

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign

LABEL HERE

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending 20. Your first name and initial: CARL M., Last name: LEVIN, Your social security number: [REDACTED]. If a joint return, spouse's first name and initial: BARBARA, Last name: LEVIN, Spouse's social security number: [REDACTED]. Home address (number and street). If you have a P.O. box, see page 16. Apt. no. [REDACTED]. You must enter your SSN(s) above. City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ... [X] You [X] Spouse

Filing Status: 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). If the qualifying person is a child but not your dependent, enter this child's name here. 5 [ ] Qualifying widow(er) with dependent child (see page 17)

Exemptions: 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] Spouse. c Dependents: (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 (see page 19). 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 20). Dependents on 6c not entered above. Add numbers on lines above: 2. d Total number of exemptions claimed.

Income: 7 Wages, salaries, tips, etc. Attach Form(s) W-2: 141,675. 8a Taxable interest. Attach Schedule B if required: 209. b Tax-exempt interest. Do not include on line 8a: 219. 9a Ordinary dividends. Attach Schedule B if required. b Qualified dividends (see page 23). 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions: 15a, b Taxable amount: 10,000. 16a Pensions and annuities: 16a, b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: 29,234. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits: 20a, b Taxable amount (see page 27): 36,270. 20b. 21 Other income. List type and amount (see page 29). 22 Add the amounts in the far right column for lines 7 through 21. This is your total income: 211,948.

Adjusted Gross Income: 23 Archer MSA deduction. Attach Form 8853. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 One-half of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction (see page 29). 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN. 32 IRA deduction (see page 31). 33 Student loan interest deduction (see page 33). 34 Jury duty pay you gave to your employer. 35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 31a and 32 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income: 211,948.

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	211,948.
	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked ... 39a <b>2</b>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ... 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	32,438.
	41	Subtract line 40 from line 38	41	179,510.
	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	6,600.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	172,910.
	44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	37,819.
	45	Alternative minimum tax. Attach Form 6251	45	7.
	46	Add lines 44 and 45	46	37,826.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Child tax credit (see page 42). Attach Form 8901 if required	53	
	54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
	55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
	56	Add lines 47 through 55. These are your total credits	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	37,826.

<b>Other Taxes</b>	58	Self-employment tax. Attach Schedule SE	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	605.
	63	Add lines 57 through 62. This is your total tax	63	38,431.

<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	44,318.	STATEMENT 5
	65	2006 estimated tax payments and amount applied from 2005 return	65		
	66a	Earned income credit (EIC)	66a		
	b	Nontaxable combat pay election ... 66b			
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67		
	68	Additional child tax credit. Attach Form 8812	68		
	69	Amount paid with request for extension to file (see page 60)	69		
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70		
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	40.	
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	44,358.	

<b>Refund</b>	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	5,927.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	5,927.
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d number <input type="text"/>		
	75	Amount of line 73 you want applied to your 2007 estimated tax	75	

<b>Amount You Owe</b>	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	
	77	Estimated tax penalty (see page 62)	77	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see page 63)?  Yes. Complete the following.  No

Designee's name **PREPARER** 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	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	<b>SENATOR</b>	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<input type="text"/>	<input type="text"/>	<b>RETIRED</b>	

**Paid Preparer's Use Only**

Preparer's signature **ROBERT KLEIMAN** Date **04/16/07** Check if self-employed  Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code **VIRCHOW, KRAUSE & COMPANY, LLP** EIN   
**ONE TOWNE SQUARE, SUITE 600** Phone no **248-372-7300**  
**SOUTHFIELD, MI 48076**

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

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

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

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

OMB No. 1545-0074

**2006**  
Attachment  
Sequence No. **07**

Your social security number

**CARL M. & BARBARA LEVIN**

<b>Medical and Dental Expenses</b>	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1) .....	1		
	2	Enter amount from Form 1040, line 38 .....	2		
	3	Multiply line 2 by 7.5% (.075) .....	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4		
<b>Taxes You Paid</b> (See page A-3.)	5	State and local income taxes .....	5	10,831.	
	6	Real estate taxes (see page A-3) .....	6	4,148.	
	7	Personal property taxes .....	7	57.	
	8	Other taxes. List type and amount ▶ <u>LIONS DEN - REAL ESTATE</u> .....	8	2,814.	
	9	Add lines 5 through 8 .....	9	17,850.	
<b>Interest You Paid</b> (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. ....	12		
	13	Investment interest. Attach Form 4952 if required. (See page A-4.) .....	13		
	14	Add lines 10 through 13 .....	14		
<b>Gifts to Charity</b> If you made a gift and got a benefit for it, see page A-4.	15	Gifts by cash or check. ....	15	15,817.	
	16	Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500 .....	16		
	17	Carryover from prior year .....	17		
	18	Add lines 15 through 17 .....	18	15,817.	
<b>Casualty and Theft Losses</b>	19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.) .....	19		
<b>Job Expenses and Certain Miscellaneous Deductions</b> (See page A-6.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.) ▶ .....	20		
	21	Tax preparation fees .....	21	898.	
	22	Other expenses - investment, safe deposit box, etc. List type and amount ▶ <u>PROFESSIONAL DUES</u> .....	22	218.	
	23	Add lines 20 through 22 .....	23	1,116.	
	24	Enter amount from Form 1040, line 38 .....	24	211,948.	
	25	Multiply line 24 by 2% (.02) .....	25	4,239.	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- .....	26	0.	
<b>Other Miscellaneous Deductions</b>	27	Other - from list on page A-7. List type and amount ▶ .....	27		
<b>Total Itemized Deductions</b>	28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-7 for the amount to enter.	STMT 8 ▶	28	32,438.
	29	If you elect to itemize deductions even though they are less than your standard deduction, check here .....	▶ <input type="checkbox"/>		

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2006

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

Your social security number

CARL M. & BARBARA LEVIN

[REDACTED]

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address

NATIONAL CAPITAL BANK
U.S. SENATE FEDERAL CREDIT UNION
FIDELITY # [REDACTED]

Amount

40.
169.
219.

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.

SUBTOTAL FOR LINE 1

428.

TAX-EXEMPT INTEREST SEE STATEMENT 9

-219.

2 Add the amounts on line 1

209.

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

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

209.

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

Part II Ordinary Dividends

5 List name of payer

Amount

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.

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

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

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2006, 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?

X

b If "Yes," enter the name of the foreign country

8 During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

X

**SCHEDULE E**

**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

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

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

▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2006**

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**CARL M. & BARBARA LEVIN**

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). 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:	<ul style="list-style-type: none"> <li>• 14 days or</li> <li>• 10% of the total days rented at fair rental value?</li> </ul> (See page E-3.)	Yes	No
					A	X
					B	
					C	

Income:	Properties			Totals
	A	B	C	(Add columns A, B, and C.)
3 Rents received	3 14,100.			3 14,100.
4 Royalties received	4			4
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7 1,589.			
8 Commissions	8			
9 Insurance	9 385.			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-4)	12			12
13 Other interest	13			
14 Repairs	14 301.			
15 Supplies	15 51.			
16 Taxes	16 2,074.			
17 Utilities	17 1,440.			
18 Other (list) ▶ SEE STATEMENT 10	18 371.			
19 Add lines 5 through 18	19 6,211.			19 6,211.
20 Depreciation expense or depletion (see page E-4)	20 916.			20 916.
21 Total expenses. Add lines 19 and 20	21 7,127.			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22 6,973.			
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24 6,973.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25 ( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			26 6,973.

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

Your social security number

**CARL M. & BARBARA LEVIN**

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

**Part II Income or Loss From Partnerships and S Corporations** 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  No  
If you answered "Yes," see page E-6 before completing this section.

28	(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
A	LEVINSON-LEVIN PROPERTIES, LLC	P		[REDACTED]	
B	LRS COMPANY	P		[REDACTED]	X
C	AT RISK CARRYOVER	P		[REDACTED]	X
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(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
A		24,234.		
B	869.			
C	1,104.			
D				
29a	Totals	24,234.		
b	Totals	1,973.		
30	Add columns (g) and (j) of line 29a			30 24,234.
31	Add columns (f), (h), and (i) of line 29b			31 ( 1,973.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 22,261.

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

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

38	(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
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 19	41	29,234.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

### At-Risk Limitations

**2006**

Attachment Sequence No. **31**

Department of the Treasury  
Internal Revenue Service

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

Name(s) shown on return

Identifying number

**CARL M. LEVIN**

Description of activity (see page 2 of the instructions)

**LRS COMPANY**

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

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-2,118.
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	-2,118.

**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	1,973.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	1,973.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	1,973.
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	1,973.

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

If you completed Part III of Form 6198 for 2005, 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 2005 Form 6198, line 19b. Do not enter the amount from line 10b of the 2005 form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your 2005 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 2005 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	1,973.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	( 1,973 )

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

**Alternative Minimum Tax - Individuals**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

**CARL M. & BARBARA LEVIN**

**Part I Alternative Minimum Taxable Income**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	179,510.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38.	2	
3	Taxes from Schedule A (Form 1040), line 9.	3	17,850.
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	
6	If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-7 of the instructions for Schedule A (Form 1040).	6	-1,229.
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	SEE STATEMENT 14 143.
12	Qualified small business stock (7% of gain excluded under section 1202).	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income).	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6).	15	
16	Disposition of property (difference between AMT and regular tax gain or loss).	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	SEE STATEMENT 12 154.
19	Loss limitations (difference between AMT and regular tax income or loss).	19	
20	Circulation costs (difference between regular tax and AMT).	20	
21	Long-term contracts (difference between AMT and regular tax income).	21	
22	Mining costs (difference between regular tax and AMT).	22	
23	Research and experimental costs (difference between regular tax and AMT).	23	
24	Income from certain installment sales before January 1, 1987.	24	
25	Intangible drilling costs preference.	25	
26	Other adjustments, including income-based related adjustments.	26	
27	Alternative tax net operating loss deduction.	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see instructions).	28	196,428.

**Part II Alternative Minimum Tax**

29	Exemption. (If this form is for a child under age 18, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household ..... \$112,500 ..... \$42,500 Married filing jointly or qualifying widow(er) ..... 150,000 ..... 62,550 Married filing separately ..... 75,000 ..... 31,275 } ..... STMT 13	29	50,943.
30	Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II.	30	145,485.
31	• If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	37,826.
32	Alternative minimum tax foreign tax credit (see instructions).	32	
33	Tentative minimum tax. Subtract line 32 from line 31.	33	37,826.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Sch J.	34	37,819.
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	7.

**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 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see the instructions) .....	37
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see 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 refigured 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>• \$61,300 if married filing jointly or qualifying widow(er),</li> <li>• \$30,650 if single or married filing separately, or</li> <li>• \$41,050 if head of household.</li> </ul> } .....	43
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- .....	44
45	Subtract line 44 from line 43. If zero or less, enter -0- .....	45
46	Enter the smaller of line 36 or line 37 .....	46
47	Enter the smaller of line 45 or line 46 .....	47
48	Multiply line 47 by 5% (.05) .....	48
49	Subtract line 47 from line 46 .....	49
50	Multiply line 49 by 15% (.15) .....	50
If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		
51	Subtract line 46 from line 40 .....	51
52	Multiply line 51 by 25% (.25) .....	52
53	Add lines 42, 48, 50, and 52 .....	53
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....	54
55	Enter the smaller of line 53 or line 54 here and on line 31 .....	55

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
CARL M. & BARBARA LEVIN							
E-	RENTAL PORTION OF RESIDENCE - WASHINGTON, D.						
	* REGULAR INCOME	6,973.			148.		
	* AMT DEPR ADJ	148.			148.		
	* AMT NET INCOME	7,121.					
K1-	LRS COMPANY						
	* REGULAR INCOME	-1,973.					
	* AMT NET INCOME	-1,973.					
K1-	LEVINSON-LEVIN PROPERTIES, LLC						
	* REGULAR INCOME	24,234.			6.		
	* AMT ADJUSTMENTS	6.			6.		
	* AMT NET INCOME	24,240.					
	** TOTAL ADJ & PREF **				154.		

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Household Employment Tax**

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

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

OMB No. 1545-1971

**2006**  
Attachment  
Sequence No. **44**

Name of employer

CARL M. LEVIN

Social security number

Employer identification number

**A** Did you pay any one household employee cash wages of \$1,500 or more in 2006? (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 2006 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 2005 or 2006 to all household employees? (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

- No. Stop. Do not file this schedule.
- Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2006 do not have to complete this form for 2006.)

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

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

**9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to household employees? (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

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

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

	Yes	No
10 Are you required to pay unemployment contributions to only one state? .....	X	
11 Did you pay all state unemployment contributions for 2006 by April 16, 2007? Fiscal year filers, see page H-4. ....	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....	X	

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

**Section A**

13 Name of the state where you paid unemployment contributions .....	DC	
14 State reporting number as shown on state unemployment tax return .....	062-788	
15 Contributions paid to your state unemployment fund (see page H-4) .....	15	56.
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-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					

19 Totals .....	19	
20 Add columns (h) and (i) of line 19 .....	20	
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-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. If you checked the "Yes" box on line C of page 1, enter -0- .....	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 62. Do not complete Part IV below.  
 **No.** You may have to complete Part IV. See page H-5 for details.

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

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

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

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

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

Form **4562**

**SCHEDULE E- 2**  
**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2006**

Attachment  
Sequence No. 67

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**CARL M. & BARBARA LEVIN**

**RENTAL PORTION OF  
RESIDENCE - WASHINGTON,**

**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 the instructions for a higher limit for certain businesses .....	1	108,000.
2	Total cost of section 179 property placed in service (see instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation .....	3	430,000.
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 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 2005 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	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 2007. 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year .....	14	
15	Property subject to section 168(f)(1) election .....	15	
16	Other depreciation (including ACRS) .....	16	403.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006 .....	17	313.
18	If you are electing 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 2006 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		1,398.	7 YRS.	HY	200DB	200.
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	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 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 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	916.
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 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

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

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.

Table with columns (a) through (f) Vehicle. Rows 30-36 covering miles driven and personal use availability.

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.

Table with columns Yes No. Rows 37-41 regarding written policy statements and information retention.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Form **8801**

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

OMB No. 1545-1073

**2006**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. 74

Name(s) shown on return

Identifying number

**CARL M. & BARBARA LEVIN**

**Part I Net Minimum Tax on Exclusion Items**

1	Combine lines 1, 6, and 10 of your 2005 Form 6251. Estates and trusts, see instructions	183,082.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	18,071.
3	Minimum tax credit net operating loss deduction (see instructions)	( )
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$191,000 and you were married filing separately for 2005, see instructions	201,153.
5	Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2005; \$40,250 if single or head of household for 2005; or \$29,000 if married filing separately for 2005. Estates and trusts, enter \$22,500	58,000.
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2005; \$112,500 if single or head of household for 2005; or \$75,000 if married filing separately for 2005. Estates and trusts, enter \$75,000	150,000.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	51,153.
8	Multiply line 7 by 25% (.25)	12,788.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 14, see instructions	45,212.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	155,941.
11	<ul style="list-style-type: none"> <li>• If for 2005 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 46 here.</li> <li>• All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result.</li> </ul>	40,545.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	40,545.
14	Enter the amount from your 2005 Form 6251, line 34, or 2005 Form 1041, Schedule I, line 55	39,859.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	686.

**Part II Minimum Tax Credit and Carryforward to 2007**

16	Enter the amount from your 2005 Form 6251, line 35, or 2005 Form 1041, Schedule I, line 56	720.
17	Enter the amount from line 15 above	686.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	34.
19	2005 minimum tax credit carryforward. Enter the amount from your 2005 Form 8801, line 26	
20	Enter the total of your 2005 unallowed nonconventional source fuel credit and 2005 unallowed qualified electric vehicle credit (see instructions)	
21	Combine lines 18, 19, and 20. If zero or less, stop here and see instructions	34.
22	Enter your 2006 regular income tax liability minus allowable credits (see instructions)	37,819.
23	Enter the amount from your 2006 Form 6251, line 33, or 2006 Form 1041, Schedule I, line 54	37,826.
24	Subtract line 23 from line 22. If zero or less, enter -0-	0.
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2006 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d	
26	Minimum tax credit carryforward to 2007. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	34.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2006)

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

**Caution:** If you did not complete the 2005 Qualified Dividends and Capital Gain Tax Worksheet, the 2005 Schedule D Tax Worksheet, or Part V of the 2005 Schedule D (Form 1041), see the instructions before completing this part.

27	Enter the amount from Form 8801, line 10 .....			27
28	Enter the amount from line 6 of your 2005 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2005 Schedule D Tax Worksheet, or the amount from line 22 of the 2005 Schedule D (Form 1041), whichever applies* .....	28		
<p>If you figured your 2005 tax using the 2005 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.</p>				
29	Enter the amount from line 19 of your 2005 Schedule D (Form 1040), or line 14b, column (2), of the 2005 Schedule D (Form 1041) .....	29		
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2005 Schedule D Tax Worksheet .....	30		
31	Enter the smaller of line 27 or line 30 .....			31
32	Subtract line 31 from line 27 .....			32
33	If line 32 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result .....			33
34	Enter: <ul style="list-style-type: none"> <li>• \$59,400 if married filing jointly or qualifying widow(er) for 2005,</li> <li>• \$29,700 if single or married filing separately for 2005,</li> <li>• \$39,800 if head of household for 2005, or</li> <li>• \$2,000 for an estate or trust .....</li> </ul>	34		
35	Enter the amount from line 7 of your 2005 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2005 Schedule D Tax Worksheet, or the amount from line 23 of the 2005 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2005 Schedule D (Form 1041), enter -0- .....	35		
36	Subtract line 35 from line 34. If zero or less, enter -0- .....	36		
37	Enter the smaller of line 27 or line 28 .....	37		
38	Enter the smaller of line 36 or line 37 .....	38		
39	Multiply line 38 by 5% (.05) .....			39
40	Subtract line 38 from line 37 .....	40		
41	Multiply line 40 by 15% (.15) .....			41
<p>If line 29 is zero or blank, skip lines 42 and 43 and go to line 44. Otherwise, go to line 42.</p>				
42	Subtract line 37 from line 31 .....	42		
43	Multiply line 42 by 25% (.25) .....			43
44	Add lines 33, 39, 41, and 43 .....			44
45	If line 27 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result .....			45
46	Enter the smaller of line 44 or line 45 here and on line 11 .....			46

\* The 2005 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2005 Instructions for Form 1040. The 2005 Schedule D Tax Worksheet is on page D-9 of the 2005 Instructions for Schedule D (Form 1040) (page 38 of the 2005 Instructions for Form 1041).



CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- X B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2006
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2006

1.	ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 20A. . . . .	36,270.
2.	ENTER ONE HALF OF LINE 1 . . . . .	18,135.
3.	ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	181,337.
4.	ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED . . . . .	199,472.
5.	ADD LINES 2, 3, AND 4. . . . .	0.
6.	ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, LINE 34, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36. . . . .	199,472.
7.	SUBTRACT LINE 6 FROM LINE 5 . . . . .	32,000.
8.	ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C. . . . .	
9.	IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [ ] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2006, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A. [X] YES. SUBTRACT LINE 8 FROM LINE 7 . . . . .	167,472.
10.	ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C . . . . .	12,000.
11.	SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-. . . . .	155,472.
12.	ENTER THE SMALLER OF LINE 9 OR LINE 10 . . . . .	12,000.
13.	ENTER ONE HALF OF LINE 12. . . . .	6,000.
14.	ENTER THE SMALLER OF LINE 2 OR LINE 13 . . . . .	6,000.
15.	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- . . . . .	132,151.
16.	ADD LINES 14 AND 15. . . . .	138,151.
17.	MULTIPLY LINE 1 BY 85% (.85) . . . . .	30,830.
18.	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	30,830.



FORM 1040 IRA DISTRIBUTIONS STATEMENT 2

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
AMERICAN FUNDS	10,000.	10,000.
TOTAL TO FORM 1040, LINE 15	10,000.	10,000.

FORM 1040 TAX-EXEMPT INTEREST STATEMENT 3

NAME OF PAYER	AMOUNT
FIDELITY #	219.
TOTAL TO FORM 1040, LINE 8B	219.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T UNITED STATES SENATE	141,675.	31,074.	4,882.		5,840.	2,344.
TOTALS	141,675.	31,074.	4,882.		5,840.	2,344.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 5

T S DESCRIPTION	AMOUNT
T UNITED STATES SENATE	31,074.
T AMERICAN FUNDS	2,000.
T WITHHOLDING FROM FORM 1099-SSA	6,784.
S WITHHOLDING FROM FORM 1099-SSA	4,460.
TOTAL TO FORM 1040, LINE 64	44,318.





SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 8
1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27 . . . . .		33,667.
2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27. . . . .		0.
3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1 . . . . .		33,667.
4. MULTIPLY LINE 3 BY 80% (.80). . . . .	26,934.	
5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. . . . .	211,948.	
6. ENTER: \$150,500 (\$75,250 IF MARRIED FILING SEPARATELY) . . . . .	150,500.	
7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 6 FROM LINE 5 . . . . .	61,448.	
8. MULTIPLY LINE 7 BY 3% (.03) . . . . .	1,843.	
9. ENTER THE SMALLER OF LINE 4 OR LINE 8 . . . . .		1,843.
10. DIVIDE LINE 9 BY 3. . . . .		614.
11. SUBTRACT LINE 10 FROM LINE 9. . . . .		1,229.
12. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28 . . . . .		32,438.

SCHEDULE B	TAX-EXEMPT INTEREST	STATEMENT 9
NAME OF PAYER		AMOUNT
FIDELITY #		219.
TOTAL TAX-EXEMPT INTEREST TO SCHEDULE B, LINE 1		219.



SCHEDULE E OTHER EXPENSES STATEMENT 10

RENTAL PORTION OF RESIDENCE - WASHINGTON, D.C.

DESCRIPTION	AMOUNT
YARD MAINTENANCE	174.
ALARM	113.
PEST CONTROL	84.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	371.

FORM 6198 ALLOCATION OF ALLOWABLE LOSSES STATEMENT 11

LRS COMPANY

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	933.	.440509915	869.	869.	64.
SCHEDULE E C/O	1,185.	.559490085	1,104.	1,104.	81.
TOTALS	2,118.	1.000000000	1,973.	1,973.	145.

FORM 6251 PASSIVE ACTIVITIES STATEMENT 12

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	24,240.	24,234.	6.
LRS COMPANY	SCH E	-1,973.	-1,973.	
RENTAL PORTION OF RESIDENCE - WASHINGTON, D.C.	SCH E	7,121.	6,973.	148.
TOTAL TO FORM 6251, LINE 18				154.



FORM 6251

EXEMPTION WORKSHEET

STATEMENT 13

1	ENTER: \$42,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$62,550 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$31,275 IF MARRIED FILING SEPARATELY. . . . .		62,550.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28 . . . . .	196,428.	
3	ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$75,000 IF MARRIED FILING SEPARATELY . . . . .	150,000.	
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0- . . . . .	46,428.	
5	MULTIPLY LINE 4 BY 25% (.25). . . . .		11,607.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS FORM IS FOR A CHILD UNDER AGE 18, GO TO LINE 7 BELOW. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 . . . . .		50,943.
7	CHILD'S MINIMUM EXEMPTION AMOUNT. . . . .		
8	ENTER THE CHILD'S EARNED INCOME, IF ANY . . . . .		
9	ADD LINES 7 AND 8 . . . . .		
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30 . . . . .		

FORM 6251

INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS

STATEMENT 14

DESCRIPTION	AMOUNT
FIDELITY #	143.
TOTAL TO FORM 6251, LINE 11	143.