Taxable amount of social security benefits (from line 14 above)				
26 Interest income on U.S. government bonds				
27 Pension and annuity income exclusion (see IT-203 instructions)				
28 Other (Identify: _____)				
29 Add lines 23 through 28. This is the total of your New York subtractions	4,779.00			
New York adjusted gross income				
30 Subtract line 29 from line 22. This is your New York adjusted gross income.	256,274.00		221,067.00	

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

Page 2 IT-203-X (2003)

Line	Description	Increase or decrease		Amended amount	
		Dollars	Cents	Dollars	Cents
31	New York adjusted gross income from line 30, Amended federal amount column on page 1				
32	Check one: <input type="checkbox"/> Standard deduction or <input checked="" type="checkbox"/> Itemized deduction Amount =			31.	256,274.00
33	Subtract line 32 from line 31 (if line 32 is more than line 31, enter "0")	-7,818.00		32.	18,059.00
34	Exemptions for dependents only (not the same as federal)			33.	238,215.00
35	Subtract line 34 from line 33. This is your taxable income			34.	3,000.00
36	New York State tax on line 35 amount (see IT-203-X-1, page 2)			35.	235,215.00
37	New York State household credit (see page 34 of IT-203 instructions)	2,181.00		36.	17,641.00
38	Subtract line 37 from line 36 (if line 37 is more than line 36, enter "0")			37.	
39	New York State child and dependent care credit (from Form IT-216; attach form)			38.	17,641.00
40	Subtract line 39 from line 38 (if line 39 is more than line 38, enter "0")	-240.00		39.	
41	New York State earned income credit (from Form IT-215; attach form)			40.	17,641.00
42	Subtract line 41 from line 40 (if line 41 is more than line 40, enter "0")			41.	
43	Income percentage (see page 35 of IT-203 instructions)			42.	17,641.00
	Amount from line 30, NY State amount	221,067.00			
	Amount from line 30, Federal amount		256,274.00		
44	Multiply line 42 by the decimal on line 43. This is your allocated New York State tax.		<.0780>	43.	.8626
45	New York State nonrefundable credits (see IT-203-X-1, page 2)			44.	15,217.00
46	Subtract line 45 from line 44 (if line 45 is more than line 44, enter "0")			45.	
47	Net other New York State taxes (see IT-203-X-1, page 2)			46.	15,217.00
48	Other city of New York taxes (from Form IT-203-B, line 27)			47.	
49	City of Yonkers nonresident earnings tax (attach Form Y-203)			48.	
50	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)			49.	
51	Sales or use tax from original return (cannot be amended; see instr.)			50.	
52	Gifts/Contributions from original return (cannot be amended)			51.	
53	Add lines 46 through 52. This is the total of your state and city taxes and gifts. Also enter this amount on line 64			52.	
54	Part-year city of New York school tax credit (see IT-203-X-1, page 2)			53.	15,217.00
55	Other refundable credits (see IT-203-X-1, page 2)			54.	
56	Total New York State tax withheld (see IT-203-X-1, page 3)			55.	
57	Total city of New York tax withheld (see IT-203-X-1, page 3)			56.	18,117.00
58	Total city of Yonkers tax withheld (see IT-203-X-1, page 3)			57.	
59	Total estimated tax payments and amount paid with extension from IT-370			58.	
60	Amount paid with original return (see IT-203-X-1, page 3)			59.	
61	Add lines 54 through 60, Amended amount column. This is the total of your payments			60.	
62	Overpayment, if any, as shown on original return (or previously adjusted by New York State)			61.	18,117.00
63	Subtract line 62 from line 61 (see IT-203-X-1, page 3, if line 62 is more than line 61)			62.	3,801.00
64	Enter amount from line 53, Amended amount column			63.	14,316.00
65	If line 64 is less than line 63, enter the difference here; this is your refund amount			64.	15,217.00
66	If line 64 is more than line 63, enter the difference here; this is the amount you owe (Make check or money order payable to NY State Income Tax; write your social security number and 2003 Income Tax on it)			65.	
				66.	901.00

Complete all questions and parts below and on page 3 that apply to your amended return.

(F) Is this return the result of federal audit changes? Yes ___ No
 If Yes, complete items 1-3 below and Part III on page 3:
 1. Enter the date of the final federal determination _____
 2. Do you concede the federal audit changes? (If No, explain why in Part III on page 3) Yes ___ No ___
 3. Do the changes involve a partnership or S corporation? (If Yes, complete Part II below) Yes ___ No ___

(G) 1. Original return filed as: (check one)
 Nonresident ___ or Part-year resident ___ or Resident ___
 2. Amended return filed as:
 Nonresident or Part-year resident ___

Part II - Partnership or S corporation - If using this form to report adjustments to partnership or S corporation income, gain, loss, or deduction, provide the following information:

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		

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

IT-203-X 2003



Name(s) as shown on page 1

ANUCHA BROWNE-SANDERS

Your social security number

REDACTED

IT-203-X (2003) Page 3

Part III - Federal changes - After completing Part I, explain below the changes, if any, made by the Internal Revenue Service (IRS).

67 List federal adjustments

- a _____ 67a.
- b _____ 67b.
- c _____ 67c.
- d _____ 67d.
- e _____ 67e.

68 Net federal adjustment - increase or (decrease) 68.

69 Previously reported federal (check one) _____ adjusted gross income _____ taxable income _____ tax table income 69.

70 Corrected federal (check one and enter) _____ adjusted gross income _____ taxable income _____ tax table income 70.

71 Corrected federal tax 71.

72 Federal tax shown on return 72.

73 Increase (decrease) in federal tax 73.

74 Penalties 74.

75 Interest 75.

76 Total federal amount assessed (add lines 73, 74, and 75) 76.

If you did not concede the above changes and checked the No box in question 2 at item (F) on page two, explain why.



Part IV - Other changes - Explain any changes not shown in Part III.

Give the item or line reference from pages 1 and 2 and explain why each change was made. Attach any schedules or forms that apply, along with any available federal documentation (Form 1040 X, acceptance of your federal refund claim, or any other documentation). If you checked the No box at item (C) on page one, explain why. If you need more space, attach a schedule marked Part IV.
SEE ATTACHED SCHEDULE

77 I authorize the Tax Department to discuss this return with the paid preparer listed below. (Mark the Yes or No box.) Yes No

Paid preparer's use only	Preparer's signature <i>T. Reimer</i>	Preparer's SSN or PTIN <i>P00177804</i>	Your signature
	Firm's name (or yours, if self-employed) LEON M. REIMER & CO., P.C.	Employer identification number 13-3136076	
Address	805 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 10022	Date NOV 22 2006	Daytime phone number (optional)

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388261
11-70-03

Mail your completed return to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001
 (If you use a delivery service other than the U.S. Postal Service, see instructions.)

IT-203-X 2003

Anucha Browne-Sanders

Form IT-203X
2003

REDACTED

Explanation of Changes to Income, Deductions, and Credits

Federal Adjusted Gross Income:

Increase in Federal Adjusted Gross Income 21,258 See Attached Federal Amended Form 1040-X

Itemized Deductions:

Line 32: Decrease in Itemized Deductions (7,818) See Amended Form IT - 203 ATT

Credits:

Line 39: Elimination of Child Care Credit (240)

2003

AMENDED
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

REDACTED 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
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 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

1a Total days (see instructions, page 49) 1a. 365

Nonworking days included in line 1a:

1b Saturdays and Sundays (not worked) 1b. 98

1c Holidays (not worked) 1c. 10

1d Sick leave 1d.

1e Vacation 1e. 20

1f Other nonworking days 1f.

1g Total nonworking days (add lines 1b through 1f) 1g. 128

1h Total days worked in year at this job (subtract line 1g from line 1a) 1h. 237

1i Total days included in line 1h worked outside New York State 1i. 32

1j Enter number of days worked at home included in line 1i amount 1j.

1k Subtract line 1j from line 1i 1k. 32

1l Days worked in New York State (subtract line 1k from line 1h) 1l. 205

1m Enter number of days from line 1h above 1m. 237

1n Divide line 1l by line 1m, round the result to the fourth decimal place 1n. .8650

1o Wages, salaries, tips, etc. (to be allocated) 1o. 255,421.00

1p (Multiply line 1n by line 1o; this is your New York State allocated wage and salary income) 1p. 220,939.00

Include the line 1p amount on Form IT-203, line 1, in the New York State 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.

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



	Dollars	Cents
1 Medical and dental expenses (from federal Schedule A, line 4)		
2 Taxes you paid (from federal Schedule A, line 9)		
3 Interest you paid (from federal Schedule A, line 14)	29,408.00	
4 Gifts to charity (from federal Schedule A, line 18)	18,079.00	
5 Casualty and theft losses (from federal Schedule A, line 19)		100.00
6 Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)		
7 Other miscellaneous deductions (from federal Schedule A, line 27)		
8 Total federal itemized deductions (from federal Schedule A, line 28)		
9 State, local, and foreign income taxes and other subtraction adjustments (see page 49)	41,848.00	
10 Subtract line 9 from line 8	17,769.00	
11 College tuition itemized deduction (see pages 50 and 51)	24,079.00	
12 Addition adjustments (see page 50)		
13 Add lines 10, 11, and 12		
14 Itemized deduction adjustment (see page 51)	24,079.00	
15 Subtract line 14 from line 13. This is your New York itemized deduction.	6,020.00	
	18,059.00	

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

IT-203-ATT 2003

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IT-203-ATT (2003) (page 2)

Schedule D - College tuition itemized deduction worksheet (See the instructions for Schedule D on page 51.) 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 or university	D Amount of qualified college tuition expenses paid during 2003 (see instructions)	E Enter the lesser of column D or \$10,000
			\$	\$
			\$	\$
			\$	\$

- 1 Add column E amounts (include amounts from any additional sheets) 1.
- 2 Multiply line 1 by 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.

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

2a Total days (see instructions, page 49) 2a.

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

2c Holidays (not worked) 2c.

Included in 2d Sick leave 2d.

line 2a: 2e Vacation 2e.

2f Other nonworking days 2f.

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

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

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

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

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

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

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

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

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

2p Multiply line 2n by line 2o; this is your New York State allocated wage and salary income 2p.

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

3a Total days (see instructions, page 49) 3a.

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

3c Holidays (not worked) 3c.

Included in 3d Sick leave 3d.

line 3a: 3e Vacation 3e.

3f Other nonworking days 3f.

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

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

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

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

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

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

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

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

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

3p Multiply line 3n by line 3o; this is your New York State allocated wage and salary income 3p.

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 duplicate form; please file this original form with your return.



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IT-203-ATT 2003

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ANUCHA BROWNE-SANDERS

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NY IT-203

TAX COMPUTATION WORKSHEET 4

STATEMENT 1

1. NEW YORK ADJUSTED GROSS INCOME FROM LINE 31	256,274.
2. NEW YORK TAXABLE INCOME FROM LINE 35	235,215.
3. MULTIPLY LINE 2 BY 7.5% (0.075)	17,641.
4. ENTER YOUR NYS TAX ON THE LINE 2 AMOUNT FROM NYS TAX TABLE	16,594.
5. SUBTRACT LINE 4 FROM LINE 3	1,047.
6. MFJ/QW ENTER \$794. SINGLE/MFS ENTER \$397, HOH ENTER \$563.	397.
7. SUBTRACT LINE 6 FROM LINE 5	650.
8. EXCESS OF LINE 1 OVER \$150,000 (CANNOT EXCEED \$50,000)	50,000.
9. DIVIDE LINE 8 BY \$50,000 (CANNOT EXCEED 1.0000)	1.0000
10. MULTIPLY LINE 7 BY LINE 9	650.
11. ENTER AMOUNT FROM LINE 6	397.
12. ADD LINES 4, 10, AND 11	17,641.

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2003.08000 BROWNE-SANDERS, ANUCHA

STATEMENT(S) 1
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ANUCHA BROWNE-SANDERS

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NY IT-203-ATT WORKSHEET 3 - ITEMIZED DEDUCTION ADJUSTMENT STATEMENT 2

1.	NEW YORK ADJUSTED GROSS INCOME FROM FORM IT-201, LINE 33 OR FORM IT-203, LINE 31	256,274.
2.	FILING STATUS 1 OR 3 ENTER \$100,000, OR FILING STATUS 4 ENTER \$150,000, OR FILING STATUS 2 OR 5 ENTER \$200,000	100,000.
3.	SUBTRACT LINE 2 FROM LINE 1	156,274.
4.	ENTER THE LESSOR OF LINE 3 OR \$50,000	50,000.
5.	DIVIDE LINE 4 BY \$50,000 AND CARRY THE RESULT TO 4 DECIMAL PLACES	1.0000
6.	ENTER 25% OF FORM IT-201-ATT, LINE 12 OR FORM IT-203-ATT, LINE 13	6,020.
7.	MULTIPLY LINE 5 BY LINE 6 AND TRANSFER THIS AMOUNT TO FORM IT-201-ATT, LINE 13 OR FORM IT-203-ATT, LINE 14	6,020.

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2003.08000 BROWNE-SANDERS, ANUCHA

STATEMENT(S) 2
08048461

ANUCHA BROWNE-SANDERS

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NY IT-203-ATT WORKSHEET 2 - SUBTRACTION ADJUSTMENT LIMITATION STATEMENT 3

1.	ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 9	5,739
2.	ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 3	47,545
3.	DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES	0.1207
4.	AMOUNT OF STATE, LOCAL AND FOREIGN INCOME TAXES FROM FEDERAL SCHEDULE A, LINES 5 AND 8	20,208
5.	AMOUNT OF SUBTRACTION ADJUSTMENTS (FROM ITEMIZED DEDUCTIONS) THAT ARE INCLUDED IN TOTAL FEDERAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 28, BEFORE ANY FEDERAL DISALLOWANCE	0
6.	ADD LINE 4 AND LINE 5	20,208
7.	MULTIPLY LINE 6 BY LINE 3	2,439
8.	SUBTRACT LINE 7 FROM LINE 6	17,769
9.	ENTER ANY OTHER SUBTRACTION ADJUSTMENTS TO ITEMIZED DEDUCTIONS	0
10.	ENTER THE AMOUNT FROM WORKSHEET 1, LINE 5 (SEE BELOW)	0
11.	ADD LINES 8, 9, 10. ENTER THE TOTAL ON FORM IT-203-ATT, LINE 9	17,769

WORKSHEET 1
LONG-TERM CARE ADJUSTMENT

1.	AMOUNT OF LONG-TERM CARE PREMIUMS INCLUDED ON FEDERAL SCHEDULE A, LINE 1	0
2.	AMOUNT FROM FEDERAL SCHEDULE A, LINE 1	
3.	DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES	
4.	AMOUNT FROM FEDERAL SCHEDULE A, LINE 4	
5.	MULTIPLY LINE 4 BY LINE 3	

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2003.08000 BROWNE-SANDERS, ANUCHA

STATEMENT(S) 3
08048461

NJ-1040X
2003

STATE OF NEW JERSEY

AMENDED

INCOME TAX RESIDENT RETURN

COPY

For Tax Year Jan.-Dec. 31, 2003, Or Other Tax Year Beginning _____, 2003, Ending _____, 20____

You must enter your social security number below

REDACTED

TAXPAYER IDENTIFICATION AND STATUS

Your Social Security Number _____
 Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)
BROWNE-SANDERS, ANUCHA
 Home address (Number and Street, including apartment number or rural route) _____
 County/Municipality Code **0000** State _____ ZIP Code _____

FILING STATUS		EXEMPTIONS		As Originally Reported	Amended
ON ORIGINAL RETURN	ON AMENDED RETURN	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	6. 1	1
1. <input type="checkbox"/> Single	2. <input type="checkbox"/> Married, filing joint return	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	9. Number of your qualified dependent children	7. _____	_____
3. <input type="checkbox"/> Married, filing separate return	4. <input checked="" type="checkbox"/> Head of household	10. Number of other dependents	11. Dependents attending colleges	8. _____	_____
5. <input type="checkbox"/> Qualifying widow(er)		12a. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)	12b. (For Line 12b - Add Line 9 and Line 10)	9. 3	3
		12a. 1	12b. 3	1	1
				3	3

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ to _____

GUBERNATORIAL ELECTIONS FUND Checking below will not increase your tax or reduce your refund.
 Check here If you did not previously want to have \$1 go to the fund but now want it to do so.
 Check here If joint return and if spouse did not previously want to have \$1 to go to the fund but now wants it to do so.

	As Originally Reported	Amended (See Instructions)
14. Wages, salaries, tips and other employee compensation	14. 255,549	
15a. Taxable Interest Income	15a. 0	255,549
15b. Tax-exempt interest income. DO NOT include on Line 15a.	15b. _____	
16. Dividends	16. 100	
17. Net profits from business	17. _____	725
18. Net gains or income from disposition of property	18. _____	
19. Pensions, Annuities and IRA Withdrawals	19a. Taxable Amount Received _____ 19b. Less New Jersey Pension Exclusion _____ 19c. Subtract Line 19b from Line 19a _____	
20. Distributive Share of Partnership Income	20. _____	
21. Net pro rata share of S Corporation Income	21. _____	
22. Net gain or income from rents, royalties, patents & copyrights	22. _____	
23. Net Gambling Winnings	23. _____	
24. Alimony and separate maintenance payments received	24. _____	
25. Other	25. _____	
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)	26. 255,649	256,274

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2003.08000 BROWNE-SANDERS, ANUCHA

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	As Originally Reported		Amended (See Instructions)	
	27.			
27. Total Income (From Line 26, Page 1)	27.	255,649		256,274
28. Other Retirement Income Exclusion	28.			
29. New Jersey Gross Income (Subtract Line 28 from Line 27)	29.	255,649		256,274
30. Exemptions (See instructions)	30.	5,500		5,500
31. Medical Expenses/Medical Savings Account Contributions	31.			
32. Alimony & separate maintenance payments	32.			
33. Qualified Conservation Contribution	33.			
34. Total Exemptions and Deductions (Add Lines 30, 31, 32, and 33)	34.	5,500		5,500
35. Taxable Income (Subtract Line 34 from Line 29)	35.	250,149		250,774
36. Property Tax Deduction	36.	9,200		5,000
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35)	37.	240,949		245,774
38. TAX (see instructions)	38.	11,306		13,530
39. Credit For Income Taxes Paid To Other Jurisdictions	39.	9,776		11,671
40. Balance of Tax (Subtract Line 39 from Line 38)	40.	1,530		1,859
41. Use Tax Due on Out-of-State Purchases (see instruction NJ-1040)	41.			
42. Total Tax (Add Line 40 and Line 41)	42.	1,530		1,859
43. Total New Jersey Income Tax Withheld	43.			
44. Property Tax Credit	44.			
45. New Jersey Estimated Tax Payments/Credit from 2002 tax return	45.			
46. New Jersey Earned Income Tax Credit	46.			
47. EXCESS New Jersey W/IC/WD Withheld (see instructions NJ-1040)	47.			
48. EXCESS New Jersey Disability Insurance Withheld (see instructions NJ-1040)	48.			
49. Amount Paid with original return, assessments, and/or with request for extension to file	49.	1,530		1,530
50. Total payments (Add Lines 43 through 49)	50.	1,530		1,530
51. Refund previously issued from Original Return	51.			
52. Net Payments (Subtract Line 51 from Line 50)	52.	1,530		1,530
53. If payments (Line 52) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE	53.			329
54. If payments (Line 52) are MORE THAN tax (Line 42) enter OVERPAYMENT	54.			
55. Amount of Line 54 to be (A) REFUNDED	55A.			
	55B.			

Enter below, name, social security number, and address as shown on original return (if same as indicated on page 1, write "Same"). If changing from separate to joint return, enter names, social security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

SAME

Enter first names of your dependent children who lived with you, but were not claimed as dependents on original return.

Explanation of Changes to Income, Deductions, and Credits (Enter the line reference for which you are reporting a change and give the reason for each change.)

SEE ATTACHED SCHEDULE

If amending Line 39, complete calculations below:

NEW YORK
 (Income from Other Jurisdictions) 221,067. x 13,530. = 11,671.
 (Income from New Jersey sources) 256,274. (New Jersey Tax Line 38)

Under the penalties of perjury, I declare that I have examined this return, 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.

SIGN HERE

Your signature _____ Date _____
 Paid Preparer's Signature _____ Date _____
 Firm's Name LEON M. REIMER & CO., P.C.
 NEW YORK, NY 10022
 Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

Pay amount on Line 53 in full. Write social security number(s) on check or money order and make payable to: STATE OF NEW JERSEY-TGI. Mail your return to: Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111. If REFUND: Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555. You may also pay by e-check or credit card.

Federal Employer Identification Number 00017704
 Federal Employer Identification Number 13-3136076

306311 11-25-03

14541121 351438 **REDACTED** 7
 2003.08000 BROWNE SANDERS, ANUCHA 08048461

AMENDED

Name(s) as shown on Form NJ-1040 **BROWNE SANDERS ANUCHA** Your Social Security Number **REDACTED**

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION 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 page 41.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income actually taxed by other jurisdiction during tax year (indicate name <u>NEW YORK</u>) (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)	1.	221,067
2.	Income subject to tax by New Jersey (From Line 29, Form NJ-1040)	2.	256,274
3.	Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 <u>221,067.</u> 2 <u>256,274.</u>	3.	86.26%
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT, ONLY COMPLETE COLUMN B.			
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	250,774
5.	Property Tax and Deduction Enter property tax or 18% of rent due and paid in 2003. See instr. page 43. Eligible amount (Box 5a or \$10,000, whichever is less) See instructions page 43. 5a. <u>9,200</u>	5.	5,000
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	245,774
7.	Tax on Line 6 amount (From Tax Tables or Tax Rate Schedules)	7.	13,530
8.	Allowable Credit (Line 3 times Line 7)	8.	11,671
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 page 43. 9a. <u>15,217</u> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9.	11,671

• 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.
• If you are eligible for a property tax benefit, you must complete Worksheet on page 42 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY 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 (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	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					2.
3.	Other Net Gains					3.
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)					4.

Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS 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	b.	c.	d.	e.
3.	Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZI (0) here and make no entry on Line 22)				

385001 12-00-03

14541121 351438

REDACTED

11

2003.08000 BROWNE SANDERS, ANUCHA

Rev. 12-03

08048461

ANUCHA BROWNE-SANDERS

REDACTED

NJ-1040

DIVIDEND INCOME

STATEMENT 1

NAME OF PAYER

AMOUNT

INTERNATIONAL BUSINESS MACHINES CORPORATION
CHARLES SCHWAB

100.

625.

725.

TOTAL TO NJ-1040, PAGE 2, LINE 16

14541121 351438

REDACTED

12

2003.08000 BROWNE SANDERS, ANUCHA

STATEMENT(S) 1
08048461

Anucha Browne-Sanders

Form NJ - 1040X
2003

REDACTED

Explanation of Changes to Income, Deductions, and Credits

Line 16: Increase in Dividends	625	See Amended Schedule B
Line 36: Decrease in Property Tax Deduction	(4,200)	
Line 39: Increase in Credit for Other States Taxes Paid	1,895	

CONFIDENTIAL

Form **1040** Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return 2005

(99) IRS Use Only — Do not write or staple in this space.

Label (See instructions.)
Use the IRS label. Otherwise, please print or type.
Presidential Election Campaign

For the year Jan 1 - Dec 31, 2005, or other tax year beginning , 2005, ending , 20

Your first name MI Last name
ANUCHA BROWNE SANDERS

If a joint return, spouse's first name MI Last name
REDACTED

Home address (number and street). If you have a P.O. box, see instructions.
REDACTED

State ZIP code

OMB No. 1545-0074
 Your social security number
 Spouse's social security number

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

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions). You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here. **ROY J SANDERS**
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse

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

d Total number of exemptions claimed 4

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	307,320.
8a	Taxable interest. Attach Schedule B if required	8a	128.
8b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	1,593.
9b	Qualified dividends (see instrs)	9b	1,593.
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	1,937.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
15b	Taxable amount (see instrs)	15b	
16a	Pensions and annuities	16a	
16b	Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
20b	Taxable amount (see instrs)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	310,978.

Adjusted Gross Income

23	Educator expenses (see instructions)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instructions)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Tuition and fees deduction (see instructions)	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 - 31a and 32 - 35	36	0.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	310,978.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

PL04 397

Form 1040 (2005)

Form 1040 (2005) ANUCHA BROWNE SANDERS

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 310,978.

39a Check You were born before January 2, 1941, Blind. Total boxes checked 39a

if: Spouse was born before January 2, 1941, Blind. checked 39b

b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** 48,949.

41 Subtract line 40 from line 38 **41** 262,029.

42 If line 38 is over \$109,475, or you provided housing to a person (see instructions). Otherwise, multiply \$3,200 by the total number of exemptions claimed. **42** 0.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 262,029.

44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972. **44** 78,464.

45 Alternative minimum tax (see instructions). Attach Form 6251 **45** 6,201.

46 Add lines 44 and 45 **46** 84,665.

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Credit for the elderly or the disabled. Attach Schedule R **49**

50 Education credits. Attach Form 8863 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit (see instructions). Attach Form 8901 if required **52**

53 Adoption credit. Attach Form 8839 **53**

54 Credits from: a Form 8396 b Form 8859 **54**

55 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Form **55**

56 Add lines 47 through 55. These are your total credits **56**

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- **57** 84,665.

Other Taxes

58 Self-employment tax. Attach Schedule SE **58**

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 **59**

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **60**

61 Advance earned income credit payments from Form(s) W-2 **61**

62 Household employment taxes. Attach Schedule H **62**

63 Add lines 57-62. This is your total tax **63** 84,665.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 **64** 65,506.

65 2005 estimated tax payments and amount applied from 2004 return **65**

66a Earned income credit (EIC) **66a**

b Nontaxable combat pay election 66b

67 Excess social security and tier 1 RRTA tax withheld (see instructions) **67** 6.

68 Additional child tax credit. Attach Form 8812 **68**

69 Amount paid with request for extension to file (see instructions) **69**

70 Payments from: a Form 2439 b Form 4136 c Form 8885 **70**

71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments **71** 65,512.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid **72**

73a Amount of line 72 you want refunded to you **73a**

b Routing number c Type: Checking Savings

d Account number

74 Amount of line 72 you want applied to your 2006 estimated tax **74**

Amount You Owe

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions **75** 19,153.

76 Estimated tax penalty (see instructions) **76**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name **Preparer** Phone no. Personal identification number (PIN)

Sign Here

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

Joint return? See instructions.

Keep a copy for your records.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Preparer's SSN or PTIN

Firm's name (or yours if self-employed) 719 East Bristol Street Check if self-employed P00312469

address, and ZIP code Elkhart, IN 46514 CIN 35-2122749

Phone no. (574) 264-0395

SCHEDULE A
(Form 1040)

Itemized Deductions **CONFIDENTIAL**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2005
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

ANUCHA BROWNE SANDERS

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		REDACTED	
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
Taxes You Paid		State and local (check only one box):			
		a <input checked="" type="checkbox"/> Income taxes, or		5 22,524.	
		b <input type="checkbox"/> General sales taxes (see instructions)		6 10,139.	
		6 Real estate taxes (see instructions)		7	
		7 Personal property taxes		8	
		8 Other taxes. List type and amount ▶		8	
		9 Add lines 5 through 8		9 32,663.	
Interest You Paid		10 Home mtg interest and points reported to you on Form 1098		10 16,392.	
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶		11	
		12 Points not reported to you on Form 1098. See instrs for spl rules		12	
		13 Investment interest. Attach Form 4952 if required. (See instrs.)		13 338.	
		14 Add lines 10 through 13		14 16,730.	
Gifts to Charity		15 a Total gifts by cash or check. If you made any gift of \$250 or more, see instrs.		15 a 6,446.	
		b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see instructions)		15 b	
		16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		16 250.	
		17 Carryover from prior year		17	
		18 Add lines 15a, 16, & 17		18 6,696.	
Casualty and Theft Losses		19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		19 0.	
Job Expenses and Certain Miscellaneous Deductions		20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		20	
		21 Tax preparation fees		21	
		22 Other expenses — investment, safe deposit box, etc. List type and amount ▶		22	
		INVESTMENT FEES 1,532.		22 1,532.	
		23 Add lines 20 through 22		23 1,532.	
		24 Enter amount from Form 1040, line 38		24 310,978.	
		25 Multiply line 24 by 2% (.02)		25 6,220.	
		26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26 0.	
Other Miscellaneous Deductions		27 Other — from list in the instructions. List type and amount ▶		27 0.	
Total Itemized Deductions		28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)?		28 0.	
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.		Reduction -7,140.	
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.		28 48,949.	
		29 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶		29	

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

FDIA0301L 11/18/05

Schedule A (Form 1040) 2005

04399

Schedule B (Form 1040) 2005

CONFIDENTIAL

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040.

ANUCHA BROWNE SANDERS

Your social security number

Schedule B – Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address.

MERRILL LYNCH

REDACTED

Amount

128.

2 Add the amounts on line 1

128.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a.

128.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer.
IBM
MERRILL LYNCH
WALT DISNEY

Amount

123.

1,398.

72.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a.

1,593.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2005, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1

X

b If 'Yes,' enter the name of the foreign country.

8 During 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.

X

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

FDIA0401L 07/29/05

Schedule B (Form 1040) 2005

PL04400

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Capital Gains and Losses

CONFIDENTIAL

OMB No. 1545-0074

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

2005

Attachment
Sequence No. **12**

ANUCHA BROWNE SANDERS

Your social security number

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					REDACTED
2 Enter your short-term totals, if any, from Schedule D-1, line 2...		2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d).....		3			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.....					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.....					6
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).....					7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 MERRILL LYNCH	Various	Various	23.	23.	0.
9 Enter your long-term totals, if any, from Schedule D-1, line 9....		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d).....		10	23.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....					11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....					12
13 Capital gain distributions. See instrs.....					13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.....					14
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2.....					15

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

Schedule D (Form 1040) 2005

CONFIDENTIAL

Summary

REDACTED

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below

16

17 Are lines 15 and 16 both gains?

Yes. Go to line 18.

No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions

18

0.

19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions

19

20 Are lines 18 and 19 both zero or blank?

Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040. Do not complete lines 21 and 22 below.

No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:

- The loss on line 16 or
- (\$3,000), or if married filing separately, (\$1,500)

21

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b?

Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040.

No. Complete the rest of Form 1040.

Form **6251**
(Rev. January 2006)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

REDACTED

Alternative Minimum Tax – Individuals

CONFIDENTIAL

OMB No. 1545-0074

2005

Attachment
Sequence No. **32**

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040-ES

REDACTED

ANUCHA BROWNE SANDERS

Your social security number

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	262,029.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2-1/2% of Form 1040, line 38.	2	
3	Taxes from Schedule A (Form 1040), line 9.	3	32,663.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions.	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26.	5	
6	If Form 1040, line 38, is over \$145,950 (over \$72,975 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet in the Instructions for Schedules A and B (Form 1040).	6	-7,140.
7	Tax refund from Form 1040, line 10 or line 21.	7	-1,937.
8	Investment interest expense (difference between regular tax and AMT).	8	
9	Depletion (difference between regular tax and AMT).	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount.	10	
11	Interest from specified private activity bonds exempt from the regular tax.	11	
12	Qualified small business stock (7% of gain excluded under section 1202).	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income).	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, Code A).	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6).	15	
16	Disposition of property (difference between AMT and regular tax gain or loss).	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	17	
18	Passive activities (difference between AMT and regular tax income or loss).	18	
19	Loss limitations (difference between AMT and regular tax income or loss).	19	
20	Circulation costs (difference between regular tax and AMT).	20	
21	Long-term contracts (difference between AMT and regular tax income).	21	
22	Mining costs (difference between regular tax and AMT).	22	
23	Research and experimental costs (difference between regular tax and AMT).	23	
24	Income from certain installment sales before January 1, 1987.	24	
25	Intangible drilling costs preference.	25	
26	Other adjustments, including income-based related adjustments.	26	
27	Alternative tax net operating loss deduction.	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions.)	28	309,269.

Part II Alternative Minimum Tax

29	Exemption. (If this form is for a child under age 14, see instructions.)		
	IF your filing status is ...	AND line 28 is not over ...	THEN enter on line 29 ...
	Single or head of household	\$112,500	\$40,250
	Married filing jointly or qualifying widow(er)	150,000	58,000
	Married filing separately	75,000	29,000
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here.		309,269.
31	<ul style="list-style-type: none"> If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 		84,665.
32	Alternative minimum tax foreign tax credit (see instructions).		
33	Tentative minimum tax. Subtract line 32 from line 31.		84,665.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see instructions).		78,464.
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.		6,201.

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Page 2

Part III Tax Computation Using Maximum Capital Gains Rates

REDACTED

36	Enter the amount from Form 6251, line 30.		36	309,269.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions).	37	1,383.	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions).	38	0.	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary).	39	1,383.	
40	Enter the smaller of line 36 or line 39.		40	1,383.
41	Subtract line 40 from line 36.		41	307,886.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.		42	84,458.
43	Enter: • \$59,400 if married filing jointly or qualifying widow(er), • \$29,700 if single or married filing separately, or • \$39,800 if head of household.	43	29,700.	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-.	44	260,646.	
45	Subtract line 44 from line 43. If zero or less, enter -0-.	45	0.	
46	Enter the smaller of line 36 or line 37.	46	1,383.	
47	Enter the smaller of line 45 or line 46.	47		
48	Multiply line 47 by 5% (.05).		48	
49	Subtract line 47 from line 46.	49	1,383.	
50	Multiply line 49 by 15% (.15). If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		50	207.
51	Subtract line 46 from line 40.	51		
52	Multiply line 51 by 25% (.25).		52	
53	Add lines 42, 48, 50, and 52.		53	84,665.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.		54	84,845.
55	Enter the smaller of line 53 or line 54 here and on line 31.		55	84,665.

Form 6251 (2005) (Rev 1-2006)

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

Department of the Treasury
Internal Revenue Service (99)

CONFIDENTIAL

2005

▶ Attach to your tax return.

Attachment
Sequence No. **51**

Name(s) shown on return

ANUCHA BROWNE SANDERS

Identifying number

Part I Total Investment Interest Expense

REDACTED

1	Investment interest expense paid or accrued in 2005 (see instructions).....	1	338.
2	Disallowed investment interest expense from 2004 Form 4952, line 7.....	2	
3	Total investment interest expense. Add lines 1 and 2.....	3	338.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).....	4a	1,721.	
b	Qualified dividends included on line 4a.....	4b	1,593.	
c	Subtract line 4b from line 4a.....	4c		128.
d	Net gain from the disposition of property held for investment.....	4d		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions).....	4e		
f	Subtract line 4e from line 4d.....	4f		
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) ..	4g		210.
h	Investment income. Add lines 4c, 4f, and 4g.....	4h		338.
5	Investment expenses (see instructions).....	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-.....	6		338.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2006. Subtract line 6 from line 3. If zero or less, enter -0-.....	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.....	8	338.

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Form 4952 (2005)