

Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Form header section containing personal information: Name (CARL M. LEVIN), Spouse's Name (BARBARA LEVIN), Social Security Numbers, Home address, and City/ZIP code.

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

Presidential Election Campaign (See page 19.)

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

Check only one box.

- 1 [] Single
2 [X] 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).
5 [] Qualifying widow(er) with dependent child.

Exemptions

- 6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
6b [X] Spouse.
6c Dependents:

Table for dependents with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If qualifying child for child tax credit.

No. of 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 21):
Dependents on 6c not entered above:
Add numbers on lines above: 2

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-v.

Income table with rows 7-22. Total income: 201,787.

Adjusted Gross Income

Adjusted Gross Income table with rows 23-34. Total adjusted gross income: 201,787.

Tax and Credits

Standard Deduction for -

● People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.

● All others:

Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	201,787.
36a	Check <input checked="" type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. } Total boxes checked <input checked="" type="checkbox"/> 36a 2 if: <input checked="" type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. }		
	b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here <input type="checkbox"/> 36b		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	34,212.
38	Subtract line 37 from line 35	38	167,575.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35	39	6,100.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	161,475.
41	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	34,589.
42	Alternative minimum tax (see page 38). Attach Form 6251	42	NONE
43	Add lines 41 and 42	43	34,589.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	NONE
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see page 40)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	NONE
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	34,589.

Other Taxes

55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	598.
60	Add lines 54 through 59. This is your total tax	60	35,187.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	42,496.
62	2003 estimated tax payments and amount applied from 2002 return	62	NONE
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see page 56)	66	
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	42,496.

Refund

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	7,309.
70a	Amount of line 69 you want refunded to you	70a	7,309.
	b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number _____		
71	Amount of line 69 you want applied to your 2004 estimated tax	71	NONE

Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57	72	
73	Estimated tax penalty (see page 58)	73	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? Yes. Complete the following. No

Sign Here

Joint return? See page 20. Keep a copy for your records.

Designee's name	Phone no.	Personal identification number (PIN)
PREPARER		
Your signature	Date	Your occupation
		SENATOR
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
		RETIRED
Preparer's signature	Date	Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code **ZALENKO & ASSOCIATES, P.C.**
26211 CENTRAL PARK BLVD. STE 220
SOUTHFIELD MI 48076

Check if self-employed

Phone no. **248-357-2400**

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

2003

Department of the Treasury
Internal Revenue Service (99)

(Schedule B is on back)

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 35	2	
3	Multiply line 2 by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

Taxes You Paid

(See page A-2.)

5	State and local income taxes	5	9,825.
6	Real estate taxes (see page A-2)	6	3,747.
7	Personal property taxes	7	
8	Other taxes. List type and amount SEE STATEMENT 5	8	1,540.
9	Add lines 5 through 8	9	15,112.

Interest You Paid

(See page A-3.)

10	Home mortgage interest and points reported to you on Form 1098	10	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11	
12	Points not reported to you on Form 1098. See page A-3 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 5	15	16,993.
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	200.
17	Carryover from prior year	17	
18	Add lines 15 through 17	18	17,193.

Casualty and Theft Losses

19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19	
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Job Expenses and Most 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-5.)	20	
21	Tax preparation fees	21	960.
22	Other expenses- investment, safe deposit box, etc. List type and amount SEE STATEMENT 6	22	6,852.
23	Add lines 20 through 22	23	7,812.
24	Enter amount from Form 1040, line 35	24	201,787.
25	Multiply line 24 by 2% (.02)	25	4,036.
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	3,776.

Other Miscellaneous Deductions

27	Other- from list on page A-6. List type and amount	27	
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Total Itemized Deductions

28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)?	} . . . ▶	28	34,212.
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37.			
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.			SEE STMT 7

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

Your social security number

CARL M. LEVIN & BARBARA LEVIN

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

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.

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

- T U.S. SENATE FEDERAL CREDIT UNION
T LRS COMPANY
S FIDELITY INVESTMENTS

SUBTOTAL

LESS:

TAX-EXEMPT INTEREST

Amount

247.

302.

386.

935.

1

(

386.)

2 Add the amounts on line 1

549.

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

3

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

4

549.

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

Amount

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

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

5 List name of payer

5

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

6

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

Part III Foreign Accounts and Trusts

(See page B-2.)

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

X

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2003
Attachment
Sequence No. 12

Name(s) shown on Form 1040

Your social security number

CARL M. LEVIN & BARBARA LEVIN

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5 of the instructions)	(e) Cost or other basis (see page D-5 of the instructions)	(f) Gain or (loss) the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1						
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet					6	()
7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0-. Do not enter more than zero					7a	()
7b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7b	

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5 of the instructions)	(e) Cost or other basis (see page D-5 of the instructions)	(f) Gain or (loss) the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8						
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d),			10			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 8					12	6,190.
13 Capital gain distributions. See page D-1 of the instructions					13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet					14	()
15 Combine lines 8 through 14 in column (g)					15	6,190.
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)					16	6,190.

* Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installments payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, "collectibles gains and losses" (as defined on page D-6 of the instructions) or eligible gain on small business stock (see page D-4 of the instructions).

Part III Taxable Gain or Deductible Loss

17a	Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below	17a	6,190.
b	Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40. Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.	17b	6,190.
18	If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see page D-7 of the instructions). Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete Part IV below (but skip lines 19 and 20). • Otherwise, skip Part IV below and complete the rest of Form 1040.	18	()

Part IV Tax Computation Using Maximum Capital Gains Rates

If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.

19	Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet on page D-7	19	
20	Enter your 28% rate gain, if any, from line 7 of the worksheet on page D-8 of the instructions	20	
If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet on page D-11 of the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.			
21	Enter your taxable income from Form 1040, line 40	21	161,475.
22	Enter the smaller of line 16 or line 17a, but not less than zero	22	6,190.
23	Enter your qualified dividends from Form 1040, line 9b	23	
24	Add lines 22 and 23	24	6,190.
25	Amount from line 4g of Form 4952 (investment interest expense)	25	
26	Subtract line 25 from line 24. If zero or less, enter -0-	26	6,190.
27	Subtract line 26 from line 21. If zero or less, enter -0-	27	155,285.
28	Enter the smaller of line 21 or: <ul style="list-style-type: none"> • \$56,800 if married filing jointly or qualifying widow(er); • \$28,400 if single or married filing separately; or • \$38,050 if head of household 	28	56,800.
If line 27 is more than line 28, skip lines 29-39 and go to line 40.			
29	Enter the amount from line 27	29	
30	Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40	30	
31	Add lines 17b and 23*	31	
32	Enter the smaller of line 30 or line 31	32	
33	Multiply line 32 by 5% (.05)	33	
If lines 30 and 32 are the same, skip lines 34-39 and go to line 40.			
34	Subtract line 32 from line 30	34	
35	Enter your qualified 5-year gain, if any, from line 8 of the worksheet on page D-10	35	
36	Enter the smaller of line 34 or line 35	36	
37	Multiply line 36 by 8% (.08)	37	
38	Subtract line 36 from line 34	38	
39	Multiply line 38 by 10% (.10)	39	
If lines 26 and 30 are the same, skip lines 40-49 and go to line 50.			
40	Enter the smaller of line 21 or line 26	40	6,190.
41	Enter the amount from line 30 (if line 30 is blank, enter -0-)	41	
42	Subtract line 41 from line 40	42	6,190.
43	Add lines 17b and 23*	43	6,190.
44	Enter the amount from line 32 (if line 32 is blank, enter -0-)	44	
45	Subtract line 44 from line 43	45	6,190.
46	Enter the smaller of line 42 or line 45	46	6,190.
47	Multiply line 46 by 15% (.15)	47	929.
48	Subtract line 46 from line 42	48	
49	Multiply line 48 by 20% (.20)	49	
50	Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies	50	33,660.
51	Add lines 33, 37, 39, 47, 49, and 50	51	34,589.
52	Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies	52	35,394.
53	Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41	53	34,589.

*If lines 23 and 25 are more than zero, see Lines 31 and 43 on page D-9 for the amount to enter.

**SCHEDULE E
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

OMB No. 1545-0074

2003

Attachment
Sequence No. **13**

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

Name(s) shown on return

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-2). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	Show the kind 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:	Yes	No
	A RENTAL PORTION OF RESIDENCE WASHINGTON, D.C.		<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See page E-3.) 	A	X
	B UNDIVIDED INTEREST IN COMMERCIAL BU BIRMINGHAM, MI			B	X
C	C				

Income:	Properties			Totals (Add columns A, B, and C.)	
		A	B	C	
3 Rents received	3	13,200.	32,453.		3 45,653.
4 Royalties received	4				4
Expenses:					
5 Advertising	5				
6 Auto and travel (see page E-4)	6				
7 Cleaning and maintenance	7	630.			
8 Commissions	8				
9 Insurance	9	385.	1,224.		
10 Legal and other professional fees	10		286.		
11 Management fees	11		233.		
12 Mortgage interest paid to banks, etc. (see page E-4)	12				12
13 Other interest	13				
14 Repairs	14	328.			
15 Supplies	15				
16 Taxes	16	1,873.	7,256.		
17 Utilities	17	109.	33.		
18 Other (list) ▶ SEE EXPENSE STMT.	18	707.	961.		
19 Add lines 5 through 18	19	4,032.	9,993.		19 14,025.
20 Depreciation expense or depletion (see page E-4)	20	1,421.	270.		20 1,691.
21 Total expenses. Add lines 19 and 20	21	5,453.	10,263.		
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	7,747.	22,190.		
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 29,937.
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 29,937.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule E (Form 1040) 2003

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

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 losses not allowed in prior years due to the at-risk or basis limitations, passive losses 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. Row A: LRS COMPANY, P, [redacted].

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. Row A: 537. Row 32: Total partnership and S corporation income or (loss) -537.

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. Row 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. Row 39: Combine columns (d) and (e) only.

Part V Summary

Table with 2 columns: Description, Amount. Row 41: Total income or (loss) 29,400. Row 42: Reconciliation of Farming and Fishing Income. Row 43: Reconciliation for Real Estate Professionals.

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 2003? (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 2003 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 2002 or 2003 to all household employees? (Do not count cash wages paid in 2002 or 2003 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 2003 do not have to complete this form for 2003.)

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-3)	1	3,910.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	485.
	STMT 12		
3	Total cash wages subject to Medicare taxes (see page H-3)	3	3,910.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	113.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	598.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	598.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to household employees? (Do not count cash wages paid in 2002 or 2003 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 59. If you are not required to file Form 1040, see the line 9 instructions on page H-3.
 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?	10	
11 Did you pay all state unemployment contributions for 2003 by April 15, 2004? Fiscal year filers, see page H-4	11	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	

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

Section B

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

(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-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	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	26
27 Add line 17 (or line 25) and line 26	27
28 Are you required to file Form 1040?	
<input type="checkbox"/> Yes. Stop. Enter the amount from line 27 above on Form 1040, line 59. Do not complete Part IV below.	
<input type="checkbox"/> 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 _____

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

SUMMARY FORM 4562

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	100,000.
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000.
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 2 of the instructions	5	

(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
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 2002 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 2004. 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	1,349.

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	342.
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 ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2003 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 2003 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 6 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	1,691.
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	

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.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, threshold cost, reduction in limitation, and dollar limitation.

Table with 13 rows for Section 179 expense deduction details, including description of property, cost, elected cost, and carryover amounts.

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.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation, totaling 1,108.

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

Table with 2 rows for MACRS deductions, totaling 313.

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Basis for depreciation, (c) Recovery period, (d) Convention, (e) Method, (f) Depreciation deduction.

Part IV Summary (see page 6 of the instructions)

Table with 3 rows for Summary, including listed property, total depreciation, and basis for section 263A costs, totaling 1,421.

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

UNDIVIDED INTEREST IN COMMERCIAL BU

- **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	
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
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 2 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 2002 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 2004. 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	241.

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	29.
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 2003 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2003 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 6 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	270.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 6 of the instructions):
27 Property used 50% or less in a qualified business use (see page 6 of the instructions):
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions):
43 Amortization of costs that began before your 2003 tax year 43 956.
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report 44 956.

Description of Property

UNDIVIDED INTEREST IN COMMERCIAL BU

SCHEDULE E DEPRECIATION AND AMORTIZATION

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv. Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets														
Subtotals		70,407.				43,307.	28,073.	28,343.						270.
Listed Property														
Less: Retired Assets														
Subtotals		70,407.				43,307.	28,073.	28,343.						270.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
LEASE - QUARTON GRP	10/01/2002	508.	25.	127.	195	5,000	102.
TOTALS		5,875.	3,806.	4,762.			956.

* Assets Retired
JSA
3X9024 2,000



SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

OWNER-SHIP	DESCRIPTION	TOTAL WAGES	FEDERAL WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD
WAGES					
T	UNITED STATES SENATE	137,964.	32,497.	5,394.	2,203.
	TOTAL - WAGES	137,964.	32,497.	5,394.	2,203.
OTHER WITHHOLDING					
T	SOCIAL SECURITY BENEFITS		5,911.		
S	SOCIAL SECURITY BENEFITS		4,088.		
	TOTAL OTHER W/H		9,999.		
	GRAND TOTAL	137,964.	42,496.	5,394.	2,203.

OWNER-SHIP	WITHHOLDING FROM WAGES	STATE WITHHELD	CITY/LOCAL WITHHELD
T	UNITED STATES SENATE	4,898.	
	TOTAL WITHHOLDING FROM WAGES	4,898.	



SUPPLEMENT TO FORM 1040

TAX EXEMPT INTEREST INCOME

TAX-EXEMPT INTEREST FROM STATE AND MUNICIPAL BONDS

S FIDELITY INVESTMENTS

386.

TOTAL

386.

TOTAL TO 1040, LINE 8B

386.

SUPPLEMENT TO FORM 1040

TAXABLE SOCIAL SECURITY BENEFITS	TAXPAYER	SPOUSE
1 TOTAL SOCIAL SECURITY AND RRTPA PMTS	19,066.	13,188.
2 LINE 1 DIVIDED BY 2	16,127.	
3 TOTAL OF FORM 1040, LINES 7-19 AND LINE 21	174,371.	
4 FORM 1040, LINE 8B AND FOREIGN INCOME EXCLUDED	386.	
5 TOTAL OF LINES 2 THROUGH 4	190,884.	
6 TOTAL ADJUSTMENTS LESS FOREIGN HOUSING DED.		
7 LINE 5 LESS LINE 6	190,884.	
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	158,884.	
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	146,884.	
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%	124,851.	
16 TOTAL OF LINES 14 AND 15	130,851.	
17 LINE 1 MULTIPLIED BY 85%	27,416.	
18 TAXABLE SOCIAL SECURITY BENEFITS (SMALLER OF LINE 16 OR LINE 17)	16,206.	11,210.
TOTAL TAXABLE SOCIAL SECURITY	27,416.	

SUPPLEMENT TO FORM 1040

TAXABLE STATE/LOCAL TAX REFUNDS

ALLOCATION OF STATE/LOCAL TAX REFUND PAID OVER TWO YEARS:

1	TAXES PAID IN 2002	5,303.
2	TAXES PAID IN 2003	608.
3	TOTAL STATE AND LOCAL TAX PAYMENTS ON 2002 RETURN	5,911.
4	TOTAL REFUND RECEIVED IN 2003	299.
5	PERCENTAGE OF TAXES PAID IN 2002 (LINE 1/LINE 3)	89.71%
6	REFUND ATTRIBUTABLE TO TAXES PAID IN 2002	268.
7	PERCENTAGE OF TAXES PAID IN 2003 (LINE 2/LINE 3)	10.29%
8	REFUND ATTRIBUTABLE TO TAXES PAID IN 2003	31.

TAXABLE REFUND:

1	REFUND ATTRIBUTABLE TO TAXES PAID IN 2002	268.
2	2002 ALLOWABLE ITEMIZED DEDUCTIONS	30,493.
3	2002 BASIC STANDARD DEDUCTION:	
	\$4,700, IF SINGLE	
	\$7,850, IF MFJ OR QUALIFYING WIDOW(ER)	
	\$3,925, IF MARRIED FILING SEPARATELY	7,850.
	\$6,900, IF HEAD OF HOUSEHOLD	
4	2002 ADDITIONAL STANDARD DEDUCTION(S)	1,800.
5	LINE 3 PLUS LINE 4	9,650.
6	LINE 2 LESS LINE 5	20,843.
7	TAXABLE TAX REFUNDS (SMALLER OF LINES 1 OR 6)	268.

[REDACTED]

SUPPLEMENT TO SCHEDULE A

OTHER TAXES

LIONS DEN - REAL ESTATE
18 ACRES - REAL ESTATE
10 ACRES - REAL ESTATE

619.
480.
441.

TOTAL TO SCHEDULE A, LINE 8

1,540.

CASH CONTRIBUTIONS

OTHER CASH CONTRIBUTIONS

50% ORGANIZATION(S)

[REDACTED]

[REDACTED]



SUPPLEMENT TO SCHEDULE A

CASH CONTRIBUTIONS (CONT'D)



TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION	16,993.
CASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 15	16,993.

NONCASH CHARITABLE CONTRIBUTIONS

NONCASH CHARITABLE CONTRIBUTIONS LESS THAN \$500

PROPERTY GIVEN TO 50% ORGANIZATION(S) CLOTHING	200.
TOTAL NONCASH CONTRIBUTIONS BEFORE LIMITATION	200.
NONCASH CONTRIBUTION LIMITATION	NONE
TOTAL TO SCHEDULE A, LINE 16	200.

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

PROFESSIONAL DUES	260.
3000 IRC162A LIMIT ON DC LIV EXP FOR MEM CONGRESS	6,592.
TOTAL TO SCHEDULE A, LINE 22	6,852.



SUPPLEMENT TO SCHEDULE A

ITEMIZED DEDUCTION WORKSHEET

1.	SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27		36,081.
2.	SCHEDULE A, LINES 4, 13, 19 AND GAMBLING LOSSES		
3.	LINE 1 LESS LINE 2		36,081.
4.	LINE 3 MULTIPLIED BY 80%	28,865.	
5.	ADJUSTED GROSS INCOME	201,787.	
6.	\$139,500 (\$69,750/MARRIED FILING SEP.)	139,500.	
7.	LINE 5 LESS LINE 6	62,287.	
8.	LINE 7 MULTIPLIED BY 3%	1,869.	
9.	SMALLER OF AMOUNTS ON LINES 4 OR 8		1,869.
10.	TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 9)		34,212.

SUPPLEMENT TO SCHEDULE D

PART II LONG-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD MORE THAN ONE YEAR
LINE 12 - LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

ACTIVITY NAME	GAIN/LOSS	POST 5/5 GAIN/LOSS
<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;"> LRS COMPANY </div>	6,190.	6,190.
TOTAL LONG-TERM GAINS AND LOSSES FROM K-1'S	6,190.	6,190.
TOTAL TO SCHEDULE D, LINE 12	6,190.	6,190.



SUPPLEMENT TO SCHEDULE E

=====

OTHER EXPENSES, SCHEDULE E - PAGE 1, LINE 18

=====

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

YARD MAINTENANCE	530.
ALARM	135.
PEST CONTROL	42.

TOTAL OTHER EXPENSES	707.
	=====



SUPPLEMENT TO SCHEDULE E

=====

OTHER EXPENSES, SCHEDULE E - PAGE 1, LINE 18

=====

KIND OF PROPERTY: UNDIVIDED INTEREST IN COMMERCIAL BU
LOCATION OF PROPERTY: BIRMINGHAM, MI

AMORTIZATION	956.
BANK CHARGES	1.
POSTAGE	4.

TOTAL OTHER EXPENSES	961.
	=====



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	-537.
ALLOWABLE INCOME/LOSS	-537.



SUPPLEMENT TO SCHEDULE H

NAME OF EMPLOYEE	CASH WAGES SUBJECT TO SOC. SEC. TAX	MEDICARE TAX	FUTA TAX	FEDERAL INCOME TAX W/H	ADVANCE EIC PAYMENTS
	3,910.	3,910.	3,910.		
TOTAL	3,910.	3,910.	3,910.		