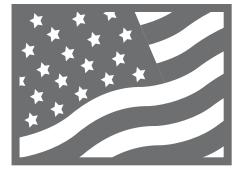


# Laminated Tax Forms



The IRS Mission

Provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all.



# **Reproducible Copies** of Federal Tax Forms

Publication 3194 contains reproducible copies of tax forms. These forms may be reproduced and filed with the Internal Revenue Service.

The following forms are included in this publication:

- Form 1040, U.S. Individual Income Tax Return
- Form 1040A, U.S. Individual Income Tax Return
- *Form 1040EZ,* Income Tax Return for Single and Joint Filers With No Dependents
- *Form 1040 Sch. A&B,* Itemized Deductions/Interest and Ordinary Dividends
- Form 1040 Sch. C, Profit or Loss From Business
- Form 1040 Sch. D, Capital Gains and Losses
- Form 1040 Sch. E, Supplemental Income and Loss
- Form 1040 Sch. EIC, Earned Income Credit
- Form 1040 Sch. SE, Self-Employment Tax
- Form 1040X, Amended U.S. Individual Income Tax Return
- Form 2106, Employee Business Expenses
- Form 2441, Child and Dependent Care Expenses
- *Form 4868,* Application for Automatic Extension of Time to File U.S. Individual Income Tax Return
- Form 8283, Noncash Charitable Contributions
- Form 8812, Additional Child Tax Credit
- *Form 8863,* Education Credits (Hope and Lifetime Learning Credits)

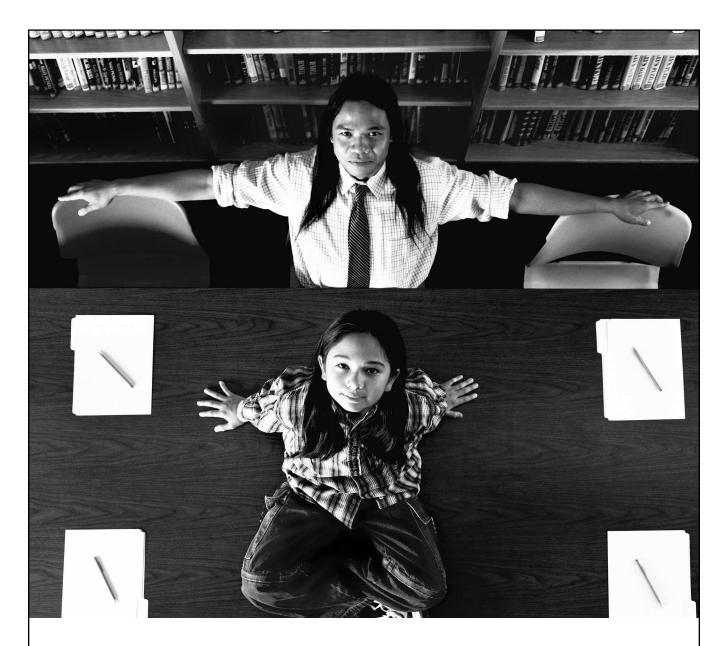
## Helpful Hints

- To obtain clean, clear copies, follow the machine instructions completely.
- Do not tear or destroy the original copy.
- Handle all originals with care.
- Do not remove the publication or original from this location.

## **Quick and Easy Access To Tax Products**

To obtain products that are not included in this publication, see inside for additional information about other sources for tax material and assistance.





## The Earned Income Tax Credit. You've earned it. Why not claim it?

If you're working hard just to make ends meet and have one or more children living with you, you may qualify for the EITC. Think of it as a reward for doing one of life's most beautiful, most important and most loving jobs. Visit our Web site or ask your tax preparer if you qualify.

A message from the Internal Revenue Service. **www.irs.gov** 



The Internal Revenue Service Working to put service first

## **Quick and Easy Access to IRS Tax Help and Tax Products**



## Personal Computer

You can access the IRS website 24 hours a day, 7 days a week, at *www.irs.gov* to:

- Access commercial tax preparation and *e-file* services available for FREE to eligible taxpayers
- Find out the amount of advance child tax credit payments you received in 2003
- Check the status of your 2003 refund
- Download forms, instructions, and publications
- Order IRS products online
- See answers to frequently asked tax questions
- Search publications online by topic or keyword
- Figure your withholding allowances using our Withholding Calculator
- Send us comments or request help by email
- Sign up to receive local and national tax news by email



## **IRS TaxFax Service**

Dial **703-368-9694** from your fax machine to get up to 3 items per call. Long-distance charges may apply. Follow the directions of the prompts and your items will be immediately faxed back to you.

For help with transmission problems, call the FedWorld Help Desk at **(703) 487-4608**.



### Phone

Obtain forms, instructions, and publications 24 hours a day, 7 days a week, by calling:

**1-800-829-3676** to order current year forms, instructions, and publications and prior year forms and instructions. You should receive your order within 10 days.



## Walk-In

Pick up certain forms, instructions and publications at many post offices, libraries and IRS offices. Some grocery stores, copy centers, city and county government offices, credit unions and office supply stores have a collection of reproducible tax forms available to photocopy or print from a CD-ROM.



## Mail

Send your order for tax products to the Distribution Center nearest you. You should receive your products within 10 days after we receive your order.

- Western part of U.S. Western Area Distribution Center Rancho Cordova, CA 95743-0001
- Central part of U.S. Central Area Distribution Center P.O. Box 8903 Bloomington, IL 61702-8903
- Eastern part of U.S. and foreign addresses: Eastern Area Distribution Center P.O. Box 85074 Richmond, VA 23261-5074



## **CD-ROM**

Order IRS Publication 1796, Federal Tax Products on CD-ROM, and obtain:

- Current tax forms, instructions, and publications
- Prior-year tax forms and instructions
- Popular tax forms which may be filled-in electronically, printed out for submission, and saved for recordkeeping
- Internal Revenue Bulletin

Purchase the CD-ROM via Internet at http://www.irs.gov/cdorders from the National Technical Information Service (NTIS) for \$22 (no handling fee). Order by phone at 1-877-CDFORMS (1-877-233-6767) for \$22 (plus \$5 handling fee).

Availability: First release-early January

Final release-late February

#### Minimum System Requirements:

Microsoft Windows 98SE, ME, NT, 2000 (Pentium class processor)

- 32 MB RAM (64 MB Recommended)
- 115 MB of available hard disk space



Department of the Treasury Internal Revenue Service www.irs.gov

## **Community Based Outlet Programs**

The Internal Revenue Service and local community businesses and government across the United States are working together to increase accessibility of tax materials to the public.



## **Copy Center Program**

Through this program, copy centers can offer taxpayers a wide variety of IRS forms with instructions for photocopying.



## Credit Union Program

The IRS provides credit unions with a variety of reproducible tax materials to make available to their members.



## Grocery Store/Pharmacy Program

Grocery stores and pharmacies are provided laminated tax forms, which they may attach to a self-service photocopy machine.



## City and County Governments Program

City and County government agencies are provided a variety of tax products so that the community will have easy access to federal tax materials and information.



## **Corporate Partnership Program**

This program provides employers, of 100 or more employees, with a free copy of the **Publication 1796**, *Federal Tax Products* on CD-ROM. The employer can load this information on their Intranet or local area network so employees can access information.

• For further information on any of the above programs contact our Customer Service Representative at **1-916-636-7705.** 



## Post Office Program

The IRS supplies various tax materials to over 25,000 post offices nationwide. These include individual forms, schedules and instructions.



## **Library Program**

Participating libraries make available forms, schedules and instructions in either reproducible format, or bulk forms. Currently over 14,000 libraries participate in this program.

• Post offices and libraries may contact the IRS at **1-800-829-2765.** 

## **General Assistance Information**

Earned Income Tax Credit

Find out if you're eligible. **Call 1-800-829-3676** for our free IRS **Publication 596**, *Earned Income Credit*, or visit our web site at **www.irs.gov.** 



consider it done

## 53 Million People Know the Quick, Easy, Smart Way to Get Their Taxes DONE!

IRS e-file is the fastest, easiest and most convenient way to file your income tax return. So easy, millions of people prefer to *e-file* over filing a paper tax return. You can *e-file* through a tax professional, a personal computer, or if you receive a TeleFile Tax Package, over the telephone. With IRS e-file, your return is quickly checked for errors or other missing information and you receive a receipt that your return was accepted for processing within 48 hours. You also get your refund in half the time as paper filers do, in as few as 10 days with Direct Deposit. Sign your return electronically and file a completely paperless return. And if you have a balance due, you can file early and authorize an electronic funds withdrawl from your checking or savings account or pay by credit card up to and including April 15, 2004. For the second year, FREE FILE is available on irs.gov. If eligible, FREE FILE allows you to use free commercial tax preparation software and e-file services to file your income tax return on line at no cost. Other free or low-cost electronic filing options are available on our Partners Page located on irs.gov. With free filing options now available, why wouldn't you try e-file?

For more information about this fast, convenient filing method, visit <u>www.irs.gov</u>.

## Do more than surf the web with your computer. Do your taxes that way too.

## Taxpayer Advocacy Panel (TAP)

The IRS Taxpayer Advocacy Panel is an independent volunteer advisory group appointed by the Secretary of the Treasury. The TAP assists the IRS in identifying ways and methodologies of improving customer Service. For more information, visit their web site at **www.improvelRS.org**.

## **Taxpayer Advocate Service**

If you have an ongoing issue with the IRS that has not been resolved through normal channels, or are about to suffer a significant hardship as a result of the application of the tax laws, contact the Taxpayer Advocate Service for assistance at **1-877-777-4778**.



Department of the Treasury Internal Revenue Service www.irs.gov

<b>1040</b>		rtment of the Treasury—Internal Revenue	= 1111 M	03		IRS Use (	Dnly—Do no	t write or	staple in this	space.	
-	For	the year Jan. 1-Dec. 31, 2003, or other tax year be	ginning	, 2003, e	nding	ı	20	0	MB No. 15	45-0074	
Label	You	r first name and initial	Last name					Your s	ocial secu	rity num	ber
(See L A											
on page 19.) E	lf a	joint return, spouse's first name and initial	Last name					Spouse	e's social s	ecurity r	umber
Use the IRS Label. H Otherwise, E	Hor	ne address (number and street). If you have	a P.O. box, see pag	ge 19.		Apt. no			Impor	tant!	
please print or type.	City	i, town or post office, state, and ZIP code. If	f you have a foreign	address	, see page	19.			ou <b>must</b> our SSN(s		÷.
Presidential Election Campaign		Note. Checking "Yes" will not change	your tax or rodu		rofund			Yo	L	Spous	se
(See page 19.)		Do you, or your spouse if filing a joint				?	. ►	Yes	s 🗌 No	Yes	No
Filing Status	1	Single		4					person). (		
•	2	☐ Married filing jointly (even if only one					erson is a d e here. ►	chila dut	not your c	lepender	it, enter
Check only one box.	3 🗆	_ Married filing separately. Enter spou and full name here. ►	use's SSN above	5 [				depend	dent child.	(See pa	 ige 20.)
Exemptions	6a	Vourself. If your parent (or someoreturn, do not check be		n you as		-			No. of bo checked 6a and 6	on	<u> </u>
•	b	<b>Spouse</b>						]	No. of ch		
	с	Dependents:	(2) Depende	ent's	(3) Depe		(4) vif qua		on 6c wł	no:	
		(1) First name Last name	social security r		relation yo	•	child for chi credit (see pa		<ul> <li>lived wi</li> <li>did not</li> </ul>	-	
									you due to	o divorce	
If more than five dependents,									or separat (see page		
see page 21.									Dependen	its on 6c	
									not entere	-	
									Add numb on lines	ers	
	d	Total number of exemptions claimed				<u> </u>		<u>· ·</u>	above 🕨		
Income	7 8a	Wages, salaries, tips, etc. Attach Forn <b>Taxable</b> interest. Attach Schedule B it		•••	· · ·		· ·	7 8a			
Attach	b	Tax-exempt interest. Do not include	on line 8a	. 8	b						
Forms W-2 and	9a	Ordinary dividends. Attach Schedule E	B if required .	• •				9a			<u> </u>
W-2G here. Also attach	b	· · · · · · ·		•	b						
Form(s) 1099-R	10	Taxable refunds, credits, or offsets of	state and local in	ncome t	axes (see	page 2	3)	10			<u> </u>
if tax was withheld.	11	Alimony received		· ·		• • •		11			<u> </u>
withincid.	12	Business income or (loss). Attach Sch				• • •	、 <u> </u>	12			+
	13a	Capital gain or (loss). Attach Schedule				ск nere	┍╷⊔	13a			+
If you did not		If box on 13a is checked, enter post-May 5 ca	apital gain distributio					14			
If you did not get a W-2,	14 15a	Other gains or (losses). Attach Form 4 IRA distributions 15a	+/9/	1	 kable amou			15b			+
see page 22.	15a 16a	Pensions and annuities 16a			kable amou		•	16b			$\vdash$
Enclose, but do	17	Rental real estate, royalties, partnershi	ins S corporation				-	17			$\square$
not attach, any	18	Farm income or (loss). Attach Schedu						18			
payment. Also, please use	19	Unemployment compensation						19			
Form 1040-V.	20a	Social security benefits 20a		<b>b</b> Tax	kable amou	int (see p	age 27)	20b			
	21	Other income. List type and amount (s						21			<u> </u>
	22	Add the amounts in the far right column	n for lines 7 throug			total inc	ome 🕨	22			<u> </u>
Adjusted	23	Educator expenses (see page 29)		· –	3						
Gross	24	IRA deduction (see page 29)		• –	24						
Income	25	Student loan interest deduction (see p	-	· –	.5 :6						
Income	26	Tuition and fees deduction (see page		· –	27						
	27	Moving expenses. Attach Form 3903		· –	8						
	28 29	One-half of self-employment tax. Attac Self-employed health insurance deduc		· –	9						
	29 30	Self-employed SEP, SIMPLE, and qua			0						
	30 31	Penalty on early withdrawal of savings		· –	1						
	32a	Alimony paid <b>b</b> Recipient's SSN <b>&gt;</b>		· –	2a						
	33	Add lines 23 through 32a						33			
	34	Subtract line 33 from line 22. This is y	your adjusted gro	oss inco	ome .		. ►	34			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 77.

Form	1040	(2003)
------	------	--------

Tax and	35	Amount from line 34 (adjusted gross income	)		<b></b>	35
Credits	36a	Check $\int \Box$ You were born before January				
Standard	1	if:	ary 2, 1939,	Blind. ∫ checked	► 36a 🔄	
Deduction	b	If you are married filing separately and your	spouse itemiz	zes deductions, or	_	
for—	_	you were a dual-status alien, see page 34 an				
<ul> <li>People who checked any</li> </ul>	37	Itemized deductions (from Schedule A) or y			-	37
box on line	38	Subtract line 37 from line 35				38
36a or 36b <b>or</b> who can be	39	If line 35 is \$104,625 or less, multiply \$3,050	5			39
claimed as a dependent,	40	line 6d. If line 35 is over \$104,625, see the v				40
see page 34.	40	<b>Taxable income.</b> Subtract line 39 from line 3 <b>Tax</b> (see page 36). Check if any tax is from: $\mathbf{a}$				41
• All others:	41 42	Alternative minimum tax (see page 38). Atta				42
Single or	42 43					43
Married filing separately,	43 44	Add lines 41 and 42				
\$4,750	44 45	Credit for child and dependent care expenses.				
Married filing	46	Credit for the elderly or the disabled. Attach				
jointly or Qualifying	47			47		
widow(er), \$9,500	48	Retirement savings contributions credit. Atta				
Head of	49	Child tax credit (see page 40)		1 10		
household,	50	Adoption credit. Attach Form 8839				
\$7,000	51		orm 8859.	51		
	52	Other credits. Check applicable box(es):	a 🗌 Form 38	800		
		<b>b</b> Form 8801 <b>c</b> Specify				
	53	Add lines 44 through 52. These are your total				53
	54	Subtract line 53 from line 43. If line 53 is mo	ore than line 4	43, enter -0	🕨	54
Other	55	Self-employment tax. Attach Schedule SE $% \left( {{\left( {{{\left( {{{\left( {{K_{{c}}} \right)}}} \right)}} \right)}} \right)$ .				55
Taxes	56	Social security and Medicare tax on tip income r	not reported to	employer. Attach Fo	rm 4137	56
lance	57	Tax on qualified plans, including IRAs, and other ta			•	57
	58	Advance earned income credit payments fro				58
	59 60	Household employment taxes. Attach Schec Add lines 54 through 59. This is your <b>total</b> ta				59 60
Doumonto						
Payments	61 (2	Federal income tax withheld from Forms W-				
If you have a	62 42	2003 estimated tax payments and amount applied fro		·		
qualifying	63 64	Earned income credit (EIC)		· ·		
child, attach Schedule EIC.	65	Additional child tax credit. Attach Form 8812		. 50)		
	66	Amount paid with request for extension to f				
	67	Other payments from: $\mathbf{a} \square$ Form 2439 $\mathbf{b} \square$ Form 4136				
	68	Add lines 61 through 67. These are your tota			►	68
Refund	69	If line 68 is more than line 60, subtract line 60	) from line 68	. This is the amount	you <b>overpaid</b>	69
Direct deposit?	70a	Amount of line 69 you want refunded to you	u		<b>.</b> ►	70a
See page 56	► b	Routing number		• <b>c</b> Type: 🗌 Checking	Savings	
and fill in 70b, 70c, and 70d.	► d	Account number				
	71	Amount of line 69 you want applied to your 2004	estimated tax	▶ 71		
Amount	72	Amount you owe. Subtract line 68 from line			ee page 57 ►	
You Owe	73				<u> </u>	
Third Party	Do	you want to allow another person to discuss t	this return wit	n the IRS (see page	58)? <b>Yes</b> .	Complete the following.
Designee	De: nar	5	Phone no. ► (	)	Personal identific number (PIN)	cation
Sign		ler penalties of perjury, I declare that I have examined t		ccompanying schedules	( )	Ind to the best of my knowledge and
Here	beli	ef, they are true, correct, and complete. Declaration of p	reparer (other th	an taxpayer) is based on	all information of w	hich preparer has any knowledge.
Joint return?	Yo	Ir signature	Date	Your occupation		Daytime phone number
See page 20.						( )
Keep a copy	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupatio	n	
for your records.	7					
Paid	Pre	parer's		Date	heck if	Preparer's SSN or PTIN
_	sig	hature			elf-employed	
Preparer's	Firr	n's name (or			EIN	
Use Only	ado	Irss if self-employed), https://www.andline.com/			Phone no.	( )

Department of the Treasury-Internal Revenue Service

Form	Department of the Treasury—Internal Revenue	e Service			
1040A	U.S. Individual Income Ta	x Return	2003 IRS Use	Only—Do not write or staple in this space.	
Label	Your first name and initial	Last name		OMB No. 1545-0085	
				Your social security number	
(See page 19.) L					
B	If a joint return, spouse's first name and initial	Last name		Spouse's social security number	
Use the ∟					
IRS label.	Home address (number and street). If you have a P	.O. box, see page 20.	Apt. no		
Otherwise, Please print E				▲ Important! ▲	
or type.	City, town or post office, state, and ZIP code. If yo	u have a foreign address, s	ee page 20.	You <b>must</b> enter your	
				SSN(s) above.	
Presidential				You Spouse	
Election Campaign	Note. Checking "Yes" will not chang Do you, or your spouse if filing a joi			► Yes No Yes No	
(See page 20.)		ni return, want \$5 to			
Filing	1 Single		4 Head of househo	old (with qualifying person). (See page 20.)	
status	2 Married filing jointly (even if only			person is a child but not your dependent,	
Check only one box.	3 Married filing separately. Enter s	spouse's SSN above		(er) with dependent child (See page 21.)	
	full name here. ►	. /		· · · · · · · · · · · · · · · · · · ·	
Exemptions	6a Vourself. If your paren				
	b Spouse		return, <b>do not</b> check k		
	c Dependents:			(4) vif qualifying on 6c who:	
	o Dependente.	(2) Dependent's so		child for child • lived with	
16 11 1	(1) First name Last name	security number	r you	tax credit (see you page 23)	
If more than six dependents,		: :		did not live     with you due	
see page 21.				to divorce or separation	
				(see page 23)	
				Dependents	
				on 6c not entered above	
				Add numbers on lines	
	<b>d</b> Total number of exemption	s claimed.		above	
Income					
Attach	7 Wages, salaries, tips, etc.	Attach Form(s) \	V-2.	7	
Form(s) W-2					
here. Also	8a <u>Taxable interest. Attach So</u>			8a	
attach	b Tax-exempt interest. Do n				
Form(s) 1099-R if tax	<ul><li>9a Ordinary dividends. Attach S</li><li>b Qualified dividends (see particular)</li></ul>		9b	9a	
was withheld.	<b>10a</b> Capital gain distributions (see particular)		90		
lf you did not	b Post-May 5 capital gain distributions (	<u> </u>	25). 10b	10a	
get a W-2, see	11a IRA		<b>11b</b> Taxable amo		
page 24.	distributions. 11a		(see page 25		
Enclose, but do	12a Pensions and		12b Taxable amo		
not attach, any payment.	annuities. 12a		(see page 26		
	· · · · · · · · · · · · · · · · · · ·			/	
	13 Unemployment compensat	ion and Alaska	Permanent Fund divid	ends. 13	
	14a Social security		14b Taxable amo		
	benefits. 14a		(see page 28	B). 14b	
	15 Add lines 7 through 14b (far	<u> </u>	, ,	e. 🕨 15	
Adjusted	16 Educator expenses (see pa	<u> </u>	16		
gross	17   IRA deduction (see page 28).   17				
income	18 Student loan interest dedu				
	<b>19</b> Tuition and fees deduction		19		
	20 Add lines 16 through 19. T	nese are your to	otal adjustments.	20	
	<b>21</b> Subtract line 20 from line 2	15 This is your a	diustod gross incom	le. ▶ 21	
	21 Subtract line 20 from line	is. This is your a		le. ▶ 21	

For Disclosure, Privacy Act, and Paperwork Reduction Act ice, see page 57.

Form 1040A	(2003				Page <b>2</b>
Тах,	22	Enter the amount from line 21 (adjusted gross income).		22	
credits,	~~			1	
and	23a	Check			
payments	b	If you are married filing separately and your spouse itemizes		4	
Standard	D	deductions, see page 32 and check here $\blacktriangleright$ 23b			
Deduction for—	24	Enter your standard deduction (see left margin).		24	
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25	
checked any box on line	26	Multiply \$3,050 by the total number of exemptions claimed on line 6d.		26	
23a or 23b <b>or</b>	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0			
who can be claimed as a		This is your <b>taxable income</b> .		27	
dependent, see page 32.	<u>28</u> 29	Tax, including any alternative minimum tax (see page 33). Credit for child and dependent care expenses.		28	
All others:	2)	Attach Schedule 2. 29			
Single or	30	Credit for the elderly or the disabled. Attach		-	
Married filing separately,		Schedule 3. 30		_	
\$4,750	31	Education credits. Attach Form 8863. 31		_	
Married filing jointly or	32	Retirement savings contributions credit. Attach			
Qualifying widow(er),	33	Form 8880.32Child tax credit (see page 37).33		-	
\$9,500	<u>33</u> 34	Adoption credit. Attach Form 8839. 34		_	
Head of	35	Add lines 29 through 34. These are your total credits.		35	
household, \$7,000	36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0		36	
	37	Advance earned income credit payments from Form(s) W-2.		37	
	38	Add lines 36 and 37. This is your total tax.		38	
	39	Federal income tax withheld from Forms W-2 and 1099. 39			
	40	2003 estimated tax payments and amount		-	
If you have	40	applied from 2002 return. 40			
a qualifying child, attach	41	Earned income credit (EIC). 41		-	
Schedule	42	Additional child tax credit. Attach Form 8812. 42		_	
EIC.	43	Add lines 39 through 42. These are your total payments.		43	
Refund	44	If line 43 is more than line 38, subtract line 38 from line 43.		44	
Direct	45a	This is the amount you <b>overpaid</b> . Amount of line 44 you want <b>refunded to you</b> .		45a	
deposit?	► b	Routing		104	
See page 50 and fill in		number <b>c</b> Type: C Checking Savings			
45b, 45c, and 45d.	► d	Account			
anu 45u.				_	
	46	Amount of line 44 you want applied to your 2004 estimated tax. 46			
Amount	47	Amount you owe. Subtract line 43 from line 38. For details on how		-	
you owe	77	to pay, see page 51.	►	47	
you owe	48	Estimated tax penalty (see page 52). 48			
Third party	۵	Do you want to allow another person to discuss this return with the IRS (see page 52)? $\square$	Yes.	Complete the following	. 🗌 No
designee	C			ntification	
	ι	Inder penalties of periury. I declare that I have examined this return and accompanying schedules and s	iber (PIN) statemen	its, and to the best of my	
Sign here	k	nowledge and belief, they are true, correct, and accurately list all amounts and sources of income I receive f preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge	ed during	g the tax year. Declaration	
Joint return?		our signature Date Your occupation		Daytime phone numb	ber
See page 20. Keep a copy				( )	
for your	S	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation			
records.	,	Date		Preparer's SSN or PTIN	//////////////////////////////////////
Paid	F	Preparer's Check if self-employ	ed 🗌		N
preparer's		irm's name (or EIN	<u> ∟</u>	<u> </u>	
use only	y a	ours if self-employed), Address, and ZIP code Phone	ne no.	( )	
		$\otimes$		Form <b>1040A</b>	(2003)

Department of the Treasury—Internal Revenue Service Income Tax Return for Single and

Form

I

\_ \_ \_ \_

1040EZ	Joint Filers With No Dependents 2003	OMB No. 1545-0675
Label	Your first name and initial Last name	Your social security number
(See page 12.) Use the IRS	A B If a joint return, spouse's first name and initial Last name	Spouse's social security number
label. Otherwise, please print	Home address (number and street). If you have a P.O. box, see page 12. Apt. no. H E	▲ Important! ▲
or type.	R City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.	You <b>must</b> enter your SSN(s) above.
Presidential Election Campaign (page 12)	Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if a joint return, want \$3 to go to this fund?	You Spouse
Income	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1
Attach Form(s) W-2 here.	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2
Enclose, but do not attach, any payment.	3 Unemployment compensation and Alaska Permanent Fund dividends (see page 14).	3
5 1 5	4 Add lines 1, 2, and 3. This is your adjusted gross income.	4
Note. You must check Yes or No.	<ul> <li>5 Can your parents (or someone else) claim you on their return?</li> <li>Yes. Enter amount from worksheet on back.</li> <li>No. If single, enter \$7,800.</li> <li>If married filing jointly, enter \$15,600.</li> <li>See back for explanation.</li> </ul>	5
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0 This is your taxable income. ►	6
Payments and tax	7 Federal income tax withheld from box 2 of your Form(s) W-2.	7
	8 Earned income credit (EIC).	8
	9 Add lines 7 and 8. These are your total payments.	9
	<b>10 Tax.</b> Use the amount on <b>line 6 above</b> to find your tax in the tax table on pages 24–28 of the booklet. Then, enter the tax from the table on this line.	10
Refund Have it directly	<b>11a</b> If line 9 is larger than line 10, subtract line 10 from line 9. This is your <b>refund.</b>	11a
deposited! See page 19 and fill in 11b, 11c,	▶ b Routing number ▶ c Type: □ Checking □ Savings	
and 11d.	d Account number	
Amount you owe	12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the <b>amount you owe.</b> For details on how to pay, see page 20. ►	12
- Third party	Do you want to allow another person to discuss this return with the IRS (see page 20)? $\Box$ Ye	s. Complete the following.
designee	Designee's     Phone     Personal ide       name     no.     ► ( )     number (PIN)	
Sign here	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and be accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other on all information of which the preparer has any knowledge. Your signature Date Your occupation	
See page 11. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.         Date         Spouse's occupation	
Paid	Preparer's Date Check if self-employed	Preparer's SSN or PTIN
preparer's use only	Firm's name (or yours if self-employed), address, and ZIP code Phone no.	( )
For Disclosure, Pr	rivacy Act, and Paperwork Reduction Act Notice, see page 23. Cat. No. 11329W	Form <b>1040EZ</b> (2003)

Use this form if	<ul> <li>Your filing status is single or married filing jointly.</li> <li>You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2003. If you were born on January 1, 1939, you are considered to be age 65 at the end of 2003.</li> <li>You do not claim any dependents.</li> <li>Your taxable income (line 6) is less than \$50,000.</li> <li>You do not claim a deduction for educator expenses, the student loan interest deduction, or the tuition and fees deduction.</li> <li>You do not claim an education credit, the retirement savings contributions credit, or the health coverage tax credit.</li> <li>You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ (see page 13). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see page 14.</li> <li>You did not receive any advance earned income credit payments.</li> </ul>
	TeleTax topic 354 (see page 6). If you cannot use this form, use TeleTax topic 352 (see page 6).
Filling in your return For tips on how to avoid common mistakes, see	If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing Federal income tax withheld or if Federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends. <b>Remember</b> , you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans gradit unions at a gran if you do not get a Form 1000 INT.
page 21.	and loans, credit unions, etc., even if you do not get a Form 1099-INT.
Worksheet for dependents who	Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see page 6). A. Amount, if any, from line 1 on front
checked	<b>B.</b> Minimum standard deduction $+ 250.00$ Enter total $\blacktriangleright$ <b>A. B.</b> 750.00 <b>B.</b> 750.00
"Yes" on	C. Enter the larger of line A or line B here
line 5 (keep a copy for	<b>D.</b> Maximum standard deduction. If <b>single</b> , enter \$4,750; if <b>married</b> <b>filing jointly</b> , enter \$9,500
your records)	E. Enter the smaller of line C or line D here. This is your standard deduction
	F. Exemption amount.
	• If single, enter -0
	• If married filing jointly and—
	-both you and your spouse can be claimed as dependents, enter -0
	—only one of you can be claimed as a dependent, enter \$3,050.
	<ul> <li>G. Add lines E and F. Enter the total here and on line 5 on the front . G</li> <li>If you checked "No" on line 5 because no one can claim you (or your spouse if married filing jointly) as a dependent, enter on line 5 the amount shown below that applies to you.</li> <li>Single, enter \$7,800. This is the total of your standard deduction (\$4,750) and your exemption (\$3,050).</li> <li>Married filing jointly, enter \$15,600. This is the total of your standard deduction (\$9,500), your exemption (\$3,050), and your spouse's exemption (\$3,050).</li> </ul>
Mailing return	Mail your return by <b>April 15, 2004.</b> Use the envelope that came with your booklet. If you do not have that envelope or if you moved during the year, see the back cover for the address to use.

#### **SCHEDULES A&B**

## **Schedule A-Itemized Deductions**

OMB No. 1545-0074

Z

)3

(Schedule B is on back)

Department of the Tr Internal Revenue Ser		► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 104	0).	Attachment Sequence No. 07
Name(s) shown or	n Form	n 1040	Your s	ocial security number
Medical and Dental Expenses	1 2 3 4	Caution. Do not include expenses reimbursed or paid by others.         Medical and dental expenses (see page A-2)         Enter amount from Form 1040, line 35         2         Multiply line 2 by 7.5% (.075).         Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid (See page A-2.)	5 6 7 8 9	State and local income taxes       5         Real estate taxes (see page A-2)       6         Personal property taxes       7         Other taxes. List type and amount ▶       8	9	
Interest You Paid (See page A-3.)	10 11	Add lines 5 through 8		
Note. Personal interest is not deductible.	12 13 14	Points not reported to you on Form 1098. See page A-3       11         for special rules       12         Investment interest. Attach Form 4952 if required. (See page A-4.)       13         Add lines 10 through 13       13	14	
Gifts to Charity If you made a	15 16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4       15         Other than by cash or check. If any gift of \$250 or more,		
gift and got a benefit for it, see page A-4.	17 18	see page A-4. You must attach Form 8283 if over \$500Carryover from prior year16Add lines 15 through 1717	18	
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19	
Job Expenses and Most Other Miscellaneous Deductions		Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.) ►		
(See page A-5.)	21 22	Tax preparation fees   21     Other expenses—investment, safe deposit box, etc. List   21     type and amount ▶   22		
	23 24 25 26	Add lines 20 through 22	26	
Other Miscellaneous Deductions	27	Other—from list on page A-6. List type and amount ►		

28 Total Is Form 1040, line 35, over \$139,500 (over \$69,750 if ied filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 27. Also, enter this amount on Form 1040, line 37. **Yes.** Your deduction may be limited. See page A-6 for the amount to enter.

28

(Form 1040)

Medical	Ca

Your social security number

i

		Schedule B—Interest and Ordinary Dividends		Attac Sequ	hment ence N	o. <b>08</b>
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ►		Amo	ount	
(See page B-1 and the instructions for Form 1040, line 8a.)			1			
<b>Note.</b> If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the prover and enter						
payer and enter the total interest shown on that form.	2 3 <u>4</u> No	Add the amounts on line 1	2 3 4	Ame	ount	
Part II Ordinary Dividends (See page B-1 and the instructions for Form 1040, line 9a.)	5	List name of payer				
Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.			5			
	-	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . te. If line 6 is over \$1,500, you must complete Part III.	6			
Part III Foreign Accounts	You a fo	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide reign account; or (c) received a distribution from, or were a grantor of, or a transferor to, At any time during 2003, did you have an interest in or a signature or other authority account in a foreign country, such as a bank account, securities account, or	a fore over othe	a financial r financial	Yes	
And Trusts (See page B-2.)	ط 8	account? See page B-2 for exceptions and filing requirements for Form TD F 90- If "Yes," enter the name of the foreign country ► During 2003, did you receive a distribution from, or were you the grantor of, or foreign trust? If "Yes," you may have to file Form 3520. See page B-2	trans	feror to, a		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

 $\textcircled{\blue}{\blue}$ 

Schedule B (Form 1040) 2003

SCHE	DULE	С
(Form	1040)	

Department of the Treasury

## Profit or Loss From Business (Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074 3 4 Attachment 09

► Attach to Form 1040 or 1041.	See Instructions for
--------------------------------	----------------------

Name of proprietor       Social security number GSN         A       Principal business or profession, including product or service (see page C-2 of the instructions)       B       Effect comparison page C-2, 0, 4 *         C       Business address (including suite or norm no.) >       D       Employer ID number (SN)       D         E       Business address (including suite or norm no.) >       D       Employer ID number (SN)       D         G       Did you "materially participate" in the operation of this business during 2007. How, see page C-3 for limit on isoses       D       esculting address (CHN), if any         C rest receipts or adea. Calution. If this increase was reported to you on Fam W-2 and the "Statutory materially address address (CHN), if any increases       D       Increase         2       Returns and allowances       S       S       S       S         3       Subtract line 2 from line 1       S       S       S       S         4       Cost of goods sold from line 4 con page 2)       S       S       S       S       S         5       Gross receipts contended and state gooline or triet tax credit or return (see page C-3)       S       S       S       S         7       Gross incorme. Add lines 5 and 6       P       P       P       P       P       P       P       P       P       P <th></th> <th>al Revenue Service</th> <th>► Att</th> <th>ach to</th> <th>Form 1040 or 1041.</th> <th>► See</th> <th>Instructions for Schedule</th> <th>C (For</th> <th>m 1040).</th> <th>Seq</th> <th>uence N</th> <th>o. <b>09</b></th>		al Revenue Service	► Att	ach to	Form 1040 or 1041.	► See	Instructions for Schedule	C (For	m 1040).	Seq	uence N	o. <b>09</b>	
C       Business name. If no separate business name, leave blank.       D Employer 10 number (EN), if any         E       Business address (including suite or non no.) >       Chy. town post office, state, and ZP code         F       Accounting method: (1) C Cash (2) C Accrual (3) C Other (specify) >       Chy. Town post office, state, and ZP code         F       Accounting method: (1) C Cash (2) C Accrual (3) C Other (specify) >       Chy. Town post office, state, and ZP code         F       Accounting method: (1) C Cash (2) C Accrual (3) C Other (specify) >       Chy. Town Sec. Acc. Timeton this business during 2003; theck here       Image: Cash (Cash (Cas	Name	e of proprietor						:	Social sec				
E       Business address (including suite or noom no.) >       Chy, town or post office, state, and ZIP code         F       Accounting method:       (1)       Cash       (2)       Accrual       (3)       Other (specify) >	A	Principal business or	r profession	, includ	ing product or service	(see pag	e C-2 of the instructions)		B Enter code from pages C-7, 8, & 9				
City, town or post office, state, and ZIP code         F       Accounting method:       (1)       Cash       (2)       Accrual       (3)       Other (specify) ▶         G       Did your materially participate' in the operation of this business during 2003? If 'No,' see page C-3 for limit on losses       Image: State and	С	Business name. If no	o separate k	ousiness	s name, leave blank.				D Employe	er ID numbe	er (EIN),	if any	
G       Did you "materially participate" in the operation of this business during 2003, check here       Image: Caliform of the operation of this business during 2003, check here         Part I       Income       Image: Caliform of the operation of this business during 2003, check here       Image: Caliform of the operation of this business during 2003, check here         Part I       Income       Image: Caliform of the operation of this business during 2003, check here       Image: Caliform of the operation of this business during 2003, check here         Part II       Cost of goods sold (from line 4 con page 2)       Image: Caliform of the operation	E												
H       If you started or acquired this business during 2003, check here	F	Accounting method:	(1)	] Cash	(2) 🗌 Accrual	(3)	☐ Other (specify) ►						
Part I       Income         1       Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here       1         2       Returns and allowances       1         3       Subtract line 2 from line 1       3         4       4       4         5       Gross profit. Subtract line 4 from line 3       5         6       Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)       6         7       Gross income. Add lines 5 and 6       7         7       Gross income. Add lines 5 and 6       7         9       Car and truck expenses       9       19         9       Car and truck expenses       9       20         10       Dentor lease (see page C-5); step page C-4)       11       21         11       Contract labor       21       Repairs and maintenance       21         12       Depletion       12       12       23       Taxes and licenses       23         13       Deprecision and section 179       24       Taxes and licenses       24       24         14       Employee benefit programs (other than healt), 15       15       24       12       24													
employee* box on that form was checked, see page C-3 and check here I   2 Returns and allowances   3 Jubract line 2 from line 1   3 Jubract line 2 from line 1   4 Cost of goods sold (from line 4 con page 2)   5 Gross profit. Subtract line 4 from line 3   6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)   7 Gross income. Add lines 5 and 6   7 Partul   Partul Expenses. Enter expenses for business use of your home only on line 30.   8 Advertising   9 2   9 1   9 2   10 10   11 22   12 20b   13 Depreciation and section 179   14 12   15 Insurance (other than health).   16 11   17 Legal and professional services   18 Notagage (paid to banks, etc.).   19 Heals and eintrainment expenses for business use of hour heads and eintrainment expenses (from line 40 on line 24)   10 11   12 Supplies (not included in Part III) (see page C-4)   14 12   15 Insurance (other than health).   16 12   17 12   28 Yother expenses for business use of home. Add lines 8 through 27 in columns   29 12   20 20   21 Explores before expenses for business use of home. Add lines 8 through 27 in columns	Pa												
2       Subtract line 2 from line 1       3         4       Cost of goods sold (from line 42 on page 2)       4         5       Gross profit. Subtract line 4 from line 3       5         6       Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)       6         7       Gross income. Add lines 5 and 6       7         7       Gross income. Add lines 5 and 6       7         8       Advertising       7         9       20       Rentor in anothing and inpolit. sharing plans         9       20       Rent or lease (see page C-5):         a Vihicia, machiney and aujonent.       20b         10       Dother business property       20b         11       21       23         12       23       Travel, meals, and entertainment.         13       Depretion       12         14       Travel       24         15       Insurance (other than health)       15         16       18       Mortgage (paid to banks, etc.)       16b         16       25       Uther expenses       27         24       Travel, meals, and entertainment satirities 24       26         27       Dother expenses       27	1								1				
3 Sublack mile 2 row mile 2 for mile 42 on page 2)       4         4 Cost of goods sold (from line 42 on page 2)       4         5 Gross profit. Subtract line 4 from line 3       5         6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)       6         7 Gross income. Add lines 5 and 6       7         7 Gross income. Add lines 5 and 6       7         8 Advertising       7         9 Gar and truck expenses       9         9 Car and truck expenses       10         10 Commissions and fees       10         11 Contract labor       21 Repairs and maintenance         12 Depletion       12         13 Depreciation and sectin 179       23 Taxes and licenses         9 waters       13         14 Employee benefit programs (other than on line 19)       14         16 Interest:       16         a Mortgage (paid to banks, etc.)       16         14 Employee benefit programs (other expenses for business use of home. Atdd lines 8 through 27 in columns         17	2	Returns and allowan	ices						2				
Gross profit. Subtract line 4 from line 3       5         6       Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)       6         7       Gross income. Add lines 5 and 6       7         7       Correst income. Add lines 5 and 6       7         8       Advertising       7         9       Car and truck expenses       8         9       Car and truck expenses       9         10       Commissions and frees       10         11       Contract labor (see page C-4)       11         12       Depreciation and section 179       20         expense deduction (not included in Part III) (see page C-4)       13       14         13       Imployee benefit programs (other than health)       15       14         14       Imployee benefit programs (other than health)       15       26         16       Differ expenses for business use of home. Add lines 8 through 27 in columns       28         28       Total expenses for business use of home. Add lines 8 through 27 in columns       28         29       Interest:       26       27         24       Travel in 24/times 4 from line 24b       24         24       Travel in 24/times 4 from line 24b       24         26 <td>3</td> <td>Subtract line 2 from</td> <td>line 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td></td> <td></td> <td></td>	3	Subtract line 2 from	line 1						3				
3 Gross prome, including Federal and state gasoline or fuel tax credit or refund (see page C-3)       6         7 Gross income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)       7         Part II       Expenses. Enter expenses for business use of your home only on line 30.         8 Advertising       8         9 Car and truck expenses (see page C-3)       8         9 Car and truck expenses (see page C-3)       10         10 Commissions and fees       10         11 Contract labor (see page C-4)       11         12 Depletion       11         13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)       13         14 Employee benefit programs (other than nealth)       14         15 Insurance (other than health)       14         16 Interest:       16         a Morigage (paid to banks, etc.)       16         17 Legal and professional serverses for business use of home. Add lines 8 through 27 in columns       28         28       Total expenses for business use of home. Add lines 8 through 27 in columns       28         29       20       20         21       22       29         22       29       20         23       24       27         24       12       29 <td>4</td> <td>Cost of goods sold (</td> <td>(from line 42</td> <td>2 on pa</td> <td>ge 2)</td> <td></td> <td></td> <td>• •</td> <td>4</td> <td></td> <td></td> <td>+</td>	4	Cost of goods sold (	(from line 42	2 on pa	ge 2)			• •	4			+	
6       Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)       6         7       Gross income. Add lines 5 and 6       7         8       Advertising       7         9       9       9         9       20       19         9       20       20         10       Commissions and fees       10         11       10       10         12       Depletion       11         13       Depreciation and section 179         expanse deduction (not included in Part III) (see page C-4)       11         14       11         15       15         16       16         17       12         18       14         19       Pravel, mask, and maintenance.         10       12         13       Depreciation and section 179         expanse deduction (not included in Part III) (see page C-3)       14         14       15         15       Insurance (other than health)       14         16       16         17       Legal and professional section 179         services       11         16       12         1	5	Gross profit. Subtra	act line 4 fro	m line 3	3				5				
7       Gross income. Add lines 5 and 6       7         Part U       Expenses. Enter expenses for business use of your home only on line 30.       1         8       Advertising       1       19       Pension and profit-sharing plans to the set (see page C-3).       1         9       Car and truck expenses (see page C-3)       10       10       20       20       20         10       Commissions and fees       10       10       21       Repairs and maintenzace       21       20       20         11       Contract labor (see page C-4)       11       22       Supples (not included in Part III)       22       23       23       23       23       23       24       7       24       7       24       25       25       25       25       25       25       25       26       25       25       26       25       25       26       25       26       25									6				
Part III       Expenses. Enter expenses for business use of your home only on line 30.         8       Advertising			5		5		( 1 <del>3</del> )						
Part III       Expenses. Enter expenses for business use of your home only on line 30.         8       Advertising	7	Gross income. Add	lines 5 and	6.				. ►	7				
0       Norther and truck expenses (see page C-3)       9       1       1       1       1       20       Rent of the ase (see page C-5): a Vehicles, machinery, and equipment       20a       20a <td>Par</td> <td>rt II Expenses.</td> <td>. Enter exp</td> <td>oenses</td> <td>s for business use</td> <td>of your</td> <td>home only on line 30.</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Par	rt II Expenses.	. Enter exp	oenses	s for business use	of your	home only on line 30.						
9 Car and truck expenses (see page C-3)	8	Advertising		8		19	Pension and profit-sharing p	ans					
(see page C-3) 9   10 Commissions and fees   11 10   12 b Other business property   13 Depreciation and section 179   expense deduction (not included in Part III) (see page C-4)   14 Employee benefit programs (other than an line 19)   15 insurance (other than nealth)   16 11   17 Legal and professional services   18 19   29 11   20 24   21 23   23 23   24 Travel, meals, and entertainment: a Travel,   a Wortgage (paid to banks, etc.) 16a   17 Legal and professional services   27 11   28 26   29 11   20 27   28 29   29 11   20 29   21 29   23 30   24 30   25 29   26 27   27 28   28 29   29 10   20 11   29 30   20 11   21 29   30 29   21 29   31 29   32 14   24 29   33 29   34 25   35 26   36 27   37 18   38 29 <t< td=""><td></td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		•											
10 Commissions and fees 10 b b Other business property 20b   11 Contract labor 21 Repairs and maintenance 22   12 Depletion 12 23 Taxes and licenses 23   13 Depreciation and section 179 23 Taxes and licenses 23   expense deduction (not included in Part III) 12 23 Taxes and licenses 23   14 Employee benefit programs (other than on line 19) 14 c Enter nondeduct-lible and entertainment: 24a   15 Insurance (other than health) 15 c C Enter nondeduct-lible and entertainment   16 Interest: 16a d See page C-5) 24d   17 Legal and professional services 17 25 26   services 18 17 25 26   28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 28   29 Tentative profit (loss). Subtract line 28 from line 7 28   20 Expenses for business use of home. Add lines 8 through 27 in columns   29 Inter 10, b 10, b   29 Inter 2, c 10, b   20 Inter 2, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1040, line 12, and also on Schedule SE, line 2	,		-	9					1 1				
11 Contract labor (see page C-4) 11 21 22   12 Depletion 12 23 23   13 Depreclation and section 179 expense deduction (not included in Part III) (see page C-4) 13 23 Taxes and licenses 23   14 Employee benefit programs (other than on line 19) 14 15 24 Travel 24a   15 Insurance (other than health) 15 16a 16b 25 24d   16 16a 16b 25 24d 25 24d   17 18 17 26 25 26   28 Total expenses before expenses for business use of home. Atlach Form 8829 27 28   29 Tentative profit (loss). Subtract line 28 from line 7 29 30   29 If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 31	10			10					20b				
(see page C-4) 11   12 Depletion   13 Depreciation and section 179   expense deduction (not included in Part III) (see page C-4) 13   14 Employee benefit programs (other than health).   15 Insurance (other than on line 19)   16 14   17 16a   18 17   19 17   19 18   19 17   19 18   19 17   10 18   11 17   12 18   13 14    14 14   15 Insurance (other than health).   16 16a   17 16a   18 17   29 17   21 Tavel (see page C-5)   22 24   23 Tavel (see page C-5)   24 25   25 26   26 22   27   28 26   29 18   29 18   20 18   21 19   22 18    23 16   24 28   29 18   20 18   21 19   22 18   23 18    24 29   25 20   26 22   27    28 28   29 18   20 18   21 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>21</td> <td></td> <td></td> <td></td>									21				
12       Depletion       12       23       Taxes and licenses       23         13       Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)       13       24       Travel, meals, and entertainment:       24a         14       Employee benefit programs (other than on line 19)       14       5       5       5         15       Insurance (other than health)       15       5       5       5         16       15       16a       6       25       24       24         17       Legal and professional services       16b       25       26       26       26         18       0       0       0       18       0       18       27       28         29       Tentative profit (oss). Subtract line 28 from line 7       29       20       20       21         29       Tentative profit (oss). Subtract line 28 from line 7       29       30       30       30         29       Tentative profit or (loss). Subtract line 28 from line 29       30       31       31       31         29       If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.       31       32a       All investment is at risk.				11					22				
13       Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)       13       24       Travel, meals, and entertainment: a Travel       24a         14       Employee benefit programs (other than on line 19)       14       13       b Meals and entertainment:       24a         15       14       Interest:       b Mortgage (paid to banks, etc.)       15       b Mottage (paid to banks, etc.)       16a       25       Utilities       25         16       Interest:       16a       17       16a       25       Utilities       26         17       Legal and professional services       17       26       Wages (less employment credits), 27       26       26       22         28       Total expenses before expenses for business use of home. Add lines 8 through 27 in columns       28       28       29       20       20       20       20       20       20       30       30       31       32       31       31       31 <td>12</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>23</td> <td></td> <td></td> <td></td>	12								23				
a Dipole expense deduction (not included in Part III) (see page C-4)       13       a Travel       24a         14       Employee benefit programs (other than no line 19)       14       b Meals and entertainment       b Meals and entertainment         15       Insurance (other than no line 19)       14       15       c Enter nondeduct-tible amount in-cluded on line 24b       24d         16       Interest:       16a       16b       25       24d       24d         17       Legal and professional services       16a       25       25       26         18       Office expenses before expenses for business use of home. Add lines 8 through 27 in columns       27       28         29       Total expenses before expenses for business use of home. Add lines 8 through 27 in columns       29       30         30       Expenses for business use of your home. Attach Form 8829       30       31         31       Net profit or (loss). Subtract line 28 from line 29.       30       31       31         31       Net profit or on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.       31       32a All investment is at risk. 32b Some investment is not site.													
14 Employee benefit programs (other than on line 19) 13   15 14   16 14   17 15   18 16   17 16   18 17   28 26   27 26   28 27   28 26   29 18   20 18   21 18   22 18   23 10   24 25   25 26   26 27   27 26   28 27   29 18   20 19   21 10   22 11   23 12   24 25   25 26   27 26   28 27   29 21   20 11   21 12   22 13         23 14   24 25   25 26   27 26   28 27   29 20   20 21   21 29   22 21   23 24   24 25   25 26   27 28   28 29   29 30   29 30   30 31   24 32   31 14   32 16   33 16   34 <	13								1 1				
14       Employee benefit programs (other than on line 19)       14       14       entertainment c Enter nondeduct- ible amount in- cluded on line 24b       24d         15       15       16a       4       4       25       24d         16       16b       25       16ib       25       26       26         17       Legal and professional services       17       26       27       26       27         28       Office expenses       18       0       page 2)       27       27       28         29       Tentative profit (loss). Subtract line 28 from line 7       28       29       30       30       30       30         31       Net profit or (loss). Subtract line 28 from line 29.       16a also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.       31       31       31       32a All investment is at risk.       32a All investment is not		1 ,		13				• •					
14       14       15         15       Insurance (other than on line 19)       15         16       Interest:       a Mortgage (paid to banks, etc.) .       16a         b       Other       16b       25       Utilities	14												
Insurance (other than health).       15       15       16       16       16       16       16       16       24d       24d       24d       25       26       25       26       25       26       25       26       25       26       27       26       27       26       27       26       27       26       27       26       27       26       27       26       27       27       28       26       27       27       28       27       28       27       28       29       23       29       29       29       20       20       20       20       29       29       29       20       20       29       29       20<	14			14									
10 Instance (other than health):   16 Interest:   a Mortgage (paid to banks, etc.).   b 0 ther   b 0 ther   17 16b   18 16b   26   27   28   Total expenses before expenses for business use of home. Add lines 8 through 27 in columns   29   28   Total expenses before expenses for business use of home. Add lines 8 through 27 in columns   29   20   20   21   22   23   24   24   25   26   27   28   29   20   20   21   21   22   23   24   24   25    26   27    28   29    20   20   21   22   23   24    24   25   26   27   28    29    30   31   31   32   33   34   35   35   36   37   38   39   39   30   31   32   33   34   35   36    37	15	•											
a       Mortgage (paid to banks, etc.).       16a       d       d       Subtract line 24c from line 24b       24d       25         b       Other       16b       25       Utilities       26       26         17       Legal and professional services       17       26       Wages (less employment credits).       26         18       Office expense       17       27       26       27         28       Total expenses before expenses for business use of home. Add lines 8 through 27 in columns       28       29         29       Tentative profit (loss). Subtract line 28 from line 7       .       .       .       29         30       Expenses for business use of your home. Attach Form 8829       .       .       .       30         31       Net profit or (loss). Subtract line 30 from line 29.       .       .       .       .       .         4       a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.       <			,	mint									
b       Other       16b       25       Utilities       25       26         17       Legal and professional services       26       Wages (less employment credits)       26         28       Office expenses       17       28       27         28       Total expenses before expenses for business use of home. Add lines 8 through 27 in columns       28         29       Tentative profit (loss). Subtract line 28 from line 7       29         30       Expenses for business use of your home. Attach Form 8829       30         31       Net profit or (loss). Subtract line 30 from line 29.       30         6       If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.       31         31       If you have a loss, check the box that describes your investment in this activity (see page C-6).       31         32       If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.       32a         32a       All investment is at risk.       32b         32b       Some investment is not									24d				
17       Legal and professional services       17       26       Wages (less employment credits)       26         18       Office expenses       17       18       27       27         28       Total expenses before expenses for business use of home. Add lines 8 through 27 in columns       28       28         29       Tentative profit (loss). Subtract line 28 from line 7       28       29       29         30       Expenses for business use of your home. Attach Form 8829       30       30         31       Net profit or (loss). Subtract line 30 from line 29.       30       30         and profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6).       31       31         and profit or loss, you must go to line 32.       31       31       31         32       If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6).       32a       32a         33       If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6).       32a       32a       All investment is at risk.         32b       Some investment is not       32a       All investment is not       32a       32a       All investment is not		<b>S S A</b>	-									+	
17 17 17 17 17 17 17 17 18 17 18 17 18 17 18 18 17 18 18 17 18 18 17 18 18 17 18 17 18 17 18 17 17 18 17 18 17 18 17 18 17 17 18 18												$\top$	
18       Office expense       18       page 2)       27         28       Total expenses before expenses for business use of home. Add lines 8 through 27 in columns       >       28         29       Tentative profit (loss). Subtract line 28 from line 7       .       .       .         30       Expenses for business use of your home. Attach Form 8829       .       .       .         31       Net profit or (loss). Subtract line 30 from line 29.       .       .       .       .         31       Net profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.       .       .       .       .         31       If a loss, you must go to line 32.       .       .       .       .       .       .         32       If you have a loss, check the box that describes your investment in this activity (see page C-6).       .	17			17									
<ul> <li>28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns</li> <li>28</li> <li>29 Tentative profit (loss). Subtract line 28 from line 7</li> <li>30 Expenses for business use of your home. Attach Form 8829</li> <li>31 Net profit or (loss). Subtract line 30 from line 29.</li> <li>If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> <li>32 If you have a loss, check the box that describes your investment in this activity (see page C-6).</li> <li>If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2</li> <li>(statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>32a All investment is at risk. (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> </ul>	18						· ·		27				
29 Tentative profit (loss). Subtract line 28 from line 7	28			s for hi	isiness use of home	Add lines	8 through 27 in columns	•	28				
<ul> <li>30 Expenses for business use of your home. Attach Form 8829</li></ul>	20	Total expenses ber		5 101 60									
<ul> <li>30 Expenses for business use of your home. Attach Form 8829</li> <li>31 Net profit or (loss). Subtract line 30 from line 29.</li> <li>a) If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>b) If a loss, you must go to line 32.</li> <li>32 If you have a loss, check the box that describes your investment in this activity (see page C-6).</li> <li>b) If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2</li> <li>c) If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2</li> <li>c) Some investment is at risk.</li> <li>c) Some investment is not</li> </ul>	29	Tentative profit (loss)	). Subtract I	ine 28 f	rom line 7				29				
<ul> <li>31 Net profit or (loss). Subtract line 30 from line 29.</li> <li>If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> <li>32 If you have a loss, check the box that describes your investment in this activity (see page C-6).</li> <li>If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>32a All investment is at risk. 32b Some investment is not</li> </ul>			-						30				
<ul> <li>If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity (see page C-6).</li> <li>If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>32a All investment is at risk. 32b Some investment is not</li> </ul>		•	5					-					
<ul> <li>see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity (see page C-6).</li> <li>If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>32a All investment is at risk. 32b Some investment is not</li> </ul>		•				dule SE,	line 2 (statutory employees,	)					
<ul> <li>If a loss, you must go to line 32.</li> <li>If you have a loss, check the box that describes your investment in this activity (see page C-6).</li> <li>If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>32b Some investment is not</li> </ul>		-					(	}	31				
<ul> <li>32 If you have a loss, check the box that describes your investment in this activity (see page C-6).</li> <li>• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>32a All investment is at risk.</li> <li>32b Some investment is not</li> </ul>					,			J	i				
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 32b Some investment is not	32	-	-		describes vour investm	nent in th	is activity (see page C-6)						
(statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 32b Some investment is not		-			-				32a 🗌	All investr	nent is	at risk	
								}					
								J	520		Junoin	. 13 1101	

Sche	edule C (Form 1040) 2003	Page 2
Ра	rt III Cost of Goods Sold (see page C-6)	
33	Method(s) used to value closing inventory: <b>a</b> $\Box$ Cost <b>b</b> $\Box$ Lower of cost or market <b>c</b>	Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing in "Yes," attach explanation	nventory? If
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42
	<b>rt IV</b> Information on Your Vehicle. Complete this part only if you are claimir line 9 and are not required to file Form 4562 for this business. See the ins C-4 to find out if you must file Form 4562.	
43	When did you place your vehicle in service for business purposes? (month, day, year)	
44	Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used you	our vehicle for:
а	Business b Commuting c Other	·
45	Do you (or your spouse) have another vehicle available for personal use?	🗌 Yes 🗌 No
46	Was your vehicle available for personal use during off-duty hours?	🗌 Yes 🗌 No
47a	Do you have evidence to support your deduction?	🗌 Yes 🗌 No
b Pa	If "Yes," is the evidence written?	Yes No or line 30.
48	Total other expenses. Enter here and on page 1, line 27	48

SCHEDULE D (Form 1040)

## **Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 Attach to Form 1040. See Instructions for Schedule D (Form 1040).

► Use Schedule D-1 to list additional transactions for lines 1 and 8.

	2003					
	Attachment Sequence No. <b>12</b>					
Your social security number						

Ра	rt I Short-Term Cap	oital Gains a	nd Loss	ses–	-Assets He	ld O	ne Year or	Less	; ;		- i - i	
	(a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date (Mo., da <u>y</u>		(d) Sales pr (see page D- the instruction	6 of	(e) Cost or othe (see page D- the instruction	-6 of	(f) Gain or (lo the entire y Subtract (e) fr	ear	(g) Post-May or (loss) (see below	* -
1												
						1 1 1 1 1						
2	Enter your short-term Schedule D-1, line 2.	-		2								
3	Total short-term sale Add lines 1 and 2 in colu	es price an	nounts.	3								
4	Short-term gain from For 6781, and 8824				n or (loss) fro	m Fo	orms 4684,	4		A///////         		
5	Net short-term gain or (lo from Schedule(s) K-1	ss) from partne	erships, S	S corp	orations, est	ates,	and trusts	5				
6	Short-term capital loss of 2002 Capital Loss Carryo	carryover. Ente			, if any, from			6	(	)		
	Combine lines 1 through Otherwise, enter -0 <b>Do</b>	5 in column ( <b>not</b> enter mor	(g). If the e than ze	eresu ero	It is a loss, e	enter	the result.	7a			(	)
	Net short-term capital							7b				
Pa	rt II Long-Term Cap	(b) Date			Assets Hel (d) Sales pr		(e) Cost or othe			c) for	(g) Post-May	E goin
	(a) Description of property (Example: 100 sh. XYZ Co.)	acquired (Mo., day, yr.)	( <b>c)</b> Date (Mo., da <u>y</u>		(see page D- the instruction	6 of	(see page D- the instruction	6 of	the entire y Subtract (e) fr	ear	(g) Post-May or (loss) (see below	* 0
8												
						- - - - - - -						
						- - - - - - -						
						- - - - -						
9	Enter your long-term Schedule D-1, line 9.			9								
10	Total long-term sale Add lines 8 and 9 in colu		nounts.	10								
11	Gain from Form 4797, F long-term gain or (loss) f							11				
12	Net long-term gain or (los from Schedule(s) K-1.	ss) from partne						12				
13	Capital gain distributions	. See page D-	2 of the	instru	ctions			13				
14	Long-term capital loss c 2002 Capital Loss Carryc							14	(	)		¥/////////////////////////////////////
15	Combine lines 8 through	13 in column	(g). If zer	o or l	less, enter -C	)		15				
16	Net long-term capital g Next: Go to Part III on th		Combine	e line:	s 8 through <sup>-</sup>	14 in	column (f)	16				
May	lude in column (g) all gains ar 5, 2003. However, <b>do not</b> in of the instructions) or eligible	iclude gain attrik	outable to	unrec	aptured section	on 125	50 gain, "colle	ctibles	gains and lo			

Par	rt III Taxable Gain or Deductible	e Loss			
17a	Combine lines 7b and 16 and enter the	e result. If a loss, enter -0- on li	ne 17b and go to line 18.		
	If a gain, enter the gain on Form 1040,	, line 13a, and go to line 17b be	elow	17a	
b	Combine lines 7a and 15. If zero or les	ss, enter -0 Then complete Fo	rm 1040 through line 40.	17b	
	Next: • If line 16 of Schedule D is a g	gain or you have qualified divic	lends on Form 1040, line		
	9b, complete Part IV below.				
	<ul> <li>Otherwise, skip the rest of Sc</li> </ul>	chedule D and complete the res	st of Form 1040.		
18	If line 17a is a loss, enter here and o				
	(b) (\$3,000) (or, if married filing separate			18 <sup>(</sup>	
	Next: • If you have qualified dividend				
	<ul> <li>Ine 40, and then complete Pa</li> <li>Otherwise, skip Part IV below</li> </ul>	art IV below (but skip lines 19 a			
Dar	Tax Computation Using Ma			<u> </u>	<u> </u>
r ai	If line 16 or line 17a is zero or less, s			lino 10	
10				19	
19	Enter your unrecaptured section 1250 ga			20	
20	Enter your 28% rate gain, if any, from lir				
	If lines 19 and 20 are zero, go to line the amount to enter on lines 35 and			t the instru	ctions to figure
21	Enter your taxable income from Form 1	-	illes below.	21	1
22	Enter the <b>smaller</b> of line 16 or line 17a		22		
22	Enter your qualified dividends from For		23		
23 24	Add lines 22 and 23		24		
25	Amount from line 4g of Form 4952 (inv		25		
26	Subtract line 25 from line 24. If zero or le	• •		26	
27	Subtract line 26 from line 21. If zero or le			27	
28	Enter the <b>smaller</b> of line 21 or:				
	• \$56,800 if married filing jointly or qua	alifying widow(er);			
	• \$28,400 if single or married filing sep		28		
	• \$38,050 if head of household	J			
	If line 27 is more than line 28, skip li	nes 29-39 and go to line 40.			
29	Enter the amount from line 27		29		
30	Subtract line 29 from line 28. If zero or le		30		
31	Add lines 17b and 23*				
32	Enter the smaller of line 30 or line 31.		32		'////////X////////////////////////////
33	Multiply line 32 by 5% (.05)			33	
	If lines 30 and 32 are the same, skip l				
34	Subtract line 32 from line 30		34		
35	Enter your qualified 5-year gain, if any, f				
~ /	line 8 of the worksheet on page D-10.		36		
36	Enter the <b>smaller</b> of line 34 or line 35.		· · · · · · · · · · · · · · · · · · ·	37	
37	Multiply line 36 by 8% (.08)		38		
38	Subtract line 36 from line 34			39	
39	Multiply line 38 by 10% (.10) If lines 26 and 30 are the same, skip				
40	Enter the smaller of line 21 or line 26.		.   40		
40 41	Enter the amount from line 30 (if line 30		41		
42	Subtract line 41 from line 40		42		
42	Add lines 17b and 23*				
44	Enter the amount from line 32 (if line 32 is blank, enter	· ·			
45	Subtract line 44 from line 43				
46	Enter the smaller of line 42 or line 45.		46		
47	Multiply line 46 by 15% (.15)			47	
48	Subtract line 46 from line 42		48		
49	Multiply line 48 by 20% (.20)			49	
50	Figure the tax on the amount on <b>line 27</b> .			50	
51	Add lines 33, 37, 39, 47, 49, and 50 .			51	
52	Figure the tax on the amount on line 21. I	Use the Tax Table or Tax Rate Sc	hedules, whichever applies	52	
53	Tax on all taxable income. Enter the sr	maller of line 51 or line 52 here:	and on Form 1040 line 41	53	

Schedule D (Form 1040) 2003

Page 2

#### SCHEDULE E (Form 1040)

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074 

)3

Department of the Treasury Internal Revenue Service

Name(s)	shown	on	return

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

Attachment Sequence No. 13 Your social security number

20

1	Schedule C or C-EZ (see page Show the kind and location of each						ntal real esta			Yes	No
A					Listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:						
в						• 14 days		-	В		
С						fair renta (See page	al value?				
Inc	ome:		А	Pro	pertie B	es	С	(Add co	Tot: lumns		ind C.)
3	Rents received	3			<u> </u>			3			
4	Royalties received	4						4			
Exc	penses:										
	Advertising	5									
6	Auto and travel (see page E-4)	6									
7	Cleaning and maintenance.	7									
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	M ement fees	11									
12	Mortgage interest paid to banks,										
	etc. (see page E-4)	12						12			
13	Other interest	13									
14	Repairs	14									
15	Supplies	15 16									
16	Taxes	10									
17	Utilities										
18	Other (list) ►										
		18									
19	Add lines 5 through 18	19						19			
20	Depreciation expense or depletion										
20	(see page E-4)	20						20			
21	Total expenses. Add lines 19 and 20	21									
	Income or (loss) from rental real										
	estate or royalty properties.										
	Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is										
	a (loss), see page E-4 to find out										
	if you must file Form 6198	22									
23	Deductible rental real estate loss.										
	<b>Caution</b> . Your rental real estate loss on line 22 may be limited. See										
	page E-4 to find out if you must										
	file Form 8582. Real estate										
	professionals must complete line	23 (		$\mathbf{y}$							
~ -	43 on page 2			<u>/ \</u>	1-			24			
24	Income. Add positive amounts sho						• • • • •				
25	Losses. Add royalty losses from line 2										,
26	Total rental real estate and royalt here. If Parts II, III, IV, and line 40 o										
	1040, line 17. Otherwise, include th										

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Nam	e(s) shown on return. Do not en	ter name and sc	ocial security nu	mber if showr	on other side	9.			Your	social	security nu	Imber
Pa	rt II Income or Lo which any amour										at-risk acti	vity for
27	Are you reporting losses not reported on Form 8 If you answered "Yes," s Caution: The IRS comp	582, or unrei see page E-5	mbursed pa	rtnership e npleting thi	xpenses?. s section.					. 🗆	Yes	] No
28	·	(a) Name	·		(b) Enter P partnership for S corpora	S	(c) Check if foreign partnership	(d) Emp identific num	cation		(e) Chec any amou not at r	unt is
A B							<u> </u>					
С												
D	Passive Incom	e and Loss				Nor	passive Ir	ncome and	Loss			
	(f) Passive loss allowed (attach Form 8582 if required)		sive income hedule K-1		npassive loss Schedule K-1			ion 179 expense n from <b>Form 45</b>			onpassive inc m <b>Schedule</b>	
A B												<u> </u>
C D												
29a	Totals									///////		
	Add columns (g) and (j)	of line 29a	·	<b>a</b>					30	·/////////////////////////////////////		
31 32	Add columns (f), (h), and <b>Total partnership and</b>	••			 Combine li	nes :	 30 and 31.	 Enter the	31	(		)
Pa	result here and include includ				<u></u>	•	<u></u>	<u></u>	32			
33	3 (a) Name							i		Employer ation numbe	er	
A B												
	Pass	ive Income	and Loss				Non	passive Inc	ome	and L	_OSS	
	(c) Passive deduction or loss (attach Form 8582 if requ			Passive incom n Schedule K-					(		r income fro edule K-1	m 
A B												+
34a	Totals											
35	Add columns (d) and (f)		· · · · ·	·	· · · · ·				35	·/////////////////////////////////////		
36 37	Add columns (c) and (e) Total estate and trust	income or (	 ( <b>loss)</b> . Coml	 bine lines 3	 5 and 36.	Ente	 r the result	here and	36	(		,
Pa	include in the total on line Int IV Income or Lo			Mortgag	e Investn	nent	Conduits		37 –Res	sidua	l Holder	
38	<b>(a)</b> Name	<b>(b)</b> Em identificatio		Schedu	s inclusion fro ules Q, line 20 page E-6)			ncome (net loss) ules Q, line 1b			come from Iles Q, line 3	b
39	Combine columns (d) ar	nd (e) only. Ei	nter the resu	lt here and	include in	the 1	total on line	41 below	39			
Pa	rt V Summary											
40 41	Net farm rental income <b>Total income or (loss)</b> . Con	• •			•			 ), line 17 ►	40 41			
42	<b>Reconciliation of Farm</b> farming and fishing inco K-1 (Form 1065), line 19 Schedule K-1 (Form 104	ome reported 5b; Schedule	l on Form 4 e K-1 (Form	835, line 7; 1120S), lin	Schedule e 23; and	42						
43	Reconciliation for Real professional (see page E anywhere on Form 1040 you materially participate	-1), enter the ) from all rer	net income ntal real esta	or (loss) you	u reported s in which	43						

Schedule E (Form 1040) 2003

Schedule E (Form 1040) 2003

Page **2** 

Attachment Sequence No. 13

SCHEDULE EIC (Form 1040A or 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

See the instructions for Form 1040A, line 41, or Form 1040, line 63, to make sure that Before you begin: (a) you can take the EIC and (b) you have a qualifying child.

Earned Income Credit

Qualifying Child Information

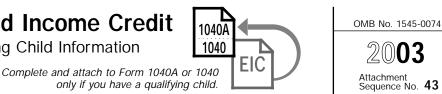
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2a agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Q	ualifying Child Information	C	hild 1	Child 2			
1	<b>Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name	Last name	First name	Last name		
2a	<b>Child's SSN</b> The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 47 of the Form 1040 instructions unless the child was born and died in 2003. If your child was born and died in 2003 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.						
k	Child's year of birth	Year If born after 1 and 3b; go to	984, skip lines 3a line 4.	Year If born after 1984, skip lines 3a and 3b; go to line 4.			
-	If the child was born before 1985— Was the child under age 24 at the end of 2003 and a student?	Go to line 4.	<b>No</b> . Continue	Go to line 4.	No. Continue		
k	Was the child permanently and totally disabled during any part of 2003?	Continue	<b>No</b> . The child is not a qualifying child.	Continue	<b>No</b> . The child is not a qualifying child.		
4	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)						
5	<ul> <li>Number of months child lived with you in the United States during 2003</li> <li>If the child lived with you for more than half of 2003 but less than 7 months, enter "7".</li> <li>If the child was born or died in 2003 and your home was the child's home for the entire time he or she was alive during 2003, enter "12".</li> </ul>	Do not enter m	months ore than 12 months.	Do not enter m	months ore than 12 months.		



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2003, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 65 of Form 1040.





	2003	)
	Attachment Sequence No.	43
Yo	our social security	ber

## Purpose of Schedule

The purpose of this schedule is to give the IRS information about your qualifying child after you have figured your earned income credit (EIC).

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040A, line 41, or Form 1040, line 63.

**Taking the EIC When Not Eligible.** If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

## **Qualifying Child**

A qualifying child is a child who is your . . . Son, daughter, adopted child, stepchild, or a descendant of any of them (for example, your grandchild) or Brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your niece or nephew) whom you cared for as you would your own child Foster child (any child placed with you by an authorized placement agency whom you cared for as you would your own child) was at the end of 2003 . . . Under age 19 or Under age 24 and a student or Any age and permanently and totally disabled who . . . Lived with you in the United States for more than half of 2003. If the child did not live with you for the required time, see Exception to "Time Lived With You" Condition on page 42 of the Form 1040A instructions or page 46 of the Form 1040 instructions. Note. If the child was married or meets the conditions to be a

**Note.** If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse if filing a joint return), special rules apply. For details, see page 43 of the Form 1040A instructions or page 47 of the Form 1040 instructions.



Do you want part of the EIC added to your take-home pay in 2004? To see if you qualify, get Form W-5 from your employer, call the IRS at 1-800-TAX-FORM (1-800-829-3676), or go to www.irs.gov.



Department of the Treasury

Internal Revenue Service

(Form 1040)

## Self-Employment Tax

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with **self-employment** income ►

## Who Must File Schedule SE

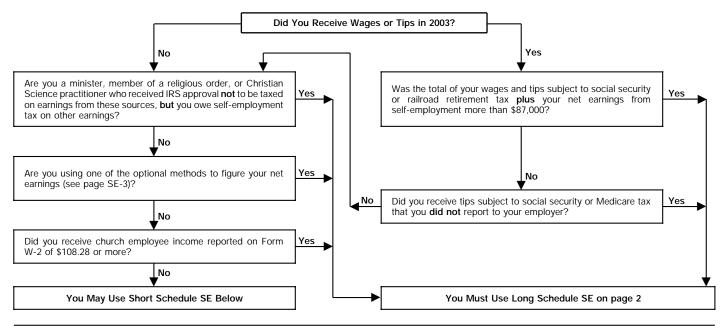
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (se ge SE-3).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 55.

## May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	
3	Combine lines 1 and 2	3	
4 5	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax	4	
	<ul> <li>\$87,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 55.</li> <li>More than \$87,000, multiply line 4 by 2.9% (.029). Then, add \$10,788.00 to the result. Enter the total here and on Form 1040, line 55.</li> </ul>	5	
6	Deduction for one-half of self-employment tax. Multiply line 5 by         50% (.5). Enter the result here and on Form 1040, line 28		

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income

Attachment Sequence No. 17

#### Section B—Long Schedule SE

#### Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

- A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I. . . . . . . . .
- Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1

	1065), line 15a. Note. Skip this line if you use the farm optional method (see page SE-4)	1		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other			
	income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2		
3	Combine lines 1 and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
с	Combine lines 4a and 4b. If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment			
	tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue ►	4c		
5a	Enter your <b>church employee income</b> from Form W-2. See page SE-1			
	for definition of church employee income.	<i>\\\\\</i>		
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b		
6	Net earnings from self-employment. Add lines 4c and 5b	6		
7	Maximum amount of combined wages and self-employment earnings subject to social security			
	tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2003	7	87,000	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)			
	W-2) and railroad retirement (tier 1) compensation. If \$87,000 or more,			
	skip lines 8b through 10, and go to line 11			
b	Unreported tips subject to social security tax (from Form 4137, line 9)			
С	Add lines 8a and 8b	8c		
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ►	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10		
11	Multiply line 6 by 2.9% (.029)	11		
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 55	12		
13	Deduction for one-half of self-employment tax. Multiply line 12 by50% (.5). Enter the result here and on Form 1040, line 28   13			

#### Part II Optional Methods To Figure Net Earnings (see page SE-3)

<ul> <li>Farm Optional Method. You may us</li> <li>Your gross farm income<sup>1</sup> was not no</li> </ul>	nore than \$2,400 or			
• Your net farm profits <sup>2</sup> were less that	n \$1,733.			
14 Maximum income for optional n	nethods	14	1,600	00
	( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$1,600. Also above	15		
<ul> <li>Nonfarm Optional Method. You may</li> <li>Your net nonfarm profits<sup>3</sup> were less income<sup>4</sup> and</li> </ul>	vuse this method <b>only</b> if: than \$1,733 and also less than 72.189% of your gross nonfarm			
<ul> <li>You had net earnings from self-em</li> </ul>	ployment of at least \$400 in 2 of the prior 3 years.			
Caution. You may use this method n	o more than five times.			
<b>16</b> Subtract line 15 from line 14.		16		
17 Enter the smaller of: two-thirds	(2/3) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount out on line 4b above	17		
<sup>1</sup> From Sch E line 11 and Sch K-1 (Form 1065	) line 15b <sup>3</sup> From Sch. C. line 31 <sup>,</sup> Sch. CE7, line 3 <sup>,</sup> Sch. K1 (Form 1065) line 15a	· and Sch	K-1 (Form 1065-B)	box 9

<sup>2</sup>From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a. <sup>4</sup>From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.





OMB No. 1545-0091

	See	separate	instructions

(Rev	. Nov	vember 2003) See separa	ate instr	uctio	ns.				
Thi	s rei	eturn is for calendar year ► , or fiscal year e	nded 🕨	•					
~	Yo	our first name and initial	Last nam	е				Your so	cial security number
or type									
Sr t	lf a	a joint return, spouse's first name and initial	Last nam	е				Spouse's	social security number
f									
print	Но	ome address (no. and street) or P.O. box if mail is not delivered to your home				Apt.	no.	Phone nu	umber
se						.		(	)
Please	City	ty, town or post office, state, and ZIP code. If you have a foreign address, see	nage 2 of	the in	structions				,
₫			puge 2 of	(110 111					erwork Reduction Act see page 6.
		ne name or address shown above is different from that sh			0				
		s the original return been changed or audited by the IRS							
С	Filin	ng status. Be sure to complete this line. Note. You canno	ot chang	je fro	m joint to se	parat	e returns	after the	e due date.
	On o	original return ►	arried filir	ig sep	arately	🗌 He	ad of hous	ehold 🗌	Qualifying widow(er)
	On th	this return ►	arried filir	ig sep	arately	🗌 не	ad of hous	ehold* 🗌	Qualifying widow(er)
	* If t	the qualifying person is a child but not your dependent, see page 2.			-				
		Liss Dart II on the healt to symbols any changes			A. Original amo	ount or	B. Net ch	nange—	C. Correct
		Use Part II on the back to explain any changes	<b>)</b>		as previously ac	djusted	amount of or (decre		amount
		Income and Deductions (see pages 2-6)			(see page 2	2)	explain i		
	1	Adjusted gross income (see page 3)		1					
				2					
				3					
	3	Subtract line 2 from line 1	· ·	-					
	4	Exemptions. If changing, fill in Parts I and II on the back	к.	4					
	5	Taxable income. Subtract line 4 from line 3		5					
lity	6	Tax (see page 4). Method used in col. C		6					
Tax Liability	7	Credits (see page 4)		7					
Ľ	8	Subtract line 7 from line 6. Enter the result but not less than ze	ero.	8					
ă	9	Other taxes (see page 4)		9					
Ë	10	Total tax. Add lines 8 and 9		10					
	11	Federal income tax withheld and excess social security	and						
	••	tier 1 RRTA tax withheld. If changing, see page 4		11					
	12								
S	12	year's return		12					
Payments	12			13					
ξ				14					
a,	14			15					
_	15	Credits from Form 2439, Form 4136, or Form 8885						16	
						• •		. 10	
	17					•			
	18			•	<u></u>	• •		. 18	
		Refund or Amount You						1.0	
	19	Overpayment, if any, as shown on original return or as	previou	sly ac	djusted by th	e IRS		. 19	
	20							. 20	
	21	Amount you owe. If line 10, column C, is more than line 2	20, enter	the d	difference and	d see	page 5	21	
	22	If line 10, column C, is less than line 20, enter the diff	ference					. 22	
	23	Amount of line 22 you want refunded to you						. 23	
	24	Amount of line 22 you want applied to your	estim	ated	tax 24				
Si	gn	Under penalties of perjury, I declare that I have filed an original retu and statements, and to the best of my knowledge and belief, this	urn and the	at I hav	ve examined this	amend	led return, ir	ncluding ac	companying schedules
Ηè		taxpayer) is based on all information of which the preparer has an	y knowled	dge.		n, and	complete. D		
	retur								
	page 2	2							
	recor				Spouse's signatu	re. If a	joint return, <b>k</b>	ooth must s	ign. Date
<u> </u>		Preparer's		Date		2hc -1 -1	c	Prepar	er's SSN or PTIN
Pai		signature				Check i self-em		· اړ	
	parer					EI		- 1	
Use	Only	yours if self-employed), address, and ZIP code						; )	
							ione no. (	)	

Form	1040X (Rev. 11-2003)	1									Page <b>2</b>
Pa	If you are <b>not c</b> l	ns. See Form 10 hanging your exen e exemptions, com r exemptions, com	<b>nptions</b> , o plete line	do not complete this part. s 25-31.		A. Origin number exemptic reported c previous adjuste	of ons or as sly	B. Net cl	hange	C. Corr numbe exempt	<b>r</b> of
25	5 1	parents (or someone	else) can	claim you as a dependent n exemption for yourself.	25						
26		children who lived			26						
20 27	Your dependent	children who did n	ot live wi	th you due to divorce or	27 28						
28	Other dependents										
29	Total number of exemptions. Add lines 25 through 28				29						
30	Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.										
	Tax year	Exemption amount	line	ee the instructions for e 4 on page 3 if the ount on line 1 is over:							
	2003 2002 2001 2000	\$3,050 3,000 2,900 2,800		\$104,625 103,000 99,725 96,700	30						
31	Dependents (ch	ildren and other) no	t claimed	on original (or adjusted)	return:					n on line	
	(a) First name	Last nar	ne	(b) Dependent's social security number		ependent's nship to you	child f	if qualifying for child tax (see page 5)	31 who ● livec you		
										not live ou due to	
									divorce	e or	
									separa page 5	tion (see	
									Depen		
									on line	31 not	
									entere	d above 🕨	

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

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

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

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

. ►

## **Employee Business Expenses**

► See separate instructions.

Attach to Form 1040.

Your name

Occupation in which you incurred expenses

Social security number ÷ i

Attachment Sequence No. 54

OMB No. 1545-0139

#### Part I **Employee Business Expenses and Reimbursements**

			Column A	Column B	
Ste	Step 1 Enter Your Expenses		Other Than Meals and Entertainment	Meals and Entertainment	
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1			
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work	2			
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment.	3			
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4			
5 6	Meals and entertainment expenses (see instructions)	5			

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

#### Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7	Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see				
	instructions)	7			

#### Step 3 Figure Expenses To Deduct on Schedule A (Form 1040)

8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7	8			
	Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses by 65% (.65) instead of 50%. For details, see instructions.)	9			
10	Add the amounts on line 9 of both columns and enter the total here <b>Schedule A (Form 1040)</b> , <b>line 20</b> . (Fee-basis state or local gover performing artists, and individuals with disabilities: See the instru- where to enter the total.)	vernment officials, qualified uctions for special rules on	10		
For		at. No. 11700N		Form <b>2106</b>	03)

Form	2106 (2003)						Page	2
Par	t II Vehicle Expenses							
Sec	tion A—General Information	(You	must complete this	section if you		(a) Vahiala 1	(h) Vahiala 2	
are	claiming vehicle expenses.)		·	5		(a) Vehicle 1	(b) Vehicle 2	
11	Enter the date the vehicle was p	laced	in service		11	/ /	/ /	
12	Total miles the vehicle was drive				12	miles	mile	s
13	Business miles included on line				13	miles		
14	Percent of business use. Divide	in≏ 13			14	%	,	%
15	Average daily roundtrip commuti				15	miles		
16	Commuting miles included on lin				16	miles		
17	Other miles. Add lines 13 and 16				17	miles		
18	Do you (or your spouse) have an							
19	Was your vehicle available for person							
20	Do you have evidence to suppor		deduction?		• •			
21	If "Yes," is the evidence written?							
	tion B—Standard Mileage Ra	ite (S	ee the instructions	<u>for Part II to fir</u>	 nd ou	it whether to comp		
	tion C.)							
22	Multiply line 13 by 36¢ (.36) .					22		
	tion C—Actual Expenses		(a) Ve	hicle 1		(b) Ve	ehicle 2	
	•							
23	Gasoline, oil, repairs, vehicle	23						
24-	insurance, etc	24a						7/
24a	Vehicle rentals	24a						
a	Inclusion amount (see instructions)	240 24c		<u>x////////////////////////////////////</u>				Ζ
С	Subtract line 24b from line 24a	240						
25	Value of employer-provided							
	vehicle (applies only if 100% of							
	annual lease value was included	25						
<b>.</b> .	on Form W-2—see instructions)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the	27						
	percentage on line 14	27						
28	Depreciation. Enter amount	0						
	from line 38 below	28						
29	Add lines 27 and 28. Enter total	0						
<u> </u>	here and on line 1	29						_
	tion D—Depreciation of Vehitter vehicle.)	cles	(Use this section of	niy if you owne	a the	e venicle and are co	ompleting Section	C
101				biolo 1			hiele 2	
			(a) ve	hicle 1	///////	av (d)	ehicle 2	77.
30	Enter cost or other basis (see							
	instructions)	30						//
31	Enter section 179 deduction							
	and special allowance (see							
	instructions)	31	¥/////////////////////////////////////					$\overline{T}$
32	Multiply line 30 by line 14 (see							
	instructions if you claimed the							
	section 179 deduction or special							
	allowance)	32						
33	Enter depreciation method and							
	percentage (see instructions)	33		<u> </u>	[[[[[[[]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]		<u>x////////////////////////////////////</u>	
34	Multiply line 32 by the percentage							
	on line 33 (see instructions)	34						
35	Add lines 31 and 34	35	¥/////////////////////////////////////		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			$\overline{T}$
36	Enter the applicable limit explained							
	in the line 36 instructions	36		<u> </u>	[[]]]]]]		<i>XIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i>	

**37** Multiply line 36 by the percentage on line 14

37

38

 $\textcircled{\baselinetwidth}$ 

Enter the smaller of line 35 or line 37. Also enter this amount on line 28 above

Form **2106** (2003)

	2441		Child and	Dependent	Care Exp	enses		F	OMB No. 1545-	0068	
orm	Attach to Form 1040.								2003	3	
	epartment of the Treasury ternal Revenue Service See separate instructions.								Attachment	Attachment Sequence No. 21	
	s) shown on Form 104	0			uctions.		Y	our social	security number		
Sefo	re you begin: \	'ou need to	o understand th	e following terms.	See Definit	i <b>ons</b> on pa	age 1	of the ir	structions.		
De	pendent Care	Benefits	<ul> <li>Qualify</li> </ul>	ing Person(s)	<ul> <li>Qualif</li> </ul>	ed Expen	ises	•	Earned Inc	ome	
Part				vided the Care— ttom of page 2.)	You <b>must</b> co	mplete th	is part	t.			
1	(a) Care provider's name		(number, street, ap	(b) Address ot. no., city, state, and ZIF	code)	(c) Identifyi (SSN c			(d) Amount paid see instructions		
				•							
	d	Did you	receive are benefits?	No		nplete only					
		ependent ca		Yes	← Cor	nplete Part	III on t	he back	next.		
				you may owe emplo	yment taxes.	See the ins	truction	is for For	m 1040, line		
art			Dependent Ca	f you have more that	n two qualify	na persons	s see t	he instru	ctions		
-		* •	g person's name	r you have more the		g person's so		(c) Quali	ied exnenses v	ou	
	First	(-)	3	Last		ity number	iai	ncurred and	d paid in 2003 fo sted in column (	or the	
					1	:					
3	Add the amounts	in column (c	) of line 2 <b>Do no</b>	t enter more than \$3	000 for one a	ualifying					
				you completed Part			3				
L I	Enter vour <b>earne</b>	d income					4				
5	If married filing jo	intly, enter y	our spouse's ear	ned income (if your ers, enter the amour	spouse was a	student	5				
			·								
	Enter the smalles						6				
	Enter the amount			7   low that applies to t		line 7					
5	If line 7 is:			If line 7 is:							
	Bu		ecimal	But							
	Over over		mount is	Over ove		unt is					
	0—15\$ 15,000—17,		.35 .34	\$29,000—31,0 31,000—33,0		27 26					
	17,000—19		.33	33,000—35,0		25	8		X		
	19,000—21		.32	35,000—37,0		24					
	21,000—23,		.31	37,000—39,0		23					
	23,000—25		.30	39,000—41,0		22					
	25,000-27,	000	.29	41,000—43,0	. 00	21					
	27,000—29,	000	.28	43,000—No I	mit .	20					
		the decimal	amount on line	3. If you paid 2002 e	expenses in 20	003, see					
	the instructions	· · · ·	1040 "				9 10				
1	Credit for child	and depend	ent care expension	nus any amount on ses. Enter the small	er of line 9 o						
	here and on Forn	n 1040, line -	45				11				

Page	2

#### Part III Dependent Care Benefits

12	Enter the total amount of <b>dependent care benefits</b> you received for 2003. This amount should be shown in box 10 of your W-2 form(s). <b>Do not</b> include amounts that were reported to you as wages in box 1 of Form(s) W-2	12
13	Enter the amount forfeited, if any (see the instructions)	13
14	Subtract line 13 from line 12	14
15	Enter the total amount of <b>qualified expenses</b> incurred in 2003 for the care of the <b>qualifying person(s)</b>	
16	Enter the smaller of line 14 or 15	
17	Enter your earned income	
18	<ul> <li>Enter the amount shown below that applies to you.</li> <li>If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> </ul>	
	<ul> <li>If married filing separately, see the instructions for the amount to enter.</li> <li>All others, enter the amount from line 17.</li> </ul>	
19	Enter the smallest of line 16, 17, or 18	
20	Excluded benefits. Enter here the smaller of the following:	
	<ul> <li>The amount from line 19 or</li> <li>\$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 18).</li> </ul>	20
21	<b>Taxable benefits.</b> Subtract line 20 from line 14. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	21

To claim the child and dependent care credit, complete lines 22–26 below.

26	on line 20 above. Then, add the amounts in column (c) and enter the total here Enter the <b>smaller</b> of line 24 or 25. Also, enter this amount on line 3 on the front of this form and complete lines 4–11	25 26	
	on line 20 above. Then, add the amounts in column (c) and enter the total here	25	
25	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown		
24	<b>Exception.</b> If you paid 2002 expenses in 2003, see the instructions for line 9	24	
24	Subtract line 23 from line 22. If zero or less, stop. You cannot take the credit.		
23	Enter the amount from line 20	23	
22	Enter \$3,000 (\$6,000 if two or more qualifying persons)	22	







#### It's Convenient, Safe, and Secure

IRS *e-file* is the IRS's electronic filing program. Now you can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You will receive an electronic acknowledgment or confirmation number once you complete the transaction. Keep it with your records. **Do not** send in Form 4868 if you file electronically.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you will need to estimate your total tax liability and subtract how much you have already paid (lines 4, 5, and 6 below).

If you think you may owe tax and wish to make a payment, you may pay by electronic funds withdrawal using option 1 or 2 below or you may pay by credit card using option 3.

## 1 Call toll free 1-888-796-1074

Anyone who filed a tax return for 2002 can file Form 4868 by phone. The telephone system will accept extensions any time from February 2 through April 15, 2004, and your extension will be good through August 16, 2004. Filing by telephone is advantageous because it is free and you get a confirmation number.

If you wish to make a payment by electronic funds withdrawal, you will be asked for the adjusted gross income (AGI) from your 2002 tax return. Your AGI for that year is located on line 35 of your Form 1040; line 21 of your 1040A; line 4 of your 1040EZ; line 34 of your 1040NR; line 10 of your 1040NR-EZ; or line I of your TeleFile Tax Record. If you choose, you may also file your extension by phone and mail a payment to the address shown in the middle column on page 4.

#### 2 E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of last year's tax return

— you will be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal (see page 4) or send your payment to the address shown in the middle column on page 4.

## **3** *E-file* and Pay by Credit Card

You can get an extension if you pay part or all of your estimate of income tax due by using a credit card (American Express<sup>®</sup> Card, Discover<sup>®</sup> Card, MasterCard<sup>®</sup>card, or Visa<sup>®</sup> card). Your payment must be at least \$1. You may pay by phone or over the Internet through one of the service providers listed below.

Each service provider will charge a convenience fee based on the amount of the tax payment you are making. Fees may vary between service providers. You will be told what the fee is during the transaction and will have the option to continue or cancel the transaction. You may also obtain the convenience fee by calling the providers' toll-free automated customer service numbers or visiting their websites. Do not add the convenience fee to your tax payment.

#### Link2Gov Corporation

1-888-PAY-1040<sup>sm</sup> (1-888-729-1040) 1-888-658-5465 (Customer Service) **www.PAY1040.com**  Official Payments Corporation 1-800-2PAY-TAX<sup>em</sup> (1-800-272-9829) 1-877-754-4413 (Customer Service) www.officialpayments.com

**Form 709 or 709-A.** Although an extension of time to file your income tax return also extends the time to file Form 709 or 709-A, you cannot make payments of the gift or GST tax with a credit card. To make a payment of the gift or GST tax, send a check or money order to the Internal Revenue Service Center where the donor's gift tax return will be filed. Enter "2003 Form 709" and the donor's name and social security number on the payment.

## File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

Form <b>TUUU</b> Department of the Treasury		atic Extension of Time al Income Tax Return	OMB No. 1545-0188	
Part I Identification		Part III Individual Income Tax		
1 Your name(s) (see instructions)		<ul> <li>4 Estimate of total tax liability for 2003 \$</li> <li>5 Total 2003 payments</li> </ul>		
Address (see instructions)		5         Total 2003 payments		
City, town or post office, state, and	I ZIP code	Part IV         Gift/GST Tax—If you are not filing a gift or GST tax return, go to Part V now. See the instructions.		
2 Your social security number	3 Spouse's social security number	7 Your gift or GST tax payment . \$ 8 Your spouse's gift/GST tax payment		
Part II Complete ONLY If	Filing Gift/GST Tax Return	Part V Total		
This form also extends the time for		<ul><li>9 Total liability. Add lines 6, 7, and 8 \$</li><li>10 Amount you are paying ▶</li></ul>		
transfer (GST) tax return if you file a tax return. Enter your gift or GST ta		Confirmation Number		
If <b>you</b> are requesting a <b>Gift or GST</b> this box	tax return extension, check	If you file electronically, you will receive a conf you that your Form 4868 has been accepted.		
If <b>your spouse</b> is requesting a <b>Gift</b> check this box	or GST tax return extension,	number here and keep it for your records		

▼ DETACH HERE ▼

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

#### **Purpose of Form**

Use Form 4868 to apply for 4 more months to file Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

To get the extra time you must:

• Properly estimate your 2003 tax liability using the information available to you,

• Enter your tax liability on line 9 of Form 4868, and

• File Form 4868 by the regular due date of your return.

**Caution:** Although you are not required to make a payment of the tax you estimate as due, Form 4868 does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest. You may also be charged penalties. For more details, see **Interest** on this page and **Late Payment Penalty** on page 3. Any remittance you make with your application for extension will be treated as a payment of tax.

You do not have to explain why you are asking for the extension. We will contact you only if your request is denied.

**Do not** file Form 4868 if you want the IRS to figure your tax or you are under a court order to file your return by the regular due date.

If you need an additional extension, see **If You Need** Additional Time on this page.

**Form 709 or 709-A.** Generally, an extension of time to file your 2003 **calendar year** income tax return also extends the time to file a gift or generation-skipping transfer (GST) tax return for 2003. Special rules apply if the donor dies during the year in which the gifts were made. See the Instructions for Form 709.

#### When To File Form 4868

File Form 4868 by April 15, 2004. Fiscal year taxpayers, file Form 4868 by the regular due date of the return.

If you are a U.S. citizen or resident "out of the country" (defined on this page) on the regular due date of your return, you are allowed 2 extra months to file your return. For a calendar year return, this is June 15, 2004. File this form if you need an additional 2 months to file your return. Write "Taxpayer Abroad" across the top of Form 4868.

#### Out of the country means either:

1. You live outside the United States and Puerto Rico and your main place of work is outside the United States and Puerto Rico or

**2.** You are in military or naval service outside the United States and Puerto Rico.

If you qualify as being "out of the country," you will still be eligible for the extension, even if you are physically present in the United States or Puerto Rico on the regular due date of the return.

#### If You Need Additional Time

If the automatic 4-month extension (until August 16, 2004, for most calendar year taxpayers) does not give you enough time, you can ask for additional time later. But you will have to give a good reason, and it must be approved by the IRS. To ask for the additional time, you must **either:** 

**1.** File **Form 2688,** Application for Additional Extension of Time To File U.S. Individual Income Tax Return or

**2.** Explain your reason in a letter. Mail it to the address in the right column under **Where To File a Paper Form 4868** on page 4.

File Form 4868 **before** you file Form 2688 or write a letter asking for more time. Only in cases of undue hardship will the IRS approve your request for an additional extension without receiving Form 4868 first. Ask early for this extra time. Then, you can still file your return on time if your request is not approved.

#### Filing Your Tax Return

You may file your tax return any time before the extension expires.

Do not attach a copy of Form 4868 to your return.

#### Interest

You will owe interest on any tax not paid by the regular due date of your return. The interest runs until you pay the tax. Even if you had a good reason for not paying on time, you will still owe interest.

#### Late Payment Penalty

The penalty is usually  $\frac{1}{2}$  of 1% of any tax (other than estimated tax) not paid by the regular due date. It is charged for each month or part of a month the tax is unpaid. The maximum penalty is 25%.

The late payment penalty will not be charged if you can show reasonable cause for not paying on time. Attach a statement to your return fully explaining the reason. **Do not** attach the statement to Form 4868.

You are considered to have "reasonable cause" for the period covered by this automatic extension if at least 90% of your actual 2003 tax liability is paid before the regular due date of your return through withholding, estimated tax payments, or with Form 4868.

#### Late Filing Penalty

A penalty is usually charged if your return is filed after the due date (including extensions). The penalty is usually 5% of the amount due for each month or part of a month your return is late. Generally, the maximum penalty is 25%. If your return is more than 60 days late, the minimum penalty is \$100 or the balance of the tax due on your return, whichever is smaller. You might not owe the penalty if you have a good reason for filing late. Attach a statement to your return

## fully explaining the reason. **Do not** attach the statement to Form 4868.

#### How To Claim Credit for Payment Made With This Form

When you file your return, include the amount of any payment you made with Form 4868 on the appropriate line of your tax return.

The instructions for the following line of your tax return will tell you how to report the payment:

- Form 1040, line 66.
- Form 1040A, line 43.
- Form 1040EZ. line 9.
- Form 1040NR, line 61.
- Form 1040NR-EZ, line 21.

If you and your spouse each filed a separate Form 4868 but later file a joint return for 2003, enter the total paid with both Forms 4868 on the appropriate line of your joint return.

If you and your spouse jointly file Form 4868 but later file separate returns for 2003, you may enter the total amount paid with Form 4868 on either of your separate returns. Or you and your spouse may divide the payment in any agreed amounts. Be sure each separate return has the social security numbers of both spouses.

## **Specific Instructions**

#### How To Complete Form 4868

**Caution:** Skip Parts II and IV unless you are requesting an extension of time to file a gift or GST tax return.

#### Part I—Identification

Enter your name(s) and address. If you plan to file a joint return, include both spouses' names in the order in which they will appear on the return.

If you want correspondence regarding this extension to be sent to you at an address other than your own or to an agent acting for you, include the agent's name, if any, and enter that address instead.

If you changed your name after you filed your last return because of marriage, divorce, etc., be sure to report this to your local Social Security Administration office before filing Form 4868. This prevents delays in processing your extension request.

If you changed your mailing address after you filed your last return, you should use **Form 8822**, Change of Address, to notify the IRS of the change. Showing a new address on Form 4868 will not update your record. You can get IRS forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also download forms from the IRS website at **www.irs.gov.** 

If you plan to file jointly, enter on line 2 the social security number (SSN) that you will show first on your return. Enter your spouse's SSN on line 3.

If you are filing Form 1040NR or 1040NR-EZ, and do not have (and are not eligible to obtain) an SSN, enter your IRS-issued individual taxpayer identification number (ITIN). For information on obtaining an ITIN, get **Form W-7**, Application for IRS Individual Taxpayer Identification Number.

#### Part III—Individual Income Tax

#### Line 4—Estimate of Total Tax Liability for 2003

Enter on line 4 the total tax liability you expect to report on your 2003:

- Form 1040, line 60.
- Form 1040A, line 38.
- Form 1040EZ, line 10.
- Form 1040NR, line 56.

• Form 1040NR-EZ, line 17.

If you expect this amount to be zero, enter zero. **Caution:** Make your estimate as accurate as you can with the information you have. If we later find that the estimate was not reasonable, the extension will be null and void.

#### Line 5—Total 2003 Payments

Enter on line 5 the total payments from:

- Form 1040, line 68 (excluding line 66).
- Form 1040A, line 43.
- Form 1040EZ, line 9.
- Form 1040NR, line 67 (excluding line 61).
- Form 1040NR-EZ, line 21.

**Note:** For Forms 1040A, 1040EZ, and 1040NR-EZ, do not include on line 5 the amount you are paying with this Form 4868.

#### Line 6—Balance Due

Subtract line 5 from line 4. If line 5 is more than line 4, enter zero.

If you find you cannot pay the amount shown on line 6, you can still get the extension. But you should pay as much as you can to limit the amount of interest you will owe. Also, you may be charged the late payment penalty on the unpaid tax from the regular due date of your return. See **Late Payment Penalty** on this page.

#### Part IV—Gift/GST Tax

Fill in this part **only** if you or your spouse plan to file Form 709 or 709-A **and** you are also using Form 4868 to apply for an extension of time to file your 2003 **calendar year** income tax return. **Do not** include income tax on lines 7 and 8.

Enter the amount of gift and GST tax you (or your spouse) are paying on these lines. If your spouse files a **separate** Form 4868, **do not** check the box in Part II for your spouse; enter on your form only the total gift and GST tax **you** are paying. Pay in full with this form to avoid interest and penalties.

#### Part V—Total

Enter the total of line 6 (and 7 and 8, if applicable) on line 9. If you are paying your entire estimate of tax liability, lines 9 and 10 should both be the same.

## How To Make a Payment With Your Extension

#### Paying by Electronic Funds Withdrawal

You can *e-file* Form 4868 using IRS *e-file* option 1 or 2 on page 1 and make a payment by authorizing an electronic funds withdrawal from your checking or savings account. You can authorize an electronic funds withdrawal for your extension tax payment and/or for payment of your gift or GST tax. Check with your financial institution to make sure that an electronic funds withdrawal is allowed and to get the correct routing and account numbers.

If you owe tax and wish to have the money electronically withdrawn from your account, you will be asked to make the following declaration:

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated for payment of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial

institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**Note:** This is your written copy of the electronic funds withdrawal authorization you made to have the amount you owe withdrawn. **Keep it for your records.** 

#### Paying by Credit Card

You can *e-file* Form 4868 using IRS *e-file* option 3 on page 1 and pay by credit card.

#### Paying by Check or Money Order

- When paying by check or money order with Form 4868, use the addresses in the middle column under **Where To File a Paper Form 4868** below.
- Make your check or money order payable to the **"United States Treasury."** Do not send cash.
- Write your social security number, daytime phone number, and "2003 Form 4868" on your check or money order.
- Do not staple or attach your payment to the form.

Where To File a Paper Form 4868	And you are making a payment, send Form 4868 with your payment to IRS:	And you are not making a payment, send Form 4868 to Internal Revenue Service Center:
- Alabama, Florida, Georgia, Mississippi, North Carolina, Rhode Island, South Carolina, West Virginia	P.O. Box 105073 Atlanta, GA 30348-5073	Atlanta, GA 39901
Maine, Massachusetts, New Hampshire, New York, Vermont	P.O. Box 37003 Hartford, CT 06176-0003	Andover, MA 05501
Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania	P.O. Box 80109 Cincinnati, OH 45280-0009	Philadelphia, PA 19255
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	P.O. Box 660575 Dallas, TX 75266-0575	Austin, TX 73301
Alaska, California, Hawaii, Idaho, Montana, Nevada, Oregon, Washington, Wyoming	P.O. Box 7122 San Francisco, CA 94120-712	2 Fresno, CA 93888
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	P.O. Box 970028 St. Louis, MO 63197-0028	Kansas City, MO 64999
Ohio, Virginia	P.O. Box 105050 Atlanta, GA 30348-5050	Memphis, TN 37501
Arizona, Utah	P.O. Box 1236 Charlotte, NC 28201-1236	Fresno, CA 93888
American Samoa or Puerto Rico (or if excluding income under Internal Revenue Code section 933); are a nonpermanent resident of Guam or the Virgin Islands; have an APO, FPO, or foreign address; are a dual-status alien; or file Form 2555, 2555-EZ, or 4563	P.O. Box 80109 Cincinnati, OH 45280-0009	Philadelphia, PA 19255-0215
Guam: Permanent residents	D Send Form 4868 and payments to:	epartment of Revenue and Taxation Government of Guam P.O. Box 23607 GMF, GU 96921
Virgin Islands: Permanent residents	Send Form 4868 and payments to: Cha	V.I. Bureau of Internal Revenue 9601 Estate Thomas arlotte Amalie, St. Thomas, VI 00802
Privacy Act and Panarwork Peduction Act Nation We ask for the	You are not required to provide the infor	motion requested on a form that is

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need this information so that our records will reflect your individual income tax return within 4 months after the regular due date. If you choose to apply for an automatic extension of time to file, you are required by Internal Revenue Code section 6081 to provide the information requested on this form. Under section 6109, you must disclose your social security number (SSN) or individual taxpayer identification number (ITIN). Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. If you fail to provide this information in a timely manner or provide incomplete or false information, you may be liable for penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 26 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 10 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where To File a Paper Form 4868** above.



Department of the Treasury

Internal Revenue Service

## Noncash Charitable Contributions

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► See separate instructions.

OMB No. 1545-0908

Attachment Sequence No. 55

Identifying number

Name(s) shown on your income tax return

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A—List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is over \$5,000 (see instructions).
 Part I Information on Dopated Property—If you need more space attach a statement

i ai t	inition and bonated inoperty—in you need	
1	(a) Name and address of the donee organization	(b) Description of donated property
Α		
В		
С		
D		
Е		

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's of or adjusted b		(g) Fair market	: value	(h) Method used to determine the fair market value
Α								
В								
С								
D								
E								
Part II Other Information—Complete line 2 if you gave less than an entire interest in property listed in Part I.								

Complete line 3 if conditions were attached to a contribution listed in Part I.

2 If, during the year, you contributed less than the entire interest in the property, complete lines a-e.

a Enter the letter from Part I that identifies the property ▶ \_\_\_\_\_. If Part II applies to more than one property, attach a separate statement.

- b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year
   (2) For any prior tax years
- c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above): Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept  $\blacktriangleright$  \_

- e Name of any person, other than the donee organization, having actual possession of the property  $\blacktriangleright$  \_
- 3 If conditions were attached to any contribution listed in Part I, answer questions a c and attach the required statement (see instructions).
- **a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?
- b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?
  c Is there a restriction limiting the donated property for a particular use?

·

Yes No

For Paperwork Reduction Act Notice, see page 4 of separate instructions.

Form 8283 (Rev. 10-98)		Page Z
Name(s) shown on your income tax return		Identifying number
deduction of more than \$5,000 traded securities only in Section	s section only items (or groups of similar items) for per item or group. <b>Exception.</b> Report contribut A. e to attach the complete appraisal. See the <b>Note</b>	ions of certain publicly
Part I Information on Donated Prope	rty—To be completed by the taxpayer and/or app	oraiser.
manuscripts, historical memorabilia, and other similar o	Real Estate       Gems/Jewelry         Coin Collections       Books         s, drawings, ceramics, antique furniture, decorative arts, bjects.         00 or more, you must attach a complete copy of the signed attach	· · · ·
5 (a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the ov physical condition at the time of the gift	erall (c) Appraised fair market value
A B		
<u>C</u> D		
(d) Date acquired by donor (mo., yr.)(e) How acquired by donor(f) Donor's adjusted	(g) for bargain sales, effet	a (i) Average trading price of securities
A		
Part II Taxpayer (Donor) Statement—	List each item included in Part I above that the having a value of \$500 or less. See instructions.	appraisal identifies as
I declare that the following item(s) included in Part I abo (per item). Enter identifying letter from Part I and descri	by the best of my knowledge and belief an appraised be the specific item. See instructions. ►	value of not more than \$500

Signature of t	axpayer (donor) 🕨
Daut III	Declaration of Annraicar

Date 🕨

#### Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this appraisal summary may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I affirm that I have not been barred from presenting evidence or testimony by the Director of Practice.

Sign				
Here	Signature 🕨	Title 🕨	Date of appraisal <b>&gt;</b>	
Business	address (including room or suite no.)		Identifying nu	umber

City or town, state, and ZIP code

#### Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on ►\_\_\_\_\_

(Date)

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 2 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use?				
Name of charitable organization (donee)	Employer identification number			
Address (number, street, and room or suite no.)	City or town, state, and ZIP code			
Authorized signature	Title	Date		

 $\textcircled{\blue}{\blue}$ 



## Additional Child Tax Credit



OMB No. 1545-1620

03

Department of the Treasury Internal Revenue Service

Name(s) shown on return

#### Attachment Sequence No. 47

Your social security number ÷ ÷

#### Part I **All Filers**

1	or page 38 of	ant from line 3 of your Child Tax Credit Worksheet on page 41 of the Form 1040A instructions. If you used Pub. 972, enter the a page 4 of the publication	mount from line 10 of the	1		
2	Enter the amo	unt from Form 1040, line 49, or Form 1040A, line 33		2		
3	Subtract line 2	2 from line 1. If zero, <b>stop</b> ; you cannot take this credit		3		
4 5	Is the amount <b>No.</b> Le	al taxable earned income. See the instructions on back on line 4 more than \$10,500? ave line 5 blank and enter -0- on line 6. btract \$10,500 from the amount on line 4. Enter the result .	5			
6	Next. Do you No. If Sm Ves. If lin	mount on line 5 by 10% (.10) and enter the result have three or more qualifying children? line 6 is zero, <b>stop</b> ; you cannot take this credit. Otherwise, <b>aller</b> of line 3 or line 6 on line 13. line 6 is equal to or more than line 3, skip Part II and enter the 13. Otherwise, go to line 7.	he amount from line 3 on	6		
Pa	rt II Certa	in Filers Who Have Three or More Qualifying Chil	dren	V//////	1	
7	W-2, boxes 4 a	of the withheld social security and Medicare taxes from Form(s) and 6. If married filing jointly, include your spouse's amounts you worked for a railroad, see the instructions on back	7			
8	1040 filers:	Enter the total of the amounts from Form 1040, lines 28 and 56, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 60.	8			
	1040A filers:	Enter -0				
9	Add lines 7 an	d 8	9			
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 63 and 64.				
	10101 011			V//////	1	1

	1040A filers:	Enter the total of the amount from Form 1040A, line
		41, plus any excess social security and tier 1 RRTA
		taxes withheld that you entered to the left of line 43
		(see the instructions on back).
11	Subtract line 1	0 from line 9. If zero or less, enter -0

12 Enter the **larger** of line 6 or line 11 here . . . . .

Next, enter the smaller of line 3 or line 12 on line 13.

#### Part III Your Additional Child Tax Credit

13 This is your additional child tax credit

Enter this amount on Form 1040, line 65, or Form 1040A, line 42. . . .

11

12

13

10

#### Instructions

#### **Purpose of Form**

Use Form 8812 to figure your additional child tax credit.



The additional child tax credit may give you a refund even if you do not owe any tax.

#### Who Should Use Form 8812

First, complete the Child Tax Credit Worksheet that applies to you. See the instructions for Form 1040, line 49, or Form 1040A, line 33. If you meet the condition given in the **TIP** at the end of your Child Tax Credit Worksheet, use Form 8812 to see if you can take the additional child tax credit.

#### Effect of Credit on Welfare Benefits

Any refund you receive as a result of taking the additional child tax credit will not be used to determine if you are eligible for the following programs, or how much you can receive from them.

- Temporary Assistance for Needy Families (TANF).
- Medicaid and supplemental security income (SSI).
- Food stamps and low-income housing.

#### **Taxable Earned Income**

**1.** Did you, or your spouse if filing a joint return, have net earnings from self-employment and use either optional method to figure those net earnings?

**No.** Go to question 2.

Yes. Use Pub. 972 to figure the amount to enter on Form 8812, line 4.

**2.** Are you claiming the earned income credit (EIC) on Form 1040, line 63, or Form 1040A, line 41?

Yes. Use the following chart to find the amount to enter on Form 8812, line 4.				
IF you are filing Form	AND you completed	THEN enter on Form 8812, line 4, the amount from		
	Worksheet B on page 49 of your 1040 instructions	Worksheet B, line 4b.*		
1040	Step 5 on page 46 of your 1040 instructions (but not Worksheet B)	Step 5, Earned Income		
1040A	Step 5 on page 42 of your 1040A instructions	Step 5, Earned Income		

\* If you were a member of the clergy, subtract the following from the amount on line 4b: (a) the rental value of a home or the nontaxable portion of an allowance for a home furnished to you (including payments for utilities) and (b) the value of meals and lodging provided to you, your spouse, and your dependents for your employer's convenience.

🗌 No.
-------

**1040 filers:** Go to question 3. **1040A filers:** Skip question 3 and 9

Skip question 3 and go to question 4.

3. Were you, or your spouse if filing a joint return,

self-employed, or are you filing Schedule SE because you were a member of the clergy or you had church employee income, or are you filing Schedule C or C-EZ as a statutory employee?

No. Go to question 4.

Yes. Use Pub. 972 to figure the amount to enter on Form 8812, line 4.

**4.** Does the amount on line 7 of Form 1040 or Form 1040A include any of the following amounts?

• Taxable scholarship or fellowship grants not reported on a Form W-2.

• Amounts paid to an inmate in a penal institution for work (put "PRI" and the amount paid in the space next to line 7 of Form 1040 or 1040A).

• Amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan (put "DFC" and the amount received in the space next to line 7 of Form 1040 or 1040A). This amount may be reported in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity.

• Amounts from Form 2555, line 41, or Form 2555-EZ, line 18.

- □ No. 1
  - **No.** Enter the amount from line 7 of Form 1040 or Form 1040A on Form 8812, line 4.
  - Yes. Subtract the total of those amounts from the amount on line 7 of Form 1040 or Form 1040A. (If an amount is included in more than one of the above categories, include it only once in figuring the total amount to subtract.) Enter the result on Form 8812, line 4.

#### **Railroad Employees**

If you worked for a railroad, include the following taxes in the total on Form 8812, line 7.

• Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your Form(s) W-2 and identified as "Tier 1 tax."

• If you were an employee representative, 50% of the total tier 1 tax and tier 1 Medicare tax you paid for 2003.

#### **1040A Filers**

If you, or your spouse if filing a joint return, had more than one employer for 2003 and total wages of over \$87,000, figure any excess social security and tier 1 railroad retirement (RRTA) taxes withheld. See the instructions for Form 1040A, line 43. Include any excess on Form 8812, line 10.

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 5 min.; **Preparing the form**, 28 min.; **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the Instructions for Form 1040 or Form 1040A.

8863 Form

Department of the Treasury Internal Revenue Service Name(s) shown on return

# 

OMB No. 1545-1618

Attach to Form 1040 or Form 1040A.

Sequence No. 50 Your social security number

4 Attachment

Caution: You cannot take both an education credit and the tuition and fees deduction (Form 1040, line 26, or Form 1040A, line 19) for the same student in the same year.

Pai	rt I Hope Credit. Ca	ution: You cannot ta	ake the Hope	cred	it for moi	re tha	an <b>2</b> i	tax years for	the sa	ame student.	
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualifie expenses (s instructions). not enter m than \$2,000 each stude	see <b>Do</b> ore for	(d) Enter the smaller of th amount in column (c) c \$1,000		ne he <b>(e)</b> Sub n column (d		from	<b>(f)</b> Enter one-half of the amount in column (e)	
2	Add the amounts in co	olumns (d) and (f)		2							
3	Tentative Hope credit. Add the amounts on line 2, columns (d) and (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III ►										
									3		
Par	t II Lifetime Learnin	ng Credit									
4	Caution: You	(a) Student's name (as shown on page 1 of your tax return)(b) Student's social number (as shown 1 of your tax return): YouFirst nameLast name1 of your tax return)							n page	(c) Qualifie expenses ( instructior	see
	cannot take the								,		
	Hope credit and										
	the lifetime learning credit for the same										
	student in the										
_	same year.							- : :	5		
5	Add the amounts on line 4, column (c), and enter the total										
6 7	Enter the <b>smaller</b> of line 5 or \$10,000								6		
	t III Allowable Educ			0 (.2)	J) and ge	5 10 1	art		1		
									8		
8	Tentative education cre					•••	• •				
9	Enter: \$103,000 if married filing jointly; \$51,000 if single, head of household, or qualifying widow(er)										
10	Enter the amount from					10					
11	Subtract line 10 from I										
••	any education credits					11					
12	Enter: \$20,000 if marr				ead of						
	household, or qualifyin	a widow(er)				12					
13		•			nt from li	ne 8	on li	ne 14 and			
15	If line 11 is equal to or more than line 12, enter the amount from line 8 on line 14 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as										
	a decimal (rounded to	at least three place	es)						13	× .	
14	Multiply line 8 by line 13								14		
15									15		
16	6 Enter the total, if any, of your credits from Form 1040, lines 44 through 46, or Form 1040A, lines 29 and 30								16		
17									17		
18	Education credits. En line 47, or Form 10404	nter the <b>smaller</b> of	line 14 or l	ine 1	7 here a	and o	on F	orm 1040,	18		

\*See Pub. 970 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

## General Instructions

### A Change To Note

The maximum lifetime learning credit has increased to \$2,000.

## Purpose of Form

Use Form 8863 to figure and claim your education credits. The education credits are:

- The Hope credit and
- The lifetime learning credit.

### Who Can Take the Credits

You may be able to take the credits if you, your spouse, or a dependent you claim on your tax return was a student enrolled at or attending an eligible educational institution. The credits are based on the amount of qualified expenses paid for the student in 2003 for academic periods beginning in 2003 and the first 3 months of 2004.



Qualified expenses must be reduced by any expenses paid directly or indirectly using tax-free educational assistance. See Tax-Free Educational Assistance and Refunds of Qualified Expenses on this page.

**Note:** If a student is claimed as a dependent on another person's tax return, only the person who claims the student as a dependent may claim the credits for the student's qualified expenses. If a student is not claimed as a dependent on another person's tax return, only the student may claim the credits.

Generally, qualified expenses paid on behalf of the student by someone other than the student (such as a relative) are treated as paid by the student. Also, qualified expenses paid (or treated as paid) by a student who is claimed as a dependent on your tax return are treated as paid by you. Therefore, you are treated as having paid expenses that were paid from your dependent student's earnings, gifts, inheritances, savings, etc.

You cannot take the education credits if any of the following apply.

• You are claimed as a dependent on another person's tax return, such as your parent's return (but see the Note above).

- Your filing status is married filing separately.
- Your adjusted gross income on Form 1040, line 35, or Form 1040A, line 22, is (a) \$103,000 or more if married filing jointly or (b) \$51,000 or more if single, head of household, or qualifying widow(er).

 You are taking a deduction for tuition and fees on Form 1040, line 26, or Form 1040A, line 19, for the same student.

• You (or your spouse) were a nonresident alien for any part of 2003 and the nonresident alien did not elect to be treated as a resident alien.

#### Additional Information

See Pub. 970, Tax Benefits for Education, for more information about these credits.

## Rules That Apply to Both Credits

#### What Expenses Qualify?

Generally, qualified expenses are amounts paid in 2003 for tuition and fees required for the student's enrollment or attendance at an eligible educational institution. It does not matter whether the expenses were paid in cash, by check, by credit card, or with borrowed funds.

Qualified expenses do not include amounts paid for:

• Room and board, insurance, medical expenses (including student health fees), transportation, or other similar personal, living, or family expenses.

 Course-related books, supplies, equipment, and nonacademic activities, except for fees required to be paid to the institution as a condition of enrollment or attendance.

 Any course or other education involving sports, games, or hobbies, unless such course or other education is part of the student's degree program or (for the lifetime learning credit only) helps the student to acquire or improve job skills.

If you or the student take a deduction for higher education expenses, such as on Schedule A or Schedule C (Form 1040), you cannot use those expenses when figuring your education credits.



Any qualified expenses used to figure the education credits may not be taken into account in determining the amount of a distribution from a Coverdell ESA or a qualified state tuition program that is excluded from gross income.

#### Tax-Free Educational Assistance and Refunds of **Qualified Expenses**

Tax-free educational assistance includes a tax-free scholarship or Pell grant or tax-free employer-provided educational assistance.

You must reduce the total of your qualified expenses by any tax-free educational assistance and by any refunds of qualified expenses. If the refund or tax-free assistance is received in the same year in which the expenses were paid or in the following year before you file your tax return, reduce your qualified expenses by the amount received and figure your education credits using the reduced amount of qualified expenses. If the refund or tax-free assistance is received after you file your return for the year in which the expenses were paid, you must figure the amount by which your education credits would have been reduced if the refund or tax-free assistance had been received in the year for which you claimed the education credits. Include that amount as an additional tax for the year the refund or tax-free assistance was received on the tax line of your tax return (line 41 of the 2003 Form 1040 or line 28 of the 2003 Form 1040A). Enter the amount and "ECR" next to that line. Example. You paid \$2,250 tuition on December 26, 2002, and your child began college on January 29, 2003. You filed your 2002 tax return on February 1, 2003, and claimed a Hope credit of \$1,500. After you filed your return, your child dropped two courses (but maintained one-half of a full-time workload), and you received a refund of \$750. You must refigure your 2002 Hope credit using \$1,500 of qualified expenses instead of \$2,250. The refigured credit is \$1,250. You must include the difference of \$250 on line 41 of your 2003 Form 1040 or line 28 of your 2003 Form 1040A.

## **Prepaid Expenses**

Qualified expenses paid in 2003 for an academic period that **begins** in the first 3 months of 2004 can be used in figuring your 2003 education credits. For example, if you pay \$2,000 in December 2003 for qualified tuition for the 2004 winter quarter that begins in January 2004, you can use that \$2,000 in figuring your 2003 education credits (if you meet all the other requirements).



You **cannot** use any amount paid in 2002 or 2004 to figure your 2003 education credits.

## What Is an Eligible Educational Institution?

An **eligible educational institution** is generally any accredited public, nonprofit, or proprietary (private) college, university, vocational school, or other postsecondary institution. Also, the institution must be eligible to participate in a student aid program administered by the Department of Education. Virtually all accredited postsecondary institutions meet this definition.

## **Specific Instructions**

### Part I Hope Credit

You may be able to take a credit of up to \$1,500 for qualified expenses (defined earlier) paid for **each** student who qualifies for the Hope credit. You can take the Hope credit for a student if **all** of the following apply.

• As of the beginning of 2003, the student had not completed the first 2 years of postsecondary education (generally, the freshman and sophomore years of college), as determined by the eligible educational institution. For this purpose, **do not** include academic credit awarded solely because of the student's performance on proficiency examinations.

• The student was enrolled in 2003 in a program that leads to a degree, certificate, or other recognized educational credential.

• The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2003.

• The Hope credit was **not** claimed for that student's expenses in more than one prior tax year.

• The student has not been convicted of a felony for possessing or distributing a controlled substance.



If a student does not meet **all** of the above conditions, you may be able to take the lifetime learning credit for part or all of that student's qualified expenses instead.

#### Line 1

Complete columns (a) through (f) on line 1 for each student who qualifies for and for whom you elect to take the Hope credit.

#### Column (c)

Enter **only** qualified expenses paid for the student in 2003 for academic periods beginning after 2002 but before April 1, 2004, as explained earlier. If the student's expenses are more than \$2,000, enter \$2,000.

**Note:** If you have more than three students who qualify for the Hope credit, write "See attached" next to line 1 and attach a statement with the required information for each additional student. Include the totals from line 1, columns (d) and (f), for all students in the amount you enter in columns (d) and (f) on line 2.

## Part II Lifetime Learning Credit

The maximum lifetime learning credit for 2003 is \$2,000, regardless of the number of students.



You **cannot** take the lifetime learning credit for any student for whom you are taking the Hope credit.

#### Line 4

Complete columns (a) through (c) for each student for whom you are taking the lifetime learning credit.

#### Column (c)

Enter **only** qualified expenses paid for the student in 2003 for academic periods beginning after 2002 but before April 1, 2004, as explained earlier.

**Note:** If you are taking the lifetime learning credit for more than five students, write "See attached" next to line 4 and attach a statement with the required information for each additional student. Include the totals from line 4, column (c), in the amount you enter on line 5.

**Paperwork Reduction Act Notice**. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 12 min.; **Learning about the law or the form**, 8 min.; **Preparing the form**, 32 min.; **Copying**, **assembling**, **and sending the form to the IRS**, 33 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the Instructions for Form 1040 or Form 1040A.



### www.irs.gov

SO EASY, NO WONDER 47 MILLION PEOPLE USE IT.

Ask how!

Accuracy! Security! Electronic Signatures! Proof of Acceptance! Fast Refunds with Direct Deposit! Electronic Payment Options! Federal/State e-file!

AUTHORIZED IRS e-file PROVIDER