

1040

Department of the Treasury - Internal Revenue Service

U.S. Individual Income Tax Return 2004

(99)

IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Label Here

Form section for personal information: For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, ending. Includes fields for first name (CARL M.), last name (LEVIN), social security number, spouse's name (BARBARA), and address.

Important! You must enter your SSN(s) above.

You Spouse

Presidential Election Campaign (See page 16.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? [X] Yes [ ] No [X] Yes [ ] No

Filing Status

Filing status options: 1 Single, 2 [X] Married filing jointly (even if only one had income), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions

Exemptions section: 6a [X] Yourself, 6b [X] Spouse. Includes table for dependents with columns for first name, last name, social security number, relationship, and credit.

Income

Table of income sources: 7 Wages, salaries, tips, etc. (139,165); 8a Taxable interest (145); 9a Ordinary dividends; 10 Taxable refunds; 11 Alimony received; 12 Business income; 13 Capital gain; 14 Other gains; 15a IRA distributions (3,000); 16a Pensions and annuities (28,214); 17 Rental real estate; 18 Farm income; 19 Unemployment compensation; 20a Social security benefits (33,261); 20b Taxable amount (28,272); 21 Other income; 22 Total income (198,796).

Adjusted Gross Income

Adjusted Gross Income adjustments: 23 Educator expenses; 24 Business expenses; 25 IRA deduction; 26 Student loan interest; 27 Tuition and fees; 28 Health savings account; 29 Moving expenses; 30 Self-employment tax; 31 Self-employed health insurance; 32 Self-employed SEP, SIMPLE, and qualified plans; 33 Penalty on early withdrawal; 34a Alimony paid; 35 Total adjustments (2,000); 36 Adjusted gross income (196,796).

**Tax and Credits** 37 Amount from line 36 (adjusted gross income) . . . . . 37 **196,796.**

38a Check  You were born before January 2, 1940,  Blind. } Total boxes  
 if:  Spouse was born before January 2, 1940,  Blind. } checked **▶ 38a 2**  
 b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here . . . . . **▶ 38b**

39 Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . . . 39 **36,705.**

40 Subtract line 39 from line 37 . . . . . 40 **160,091.**

41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33 . . . . . 41 **6,200.**

42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- . . . . . 42 **153,891.**

43 Tax (see page 33). Check if any tax is from: a  Form(s) 8814 b  Form 4972 . . . . . 43 **33,047.**

44 Alternative minimum tax (see page 35). Attach Form 6251 . . . . . 44 **401.**

45 Add lines 43 and 44 . . . . . 45 **33,448.**

46 Foreign tax credit. Attach Form 1116 if required . . . . . 46

47 Credit for child and dependent care expenses. Attach Form 2441 . . . . . 47

48 Credit for the elderly or the disabled. Attach Schedule R . . . . . 48 **NONE**

49 Education credits. Attach Form 8863 . . . . . 49

50 Retirement savings contributions credit. Attach Form 8880 . . . . . 50

51 Child tax credit (see page 37) . . . . . 51

52 Adoption credit. Attach Form 8839 . . . . . 52

53 Credits from: a  Form 8396 b  Form 8859 . . . . . 53

54 Other credits. Check applicable box(es): a  Form 3800 . . . . . 54

b  Form 8801 c  Specify . . . . . 54

55 Add lines 46 through 54. These are your total credits . . . . . 55 **NONE**

56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- . . . . . 56 **33,448.**

57 Self-employment tax. Attach Schedule SE . . . . . 57

58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . . . . 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . . 59

60 Advance earned income credit payments from Form(s) W-2 . . . . . 60

61 Household employment taxes. Attach Schedule H . . . . . 61 **605.**

62 Add lines 56 through 61. This is your total tax . . . . . 62 **34,053.**

**Payments** 63 Federal income tax withheld from Forms W-2 and 1099 . . . . . 63 **42,433.**

64 2004 estimated tax payments and amount applied from 2003 return . . . . . 64 **NONE**

65a Earned income credit (EIC) . . . . . 65a

b Nontaxable combat pay election . . . . . **65b**

66 Excess social security and tier 1 RRTA tax withheld (see page 54) . . . . . 66

67 Additional child tax credit. Attach Form 8812 . . . . . 67

68 Amount paid with request for extension to file (see page 54) . . . . . 68

69 Other payments from: a  Form 2439 b  Form 4138 c  Form 8885 . . . . . 69

70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments . . . . . 70 **42,433.**

**Refund** 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid . . . . . 71 **8,380.**

72a Amount of line 71 you want refunded to you . . . . . 72a **8,380.**

b Routing number  c Type:  Checking  Savings

d Account number

73 Amount of line 71 you want applied to your 2005 estimated tax . . . . . 73 **NONE**

**Amount You Owe** 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 . . . . . 74

75 Estimated tax penalty (see page 55) . . . . . 75

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see page 56)?  Yes. Complete the following.  No

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

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

Your signature **VIRCHOW, KRAUSE** Date Your occupation **SENATOR** Daytime phone number

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

Preparer's signature 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 **VIRCHOW, KRAUSE & COMPANY, LLP** EIN

**26211 CENTRAL PARK BLVD. STE 220** Phone no. **248-357-2400**

**SOUTHFIELD MI 48076**

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

Department of the Treasury  
Internal Revenue Service (99)

**Schedule A - Itemized Deductions**

(Schedule B is on back)

OMB No. 1545-0074

**2004**

Attachment  
Sequence No. 07

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

Name(s) shown on Form 1040

Your social security number

**CARL M. LEVIN & BARBARA LEVIN**

**Medical and Dental Expenses**

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-2) . . . . . 1
- 2 Enter amount from Form 1040, line 37 . . . . . 2
- 3 Multiply line 2 by 7.5% (.075) . . . . . 3
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . 4

**Taxes You Paid**

(See page A-2.)

- 5 State and local (check only one box):
  - a  Income taxes, or
  - b  General sales taxes (see page A-2) }
- 6 Real estate taxes (see page A-3) . . . . . 6
- 7 Personal property taxes . . . . . 7
- 8 Other taxes. List type and amount ▶  
**SEE STATEMENT 4**
- 9 Add lines 5 through 8 . . . . . 9

10,373.  
3,600.  
57.  
2,804.

16,834.

**Interest You Paid**

(See page A-3.)

- 10 Home mortgage interest and points reported to you on Form 1098
- 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-4 and show that person's name, identifying no., and address ▶
- Note. Personal interest is not deductible.
- 12 Points not reported to you on Form 1098. See page A-4 for special rules . . . . . 12
- 13 Investment interest. Attach Form 4952 if required. (See page A-4.) . . . . . 13
- 14 Add lines 10 through 13 . . . . . 14

**Gifts to Charity**

If you made a gift and got a benefit for it, see page A-4.

- 15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4. **SEE STATEMENT 4**
- 16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500 . . . . . 16
- 17 Carryover from prior year . . . . . 17
- 18 Add lines 15 through 17 . . . . . 18

15,560.  
2,000.

STMT 5

17,560.

**Casualty and Theft Losses**

- 19 Casually or theft loss(es). Attach Form 4684. (See page A-5.) . . . . . 19

**Job Expenses and Other Miscellaneous Deductions**

(See page A-5.)

- 20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ▶
- 21 Tax preparation fees . . . . . 21
- 22 Other expenses - investment, safe deposit box, etc. List type and amount ▶  
**SEE STATEMENT 5**
- 23 Add lines 20 through 22 . . . . . 23
- 24 Enter amount from Form 1040, line 37 . . . . . 24
- 25 Multiply line 24 by 2% (.02) . . . . . 25
- 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . . . . . 26

848.  
7,022.  
7,870.  
196,796.  
3,936.

3,934.

**Other Miscellaneous Deductions**

- 27 Other- from list on page A-6. List type and amount ▶

**Total Itemized Deductions**

- 28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)?
  - No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.
  - Yes. Your deduction may be limited. See page A-6 for the amount to enter.

36,705.  
**SEE STMT 6**

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Supplemental Income and Loss**

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

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

OMB No. 1545-0074

**2004**

Attachment  
Sequence No. **13**

Your social security number

**CARL M. LEVIN & 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). 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 | 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:<br>• 14 days or<br>• 10% of the total days rented at fair rental value?<br>(See page E-3.) | Yes | No       |
|---|---|---|---|-----|----------|
|   |   |   |   | A   | B        |
| A | <b>RENTAL PORTION OF RESIDENCE<br/>WASHINGTON, D.C.</b>         |   |   |     | <b>X</b> |
| B | -----   |   |   |     |          |
| C | -----   |   |   |     |          |

| Income:          |  | Properties |         |     | Totals<br>(Add columns A, B, and C.) |         |
|------------------|--|------------|---------|-----|--------------------------------------|---------|
|                  |  | A          | B       | C   |                                      |         |
| 3                | Rents received . . . . .   | 3          | 12,825. |     | 3                                    | 12,825. |
| 4                | Royalties received . . . . .   | 4          |         |     | 4                                    |         |
| <b>Expenses:</b> |  |            |         |     |                                      |         |
| 5                | Advertising . . . . .  | 5          | 179.    |     |                                      |         |
| 6                | Auto and travel (see page E-4) . . . . .   | 6          |         |     |                                      |         |
| 7                | Cleaning and maintenance . . . . .   | 7          |         |     |                                      |         |
| 8                | Commissions . . . . .  | 8          |         |     |                                      |         |
| 9                | Insurance . . . . .  | 9          | 440.    |     |                                      |         |
| 10               | Legal and other professional fees . . . . .  | 10         |         |     |                                      |         |
| 11               | Management fees . . . . .  | 11         |         |     |                                      |         |
| 12               | Mortgage interest paid to banks,<br>etc. (see page E-4) . . . . .  | 12         |         |     | 12                                   |         |
| 13               | Other interest . . . . .   | 13         |         |     |                                      |         |
| 14               | Repairs . . . . .  | 14         | 344.    |     |                                      |         |
| 15               | Supplies . . . . .   | 15         |         |     |                                      |         |
| 16               | Taxes . . . . .  | 16         | 1,800.  |     |                                      |         |
| 17               | Utilities . . . . .  | 17         | 1,013.  |     |                                      |         |
| 18               | Other (list) ▶<br><b>SEE EXPENSE STMT.</b>   | 18         | 858.    |     |                                      |         |
| 19               | Add lines 5 through 18, . . . . .  | 19         | 4,634.  |     | 19                                   | 4,634.  |
| 20               | Depreciation expense or depletion<br>(see page E-4) . . . . .  | 20         | 1,103.  |     | 20                                   | 1,103.  |
| 21               | Total expenses. Add lines 19 and 20  | 21         | 5,737.  |     |                                      |         |
| 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-4 to find out if you must file Form 6198 . . . . .   | 22         | 7,088.  |     |                                      |         |
| 23               | Deductible rental real estate loss. Caution. 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 43 on page 2 . . . . .  | 23         | ( )     | ( ) |                                      |         |
| 24               | Income. Add positive amounts shown on line 22. Do not include any losses . . . . .   | 24         |         |     | 24                                   | 7,088.  |
| 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. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | 26         |         |     | 26                                   | 7,088.  |

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

Your social security number

CARL M. LEVIN & 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 Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

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 (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? [ ] 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 LRS COMPANY and LEVINSON-LEVIN PROPERTIES, LLC.

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. Includes sub-totals and line 32 Total partnership and S corporation income or (loss).

Part III Income or Loss From Estates and Trusts

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

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. Includes sub-totals and line 37 Total estate and trust income or (loss).

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. Includes line 39 Combine columns (d) and (e) only.

Part V Summary

Table with 2 columns: Description, Amount. Includes lines 40 Net farm rental income or (loss), 41 Total income or (loss), 42 Reconciliation of farming and fishing income, and 43 Reconciliation for real estate professionals.

Form **6198**

Department of the Treasury  
Internal Revenue Service

### At-Risk Limitations

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

OMB No. 1545-0712

**2004**  
Attachment  
Sequence No. 31

Name(s) shown on return

Identifying number

**CARL M. LEVIN & BARBARA 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  | -898. |
| 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  | -898. |

#### 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   | 12,267. |
| 7   | Increases for the tax year (see page 3 of the instructions)  | 7   |         |
| 8   | Add lines 6 and 7  | 8   | 12,267. |
| 9   | Decreases for the tax year (see page 4 of the instructions)  | 9   |         |
| 10a | Subtract line 9 from line 8. ▶ 10a 12,267.   |     |         |
| 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 | 12,267. |

#### Part III Detailed Computation of Amount At Risk If you completed Part III of Form 6198 for 2003, 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 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form.  |     |  |
| 16  | Increases since (check box that applies):  |     |  |
| a   | <input type="checkbox"/> Effective date  | 16  |  |
| b   | <input type="checkbox"/> The end of your 2003 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 2003 tax year   |     |  |
| 19a | 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 | 12,267.           |
| 21 | Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover. | 21 | STMT 9<br>( 898.) |

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.

For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 6198 (2004)

# Alternative Minimum Tax - Individuals

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

Name(s) shown on Form 1040: **CARL M. LEVIN & BARBARA LEVIN**  
 Your social security number: [REDACTED]

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

|    |  |    |           |
|----|--|----|-----------|
| 1  | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 40, and go to line 2. Otherwise, enter the amount from Form 1040, line 37, and go to line 7. (If less than zero, enter as a negative amount.)    | 1  | 160,091.  |
| 2  | Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 37   | 2  |           |
| 3  | Taxes from Schedule A (Form 1040), line 9  | 3  | 16,834.   |
| 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 26  | 5  | 3,934.    |
| 6  | If Form 1040, line 37, is over \$142,700 (over \$71,350 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet on page B-1 of the Instructions for Schedules A & B (Form 1040) | 6  | ( 1,623.) |
| 7  | Tax refund from Form 1040, line 10 or line 21  | 7  | ( )       |
| 8  | Investment interest expense (difference between regular tax and AMT)   | 8  |           |
| 9  | Depletion (difference between regular tax and AMT)   | 9  |           |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount   | 10 |           |
| 11 | Interest from specified private activity bonds exempt from the regular tax   | 11 |           |
| 12 | Qualified small business stock (7% of gain excluded under section 1202)  | 12 |           |
| 13 | Exercise of incentive stock options (excess of AMT income over regular tax income)   | 13 |           |
| 14 | Estates and trusts (amount from Schedule K-1 (Form 1041), line 9)  | 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 | NONE      |
| 18 | Passive activities (difference between AMT and regular tax income or loss) <b>STMT 10</b>  | 18 | 82.       |
| 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 | NONE      |
| 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 \$191,000, see page 6 of the instructions.)  | 28 | 179,318.  |

**Part II Alternative Minimum Tax**

|    |  |    |                |
|----|--|----|----------------|
| 29 | Exemption. (If this form is for a child under age 14, see page 6 of the instructions.)   |    |                |
|    | <p>IF your filing status is . . . . . AND line 28 is not over . . . . . THEN enter on line 29 . . . . .</p> <p>Single or head of household . . . . . \$112,500 . . . . . \$40,250</p> <p>Married filing jointly or qualifying widow(er) . . . . . 150,000 . . . . . 58,000</p> <p>Married filing separately . . . . . 75,000 . . . . . 29,000</p> <p>If line 28 is over the amount shown above for your filing status, see page 6 of the instructions.</p>   |    | <b>STMT 11</b> |
| 29 |  |    | 50,670.        |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here  | 30 | 128,648.       |
| 31 | <p>• 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 the back and enter the amount from line 55 here.</p> <p>• 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.</p> | 31 | 33,448.        |
| 32 | Alternative minimum tax foreign tax credit (see page 7 of the instructions)  | 32 |                |
| 33 | Tentative minimum tax. Subtract line 32 from line 31   | 33 | 33,448.        |
| 34 | Tax from Form 1040, line 43 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46). If you used Schedule J to figure your tax, the amounts for lines 43 and 46 of Form 1040 must be refigured without using Schedule J (see page 8 of the instructions).  | 34 | 33,047.        |
| 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 44  | 35 | 401.           |

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

|  |   |    |    |
|--|---|----|----|
| 36   | Enter the amount from Form 6251, line 30  |    | 36 |
| 37   | Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 43, or the amount from line 13 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see page 8 of the instructions)                                   | 37 |    |
| 38   | Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see page 8 of the instructions)   | 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 figured for the AMT, if necessary)  | 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>• \$58,100 if married filing jointly or qualifying widow(er),</li> <li>• \$29,050 if single or married filing separately, or</li> <li>• \$38,900 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 43, or the amount from line 14 of the Schedule D Tax Worksheet on page D-9 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   |    | 55 |

**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.

Name of employer

Social security number

Employer identification number

**CARL M. LEVIN**

**A** Did you pay any one household employee cash wages of \$1,400 or more in 2004? (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 2004 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 2003 or 2004 to all household employees? (Do not count cash wages paid in 2003 or 2004 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 the back. (Calendar year taxpayers having no household employees in 2004 do not have to complete this form for 2004.)

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

|   |  |         |             |
|---|--|---------|-------------|
| 1 | Total cash wages subject to social security taxes (see page H-3) . . . . .                 | 1       | 3,760.      |
| 2 | Social security taxes. Multiply line 1 by 12.4% (.124) . . . . .                           | STMT 12 | 2 466.      |
| 3 | Total cash wages subject to Medicare taxes (see page H-3) . . . . .                        | 3       | 3,760.      |
| 4 | Medicare taxes. Multiply line 3 by 2.9% (.029) . . . . .                                   | 4       | 109.        |
| 5 | Federal income tax withheld, if any . . . . .  | 5       |             |
| 6 | <b>Total social security, Medicare, and income taxes</b> (add lines 2, 4, and 5) . . . . . | 6       | <b>575.</b> |
| 7 | Advance earned income credit (EIC) payments, if any . . . . .                              | 7       |             |
| 8 | <b>Net taxes</b> (subtract line 7 from line 6) . . . . .                                   | 8       | <b>575.</b> |

**9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2003 or 2004 to household employees? (Do not count cash wages paid in 2003 or 2004 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Enter the amount from line 8 above on Form 1040, line 61. If you are not required to file Form 1040, see the line 9 instructions on page H-4.  
 **Yes.** Go to line 10 on the back.

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

|   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| 10 Did you pay unemployment contributions to only one state? (If you paid contributions to New York State, check "No.") | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you pay all state unemployment contributions for 2004 by April 15, 2005? Fiscal year filers, see page H-4        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**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 ▶ 062-788                   |    |        |
| 15 Contributions paid to your state unemployment fund (see page H-4)                            | 15 | 51.    |
| 16 Total cash wages subject to FUTA tax (see page H-4)  | 16 | 3,760. |
| 17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 | 17 | 30.    |

**Section B**

18 Complete all columns below that apply (if you need more space, see page H-4):

| (a)<br>Name of state | (b)<br>State reporting number as shown on state unemployment tax return | (c)<br>Taxable wages (as defined in state act) | (d)<br>State experience rate period |    | (e)<br>State experience rate | (f)<br>Multiply col. (c) by .054 | (g)<br>Multiply col. (c) by col. (e) | (h)<br>Subtract col. (g) from col. (f). If zero or less, enter -0- | (i)<br>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-4)  | 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<br>(New York State employers must use the worksheet in the separate instructions and check here) | 24 | <input type="checkbox"/> |
| 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         | 26 | 575. |
| 27 Add line 17 (or line 25) and line 26 | 27 | 605. |

28 Are you required to file Form 1040?  
 **Yes.** Stop. Enter the amount from line 27 above on Form 1040, line 61. Do not complete Part IV below.  
 **No.** You may have to complete Part IV. See page H-4 for details.

**Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-4.**

|  |                          |
|--|--------------------------|
| 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 \_\_\_\_\_

Noncash Charitable Contributions

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

See separate instructions.

Name(s) shown on your income tax return

CARL M. LEVIN & BARBARA LEVIN

Identifying number

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 Donated Property - If you need more space, attach a statement.

Table with 2 columns: (a) Name and address of the donee organization, (b) Description of donated property. Rows include MARTHA'S TABLE, SALVATION ARMY DETROIT, MICHIGAN, and PURPLE HEART WESTLAND, MICHIGAN.

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

Table with 6 columns: (c) Date of the contribution, (d) Date acquired by donor, (e) How acquired by donor, (f) Donor's cost or adjusted basis, (g) Fair market value, (h) Method used to determine the fair market value. Rows include contributions to Thrift Shop Value.

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

e Name of any person, other than the donee organization, having actual possession of the property

3 If conditions were attached to any contribution listed in Part I, answer the 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?

Table with 2 columns: Yes, No. Rows correspond to questions a, b, and c.

Name(s) shown on your income tax return

Identifying number

CARL M. LEVIN & BARBARA LEVIN

Section B - Appraisal Summary - List in this section only items (or groups of similar items) for which you claimed a deduction of more than \$5,000 per item or group. Exception. Report contributions for certain publicly traded securities only in Section A.

If you donated art, you may have to attach the complete appraisal. See the Note in Part I below.

Part I Information on Donated Property - To be completed by the taxpayer and/or appraiser.

4 Check type of property:

- Art\* (contribution of \$20,000 or more) Real Estate Gems/Jewelry Stamp Collections
Art\* (contribution of less than \$20,000) Coin Collections Books Other

\*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antique furniture, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

Note: If your total art contribution deduction was \$20,000 or more, you must attach a complete copy of the signed appraisal. See instructions.

Table with 3 columns: (a) Description of donated property, (b) If tangible property was donated, give a brief summary of the overall physical condition at the time of the gift, (c) Appraised fair market value. Rows A, B, C, D.

Table with 6 columns: (d) Date acquired by donor, (e) How acquired by donor, (f) Donor's cost or adjusted basis, (g) For bargain sales, enter amount received, (h) Amount claimed as a deduction, (i) Average trading price of securities. Rows A, B, C, D.

Part II Taxpayer (Donor) Statement - List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions.

Signature of taxpayer (donor)

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

Business address (including room or suite no.)

Identifying number

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? Yes No

Form with fields: 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.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return

Identifying number

**CARL M. LEVIN & BARBARA LEVIN**

Business or activity to which this form relates

**RENTAL PORTION OF RESIDENCE**

- SCHEDULE E

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount. See page 2 of the instructions for a higher limit for certain businesses . . . . .  | 1                            | 102,000.         |
| 2  | Total cost of section 179 property placed in service (see page 3 of the instructions) . . . . .   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation . . . . .   | 3                            | 410,000.         |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions . . . . . | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29 . . . . .  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2003 Form 4562 . . . . .   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .                                    | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 . . . . .   | 13                           |                  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

|    |   |    |      |
|----|---|----|------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) . . . . . | 14 |      |
| 15 | Property subject to section 168(f)(1) election (see page 4 of the instructions) . . . . .   | 15 |      |
| 16 | Other depreciation (including ACRS) (see page 4 of the instructions) . . . . .  | 16 | 790. |

**Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

**Section A**

|    |   |    |      |
|----|---|----|------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2004 . . . . .  | 17 | 313. |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . |    |      |

**Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (see page 8 of the instructions)**

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28 . . . . .   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. . . . . | 22 | 1,103. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .  | 23 |        |







SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

| OWNER-SHIP                                   | DESCRIPTION              | TOTAL WAGES     | FEDERAL WITHHELD | SOC. SEC. WITHHELD | MEDICARE WITHHELD |
|--|--------------------------|-----------------|------------------|--------------------|-------------------|
| <b>WAGES</b>                                 |                          |                 |                  |                    |                   |
| T  | UNITED STATES SENATE     | 139,165.        | 31,191.          | 5,450.             | 2,250.            |
|  | <b>TOTAL - WAGES</b>     | <b>139,165.</b> | <b>31,191.</b>   | <b>5,450.</b>      | <b>2,250.</b>     |
| <b>OTHER WITHHOLDING</b>                     |                          |                 |                  |                    |                   |
| T  | SOCIAL SECURITY BENEFITS |                 | 6,138.           |                    |                   |
| S  | SOCIAL SECURITY BENEFITS |                 | 4,174.           |                    |                   |
|  | <b>TOTAL OTHER W/H</b>   |                 | <b>10,312.</b>   |                    |                   |
| <b>WITHHOLDING FROM 1099-R DISTRIBUTIONS</b> |                          |                 |                  |                    |                   |
| T  | AMERICAN FUNDS           |                 | 930.             |                    |                   |
|  | <b>TOTAL</b>             |                 | <b>930.</b>      |                    |                   |
|  | <b>GRAND TOTAL</b>       | <b>139,165.</b> | <b>42,433.</b>   | <b>5,450.</b>      | <b>2,250.</b>     |

| OWNER-SHIP | WITHHOLDING FROM WAGES              | STATE WITHHELD | CITY/LOCAL WITHHELD |
|------------|-------------------------------------|----------------|---------------------|
| T          | UNITED STATES SENATE                | 4,874.         |                     |
|            | <b>TOTAL WITHHOLDING FROM WAGES</b> | <b>4,874.</b>  |                     |



SUPPLEMENT TO FORM 1040

=====

IRA DISTRIBUTIONS

=====

| OWNER-<br>SHIP | DESCRIPTION                        | TOTAL<br>RECEIVED | TAXABLE<br>PORTION |
|----------------|------------------------------------|-------------------|--------------------|
| T              | AMERICAN FUNDS                     | 3,000.            | 3,000.             |
|                | TOTAL (FORM 1040, PAGE 1, LINE 15) | 3,000.            | 3,000.             |

=====



SUPPLEMENT TO FORM 1040

| TAXABLE SOCIAL SECURITY BENEFITS                 | TAXPAYER | SPOUSE  |
|--|----------|---------|
| =====  |          |         |
| 1 TOTAL SOCIAL SECURITY AND RRTA PMTS            | 19,797.  | 13,464. |
| 2 LINE 1 DIVIDED BY 2                            | 16,631.  |         |
| 3 TOTAL OF FORM 1040, LINES 7-19 AND LINE 21     | 170,524. |         |
| 4 FORM 1040, LINE 8B AND FOREIGN INCOME EXCLUDED |          |         |
| 5 TOTAL OF LINES 2 THROUGH 4                     | 187,155. |         |
| 6 TOTAL ADJUSTMENTS LESS FOREIGN HOUSING DED.    | 2,000.   |         |
| 7 LINE 5 LESS LINE 6                             | 185,155. |         |
| 8 FILING STATUS BASE AMOUNT:                     |          |         |
| \$32,000, IF MARRIED FILING JOINT                |          |         |
| \$25,000, IF SINGLE, HOH, QUALIFYING WIDOW(ER),  | 32,000.  |         |
| OR MFS AND LIVED APART FROM SPOUSE               |          |         |
| 9 LINE 7 LESS LINE 8                             | 153,155. |         |
| 10 ENTER:  |          |         |
| \$12,000, IF MARRIED FILING JOINT                |          |         |
| \$ 9,000, IF SINGLE, HOH, QUALIFYING WIDOW(ER),  | 12,000.  |         |
| OR MFS AND LIVED APART FROM SPOUSE               |          |         |
| 11 LINE 9 LESS LINE 10                           | 141,155. |         |
| 12 SMALLER OF LINE 9 OR LINE 10                  | 12,000.  |         |
| 13 LINE 12 DIVIDED BY 2                          | 6,000.   |         |
| 14 SMALLER OF LINE 2 OR LINE 13                  | 6,000.   |         |
| 15 LINE 11 MULTIPLIED BY 85%                     | 119,982. |         |
| 16 TOTAL OF LINES 14 AND 15                      | 125,982. |         |
| 17 LINE 1 MULTIPLIED BY 85%                      | 28,272.  |         |
| 18 TAXABLE SOCIAL SECURITY BENEFITS              | 16,828.  | 11,444. |
| (SMALLER OF LINE 16 OR LINE 17)                  | =====    | =====   |
| TOTAL TAXABLE SOCIAL SECURITY                    | 28,272.  |         |
|  | =====    |         |

OTHER ADJUSTMENTS

MISCELLANEOUS OTHER ADJUSTMENTS

CLEAN FUEL

2,000.

TOTAL TO 1040, LINE 35

-----  
2,000.  
=====



SUPPLEMENT TO SCHEDULE A

NONCASH CHARITABLE CONTRIBUTIONS

|   |        |
|---|--------|
| NONCASH CONTRIBUTIONS FROM FORM 8283          | 2,000. |
| TOTAL NONCASH CONTRIBUTIONS BEFORE LIMITATION | 2,000. |
| NONCASH CONTRIBUTION LIMITATION               | NONE   |
| TOTAL TO SCHEDULE A, LINE 16                  | 2,000. |

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

|   |        |
|---|--------|
| PROFESSIONAL DUES   | 859.   |
| TOTAL REFLECTS \$3,000 IRC 162(A) LIMIT ON DC EXPENSES FOR MEMBER OF CONGRESS | NONE   |
|   | 6,163. |
| TOTAL TO SCHEDULE A, LINE 22  | 7,022. |

SUPPLEMENT TO SCHEDULE A

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ITEMIZED DEDUCTION WORKSHEET

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|  |          |         |
|--|----------|---------|
| 1. SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27 .....  |          | 38,328. |
| 2. SCHEDULE A, LINES 4, 13, 19 AND GAMBLING LOSSES ..... |          | -----   |
| 3. LINE 1 LESS LINE 2 .....                              |          | 38,328. |
| 4. LINE 3 MULTIPLIED BY 80% .....                        | 30,662.  | =====   |
| 5. ADJUSTED GROSS INCOME .....                           | 196,796. |         |
| 6. \$142,700 (\$71,350/MARRIED FILING SEP.) .....        | 142,700. | -----   |
| 7. LINE 5 LESS LINE 6 .....                              | 54,096.  | =====   |
| 8. LINE 7 MULTIPLIED BY 3% .....                         | 1,623.   | =====   |
| 9. SMALLER OF AMOUNTS ON LINES 4 OR 8 .....              |          | 1,623.  |
| 10. TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 9) ..... |          | 36,705. |



SUPPLEMENT TO SCHEDULE E

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OTHER EXPENSES, SCHEDULE E - PAGE 1, LINE 18

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KIND OF PROPERTY: RENTAL PORTION OF RESIDENCE  
LOCATION OF PROPERTY: WASHINGTON, D.C.

|                      |       |
|----------------------|-------|
| YARD MAINTENANCE     | 676.  |
| ALARM                | 109.  |
| PEST CONTROL         | 73.   |
|                      | ----- |
| TOTAL OTHER EXPENSES | 858.  |
|                      | ===== |



SUPPLEMENT TO SCHEDULE E

PART II, INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

COLUMNS (F) & (G) - PASSIVE INCOME OR LOSS

K-1 NAME: LRS COMPANY  
ID NUMBER: [REDACTED]

| DESCRIPTION             | INCOME/LOSS |
|-------------------------|-------------|
| ORDINARY INCOME OR LOSS | -898.       |
| ALLOWABLE INCOME/LOSS   | -898.       |

K-1 NAME: LEVINSON-LEVIN PROPERTIES, LLC  
ID NUMBER: [REDACTED]

| DESCRIPTION                       | INCOME/LOSS |
|-----------------------------------|-------------|
| RENTAL REAL ESTATE INCOME OR LOSS | 24,825.     |
| LESS:<br>DEPRECIATION             | 2,801.      |
| ALLOWABLE INCOME/LOSS             | 22,024.     |



SUPPLEMENT TO FORM 6198

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ACTIVITY NAME ..... LRS COMPANY

|                | LOSS | RATIO     | DEDUCTIBLE<br>LOSS | AT-RISK<br>ADJUSTMENT |
|----------------|------|-----------|--------------------|-----------------------|
| OPERATING LOSS | 898. | 1.0000000 | 898.               |                       |
| TOTAL          | 898. | 1.000     | 898.               |                       |

=====

SUPPLEMENT TO FORM 6251

PASSIVE ACTIVITY LOSS

| DESCRIPTION                    | REGULAR<br>INC./LOSS | AMT<br>INC./LOSS | PASSIVE<br>ADJUSTMENT |
|--------------------------------|----------------------|------------------|-----------------------|
| RENTAL PORTION OF RESIDENCE    | 7,088.               | 7,186.           | 98.                   |
| LEVINSON-LEVIN PROPERTIES, LLC | 22,024.              | 22,008.          | -16.                  |
| TOTAL TO FORM 6251, LINE 18    |                      |                  | 82.                   |

PASSIVE ACTIVITY - INCOME AND LOSS DETAIL

|  | REGULAR<br>INC./LOSS | AMT<br>INC./LOSS |
|--|----------------------|------------------|
| ACTIVITY - RENTAL PORTION OF RESIDENCE |                      |                  |
| GROSS INCOME                           | 12,825.              | 12,825.          |
| TOTAL DEDUCTIONS (EXCLUDING DEPLETION) | 5,737.               | 5,737.           |
| POST-86 DEPRECIATION                   | N/A                  | 98.              |
| INCOME OR LOSS BEFORE LIMITATIONS      | 7,088.               | 7,186.           |
| ALLOWABLE INCOME OR LOSS               | 7,088.               | 7,186.           |
| NET INCOME OR LOSS                     | 7,088.               | 7,186.           |



SUPPLEMENT TO FORM 6251

PASSIVE ACTIVITY - INCOME AND LOSS DETAIL (CONT'D)

|   | REGULAR<br>INC./LOSS | AMT<br>INC./LOSS |
|---|----------------------|------------------|
| ACTIVITY - LEVINSON-LEVIN PROPERTIES, LLC |                      |                  |
| RENTAL REAL ESTATE INCOME OR LOSS         | 24,825.              |                  |
| LESS: OTHER DEDUCTIONS                    | 2,801.               |                  |
| REGULAR INCOME OR LOSS BEFORE LIMITATIONS | 22,024.              | 22,024.          |
| PLUS: POST-86 DEPRECIATION ADJUSTMENT     |                      | 6.               |
| POST-86 DISPOSITION GAIN OR LOSS          |                      | -22.             |
| AMT INCOME OR LOSS BEFORE LIMITATIONS     |                      | 22,008.          |
| ALLOWABLE INCOME OR LOSS                  | 22,024.              | 22,008.          |

LINE 29 - EXEMPTION WORKSHEET

|    |  |          |         |
|----|--|----------|---------|
| 1. | \$40,250, IF SINGLE OR HEAD OF HOUSEHOLD           |          |         |
|    | \$58,000, IF MARRIED FILING JT. OR QUAL. WIDOW(ER) |          | 58,000. |
|    | \$29,000, IF MARRIED FILING SEPARATELY             |          |         |
| 2. | ALTERNATIVE MINIMUM TAXABLE INCOME, LINE 28        | 179,318. |         |
| 3. | \$112,500, IF SINGLE OR HEAD OF HOUSEHOLD          |          |         |
|    | \$150,000, IF MFJ OR QUAL. WIDOW(ER)               | 150,000. |         |
|    | \$ 75,000, IF MARRIED FILING SEPARATELY            |          |         |
| 4. | LINE 2 LESS LINE 3                                 | 29,318.  |         |
| 5. | MULTIPLY LINE 4 BY 25%                             |          | 7,330.  |
| 6. | EXEMPTION AMOUNT (LINE 1 LESS LINE 5)              |          | 50,670. |



SUPPLEMENT TO SCHEDULE H

| NAME OF EMPLOYEE | CASH WAGES SUBJECT TO |                 |             | FEDERAL<br>INCOME<br>TAX W/H | ADVANCE<br>EIC<br>PAYMENTS |
|------------------|-----------------------|-----------------|-------------|------------------------------|----------------------------|
|                  | SOC. SEC.<br>TAX      | MEDICARE<br>TAX | FUTA<br>TAX |                              |                            |
|                  | 3,760.                | 3,760.          | 3,760.      |                              |                            |
| TOTAL            | 3,760.                | 3,760.          | 3,760.      |                              |                            |