

2002	1040	US	Topical Index
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TOPIC	FORM
Adoption expenses.....	37
Alimony paid.....	24
Alimony received.....	14.1
Business income and expenses.....	16
Business use of home.....	29
Capital gains/losses.....	17
Charitable contributions.....	25 p2 & 26
Child and dependent care expenses.....	33.1, 33.2
Children's interest/dividend income.....	44
Client information.....	1
Dependents.....	2
Direct deposit of refund.....	3, 6
Dividend income.....	11, 12
Education expenses.....	38
Education Savings Accounts.....	14.2, 14.3
Educator expenses.....	24
Employee business expenses.....	30
Estate information.....	20.3, 20.4
Estate tax.....	25 p3
Estimated taxes.....	3, 6
Farm income and expenses.....	19
Foreign information.....	31.1 & 31.2, 31.3
Foreign wages and other income.....	31.4
Gambling income.....	10, 13
Gambling losses.....	25 p3
Health insurance premiums (self-employed).....	24
Household employment taxes.....	42
Installment sales.....	17 p2
Intangibles (KY, FL only).....	54
Interest income.....	11, 12
Interest paid.....	25

TOPIC	FORM
Investment expense.....	25 p3
Investment interest expense.....	25
IRA contributions.....	24
IRA distributions.....	10, 13
Medical and dental expenses.....	25
Miscellaneous income.....	14.1
Miscellaneous itemized deductions.....	25 p3
Mortgage interest expense.....	25
Moving expenses.....	17, 27
Partnership information.....	20.1, 20.2
Pension distributions.....	10, 13
Purchase of business assets.....	22 p2
Qualified Plan (Keogh) contributions.....	24
Railroad retirement benefits.....	14.1
REMIC information.....	20.3, 20.4
Rental & royalty income & expenses.....	18
S corporation information.....	20.1, 20.2
Sale of business assets.....	22
Sale of home.....	17, 27
Sale of stocks and bonds.....	17
SEP contributions.....	24
SIMPLE contributions.....	24
Social security benefits received.....	14.1
Student loan interest paid.....	24
Taxes paid.....	25
Tax return preparation fee.....	25 p3
Trust information.....	20.3, 20.4
Unemployment compensation.....	14.2, 14.3
Vacation home.....	18, 18 p2
Vehicle information.....	30
Wages, salaries, tips.....	10, 13

2002	1040	US	Client Information	1
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Jennifer A. Jones, CPA, Ltd.
 10615 Judicial Drive Suite 701
 Fairfax, VA 22030
 (703) 352-1587

Tax Return Appointment

Date:
Time:

This tax organizer will assist you in gathering information necessary for the preparation of your 2002 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION (1)

Filing Status	Filing status (table) 1=married filing separate and lived with spouse. Year spouse died, if qualifying widow(er) (2000 or 2001).....		<p style="text-align:center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> <p style="text-align:center;">Daytime Phone</p> <p>1 = Work 2 = Home</p>
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	Region		
	Postal code		
	Country		
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			

2002	1040	US	Client Information (continued) & Dependents	1, 2
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Please add, change or delete information for 2002.

CLIENT INFORMATION (1)

Misc.	Preparer number		
	Designee number, if different		
	Staff preparer number		
	State return		

DEPENDENTS (2)

	Dependent	Dependent	
First name			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
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	Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress
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			
	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			

2002

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2002, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<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 2002?
<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENTS
<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 2002?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 14 on January 1, 2003 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500?
<input type="checkbox"/>	<input type="checkbox"/>	INCOME
<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?
<input type="checkbox"/>	<input type="checkbox"/>	PURCHASES, SALES AND DEBT
<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?
<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?
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<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?

2002**1040****US****Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2002, please check the appropriate box and provide additional information if necessary.

YES**NO****EDUCATION**

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
- Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12?

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

- Did you apply an overpayment of 2001 taxes to your 2002 estimated tax (instead of being refunded)?
- If you have an overpayment of 2002 taxes, do you want the excess applied to your 2003 estimated tax (instead of being refunded)?
- Do you expect your 2003 taxable income and withholdings to be generally the same as 2002?

MISCELLANEOUS

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss this return with the preparer?
- 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?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
- Was your home rented out or used for business?
- 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?
- Did you incur moving expenses due to a change of employment?
- Did you engage the services of any household employees?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual that total more than \$11,000, or any gifts to a trust?

2002	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6
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Please enter all pertinent 2002 information.

DIRECT DEPOSIT OF REFUND (3)

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

2002 ESTIMATED TAX (6)

	Federal			State		
	Amount Paid	Date Paid	TS	Amount Paid	Date Paid	TS
1st quarter payment (due 4/15/02)						
2nd quarter payment (due 6/17/02)						
3rd quarter payment (due 9/16/02)						
4th quarter payment (due 1/15/03)						
Additional Estimated Tax Payments						
Paid with extension (not later than 4/15/03) ..						

	Hash Total	3, 6
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2002	1040	US	Wages & Pensions	10, 13
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Please enter all pertinent 2002 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					2001 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

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

No.	Name of Payer	1=IRA/SEP/SIMPLE (Box 7) 2=W-2G		1=rollover (Box 7)	Taxable Amount (Box 2a)	Tax Withheld			2001 Distribution
		1=spouse		Gross Distribution (Box 1)		Federal (Box 4)	State (Box 10)	Local (Box 13)	

2002	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2002 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2001 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income				Tax-Exempt Interest	Foreign Tax Paid (Box 6)	2001 Dividends
			Ordinary Dividends (Box 1)	Capital Gain Distributions (Box 2a)	Qualified 5-Year Gain (Box 2c)	U.S. Bonds (% or amt.)	Total Municipal Bonds		

2002

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2002 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2002 Amount		2001 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)....				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Household employee income not on W-2.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD

Federal income tax withheld.....				
State income tax withheld.....				

14.1

2002	1040	US	Unemployment Compensation and ESAs	14.2,14.3
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**Please enter all pertinent 2002 amounts and attach all 1099-G and 1099-R forms.
Last year's amounts are provided for your reference.**

UNEMPLOYMENT COMPENSATION (Form 1099-G) (14.2)

2002 Amount

2001 Amount

No. <input style="width:30px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation (Box 1)		
	2002 overpayment repaid		
	Federal income tax withheld (Box 4)		

No. <input style="width:30px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation (Box 1)		
	2002 overpayment repaid		
	Federal income tax withheld (Box 4)		

No. <input style="width:30px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation (Box 1)		
	2002 overpayment repaid		
	Federal income tax withheld (Box 4)		

EDUCATION SAVINGS ACCOUNTS (Form 1099-R) (14.3)

2002 Amount

2001 Amount

No. <input style="width:30px;" type="text"/>	Name of payer		
	1=spouse		
	1=Education Savings Account		
	Gross distribution (Box 1)		
	2002 contributions to this ESA		
	Qualified education expenses (elementary, secondary, postsecondary)		

No. <input style="width:30px;" type="text"/>	Name of payer		
	1=spouse		
	1=Education Savings Account		
	Gross distribution (Box 1)		
	2002 contributions to this ESA		
	Qualified education expenses (elementary, secondary, postsecondary)		

No. <input style="width:30px;" type="text"/>	Name of payer		
	1=spouse		
	1=Education Savings Account		
	Gross distribution (Box 1)		
	2002 contributions to this ESA		
	Qualified education expenses (elementary, secondary, postsecondary)		

14.2,14.3

2002

1040

US

Business Income (Schedule C)

No.

16

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession . . .	
Principal business code	
Business name	
Business address	
Business city, state, ZIP code . . .	
Employer identification number . . .	
Other accounting method	

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

INCOME

	2002 Amount	2001 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

2002

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2002 Amount	2001 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other business property		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (65%)		
Uniforms		
Utilities		
Wages		
Other expenses:		

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

2002

1040

US

Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

2002 Amount

2001 Amount

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

17 p2

2002

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2002, 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)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=business use in year of sale.

Adjusted Basis

Original cost
Improvements:
Adjusted basis

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

Total expenses of sale.

Reduced Exclusion

Please complete the following information if due to a change in health or place of employment, 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)
1=sale due to change in health or employment
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse.

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

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

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

17, 27

2002

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	<input type="text"/>
Location of property	<input type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=nonpassive activity, 2=passive royalty	<input type="text"/>	
1=did not actively participate	<input type="text"/>	
1=real estate professional	<input type="text"/>	
1=rental other than real estate	<input type="text"/>	
1=investment	<input type="text"/>	

INCOME

	2002 Amount	2001 Amount
Rents received (Form 1099-MISC, box 1)	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

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

Advertising	<input type="text"/>	<input type="text"/>
Association dues	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Cleaning and maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal and professional fees	<input type="text"/>	<input type="text"/>
Licenses and permits	<input type="text"/>	<input type="text"/>
Management fees	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.)	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Painting and decorating	<input type="text"/>	<input type="text"/>
Pest control	<input type="text"/>	<input type="text"/>
Plumbing and electrical	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Taxes - real estate	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Wages and salaries	<input type="text"/>	<input type="text"/>

Other:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

18

2002

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2002 Amount	2001 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

2002

1040

US

Farm Income (Sch. F/Form 4835) (cont.)

No.

19 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

FARM EXPENSES

	2002 Amount	2001 Amount
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Other expenses:		

PREPRODUCTIVE PERIOD EXPENSES (also enter above)

Capitalized preproductive period expenses	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

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

2002	1040	US	Partnership and S corporation Information	20.1,20.2
-------------	-------------	-----------	--	------------------

Please add, change or delete 2002 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number (Line G)

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number (Line C)

20.1,20.2

2002	1040	US	Estate or Trust and REMIC Information	20.3,20.4
-------------	-------------	-----------	--	------------------

Please add, change or delete 2002 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

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

Please enter all pertinent 2002 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2002 Amount		2001 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2002 payments from 1/1/03 to 4/15/03				

ROTH IRA CONTRIBUTIONS

	2002 Amount	2001 Amount
Roth IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older)		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2002 Amount	2001 Amount
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)		
Defined benefit contributions you expect to make		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)		
Plan contribution rate if not .25 (.xxxx)		
SIMPLE contributions:		
Self-employed SIMPLE contributions you made or expect to make (1=maximum)		
Employer matching rate if not .03 (.xxxx)		
1=nonelective contributions (2%)		
Contributions made to date		

ADJUSTMENTS TO INCOME

	2002 Amount	2001 Amount
Self-employed health insurance:		
Total premiums (excluding long-term care)		
Long-term care premiums		
Student loan interest paid (1098-E, box 1)		
Educator expenses (kindergarten thru grade 12)		
Tuition and related expenses (accredited post secondary institutions)		
Expenses from rental of personal property		
Other adjustments to income:		

	Taxpayer	Spouse
Alimony paid:		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2001 amt:	2001 amt:

2002

1040

US

Itemized Deductions

25

Please enter all pertinent 2002 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.

Table with 3 columns: Description, 2002 Amount, 2001 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Number of medical miles, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2002 estimates are automatic.)

Table with 3 columns: Description, 2002 Amount, 2001 Amount. Rows include State and local income taxes, Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

INTEREST PAID

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

Table with 3 columns: Description, 2002 Amount, 2001 Amount. Row for Home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for Payee's name, SSN or FEIN, street address, and city, state, ZIP.

Points not reported on Form 1098:

Table with 3 columns: Description, 2002 Amount, 2001 Amount. Row for Points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2002 Amount, 2001 Amount. Row for Investment interest.

Passive interest

Certain home mortgage interest included above (6251)

Table with 3 columns: Description, 2002 Amount, 2001 Amount. Rows for Passive interest and Certain home mortgage interest.

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.

25

2002

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2002 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:

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for contributions and volunteer expenses/miles.

Volunteer expenses (out-of-pocket)
Number of charitable miles

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

Contributions by cash or check:

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for contributions and volunteer expenses/miles.

Volunteer expenses (out-of-pocket)
Number of charitable miles

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

50% limitation (see above):

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for noncash contributions.

30% limitation (see above):

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for noncash contributions.

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

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for noncash contributions.

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

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for noncash contributions.

25 p2

2002

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2002 Amount

TS

2001 Amount

Union and professional dues.

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

Four horizontal lines for entering 2002 amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. 4 rows.

Investment expense:

Four horizontal lines for entering 2002 amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. 4 rows.

Tax return preparation fee.

Safe deposit box rental.

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

Four horizontal lines for entering 2002 amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. 4 rows.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings.

Estate tax, section 691(c)

Other miscellaneous deductions:

Four horizontal lines for entering 2002 amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. 4 rows.

25 p3

**If your total noncash contributions are in excess of \$500 in 2002,
please complete the information below for each donee.**

DONATED PROPERTY INFORMATION

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

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

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

1	How Property was Acquired
	1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange

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

2002

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2002 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2002 Amount	2001 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

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.

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.

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:		

2002	1040	US	Vehicle/Employee Bus. Exp. (Form 2106)	No. <input style="width:30px;" type="text"/>	30
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Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....	<input style="width:100%;" type="text"/>	
Form.....		
Number of form (1=first Schedule C, 2=second, etc.).....		
1=spouse.....		
1=performance artist, 2=handicapped, 3=fee-basis government official.....		

EMPLOYEE BUSINESS EXPENSES

	2002 Amount	2001 Amount
Meal and entertainment expenses.....		
1=Department of Transportation (65% meal allowance).....		
Local transportation (bus, taxi, train, etc.).....		
Travel expenses while away from home overnight.....		
Other business expenses:		

VEHICLE INFORMATION

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

VEHICLE 1

Description of vehicle.....	<input style="width:100%;" type="text"/>	
Date placed in service (m/d/y).....		
Total mileage.....		
Business mileage.....		
Commuting mileage.....		
Average daily round-trip commute.....		
Parking fees and tolls (business portion only).....		
1=force actual expenses, 2=force standard mileage rate.....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2.....		

2002

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

VEHICLE 2

	2002 Amount	2001 Amount
Description of vehicle	<input type="text"/>	
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		
Parking fees and tolls (business portion only)		
1=force actual expenses, 2=force standard mileage rate		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2		

30 p2

2002

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2002 information.

GENERAL INFORMATION

1=spouse.....		
Foreign address of taxpayer, if different from Form 1040.....		
Employer's name.....		
Employer's U.S. address.....		
Employer's foreign address.....		
Employer type: <small>1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other</small>		
Employer type, if other.....		
Enter last year (after '81) Form 2555 was filed.....		
1=revoked choice of earlier exclusion claimed.....		
Type of exclusion revoked.....		
Tax year revocation was effective (m/y).....		
Country of citizenship.....		
1=maintain separate residence due to adverse living conditions.....		
City and country of separate foreign residence.....		
Number of days during tax year at separate foreign address.....		
Tax home(s) during tax year.....		
Dates tax home(s) were established (m/d/y).....		
1=automatic two-month extension (taxpayer resides outside country).....		

BONA FIDE RESIDENCE TEST

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

PHYSICAL PRESENCE TEST

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

FOREIGN HOUSING EXPENSES

	2002 Amount	2001 Amount
Qualified housing expenses.....		

31.1

2002	1040	US	Foreign Income Exclusion (2555)	31.2,31.3
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Please enter all pertinent 2002 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

TRAVEL ABROAD FOR PHYSICAL PRESENCE TEST (31.3)

Physical Presence Test Travel

No.	1=spouse	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

31.2,31.3

2002

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.4

Please enter all pertinent 2002 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

	2002 Amount	2001 Amount
1=spouse		
1=retirement plan (Box 13)		
1=income earned in a prior year		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
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Other Foreign Earned Income

2002 Days Worked Allocation Information

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

31.4

2002	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2002 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)	2002 Amount		2001 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2002 . . .				
Employer-provided benefits forfeited in 2002				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2002		2001 amt:	
	1=disabled			
	1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2002		2001 amt:	
	1=disabled			
	1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2002		2001 amt:	
	1=disabled			
	1=spouse, 2=joint			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider			
	Street address			
	City, state, ZIP code			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2002		2001 amt:	
	1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	Name of provider			
	Street address			
	City, state, ZIP code			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2002		2001 amt:	
	1=spouse, 2=joint			

2002

1040

US

Qualified Adoption Expenses (Form 8839)

37

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

ELIGIBLE CHILDREN

2002 Amount

2001 Amount

		2002 Amount	2001 Amount
No. <input type="text"/>	First name.....		
	Last name.....		
	Identification number.....		
	Date of birth (m/d/y).....		
	1=born before 1984 and was disabled.....		
	1=special needs child.....		
	1=foreign child.....		
	1=adoption of foreign child was not final in 2002.....		
	Qualified Adoption Expenses Paid in * 2001 for adoption not finalized by end of 2002.....		
	2001 and 2002 for adoption finalized in 2002.....		
2002 for adoption finalized before 2002.....			
1=spouse, 2=joint.....			
No. <input type="text"/>	First name.....		
	Last name.....		
	Identification number.....		
	Date of birth (m/d/y).....		
	1=born before 1984 and was disabled.....		
	1=special needs child.....		
	1=foreign child.....		
	1=adoption of foreign child was not final in 2002.....		
	Qualified Adoption Expenses Paid in * 2001 for adoption not finalized by end of 2002.....		
	2001 and 2002 for adoption finalized in 2002.....		
2002 for adoption finalized before 2002.....			
1=spouse, 2=joint.....			
No. <input type="text"/>	First name.....		
	Last name.....		
	Identification number.....		
	Date of birth (m/d/y).....		
	1=born before 1984 and was disabled.....		
	1=special needs child.....		
	1=foreign child.....		
	1=adoption of foreign child was not final in 2002.....		
	Qualified Adoption Expenses Paid in * 2001 for adoption not finalized by end of 2002.....		
	2001 and 2002 for adoption finalized in 2002.....		
2002 for adoption finalized before 2002.....			
1=spouse, 2=joint.....			

37

2002

1040

US

Education Credits (Form 8863)

38

Please complete the information below if you paid qualified education expenses in 2002 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

			2002 Amount	2001 Amount
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..				
Amount of prior year refund or assistance*				
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..				
Amount of prior year refund or assistance*				
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..				
Amount of prior year refund or assistance*				
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..				
Amount of prior year refund or assistance*				
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..				
Amount of prior year refund or assistance*				
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit			
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..				
Amount of prior year refund or assistance*				

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

2002

1040

US

Household Employment Taxes (Schedule H)

42

Please enter all pertinent 2002 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,300 or more in 2002; withheld federal income tax during 2002 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2001 or 2002 to household employees, please complete the following:

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

Table with 2 columns: 2002 Amount, 2001 Amount. Rows include Social security, Medicare and income taxes: 1=paid any one employee cash wages of \$1,300 or more, 1=withheld federal income tax for household employee, Total cash wages subject to social security taxes, Total cash wages subject to Medicare taxes, Federal income tax withheld, Advance earned income credit payments, Taxes withheld from state disability payments.

Table with 2 columns: 2002 Amount, 2001 Amount. Rows include Federal unemployment tax: 1=paid total cash wages of \$1,000 or more in any calendar quarter of 2001 or 2002, Total cash wages subject to FUTA tax, 1=paid unemployment contributions to only one state, 1=paid all state unemployment contributions by 4/15/03, 1=all wages taxable for FUTA were also taxable for state unemployment, Name of state, State reporting number, Contributions paid to state unemployment fund.

42

**Please enter all pertinent 2002 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.**

CHILD'S INFORMATION

First name.....	<input style="width:90%;" type="text"/>
Last name.....	<input style="width:90%;" type="text"/>
Social security number.....	<input style="width:90%;" type="text"/>
Date of birth (m/d/y).....	<input style="width:90%;" type="text"/>
1=nontaxable to federal.....	<input style="width:90%;" type="text"/>
1=nontaxable to state.....	<input style="width:90%;" type="text"/>

INTEREST INCOME (Form 1099-INT)

	2002 Amount	2001 Amount
Banks, credit unions, etc. (Box 1): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest: Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments: Nominee distribution.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign: 1=interest in or authority over foreign account.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

DIVIDEND INCOME (Form 1099-DIV)

Ordinary dividends (Box 1): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a): _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
28% rate gain (Box 2b).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified 5-year gain (Box 2c).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2d).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2e).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest: Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions: Ordinary dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

2002	1040	US	Topical Index
-------------	-------------	-----------	----------------------

TOPIC	FORM
Adoption expenses.....	37
Alimony paid.....	24
Alimony received.....	14.1
Business income and expenses.....	16
Business use of home.....	29
Capital gains/losses.....	17
Charitable contributions.....	25 p2 & 26
Child and dependent care expenses.....	33.1, 33.2
Children's interest/dividend income.....	44
Client information.....	1
Dependents.....	2
Direct deposit of refund.....	3, 6
Dividend income.....	11, 12
Education expenses.....	38
Education Savings Accounts.....	14.2, 14.3
Educator expenses.....	24
Employee business expenses.....	30
Estate information.....	20.3, 20.4
Estate tax.....	25 p3
Estimated taxes.....	3, 6
Farm income and expenses.....	19
Foreign information.....	31.1 & 31.2, 31.3
Foreign wages and other income.....	31.4
Gambling income.....	10, 13
Gambling losses.....	25 p3
Health insurance premiums (self-employed).....	24
Household employment taxes.....	42
Installment sales.....	17 p2
Intangibles (KY, FL only).....	54
Interest income.....	11, 12
Interest paid.....	25

TOPIC	FORM
Investment expense.....	25 p3
Investment interest expense.....	25
IRA contributions.....	24
IRA distributions.....	10, 13
Medical and dental expenses.....	25
Miscellaneous income.....	14.1
Miscellaneous itemized deductions.....	25 p3
Mortgage interest expense.....	25
Moving expenses.....	17, 27
Partnership information.....	20.1, 20.2
Pension distributions.....	10, 13
Purchase of business assets.....	22 p2
Qualified Plan (Keogh) contributions.....	24
Railroad retirement benefits.....	14.1
REMIC information.....	20.3, 20.4
Rental & royalty income & expenses.....	18
S corporation information.....	20.1, 20.2
Sale of business assets.....	22
Sale of home.....	17, 27
Sale of stocks and bonds.....	17
SEP contributions.....	24
SIMPLE contributions.....	24
Social security benefits received.....	14.1
Student loan interest paid.....	24
Taxes paid.....	25
Tax return preparation fee.....	25 p3
Trust information.....	20.3, 20.4
Unemployment compensation.....	14.2, 14.3
Vacation home.....	18, 18 p2
Vehicle information.....	30
Wages, salaries, tips.....	10, 13

2002	1040	US	Client Information	1
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Jennifer A. Jones, CPA, Ltd.
 10615 Judicial Drive Suite 701
 Fairfax, VA 22030
 (703) 352-1587

Tax Return Appointment

Date:
Time:

This tax organizer will assist you in gathering information necessary for the preparation of your 2002 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION (1)

Filing Status	Filing status (table)		<p>Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> <p>Daytime Phone</p> <p>1 = Work 2 = Home</p>
	1=married filing separate and lived with spouse.		
	Year spouse died, if qualifying widow(er) (2000 or 2001).....		
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	Region		
	Postal code.....		
	Country		
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.....			

2002	1040	US/VA	Client Information (continued) & Dependents	1, 2
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Please add, change or delete information for 2002.

CLIENT INFORMATION (1)

Misc.	Preparer number		
	Designee number, if different		
	Staff preparer number		
	State return		
	County name		
	Locality code number		

DEPENDENTS (2)

	Dependent	Dependent	
First name			<p>Type of Dependent</p> <p>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</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress</p>
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			
1=qualifying foster child			
1=received support			
Virginia AGI			
	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			
1=qualifying foster child			
1=received support			
Virginia AGI			
	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			
1=qualifying foster child			
1=received support			
Virginia AGI			

2002

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2002, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL INFORMATION
<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 2002?
		DEPENDENTS
<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 2002?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 14 on January 1, 2003 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500?
		INCOME
<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?
		PURCHASES, SALES AND DEBT
<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?
<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?
		RETIREMENT PLANS
<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?

2002**1040****US****Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2002, please check the appropriate box and provide additional information if necessary.

YES	NO	EDUCATION
<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?
ITEMIZED DEDUCTIONS		
<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)?
ESTIMATED TAXES		
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2001 taxes to your 2002 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2002 taxes, do you want the excess applied to your 2003 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2003 taxable income and withholdings to be generally the same as 2002 ?
MISCELLANEOUS		
<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?
<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?

2002

1040

US/VA

Direct Deposit & Estimates (Form 1040 ES)

3, 6

Please enter all pertinent 2002 information.

DIRECT DEPOSIT OF REFUND (3)

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

2002 ESTIMATED TAX (6)

	Federal			State		
	Amount Paid	Date Paid	TS	Amount Paid	Date Paid	TS
1st quarter payment (due 4/15/02)						
2nd quarter payment (due 6/17/02).....						
3rd quarter payment (due 9/16/02)						
4th quarter payment (due 1/15/03)						
Additional Estimated Tax Payments						
Paid with extension (not later than 4/15/03) ..						

Hash Total

3, 6

2002	1040	US	Wages & Pensions	10, 13
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Please enter all pertinent 2002 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					2001 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

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

No.	Name of Payer	1=IRA/SEP/SIMPLE (Box 7) 2=W-2G		1=rollover (Box 7)	Taxable Amount (Box 2a)	Tax Withheld			2001 Distribution
		1=spouse		Gross Distribution (Box 1)		Federal (Box 4)	State (Box 10)	Local (Box 13)	

2002	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2002 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2001 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income				Tax-Exempt Interest	Foreign Tax Paid (Box 6)	2001 Dividends
			Ordinary Dividends (Box 1)	Capital Gain Distributions (Box 2a)	Qualified 5-Year Gain (Box 2c)	U.S. Bonds (% or amt.)	Total Municipal Bonds		

2002

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2002 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2002 Amount		2001 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5)....				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Household employee income not on W-2.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD

Federal income tax withheld.....				
State income tax withheld.....				

14.1

2002	1040	US	Unemployment Compensation and ESAs	14.2,14.3
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**Please enter all pertinent 2002 amounts and attach all 1099-G and 1099-R forms.
Last year's amounts are provided for your reference.**

UNEMPLOYMENT COMPENSATION (Form 1099-G) (14.2)

2002 Amount

2001 Amount

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation (Box 1)		
	2002 overpayment repaid		
	Federal income tax withheld (Box 4)		

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation (Box 1)		
	2002 overpayment repaid		
	Federal income tax withheld (Box 4)		

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation (Box 1)		
	2002 overpayment repaid		
	Federal income tax withheld (Box 4)		

EDUCATION SAVINGS ACCOUNTS (Form 1099-R) (14.3)

2002 Amount

2001 Amount

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse		
	1=Education Savings Account		
	Gross distribution (Box 1)		
	2002 contributions to this ESA		
	Qualified education expenses (elementary, secondary, postsecondary)		

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse		
	1=Education Savings Account		
	Gross distribution (Box 1)		
	2002 contributions to this ESA		
	Qualified education expenses (elementary, secondary, postsecondary)		

No. <input style="width:40px;" type="text"/>	Name of payer		
	1=spouse		
	1=Education Savings Account		
	Gross distribution (Box 1)		
	2002 contributions to this ESA		
	Qualified education expenses (elementary, secondary, postsecondary)		

14.2,14.3

2002

1040

US

Business Income (Schedule C)

No.

16

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession . . .	
Principal business code	
Business name	
Business address	
Business city, state, ZIP code . . .	
Employer identification number . . .	
Other accounting method	

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

INCOME

	2002 Amount	2001 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

2002

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2002 Amount	2001 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other business property		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (65%)		
Uniforms		
Utilities		
Wages		
Other expenses:		

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

16 p2

2002

1040

US

Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

2002 Amount

2001 Amount

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Current year principal payments (-1 if none)		
	Prior years' payments		

17 p2

2002

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2002, 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)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=business use in year of sale.

Adjusted Basis

Original cost
Improvements:
Adjusted basis

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

Total expenses of sale.

Reduced Exclusion

Please complete the following information if due to a change in health or place of employment, 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). 1=sale due to change in health or employment. Days used as main home - taxpayer. Days used as main home - spouse. Days property owned - taxpayer. Days property owned - spouse.

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

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

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

17, 27

2002

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property	<input type="text"/>
Location of property	<input type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=nonpassive activity, 2=passive royalty	<input type="text"/>	
1=did not actively participate	<input type="text"/>	
1=real estate professional	<input type="text"/>	
1=rental other than real estate	<input type="text"/>	
1=investment	<input type="text"/>	

INCOME

	2002 Amount	2001 Amount
Rents received (Form 1099-MISC, box 1)	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

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

Advertising	<input type="text"/>	<input type="text"/>
Association dues	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Cleaning and maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal and professional fees	<input type="text"/>	<input type="text"/>
Licenses and permits	<input type="text"/>	<input type="text"/>
Management fees	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.)	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Painting and decorating	<input type="text"/>	<input type="text"/>
Pest control	<input type="text"/>	<input type="text"/>
Plumbing and electrical	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Taxes - real estate	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Wages and salaries	<input type="text"/>	<input type="text"/>

Other:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

18

2002

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2002 Amount	2001 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

2002

1040

US

Farm Income (Schedule F/Form 4835)

No.

19

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	<input type="text"/>
Employer ID number	<input type="text"/>

Agricultural activity code	<input type="text"/>	
Accounting method: 1=cash, 2=accrual	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=farm rental (Form 4835)	<input type="text"/>	
1=crop insurance proceeds election	<input type="text"/>	
1=did not "materially participate" (Schedule F only)	<input type="text"/>	
1=did not actively participate (Form 4835 only)	<input type="text"/>	
1=real estate professional (Form 4835 only)	<input type="text"/>	
% of ownership if not 100% (.xxxx) (Form 4835 only)	<input type="text"/>	

FARM INCOME

	2002 Amount	2001 Amount
Cash method:		
Sales of livestock, etc. bought for resale	<input type="text"/>	<input type="text"/>
Cost or basis of livestock, etc. bought for resale	<input type="text"/>	<input type="text"/>
Sales of livestock, etc. you raised	<input type="text"/>	<input type="text"/>
Accrual method:		
Sales of livestock, produce, grains, etc.	<input type="text"/>	<input type="text"/>
Inventory of livestock, etc. at beginning of year	<input type="text"/>	<input type="text"/>
Cost of livestock, etc. purchased	<input type="text"/>	<input type="text"/>
Inventory of livestock, etc. at end of year	<input type="text"/>	<input type="text"/>
Other farm income:		
Total cooperative distributions	<input type="text"/>	<input type="text"/>
Taxable cooperative distributions	<input type="text"/>	<input type="text"/>
Total agricultural program payments	<input type="text"/>	<input type="text"/>
Taxable agricultural program payments	<input type="text"/>	<input type="text"/>
Commodity credit loans reported under election	<input type="text"/>	<input type="text"/>
Total commodity credit loans forfeited or repaid	<input type="text"/>	<input type="text"/>
Taxable commodity credit loans forfeited or repaid	<input type="text"/>	<input type="text"/>
Total crop insurance proceeds received in 2002	<input type="text"/>	<input type="text"/>
Taxable crop insurance proceeds received in 2002	<input type="text"/>	<input type="text"/>
Custom hire (machine work) income	<input type="text"/>	<input type="text"/>
Other income:		
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

2002

1040

US

Farm Income (Sch. F/Form 4835) (cont.)

No.

19 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

FARM EXPENSES

	2002 Amount	2001 Amount
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Other expenses:		

PREPRODUCTIVE PERIOD EXPENSES (also enter above)

Capitalized preproductive period expenses	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------

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

2002	1040	US	Partnership and S corporation Information	20.1,20.2
-------------	-------------	-----------	--	------------------

Please add, change or delete 2002 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number (Line G)

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number (Line C)

20.1,20.2

2002	1040	US	Estate or Trust and REMIC Information	20.3,20.4
-------------	-------------	-----------	--	------------------

Please add, change or delete 2002 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

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

Please enter all pertinent 2002 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2002 Amount		2001 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2002 payments from 1/1/03 to 4/15/03				

ROTH IRA CONTRIBUTIONS

	2002 Amount	2001 Amount
Roth IRA contributions you made or expect to make (1=maximum) (\$3,000/\$3,500 if 50 or older) ..		
Contributions made to date		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2002 Amount	2001 Amount
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)		
Defined benefit contributions you expect to make		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)		
Plan contribution rate if not .25 (.xxxx)		
SIMPLE contributions:		
Self-employed SIMPLE contributions you made or expect to make (1=maximum)		
Employer matching rate if not .03 (.xxxx)		
1=nonelective contributions (2%)		
Contributions made to date		

ADJUSTMENTS TO INCOME

Self-employed health insurance:		
Total premiums (excluding long-term care)		
Long-term care premiums		
Student loan interest paid (1098-E, box 1)		
Educator expenses (kindergarten thru grade 12)		
Tuition and related expenses (accredited post secondary institutions)		
Expenses from rental of personal property		
Other adjustments to income:		

Alimony paid:	Taxpayer	Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2001 amt:	2001 amt:

2002

1040

US

Itemized Deductions

25

Please enter all pertinent 2002 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.

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Number of medical miles, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2002 estimates are automatic.)

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Rows include State and local income taxes, Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

INTEREST PAID

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

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Row for Home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Rows for Payee's name, SSN or FEIN, street address, and city, state, ZIP.

Points not reported on Form 1098:

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Row for Points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Row for Investment interest.

Passive interest

Certain home mortgage interest included above (6251)

Table with 3 columns: Description, 2002 Amount, TS, 2001 Amount. Rows for Passive interest and Certain home mortgage interest.

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.

25

2002

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2002 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:

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for contributions and volunteer expenses/miles.

Volunteer expenses (out-of-pocket)
Number of charitable miles

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

Contributions by cash or check:

Horizontal lines for entering 2002 contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for contributions and volunteer expenses/miles.

Volunteer expenses (out-of-pocket)
Number of charitable miles

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

50% limitation (see above):

Horizontal lines for entering 2002 noncash contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for 50% limitation.

30% limitation (see above):

Horizontal lines for entering 2002 noncash contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for 30% limitation.

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

Horizontal lines for entering 2002 noncash contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for 30% capital gain property.

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

Horizontal lines for entering 2002 noncash contribution amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. Rows for 20% capital gain property.

25 p2

2002

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2002 Amount

TS

2001 Amount

Union and professional dues.

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

Four horizontal lines for entering 2002 amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. 4 rows.

Investment expense:

Four horizontal lines for entering 2002 amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. 4 rows.

Tax return preparation fee.

Safe deposit box rental.

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

Four horizontal lines for entering 2002 amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. 4 rows.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings.

Estate tax, section 691(c)

Other miscellaneous deductions:

Four horizontal lines for entering 2002 amounts.

Table with 3 columns: 2002 Amount, TS, 2001 Amount. 4 rows.

25 p3

2002

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2002, please complete the information below for each donee.

DONATED PROPERTY INFORMATION

Form entry box 1: Name of charitable organization (donee), Street address, City, state, ZIP code, 1=spouse, 2=joint, Property description, Date of contribution (m/d/y) *, Date acquired by donor (m/y) *, How acquired by donor (Table 1 or describe), Donor's cost or basis, Fair market value, Method used to determine FMV (Table 2 or describe).

Form entry box 2: Name of charitable organization (donee), Street address, City, state, ZIP code, 1=spouse, 2=joint, Property description, Date of contribution (m/d/y) *, Date acquired by donor (m/y) *, How acquired by donor (Table 1 or describe), Donor's cost or basis, Fair market value, Method used to determine FMV (Table 2 or describe).

Form entry box 3: Name of charitable organization (donee), Street address, City, state, ZIP code, 1=spouse, 2=joint, Property description, Date of contribution (m/d/y) *, Date acquired by donor (m/y) *, How acquired by donor (Table 1 or describe), Donor's cost or basis, Fair market value, Method used to determine FMV (Table 2 or describe).

1 How Property was Acquired
1 = Purchase
2 = Gift
3 = Inheritance
4 = Exchange

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

26

2002

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2002 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2002 Amount	2001 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

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.

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.

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:		

2002

1040

US

Vehicle/Employee Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....	<input type="text"/>	
Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.).....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2002 Amount	2001 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (65% meal allowance).....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight.....	<input type="text"/>	<input type="text"/>
Other business expenses:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

VEHICLE INFORMATION

1=vehicle used primarily by more than 5% owner.....	<input type="text"/>	
1=vehicle is available for off-duty personal use.....	<input type="text"/>	
1=no other vehicle is available for personal use.....	<input type="text"/>	
1=no evidence to support your deduction.....	<input type="text"/>	
1=no written evidence to support your deduction.....	<input type="text"/>	
Number of months your job required a vehicle (if not 12 months).....	<input type="text"/>	<input type="text"/>

VEHICLE 1

Description of vehicle.....	<input type="text"/>	
Date placed in service (m/d/y).....	<input type="text"/>	
Total mileage.....	<input type="text"/>	<input type="text"/>
Business mileage.....	<input type="text"/>	<input type="text"/>
Commuting mileage.....	<input type="text"/>	
Average daily round-trip commute.....	<input type="text"/>	<input type="text"/>
Parking fees and tolls (business portion only).....	<input type="text"/>	<input type="text"/>
1=force actual expenses, 2=force standard mileage rate.....	<input type="text"/>	<input type="text"/>
Actual expenses:		
Gasoline, lube, oil.....	<input type="text"/>	<input type="text"/>
Repairs.....	<input type="text"/>	<input type="text"/>
Tires.....	<input type="text"/>	<input type="text"/>
Insurance.....	<input type="text"/>	<input type="text"/>
Miscellaneous.....	<input type="text"/>	<input type="text"/>
Auto license (other than personal property taxes).....	<input type="text"/>	<input type="text"/>
Personal property taxes (based on car's value).....	<input type="text"/>	<input type="text"/>
Interest (car loan).....	<input type="text"/>	<input type="text"/>
Vehicle rent or lease payments.....	<input type="text"/>	<input type="text"/>
Inclusion amount (enter as positive).....	<input type="text"/>	<input type="text"/>
Value of employer-provided vehicle on Form W-2.....	<input type="text"/>	<input type="text"/>

2002

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

VEHICLE 2

	2002 Amount	2001 Amount
Description of vehicle	<input type="text"/>	
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		
Parking fees and tolls (business portion only)		
1=force actual expenses, 2=force standard mileage rate		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2		

30 p2

2002

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2002 information.

GENERAL INFORMATION

1=spouse.....		
Foreign address of taxpayer, if different from Form 1040.....		
Employer's name.....		
Employer's U.S. address.....		
Employer's foreign address.....		
Employer type: <small>1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other</small>		
Employer type, if other.....		
Enter last year (after '81) Form 2555 was filed.....		
1=revoked choice of earlier exclusion claimed.....		
Type of exclusion revoked.....		
Tax year revocation was effective (m/y).....		
Country of citizenship.....		
1=maintain separate residence due to adverse living conditions.....		
City and country of separate foreign residence.....		
Number of days during tax year at separate foreign address.....		
Tax home(s) during tax year.....		
Dates tax home(s) were established (m/d/y).....		
1=automatic two-month extension (taxpayer resides outside country).....		

BONA FIDE RESIDENCE TEST

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

PHYSICAL PRESENCE TEST

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

FOREIGN HOUSING EXPENSES

	2002 Amount	2001 Amount
Qualified housing expenses.....		

31.1

2002

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.4

Please enter all pertinent 2002 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

	2002 Amount	2001 Amount
1=spouse		
1=retirement plan (Box 13)		
1=income earned in a prior year		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
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Other Foreign Earned Income

2002 Days Worked Allocation Information

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

31.4

2002	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
-------------	-------------	-----------	--	------------------

Please enter all pertinent 2002 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)	2002 Amount		2001 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2002 . . .				
Employer-provided benefits forfeited in 2002				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2002		2001 amt:	
	1=disabled			
	1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2002		2001 amt:	
	1=disabled			
	1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	First name			
	Last name			
	Date of birth (m/d/y)			
	Social security number			
	Qualified dependent care expenses incurred and paid in 2002		2001 amt:	
	1=disabled			
	1=spouse, 2=joint			

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider			
	Street address			
	City, state, ZIP code			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2002		2001 amt:	
	1=spouse, 2=joint			

No. <input style="width:40px;" type="text"/>	Name of provider			
	Street address			
	City, state, ZIP code			
	Identification number (SSN or EIN)			
	Amount paid to care provider in 2002		2001 amt:	
	1=spouse, 2=joint			

2002

1040

US

Qualified Adoption Expenses (Form 8839)

37

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

ELIGIBLE CHILDREN

2002 Amount

2001 Amount

		2002 Amount	2001 Amount	
No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1984 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption of foreign child was not final in 2002.....			
	Qualified Adoption Expenses Paid in *	2001 for adoption not finalized by end of 2002.....		
		2001 and 2002 for adoption finalized in 2002.....		
	2002 for adoption finalized before 2002.....			
1=spouse, 2=joint.....				
No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1984 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption of foreign child was not final in 2002.....			
	Qualified Adoption Expenses Paid in *	2001 for adoption not finalized by end of 2002.....		
		2001 and 2002 for adoption finalized in 2002.....		
	2002 for adoption finalized before 2002.....			
1=spouse, 2=joint.....				
No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1984 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption of foreign child was not final in 2002.....			
	Qualified Adoption Expenses Paid in *	2001 for adoption not finalized by end of 2002.....		
		2001 and 2002 for adoption finalized in 2002.....		
	2002 for adoption finalized before 2002.....			
1=spouse, 2=joint.....				

37

2002

1040

US

Education Credits (Form 8863)

38

Please complete the information below if you paid qualified education expenses in 2002 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

		2002 Amount	2001 Amount
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..			
Amount of prior year refund or assistance*			
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse	
		First name	
		Last name	
		Social security number	
	1=hope credit, 2=lifetime learning credit		
Qual. tuition and fees paid in 2002 (net of refund or assistance) ..			
Amount of prior year refund or assistance*			

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

2002

1040

US

Household Employment Taxes (Schedule H)

42

Please enter all pertinent 2002 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,300 or more in 2002; withheld federal income tax during 2002 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2001 or 2002 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2002 Amount	2001 Amount
1=paid any one employee cash wages of \$1,300 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		

Federal unemployment tax:	2002 Amount	2001 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2001 or 2002		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/03		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
State reporting number		
Contributions paid to state unemployment fund		

42

2002

1040

US

Parent's Election to Report Child's Inc.

No.

44

Please enter all pertinent 2002 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

	2002 Amount	2001 Amount
Banks, credit unions, etc. (Box 1):		

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		

Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Adjustments:		
Nominee distribution.....		
Accrued interest.....		
Tax-exempt interest (1099-INT in error).....		
OID adjustment.....		
ABP adjustment.....		
Foreign:		
1=interest in or authority over foreign account.....		
Name of foreign country.....		
1=grantor/transferor or received distribution from foreign trust.....		
Post 8/7/86 private activity bond interest (included above) (6251).....		

DIVIDEND INCOME (Form 1099-DIV)

Ordinary dividends (Box 1):		

Total capital gain distributions (Box 2a):		

28% rate gain (Box 2b).....		
Qualified 5-year gain (Box 2c).....		
Unrecaptured section 1250 gain (Box 2d).....		
Section 1202 gain (Box 2e).....		
Nontaxable distributions (Box 3).....		
Tax-exempt interest:		
Total municipal bonds.....		
In-state municipal bonds.....		
Nominee distributions:		
Ordinary dividends.....		
Capital gain distributions.....		
Alaska permanent fund dividends included above		

