

<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**DON FITCH CPA**  
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 Palm Desert, CA 92260  
 Telephone number: (760)567-3110  
 Fax number: (760)836-0968  
 E-mail address: DonFitchCPA@paylesstax.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2003 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) . . . . .		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse. . . . .		
	Year spouse died, if qualifying widow(er) (2001 or 2002). . . . .		
Taxpayer	First name and initial . . . . .		
	Last name . . . . .		
	Title/suffix . . . . .		
	Social security number. . . . .		
	Occupation . . . . .		
	Date of birth (m/d/y) . . . . .		
	Date of death (m/d/y) . . . . .		
1=blind. . . . .			
Spouse	First name and initial . . . . .		
	Last name . . . . .		
	Title/suffix . . . . .		
	Social security number. . . . .		
	Occupation . . . . .		
	Date of birth (m/d/y) . . . . .		
	Date of death (m/d/y) . . . . .		
1=blind. . . . .			
Address	In care of. . . . .		
	Street address . . . . .		
	Apartment number. . . . .		
	City. . . . .		
	State. . . . .		
Foreign Address	ZIP code . . . . .		
	Region . . . . .		
	Postal code. . . . .		
	Country. . . . .		

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Client Information (continued)

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Please add, change or delete information for 2003.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....	
	Work phone.....	
	Work extension.....	
	Daytime phone (table).....	
	Mobile phone.....	
	Pager number.....	
	Fax number.....	
	E-mail address.....	
Spouse Contact Information	Home phone.....	
	Work phone.....	
	Work extension.....	
	Daytime phone (table).....	
	Mobile phone.....	
	Pager number.....	
	Fax number.....	
	E-mail address.....	

Daytime Phone

1 = Work  
2 = Home

Toll Free (877)CPA-Help

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<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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**Please add, change or delete information for 2003.**

**DEPENDENTS**

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

**Type of Dependent**

- 1 = Child at home (default)
- 2 = Child not at home
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

**Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled age 19 or older
- 4 = Force
- 5 = Suppress

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

	Dependent	Dependent
First name .....		
Last name .....		
Title/suffix .....		
Date of birth (m/d/y) .....		
Social security number .....		
Relationship .....		
Months lived at home .....		
Type of dependent (see table) .....		
Earned income credit (see table) .....		
Claimed by: 1=taxpayer, 2=spouse .....		

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2003, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>PERSONAL INFORMATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2003?
		<b>DEPENDENTS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2003?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 14 on January 1, 2004 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an advance payment of the child tax credit from the Internal Revenue Service?
<input type="checkbox"/>	<input type="checkbox"/>	Has the IRS sent you Form 8836, Qualifying Children Residency Statement, with a letter directing you to file it?
		<b>INCOME</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		<b>PURCHASES, SALES AND DEBT</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2003?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2004?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which had become uncollectible?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2003, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2002 taxes to your 2003 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2003 taxes, do you want the excess applied to your 2004 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2004 taxable income and withholdings to be generally the same as 2003?
<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss this return with the preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2003, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       | <b>MISCELLANEOUS (continued)</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$11,000, or any gifts to a trust?  |

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Please enter all pertinent 2003 information.

**DIRECT DEPOSIT OF REFUND (3)**

1=direct deposit of federal tax refund into bank account .....	18		
Name of bank .....	19		
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32) ..	20		
Depositor account number (up to 17 characters) .....	21		
Type of account: 1=savings, 2=checking .....	22		

**2003 ESTIMATED TAX (6)**

	Federal			State		
	Amount Paid	Date Paid	TS	Amount Paid	Date Paid	TS
Overpayment applied from 2002 .....	1			101		
1st quarter payment (due 4/15/03) .....	2	3		102	103	
2nd quarter payment (due 6/16/03) .....	4	5		104	105	
3rd quarter payment (due 9/15/03) .....	6	7		106	107	
4th quarter payment (due 1/15/04) .....	8	9		108	109	
Additional Estimated Tax Payments	38	39		138	139	
	40	41		140	141	
	42	43		142	143	
	44	45		144	145	
Paid with extension (not later than 4/15/04) ..	10	11		110	111	

**APPLICATION OF 2003 OVERPAYMENT (7.1)**

If you have an overpayment of 2003 taxes, do you want the excess refunded?  or applied to 2004 estimate?

Other (please explain): \_\_\_\_\_

\_\_\_\_\_

**2004 ESTIMATED TAX INFORMATION**

Do you expect your 2004 taxable income to be generally the same as 2003? ..... Yes  No

If "no" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

\_\_\_\_\_

Do you expect your 2004 withholding to be generally the same as 2003? ..... Yes  No

If "no" explain any differences: \_\_\_\_\_

\_\_\_\_\_

<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Wages &amp; Pensions</b>	<b>10, 13</b>
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Please enter all pertinent 2003 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2002 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
	800	1	2	3	4	6	8	14	18	

**PENSIONS, IRA DISTRIBUTIONS, W-2G (13)**

No.	Name of Payer	1=IRA/SEP/SIMPLE (Box 7) 2=W-2G		1=rollover (Box 7)	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/03	2002 Distribution
		1=spouse					Federal (Box 4)	State (Box 10)		
	800	1	2	13	3	4	6	9	34	





<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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**Please enter all pertinent 2003 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.**

**MISCELLANEOUS INCOME**

	2003 Amount		2002 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....	2	52		
Medicare premiums paid (SSA-1099).....	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5)....	3	53		
1=lump-sum election for SS benefits.....	12	62		
Alimony received.....	5	55		
Taxable scholarships and fellowships.....	8	58		
Household employee income not on W-2.....	9	59		
Excess minister's allowance.....	24	74		
Alaska permanent fund dividends.....	21	71		
Income from rental of personal property.....	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
<b>TAX WITHHELD</b> (not entered elsewhere)				
Federal income tax withheld.....	14	64		
State income tax withheld.....	15	65		

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please enter all pertinent 2003 amounts and attach all 1099-G forms.  
Last year's amounts are provided for your reference.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2003 Amount

2002 Amount

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2003 Overpayment repaid.....	3	
	State and local income tax refund, credit or offsets (Box 2)	4	
	Tax year for box 2 if not 2002 (Box 3)	5	
	Federal income tax withheld (Box 4).....	6	
	Taxable grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Agriculture payments:		
	Agriculture payments (Box 7).....	13	
	Number of farm.....	15	
1=box 2 is trade or business income (Box 8)	14		
State income tax withheld	11		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2003 Overpayment repaid.....	3	
	State and local income tax refund, credit or offsets (Box 2)	4	
	Tax year for box 2 if not 2002 (Box 3)	5	
	Federal income tax withheld (Box 4).....	6	
	Taxable grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Agriculture payments:		
	Agriculture payments (Box 7).....	13	
	Number of farm.....	15	
1=box 2 is trade or business income (Box 8)	14		
State income tax withheld	11		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2003 Overpayment repaid.....	3	
	State and local income tax refund, credit or offsets (Box 2)	4	
	Tax year for box 2 if not 2002 (Box 3)	5	
	Federal income tax withheld (Box 4).....	6	
	Taxable grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Agriculture payments:		
	Agriculture payments (Box 7).....	13	
	Number of farm.....	15	
1=box 2 is trade or business income (Box 8)	14		
State income tax withheld	11		

14.2

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Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2003 amounts and attach all 1099-Q forms.  
 Enter qualified education expenses below that are not entered elsewhere.  
 Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

2003 Amount

2002 Amount

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2003 contributions to this ESA.....	142	
	Value of this account at 12/31/03 (plus outstanding rollovers)....	144	
Basis in this ESA as of 12/31/02.....	165		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2003 contributions to this ESA.....	142	
	Value of this account at 12/31/03 (plus outstanding rollovers)....	144	
Basis in this ESA as of 12/31/02.....	165		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits) ..	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2003 contributions to this ESA.....	142	
	Value of this account at 12/31/03 (plus outstanding rollovers)....	144	
Basis in this ESA as of 12/31/02.....	165		

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Business Income (Schedule C)

No.

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Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession .....	800	
Principal business code .....	801	
Business name, if different from Form 1040 .....	802	
Business address, if different from Form 1040 .....	803	
City, state, ZIP code, if different from Form 1040 .....	804	
Employer identification number .....	805	
Other accounting method .....	806	

Accounting method: 1=cash, 2=accrual .....	7		
Inventory method: 1=cost, 2=lower c/m, 3=other .....	6		
1=change of inventory method .....	8		
1=spouse, 2=joint .....	10		
1=first Schedule C filed for this business .....	44		
1=W-2 earnings as statutory employee .....	13		
1=not subject to self-employment tax .....	39		
1=did not "materially participate" .....	22		
1=investment .....	37		

INCOME

	2003 Amount	2002 Amount
Gross receipts or sales (Form 1099-MISC, box 7) .....	51	
Returns and allowances .....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year .....	14	
Purchases .....	15	
Cost of items for personal use .....	16	
Cost of labor .....	17	
Materials and supplies .....	18	
Other costs:		
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
Inventory at end of the year .....	20	

**Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.**

**EXPENSES**

	2003 Amount	2002 Amount
Accounting .....	201	
Advertising .....	56	
Answering service .....	202	
Bad debts from sales or service .....	57	
Bank charges .....	203	
Car and truck expenses (not entered elsewhere) .....	59	
Commissions .....	60	
Contract labor .....	87	
Delivery and freight .....	204	
Dues and subscriptions .....	205	
Employee benefit programs .....	64	
Insurance (other than health) .....	66	
Mortgage interest (paid to banks, etc.) .....	12	
Other interest (not entered elsewhere) .....	67	
Janitorial .....	206	
Laundry and cleaning .....	207	
Legal and professional .....	69	
Miscellaneous .....	208	
Office expense .....	70	
Outside services .....	209	
Parking and tolls .....	210	
Pension and profit sharing plans - contributions .....	71	
Pension and profit sharing plans - admin. and education costs .....	53	
Postage .....	211	
Printing .....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere) .....	58	
Rent - other .....	72	
Repairs .....	73	
Security .....	213	
Supplies .....	74	
Taxes - real estate .....	45	
Taxes - payroll .....	41	
Taxes - sales tax included in gross receipts .....	43	
Taxes - other (not entered elsewhere) .....	75	
Telephone .....	214	
Tools .....	215	
Travel .....	76	
Total meals and entertainment in full (50%) .....	81	
Department of Transportation meals in full (65%) .....	86	
Uniforms .....	216	
Utilities .....	77	
Wages .....	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



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Installment Sales (Form 6252)

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Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

		2003 Amount		2002 Amount	
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			
	Post May 5, 2003 principal payments included above.....	385			
	Prior years' payments.....	37			
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			
	Post May 5, 2003 principal payments included above.....	385			
	Prior years' payments.....	37			
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			
	Post May 5, 2003 principal payments included above.....	385			
	Prior years' payments.....	37			
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			
	Post May 5, 2003 principal payments included above.....	385			
	Prior years' payments.....	37			
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			
	Post May 5, 2003 principal payments included above.....	385			
	Prior years' payments.....	37			
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			
	Post May 5, 2003 principal payments included above.....	385			
	Prior years' payments.....	37			



**If you sold your home or moved in 2003, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.**

**SALE OF HOME (17)**

Description of property (Box 3) .....	800	
Date acquired (m/d/y) .....	25	
Date sold (m/d/y) (Box 1) .....	26	
Sales price (Box 2) .....	27	
1=sale of home .....	46	
1=owned and used property as main home for at least 2 of 5 years before sale .....	145	
1=business use in year of sale .....	167	

**Adjusted Basis**

Original cost .....		
Improvements:		
_____		
_____		
_____		
Adjusted basis .....	29	

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

_____		
_____		
_____		
Total expenses of sale .....	28	

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
**a)** Did not meet the ownership and use tests \*, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	152	
1=sale due to change in health, employment or unforeseen circumstances .....	161	
Days used as main home - taxpayer .....	148	
Days used as main home - spouse .....	149	
Days property owned - taxpayer .....	150	
Days property owned - spouse .....	151	

**MOVING EXPENSES (27)** (If you moved because of a change in the location of your job)

1=spouse, 2=joint .....	1	
1=armed forces move due to permanent change of station .....	14	
Miles from old home to new work place .....	2	
Miles from old home to old work place .....	3	
Expenses for transportation and storage of household goods and personal effects .....	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile) .....	5	
Parking fees and tolls .....	15	
Gas and oil .....	16	
Miles driven to new home .....	17	

(\* owned and used property as main home for at least 2 of 5 years before sale)

<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <input style="width:30px;" type="text"/>	<b>18</b>
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**Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.**

**GENERAL INFORMATION**

Kind of property .....	800	
Location of property .....	801	

Percentage of ownership if not 100% (.xxxx) .....	500	
Percentage of tenant occupancy if not 100% (.xxxx) .....	503	
1=spouse, 2=joint .....	33	
1=nonpassive activity, 2=passive royalty .....	39	
1=did not actively participate .....	38	
1=real estate professional .....	32	
1=rental other than real estate .....	71	
1=investment .....	48	

**INCOME**

	2003 Amount	2002 Amount
Rents received (Form 1099-MISC, box 1) .....	2	
Royalties received (Form 1099-MISC, box 2) .....	3	

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising .....	4	
Association dues .....	16	
Auto and travel (not entered elsewhere) .....	5	
Cleaning and maintenance .....	6	
Commissions .....	7	
Gardening .....	18	
Insurance .....	8	
Legal and professional fees .....	10	
Licenses and permits .....	23	
Management fees .....	19	
Miscellaneous .....	24	
Mortgage interest (paid to banks, etc.) .....	9	
Other interest (not entered elsewhere) .....	29	
Painting and decorating .....	20	
Pest control .....	21	
Plumbing and electrical .....	17	
Repairs .....	11	
Supplies .....	12	
Taxes - real estate .....	13	
Taxes - other (not entered elsewhere) .....	25	
Telephone .....	22	
Utilities .....	14	
Wages and salaries .....	15	

Other:

	27	
_____	27	
_____	27	
_____	27	
_____	27	
_____	27	
_____	27	
_____	27	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.









<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	<b>20.3,20.4</b>
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Please add, change or delete 2003 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number
	800	801







Please enter all pertinent 2003 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2003 Amount		2002 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older) . . . . .	1	51		
Contributions made to date . . . . .	3	53		
1=covered by plan, 2=not covered . . . . .	5	55		
2003 payments from 1/1/04 to 4/15/04 . . . . .	8	58		

**ROTH IRA CONTRIBUTIONS**

Roth IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older) . . . . .	27	77		
Contributions made to date . . . . .	30	80		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	11	61		
Defined benefit contributions you expect to make . . . . .	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) . . . . .	12	62		
Plan contribution rate if not .25 (.xxxx) . . . . .	501	551		
Self-employed elective deferrals . . . . .	44	94		

**SIMPLE contributions:**

Self-employed SIMPLE contributions you made or expect to make (1=maximum) . . . . .	22	72		
Employer matching rate if not .03 (.xxxx) . . . . .	502	552		
1=nonelective contributions (2%) . . . . .	24	74		
Contributions made to date . . . . .	14	64		

**ADJUSTMENTS TO INCOME**

<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care) . . . . .	16	66		
Long-term care premiums . . . . .	26	76		
Student loan interest paid (1098-E, box 1) . . . . .	23	73		
Educator expenses (kindergarten thru grade 12) . . . . .	28	78		
Tuition and related expenses (accredited post secondary institutions) (1098-T, box 1) . . . . .	42	92		
Deduction for clean fuel vehicles . . . . .	43	93		
Expenses from rental of personal property . . . . .	37	87		
<b>Other adjustments to income:</b>				
_____	19	69		
_____	19	69		
_____	19	69		

**Alimony paid:**

	Taxpayer	Spouse
Recipient's first name . . . . .	39.____	89.____
Recipient's last name . . . . .	40.____	90.____
Recipient's SSN . . . . .	41.____	91.____
Amount paid . . . . .	18.____	68.____
	<b>2002 amt:</b>	<b>2002 amt:</b>

**Please enter all pertinent 2003 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2003 Amount	TS	2002 Amount
Prescription medicines and drugs .....	4		
Doctors, dentists and nurses .....	5		
Hospitals and nursing homes .....	6		
Insurance premiums (excluding long-term care and amounts paid with pre-tax dollars) .....	7		
Long-term care premiums .....	17		
Insurance reimbursement (enter as a positive number) .....	8		
Lodging and transportation:			
Out-of-pocket expenses .....	9		
Number of medical miles .....	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

**TAXES PAID** (State and local withholding and 2003 estimates are automatic.)

State and local income taxes - 1/01 payment on 2002 state estimate .....	11		
State and local income taxes - paid with 2002 state extension .....	12		
State and local income taxes - paid with 2002 state return .....	13		
State and local income taxes - paid for prior years and/or to other state .....	14		
Real estate taxes - principal residence .....	15		
Real estate taxes - property held for investment .....	16		
Personal property taxes (including automobile fees) .....	18		
Foreign income taxes .....	19		
Other taxes:			
_____	20		
_____	20		

**INTEREST PAID**

Home mortgage interest (Box 1) and points (Box 2) reported on Form 1098:

_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name .....	85.____		
Payee's SSN or FEIN. . .	86.____		
Payee's street address. .	87.____		
Payee's city, state, ZIP .	88.____		
Amount paid .....	22.____		

Points not reported on Form 1098:

_____	23		
_____	23		

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive interest .....

27		
----	--	--

Certain home mortgage interest included above (6251) .....

30		
----	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

2003

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

CASH CONTRIBUTIONS

50% Limitation (churches, schools, hospitals, and other charitable organizations):

Contributions by cash or check:

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows include 32, 31, 53.

30% limitation (veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations):

Contributions by cash or check:

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows include 41, 40, 54.

NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash contributions are over \$500)

50% limitation (see above):

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows include 33.

30% limitation (see above):

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows include 34.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows include 35.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows include 36.

25 p2

2003

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US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2003 Amount

TS

2002 Amount

Union and professional dues 42

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows 43-48.

Investment expense:

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows 44-49.

Tax return preparation fee 45

Safe deposit box rental 46

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows 47-52.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings 48

Estate tax, section 691(c) 49

Other miscellaneous deductions:

Table with 4 columns: Description, 2003 Amount, TS, 2002 Amount. Rows 50-55.

25 p3

**If your total noncash contributions are in excess of \$500 in 2003,  
please complete the information below for each donee.**

**DONATED PROPERTY INFORMATION**

<b>No.</b> <input style="width:40px; height:15px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

<b>No.</b> <input style="width:40px; height:15px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

<b>No.</b> <input style="width:40px; height:15px;" type="text"/>	Name of charitable organization (donee) .....	800	
	Street address .....	801	
	City, state, ZIP code .....	802	
	1=spouse, 2=joint .....	1	
	Property description .....	803	
	Date of contribution (m/d/y) * .....	5	
	Date acquired by donor (m/y) * .....	6	
	How acquired by donor (Table 1 or describe) .....	804	
	Donor's cost or basis .....	7	
	Fair market value .....	8	
Method used to determine FMV (Table 2 or describe) .....	805		

<b>1</b>	<b>How Property was Acquired</b>
	1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange

<b>2</b>	<b>Method Used to Determine FMV</b>
	1 = Appraisal 2 = Thrift shop value 3 = Catalog 4 = Comparable sales For other methods, see IRS Pub. 561.

2003

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US

Business Use of Home (Form 8829)

No.

29

Please enter 2003 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

Table with 3 columns: Description, 2003 Amount, 2002 Amount. Rows include Form, Number of form, Business use area, Total area of home, Total hours facility used, Total hours available, % of gross income, % of expenses.

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Table with 3 columns: Description, 2003 Amount, 2002 Amount. Rows include Mortgage interest, Real estate taxes, Casualty losses, Insurance, Miscellaneous, Rent, Repairs and maintenance, Utilities, Excess mortgage interest, Other indirect expenses.

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Table with 3 columns: Description, 2003 Amount, 2002 Amount. Rows include Mortgage interest, Real estate taxes, Casualty losses, Insurance, Miscellaneous, Rent, Repairs and maintenance, Utilities, Excess mortgage interest, Excess casualty losses, Allowable casualty losses, Other direct expenses.

<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Vehicle/Employee Bus. Exp. (Form 2106)</b>	No. <input style="width:40px;" type="text"/>	<b>30</b>
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Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....	800	
Form.....	13	
Number of form (1=first Schedule C, 2=second, etc.).....	14	
1=spouse.....	1	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	8	

**EMPLOYEE BUSINESS EXPENSES**

	2003 Amount	2002 Amount
Meal and entertainment expenses.....	44	
Reimbursements for meals and entertainment not on W-2, box 1.....	45	
1=Department of Transportation (65% meal allowance).....	50	
Local transportation (bus, taxi, train, etc.).....	7	
Travel expenses while away from home overnight.....	9	
Reimbursements not included on Form W-2, box 1.....	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	

**VEHICLE INFORMATION**

1=vehicle used primarily by more than 5% owner.....	11	
1=vehicle is available for off-duty personal use.....	4	
1=no other vehicle is available for personal use.....	2	
1=no evidence to support your deduction.....	5	
1=no written evidence to support your deduction.....	6	
Number of months your job required a vehicle (if not 12 months).....	80	

**VEHICLE 1**

Description of vehicle.....	801	
Date placed in service (m/d/y).....	15	
Total mileage.....	16	
Business mileage.....	17	
Commuting mileage.....	19	
Average daily round-trip commute.....	18	
Parking fees and tolls (business portion only).....	70	
1=force actual expenses, 2=force standard mileage rate.....	21	
Actual expenses:		
Gasoline, lube, oil.....	51	
Repairs.....	52	
Tires.....	53	
Insurance.....	54	
Miscellaneous.....	22	
Auto license (other than personal property taxes).....	55	
Personal property taxes (based on car's value).....	56	
Interest (car loan) (for Schedule C, E & F).....	57	
Vehicle rent or lease payments.....	23	
Inclusion amount (enter as positive).....	20	
Value of employer-provided vehicle on Form W-2 (2106).....	24	



2003

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2003 amounts. Last year's amounts are provided for your reference.

**VEHICLE 2**

	2003 Amount	2002 Amount
Description of vehicle .....	802	
Date placed in service (m/d/y) .....	29	
Total mileage .....	30	
Business mileage .....	31	
Commuting mileage .....	33	
Average daily round-trip commute .....	32	
Parking fees and tolls (business portion only) .....	71	
1=force actual expenses, 2=force standard mileage rate .....	35	
Actual expenses:		
Gasoline, lube, oil .....	61	
Repairs .....	62	
Tires .....	63	
Insurance .....	64	
Miscellaneous .....	36	
Auto license (other than personal property taxes) .....	65	
Personal property taxes (based on car's value) .....	66	
Interest (car loan) (for Schedule C, E and F) .....	67	
Vehicle rent or lease payments .....	37	
Inclusion amount (enter as positive) .....	34	
Value of employer-provided vehicle on Form W-2 (2106) .....	38	

Toll Free (877) CPA-Help

30 p2

2003

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US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2003 information.

**GENERAL INFORMATION**

1=spouse.....	10		
Foreign address of taxpayer, if different from Form 1040.....	800		
Employer's name.....	801		
Employer's U.S. address.....	802		
Employer's foreign address.....	803		
Employer type: <small>1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other</small>	5		
Employer type, if other.....	804		
Enter last year (after '81) Form 2555 was filed.....	805		
1=revoked choice of earlier exclusion claimed.....	8		
Type of exclusion revoked.....	806		
Tax year revocation was effective (m/y).....	58		
Country of citizenship.....	807		
1=maintain separate residence due to adverse living conditions.....	11		
City and country of separate foreign residence.....	808		
Number of days during tax year at separate foreign address.....	30		
Tax home(s) during tax year.....	809		
Dates tax home(s) were established (m/d/y).....	31		

**BONA FIDE RESIDENCE TEST**

Beginning date for bona fide residence (m/d/y).....	15		
Ending date for bona fide residence (m/d/y).....	16		
Living quarters in foreign country: <small>1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer</small>	17		
1=part of family lived abroad with taxpayer during year.....	18		
Names of family living abroad.....	810		
Period family lived abroad.....	32		
1=submitted statement to country of bona fide residence.....	20		
1=required to pay income tax to country of bona fide residence.....	21		
Contractual terms relating to length of employment abroad.....	811		
Type of visa you entered foreign country under.....	812		
1=visa limited length of stay or employment in country.....	24		
Explanation why visa limited stay in country.....	813		
1=maintained a home in U.S. while living abroad.....	26		
Address of home in U.S. ....	814		
1=U.S. home rented.....	33		
Names of occupants in U.S. home.....	34		
Relationship of occupants in U.S. home.....	35		

**PHYSICAL PRESENCE TEST**

Physical presence test beginning date (m/d/y).....	28		
Physical presence test ending date (m/d/y).....	29		
Principal country of employment.....	815		

**FOREIGN HOUSING EXPENSES**

	2003 Amount	2002 Amount
Qualified housing expenses.....	53	

31.1

<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Foreign Income Exclusion (2555)</b>	<b>31.2,31.3</b>
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Please enter all pertinent 2003 information.

**DAYS PRESENT IN U.S. OR U.S. POSSESSIONS DURING TAX YEAR (31.2)**

**Bona Fide Residence Travel**

No.	1=spouse	Date Arrived in U.S. (m/d/y)	Date Left U.S. (m/d/y)	Number of Days in U.S. on Business
		57	58	59

**TRAVEL ABROAD FOR PHYSICAL PRESENCE TEST (31.3)**

**Physical Presence Test Travel**

No.	Name of Country (including U.S.)	1=travel to U.S. 2=restricted country		Date Arrived (m/d/y)	Date Left (m/d/y)	Number of Days in U.S. on Business
		1=spouse				
	816	66	99	67	68	70

**31.2,31.3**

2003

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.4

Please enter all pertinent 2003 amounts and attach all W-2 forms, or other wage statements. Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

**FOREIGN WAGES, SALARIES, TIPS**

	2003 Amount	2002 Amount
1=spouse .....	178	
1=retirement plan (Box 13) .....	2	
1=income earned in a prior year .....	187	
Name of employer (Box c) .....	818	
Wages, tips, other compensation (Box 1) .....	179	
Federal income tax withheld (Box 2) .....	180	
Social security tax withheld (Box 4) .....	182	
Medicare tax withheld (Box 6) .....	184	
State income tax withheld (Box 17) .....	185	
Local income tax withheld (Box 19) .....	186	

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

Home (lodging) .....	135	
Meals .....	136	
Car .....	137	
Other properties or facilities:		
38.____	138.____	
38.____	138.____	
38.____	138.____	
38.____	138.____	

**Allowances and Reimbursements**

Cost of living and overseas differential .....	139	
Family .....	140	
Education .....	141	
Home leave .....	142	
Quarters .....	143	
Other purposes:		
44.____	144.____	
44.____	144.____	
44.____	144.____	
44.____	144.____	

Meals and lodging provided for the convenience of the Employer (excludable under section 119) .....	145	
---	-----	--

**Other Foreign Earned Income**

32.____	132.____	
32.____	132.____	
32.____	132.____	
32.____	132.____	

**2003 Days Worked Allocation Information**

Total number of days worked (if not 240) .....	131	
Total days worked before and after foreign assignment .....	155	
Foreign days worked before and after foreign assignment .....	156	

31.4

2003

1040

US

**Child and Dependent Care Expenses (Form 2441)**

**33.1,33.2**

Please enter all pertinent 2003 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2003 Amount		2002 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2003 . . .	3	53		
Employer-provided benefits forfeited in 2003 . . . . .	6	56		

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2003 . . . . .	20	2002 amt:
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

No. <input type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2003 . . . . .	20	2002 amt:
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

No. <input type="text"/>	First name . . . . .	17	
	Last name . . . . .	18	
	Date of birth (m/d/y) . . . . .	22	
	Social security number . . . . .	19	
	Qualified dependent care expenses incurred and paid in 2003 . . . . .	20	2002 amt:
	1=disabled . . . . .	23	
	1=spouse, 2=joint . . . . .	21	

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input type="text"/>	Name of provider . . . . .	10	
	Street address . . . . .	11	
	City, state, ZIP code . . . . .	12	
	Identification number (SSN or EIN) . . . . .	13	
	Amount paid to care provider in 2003 . . . . .	14	2002 amt:
	1=spouse, 2=joint . . . . .	15	

No. <input type="text"/>	Name of provider . . . . .	10	
	Street address . . . . .	11	
	City, state, ZIP code . . . . .	12	
	Identification number (SSN or EIN) . . . . .	13	
	Amount paid to care provider in 2003 . . . . .	14	2002 amt:
	1=spouse, 2=joint . . . . .	15	

**33.1,33.2**

2003

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US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2003 Amount

2002 Amount

		2003 Amount	2002 Amount	
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1985 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption of foreign child was not final in 2003.....	22		
	Qualified Adoption Expenses Paid in *	2002 for adoption not finalized by end of 2003.....	23	
		2002 (or after '96 for foreign child) for adoption finalized in 2003.....	26	
		2002 and 2003 for adoption finalized in 2003.....	20	
		2003 for adoption finalized before 2003.....	24	
1=spouse, 2=joint.....	21			
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1985 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption of foreign child was not final in 2003.....	22		
	Qualified Adoption Expenses Paid in *	2002 for adoption not finalized by end of 2003.....	23	
		2002 (or after '96 for foreign child) for adoption finalized in 2003.....	26	
		2002 and 2003 for adoption finalized in 2003.....	20	
		2003 for adoption finalized before 2003.....	24	
1=spouse, 2=joint.....	21			
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1985 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption of foreign child was not final in 2003.....	22		
	Qualified Adoption Expenses Paid in *	2002 for adoption not finalized by end of 2003.....	23	
		2002 (or after '96 for foreign child) for adoption finalized in 2003.....	26	
		2002 and 2003 for adoption finalized in 2003.....	20	
		2003 for adoption finalized before 2003.....	24	
1=spouse, 2=joint.....	21			

37

2003

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US

Education Credits (Form 8863)

38

Please complete the information below if you paid qualified education expenses in 2003 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS**

		2003 Amount		2002 Amount	
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2003 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2003 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2003 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2003 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2003 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=hope credit, 2=lifetime learning credit .....		15		
	Qualified tuition and fees paid in 2003 (net of refund or assistance and not entered elsewhere) .....		16		
	Amount of prior year refund or assistance* .....		20		

\*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2003 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

If you paid any one household employee cash wages of \$1,400 or more in 2003; withheld federal income tax during 2003 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 to household employees, please complete the following:

Employer identification number .....	1	
1=spouse, 2=joint .....	2	

	2003 Amount	2002 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$1,400 or more .....	4	
1=withheld federal income tax for household employee .....	5	
Total cash wages subject to social security taxes .....	6	
Total cash wages subject to Medicare taxes .....	7	
Federal income tax withheld .....	8	
Advance earned income credit payments .....	9	
Taxes withheld from state disability payments .....	33	

	2003 Amount	2002 Amount
Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2002 or 2003 .....	10	
Total cash wages subject to FUTA tax .....	11	
1=paid unemployment contributions to only one state .....	12	
1=paid all state unemployment contributions by 4/15/04 .....	13	
1=all wages taxable for FUTA were also taxable for state unemployment .....	14	
Name of state .....	15	
State reporting number .....	16	
Contributions paid to state unemployment fund .....	17	

Toll Free (877) CPA-Help



<b>2003</b>	<b>1040</b>	<b>US</b>	<b>Parent's Election to Report Child's Inc.</b>	No. <input style="width:30px;" type="text"/>	<b>44</b>
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**Please enter all pertinent 2003 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.**

**CHILD'S INFORMATION**

First name .....	800	
Last name .....	803	
Social security number .....	801	
Date of birth (m/d/y) .....	26	
1=nontaxable to federal .....	19	
1=nontaxable to state .....	18	

**INTEREST INCOME (Form 1099-INT)**

	2003 Amount	2002 Amount
Banks, credit unions, etc. (Box 1):		
_____	3	
_____	3	
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		
_____	17	
_____	17	
Tax-exempt interest:		
Total municipal bonds .....	16	
In-state municipal bonds .....	4	
Adjustments:		
Nominee distribution .....	5	
Accrued interest .....	6	
Tax-exempt interest (1099-INT in error) .....	22	
OID adjustment .....	7	
ABP adjustment .....	8	
Foreign:		
1=interest in or authority over foreign account .....	9	
Name of foreign country .....	802	
1=grantor/transferee or received distribution from foreign trust .....	10	
Post 8/7/86 private activity bond interest (included above) (6251) .....	20	

**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a):		
_____	11	
_____	11	
Qualified dividends (Box 1b) .....	29	
Total capital gain distributions (Box 2a):		
_____	13	
_____	13	
Post-May 5 capital gain distributions (Box 2b) .....	30	
Qualified 5-year gain (Box 2c) .....	28	
Unrecaptured section 1250 gain (Box 2d) .....	24	
Section 1202 gain (Box 2e) .....	2	
Collectibles (28%) gain (Box 2f) .....	23	
Nontaxable distributions (Box 3) .....	12	
Tax-exempt interest:		
Total municipal bonds .....	15	
In-state municipal bonds .....	21	
Nominee distributions:		
Ordinary dividends .....	14	
Capital gain distributions .....	25	
Alaska permanent fund dividends included above	27	

