

|             |             |           |                      |
|-------------|-------------|-----------|----------------------|
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|-------------|-------------|-----------|----------------------|

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|             |             |           |                           |          |
|-------------|-------------|-----------|---------------------------|----------|
| <b>2003</b> | <b>1040</b> | <b>US</b> | <b>Client Information</b> | <b>1</b> |
|-------------|-------------|-----------|---------------------------|----------|

**Financial Planning Services**  
 43849 Carentan Drive  
 Temecula, CA 92592  
 Telephone number: (909) 303-8750  
 Fax number: (801) 730-6124  
 E-mail address: taxman@alisensee.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2003 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

|                  |   |  |  |
|------------------|---|--|--|
| Filing Status    | Filing status (table) . . . . .                                   |  | <p align="center"><b>Filing Status</b></p> <p>1 = Single<br/>                 2 = Married filing joint<br/>                 3 = Married filing separate<br/>                 4 = Head of household<br/>                 5 = Qualifying widow(er)</p> |
|                  | 1=married filing separate and lived with spouse. . . . .          |  |  |
|                  | Year spouse died, if qualifying widow(er) (2001 or 2002). . . . . |  |  |
| Taxpayer         | First name and initial . . . . .                                  |  |  |
|                  | Last name . . . . .   |  |  |
|                  | Title/suffix . . . . .  |  |  |
|                  | Social security number. . . . .                                   |  |  |
|                  | Occupation . . . . .  |  |  |
|                  | Date of birth (m/d/y) . . . . .                                   |  |  |
|                  | Date of death (m/d/y) . . . . .                                   |  |  |
| 1=blind. . . . . |   |  |  |
| Spouse           | First name and initial . . . . .                                  |  |  |
|                  | Last name . . . . .   |  |  |
|                  | Title/suffix . . . . .  |  |  |
|                  | Social security number. . . . .                                   |  |  |
|                  | Occupation . . . . .  |  |  |
|                  | Date of birth (m/d/y) . . . . .                                   |  |  |
|                  | Date of death (m/d/y) . . . . .                                   |  |  |
| 1=blind. . . . . |   |  |  |
| Address          | In care of. . . . .   |  |  |
|                  | Street address . . . . .  |  |  |
|                  | Apartment number. . . . .   |  |  |
|                  | City. . . . .   |  |  |
|                  | State. . . . .  |  |  |
| Foreign Address  | ZIP code . . . . .  |  |  |
|                  | Region . . . . .  |  |  |
|                  | Postal code. . . . .  |  |  |
|                  | Country. . . . .  |  |  |

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Client Information (continued)

1 p2

Please add, change or delete information for 2003.

CLIENT INFORMATION

|                                    |                            |  |
|------------------------------------|----------------------------|--|
| Taxpayer<br>Contact<br>Information | Home phone.....            |  |
|                                    | Work phone.....            |  |
|                                    | Work extension.....        |  |
|                                    | Daytime phone (table)..... |  |
|                                    | Mobile phone.....          |  |
|                                    | Pager number.....          |  |
|                                    | Fax number.....            |  |
|                                    | E-mail address.....        |  |
| Spouse<br>Contact<br>Information   | Home phone.....            |  |
|                                    | Work phone.....            |  |
|                                    | Work extension.....        |  |
|                                    | Daytime phone (table)..... |  |
|                                    | Mobile phone.....          |  |
|                                    | Pager number.....          |  |
|                                    | Fax number.....            |  |
|                                    | E-mail address.....        |  |

Daytime Phone

1 = Work  
2 = Home

1 p2

|             |             |           |                   |          |
|-------------|-------------|-----------|-------------------|----------|
| <b>2003</b> | <b>1040</b> | <b>US</b> | <b>Dependents</b> | <b>2</b> |
|-------------|-------------|-----------|-------------------|----------|

**Please add, change or delete information for 2003.**

**DEPENDENTS**

|  | Dependent | Dependent |
|--|-----------|-----------|
| First name .....                       |           |           |
| Last name .....                        |           |           |
| Title/suffix .....                     |           |           |
| Date of birth (m/d/y) .....            |           |           |
| Social security number .....           |           |           |
| Relationship .....                     |           |           |
| Months lived at home .....             |           |           |
| Type of dependent (see table) .....    |           |           |
| Earned income credit (see table) ..... |           |           |
| Claimed by: 1=taxpayer, 2=spouse ..... |           |           |

**Type of Dependent**

- 1 = Child at home (default)
- 2 = Child not at home
- 3 = Dependent other than child
- 4 = Head of household only,  
not a dependent
- 5 = Earned income credit only,  
not a dependent

|  | Dependent | Dependent |
|--|-----------|-----------|
| First name .....                       |           |           |
| Last name .....                        |           |           |
| Title/suffix .....                     |           |           |
| Date of birth (m/d/y) .....            |           |           |
| Social security number .....           |           |           |
| Relationship .....                     |           |           |
| Months lived at home .....             |           |           |
| Type of dependent (see table) .....    |           |           |
| Earned income credit (see table) ..... |           |           |
| Claimed by: 1=taxpayer, 2=spouse ..... |           |           |

**Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

|  | Dependent | Dependent |
|--|-----------|-----------|
| First name .....                       |           |           |
| Last name .....                        |           |           |
| Title/suffix .....                     |           |           |
| Date of birth (m/d/y) .....            |           |           |
| Social security number .....           |           |           |
| Relationship .....                     |           |           |
| Months lived at home .....             |           |           |
| Type of dependent (see table) .....    |           |           |
| Earned income credit (see table) ..... |           |           |
| Claimed by: 1=taxpayer, 2=spouse ..... |           |           |

|  | Dependent | Dependent |
|--|-----------|-----------|
| First name .....                       |           |           |
| Last name .....                        |           |           |
| Title/suffix .....                     |           |           |
| Date of birth (m/d/y) .....            |           |           |
| Social security number .....           |           |           |
| Relationship .....                     |           |           |
| Months lived at home .....             |           |           |
| Type of dependent (see table) .....    |           |           |
| Earned income credit (see table) ..... |           |           |
| Claimed by: 1=taxpayer, 2=spouse ..... |           |           |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2003, please check the appropriate box and provide additional information if necessary.

| YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>PERSONAL INFORMATION</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2003?  |
|                          |                          | <b>DEPENDENTS</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2003?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 14 on January 1, 2004 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an advance payment of the child tax credit from the Internal Revenue Service?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the IRS sent you Form 8836, Qualifying Children Residency Statement, with a letter directing you to file it?  |
|                          |                          | <b>INCOME</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes?   |
|                          |                          | <b>PURCHASES, SALES AND DEBT</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2003?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2004?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone owe you money which had become uncollectible?  |

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2003, please check the appropriate box and provide additional information if necessary.

| YES                        | NO                       |  |
|----------------------------|--------------------------|--|
| <input type="checkbox"/>   | <input type="checkbox"/> | <b>RETIREMENT PLANS</b>  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?   |
| <br>                       |                          |  |
| <b>EDUCATION</b>           |                          |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12?  |
| <br>                       |                          |  |
| <b>ITEMIZED DEDUCTIONS</b> |                          |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you work out of town for part of the year?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
| <br>                       |                          |  |
| <b>ESTIMATED TAXES</b>     |                          |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you apply an overpayment of 2002 taxes to your 2003 estimated tax (instead of being refunded)?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | If you have an overpayment of 2003 taxes, do you want the excess applied to your 2004 estimated tax (instead of being refunded)?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | Do you expect your 2004 taxable income and withholdings to be generally the same as 2003?  |
| <br>                       |                          |  |
| <b>MISCELLANEOUS</b>       |                          |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Do you want to electronically file your tax return?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | May the IRS discuss this return with the preparer?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2003, please check the appropriate box and provide additional information if necessary.

| YES                      | NO                       | <b>MISCELLANEOUS (continued)</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$11,000, or any gifts to a trust?  |

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Direct Deposit & Estimates (Form 1040 ES)

3, 6, 7.1

Please enter all pertinent 2003 information.

DIRECT DEPOSIT OF REFUND (3)

1=direct deposit of federal tax refund into bank account
Name of bank
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32)
Depositor account number (up to 17 characters)
Type of account: 1=savings, 2=checking

Form with shaded areas for routing transit number and account number.

2003 ESTIMATED TAX (6)

Table with columns for Federal and State tax payments, including Amount Paid, Date Paid, and TS. Includes a section for Additional Estimated Tax Payments.

APPLICATION OF 2003 OVERPAYMENT (7.1)

If you have an overpayment of 2003 taxes, do you want the excess refunded? or applied to 2004 estimate? Other (please explain):

2004 ESTIMATED TAX INFORMATION

Do you expect your 2004 taxable income to be generally the same as 2003? Do you expect your 2004 withholding to be generally the same as 2003? If "no" explain any differences:

Hash Total

3, 6, 7.1



|             |             |           |                             |               |
|-------------|-------------|-----------|-----------------------------|---------------|
| <b>2003</b> | <b>1040</b> | <b>US</b> | <b>Wages &amp; Pensions</b> | <b>10, 13</b> |
|-------------|-------------|-----------|-----------------------------|---------------|

Please enter all pertinent 2003 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) |  | Wages, Tips, Other Compensation (Box 1) | Tax Withheld    |                         |                  |                |                | 2002 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
|     |                          | 1=spouse                   |  |   | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |

**PENSIONS, IRA DISTRIBUTIONS, W-2G (13)**

| No. | Name of Payer | 1=IRA/SEP/SIMPLE (Box 7) 2=W-2G |  | 1=rollover (Box 7)         | Taxable Amount (Box 2a) | Tax Withheld    |                | Value of all IRAs at 12/31/03 | 2002 Distribution |
|-----|---------------|---------------------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
|     |               | 1=spouse                        |  | Gross Distribution (Box 1) |                         | Federal (Box 4) | State (Box 10) |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |
|     |               |                                 |  |                            |                         |                 |                |                               |                   |



|             |             |           |                             |             |
|-------------|-------------|-----------|-----------------------------|-------------|
| <b>2003</b> | <b>1040</b> | <b>US</b> | <b>Miscellaneous Income</b> | <b>14.1</b> |
|-------------|-------------|-----------|-----------------------------|-------------|

**Please enter all pertinent 2003 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.**

**MISCELLANEOUS INCOME**

|  | 2003 Amount |        | 2002 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Social security benefits (SSA-1099, box 5).....    |             |        |             |        |
| Medicare premiums paid (SSA-1099).....             |             |        |             |        |
| Tier 1 RR retirement benefits (RRB-1099, box 5)... |             |        |             |        |
| 1=lump-sum election for SS benefits.....           |             |        |             |        |
| Alimony received.....                              |             |        |             |        |
| Taxable scholarships and fellowships.....          |             |        |             |        |
| Household employee income not on W-2.....          |             |        |             |        |
| Excess minister's allowance.....                   |             |        |             |        |
| Alaska permanent fund dividends.....               |             |        |             |        |
| Income from rental of personal property.....       |             |        |             |        |
| Income subject to S/E tax:                         |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| Other income (1099-MISC, box 3)                    |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |

**TAX WITHHELD** (not entered elsewhere)

|                                  |  |  |  |  |
|----------------------------------|--|--|--|--|
| Federal income tax withheld..... |  |  |  |  |
| State income tax withheld.....   |  |  |  |  |

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please enter all pertinent 2003 amounts and attach all 1099-G forms.  
Last year's amounts are provided for your reference.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2003 Amount

2002 Amount

|   |  |  |  |
|---|--|--|--|
| No. <input type="text"/>                    | Name of payer.....   |  |  |
|   | 1=spouse.....  |  |  |
|   | Unemployment compensation:                                   |  |  |
|   | Total received (Box 1).....                                  |  |  |
|   | 2003 Overpayment repaid.....                                 |  |  |
|   | State and local income tax refund, credit or offsets (Box 2) |  |  |
|   | Tax year for box 2 if not 2002 (Box 3)                       |  |  |
|   | Federal income tax withheld (Box 4).....                     |  |  |
|   | Taxable grants:  |  |  |
|   | Federal taxable amount (Box 6).....                          |  |  |
|   | State taxable amount, if different.....                      |  |  |
|   | Agriculture payments:  |  |  |
|   | Agriculture payments (Box 7).....                            |  |  |
|   | Number of farm.....  |  |  |
| 1=box 2 is trade or business income (Box 8) |  |  |  |
| State income tax withheld                   |  |  |  |

|   |  |  |  |
|---|--|--|--|
| No. <input type="text"/>                    | Name of payer.....   |  |  |
|   | 1=spouse.....  |  |  |
|   | Unemployment compensation:                                   |  |  |
|   | Total received (Box 1).....                                  |  |  |
|   | 2003 Overpayment repaid.....                                 |  |  |
|   | State and local income tax refund, credit or offsets (Box 2) |  |  |
|   | Tax year for box 2 if not 2002 (Box 3)                       |  |  |
|   | Federal income tax withheld (Box 4).....                     |  |  |
|   | Taxable grants:  |  |  |
|   | Federal taxable amount (Box 6).....                          |  |  |
|   | State taxable amount, if different.....                      |  |  |
|   | Agriculture payments:  |  |  |
|   | Agriculture payments (Box 7).....                            |  |  |
|   | Number of farm.....  |  |  |
| 1=box 2 is trade or business income (Box 8) |  |  |  |
| State income tax withheld                   |  |  |  |

|   |  |  |  |
|---|--|--|--|
| No. <input type="text"/>                    | Name of payer.....   |  |  |
|   | 1=spouse.....  |  |  |
|   | Unemployment compensation:                                   |  |  |
|   | Total received (Box 1).....                                  |  |  |
|   | 2003 Overpayment repaid.....                                 |  |  |
|   | State and local income tax refund, credit or offsets (Box 2) |  |  |
|   | Tax year for box 2 if not 2002 (Box 3)                       |  |  |
|   | Federal income tax withheld (Box 4).....                     |  |  |
|   | Taxable grants:  |  |  |
|   | Federal taxable amount (Box 6).....                          |  |  |
|   | State taxable amount, if different.....                      |  |  |
|   | Agriculture payments:  |  |  |
|   | Agriculture payments (Box 7).....                            |  |  |
|   | Number of farm.....  |  |  |
| 1=box 2 is trade or business income (Box 8) |  |  |  |
| State income tax withheld                   |  |  |  |

14.2

2003

1040

US

Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2003 amounts and attach all 1099-Q forms.  
 Enter qualified education expenses below that are not entered elsewhere.  
 Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

2003 Amount

2002 Amount

|  |   |  |  |
|--|---|--|--|
| No. <input type="text"/>   | Name of payer.....  |  |  |
|  | 1=spouse.....   |  |  |
|  | Qualified expenses:   |  |  |
|  | Higher education (net of nontaxable benefits).....                        |  |  |
|  | Elementary & secondary education (net of nontaxable benefits) ..          |  |  |
|  | Form 1099-Q:  |  |  |
|  | Gross distributions (Box 1).....  |  |  |
|  | Earnings (Box 2).....   |  |  |
|  | Basis (Box 3).....  |  |  |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4).....                            |  |  |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. |  |  |
|  | ESA's only:   |  |  |
| 2003 contributions to this ESA.....                                |   |  |  |
| Value of this account at 12/31/03 (plus outstanding rollovers).... |   |  |  |
| Basis in this ESA as of 12/31/02.....                              |   |  |  |

|  |   |  |  |
|--|---|--|--|
| No. <input type="text"/>   | Name of payer.....  |  |  |
|  | 1=spouse.....   |  |  |
|  | Qualified expenses:   |  |  |
|  | Higher education (net of nontaxable benefits).....                        |  |  |
|  | Elementary & secondary education (net of nontaxable benefits) ..          |  |  |
|  | Form 1099-Q:  |  |  |
|  | Gross distributions (Box 1).....  |  |  |
|  | Earnings (Box 2).....   |  |  |
|  | Basis (Box 3).....  |  |  |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4).....                            |  |  |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. |  |  |
|  | ESA's only:   |  |  |
| 2003 contributions to this ESA.....                                |   |  |  |
| Value of this account at 12/31/03 (plus outstanding rollovers).... |   |  |  |
| Basis in this ESA as of 12/31/02.....                              |   |  |  |

|  |   |  |  |
|--|---|--|--|
| No. <input type="text"/>   | Name of payer.....  |  |  |
|  | 1=spouse.....   |  |  |
|  | Qualified expenses:   |  |  |
|  | Higher education (net of nontaxable benefits).....                        |  |  |
|  | Elementary & secondary education (net of nontaxable benefits) ..          |  |  |
|  | Form 1099-Q:  |  |  |
|  | Gross distributions (Box 1).....  |  |  |
|  | Earnings (Box 2).....   |  |  |
|  | Basis (Box 3).....  |  |  |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4).....                            |  |  |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. |  |  |
|  | ESA's only:   |  |  |
| 2003 contributions to this ESA.....                                |   |  |  |
| Value of this account at 12/31/03 (plus outstanding rollovers).... |   |  |  |
| Basis in this ESA as of 12/31/02.....                              |   |  |  |

14.3

2003

1040

US

Business Income (Schedule C)

No.

16

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

|  |  |
|--|--|
| Principal business/profession .....                      |  |
| Principal business code .....                            |  |
| Business name, if different from Form 1040 .....         |  |
| Business address, if different from Form 1040 .....      |  |
| City, state, ZIP code, if different from Form 1040 ..... |  |
| Employer identification number .....                     |  |
| Other accounting method .....                            |  |

|  |  |  |
|--|--|--|
| Accounting method: 1=cash, 2=accrual .....           |  |  |
| Inventory method: 1=cost, 2=lower c/m, 3=other ..... |  |  |
| 1=change of inventory method .....                   |  |  |
| 1=spouse, 2=joint .....                              |  |  |
| 1=first Schedule C filed for this business .....     |  |  |
| 1=W-2 earnings as statutory employee .....           |  |  |
| 1=not subject to self-employment tax .....           |  |  |
| 1=did not "materially participate" .....             |  |  |
| 1=investment .....                                   |  |  |

INCOME

|   | 2003 Amount | 2002 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-MISC, box 7) ..... |             |             |
| Returns and allowances .....                          |             |             |
| Other income:   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |

COST OF GOODS SOLD

|  |  |  |
|--|--|--|
| Inventory at beginning of the year ..... |  |  |
| Purchases .....                          |  |  |
| Cost of items for personal use .....     |  |  |
| Cost of labor .....                      |  |  |
| Materials and supplies .....             |  |  |
| Other costs:                             |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| Inventory at end of the year .....       |  |  |

2003

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

|   | 2003 Amount | 2002 Amount |
|---|-------------|-------------|
| Accounting .....  |             |             |
| Advertising .....   |             |             |
| Answering service .....   |             |             |
| Bad debts from sales or service .....                                 |             |             |
| Bank charges .....  |             |             |
| Car and truck expenses (not entered elsewhere) .....                  |             |             |
| Commissions .....   |             |             |
| Contract labor .....  |             |             |
| Delivery and freight .....  |             |             |
| Dues and subscriptions .....  |             |             |
| Employee benefit programs .....                                       |             |             |
| Insurance (other than health) .....                                   |             |             |
| Mortgage interest (paid to banks, etc.) .....                         |             |             |
| Other interest (not entered elsewhere) .....                          |             |             |
| Janitorial .....  |             |             |
| Laundry and cleaning .....  |             |             |
| Legal and professional .....  |             |             |
| Miscellaneous .....   |             |             |
| Office expense .....  |             |             |
| Outside services .....  |             |             |
| Parking and tolls .....   |             |             |
| Pension and profit sharing plans - contributions .....                |             |             |
| Pension and profit sharing plans - admin. and education costs .....   |             |             |
| Postage .....   |             |             |
| Printing .....  |             |             |
| Rent - vehicles, machinery, & equipment (not entered elsewhere) ..... |             |             |
| Rent - other .....  |             |             |
| Repairs .....   |             |             |
| Security .....  |             |             |
| Supplies .....  |             |             |
| Taxes - real estate .....   |             |             |
| Taxes - payroll .....   |             |             |
| Taxes - sales tax included in gross receipts .....                    |             |             |
| Taxes - other (not entered elsewhere) .....                           |             |             |
| Telephone .....   |             |             |
| Tools .....   |             |             |
| Travel .....  |             |             |
| Total meals and entertainment in full (50%) .....                     |             |             |
| Department of Transportation meals in full (65%) .....                |             |             |
| Uniforms .....  |             |             |
| Utilities .....   |             |             |
| Wages .....   |             |             |

Other expenses:

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2





2003

1040

US

Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

|                          |   | 2003 Amount | 2002 Amount |
|--------------------------|---|-------------|-------------|
| No. <input type="text"/> | Description of property.....                            |             |             |
|                          | Date acquired (m/d/y).....                              |             |             |
|                          | Date sold (m/d/y).....                                  |             |             |
|                          | Gross profit ratio (.xxxx).....                         |             |             |
|                          | Current year principal payments (-1 if none).....       |             |             |
|                          | Post May 5, 2003 principal payments included above..... |             |             |
|                          | Prior years' payments.....                              |             |             |
| No. <input type="text"/> | Description of property.....                            |             |             |
|                          | Date acquired (m/d/y).....                              |             |             |
|                          | Date sold (m/d/y).....                                  |             |             |
|                          | Gross profit ratio (.xxxx).....                         |             |             |
|                          | Current year principal payments (-1 if none).....       |             |             |
|                          | Post May 5, 2003 principal payments included above..... |             |             |
|                          | Prior years' payments.....                              |             |             |
| No. <input type="text"/> | Description of property.....                            |             |             |
|                          | Date acquired (m/d/y).....                              |             |             |
|                          | Date sold (m/d/y).....                                  |             |             |
|                          | Gross profit ratio (.xxxx).....                         |             |             |
|                          | Current year principal payments (-1 if none).....       |             |             |
|                          | Post May 5, 2003 principal payments included above..... |             |             |
|                          | Prior years' payments.....                              |             |             |
| No. <input type="text"/> | Description of property.....                            |             |             |
|                          | Date acquired (m/d/y).....                              |             |             |
|                          | Date sold (m/d/y).....                                  |             |             |
|                          | Gross profit ratio (.xxxx).....                         |             |             |
|                          | Current year principal payments (-1 if none).....       |             |             |
|                          | Post May 5, 2003 principal payments included above..... |             |             |
|                          | Prior years' payments.....                              |             |             |
| No. <input type="text"/> | Description of property.....                            |             |             |
|                          | Date acquired (m/d/y).....                              |             |             |
|                          | Date sold (m/d/y).....                                  |             |             |
|                          | Gross profit ratio (.xxxx).....                         |             |             |
|                          | Current year principal payments (-1 if none).....       |             |             |
|                          | Post May 5, 2003 principal payments included above..... |             |             |
|                          | Prior years' payments.....                              |             |             |
| No. <input type="text"/> | Description of property.....                            |             |             |
|                          | Date acquired (m/d/y).....                              |             |             |
|                          | Date sold (m/d/y).....                                  |             |             |
|                          | Gross profit ratio (.xxxx).....                         |             |             |
|                          | Current year principal payments (-1 if none).....       |             |             |
|                          | Post May 5, 2003 principal payments included above..... |             |             |
|                          | Prior years' payments.....                              |             |             |

2003

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2003, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=business use in year of sale.

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale.

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests \*, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer.
Days used as main home - spouse.
Days property owned - taxpayer.
Days property owned - spouse.

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station.
Miles from old home to new work place.
Miles from old home to old work place.
Expenses for transportation and storage of household goods and personal effects.
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile).
Parking fees and tolls
Gas and oil
Miles driven to new home.

(\* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

2003

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

|                            |                      |
|----------------------------|----------------------|
| Kind of property .....     | <input type="text"/> |
| Location of property ..... | <input type="text"/> |

|  |                      |  |
|--|----------------------|--|
| Percentage of ownership if not 100% (.xxxx) .....        | <input type="text"/> |  |
| Percentage of tenant occupancy if not 100% (.xxxx) ..... | <input type="text"/> |  |
| 1=spouse, 2=joint .....                                  | <input type="text"/> |  |
| 1=nonpassive activity, 2=passive royalty .....           | <input type="text"/> |  |
| 1=did not actively participate .....                     | <input type="text"/> |  |
| 1=real estate professional .....                         | <input type="text"/> |  |
| 1=rental other than real estate .....                    | <input type="text"/> |  |
| 1=investment .....                                       | <input type="text"/> |  |

INCOME

|  | 2003 Amount          | 2002 Amount          |
|--|----------------------|----------------------|
| Rents received (Form 1099-MISC, box 1) .....     | <input type="text"/> | <input type="text"/> |
| Royalties received (Form 1099-MISC, box 2) ..... | <input type="text"/> | <input type="text"/> |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

|   |                      |                      |
|---|----------------------|----------------------|
| Advertising .....                             | <input type="text"/> | <input type="text"/> |
| Association dues .....                        | <input type="text"/> | <input type="text"/> |
| Auto and travel (not entered elsewhere) ..... | <input type="text"/> | <input type="text"/> |
| Cleaning and maintenance .....                | <input type="text"/> | <input type="text"/> |
| Commissions .....                             | <input type="text"/> | <input type="text"/> |
| Gardening .....                               | <input type="text"/> | <input type="text"/> |
| Insurance .....                               | <input type="text"/> | <input type="text"/> |
| Legal and professional fees .....             | <input type="text"/> | <input type="text"/> |
| Licenses and permits .....                    | <input type="text"/> | <input type="text"/> |
| Management fees .....                         | <input type="text"/> | <input type="text"/> |
| Miscellaneous .....                           | <input type="text"/> | <input type="text"/> |
| Mortgage interest (paid to banks, etc.) ..... | <input type="text"/> | <input type="text"/> |
| Other interest (not entered elsewhere) .....  | <input type="text"/> | <input type="text"/> |
| Painting and decorating .....                 | <input type="text"/> | <input type="text"/> |
| Pest control .....                            | <input type="text"/> | <input type="text"/> |
| Plumbing and electrical .....                 | <input type="text"/> | <input type="text"/> |
| Repairs .....                                 | <input type="text"/> | <input type="text"/> |
| Supplies .....                                | <input type="text"/> | <input type="text"/> |
| Taxes - real estate .....                     | <input type="text"/> | <input type="text"/> |
| Taxes - other (not entered elsewhere) .....   | <input type="text"/> | <input type="text"/> |
| Telephone .....                               | <input type="text"/> | <input type="text"/> |
| Utilities .....                               | <input type="text"/> | <input type="text"/> |
| Wages and salaries .....                      | <input type="text"/> | <input type="text"/> |

Other:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

18

2003

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

|   | 2003 Amount | 2002 Amount |
|---|-------------|-------------|
| Production type (preparer use only) .....                         |             |             |
| Cost depletion .....  |             |             |
| Percentage depletion rate or amount .....                         |             |             |
| State cost depletion, if different (-1 if none) .....             |             |             |
| State % depletion rate or amount, if different (-1 if none) ..... |             |             |

VACATION HOME

|   |  |  |
|---|--|--|
| Number of days rented at fair market value .....        |  |  |
| Number of days personal use .....                       |  |  |
| Number of days owned (if optional method elected) ..... |  |  |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

|   |  |  |
|---|--|--|
| Advertising .....                             |  |  |
| Association dues .....                        |  |  |
| Auto and travel (not entered elsewhere) ..... |  |  |
| Cleaning and maintenance .....                |  |  |
| Commissions .....                             |  |  |
| Gardening .....                               |  |  |
| Insurance .....                               |  |  |
| Legal and professional fees .....             |  |  |
| Licenses and permits .....                    |  |  |
| Management fees .....                         |  |  |
| Miscellaneous .....                           |  |  |
| Mortgage interest (paid to banks, etc.) ..... |  |  |
| Other interest (not entered elsewhere) .....  |  |  |
| Painting and decorating .....                 |  |  |
| Pest control .....                            |  |  |
| Plumbing and electrical .....                 |  |  |
| Repairs .....                                 |  |  |
| Supplies .....                                |  |  |
| Taxes - real estate .....                     |  |  |
| Taxes - other (not entered elsewhere) .....   |  |  |
| Telephone .....                               |  |  |
| Utilities .....                               |  |  |
| Wages and salaries .....                      |  |  |

Other:

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |





|             |             |           |  |                  |
|-------------|-------------|-----------|--|------------------|
| <b>2003</b> | <b>1040</b> | <b>US</b> | <b>Partnership and S corporation Information</b> | <b>20.1,20.2</b> |
|-------------|-------------|-----------|--|------------------|

Please add, change or delete 2003 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number (Line G) |
|-----|---------------------|--------------------------------|--|
|     |                     |                                |  |
|     |                     |                                |  |
|     |                     |                                |  |
|     |                     |                                |  |
|     |                     |                                |  |
|     |                     |                                |  |
|     |                     |                                |  |
|     |                     |                                |  |
|     |                     |                                |  |
|     |                     |                                |  |

**S CORPORATION INFORMATION (20.2)**

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number (Line C) |
|-----|-----------------------|--------------------------------|--|
|     |                       |                                |  |
|     |                       |                                |  |
|     |                       |                                |  |
|     |                       |                                |  |
|     |                       |                                |  |
|     |                       |                                |  |
|     |                       |                                |  |
|     |                       |                                |  |
|     |                       |                                |  |
|     |                       |                                |  |

|             |             |           |  |                  |
|-------------|-------------|-----------|--|------------------|
| <b>2003</b> | <b>1040</b> | <b>US</b> | <b>Estate or Trust and REMIC Information</b> | <b>20.3,20.4</b> |
|-------------|-------------|-----------|--|------------------|

Please add, change or delete 2003 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

| No. | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number |
|-----|-------------------------|--------------------------------|---------------------------------|
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |

**REMIC INFORMATION (20.4)**

| No. | Name of REMIC | Employer Identification Number |
|-----|---------------|--------------------------------|
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |

|  |  |  |  |                  |
|--|--|--|--|------------------|
|  |  |  |  | <b>20.3,20.4</b> |
|--|--|--|--|------------------|







Please enter all pertinent 2003 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

|   | 2003 Amount |        | 2002 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older) ..... |             |        |             |        |
| Contributions made to date .....  |             |        |             |        |
| 1=covered by plan, 2=not covered .....  |             |        |             |        |
| 2003 payments from 1/1/04 to 4/15/04 .....  |             |        |             |        |

**ROTH IRA CONTRIBUTIONS**

|  | 2003 Amount | 2002 Amount |
|--|-------------|-------------|
|  | Taxpayer    | Spouse      |
| Roth IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older) ..... |             |             |
| Contributions made to date .....   |             |             |

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

|   | 2003 Amount |        | 2002 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....    |             |        |             |        |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....    |             |        |             |        |
| Defined benefit contributions you expect to make .....                                  |             |        |             |        |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) ..... |             |        |             |        |
| Plan contribution rate if not .25 (.xxxx) .....   |             |        |             |        |
| Self-employed elective deferrals .....  |             |        |             |        |
| <b>SIMPLE contributions:</b>  |             |        |             |        |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....         |             |        |             |        |
| Employer matching rate if not .03 (.xxxx) .....   |             |        |             |        |
| 1=nonelective contributions (2%) .....  |             |        |             |        |
| Contributions made to date .....  |             |        |             |        |

**ADJUSTMENTS TO INCOME**

|   | 2003 Amount |        | 2002 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| <b>Self-employed health insurance:</b>  |             |        |             |        |
| Total premiums (excluding long-term care) .....   |             |        |             |        |
| Long-term care premiums .....   |             |        |             |        |
| Student loan interest paid (1098-E, box 1) .....  |             |        |             |        |
| Educator expenses (kindergarten thru grade 12) .....  |             |        |             |        |
| Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1) ..... |             |        |             |        |
| Deduction for clean fuel vehicles .....   |             |        |             |        |
| Expenses from rental of personal property .....   |             |        |             |        |
| <b>Other adjustments to income:</b>   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |

|                              | Taxpayer             |                  | Spouse |                  |
|------------------------------|----------------------|------------------|--------|------------------|
|                              | <b>Alimony paid:</b> |                  |        |                  |
| Recipient's first name ..... |                      |                  |        |                  |
| Recipient's last name .....  |                      |                  |        |                  |
| Recipient's SSN .....        |                      |                  |        |                  |
| Amount paid .....            |                      | <b>2002 amt:</b> |        | <b>2002 amt:</b> |

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Itemized Deductions

25

Please enter all pertinent 2003 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2003 Amount, TS, 2002 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Number of medical miles, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2003 estimates are automatic.)

Table with 3 columns: 2003 Amount, TS, 2002 Amount. Rows include State and local income taxes (1/01 payment, 2002 extension, 2002 return, prior years), Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

INTEREST PAID

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

Table with 3 columns: 2003 Amount, TS, 2002 Amount. Rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for Payee's name, SSN or FEIN, street address, city/state/ZIP, and Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2003 Amount, TS, 2002 Amount. Row for points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: 2003 Amount, TS, 2002 Amount. Row for investment interest.

Passive interest

Certain home mortgage interest included above (6251)

Table with 3 columns: 2003 Amount, TS, 2002 Amount. Rows for passive interest and certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

CASH CONTRIBUTIONS

50% Limitation (churches, schools, hospitals, and other charitable organizations):

Contributions by cash or check:

Horizontal lines for entering 2003 contribution amounts.

Table with 3 columns: 2003 Amount, TS, 2002 Amount. Rows for contributions and volunteer expenses.

Volunteer expenses (out-of-pocket)
Number of charitable miles

30% limitation (veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations):

Contributions by cash or check:

Horizontal lines for entering 2003 contribution amounts.

Table with 3 columns: 2003 Amount, TS, 2002 Amount. Rows for contributions and volunteer expenses.

Volunteer expenses (out-of-pocket)
Number of charitable miles

NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash contributions are over \$500)

50% limitation (see above):

Horizontal lines for entering 2003 contribution amounts.

Table with 3 columns: 2003 Amount, TS, 2002 Amount.

30% limitation (see above):

Horizontal lines for entering 2003 contribution amounts.

Table with 3 columns: 2003 Amount, TS, 2002 Amount.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Horizontal lines for entering 2003 contribution amounts.

Table with 3 columns: 2003 Amount, TS, 2002 Amount.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Horizontal lines for entering 2003 contribution amounts.

Table with 3 columns: 2003 Amount, TS, 2002 Amount.

25 p2

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Itemized Deductions (continued)

25 p3

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2003 Amount

TS

2002 Amount

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Blank lines for entering 2003 amounts for other unreimbursed employee expenses.

Table with 3 columns: 2003 Amount, TS, 2002 Amount for other unreimbursed employee expenses.

Investment expense:

Blank lines for entering 2003 amounts for investment expense.

Table with 3 columns: 2003 Amount, TS, 2002 Amount for investment expense.

Tax return preparation fee

Safe deposit box rental

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Blank lines for entering 2003 amounts for miscellaneous deductions.

Table with 3 columns: 2003 Amount, TS, 2002 Amount for miscellaneous deductions.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

Blank lines for entering 2003 amounts for other miscellaneous deductions.

Table with 3 columns: 2003 Amount, TS, 2002 Amount for other miscellaneous deductions.

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**If your total noncash contributions are in excess of \$500 in 2003,  
please complete the information below for each donee.**

**DONATED PROPERTY INFORMATION**

|  |   |  |  |
|--|---|--|--|
| <b>No.</b> <input style="width:40px; height:15px;" type="text"/> | Name of charitable organization (donee) .....     |  |  |
|  | Street address .....                              |  |  |
|  | City, state, ZIP code .....                       |  |  |
|  | 1=spouse, 2=joint .....                           |  |  |
|  | Property description .....                        |  |  |
|  | Date of contribution (m/d/y) * .....              |  |  |
|  | Date acquired by donor (m/y) * .....              |  |  |
|  | How acquired by donor (Table 1 or describe) ..... |  |  |
|  | Donor's cost or basis .....                       |  |  |
|  | Fair market value .....                           |  |  |
| Method used to determine FMV (Table 2 or describe) .....         |   |  |  |

|  |   |  |  |
|--|---|--|--|
| <b>No.</b> <input style="width:40px; height:15px;" type="text"/> | Name of charitable organization (donee) .....     |  |  |
|  | Street address .....                              |  |  |
|  | City, state, ZIP code .....                       |  |  |
|  | 1=spouse, 2=joint .....                           |  |  |
|  | Property description .....                        |  |  |
|  | Date of contribution (m/d/y) * .....              |  |  |
|  | Date acquired by donor (m/y) * .....              |  |  |
|  | How acquired by donor (Table 1 or describe) ..... |  |  |
|  | Donor's cost or basis .....                       |  |  |
|  | Fair market value .....                           |  |  |
| Method used to determine FMV (Table 2 or describe) .....         |   |  |  |

|  |   |  |  |
|--|---|--|--|
| <b>No.</b> <input style="width:40px; height:15px;" type="text"/> | Name of charitable organization (donee) .....     |  |  |
|  | Street address .....                              |  |  |
|  | City, state, ZIP code .....                       |  |  |
|  | 1=spouse, 2=joint .....                           |  |  |
|  | Property description .....                        |  |  |
|  | Date of contribution (m/d/y) * .....              |  |  |
|  | Date acquired by donor (m/y) * .....              |  |  |
|  | How acquired by donor (Table 1 or describe) ..... |  |  |
|  | Donor's cost or basis .....                       |  |  |
|  | Fair market value .....                           |  |  |
| Method used to determine FMV (Table 2 or describe) .....         |   |  |  |

|          |   |
|----------|---|
| <b>1</b> | <b>How Property was Acquired</b>                            |
|          | 1 = Purchase<br>2 = Gift<br>3 = Inheritance<br>4 = Exchange |

|          |   |
|----------|---|
| <b>2</b> | <b>Method Used to Determine FMV</b>   |
|          | 1 = Appraisal<br>2 = Thrift shop value<br>3 = Catalog<br>4 = Comparable sales<br><br>For other methods, see IRS Pub. 561. |

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Business Use of Home (Form 8829)

No.

29

Please enter 2003 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

|   | 2003 Amount | 2002 Amount |
|---|-------------|-------------|
| Form.....   |             |             |
| Number of form (e.g., enter 2 for Schedule C number 2).....               |             |             |
| Business use area (square footage).....                                   |             |             |
| Total area of home (square footage).....                                  |             |             |
| Total hours facility used (for daycare facilities only).....              |             |             |
| Total hours available (if not 8,760).....                                 |             |             |
| % (.xx) or amount of gross income from home if not 100% (-1 if none)..... |             |             |
| % (.xx) or amount of expenses from home if not 100% (-1 if none).....     |             |             |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

|                               |  |  |
|-------------------------------|--|--|
| Mortgage interest.....        |  |  |
| Real estate taxes.....        |  |  |
| Casualty losses.....          |  |  |
| Insurance.....                |  |  |
| Miscellaneous.....            |  |  |
| Rent.....                     |  |  |
| Repairs and maintenance.....  |  |  |
| Utilities.....                |  |  |
| Excess mortgage interest..... |  |  |
| Other indirect expenses:      |  |  |
| _____                         |  |  |
| _____                         |  |  |
| _____                         |  |  |
| _____                         |  |  |

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

|                                |  |  |
|--------------------------------|--|--|
| Mortgage interest.....         |  |  |
| Real estate taxes.....         |  |  |
| Casualty losses.....           |  |  |
| Insurance.....                 |  |  |
| Miscellaneous.....             |  |  |
| Rent.....                      |  |  |
| Repairs and maintenance.....   |  |  |
| Utilities.....                 |  |  |
| Excess mortgage interest.....  |  |  |
| Excess casualty losses.....    |  |  |
| Allowable casualty losses..... |  |  |
| Other direct expenses:         |  |  |
| _____                          |  |  |
| _____                          |  |  |
| _____                          |  |  |
| _____                          |  |  |



|             |             |           |   |  |           |
|-------------|-------------|-----------|---|--|-----------|
| <b>2003</b> | <b>1040</b> | <b>US</b> | <b>Vehicle/Employee Bus. Exp. (Form 2106)</b> | No. <input style="width:30px;" type="text"/> | <b>30</b> |
|-------------|-------------|-----------|---|--|-----------|

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|   |  |  |
|---|--|--|
| Occupation, if different from Form 1040.....                              | <input style="width:100%;" type="text"/> |  |
| Form.....   | <input style="width:100%;" type="text"/> |  |
| Number of form (1=first Schedule C, 2=second, etc.).....                  | <input style="width:100%;" type="text"/> |  |
| 1=spouse.....   | <input style="width:100%;" type="text"/> |  |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input style="width:100%;" type="text"/> |  |

**EMPLOYEE BUSINESS EXPENSES**

|   | 2003 Amount                              | 2002 Amount                              |
|---|--|--|
| Meal and entertainment expenses.....                              | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Reimbursements for meals and entertainment not on W-2, box 1..... | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| 1=Department of Transportation (65% meal allowance).....          | <input style="width:100%;" type="text"/> |  |
| Local transportation (bus, taxi, train, etc.).....                | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Travel expenses while away from home overnight.....               | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Reimbursements not included on Form W-2, box 1.....               | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Other business expenses:  | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| <input style="width:100%;" type="text"/>                          | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| <input style="width:100%;" type="text"/>                          | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |

**VEHICLE INFORMATION**

|  |  |  |
|--|--|--|
| 1=vehicle used primarily by more than 5% owner.....                  | <input style="width:100%;" type="text"/> |  |
| 1=vehicle is available for off-duty personal use.....                | <input style="width:100%;" type="text"/> |  |
| 1=no other vehicle is available for personal use.....                | <input style="width:100%;" type="text"/> |  |
| 1=no evidence to support your deduction.....                         | <input style="width:100%;" type="text"/> |  |
| 1=no written evidence to support your deduction.....                 | <input style="width:100%;" type="text"/> |  |
| Number of months your job required a vehicle (if not 12 months)..... | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |

**VEHICLE 1**

|   |  |  |
|---|--|--|
| Description of vehicle.....                                 | <input style="width:100%;" type="text"/> |  |
| Date placed in service (m/d/y).....                         | <input style="width:100%;" type="text"/> |  |
| Total mileage.....  | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Business mileage.....                                       | <input style="width:100%;" type="text"/> |  |
| Commuting mileage.....                                      | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Average daily round-trip commute.....                       | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Parking fees and tolls (business portion only).....         | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| 1=force actual expenses, 2=force standard mileage rate..... | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Actual expenses:  | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Gasoline, lube, oil.....                                    | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Repairs.....  | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Tires.....  | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Insurance.....  | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Miscellaneous.....  | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Auto license (other than personal property taxes).....      | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Personal property taxes (based on car's value).....         | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Interest (car loan) (for Schedule C, E & F).....            | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Vehicle rent or lease payments.....                         | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Inclusion amount (enter as positive).....                   | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Value of employer-provided vehicle on Form W-2 (2106).....  | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |

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**Vehicle Expenses (Form 2106) (cont.)**

No.

**30** p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

**VEHICLE 2**

|  | 2003 Amount | 2002 Amount |
|--|-------------|-------------|
| Description of vehicle .....                                 |             |             |
| Date placed in service (m/d/y) .....                         |             |             |
| Total mileage .....  |             |             |
| Business mileage .....                                       |             |             |
| Commuting mileage .....                                      |             |             |
| Average daily round-trip commute .....                       |             |             |
| Parking fees and tolls (business portion only) .....         |             |             |
| 1=force actual expenses, 2=force standard mileage rate ..... |             |             |
| Actual expenses:   |             |             |
| Gasoline, lube, oil .....                                    |             |             |
| Repairs .....  |             |             |
| Tires .....  |             |             |
| Insurance .....  |             |             |
| Miscellaneous .....  |             |             |
| Auto license (other than personal property taxes) .....      |             |             |
| Personal property taxes (based on car's value) .....         |             |             |
| Interest (car loan) (for Schedule C, E and F) .....          |             |             |
| Vehicle rent or lease payments .....                         |             |             |
| Inclusion amount (enter as positive) .....                   |             |             |
| Value of employer-provided vehicle on Form W-2 (2106) .....  |             |             |

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US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2003 information.

GENERAL INFORMATION

|  |  |  |
|--|--|--|
| 1=spouse.....  |  |  |
| Foreign address of taxpayer, if different from Form 1040.....  |  |  |
| Employer's name.....   |  |  |
| Employer's U.S. address.....   |  |  |
| Employer's foreign address.....  |  |  |
| Employer type: <small>1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other</small> |  |  |
| Employer type, if other.....   |  |  |
| Enter last year (after '81) Form 2555 was filed.....   |  |  |
| 1=revoked choice of earlier exclusion claimed.....   |  |  |
| Type of exclusion revoked.....   |  |  |
| Tax year revocation was effective (m/y).....   |  |  |
| Country of citizenship.....  |  |  |
| 1=maintain separate residence due to adverse living conditions.....  |  |  |
| City and country of separate foreign residence.....  |  |  |
| Number of days during tax year at separate foreign address.....  |  |  |
| Tax home(s) during tax year.....   |  |  |
| Dates tax home(s) were established (m/d/y).....  |  |  |

BONA FIDE RESIDENCE TEST

|   |  |  |
|---|--|--|
| Beginning date for bona fide residence (m/d/y).....   |  |  |
| Ending date for bona fide residence (m/d/y).....  |  |  |
| Living quarters in foreign country: <small>1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer</small> |  |  |
| 1=part of family lived abroad with taxpayer during year.....  |  |  |
| Names of family living abroad.....  |  |  |
| Period family lived abroad.....   |  |  |
| 1=submitted statement to country of bona fide residence.....  |  |  |
| 1=required to pay income tax to country of bona fide residence.....   |  |  |
| Contractual terms relating to length of employment abroad.....  |  |  |
| Type of visa you entered foreign country under.....   |  |  |
| 1=visa limited length of stay or employment in country.....   |  |  |
| Explanation why visa limited stay in country.....   |  |  |
| 1=maintained a home in U.S. while living abroad.....  |  |  |
| Address of home in U.S. ....  |  |  |
| 1=U.S. home rented.....   |  |  |
| Names of occupants in U.S. home.....  |  |  |
| Relationship of occupants in U.S. home.....   |  |  |

PHYSICAL PRESENCE TEST

|  |  |  |
|--|--|--|
| Physical presence test beginning date (m/d/y)..... |  |  |
| Physical presence test ending date (m/d/y).....    |  |  |
| Principal country of employment.....               |  |  |

FOREIGN HOUSING EXPENSES

|                                 | 2003 Amount | 2002 Amount |
|---------------------------------|-------------|-------------|
| Qualified housing expenses..... |             |             |

31.1



|             |             |           |   |  |             |
|-------------|-------------|-----------|---|--|-------------|
| <b>2003</b> | <b>1040</b> | <b>US</b> | <b>Foreign Income Exclusion (Form 2555)</b> | No. <input style="width:30px;" type="text"/> | <b>31.4</b> |
|-------------|-------------|-----------|---|--|-------------|

**Please enter all pertinent 2003 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

**FOREIGN WAGES, SALARIES, TIPS**

|   | 2003 Amount | 2002 Amount |
|---|-------------|-------------|
| 1=spouse .....                                |             |             |
| 1=retirement plan (Box 13) .....              |             |             |
| 1=income earned in a prior year .....         |             |             |
| Name of employer (Box c) .....                |             |             |
| Wages, tips, other compensation (Box 1) ..... |             |             |
| Federal income tax withheld (Box 2) .....     |             |             |
| Social security tax withheld (Box 4) .....    |             |             |
| Medicare tax withheld (Box 6) .....           |             |             |
| State income tax withheld (Box 17) .....      |             |             |
| Local income tax withheld (Box 19) .....      |             |             |

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

|                                 |  |  |
|---------------------------------|--|--|
| Home (lodging) .....            |  |  |
| Meals .....                     |  |  |
| Car .....                       |  |  |
| Other properties or facilities: |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

**Allowances and Reimbursements**

|  |  |  |
|--|--|--|
| Cost of living and overseas differential ..... |  |  |
| Family .....                                   |  |  |
| Education .....                                |  |  |
| Home leave .....                               |  |  |
| Quarters .....                                 |  |  |
| Other purposes:                                |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|   |  |  |
|---|--|--|
| Meals and lodging provided for the convenience of the Employer (excludable under section 119) ..... |  |  |
|---|--|--|

**Other Foreign Earned Income**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

**2003 Days Worked Allocation Information**

|   |  |  |
|---|--|--|
| Total number of days worked (if not 240) .....                |  |  |
| Total days worked before and after foreign assignment .....   |  |  |
| Foreign days worked before and after foreign assignment ..... |  |  |

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US

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2003 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

Table with columns for 2003 Amount (Taxpayer, Spouse) and 2002 Amount (Taxpayer, Spouse). Rows include dependent care expenses incurred but not paid in 2003 and employer-provided benefits forfeited in 2003.

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

Form for Person 1: Fields for No., First name, Last name, Date of birth, Social security number, Qualified dependent care expenses incurred and paid in 2003, 2002 amt, 1=disabled, 1=spouse, 2=joint.

Form for Person 2: Fields for No., First name, Last name, Date of birth, Social security number, Qualified dependent care expenses incurred and paid in 2003, 2002 amt, 1=disabled, 1=spouse, 2=joint.

Form for Person 3: Fields for No., First name, Last name, Date of birth, Social security number, Qualified dependent care expenses incurred and paid in 2003, 2002 amt, 1=disabled, 1=spouse, 2=joint.

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

Form for Provider 1: Fields for No., Name of provider, Street address, City, state, ZIP code, Identification number (SSN or EIN), Amount paid to care provider in 2003, 2002 amt, 1=spouse, 2=joint.

Form for Provider 2: Fields for No., Name of provider, Street address, City, state, ZIP code, Identification number (SSN or EIN), Amount paid to care provider in 2003, 2002 amt, 1=spouse, 2=joint.

33.1,33.2

Please enter all pertinent information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

|   |  | 2003 Amount   | 2002 Amount |  |
|---|--|---|-------------|--|
| No. <input style="width: 40px;" type="text"/> | First name.....  |   |             |  |
|   | Last name.....   |   |             |  |
|   | Identification number.....                             |   |             |  |
|   | Date of birth (m/d/y).....                             |   |             |  |
|   | 1=born before 1985 and was disabled.....               |   |             |  |
|   | 1=special needs child.....                             |   |             |  |
|   | 1=foreign child.....                                   |   |             |  |
|   | 1=adoption of foreign child was not final in 2003..... |   |             |  |
|   | Qualified Adoption Expenses Paid in *                  | 2002 (or after '96 for foreign child) for adoption finalized in 2003..... |             |  |
|   |  | 2002 and 2003 for adoption finalized in 2003.....                         |             |  |
| 2003 for adoption finalized before 2003.....  |  |   |             |  |
| 1=spouse, 2=joint.....                        |  |   |             |  |
| No. <input style="width: 40px;" type="text"/> | First name.....  |   |             |  |
|   | Last name.....   |   |             |  |
|   | Identification number.....                             |   |             |  |
|   | Date of birth (m/d/y).....                             |   |             |  |
|   | 1=born before 1985 and was disabled.....               |   |             |  |
|   | 1=special needs child.....                             |   |             |  |
|   | 1=foreign child.....                                   |   |             |  |
|   | 1=adoption of foreign child was not final in 2003..... |   |             |  |
|   | Qualified Adoption Expenses Paid in *                  | 2002 (or after '96 for foreign child) for adoption finalized in 2003..... |             |  |
|   |  | 2002 and 2003 for adoption finalized in 2003.....                         |             |  |
| 2003 for adoption finalized before 2003.....  |  |   |             |  |
| 1=spouse, 2=joint.....                        |  |   |             |  |
| No. <input style="width: 40px;" type="text"/> | First name.....  |   |             |  |
|   | Last name.....   |   |             |  |
|   | Identification number.....                             |   |             |  |
|   | Date of birth (m/d/y).....                             |   |             |  |
|   | 1=born before 1985 and was disabled.....               |   |             |  |
|   | 1=special needs child.....                             |   |             |  |
|   | 1=foreign child.....                                   |   |             |  |
|   | 1=adoption of foreign child was not final in 2003..... |   |             |  |
|   | Qualified Adoption Expenses Paid in *                  | 2002 (or after '96 for foreign child) for adoption finalized in 2003..... |             |  |
|   |  | 2002 and 2003 for adoption finalized in 2003.....                         |             |  |
| 2003 for adoption finalized before 2003.....  |  |   |             |  |
| 1=spouse, 2=joint.....                        |  |   |             |  |

2003

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US

Education Credits (Form 8863)

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Please complete the information below if you paid qualified education expenses in 2003 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS

Table with 4 columns: No., Student Info., 2003 Amount, 2002 Amount. Contains 7 rows of student information and expense data.

\*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.



2003

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US

Household Employment Taxes (Schedule H)

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Please enter all pertinent 2003 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,400 or more in 2003; withheld federal income tax during 2003 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to household employees, please complete the following:

Employer identification number. . . . . [ ]
1=spouse, 2=joint . . . . . [ ]

Table with 3 columns: Description, 2003 Amount, 2002 Amount. Rows include Social security, Medicare and income taxes: 1=paid any one employee cash wages of \$1,400 or more, 1=withheld federal income tax for household employee, Total cash wages subject to social security taxes, Total cash wages subject to Medicare taxes, Federal income tax withheld, Advance earned income credit payments, Taxes withheld from state disability payments.

Table with 3 columns: Description, 2003 Amount, 2002 Amount. Rows include Federal unemployment tax: 1=paid total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003, Total cash wages subject to FUTA tax, 1=paid unemployment contributions to only one state, 1=paid all state unemployment contributions by 4/15/04, 1=all wages taxable for FUTA were also taxable for state unemployment, Name of state, State reporting number, Contributions paid to state unemployment fund.

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2003

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US

Parent's Election to Report Child's Inc.

No.

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Please enter all pertinent 2003 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference.

CHILD'S INFORMATION

Form with fields for Child's Information: First name, Last name, Social security number, Date of birth, 1=nontaxable to federal, 1=nontaxable to state.

INTEREST INCOME (Form 1099-INT)

Table for Interest Income with columns for 2003 Amount and 2002 Amount. Rows include Banks, credit unions, etc. (Box 1); U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3); Tax-exempt interest; Adjustments; Foreign; and Post 8/7/86 private activity bond interest.

DIVIDEND INCOME (Form 1099-DIV)

Table for Dividend Income with columns for 2003 Amount and 2002 Amount. Rows include Total ordinary dividends (Box 1a); Qualified dividends (Box 1b); Total capital gain distributions (Box 2a); Post-May 5 capital gain distributions (Box 2b); Qualified 5-year gain (Box 2c); Unrecaptured section 1250 gain (Box 2d); Section 1202 gain (Box 2e); Collectibles (28%) gain (Box 2f); Nontaxable distributions (Box 3); Tax-exempt interest; Nominee distributions; and Alaska permanent fund dividends included above.

