

**Label** (See instructions on page 12.) Use the IRS label. Otherwise, please print or type.

**Label Here**

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning \_\_\_\_\_, 2007, ending \_\_\_\_\_, 20

Your first name and initial: **CARL M.** Last name: **LEVIN** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **BARBARA** Last name: **LEVIN** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see page 12. [REDACTED] Apt. no. [REDACTED] You must enter your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. [REDACTED] Checking a box below will not change your tax or refund.

**Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above \_\_\_\_\_ and full name here. \_\_\_\_\_

4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. \_\_\_\_\_

5  Qualifying widow(er) with dependent child (see page 14)

**Exemptions**

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

b  Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 13)

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:  
 lived with you  
 did not live with you due to divorce or separation (see page 16)

Dependents on 6c not entered above: \_\_\_\_\_

Add numbers on lines above: **2**

d Total number of exemptions claimed: **2**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2: **140,513.**

8a Taxable interest. Attach Schedule B if required: **386.**

b Tax-exempt interest. Do not include on line 8a: **370.**

9a Ordinary dividends. Attach Schedule B if required: \_\_\_\_\_

b Qualified dividends (see page 19): \_\_\_\_\_

10 Taxable refunds, credits, or offsets of state and local income taxes: **STMT 2 STMT 3 721.**

11 Alimony received: **STMT 6**

12 Business income or (loss). Attach Schedule C or C-EZ: \_\_\_\_\_

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797: \_\_\_\_\_

15a IRA distributions: **15a 16,000. b Taxable amount**

16a Pensions and annuities: **16a 28,568. b Taxable amount**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: **28,568.**

18 Farm income or (loss). Attach Schedule F: \_\_\_\_\_

19 Unemployment compensation: \_\_\_\_\_

20a Social security benefits: **20a 37,852. b Taxable amount (see page 24)**

21 Other income. List type and amount (see page 24): \_\_\_\_\_

22 Add the amounts in the far right column for lines 7 through 21. This is your total income: **218,362.**

**Adjusted Gross Income**

23 Educator expenses (see page 26): **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: **24**

25 Health savings account deduction. Attach Form 8889: **25**

26 Moving expenses. Attach Form 3903: **26**

27 One-half of self-employment tax. Attach Schedule SE: **27**

28 Self-employed SEP, SIMPLE, and qualified plans: **28**

29 Self-employed health insurance deduction (see page 26): **29**

30 Penalty on early withdrawal of savings: **30**

31a Alimony paid b Recipient's SSN: **31a**

32 IRA deduction (see page 27): **32**

33 Student loan interest deduction (see page 30): **33**

34 Tuition and fees deduction. Attach Form 8917: **34**

35 Domestic production activities deduction. Attach Form 8903: **35**

36 Add lines 23 through 31a and 32 through 35: **36**

37 Subtract line 36 from line 22. This is your adjusted gross income: **37 218,362.**

Tax and Credits

Standard Deduction for -

People who checked any box on line 39a or 39b or who can be claimed as a dependent

All others: Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-57 with amounts like 218,362, 38,926, 179,436, etc.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 58-63 with amounts like 709, 39,009.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-72 with amounts like 45,079, 45,079.

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-74a with amounts like 6,070, 6,070.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes line 76 with amount 0 and line 77 with amount 0.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? [X] Yes. Complete the following. [ ] No

Sign Here

Joint return? See page 13. Keep a copy for your records.

Declaration of preparer: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer's Use Only

Preparer's signature: Robert Kleiman, Date: 04/05/08, Firm's name: VIRCHOW, KRAUSE & COMPANY, LLP, Phone no: 248-372-7300

**SCHEDULES A&B  
(Form 1040)**

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

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. 07

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on Form 1040

Your social security number

**CARL M. & BARBARA LEVIN**

<b>Medical and Dental Expenses</b>		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		5 State and local (check only one box):			
(See page A-2.)		a <input checked="" type="checkbox"/> Income taxes, or		5	10,349.
		b <input type="checkbox"/> General sales taxes			
		SEE STATEMENT 9			
6	Real estate taxes (see page A-5)	6		4,742.	
7	Personal property taxes	7		250.	
8	Other taxes. List type and amount	8			
▶ LIONS DEN - REAL ESTATE				2,929.	
9	Add lines 5 through 8	9			18,270.
<b>Interest You Paid</b>		10 Home mortgage interest and points reported to you on Form 1098		10	
(See page A-5.)		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address		11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098.		12	
		13 Qualified mortgage insurance premiums (See page A-7)		13	
		14 Investment interest. Attach Form 4952 if required. (See page A-7.)		14	
		15 Add lines 10 through 14		15	
<b>Gifts to Charity</b>		16 Gifts by cash or check.		16	17,238.
If you made a gift and got a benefit for it, see page A-8.		17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	17,238.
<b>Casualty and Theft Losses</b>		20 Casualty or theft loss(es). Attach Form 4684. (See page A-9.)		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.)			
(See page A-9.)		▶ FROM FORM 2106		21	4,058.
		22 Tax preparation fees		22	940.
		23 Other expenses - investment, safe deposit box, etc. List type and amount			
		▶ PROFESSIONAL DUES		23	4,026.
		EXPENSES FOR MEMBER OF CONGRESS			
		3,908.		23	4,026.
		24 Add lines 21 through 23		24	9,024.
		25 Enter amount from Form 1040, line 38		25	218,362.
		26 Multiply line 25 by 2% (.02)		26	4,367.
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	4,657.
<b>Other Miscellaneous Deductions</b>		28 Other - from list on page A-10. List type and amount		28	
<b>Total Itemized Deductions</b>		29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?			
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		} STMT 11 ▶	29 38,926.
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

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

Your social security number

CARL M. & BARBARA LEVIN



Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest		Amount
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 ► FIDELITY ██████████ NATIONAL CAPITAL BANK U.S. SENATE FEDERAL CREDIT UNION	370. 14. 372.
	<b>SUBTOTAL FOR LINE 1</b>	<b>756.</b>
	<b>TAX-EXEMPT INTEREST</b> SEE STATEMENT 12	<b>-370.</b>
2	Add the amounts on line 1	386.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►	386.
<b>Note.</b> If line 4 is over \$1,500, you must complete Part III.		

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

Part II Ordinary Dividends		Amount
5	List name of payer ►	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ►	
<b>Note.</b> If line 6 is over \$1,500, you must complete Part III.		

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.

Part III Foreign Accounts and Trusts	You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	Yes	No
7a	At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ►		
8	During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Income and Loss**

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

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**CARL M. & BARBARA LEVIN**

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:	2		Yes	No
		For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:			
A	<b>RENTAL PORTION OF RESIDENCE</b> [REDACTED]				X
B					
C					

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3 14,400.			3 14,400.
4 Royalties received	4			4
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7 383.			
8 Commissions	8			
9 Insurance	9 510.			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-4)	12			12
13 Other interest	13			
14 Repairs	14 750.			
15 Supplies	15			
16 Taxes	16 2,370.			
17 Utilities	17 1,269.			
18 Other (list) ▶ <b>SEE STATEMENT 13</b>	18 628.			
19 Add lines 5 through 18	19 5,910.			19 5,910.
20 Depreciation expense or depletion (see page E-5)	20 944.			20 944.
21 Total expenses. Add lines 19 and 20	21 6,854.			
22 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-5 to find out if you must file Form 6198	22 7,546.			
23 Deductible rental real estate loss. <b>Caution.</b> Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24 7,546.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25 ( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			26 7,546.

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

Your social security number

CARL M. & BARBARA LEVIN

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity... [ ] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows include LEVINSON-LEVIN PROPERTIES, LLC and LRS COMPANY.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals for passive income and loss are 21,022.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B are empty.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals for passive income and loss are 0.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39 is empty.

Part V Summary

Summary table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Total: 28,568.

### At-Risk Limitations

- ▶ Attach to your tax return.
- ▶ See separate instructions.

Name(s) shown on return

Identifying number

**CARL M. LEVIN**

Description of activity (see page 2 of the instructions)

**LRS COMPANY**

**Part I** Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts (see page 2 of the instructions).

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-1,435.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-1,435.

**Part II** Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

**Part III** Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for 2006, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From 2006 Form 6198, line 19b. Do not enter the amount from line 10b of the 2006 form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your 2006 tax year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your 2006 tax year		
19 a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

**Part IV** Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	( SEE STATEMENT 14 0 )

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

**Alternative Minimum Tax - Individuals**

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

**CARL M. & BARBARA LEVIN**

**Part I Alternative Minimum Taxable Income**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	179,436.
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	18,270.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	4,657.
6	If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> on page A-10 of the instructions for Schedule A (Form 1040)	6	-1,239.
7	Tax refund from Form 1040, line 10 or line 21	7	-721.
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	SEE STATEMENT 17 263.
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	SEE STATEMENT 15 179.
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see instructions)	28	200,845.

**Part II Alternative Minimum Tax**

29	Exemption. (If this form is for a child under age 18, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household ..... \$112,500 ..... \$44,350 Married filing jointly or qualifying widow(er) ..... 150,000 ..... 66,250 Married filing separately ..... 75,000 ..... 33,125 } ..... STMT 16	29	53,539.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II	30	147,306.
31	• If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	38,300.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	38,300.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	37,331.
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	969.

**Part III Tax Computation Using Maximum Capital Gains Rates**

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions .....			36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter .....	37		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter .....	38		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter .....	39		
40	Enter the smaller of line 36 or line 39 .....			40
41	Subtract line 40 from line 36 .....			41
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....			42
43	Enter: <ul style="list-style-type: none"> <li>• \$63,700 if married filing jointly or qualifying widow(er),</li> <li>• \$31,850 if single or married filing separately, or</li> <li>• \$42,650 if head of household.</li> </ul>	43		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0 .....	44		
45	Subtract line 44 from line 43. If zero or less, enter -0 .....	45		
46	Enter the smaller of line 36 or line 37 .....	46		
47	Enter the smaller of line 45 or line 46 .....	47		
48	Multiply line 47 by 5% (.05) .....			48
49	Subtract line 47 from line 46 .....	49		
50	Multiply line 49 by 15% (.15) .....			50
If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.				
51	Subtract line 46 from line 40 .....	51		
52	Multiply line 51 by 25% (.25) .....			52
53	Add lines 42, 48, 50, and 52 .....			53
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....			54
55	Enter the smaller of line 53 or line 54 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions .....			55

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19 Other Adjustment
E-	CARL M. & BARBARA LEVIN					
	RENTAL PORTION OF RESIDENCE - [REDACTED]					
	* REGULAR INCOME	7,546.			173.	
	* AMT DEPR ADJ	173.			173.	
	* AMT NET INCOME	7,719.				
K1-	LEVINSON-LEVIN PROPERTIES, LLC					
	* REGULAR INCOME	21,022.			6.	
	* AMT ADJUSTMENTS	6.			6.	
	* AMT NET INCOME	21,028.				
	** TOTAL ADJ & PREF **				179.	

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.  
▶ See separate instructions.

OMB No. 1545-1971

**2007**

Attachment  
Sequence No. 44

Name of employer

**CARL M. LEVIN**

Social security number

Employer identification number

**A** Did you pay any one household employee cash wages of \$1,500 or more in 2007? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

**B** Did you withhold federal income tax during 2007 for any household employee?

- Yes.** Skip line C and go to line 5.
- No.** Go to line C.

**C** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Do not file this schedule.
- Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2007 do not have to complete this form for 2007.)

**Part I Social Security, Medicare, and Income Taxes**

1	Total cash wages subject to social security taxes (see page H-4)	1	4,400.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	546.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	4,400.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	128.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6	674.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	674.

**9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
- Yes.** Go to line 10 on page 2.

**Part II Federal Unemployment (FUTA) Tax**

		Yes	No
10	Did you pay unemployment contributions to only one state? .....	X	
11	Did you pay all state unemployment contributions for 2007 by April 15, 2008? Fiscal year filers, see page H-4. ....	X	
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	X	

Next: If you checked the "Yes" box on all the lines above, complete Section A.  
 If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

**Section A**

13	Name of the state where you paid unemployment contributions .....	DC	
14	State reporting number as shown on state unemployment tax return .....		
15	Contributions paid to your state unemployment fund (see page H-5) .....	15	56.
16	Total cash wages subject to FUTA tax (see page H-5) .....	16	4,400.
17	FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 .....	17	35.

**Section B**

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals .....									19
20 Add columns (h) and (i) of line 19 .....									20
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5) .....									21
22 Multiply line 21 by 6.2% (.062) .....									22
23 Multiply line 21 by 5.4% (.054) .....									23
24 Enter the smaller of line 20 or line 23 .....									24
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26 .....									25

**Part III Total Household Employment Taxes**

26	Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- .....	26	674.
27	Add line 17 (or line 25) and line 26 (see page H-5) .....	27	709.

28 Are you required to file Form 1040?  
 Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.

No. You may have to complete Part IV. See page H-5 for details.

**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.**

Address (number and street) or P.O. box if mail is not delivered to street address \_\_\_\_\_ Apt., room, or suite no. \_\_\_\_\_

City, town or post office, state, and ZIP code \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

# Employee Business Expenses

**2007**

Attachment Sequence No. **54**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1040NR.

Your name <b>CARL M. LEVIN</b>	Occupation in which you incurred expenses <b>SENATOR</b>	Social security number <b>[REDACTED]</b>
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**Part I Employee Business Expenses and Reimbursements**

<b>Step 1 Enter Your Expenses</b>	<b>Column A</b> Other Than Meals and Entertainment	<b>Column B</b> 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 did not involve overnight travel or commuting to and from work .....	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment .....	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment ..... <b>SEE STATEMENT 18</b>	4	4,058.
5 Meals and entertainment expenses (see instructions) .....	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....	6	4,058.

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 not 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 or Form 1040NR)**

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 (or on Form 1040NR, line 8) .....	8	4,058.
<i>Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.</i>		
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 incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.) .....	9	4,058.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) .....	10	4,058.

LHA For Paperwork Reduction Act Notice, see instructions.

**Part II Vehicle Expenses**

**Section A - General Information** (You must complete this section if you are claiming vehicle expenses.)

	(a) Vehicle	(b) Vehicle
11 Enter the date the vehicle was placed in service .....	11	
12 Total miles the vehicle was driven during 2007 .....	12 miles	miles
13 Business miles included on line 12 .....	13 miles	miles
14 Percent of business use. Divide line 13 by line 12 .....	14 %	%
15 Average daily roundtrip commuting distance .....	15 miles	miles
16 Commuting miles included on line 12 .....	16 miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12 .....	17 miles	miles
18 Do you (or your spouse) have another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19 Was your vehicle available for personal use during off-duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20 Do you have evidence to support your deduction? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21 If "Yes," is the evidence written? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section B - Standard Mileage Rate** (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 48.5¢ (.485) .....

22	
----	--

**Section C - Actual Expenses**

	(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc. ....	23	
24a Vehicle rentals .....	24a	
b Inclusion amount (see instructions) .....	24b	
c Subtract line 24b from line 24a .....	24c	
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2-see instructions) ...	25	
26 Add lines 23, 24c, and 25 .....	26	
27 Multiply line 26 by the percentage on ln 14 .....	27	
28 Depreciation (see instructions) .....	28	
29 Add lines 27 and 28. Enter total here and on line 1 .....	29	

**Section D - Depreciation of Vehicles** (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

	(a) Vehicle	(b) Vehicle
30 Enter cost or other basis (see instructions) .....	30	
31 Enter section 179 deduction (see instructions) .....	31	
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	
34 Multiply line 32 by the percentage on line 33 (see instructions) .....	34	
35 Add lines 31 and 34 .....	35	
36 Enter the applicable limit explained in the line 36 instructions .....	36	
37 Multiply line 36 by the percentage on ln 14 .....	37	
38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above .....	38	

**Credit for Prior Year Minimum Tax -  
Individuals, Estates, and Trusts**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, 1040NR, or 1041.

Attachment  
Sequence No. 74

Name(s) shown on return <b>CARL M. &amp; BARBARA LEVIN</b>	Identifying number <b>[REDACTED]</b>
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**Part I Net Minimum Tax on Exclusion Items**

1 Combine lines 1, 6, and 10 of your 2006 Form 6251. Estates and trusts, see instructions .....	1	178,281.
2 Enter adjustments and preferences treated as exclusion items (see instructions) .....	2	17,993.
3 Minimum tax credit net operating loss deduction (see instructions) .....	3	( )
4 Combine lines 1, 2, and 3. If more than zero or you filed Form 2555 or 2555-EZ for 2006, go to line 5. If zero or less and you did not file Form 2555 or 2555-EZ for 2006, enter -0- here and on line 15 and go to Part II. If more than \$200,100 and you were married filing separately for 2006, see instructions .....	4	196,274.
5 Enter: \$62,550 if married filing jointly or qualifying widow(er) for 2006; \$42,500 if single or head of household for 2006; or \$31,275 if married filing separately for 2006. Estates and trusts, enter \$22,500 .....	5	62,550.
6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2006; \$112,500 if single or head of household for 2006; or \$75,000 if married filing separately for 2006. Estates and trusts, enter \$75,000 .....	6	150,000.
7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 .....	7	46,274.
8 Multiply line 7 by 25% (.25) .....	8	11,569.
9 Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 18, see instructions .....	9	50,981.
10 Subtract line 9 from line 4. If more than zero or you filed Form 2555 or 2555-EZ for 2006, go to line 11. If zero or less and you did not file Form 2555 or 2555-EZ for 2006, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions .....	10	145,293.
11 • If for 2006 you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to enter. • If for 2006 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 48 here. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2006) from the result.	11	37,776.
12 Minimum tax foreign tax credit on exclusion items (see instructions) .....	12	
13 Tentative minimum tax on exclusion items. Subtract line 12 from line 11 .....	13	37,776.
14 Enter the amount from your 2006 Form 6251, line 34, or 2006 Form 1041, Schedule I, line 55 .....	14	37,819.
15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.

**Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2008**

16 Enter the amount from your 2006 Form 6251, line 35, or 2006 Form 1041, Schedule I, line 56 .....	16	7.
17 Enter the amount from line 15 above .....	17	
18 Subtract line 17 from line 16. If less than zero, enter as a negative amount .....	18	7.
19 2006 minimum tax credit carryforward. Enter the amount from your 2006 Form 8801, line 26 .....	19	34.
20 Enter your 2006 unallowed qualified electric vehicle credit (see instructions) .....	20	
21 Combine lines 18, 19, and 20. If zero or less, stop here and see instructions .....	21	41.
22 Enter your 2007 regular income tax liability minus allowable credits (see instructions) .....	22	37,331.
23 Enter the amount from your 2007 Form 6251, line 33, or 2007 Form 1041, Schedule I, line 54 .....	23	38,300.
24 Subtract line 23 from line 22. If zero or less, enter -0- .....	24	0.
25 Current year nonrefundable credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2007 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d .....	25	0.
26 • Estates and trusts: Leave lines 26 and 27 blank and go to line 28. • Individuals: Did you have a minimum tax credit carryforward to 2005 (on your 2004 Form 8801, line 26)? <input checked="" type="checkbox"/> No. Leave lines 26 and 27 blank and go to line 28. <input type="checkbox"/> Yes. Complete Part IV of Form 8801 to figure the amount to enter .....	26	
27 Is line 26 more than line 25? <input type="checkbox"/> No. Leave line 27 blank and go to line 28. <input type="checkbox"/> Yes. Subtract line 25 from line 26. This is your current year refundable credit. Enter the result here and on your 2007 Form 1040, line 71, or Form 1040NR, line 69 .....	27	
28 Credit carryforward to 2008. Subtract the larger of line 25 or line 26 from line 21. Keep a record of this amount because you may use it in future years .....	28	41.

**Part III Tax Computation Using Maximum Capital Gains Rates**

**Caution:** If you did not complete the 2006 Qualified Dividends and Capital Gain Tax Worksheet, the 2006 Schedule D Tax Worksheet, or Part V of the 2006 Schedule D (Form 1041), see the instructions before completing this part.

29	Enter the amount from Form 8801, line 10 .....		29
30	Enter the amount from line 6 of your 2006 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2006 Schedule D Tax Worksheet, or the amount from line 22 of the 2006 Schedule D (Form 1041), whichever applies* .....	30	
<p><b>If you figured your 2006 tax using the 2006 Qualified Dividends and Capital Gain Tax Worksheet, skip line 31 and enter the amount from line 30 on line 32. Otherwise, go to line 31.</b></p>			
31	Enter the amount from line 19 of your 2006 Schedule D (Form 1040), or line 14b, column (2), of the 2006 Schedule D (Form 1041) .....	31	
32	Add lines 30 and 31, and enter the smaller of that result or the amount from line 10 of your 2006 Schedule D Tax Worksheet .....	32	
33	Enter the smaller of line 29 or line 32 .....		33
34	Subtract line 33 from line 29 .....		34
35	If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2006) from the result .....		35
36	Enter: <ul style="list-style-type: none"> <li>• \$61,300 if married filing jointly or qualifying widow(er) for 2006,</li> <li>• \$30,650 if single or married filing separately for 2006,</li> <li>• \$41,050 if head of household for 2006, or</li> <li>• \$2,050 for an estate or trust .....</li> </ul>	36	
37	Enter the amount from line 7 of your 2006 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2006 Schedule D Tax Worksheet, or the amount from line 23 of the 2006 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2006 Schedule D (Form 1041), enter -0- .....	37	
38	Subtract line 37 from line 36. If zero or less, enter -0- .....	38	
39	Enter the smaller of line 29 or line 30 .....	39	
40	Enter the smaller of line 38 or line 39 .....	40	
41	Multiply line 40 by 5% (.05) .....		41
42	Subtract line 40 from line 39 .....	42	
43	Multiply line 42 by 15% (.15) .....		43
<p><b>If line 31 is zero or blank, skip lines 44 and 45 and go to line 46. Otherwise, go to line 44.</b></p>			
44	Subtract line 39 from line 33 .....	44	
45	Multiply line 44 by 25% (.25) .....		45
46	Add lines 35, 41, 43, and 45 .....		46
47	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2006) from the result .....		47
48	Enter the smaller of line 46 or line 47 here and on line 11. (If you filed Form 2555 or 2555-EZ for 2006, see instructions) .....		48

\* The 2006 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2006 Instructions for Form 1040. The 2006 Schedule D Tax Worksheet is on page D-10 of the 2006 Instructions for Schedule D (Form 1040) (page 38 of the 2006 Instructions for Form 1041).

**Part IV** Tentative Refundable Credit

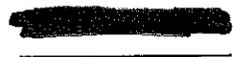
49	Enter the amount from line 21 .....		49
50	Enter the total of lines 18 and 20 from your 2005 Form 8801. If zero or less, enter -0- .....	50	
51	Enter the total of lines 18 and 20 from your 2006 Form 8801. If zero or less, enter -0- .....	51	
52	Enter the total of lines 18 and 20 from your 2007 Form 8801. If zero or less, enter -0- .....	52	
53	Add lines 50 through 52 .....		53
54	Long-term unused minimum tax credit. Subtract line 53 from line 49 (if zero or less, stop; enter -0- on line 26. Do not complete the rest of Part IV) .....		54
55	If line 54 is: <ul style="list-style-type: none"> <li>• Less than \$5,000, enter the amount from line 54</li> <li>• At least \$5,000, but not more than \$25,000, enter \$5,000</li> <li>• More than \$25,000, multiply line 54 by 20% (.20) .....</li> </ul>		55
56	Enter the amount from Form 1040, line 38, or Form 1040NR, line 36 (if you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from sources within Puerto Rico, see the instructions for the amount to enter) .....	56	
57	Is line 56 more than the amount shown below for your filing status? <ul style="list-style-type: none"> <li>• Single - \$156,400</li> <li>• Married filing jointly or qualifying widow(er) - \$234,600</li> <li>• Married filing separately - \$117,300</li> <li>• Head of Household - \$195,500</li> </ul> <input type="checkbox"/> No. Stop; enter the amount from line 55 above on line 26. Do not complete the rest of Part IV. <input type="checkbox"/> Yes. Enter the amount shown above for your filing status .....	57	
58	Subtract line 57 from line 56 .....	58	
59	Is line 58 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. Stop; enter -0- on line 26. Do not complete the rest of Part IV. <input type="checkbox"/> No. Divide line 58 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next higher whole number (for example, increase 0.0004 to 1) .....	59	
60	Multiply line 59 by 2% (.02) and enter the result as a decimal (rounded to at least three places) .....		60
61	Multiply line 55 by line 60 .....		61
62	Subtract line 61 from line 55. Enter the result here and on line 26 .....		62



CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- X B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2007
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2007

1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 20A. . . . .	37,852.
2. ENTER ONE HALF OF LINE 1 . . . . .	18,926.
3. ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 . . . . .	186,558.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED . . . . .	
5. ADD LINES 2, 3, AND 4. . . . .	205,484.
6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36. . . . .	0.
7. SUBTRACT LINE 6 FROM LINE 5 . . . . .	205,484.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C. . . . .	32,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [ ] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2007, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 . . . . .	173,484.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C . . . . .	12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-. . . . .	161,484.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 . . . . .	12,000.
13. ENTER ONE HALF OF LINE 12. . . . .	6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 . . . . .	6,000.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-. . . . .	137,261.
16. ADD LINES 14 AND 15. . . . .	143,261.
17. MULTIPLY LINE 1 BY 85% (.85) . . . . .	32,174.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	32,174.

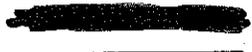


FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

	2006	2005	2004
	MICHIGAN		
GROSS STATE/LOCAL INC TAX REFUNDS	714.		
LESS: TAX PAID IN FOLLOWING YEAR	39.		
NET TAX REFUNDS MICHIGAN	675.		
	MICHIGAN		
GROSS STATE/LOCAL INC TAX REFUNDS	62.		
LESS: TAX PAID IN FOLLOWING YEAR	16.		
NET TAX REFUNDS MICHIGAN	46.		
TOTAL NET TAX REFUNDS	721.		



FORM 1040		TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	3
		2006	2005	2004	
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.		721.			
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION					
1	NET REFUNDS FOR RECALCULATION	721.			
2	TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	33,667.			
3	DEDUCTION NOT SUBJ TO PHASEOUT				
4	NET REFUNDS FROM LINE 1	721.			
5	LINE 2 MINUS LINES 3 AND 4	32,946.			
6	MULTIPLY LINE 5 BY 80% (.80)	26,357.			
7	PRIOR YEAR AGI	211,948.			
8	ITEM. DED. PHASEOUT THRESHOLD	150,500.			
9	SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	61,448.			
10	MULTIPLY LINE 9 BY 3% (.03)	1,843.			
11	ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	31,103.			
12	ITEM DED. NOT SUBJ TO PHASEOUT				
13A	TOTAL ADJ. ITEMIZED DEDUCTIONS	31,103.			
13B	PRIOR YR. STD. DED. AVAILABLE	12,300.			
14	PRIOR YR. ALLOWABLE ITEM. DED.	32,438.			
15	SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	1,335.			
16	TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	721.			
17	ALLOWABLE PRIOR YR. ITEM. DED.	32,438.			
18	PRIOR YEAR STD. DED. AVAILABLE	12,300.			
19	SUBTRACT LINE 18 FROM LINE 17	20,138.			
20	LESSER OF LINE 16 OR LINE 19	721.			
21	PRIOR YEAR TAXABLE INCOME	172,910.			
22	AMOUNT TO INCLUDE ON FORM 1040, LINE 10				
	* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20				
	* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				721.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2004					
TOTAL TO FORM 1040, LINE 10					721.

CARL M. & BARBARA LEVIN

[REDACTED]

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FORM 1040 IRA DISTRIBUTIONS STATEMENT 4

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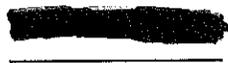
NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
AMERICAN FUNDS	16,000.	16,000.
TOTAL TO FORM 1040, LINE 15	16,000.	16,000.

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FORM 1040 TAX-EXEMPT INTEREST STATEMENT 5

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NAME OF PAYER	AMOUNT
FIDELITY # [REDACTED]	370.
TOTAL TO FORM 1040, LINE 8B	370.



FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 6

	2006	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
MICHIGAN			
STATE TAX PAID IN FOLLOW YEAR	340.		
	-----X	714. =	39.
TOTAL STATE TAX PAID 2006	6,242.		=====

	2006	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
MICHIGAN			
STATE TAX PAID IN FOLLOW YEAR	1,070.		
	-----X	62. =	16.
TOTAL STATE TAX PAID 2006	4,280.		=====

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 7

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
UNITED STATES SENATE	140,513.	30,344.	4,914.		6,045.	2,335.
TOTALS	140,513.	30,344.	4,914.		6,045.	2,335.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 8

DESCRIPTION	AMOUNT
UNITED STATES SENATE	30,344.
AMERICAN FUNDS	3,000.
WITHHOLDING FROM FORM 1099-SSA	7,126.
WITHHOLDING FROM FORM 1099-SSA	4,609.
TOTAL TO FORM 1040, LINE 64	45,079.



SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 9

DESCRIPTION	AMOUNT
UNITED STATES SENATE	4,914.
MICHIGAN 3RD QTR ESTIMATE PAYMENTS	186.
MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED	714.
MICHIGAN PRIOR YEAR ESTIMATE PAYMENTS	340.
MICHIGAN CITIES 1ST QTR ESTIMATE PAYMENTS	998.
MICHIGAN CITIES 2ND QTR ESTIMATE PAYMENTS	1,060.
MICHIGAN CITIES 3RD QTR ESTIMATE PAYMENTS	1,060.
MICHIGAN CITIES PRIOR YEAR OVERPAYMENT APPLIED	62.
MICHIGAN CITIES PRIOR YEAR ESTIMATE PAYMENTS	1,070.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-55.
TOTAL TO SCHEDULE A, LINE 5	10,349.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 10

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
[REDACTED]	[REDACTED]	[REDACTED]
SUBTOTALS	17,238.	
TOTAL TO SCHEDULE A, LINE 16		17,238.



SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 11
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 . . . . .	40,165.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. . . . .	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1 . . . . .	40,165.
4.	MULTIPLY LINE 3 BY 80% (.80). . . . .	32,132.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38. . . . .	218,362.
6.	ENTER: \$156,400 (\$78,200 IF MARRIED FILING SEPARATELY) . . . . .	156,400.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5 . . . . .	61,962.
8.	MULTIPLY LINE 7 BY 3% (.03) . . . . .	1,859.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8 . . . . .	1,859.
10.	DIVIDE LINE 9 BY 3. . . . .	620.
11.	SUBTRACT LINE 10 FROM LINE 9. . . . .	1,239.
12.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29 . . . . .	38,926.

SCHEDULE B	TAX-EXEMPT INTEREST	STATEMENT 12
NAME OF PAYER		AMOUNT
FIDELITY #		370.
TOTAL TAX-EXEMPT INTEREST TO SCHEDULE B, LINE 1		370.



SCHEDULE E OTHER EXPENSES STATEMENT 13

RENTAL PORTION OF RESIDENCE -

DESCRIPTION	AMOUNT
YARD MAINTENANCE	207.
ALARM	193.
PEST CONTROL	169.
ADDRESS PLATE	59.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	628.

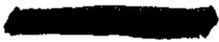
FORM 6198 ALLOCATION OF ALLOWABLE LOSSES STATEMENT 14

LRS COMPANY

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	1,290.	.898954704	0.	0.	1,290.
SCHEDULE E C/O	145.	.101045296	0.	0.	145.
TOTALS	1,435.	1.000000000	0.	0.	1,435.

FORM 6251 PASSIVE ACTIVITIES STATEMENT 15

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	21,028.	21,022.	6.
RENTAL PORTION OF RESIDENCE -	SCH E	7,719.	7,546.	173.
TOTAL TO FORM 6251, LINE 18				179.



FORM 6251 EXEMPTION WORKSHEET STATEMENT 16

1	ENTER: \$44,350 IF SINGLE OR HEAD OF HOUSEHOLD; \$66,250 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$33,125 IF MARRIED FILING SEPARATELY. . . . .	66,250.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28 . . . . .	200,845.
3	ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$75,000 IF MARRIED FILING SEPARATELY . . . . .	150,000.
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0- . . . . .	50,845.
5	MULTIPLY LINE 4 BY 25% (.25). . . . .	12,711.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS FORM IS FOR A CHILD UNDER AGE 18, GO TO LINE 7 BELOW. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 . . . . .	53,539.
7	CHILD'S MINIMUM EXEMPTION AMOUNT. . . . .	
8	ENTER THE CHILD'S EARNED INCOME, IF ANY . . . . .	
9	ADD LINES 7 AND 8 . . . . .	
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 . . . . .	

FORM 6251 INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS STATEMENT 17

DESCRIPTION	AMOUNT
FIDELITY	263.
TOTAL TO FORM 6251, LINE 11	263.

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 18

DESCRIPTION	AMOUNT
EXPENSES FOR MEMBER OF CONGRESS	4,058.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	4,058.