1040		artment of the Treasury—Internal Revenue Service 5. Individual Income Tax Return 2006 FLPD YR / MO (99) IRS Use Only	—Do >-	t write o	staple in this space.	
		r the year Jan. 1–Dec. 31, 2006, or other tax year beginning FLPDBG , 2006, ending , 20			MB No. 1545-0074	
Label		our first name and initial Last name		Yours	ocial security numb	er
(See L		FNMLN	-		S002	
instructions A on page 16.)		a joint return, spouse's first name and initial Last name		Spous	e's social security nu	mber
Use the IRS		SNMLN	İ	•	\$003	
label.		ome address (number and street). If you have a P.O. box, see page 16. Apt. no.			ou must enter	
Otherwise,		ADDRSS	:		our SSN(s) above.	
please print F or type. E		ty, town or post office, state, and ZIP code. If you have a foreign address, see page 16.	T		<u></u>	
Presidential C		CITYST N21 (ZIP CODE)			ng a box below will your tax or refund.	
	n 🕨	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ELECT			You Spous	
MARS	=1 1	Single MARS=4 4 Head of household	l (with c	ualifying	person). (See page	17.) If
Filing Status MARS:	2 2				not your dependent,	
Check only	3	Married filing separately. Enter spouse's SSN above this child's name h	ere. 🕨	MARS	S=6 SPOUSE NOT	FILIN
one box. MARS	=3	and full name here. ► MFNL MARS=5 5 ☐ Qualifying widow(er) with	depen	dent child (see page	17)
XF	PT 6		DSI		Boxes checked on 6a and 6b	N3
Exemptions		Spouse XFST		<u></u> ʃ	No. of children	
		(Z) Dependent S)√ if qua nild for chi		on 6c who: • lived with you	N7
			dit (see pa		did not live with	
			TXCR1		you due to divorce or separation	NG
f more than four lependents, see		CHILDREN AWAY FROM HOME S025 thru S034 N8 XOCAWH X	TXCR1	0	(see page 20)	N8
age 19.		PARENTS N9 XOPAR			Dependents on 6c not entered above	
0		OTHER DEPENDENTS N10 XOODEP	N2	4		一
		Total number of exemptions claimed TOTAL DEPENDENTSN6 .XTOT		· ·	Add numbers on lines above ▶	N2
	7	Wages, salaries, tips, etc. Attach Form(s) W-2** dep othr ernd inc E002	50 t.	7	E00200	
ncome	8			8a	E00300	
ttach Form(s)		Tax-exempt interest. Do not include on line 8a 8b E00400	1			
W-2 here. Also	ç			9a	E00600	
ttach Forms		Qualified dividends (see page 23)	1			
N-2G and I099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	E00700		
was withheld.	11	Alimony received	11	E00800		
	12	Business income or (loss). Attach Schedule C or C-EZ 13* cap gain distrib. E01	1100	12	E00900 +/-	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here		13	E01000 +/-	
f you did not	14	Other gains or (losses). Attach Form 4797		14	E01200 +/-	
get a W-2,	15	- F04200		15b	E01400	
see page 23.	16	Endange amount (see pag		16b	E01700	
Enclose, but do	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedu	17	E02000 +/-		
not attach, any	18		ле 🗠	18	E02100 +/-	
payment. Also,	19	Unemployment compensation	• •	19	E02300	_
olease use Form 1040-V.	20	1 1 500.00		20b	E02500	
-orm 1040-v.	21	· · · · · · · · · · · · · · · · · · ·		21	E02600 +/-	
	22	Other income. List type and amount (see page 29) Add the amounts in the far right column for lines 7 through 21. This is your total incor		22		<u>. </u>
		50000		+	E02650 +/-	
Adjusted	23	Autoria Maria addanta Autoria adda	+ -	7 .	NOL E02540	200
Gross	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106 F7 24 E03700	ľ	_	Stock options E0 El excl E02700	
ncome		iso basis government similate. Attack from 2100 of 2100-22			Sambling inc E0	
Hoome	25	Engage	_		Educ Exp E03220	
	26	Moving expenses. Attach Form 3903	-		Lude Lude	,
	27	One-half of self-employment tax. Attach Schedule SE	 -	-		
*,	28	Self-employed SEP, SIMPLE, and qualified plans 28 E03300	-	-		
	29	Self-employed health insurance deduction (see page 29) 29 E03270	-			
	30	Penalty on early withdrawal of savings	+			
	31	Alimony paid b Recipient's SSN ▶ : S023 31a E03500				
	32	IRA deduction (see page 31)	1			
	33	Student loan interest deduction (see page 33)		35	Tuition & Fees E	0323
	34	Jury duty pay you gave to your employer 34 E03200		36	Housing ded E04	4000
	35	Domestic production activities deduction. Attach Form 8903 35 E03240		36	Other adj E0390	0
	36	Add lines 23 through 31a and 32 through 35		36	E02900	
	37	Subtract line 36 from line 22. This is your adjusted gross income	. ▶	37	E00100 +/-	

Form 1040 (2006)		AGEP	AGES	'F	PBI		s	BI			•	Page 2
Tax	38	Amount from line	37 (adjusted gross	income)				-		38		
and	39a		were born before	•		_		Total boxes				
Credits		···	use was born befor	• •	,	_	,		32		E04100	-
Standard) b	(s on a separate return of	•			,				E04200	
Deduction	40		ions (from Schedule								E04470	
for—	41	Subtract line 40 f		A) Or you		ra aeau	CHOIL	(see leit marg	iri)	41	E04500	† -
• People who	1						• •			7	204000	
checked any box on line	42		12,875, or you provi							42	E04600	
39a or 39b or			rwise, multiply \$3,30	•						43	E04800	+
who can be claimed as a	43	•	Subtract line 42 fro					•	TXST	-	100 E05700 E0	15750
dependent,	44		Check if any tax is from		` '			Form 4972	1731		E09600	T 30
see page 34.	45		num tax (see page	39). Attac	h Form 6	251				45	E05800	
All others:	46	Add lines 44 and		• • •				E07300	▶	46	 	+
Single or Married filing	47	Foreign tax credit	. Attach Form 1116	if require	d		47			7	F8396 E07700	
separately,	48	Credit for child and	l dependent care exp	enses. Att	ach Form	2441	48	E07180		1.	F8839 E07250	
\$5,150	49	Credit for the elde	erly or the disabled.	Attach S	chedule R	١.	49	E07200	_	4	F8859 T07950	
Married filing	50	Education credits.	. Attach Form 8863				50	E07230		4	F3800 E07400	
jointly or Qualifying	51	Retirement saving	s contributions cred	it. Attach	Form 8880	o.	51	E07240	-	4	F8801 E07600	
widow(er).	52	Residential energy	credits. Attach Fo	rm 5695			52	E07260		1	F8844 E07500	
\$10,300	53	Child tax credit (s	see page 42). Attac	h Form 89	901 if req	uired	53	E07220	-	4	other E08000	
Head of household,	54	Credits from: a	Form 8396 b 🗌 Fo	rm 8839 c	Form	8859	54			55 c /	AMV E08001	
\$7,550	55	Other credits: a	Form 3800 b 🔲 Fo	rm 8801 c	Form		55					
	56		ugh 55. These are y							56	E07100	
	57	Subtract line 56 f	rom line 46. If line 5	6 is more	than line	46, ente	er -0-	<u> </u>	▶	57	E08795	
Other	58	Self-employment	tax. Attach Schedu	le SE						58	E09400	
	59	Social security and	Medicare tax on tip i	income no	t reported	to emplo	yer Al	ttach Form 413	7	59	E09800	
Taxes	60										E09900	
	61		ncome credit paym					•		61	E10000	
	62		yment taxes. Attach							62	E10050	
	63		ugh 62. This is you			700 .63	E100	75 63 E1	0100 ▶	63	E09200	
Payments	64	Federal income ta	x withheld from Fo	rms W-2	and 1099		64	E10700				
dyments	65		payments and amour				65	E10900				
If you have a	_ 66a		dit (EIC) E59530		E59525		66a	E59660	E11000	[
qualifying	ь	Nontaxable combat	1	b E	11055]						
child, attach Schedule EIC.	67		rity and tier 1 RRTA		ld (coo par	70 60)	67	E11200				
Correduce Ero.	68		ax credit. Attach Fo				68	E11070	-	1	70- 53430 544	100
	69	•	request for extens				69	E11100			70a F2439 E11	
	70	* *	a Form 2439 b			'	70				70b F4136 E11	
	71		phone excise tax paid.				71	E11600	-		70c F8885 E11	500
	72		66a, and 67 throug						_ ' ▶	72	E10600	
D - 4						•			orma:-	73	E11900 (-)	
Refund	73 74a		han line 63, subtrac you want refunde e					•	•	74a	E12100	· ·
Direct deposit? See page 61			you want retunded	a to you.						, 7d	2,2,00	+
and fill in 74b,	► b	Routing number			 -			Checking :	oavi ngs □		2	
74c, and 74d,	► d	Account number						DIRDEP	╛.			
or Form 8888.	75		ou want applied to you				75	E12000		7.0	E11000 (4)	
Amount You Owe	76 77		. Subtract line 72 fr nalty (see page 62)		3. For deta		ow to	pay, see page E12200	962 ▶	76	E11900 (+)	
	D-		another person to c						¹ □ Yes.	Comp	ete the following.	No
Third Party			•				•	, ,		·		
Designee	nar	signee's AU ne ►	THCD	no.	one ▶ ()			nal ide nt ific er (PIN)	cation	•	
Sign	Und	der penalties of perjury,	I declare that I have ext. and complete. Declar	amined this	return and	accompar	nying s	chedules and sta	ements, an	d to the	best of my knowledg	ge and
Here			t, and complete. Declar						mation of w			age.
Joint return? Your signature Date Your occupation									Day	time phone number		
See page 17.							OCCF	PRI		() .	
Keep a copy	Spo	ouse's signature. If a	joint return, both mus	t sign.	Date	Spou	ise's o	ccupation			The second	<u> </u>
for your records.	7						occs	SEC				
-	Pro	parer's			İ	Date				Prep	arer's SSN or PTIN	
Paid	sig	nature	PPREP					Check if self-empl	oyed 🗍	1		
Preparer's	Firr	n's name (or	<u> </u>					Ell	•	<u> </u>		
Use Only	you	urs if self-employed),	· · · · · · · · · · · · · · · · · · ·						rinc no	1		

Form Department of the Treasury-Internal Revenue Service FLPD YR/MO 1040A U.S. Individual Income Tax Return 2006 IRS Use Only-Do not write or staple in this space. Your first name and initial OMB No. 1545-0074 Label Your social security number (See page 18.) FNMLN L ABE S002 If a joint return, spouse's first name and initial Last name Spouse's social security number Use the L **SNMLN** S003 IRS label. HERE Home address (number and street). If you have a P.O. box, see page 18. Apt. no. You must enter Otherwise, **ADDRSS** your SSN(s) above. please print or type. City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. Checking a box below will not CITYST n21 (zip code) Presidential elect = 1,2change your tax or refund n14 = Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18) You Spouse 1,2 MARS 1 MARS 4 Head of household (with qualifying person). (See page 19.) Sinale MARS 6 = spouse not filing Filing MARS 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, status enter this child's name here. ▶ MARS 3 Married filing separately. Enter spouse's SSN above and full name here. ► MFNL MARS Check Only one box. MARS 5 Qualifying widow(er) with dependent child (see page 20) Yourself. If someone can claim you as a dependent, do not check 6a **Exemptions** Boxes checked on N3 **XFPT** box 6a. DSI 6a and 6b b U Spouse **XFST** No. of children c Dependents: (4) Vif qualifying (3) Dependent's (2) Dependent's social N7 child for child relationship to lived with security number tax credit (see vou (1) First name Last name vou If more than six page 21) did not live dependents, CHILDREN AT HOME NMDEP1 thru NMDEP10 **XOCAH** N7 XTXCR 1 with you due to divorce or see page 21. CHILDREN AWAY FROM HOME S025 thru S034 N8 **XOCAWH** thur N8 separation **PARENTS** (see page 22) XTXCR10 N9 **XOPAR** OTHER DEPENDENTS N10 **XOODEP** Dependents **TOTAL DEPENDENTS** on 6c not entered above N₆ Total N24 Add numbers N2 on lines above ▶ **XTOT** d Total number of exemptions claimed. Income Wages, salaries, tips, etc. Attach Form(s) W-2. E00200 7 Attach Form(s) W-2 8a Taxable interest. Attach Schedule 1 if required. here. Also E00300 8a attach b Tax-exempt interest. Do not include on line 8a. 8b E00400 Form(s) Ordinary dividends. Attach Schedule 1 if required. 9a E00600 1099-R if tax **b** Qualified dividends (see page 25). 9b E00650 was withheld. Capital gain distributions (see page 25) 10 E01100 10 If you did not 11a IRA 11b Taxable amount get a W-2, see E01300 distributions. E01400 11a (see page 25) page 24. 11b 12a Pensions and 12b Taxable amount Enclose, but do E01500 annuities. 12a E01700 (see page 26). 12b not attach, any payment. 13 Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay. other inc E02600 +/-E02300 13 14a Social security Taxable amount benefits. E02400 14a (see page 28). E02500 14b Add lines 7 through 14b (far right column). This is your total income. 15 E02650 15 16 **Adjusted** Penalty on early withdrawal of savings (see page 28). 16 gross E03400 IRA deduction (see page 28) 17 17 E03150 income 18 Student loan interest deduction (see page 31) 18 E03210 20 Educ Exp E03220 19 Jury duty pay you gave your employer (see 20 Tuition & Fees E03230 19 E03200

Add lines 16 through 19. These are your total adjustments.

Subtract line 20 from line 15. This is your adjusted gross income.

20

21

E02900

E00100 +/-

20

▶ 21

Form 1040A	(2006)		_	•	Paç	ge 2					
Tax,	22	Enter the amount from line 21 (adjusted gross income).		22							
credits,		AGEP AGES PBI SBI		n .							
and	23a	Check You were born before January 2, 1942, Blind Total boxes									
		if: Spouse was born before January 2, 1942, ☐ Blind ∫ checked ▶ 23	3a L	_		- 1					
payments	b	If you are married filing separately and your spouse itemizes	——————————————————————————————————————		E04100						
Standard Deduction		deductions, see page 32 and check here MIDR ▶ 23	3b <u>L</u>	_							
for—	24	Enter your standard deduction (see left margin).		24	E04200						
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	_	25	E04500						
checked any box on line	26	If line 22 is over \$112,875, or you provided housing to a person displaced by Hurrican									
23a or 23b or		see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed o	n line 6d.	26 _	E04600						
who can be claimed as a	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-	•								
dependent.		This is your taxable income .		27	E04800						
see page 32.	28_	Tax, including any alternative minimum tax (see page 32). E09600	TXST	28	E05750						
All others:	29	Credit for child and dependent care expenses.		E0	5100 E05800						
Single or Married filing	_	Attach Schedule 2. 29 E07180		_	*						
separately,	30	Credit for the elderly or the disabled. Attach									
\$5,150		Schedule 3. 30 E07200		_							
Marrled filing	31	Education credits. Attach Form 8863. 31 E07230									
jointly or Qualifying	32	Retirement savings contributions credit. Attach Form 8880. 32 E07240		<u>.</u> .							
wldow(er),	33	Child tax credit (see page 37). Attach									
\$10,300	l	Form 8901 if required. 33 E07220		_							
Head of household,	34	Add lines 29 through 33. These are your total credits.		34	E07100						
\$7,550	35_	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0		35	E08795						
	36	Advance earned income credit payments from Form(s) W-2, box 9.		36	E10000						
	37	Add lines 35 and 36. This is your total tax.		37	E09200						
	3 8	Federal income tax withheld from Forms W-2 and 1099. 38 E10700									
	39	2006 estimated tax payments and amount									
If you have a qualifying	<u> </u>	applied from 2005 return. 39 E10900		_		_					
child, attach	<u> 40a</u>		E59660	_	*						
Schedule	_ b	Nontaxable combat pay election. 40b E59525 E11055									
EIC.	41	Additional child tax credit. Attach Form 8812. 41 E11070		<u>-</u>							
	42	Credit for federal telephone excise tax paid.			ss FICA w/h E						
		Attach Form 8913 if required. 42 E11600		_	sion request E	. 1 1 101					
	43	Add lines 38, 39, 40a, 41, and 42. These are your total payments.	<u> </u>	43	E10600	-					
Refund	44	If line 43 is more than line 37, subtract line 37 from line 43.		44	E11900 (-)						
Din4	45-	This is the amount you overpaid.	oro N	45a	E12100						
Direct deposit?	45a	Amount of line 44 you want refunded to you. If Form 8888 is attached, check he	ere 🖊 🔝	45a	E 12 100	<u> </u>					
See page 53	▶ b	Routing number C Type: □ Checking □ Saving	as	DIRD	EP						
and fill in			9-								
45b, 45c, and 45d or	▶ d	Account									
Form 8888.		number	<u> </u>	- .							
	46	Amount of line 44 you want applied to your 2007 estimated tax. 46 E12000									
					ı	I					
Amount	47	Amount you owe. Subtract line 43 from line 37. For details on how		47	E11900 (+)						
you owe	48	to pay, see page 54. Estimated tax penalty (see page 54). 48 E12200		-4.7	2,1000(1)	<u> </u>					
	_			Camplata	the following.	No					
Third party	/	Do you want to allow another person to discuss this return with the IRS (see page 55)?	res.	Complete	the following. [INO					
designee		AUTHOD	Personal ide number (PIN								
		Under penalties of perium. I declare that I have examined this return and accompanying schedules at	nd statemer	ts, and to	the best of my						
Sign		knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I rec	eived during	g the tax ye	ear. Declaration						
here		of preparer (other than the taxpayer) is based on all information of which the preparer has any know Your signature Date Your occupation	icage.	Day	time phone number	·r					
		OCCPRI		1,	.)						
Joint return?	A	I COOLIN		1 1	1						
		<u></u>		- 5.5							
Joint return? See page 18. Keep a copy for your		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation OCCSEC									
Joint return? See page 18. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation OCCSEC	;	Prepare	er's SSN or PTIN						
Joint return? See page 18. Keep a copy for your		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation OCCSEC Preparer's Date Check	if	Prepare	er's SSN or PTIN						
Joint return? See page 18. Keep a copy for your records.	7	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation OCCSEC Preparer's Signature PPREP Date Check self-em	if ployed	Prepare	er's SSN or PTIN						
Joint return? See page 18. Keep a copy for your records. Paid	**************************************	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation OCCSEC Preparer's signature PPREP Date Check self-em yours if self-employed),	if	Prepare	er's SSN or PTIN						

Schedule 1 (Form 1040A)

Department of the Treasury-Internal Revenue Service

Interest and Ordinary Dividends for Form 1040A Filers

2006

OMB No. 1545-0074

Name(s) shown on Form 1040A Your social security number Part I Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form. Interest List name of payer. If any interest is from a seller-financed mortgage (See back and the buyer used the property as a personal residence, see back of of schedule schedule and list this interest first. Also, show that buyer's social and the security number and address. instructions **Amount** for Form 1040A. line 8a.) Add the amounts on line 1. E21090 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815. E21100 Subtract line 3 from line 2. Enter the result here and on Form 1040A. line 8a. Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, Part II enter the firm's name and the ordinary dividends shown on that form. Ordinary List name of payer. Amount dividends (See back of schedule and the instructions for Form 1040A, line 9a.)

Add the amounts on line 5. Enter the total here and on Form 1040A,

line 9a.

E21150

Purpose of Schedule

Use Schedule 1 if any of the following apply.

- You had over \$1,500 of taxable interest (fill in Part 1).
- You received interest from a seller-financed mortgage and the buyer used the property as a personal residence (fill in Part 1).
- You are claiming the exclusion of interest from series EE or 1 U.S. savings bonds issued after 1989 (fill in Part 1).
- You received interest as a nominee (fill in Part 1).
- You had over \$1,500 of ordinary dividends or you received ordinary dividends as a nominee (fill in Part II).



If you need more space to list your interest or ordinary dividends, attach separate statements that are the same size as Schedule 1. Use the same format as lines 1 and 5, but show your

totals on Schedule I. Be sure to put your name and social security number on the statements and attach them at the end of your return.

Part I

Interest

Line 1

Report on line 1 all of your taxable interest. Interest should be shown on your Forms 1099-INT, Forms 1099-OlD, or substitute statements. Include interest from series EE and 1 U.S. savings bonds. List each payer's name and show the amount.

Seller-financed mortgages. If you sold your home or other property and the buyer used the property as a personal residence, list first any interest the buyer paid you on a mortgage or other form of seller financing. Be sure to show the buyer's name, address, and social security number (SSN). You must also let the buyer know your SSN. If you do not show the buyer's name, address, and SSN, or let the buyer know your SSN, you may have to pay a \$50 penalty.

Nominees. If you received a Form 1099-INT that includes interest you received as a nominee (that is, in your name, but the interest actually belongs to someone else), report the total on line 1. Do this even if you later distributed some or all of this income to others. Under your last entry on line 1, put a subtotal of all interest listed on line 1. Below this subtotal, enter "Nominee Distribution" and show the total interest you received as a nominee. Subtract this amount from the subtotal and enter the result on line 2.



If you received interest as a nominee, you must give the actual owner a Form 1099-INT unless the owner is your spouse. You must also file a Form 1096 and a Form 1099-INT

with the IRS. For more details, see the General Instructions for Forms 1099, 1098, 5498, and W-2G and Instructions for Forms 1099-INT and 1099-OID.

Line 3

Did you cash series EE or 1 U.S. savings bonds in 2006 that were issued after 1989? If you did and you paid qualified higher education expenses in 2006 for yourself, your spouse, or your dependents, you may be able to exclude part or all of the interest on those bonds. See Form 8815 for details.

Part II

Ordinary Dividends

Line 5

Report on line 5 all of your ordinary dividends. Ordinary dividends should be shown in box 1a of your Forms 1099-DIV or substitute statements. List each payer's name and show the amount.

Nominces. If you received a Form 1099-DIV that includes ordinary dividends you received as a nominee (that is, in your name, but the ordinary dividends actually belong to someone else), report the total on line 5. Do this even if you later distributed some or all of this income to others. Under your last entry on line 5, put a subtotal of all ordinary dividends listed on line 5. Below this subtotal, enter "Nominee Distribution" and show the total ordinary dividends you received as a nominee. Subtract this amount from the subtotal and enter the result on line 6.



If you received dividends as a nominee, you must give the actual owner a Form 1099-DIV unless the owner is your spouse. You must also file a Form 1096 and a Form 1099-DIV

with the IRS. For more details, see the General Instructions for Forms 1099, 1098, 5498, and W-2G and Instructions for Form 1099-DIV.

Schedule 2

Department of the Treasury-Internal Revenue Service

(Form 1040A)

Child and Dependent Care Expenses for Form 1040A Filers

2006

OMB No. 1545-0074

Name(s) shown on Form	1040A					÷	,		Your socia	al security number	r	
Before you beg Dependent c		ou need to unde	rstand th			s. See D o g person		on page 1 d		arate instructi		
Part I	1	(a) Care provi name	der's	er's (b) Address (number, street, apt. no., city, state, and ZIP code) (c) Identifying number (SSN control of the code)								
Persons or organizations who provided												
the care										E32700		
You must		(If you need mo	re space	e, use t	he botto	m of pag	je 2.)					
complete this part.		Did you dependent c		fits?	No → Complete only fits? Yes → Complete Par					art II below.		
· .		Caution. If the must use Form	1040. S	ee Sch	edule H	and its i	nstruction	s for details	s			
Part II	2	Information about the instructions		qualify	ing pers	on(s). If	you have	more than	two quali	ifying persons	s, see	
Credit for child and dependent care expenses		(a) Qualifying person's name (b) Qualifying person's soc security number						(c) Qualified expenses you incurred and paid in 2006 for the person listed in column (a)				
									S056	E32750		
			F24			<u>-</u>	1		S057	E32775		
	3	Add the amoun \$3,000 for one If you complete	qualifyin	g perso	on or \$6,	000 for t	wo or mo		3	E328 00		
	4	Enter your earr							4	E32880		
	5	If married filing spouse was a sothers, enter the	student (or was	disabled				5	E32890		
	6	Enter the small			_				6	E33000		
		Enter the amou			_		7		<u> </u>			
	8	Enter on line 8 amount on line If line 7 is:		imal am	ount sho	own belo		plies to the				
		But not Over over		ecimal nount is		Over	But not over	Decimal amount	_			
		\$0—15,000 15,000—17,000 17,000—19,000 19,000—21,000 21,000—23,000 23,000—25,000 25,000—27,000 27,000—29,000		.35 .34 .33 .32 .31 .30 .29		31,000- 33,000- 35,000- 37,000- 39,000- 41,000-	-31,000 -33,000 -35,000 -37,000 -39,000 -41,000 -43,000 -No limit	.27 .26 .25 .24 .23 .22 .21	8	AG2441 :	× .	
	9			lecimal		on line 8			9	current vr	E3320 E3330	
	10	Enter the amou							10			
	11	Credit for child of line 9 or line						he smaller	11	total credit- I	 E33400	

Schedule 2 (Form 1040A)	2006	Page
Dependent	12 Enter the total amount of dependent care benefits you received for 2006. This amount should be shown in box 10 of your Form(s) W-2. Do not include amounts that were reported to you as wages	
care benefits	in box 1 of Form(s) W-2. 13 Enter the amount, if any, you carried over from 2005 and used in 2006	12 E33420
· :	during the grace period. See the instructions.	13
	14 Enter the amount, if any, you forfeited or carried forward to 2007. See the instructions.	14 (E33450
	15 Combine lines 12 through 14. See the instructions.	15
•	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s). 16 E33460	
-	17 Enter the smaller of line 15 or 16.	
	18 Enter your earned income. See the instructions. 18 E32880	
	19 Enter the amount shown below that applies to you.	_
	 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). 	
	 If married filing separately, see the instructions for the amount to enter. 	
	All others, enter the amount from line 18. 19 E32890	
	20 Enter the smallest of line 17, 18, or 19. 20	-
	 Excluded benefits. Enter here the smaller of the following: The amount from line 20, or \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19). 	21 E32840
	22 Taxable benefits. Subtract line 21 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB."	22 E33480
_	To claim the child and dependent care credit, complete lines 23-27 below.	
·	23 Enter \$3,000 (\$6,000 if two or more qualifying persons).	23
	24 Enter the amount from line 21.	24 E32840
·	25 Subtract line 24 from line 23. If zero or less, stop. You cannot take the credit. Exception. If you paid 2005 expenses in 2006, see the instructions for line 9.	25
	26 Complete line 2 on the front of this schedule. Do not include in column (c) any benefits shown on line 21 above. Then, add the amounts in column (c) and enter the total here.	26
	27 Enter the smaller of line 25 or 26. Also, enter this amount on line 3 on the front of this schedule and complete lines 4–11.	27 E32800

Schedule 3 (Form 1040A)

Department of the Treasury-Internal Revenue Service

Credit for the Elderly or the Disabled for Form 1040A Filers

2006

OMB No. 1545-0074

Name(s) shown on Form	m 1040A	Your social security number
	You may be able to take the You were age 65 or olde	nis credit and reduce your tax if by the end of 2006: or or • You were under age 65, you retired on permanent and total disability, and you received taxable disability income.
		her tests. See the separate instructions for Schedule 3. S can figure the credit for you. See the instructions.
Part I	If your filing status is:	And by the end of 2006: Check only one box:
Check the box for your filing status	Single, Head of household, or Qualifying widow(er)	FLGSTR 1 You were 65 or older
and age		and total disability
	·	3 Both spouses were 65 or older
		4 Both spouses were under 65, but only one spouse retired on permanent and total disability 4 □
	Married filing	5 Both spouses were under 65, and both retired on permanent and total disability
	jointly	6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total disability
		7 One spouse was 65 or older, and the other spouse was under 65 and not retired on permanent and total disability
	Married filing	8 You were 65 or older and you lived apart from your spouse for all of 2006 8
	separately	9 You were under 65, you retired on permanent and total disability, and you lived apart from your spouse for all of 2006 9 □
	Did you check box 1, 3, 7, or	— Yes → Skip Part II and complete Part III on the back.
	8?	— No — ➤ Complete Parts II and III.
Part II Statement of permanent and total disability Complete this part only if you checked	or you filed or got a line B on the statem 2 Due to your continu substantial gainful a • If you checked this	n's statement for this disability for 1983 or an earlier year, statement for tax years after 1983 and your physician signed nent, and DISABL ed disabled condition, you were unable to engage in any ctivity in 2006, check this box s box, you do not have to get another statement for 2006. neck this box, have your physician complete the statement on
box 2, 4, 5, 6, or 9 above.		ructions. You must keep the statement for your records.

Cat. No. 12064K

Part III Figure your credit

10	If you checked (in Part I):			Enter:	
	Box 1, 2, 4, or 7				
	Box 3, 5, or 6	 	 	\$7,500	
_	Box 8 or 9	 	 	\$3,750 10	

Did you check box 2, 4, 5, 6, or 9 in Part I?

Yes
You must complete line 11.

No
Enter the amount from line 10 on line 12 and go to line 13.

11 If you checked (in Part I):

- Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.
- Box 2, 4, or 9, enter your taxable disability income.
- Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.

	For more details on what to include on line 11, see the instructions.			
	the instructions.	11	E28200	
12	If you completed line 11, enter the smaller of line 10 or line 11; all			
	others, enter the amount from line 10.	12	E28300	

- 13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006.
 - a Nontaxable part of social security benefits

Nontaxable part of railroad retirement benefits treated as social security (see the instructions). 13a E28350

b Nontaxable veterans' pensions and

Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see the instructions).

13b E28375

E28400

c Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c.

4 Enter the amount from Form 1040A, line 22. 14

45	Marin alreading district No. 15 Protest			
15	If you checked (in Part I): Enter:			
	Box 1 or 2			
	Box 3, 4, 5, 6, or 7 \$10,000			
	Box 8 or 9	15		
16	Subtract line 15 from line 14. If zero or less,			
	enter -0	16	E28500	
17	Enter one-half of line 16.	.17	E28600	
40	Add lines 10c and 17			

18	Add lines 13c and 17.	· 18	E28700	
19	Subtract line 18 from line 12. If zero or less, stop; you cannot take		, .	
	the credit. Otherwise, go to line 20.	19	E28800	
20	Multiply line 19 by 15% (.15).	20		
21	Enter the amount from Form 1040A, line 28, minus any amount on			
	Form 1040A, line 29.	21		
22	Credit for the elderly or the disabled. Enter the smaller of line 20			
	or line 21 here and on Form 1040A, line 30.	22	E28900	

Schedule 3 (Form 1040A) 2006

rorm		
10	40E	Z

Income Tax Return for Single and Joint Filers With No Dependents (99)

2006

OMB No. 1545-0074

	_	_										
Label)	our first name and initial		Last nam	FNMLN	1			Your So	ocial securit	sy number S002
(See page 11.) Use the IRS	A B E		f a joint return, spouse's firs	t name and initial	Last nam	SNMLN	1	MARS =	1 OR 2	Spouse	's social sec	urity number S003
label. Otherwise, please print	H	,	Home address (number and AD	street). If you have a	a P.O. box, se	e page 11.		Ar	pt. no.		u must ent ur SSN(s) a	
or type.	R	(City, town or post office, sta-	te, and ZIP code. If	you have a fo	eign address, see	page 11.			Checkin	a a box be	elow will not
Presidential Election Campaign	_	<u> </u>	CITYST			N21 (ZIP	•	ELE	ECT = 1, 2		your tax o	r refund.
(page 11)		С	heck here if you, or	your spouse if	a joint retu	ım, want \$3 t	o go to this	fund	<u> </u>	You	<u> </u>	Spouse
Income		1	Wages, salaries, and Attach your Form(s		nld be sho	wn in box 1	of your Form	n(s) W-2.		1	E00200)
Attach Form(s) W-2 here.		2	Taxable interest. If t	he total is over	\$1,500, y	ou cannot use			rest E0040	2	E00300)
Enclose, but do not attach,		3	Unemployment con	pensation and	Alaska Pe	rmanent Func	d dividends (see page	13). E026	00 3	E02300)
any payment.		4_	Add lines 1, 2, and		<u> </u>				E026	50 4	E00100	<u> </u>
		. 5	If someone can clair applicable box(es) be							ST TOT		
	h	Dei	lf no one can claim					if singl	•		4100 + E	04600
		6	\$16,900 if married Subtract line 5 from	line 4. If line							E04500	0
			This is your taxable Federal income tax		hav 2 of s	iour Form(s)	\λ/ ₋ 2		<u> </u>	6	E1070	
Payments		-/ 8a	Earned income cre	_	003 2 01	E59530	<u></u>	E5:	9660		E1100	$\overline{}$
and tax			Nontaxable combat				8b	E11055	E5952	5	•	
•		9	Credit for federal to	elephone excise	tax paid.	Attach Form	8913 if requ	ired.		9	E1160	0
			<u>-</u>				Excess FICA	A / RRTA I		10	E1060	0
		10 11	Add lines 7, 8a, and Tax. Use the amon	nt on line 6 ab	ove to fin	d your tax in	the tax table	on pages		-	05100 E0	5800
		12.	24-32 of the bookle If line 10 is larger t						und		12100	79200
Refund Have it directly		144	lf Form 8888 is atta			11 Hom mie				12a	E11900	(-)
deposited! See page 18 and fill in 12b, 12c.	>	b	Routing number			> c	Туре: С	hecking	Savings	DIRDE	.	
and 12d or Form 8888.	•	· d	Account number									
Amount you owe		13	If line 11 is larger t the amount you ow	han line 10, sul e. For details c	otract line on how to	10 from line pay, see page	11. This is 19.		•	13	E11900	(+)
Third party		Do :	you want to allow and	other person to	discuss th	nis return with	the IRS (see	page 20))?	s. Compl	ete the foll	owing. L No
designee		nam	e ▶	AUTHCD		Phone no. ▶ (_)		Personal ide number (PIN)	<u> </u>	
Sign here		accu	er penalties of perjury, I trately lists all amounts a Il information of which th	nd sources of inco	ome I receiv	ed during the ta	x year. Declara	ation of pre	ledge and be parer (other t	han the ta	xpayer) is ba	ased
Joint return? See page 11.	1	Your	signature			Date	Your occupa	occpr	રા	Da (aytime phone)	e number
Keep a copy for your records.		Spo	use's signature. If a joint	return, both mus	st sign.	Date	Spouse's oc	cupation OCCSE	EC			
Paid			arer's PF	PREP			Date	Chec self-e	ck if employed	Prep	arer's SSN	or PTIN
preparer's use only		your	's name (or s if self-employed). less, and ZIP code	_					EIN Phone no.	!)	

Use this form if

- Your filing status is single or married filing jointly. If you are not sure about your filing status, see page 11.
- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2006. If you were born on lanuary 1, 1942, you are considered to be age 65 at the end of 2006.
- You do not claim any dependents. For information on dependents, use TeleTax topic 354 (see page 6).
- Your taxable income (line 6) is less than \$100,000.
- You do not claim any adjustments to income. For information on adjustments to income, use TeleTax topics 451-453, 455, and 456 (see page 6).
- The only tax credits you can claim are the earned income credit and the credit for the federal telephone excise tax. For information on credits, use TeleTax topics 601-608 and 610 (see page 6).
- You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you eamed tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see page 12). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see page 13.
- You did not receive any advance earned income credit payments. If you cannot use this form, use TeleTax topic 352 (see page 6).

Filling in your return

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

For tips on how to avoid common mistakes, see page 20. Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for dependents who checked one or both boxes on line 5

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see page 6).

(keep a copy for your records)

A. Amount, if any, from line I on front		
+ 300.00 Enter total ►	A	
B. Minimuni standard deduction	B	850.00
C. Enter the larger of line A or line B here	C	
D . Maximum standard deduction. If single , enter \$5,150; if married filing jointly , enter \$10,300	D	
E . Enter the smaller of line C or line D here. This is your standard deduction	E	
F. Exemption amount.		

- If single, enter -0-.
 If parried filing jointly and
- If married filing jointly and—
 - -both you and your spouse can be claimed as dependents, enter -0-.
 - —only one of you can be claimed as a dependent, enter \$3,300.
- G. Add lines E and F. Enter the total here and on line 5 on the front

If you did not check any boxes on line 5, enter on line 5 the amount shown below that applies to you.

- Single, enter \$8,450. This is the total of your standard deduction (\$5,150) and your exemption (\$3,300).
- Married filing jointly, enter \$16,900. This is the total of your standard deduction (\$10,300), your exemption (\$3,300), and your spouse's exemption (\$3,300).

Mailing return

Mail your return by **April 16, 2007**. If you live in Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont, or the District of Columbia, you have until April 17, 2007. Use the envelope that came with your booklet. If you do not have that envelope or if you moved during the year, see the back cover for the address to use.



SCHEDULES A&B

Department of the Treasury

Internal Revenue Service

(Form 1040)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040.

► See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074 Attachment

Sequence No. 07

Name(s) shown on Form 1040 Your social security number Medical Caution. Do not include expenses reimbursed or paid by others. E17500 1 Medical and dental expenses (see page A-1) . . . and 1 Enter amount from Form 1040, line 38 2 Dental 2 E17750 3 Multiply line 2 by 7.5% (.075). Expenses 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-E17000 4 4 E18400 5 Income Tax E18425 State and local income taxes . . . STATETX. Taxes You E18500 5 Sales Tax E18450 Paid 6 6 Real estate taxes (see page A-3) E18800 7 7 (See page A-3.) 8 Other taxes. List type and amount ▶..... 8 E18900 Add lines 5 through 8 . _ E18300 E19400 10 10 Home mortgage interest and points reported to you on Form 1098 Interest You Paid 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 (See page A-3.) and show that person's name, identifying no., and address E19500 11 Note. Personal Points not reported to you on Form 1098. See page A-4 12 interest is 12 E19530 for special rules not Investment interest. Attach Form 4952 if required. (See deductible. 13 E19570 Add lines 10 through 13 _ . . . E19200 14 14 Gifts to Gifts by cash or check. If you made any gift of \$250 or E19800 15 Charity more, see page A-5 If you made a Other than by cash or check. If any gift of \$250 or more, 16 16 E20100 gift and got a see page A-5. You must attach Form 8283 if over \$500 benefit for it. E20200 17 17 Carryover from prior year see page A-4. E19700 Add lines 15 through 17 . . . 18 18 Casualty and Casualty or theft loss(es). Attach Form 4684. (See page A-6.) . E20500 Theft Losses 19 19 Unreimbursed employee expenses-job travel, union Job Expenses 20 dues, job education, etc. Attach Form 2106 or 2106-EZ and Certain F20550 20 Miscellaneous if required. (See page A-6.) ▶ 21 E20600 **Deductions** 21 Other expenses—investment, safe deposit box, etc. List page A-6.) type and amount ▶ E20950 22 E20400 23 Add lines 20 through 22 . . 23 Enter amount from Form 1040, line 38 24 E20750 Multiply line 24 by 2% (.02) E20800 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . . . 26 Other 27 Other—from list on page A-7. List type and amount ▶ Miscellaneous Deductions E20900 E21000 E21010 27 E21020 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? / Total Itemized No. Your deduction is not limited. Add the amounts in the far right column E04470 28 for lines 4 through 27. Also, enter this amount on Form 1040, line 40. **Deductions** E21040 Yes. Your deduction may be limited. See page A-7 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here ► □

Your social security number

		Schedule B—Interest and Ordinary Dividends		Attach Seque		o. 08
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this		Amo	unt	· -
Interest		interest first. Also, show that buyer's social security number and address			.	
(See page B-1				<u> </u>		
and the instructions for						
Form 1040,						
line 8a.)					-	
			1			
Note. If you received a Form				<u> </u>		
1099-INT, Form 1099-OID, or						
substitute statement from		· · · · · · · · · · · · · · · · · · ·				
a brokerage firm,				* . *	<u>. </u>	· · ·
list the firm's name as the						
payer and enter		•••••••••••••••••••••••••••••••••••••••			ı	
the total interest shown on that		Add the amounts on line 1	.2	E21090)	•
form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	E21100)	,
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4			
	No	ote. If line 4 is over \$1,500, you must complete Part III.	4	· Amo	unt	
Part II	5	List name of payer ▶		<u> </u>		
Ordinary						
Dividends						
(See page B-1						
and the		· · · · · · · · · · · · · · · · · · ·			-	
instructions for Form 1040,				<u> </u>		
line 9a.)						
		· · · · · · · · · · · · · · · · · · ·				
					-	
Note. If you received a Form			5			
1099-DIV or		•••••				
substitute statement from						
a brokerage firm,				-		
list the firm's name as the				_		
payer and enter						
the ordinary dividends shown				_		
on that form.						
	6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . ►	6	E21150	1	
•		ote. If line 6 is over \$1,500, you must complete Part III.	6	E21130	ٔ ر	
-		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide	ends: o	r (b) had	V	
Part III		reign account; or (c) received a distribution from, or were a grantor of, or a transferor to,			Yes	No
Foreign	7a	At any time during 2006, did you have an interest in or a signature or other authority	y over	a financial	* XX	
Accounts		account in a foreign country, such as a bank account, securities account, or other fir	nancia	I account?		
and Trusts	. 1-	See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. So If "Yes." enter the name of the foreign country.	'HRL	٠ - ٠		ery ,
(See page B-2.)	8	During 2006, did you receive a distribution from, or were you the grantor of, or	trans	feror to, a		
, J = =-,		foreign trust? If "Yes," you may have to file Form 3520. See page B-2	CHBF1	ī ļ		

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040).

Attachment Sequence No. **09**

Name	of proprietor	PRC1	sx	VRF1	FIR	ST SCHEDULE C	!	Social sec	urity number (SSN)	
Α -						page C-2 of the instructions)	B Enter co	ode from pages C-8,	9, & 10
С	Business name. If no LLC1		usiness	name, leave blank.				D Employ	er ID number (EIN), EINC1	if any
E	Business address (ir City, town or post o									
				(2) Accrual		3) Other (specify)	ACMEC1	l	MPRT	C1
F G	Accounting method:		Cash			uring 2006? If "No," see pag				□ N
G H									•	
Pa		quired triis by	20111000	during 2000, check		<u> </u>		<u>· · · · · · · · · · · · · · · · · · · </u>		لسا
1	·			•	-	on Form W-2 and the "Statut k here STATM1		1	E91020	
2	Returns and allowar						-	2	E91030	
3	Subtract line 2 from							3	E91040 +/-	
4								4	E91050	
5								5	E91060 +/-	
6	•					it or refund (see page C-3).		6	E91080 +/-	
7	Gross income. Add	l lines 5 and	6				▶	7	E91010 +/-	
Pai						our home only on line 3				-
8	Advertising		8	E91110		18 Office expense		18	E91280	
9	Car and truck expe					19 Pension and profit-shar		19	E91290	
9	page C-4)		9	E91140		20 Rent or lease (see page	•			
10	Commissions and fe		10	E91160		a Vehicles, machinery, and ed	•	20a	E91300	
11	Contract labor (see		11	E91165		b Other business proper		20b	E91310	
12	Depletion	Jage C-4)	12	E91170		21 Repairs and maintena	•	21	E91320	
	·					22 Supplies (not included in		22	E91325	
13	Depreciation and s					23 Taxes and licenses		23	E91330	
	expense deducti	,		DPEXP1		24 Travel, meals, and ente		0,00		
	included in Part page C-4)		13	E91190		a Travel		24a	E91340	
14	Employee benefit	programs				b Deductible meals and	ı			
	(other than on li	ne 19).	14	E91200	\perp	entertainment (see pa	ige C-6)	24b	E91355	
15	Insurance (other tha	n health)	15	E91210		25 Utilities		25	E91360	
16	Interest:		(98) (1.1.) (1.2.)			26 Wages (less employment	credits)	26	E91370	
а	Mortgage (paid to ba	nks, etc.) .	16a	E91240		27 Other expenses (from	line 48 on			
	Other		16b	E91250		page 2)		27	E91430	
17	Legal and professio	nal								1
	services	<u> </u>	17	E91260						
2 8			s for bu	isiness use of home	e. Add	ines 8 through 27 in columr	ns. ▶	28	E91100	_
	T 1 - 11			7				29	E91435 +/-	
29	Tentative profit (loss	•						30	E91438	
30	Expenses for busine	•			29 .				201100	+
31	Net profit or (loss).					Mar. 6	,)			
	• •			•		line 2, or on Form 1040NF	s, [21	E91440 +/-	
	, ,			·		nter on Form 1041, line 3. (+)/suspended loss carry) (31 EQ16	640 +/-	1
	• If a loss, you mus	U						Lait	U 7 U 'I-	
32	•			· ·		n this activity (see page C-6	· 1		7	
	•	•		•		and Schedule SE, line 2, o		32a		
	•	13 (statutory	employ	ees, see page C-6).	Estates	and trusts, enter on Form 16		32b ∟		it is no
	line 3.					ARS	NUT		at risk.	

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

Total other expenses. Enter here and on page 1, line 27

Pa	rt III Cost of Goods Sold (see page C-7)					
33	Method(s) used to INVLC1				_	
				ttach explar	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inv If "Yes," attach explanation	entory		Yes		Nó
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		E91450		
16	Purchases less cost of items withdrawn for personal use	36		E91460		
37	Cost of labor. Do not include any amounts paid to yourself	37		£91470		
8	Materials and supplies	38		E91480		
39	Other costs	39		E91490		
		40				
10	Add lines 35 through 39			E91500		
41	Inventory at end of year	41		E91000		
Pa	rt IV Information on Your Vehicle. Complete this part only if you are claimi line 9 and are not required to file Form 4562 for this business. See the in C-4 to find out if you must file Form 4562.		ar or			
14	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used y				·	
а	Business b Commuting (see instructions) c Oti					
15	Do you (or your spouse) have another vehicle available for personal use?		•	·		No
16	Was your vehicle available for personal use during off-duty hours?			_	∐ 	No
17a	Do you have evidence to support your deduction?			☐ Yes		No
b Pe	If "Yes," is the evidence written?	or li	 na 30	Yes		No
٠	Other Expenses. List below business expenses not included on lines 0-20	01 111	16 30			
.				-	-	
		•••••				
						• .
		1			-	

48

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

20**06**

Attachment Sequence No. **09**

Name of proprietor Social security number (SSN) SXPRC2 SXVRF2 SECOND SCHEDULE C Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-8, 9, & 10 NAIC2 C Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any LLC2 EINC2 E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code (3) ☐ Other (specify) ► ACMEC2 F (1) Cash (2) Accrual Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses G н If you started or acquired this business during 2006, check here FRSTC2 Part I Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory E92020 employee" box on that form was checked, see page C-3 and check here . . . E92030 2 2 E92040 +/-3 3 Subtract line 2 from line 1 E92050 4 Cost of goods sold (from line 42 on page 2) E92060 +/-5 5 6 E92080 +/-Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3). E92010 +/-**Expenses.** Enter expenses for business use of your home **only** on line 30. Part II E92110 E92280 18 18 Office expense . . . 8 Advertising E92290 19 19 Pension and profit-sharing plans Car and truck expenses (see E92140 page C-4). 20 Rent or lease (see page C-5): E92160 E92300 20a 10 10 Commissions and fees a Vehicles, machinery, and equipment. E92310 E92165 20b **b** Other business property. . 11 Contract labor (see page C-4) 12 E92170 21 E92320 21 Repairs and maintenance . Depletion E92325 22 Supplies (not included in Part III) . 22 Depreciation and section 179 13 E92330 23 23 Taxes and licenses deduction (not expense DPEXP2 included in Part III) (see 24 Travel, meals, and entertainment: E92340 E92190 13 24a a Travel page C-4) . . . Employee benefit programs b Deductible meals and 14 E92200 E92355 14 (other than on line 19). entertainment (see page C-6) 24b E92210 E92360 15 Insurance (other than health) . 25 Utilities E92370 26 Interest: 26 Wages (less employment credits) . 16 E92240 16a a Mortgage (paid to banks, etc.) . 27 Other expenses (from line 48 on E92250 E92430 **b** Other page 2) 17 Legal and professional E92260 17 E92100 28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns . 28 29 E92435 +/-Tentative profit (loss). Subtract line 28 from line 7 29 E92438 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, E92440 +/line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 31 E92640 +/-• If a loss, you must go to line 32. nondeductible loss (+)/suspended loss carryover (-) If you have a loss, check the box that describes your investment in this activity (see page C-6).

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041,

ARSKC2

32a All investment is at risk.

32b Some investment is not

at risk.

48 Total other expenses. Enter here and on page 1, line 27

Pai	Cost of Goods Sold (see page C-7)				
33	Method(s) used to INVLC2				
34	value closing inventory: a Cost		Other (attach e	xplanation	1)
34	If "Yes," attach explanation	entory	🗌 Ye	s [□ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	E924	150	ļ
36	Purchases less cost of items withdrawn for personal use	36	€924	160	
37	Cost of labor. Do not include any amounts paid to yourself	37	E924	170	
38	Materials and supplies	38	E924	180	
39	Other costs	39	E924	190	
40	Add lines 35 through 39	40			
41	Inventory at end of year	41	E925	500	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42			
Pa	Information on Your Vehicle. Complete this part only if you are claim line 9 and are not required to file Form 4562 for this business. See the in	struc		ie 13 on	page
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/	!	<u>/</u>		
44	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used y	our ve	ehicle for:		
а	Business b Commuting (see instructions) c Ot	her			· · · · · · · · · · · · · · · · · · ·
45	Do you (or your spouse) have another vehicle available for personal use?		Ye	s [□No
46	Was your vehicle available for personal use during off-duty hours?		Ye	s . [□ No.
47a	Do you have evidence to support your deduction?		🗆 Ye	s [□ No
b	If "Yes," is the evidence written?		🗀 Ye	s [□ No
	Other Expenses. List below business expenses not included on lines 8-26				
			-		
	<u></u>	•	-		.
			-		
			-		-
			-		
			_		
		· · ·	-	<u> </u>	
		1	i i		1 '

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074 Attachment Sequence No. **09**

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040).

Name	e of proprietor SXPRC3	S	XVRF3	Τŀ	HIRD SCHEDULE C	Social se	curity number (SSN)	
A	Principal business or profession	, includ	ling product or service			B Enter	code from pages C-8,	9, & 10
С	Business name. If no separate bulled	ousines	s name, leave blank.			D Emplo	yer ID number (EIN), i EINC3	if any
E	Business address (including sui City, town or post office, state,							· · · · · ·
F	Accounting method: (1)	Cash	(2) Accrua	l	(3) ☐ Other (specify) ► ACMEC	3	MPRT	СЗ
G		in the c	peration of this busi	ness (during 2006? If "No," see page C-3 for I		osses Yes	□N
Н	If you started or acquired this b	usiness	during 2006, check	here	<u>.</u> FRSTC	3	<u> </u>	
Pa	rt I Income					,	_	
1					u on Form W-2 and the "Statutory ck here STATM3 ▶	1	E93020	
2	Returns and allowances					2	E93030	
3	Subtract line 2 from line 1 .					3	E93040 +/-	
4	Cost of goods sold (from line 42	2 on pa	ge 2)			4	E93050	
5	Gross profit. Subtract line 4 fro	m line	3			5	E93060 +/-	
6			ate gasoline or fuel to	ax cre	dit or refund (see page C-3).	6	E93080 +/-	
7	Gross income. Add lines 5 and				<u> </u>	7	E93 <u>010</u> +/-	
Pa	t II Expenses. Enter ex	1		e of y	your home only on line 30.			
8	Advertising	8	E93110	-	18 Office expense	18	E93280	╄
9	Car and truck expenses (see				19 Pension and profit-sharing plans	19	E93290	
	page C-4)	9	E93140	-	20 Rent or lease (see page C-5):			
10	Commissions and fees	10	E93160		a Vehicles, machinery, and equipment .	20a	E93300	+
11	Contract labor (see page C-4)	11	E93165	-	b Other business property	20b	E93310	+
12	Depletion	12	E93170	-	21 Repairs and maintenance	21	E93320	-
13	Depreciation and section 179				22 Supplies (not included in Part III)	22	E93325	╀
	expense deduction (not		DPEXP3		23 Taxes and licenses	23	E93330	+
	included in Part III) (see			1	24 Travel, meals, and entertainment:		F00040	
	page C-4)	13	E93190	-	a Travel	24a	E93340	+
14	Employee benefit programs		E93200		b Deductible meals and		E02255	
	(other than on line 19).	14_	E93210		entertainment (see page C-6)	24b	E93355 E93360	+-
15	Insurance (other than health)	15	<u> </u>	+	25 Utilities	25	E93370	+-
16	Interest:	16a	E93240		26 Wages (less employment credits)	26	L93370	+
a	Mortgage (paid to banks, etc.)	16b	E93250		27 Other expenses (from line 48 on	27	E93430	
ь 17	Other	105			page 2)	-	- 1 1 1 1 to 1 a 4 a 2	
•	services	17	E93260					
 28				. Δdd	lines 8 through 27 in columns .	28	E93100	
20	Total expenses before expense	. 101 0	daniesa dae of florne	. Add	mies 8 tinoagn 27 in columns .			1
29	Tentative profit (loss). Subtract	line 28	from line 7			29	E93435 +/-	
30	Expenses for business use of ye			9		30	E93438	1
31	Net profit or (loss). Subtract lin							1
	If a profit, enter on both Form line 13 (statutory employees, see	n 1040,	line 12, and Sched			31	E93440 +/-	
	• If a loss, you must go to line		•		/suspended loss carryover (-)	E93	640 +/-	
32	If you have a loss, check the bo							
					, and Schedule SE, line 2, or on	32a 🗆	All investment is	at risk
					es and trusts, enter on Form 1041.	32b	_	
	line 3.	. ,	, - ,		ARSKC3		at risk.	
	• If you checked 32b, you mus	t attach	n Form 6198. Your k	oss m	ay be limited.			

Total other expenses. Enter here and on page 1, line 27

Pa	t III Cost of Goods Sold (see page C-7)			•
33	Method(s) used to Value closing inventory: a Cost b Lower of cost or market c		ther (attach explana	tion)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventors.	-		
	If "Yes," attach explanation		🗌 Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	E93450	
36	Purchases less cost of items withdrawn for personal use	36	E93460	
37	Cost of labor. Do not include any amounts paid to yourself	37	£93470	
38	Materials and supplies	38	E93480	
39	Other costs	39	E93490	
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	E93500	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42		
Pa	Information on Your Vehicle. Complete this part only if you are claimi line 9 and are not required to file Form 4562 for this business. See the in C-4 to find out if you must file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/	!	•	
44	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used y	our ve	hicle for:	
а	Business b Commuting (see instructions) c Ot	her	· · · · · · · · · · · · · · · · · · ·	
45	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	☐ No
46	Was your vehicle available for personal use during off-duty hours?		🗆 Yes	☐ No
47a	Do you have evidence to support your deduction?		Yes	☐ No
b	If "Yes," is the evidence written?		Tyes	☐ No
Pa	other Expenses. List below business expenses not included on lines 8-26	or li	ne 30.	
	······································			

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Attachment Sequence No. **09**

Name	of proprietor SEXPRC	S	XVRFY C	OMRI	NED SCHEDULE C	Social se	ecurity number (SSN)			
A	Principal business or profession,			-		B Enter code from pages C-8, 9, & 10				
С	Business name. If no separate b	usines	s name, leave blank.			D Employer ID number (EIN), if an				
E	Business address (including suit City, town or post office, state,					•••••	•••••			
F	Accounting method: (1)	Cash	(2) Accrual		(3) ☐ Other (specify) ► ACCME	С	MPAR	OT		
G			peration of this busin	ness c	luring 2006? If "No," see page C-3 for	limit on	losses	☐ No		
Н	If you started or acquired this be	usines	during 2006, check	here	FIRST	<u>C.</u>	<u></u> ▶			
Pa	rt i Income					- , -	•			
1	Gross receipts or sales. Caution employee" box on that form was				on Form W-2 and the "Statutory ck here STATEM ▶	1	E90020			
2	Returns and allowances					2	E90030			
3	Subtract line 2 from line 1 .					3	E90040 +/-			
4	Cost of goods sold (from line 42	on pa	age 2)				E90050	+		
5							E90060 +/-	+		
6	Other income, including federal	and st	ate gasoline or fuel ta	ax cred	dit or refund (see page C-3)		E90080 +/-	+		
7					vous homo only on line 20	7	E90010 +/-			
			E90110	or y	our home only on line 30.	18	E90280	\top		
8	Advertising	8		 	18 Office expense	19	E90290	+		
9	Car and truck expenses (see	9	E90140		19 Pension and profit-sharing plans	19	130230	+		
	page C-4)	10	E90160		20 Rent or lease (see page C-5):	20a	E90300			
10	Commissions and fees	11	E90165		a Vehicles, machinery, and equipment	20b	E90310	+		
11	Contract labor (see page C-4)	12	E90170		b Other business property 21 Repairs and maintenance	21	E90320	+		
12	Depletion			<u> </u>	21 Repairs and maintenance	00	E90325	<u> </u>		
13	Depreciation and section 179				23 Taxes and licenses	23	E90330	1		
	expense deduction (not		DEPEXP		24 Travel, meals, and entertainment:					
	included in Part III) (see page C-4)	13	E90190		a Travel	24a	E90340			
14	Employee benefit programs	14	E90200		b Deductible meals and	24b	E90355			
4-	(other than on line 19).	15	E90210		entertainment (see page C-6)	25	E90360			
15	Insurance (other than health) . Interest:				25 Utilities	00	E90370	†		
16 a	Mortgage (paid to banks, etc.)	16a	E90240		27 Other expenses (from line 48 on					
a b	Other	16b	E90250		page 2)	27	E90430			
17	Legal and professional]					
	services	17	E90260			1,30,4				
28	Total expenses before expense		ousiness use of home	. Add	lines 8 through 27 in columns .	28	E90100			
29	Tentative profit (loss). Subtract	line 28	from line 7			29	E90 <u>435</u> +/-			
30	Expenses for business use of ye			9 .		30	E90438			
31	Net profit or (loss). Subtract lin	ne 30 f	rom line 29.							
	 If a profit, enter on both Forn line 13 (statutory employees, see 					31	E90440 +/-			
	• If a loss, you must go to line	32.	nondeductible lo	ss (+)/suspended loss carryover (-)		E90640 +/-			
32	If you have a loss, check the bo		describes your inves	tment	in this activity (see page C-6).					
	• If you checked 32a, enter the	loss o emplo	n both Form 1040, li byees, see page C-6).	ne 12 Estate	, and Schedule SE, line 2, or on is and trusts, enter on Form 1041,	32a 3 2 b		t is not		

Total other expenses. Enter here and on page 1, line 27

Pa	rt III Cost of Goods Sold (see page C-7)			·		
33	Method(s) used to					
			•	ch explana	ation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing in If "Yes," attach explanation			Yes		No
		1	1			140
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	5 "	E9 0 450		
26	Durchage loss part of items with drawn for parameters	36		90460	.	
36	Purchases less cost of items withdrawn for personal use		,			
37	Cost of labor. Do not include any amounts paid to yourself	37	1	E90470		
				-00400	1	
38	Materials and supplies	38		<u> </u>		
39	Other costs	39) 1	E90490		
40	Add lines 35 through 39	40)		-	
41	Inventory at end of year	41		E90500		
41	inventory at end or year					
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4		1			
Pa	Information on Your Vehicle. Complete this part only if you are claim line 9 and are not required to file Form 4562 for this business. See the in					
	C-4 to find out if you must file Form 4562.	-		<u> </u>		
			,			
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/		<i>'</i>			
44	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used	vour v	ehicle for:			
а	Business	ther .				,
45	Do you (or your spouse) have another vehicle available for personal use?			Voc		No
45	Bo you for your spouse, have another verticle available for personal use?			162		NO
46	Was your vehicle available for personal use during off-duty hours?		\square	Yes		No
			٠			
47a	Do you have evidence to support your deduction?			Yes .	Ш	No
b	If "Yes," is the evidence written?		🗆	Yes		No
Pa	other Expenses. List below business expenses not included on lines 8-26	∂ or I	ine 30.		-	
				:		
		- 	-			
			-			
- 			-			
	·		-			
	<u> </u>		-			
				-		
			-		.	
		- 1	1		- 1	

SCHEDULE C-EZ (Form 1040)

Net Profit From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

Schedule C-EZ (Form 1040) 2006

Social security number (SSN)

:

Department of the Treasury Internal Revenue Service Name of proprietor

For Paperwork Reduction Act Notice, see page 2.

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

Attachment Sequence No. **09A**

You May Use Schedule C-EZ nstead of Schedule C Only If You:	 Had business expenses of \$5,000 cless. Use the cash method of accounting Did not have an inventory at any time during the year. INVLC1 Did not have a net loss from your business. Had only one business as either a sole proprietor or statutory employee. 	CMECA	Are not rec Depreciation this busine for Schedule C-4 to find Do not dec business u Do not have	quired to file on and Amo ess. See the ale C, line 1 I out if you duct expens se of your	ortization, for a instructions 3, on page must file. ses for home.	
	siness or profession, including product or service	e		 ▶]	le from pages C-8, NAIC1 er ID number (EIN	
C Business na	me. If no separate business name, leave blank.	LLC1			EINC1	, ii dily
E Business ac	dress (including suite or room no.). Address not	required if same as on pag	ge 1 of your tax re	eturn.		
City, town o	r post office, state, and ZIP code					•
	<u> </u>				·	
Part II Fig	ure Your Net Profit		·		· —	
1 Gross rec	eipts. Caution. If this income was reported to box on that form was checked, see Statut	to you on Form W-2 and tony Employees in the in	the "Statutory		E91010	E91
	C, line 1, on page C-3 and check here		STATM1 >	_	E91020	E91
2 Total exp	enses (see instructions). If more than \$5,00	00 vou must use Schedi	ule C	2	E91100	
both Form	. Subtract line 2 from line 1. If less than z n 1040, line 12, and Schedule SE, line 2,	or on Form 1040NR, li	ine 13. (Statuto	ry	-	
employees	do not report this amount on Schedule SE	E, line 2. Estates and trus	sts, enter on For	m 3	E91440	
	3.)					no 2
Part III In	ormation on Your Vehicle. Complete the	nis part only if you are			xpenses on ii	
4 When did	you place your vehicle in service for busine	ess purposes? (month, c	dav. vear) ▶	/		
5 Of the total	al number of miles you drove your vehicle of	during 2006, enter the nu	umber of miles	you used :	your vehicle to	or:
a Business .	b Commuting (see in	nstructions)	c Othe	er		
6 Do you (o	r your spouse) have another vehicle availab	ole for personal use?.			. 🗌 Yes	☐ No
7 Was your	vehicle available for personal use during of	ff-duty hours?			. 🗌 Yes	☐ No
8a Do you ha	eve evidence to support your deduction?				. 🗌 Yes	□ No
h If "Ves" i	s the evidence written?				. 🗌 Yes	☐ No

Cat. No. 14374D

Instructions

You can use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship or you were a statutory employee and you have met all the requirements listed in Schedule C-EZ, Part I.

Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

Line B

Enter the six-digit code that identifies your principal business or professional activity. See pages C-8 through C-10 of the Instructions for Schedule C for the list of codes.

Line D

You need an employer identification number (EIN) only if you had a qualified retirement plan or were required to file an employment, excise, estate, trust, or alcohol, tobacco, and firearms tax return. If you need an EIN, see the Instructions for Form SS-4. If you do not have an EIN, leave line D blank. Do not enter your SSN.

Line F

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on Forms 1099-MISC. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

Line 2

Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expenses, rent or lease expenses, repairs and maintenance, supplies, taxes, travel, the allowable percentage of business meals and

entertainment, and utilities (including telephone). For details, see the Instructions for Schedule C, Parts II and V, on pages C-3 through C-8. If you wish, you can use the optional worksheet below to record your expenses. Enter on lines **b** through **g** the type and amount of expenses not included on line **a**.

If you claim car or truck expenses, be sure to complete Schedule C-EZ, Part III.

Line 5b

Generally, commuting is travel between your home and a work location. If you converted your vehicle during the year from personal to business use (or vice versa), enter your commuting miles only for the period you drove your vehicle for business. For information on certain travel that is considered a business expense rather than commuting, see the Instructions for Form 2106.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is approved under OMB control number 1545-1973 and is shown below.

. O . O . O . O . O . O . O . O . O . O	~ ~ .	• • •	-							
Recordkeeping	-	_		_				-	_	. 45 min.
Learning about the law										
or the form	-					_		-		. 4 min.
Preparing the form.	-		-	-	-	_	-	-	-	. 35 min.
Copying, assembling,										
and sending the form to	th	ie l	RS	;	_	_		_	_	20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed.

Optional Worksheet for Line 2 (keep a copy for your records)

			,	
а	Deductible business meals and entertainment (see pages C-5 and C-6)	·a		
b		b ·		
С		С		
d		d		
e		ė		
_			_	
f		f		
•		-		1
g		g		1
J				
h	Total. Add lines a through g. Enter here and on line 2	h		"

SCHEDULE D (Form 1040)

Department of the Treasury

Department of the Treasury

(99)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).

Attachment

Sequence No. 12

OMB No. 1545-0074

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Your social security number Name(s) shown on return Short-Term Capital Gains and Losses—Assets Held One Year or Less Part I

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date s (Mo., day,		(d) Sales price (see page D-6 of the instructions)	(e) Cost or othe (see page D- the instruction	7 of	(f) Gain or (los Subtract (e) from	
1									
								· · · · · · · · · · · · · · · · · · ·	
_	<u> </u>								_
								,	
							_		
	Enter your short-term totals, if any, line 2			2				E21600 +/-	
	Total short-term sales price amounts column (d)	s. Add lines 1 a	and 2 in	3	E21550+/-				
	Short-term gain from Form 6252 and sl			om F	orms 4684, 6781	, and 8824	4	E21620+/-	
	Net short-term gain or (loss) from p Schedule(s) K-1	oartnerships, \$	S corpora	tions	s, estates, and t		5	E21775+/-	
ì	Short-term capital loss carryover. Ente Carryover Worksheet on page D-7 of	er the amount,	, if any, fr	om li	ne 10 of you r C a		6	(E21800)_
7	Net short-term capital gain or (loss)						7	E22250+/-	E22

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

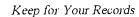
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)					(e) Cost or other basis (see page D-7 of the instructions)		(f) Gain or (los Subtract (e) from	
8						; ; ;				
_										
•				•			-			
				_		-		_		
										
9	Enter your long-term totals, if any, line 9			9		1			E22300+/-	
0	Total long-term sales price amounts column (d)			10	E22270+/-	1				
1	Gain from Form 4797, Part I; long-tern (loss) from Forms 4684, 6781, and 882							11	E22320+/-	1
2	Net long-term gain or (loss) from p Schedule(s) K-1					and 1	trusts from	12	E22365+/-	
3	Capital gain distributions. See page D	-2 of the instru	uctions		· · · · ·			13	E22370	
4	Long-term capital loss carryover. Enter Carryover Worksheet on page D-7 of							14	(E22390)
5	Net long-term capital gain or (loss) Part III on the back	. Combine line	es 8 throu	ugh 1	4 in column	(f).	Then go to	15	E23250+/-	E233

 $\hfill \square$ No. Complete the rest of Form 1040 or Form 1040NR.

Pa	rt III	Summary			
16	go to	ine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go 17 below	16	E23650+/-	
17	☐ Ye	es 15 and 16 both gains? E23660+/- s. Go to line 18. b. Skip lines 18 through 21, and go to line 22.			
18	Enter instruc	the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the tions.	18	E24518	
19	Enter t	the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on 0-9 of the instructions	19	E24515	
20	Ye the For No Sc	es 18 and 19 both zero or blank? s. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for m 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the hedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and below.			
21	of:	16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller loss on line 16 or	21		
	• (\$3,0	000), or if married filing separately, (\$1,500) When figuring which amount is smaller, treat both amounts as positive numbers.			
22	☐ Ye: the	have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? 5. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete Cualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for m 1040 (or in the Instructions for Form 1040NR).			

Schedule D (Form 1040) 2006

Schedule D Tax Worksheet





Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR) to figure your tax.

- Exception: Do not use the Qualified Dividends and Capital Gain Tax Worksheet or this worksheet to figure your tax if:

 Line 15 or line 16 of Schedule D is zero or less and you have no qualified dividends on Form 1040, line 9b (or Form 1040NR, line 10b); or
 - Form 1040, line 43 (or Form 1040NR, line 40) is zero or less.

lns	tead, see the instructions for Form 1040, line 44 (or Form 1040NR, line 41).		
_			
1.	Enter your taxable income from Form 1040, line 43 (or Form 1040NR, line 40)	J	
2.	Enter your qualified dividends from Form 1040, line 9b (or		
	Form 1040NR, line 10b)		
	Enter the amount from Form 4952, line 4g 3.		
4.	Enter the amount from Form 4952, line 4e* 4.		
5.	Subtract line 4 from line 3. If zero or less, enter -0		
6.	Subtract line 5 from line 2. If zero or less, enter -0		
7.	Enter the smaller of line 15 or line 16 of Schedule D 7. E24510		
8.	Enter the smaller of line 3 or line 4		
9.	Subtract line 8 from line 7. If zero or less, enter -0		
10.	Add lines 6 and 9		
11.	Add lines 18 and 19 of Schedule D		
12.	Enter the smaller of line 9 or line 11		E24517
13.	Subtract line 12 from line 10	13	E24520
14.		14	E24320
15.	Enter the smaller of:		
	• The amount on line 1 or		
	\$30,650 if single or married filing separately; \$61,300 if married filing jointly or qualifying widow(er); or \$41,050 if head of household 15. E24530		
	\$41,050 if head of household		
16.	Enter the smaller of line 14 or line 15		
17.	Subtract line 10 from line 1. If zero or less, enter -0		
18.	Enter the larger of line 16 or line 17		
	If lines 15 and 16 are the same, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.		
19.	Subtract line 16 from line 15 ▶ 19. E24534	•	C04505
20.	Multiply line 19 by 5% (.05)	20.	E24535
	If lines 1 and 15 are the same, skip lines 21 through 33 and go to line 34. Otherwise, go to line 21.		
21.	Enter the smaller of line 1 or line 13		
22.	Enter the amount from line 19 (if line 19 is blank, enter -()-)		
23.	Subtract line 22 from line 21. If 2010 of less, effect 4/2.	٠.	E24598
24.	Multiply line 23 by 15% (.15)	24.	L24330
	1f Schedule D, line 19, is zero or blank, skip lines 25 through 30 and go to line 31. Otherwise, go to line 25.		
	Enter the smaller of line 9 above or Schedule D, line 19		
	Add lines 10 and 18		
27.	Enter the amount from line 1 above		
28.	Subtract line 27 from line 26. If zero or less, enter -0		
29.	Sulli act time 20 from time 25. If 2010 of less, enter "o"	30.	E24615
30.	Multiply line 29 by 25% (.25)	30.	
	11 Schedule D, line 18, is zero or brank, skip lines 31 through 33 and go to line 34. Otherwise, go to line 31.		
51.	Add lines 18, 19, 23, and 29		
	Subtract line of from time 1	22	E24570
33.	Multiply line 32 by 28% (.28)	33. _.	E24560
34.	Figure the tax on the amount on line 18. Use the Tax Table or Tax Computation Worksheet, whichever applies	34. 35.	E24500
35.	Add lines 20, 24, 30, 33, and 34.	36.	
<i>5</i> 6.	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 35 or line 36. Also	50.	
37.	include this amount on Form 1040, line 44 (or Form 1040NR, line 41)	37.	E24580
	microde uns amount on roum 1949, thic at (0, roum 1949), thic at/	~	

*If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.

SCHE

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

► Attach to Form 1040, 1040NR, or Form 1041. ► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

1	Schedule C or C-EZ (see page I List the type and location of each re	ntal r			2 For e	each rental real estate	e property		No
Α	Number of RENTALS N2	2			use i	d on line 1, did you o	for person	al PU	I IRP
В	Number of ROYALTIES N	23			• 14	oses for more than the days or of the total days	-	01.	
С					fai	ir rental value? page E-3.)		с	
Inc	ome:		Prop			С	(Add	Totals columns A, B, a	and C.)
•	Denta received	3	RENT	· E	-		3	E25350	T .
3 4	Rents received	4		ROYALT	Υ		4	E25360	
Ex	penses:		_				575		
5	Advertising	5							
6	Auto and travel (see page E-4)	6		-					
7	Cleaning and maintenance	7	_		-				
. 8	Commissions	8				-			
9	Insurance	9	· ·	_		_	-		
10	Legal and other professional fees	11		-	+				
11	Management fees			_					
12	Mortgage interest paid to banks, etc. (see page E-4)	12			1		12	E25370	
13	Other interest	13				E25380	1800		
14	Repairs	14	T25385	T2539	0 _	T25395			
15	Supplies	15_							
16	Taxes	16		•	- -	<u> </u>			
17	Utilities	17				_ _			
18	Other (list) ▶					+			
		40		- 4		-			
		18				-			
			-		- -				
10	Add lines 5 through 18	19	E25400	E2543	0		19		
20	Depreciation expense or depletion		_						
2,0	(see page E-4)	20	E25500	E2547	0		20		
21		21							
22	Income or (loss) from rental real			-					-
	estate or royalty properties.								
	Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is								
	a (loss), see page E-5 to find out if you must file Form 6198.	22	E25700 +/-	E25800	+/-				
23	Deductible rental real estate loss. Caution. Your rental real estate		nondeduc	tible rental lo	ss .	E25830			
	loss on line 22 may be limited. See		suspende	ا d loss car ryo v	/er	E25840			
	page E-5 to find out if you must		Juapender	000 0an you			(\$10.00) (\$2.00)		
	file Form 8582 . Real estate professionals must complete line								
	43 on page 2	23	(E25820) () () **		
24	Income. Add positive amounts sho						24	E25850	_
25								(E25860	+
26		ncome	e or (loss). Combi	ine lines 24 ar	nd 25. Er	nter the result here.			
	If Parts II, III, IV, and line 40 on page line 17, or Form 1040NR, line 18. Oth	2 a o	not apply to you	, also enter th	ns amou	uni on Form 1040,	26	E25870 +/-	

SUITE	edule E (FORM 1040) 2006					Attach	ment Sequence	No. T	3	1	Page 2
Nam	ne(s) shown on return. Do not er	nter name and so	cial security nu	ımber if showr	on other side.			You	r social :	security nu	ımber
Car	ution. The IRS compares	amounts ror	orted on vo	ur tax rotu	rn with amoun	to chown on	Sobodulo/o\	1/ 1	<u> </u>	;	
	rt II Income or L										
	which any amou	nt is not at rist	k, you must o	check the bo	x in column (e)	on line 28 and	attach Form	6198.	See pa	α-nsk acπ ge E-1.	vity for
27	Are you reporting any los										
	loss from a passive activi	ty (if that loss	was not repo	rted on Fori	m 8582), or unre	eimbursed pa	rtnership exp	enses	?	Yes [No
	If you answered "Yes,"	see page E-6	before cor	npleting thi	 	SCHELC					
28		(a) Name			(b) Enter P for partnership; S	(c) Check if foreign	(d) Emplidentific			(e) Check if any amount is	
A	·	Number	f PARTNER	Senibe	for S corporation N15	partnership	num	ber	+	not at risk	
B	<u>-</u>	Trainber C	HANTINE	(0) 111 0	1015				-	N17	
c		Numb	er of S-COR	PS	N16	N13				N18	
D				·	-						
	Passive Incon	ne and Loss			No	npassive li	ncome and	Loss	•		
	(f) Passive loss allowed		ive income		npassive loss		ion 179 expense			npassive inc	
	(attach Form 8582 if required)		hedule K-1		chedule K-1		n from Form 45	62	<u> </u>	Schedule	
A	PARTNERSHIPS E25920	PARTNE E259			RSHIPS		ERSHIPS	-		NERSHI	PS
B	S-CORPS	S-COF			960 DRPS		6110 ORPS		 	:5980 :ORPS	-
D	E26160	E261			5180	-	6100	-	+	26190	
	Totals	_ +						ener.		26225	<u> </u>
	Totals E26205	32.774.04		E26	215	E2	6220		1911	geriege.	187
30	Add columns (g) and (j)	of line 29a						30	E2	26200	
31	() , () ,							31	E2	26225)
32	Total partnership and	S corporation	on income	or (loss).	Combine lines	30 and 31.	Enter the		-	070 . (
D۵	result here and include	os From F	on line 41 i	Tructo	<u>.</u>		<u> </u>	32_	E20	270 +/-	
	moonie of E	<u> </u>							(h) F	mployer	
33			(a) Na	me						ition numbe	r
Α	· .				•						
В						· · · · · · · · · · · · · · · · · · ·					
		ive Income					passive Inc	1			
	(c) Passive deduction or loss (attach Form 8582 if requ			Passive incom 1 Schedule K-		(e) Deduction from Sched	(f) Other income from Schedule K-1			m ·	
A	<u> </u>			<u> </u>				-			$\overline{\mathbf{I}}$
В											
34a	Totals		£:	26340	¥35:				E263	80	
b	Totals E26320			personal de la companya de la companya de la companya de la companya de la companya de la companya de la compa		E26360		2 - 1-1			<u> 1944 - </u>
35	Add columns (d) and (f)							35	1	6390	<u> </u>
36	Add columns (c) and (e)							36_	E2	26400	:)
37	Total estate and trust include in the total on			oine lines 3	35 and 36. Ent	ter the result	here and	37	F26	500 +/-	
Pa	rt IV Income or Lo			Mortgag	e Investmen	t Conduits	(REMICs)-		1	Holder	+ -
		(b) Emp		(c) Exces	s inclusion from	1	ncome (net loss)		(e) Inco	ome from	
38	(a) Name	identificatio	n number		ı les Q , line 2c page E-7)	from Sched	ules Q, line 1b		Schedule	es Q, line 3	b
				E26		E26650					<u> </u>
39	Combine columns (d) ar	nd (e) only. Er	iter the resu	ılt here and	include in the	total on line	41 below	39	E27	100 +/-	<u> </u>
	Tt V Summary	(\	F 4005	- A1 -				40	E 27	200 +/-	· T
40 41	Net farm rental income Total income or (loss). Combine						NR line 18 🕨	40	 	300 +/-	+
						11, OLT OHII 1040	, wie 10 P			200 ./-	+
42	Reconciliation of farmin and fishing income report										
	1065), box 14, code B; S								an ang sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sangan sanga Sangan sangan		
	Schedule K-1 (Form 104)				42	E27315	i +/-				in i Ali. Zerik Ali Ali
43	Reconciliation for real				real estate	การสัญหารสุดสิทธิ์ ใหญ่สิ่งสิ่งสารได้ก็ส	ang site to the t Walkington (1984)				
	professional (see page E	-1), enter the	net income	or (loss) yo	u reported						
	anywhere on Form 1040 o					E27320	3			全线通过	

EIC

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

2006

Attachment Sequence No. **43**

Department of the Treasury Internal Revenue Service (99) Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Name(s) shown on return

Your social security number

Before you begin:

See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Q	ualifying Child Information	Child 1	Child 2
1	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name Last name	First name Last name
2	Child's SSN The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	NOTREQ S054	S055
3	Child's year of birth	Year EICYBI EYOB1 It born after 1987, skip lines 4a and 4b; go to line 5.	Year EICYB2 EYOB2 It how after 1987, skip lines 4a and 4b; go to line 5.
	If the child was born before 1988—Was the child under age 24 at the end of 2006 and a student?	STDNT1 Yes. No. Go to line 5. Continue.	STDNT2 Yes. No. Go to line 5. Continue.
b	Was the child permanently and totally disabled during any part of 2006?	CHIND1 Yes. Continue. The child is not a qualifying child.	Yes. No. Continue. The child is not a qualifying child.
5	Child's relationship to you (for example, son, daughter, grandchild, mece, nephew, foster child, etc.)	RELAT1	RELAT2
6	Number of months child lived with you in the United States during 2006		
	 If the child lived with you for more than half of 2006 but less than 7 months, enter "7." If the child was born or died in 2006 and your 	NMNTH1 months	NMNTH2
	home was the child's home for the entire time he or she was alive during 2006, enter "12."	Do not enter more than 12 months.	Do not enter more than 12 months.



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2006, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

SCHEDULE F (Form 1040)

Name of proprietor

Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074 Attachment

Sequence No. 14

Social security number (SSN)

Department of the Treasury Internal Revenue Service

► See Instructions for Schedule F (Form 1040).

SXPRF1 FIRST SCHEDULE F A Principal product. Describe in one or two words your principal crop or activity for the current tax year. B Enter code from Part IV NAIFX1 NAIF1 D Employer ID number (EIN), if any C Accounting method: (1) Cash (2) Accrual ACMEF1 = 1 ACMEF1 = 2EINF1 E Did you "materially participate" in the operation of this business during 2006? If "No," see page F-2 for limit on passive losses. Yes ☐ No Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797. E96070 Sales of livestock and other items you bought for resale . . . 1 E96080 Cost or other basis of livestock and other items reported on line 1. 3 E96090 +/-3 E96100 4 Sales of livestock, produce, grains, and other products you raised 4 E96210 E96200 5b 5a Cooperative distributions (Form(s) 1099-PATR) 5a 5b Taxable amount E96220 E96230 6b 6a Agricultural program payments (see page F-3) . 6a 6b Taxable amount Commodity Credit Corporation (CCC) loans (see page F-3): E96240 7a a CCC loans reported under election E96260 E96250 7ь **b** CCC loans forfeited 7с 7c Taxable amount Crop insurance proceeds and federal crop disaster payments (see page F-3): E96280 E96270 8b 8b Taxable amount 8d c If election to defer to 2007 is attached, check here ▶ □ 8d Amount deferred from 2005 E96290 9 E96300 +/-10 Other income, including federal and state gasoline or fuel tax credit or refund (see page F-3) 10 Gross income. Add amounts in the right column for lines 3 through 10. If you use the accrual method, enter E96310 +/the amount from Part III, line 51 Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses such as taxes, insurance, or repairs on your home. Pension and profit-sharing 12 Car and truck expenses (see page E96440 E96320 12 25 F-4). Also attach Form 4562 . . plans E96330 13 13 Chemicals 26 Rent or lease (see page F-5): 100 Conservation expenses (see a Vehicles, machinery, and E96340 14 26a equipment page F-4) E96350 15 26b b Other (land, animals, etc.) . . Custom hire (machine work) 15 E96420 27 27 Repairs and maintenance 16 Depreciation and section 179 E96430 28 Seeds and plants . . . expense deduction not claimed E96360 29 16 29 Storage and warehousing . elsewhere (see page F-4) 30 E96450 30 Supplies Employee benefit programs other 17 E96370 E96460 17 31 than on line 25 31 Taxes 18 E96375 32 32 18 Feed Utilities 19 E96377 33 19 Fertilizers and lime 33 Veterinary, breeding, and medicine 20 34 Other expenses (specify): Freight and trucking. . 20 E96380 21 34a Gasoline, fuel, and oil . . 21 E95390 34b 22 22 Insurance (other than health) b 34c 23 Interest: E96400 23a 34d a Mortgage (paid to banks, etc.) E96410 **b** Other 23b 34e Labor hired (less employment credits) E96415 24 24 34f Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions E96540 E96550 35 35 Net farm profit or (loss). Subtract line 35 from line 11 Nondeductible Loss (+) / Suspended Carryover (-) 36 • If a profit, enter the profit on Form 1040, line 18, and also on Schedule SE, line 1. E96660 +/-E96640 +/-If you file Form 1040NR, enter the profit on Form 1040NR, line 19. • If a loss, you must go to line 37. Estates, trusts, and partnerships, see page F-6. If you have a loss, you must check the box that describes your investment in this activity (see page F-6). • If you checked 37a, enter the loss on Form 1040, line 18, and also on Schedule SE, line 1. 37a All investment is at risk. If you file Form 1040NR, enter the loss on Form 1040NR, line 19. ARSKF1 37b Some investment is not at risk. • If you checked 37b, you must attach Form 6198. Your loss may be limited.

Part III Farm Income—Accrual Method (see page	e F-7)
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Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797 and do not include this livestock on line 46 below.

38	Sales of livestock, produce, grains, and other products	3 8	E96100	
39a	Cooperative distributions (Form(s) 1099-PATR) 39a E96200 39b Taxable amount	39b	E96210	
40a	Agricultural program payments <u>40a</u> E96220 40b Taxable amount	40b	E96230	
41	Commodity Credit Corporation (CCC) loans:		E00040	
а	CCC loans reported under election	41a	E96240	
b	CCC loans forfeited	41c	E96250	
42	Crop insurance proceeds	42	₹96280	
43	Custom hire (machine work) income	43	E96290	-
44	Other income, including federal and state gasoline or fuel tax credit or refund	44	E96300 +/-	
45	Add amounts in the right column for lines 38 through 44	45	E96600	
46	Inventory of livestock, produce, grains, and other products at beginning of the year			
47	Cost of livestock, produce, grains, and other products purchased during the year			
48	Add lines 46 and 47			Andreas and a second
49	Inventory of livestock, produce, grains, and other products at end of year 49			
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48*	50		
51	Gross income. Subtract line 50 from line 45. Enter the result here and on Part I, line 11 ▶	51	E96610 +/-	

Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if (a) your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or **(b)** you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

Crop Production

111100 Oilseed and grain farming

111210 Vegetable and melon farming

111300 Fruit and tree nut farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming 112510 Animal aquaculture

7 Till a aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

^{*}If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I, line 11.

SCHEDULE F (Form 1040)

Profit or Loss From Farming

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name of proprietor

SXPRF2

SECOND SCHEDULE F

Attachment Sequence No. 14

Social security number (SSN)

	SXPRF2		SECOND S	CHEDU	ILE F						
A Prin	ncipal product. Describe in one or two	words y	our principal crop or a	ctivity for	the cur	rent tax	year.	В		ode from Part IV	UE0
		(4)	•				_	╄		 	NF2
C Ac	counting method:	(1)	Cash ACMEF2 =		Acc		2 - 2	ا	Employ :	yer ID number (EII	ν),πa∩y i
	I you "materially participate" in the					CMEF		•	<u> </u>	EINF2	<u> </u>
						_		MP	RTF2	<u> </u>	N
Par	•										
	Do not include sales of i							eport i	nese	sales on Form	4/9/.
	Sales of livestock and other items					1 -	E97070				
2	Cost or other basis of livestock a						E97080			E07000 1/	
3	Subtract line 2 from line 1							.	3	E97090 +/- E97100	-
4	Sales of livestock, produce, grain	-	1 - (.	4	E97100	+
	Cooperative distributions (Form(s) 1			E9720 E9722			5b Taxable amo		5b	E97210	
6a	Agricultural program payments (s		•		20		6b Taxable amo	ount	6b	E97230	-
7	Commodity Credit Corporation (C									E07240	
	CCC loans reported under election		1 1					.	7a	E97240	
	CCC loans forfeited			E9726	_		7c Taxable amo	ount	7c	E97250	
	Crop insurance proceeds and fed		1 1 1			3):	I			F07200	
	Amount received in 2006		,	E9727	/ 0		8b Taxable am	ount	8b	E97280	
С	If election to defer to 2007 is atta	ched, (check here 🕨 🔲		8d Am	nount c	leferred from 2005	.	8d		-
9	Custom hire (machine work) incom								9	E97290 E97300 +/-	+
10	Other income, including federal and		•						10	E97300 +1-	
11	Gross income. Add amounts in the amount from Part III, line 51		<u> </u>				the accrual method,		11	E97310 +/-	
Par	Farm Expenses—Cash							1			
	Do not include personal	OF HVII	ig expenses suci	l as lax	es, IIIs	uranc	e, or repairs on yo	Jul Ho	He.		
12	Car and truck expenses (see page		507000		25 Pe	nsion	and profit-sharing			507440	
	F-4). Also attach Form 4562	12	E97320		pla	ans .		. }	25	E97440	
13	Chemicals	13	E97330	-	26 Re	ent or l	ease (see page F-5)	:			
14	Conservation expenses (see		E07240	ļ	a Ve	hicles,	machinery, and				
	page F-4)	14	E97340		ec	luipme	nt	. }	26a		-
15	Custom hire (machine work) .	15	E97350		b Ot	her (la	nd, animals, etc.) .	. }	26b		\dashv
16	Depreciation and section 179				27 Re	epairs a	and maintenance .	. }	27	E97420	-
	expense deduction not claimed				28 Se	eds ar	nd plants	.	28	E97430	
	elsewhere (see page F-4)	16	E97360	-	29 St	orage	and warehousing .	.	29	E07450	+
17	Employee benefit programs other		E07070		30 St	upplies		.	30	E97450	
	than on line 25	17	E97370		31 Ta	ixes .			31	E97460	
18	Feed	18	E97375	-	32 Ut	ilities			32		_
19	Fertilizers and lime	19	E97377	\vdash	33 Ve	terinary	, breeding, and medicii	ne	33		_
20	Freight and trucking	20	507000	\vdash	34 Of	her ex	penses (specify):				
21	Gasoline, fuel, and oil	21	E97380		а			•	34a		_
22	Insurance (other than health)	22	E97390		b				34b	_	
23	Interest:		507400		С	• - •			34c		
	Mortgage (paid to banks, etc.)	23a	E97400		d	• • • • • • •			34d		-
	Other	23b	E97410	\vdash	e	• - •		• • • •	34e	 	
24	Labor hired (less employment credits)	24	E97415	of all un	1 marke	d evne	nses E97540		341	<u> </u>	
35	Total expenses. Add lines 12 thr	_						. ▶	35	E97550	_
36	Net farm profit or (loss). Subtract If a profit, enter the profit on For	m 1040	, line 18, and also o	n Sched		• •	uspended Carryover E97660	` '	36	E97640 +/-	
	If you file Form 1040NR, enter the If a loss, you must go to line 37.				e pane	F-6	J				
37	If you have a loss, you must check						vity (see page F-6).)			
	• If you checked 37a, enter the I	oss on	Form 1040, line 18	B, and al	so on S			Ţ	37a [All investment	is at risl
	If you file Form 1040NR, enter						ARSKF2	- (37ь [Some investment is	s not at ris
	• If you checked 37b, you must	attach	Form 6198. Your lo	ss may	pe limi	ted.)			

Part III	Farm	Income—Accrual	Method (see p	page	F-7)
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Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797 and do not include this livestock on line 46 below.

						T
38	Sales of livestock, produce, grains, and other products			38	E97100	
39a	Cooperative distributions (Form(s) 1099-PATR) 29a E97200	39b	Taxable amount	39b	E97210	
40a	Agricultural program payments Lata E97220	401	Taxable amount	40b	E97230	
41	Commodity Credit Corporation (CCC) loans:					
а	CCC loans reported under election			41a	E97240	
b	CCC loans forfeited	41c	Taxable amount	41c	E97250	
42	Crop insurance proceeds			42	£97280	
43	Custom hire (machine work) income			43	E97290	
44	Other income, including federal and state gasoline or fuel tax credit or refun	44	E97300 +/-			
45	Add amounts in the right column for lines 38 through 44			45	E97600	
46	Inventory of livestock, produce, grains, and other products at beginning of the year	46			·	
47	Cost of livestock, produce, grains, and other products purchased during the year	47				
48	Add lines 46 and 47	48				
49	Inventory of livestock, produce, grains, and other products at end of year	49				
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49	50				
<u>5</u> 1	Gross income. Subtract line 50 from line 45. Enter the result here and on P	art I, line 1	· 1 ▶	51	E97610 +/-	

*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I, line 11.

Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if (a) your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or **(b)** you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

Crop Production

111100 Oilseed and grain farming

111210 Vegetable and melon farming

111300	Fruit	and	tree	nut	farming

111400 Greenhouse, nursery, and floriculture production

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Animal aquaculture

112900 Other animal production

Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

SCHEDULE F (Form 1040)

SCHF

Profit or Loss From Farming

► Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ See Instructions for Schedule F (Form 1040)

Attachment Sequence No. 14

lame of proprietor		COMBINED	SCHE	DULE F		Social se	curity number (SSN	1)
						B Enter code from Part IV NAIFX NAIF		
Accounting method: ACCMEF	(1) 🗌	Cash	(2)	Accrual			yer ID number (EIN	
ACMEF = 1 ACMEF = 2							EINF	
Did you "materially participate" in the	operatio	n of this business	during :	2006? If "No," s	see page F-2 for limit of	on passive i	osses. Yes	
						MPARTE	=	
Part I Farm Income—Cash M Do not include sales of								
Sales of livestock and other item					E95070	873	<u> </u>	
2 Cost or other basis of livestock	-	-		-	E95080			
3 Subtract line 2 from line 1		•				3	E95090 +/-	
4 Sales of livestock, produce, grain						4	E95100	
5a Cooperative distributions (Form(s)	1099-PATI	R) 5a	E952		5b Taxable amou	nt 5b	E95210	
6a Agricultural program payments (s	see page	F-3) . 6a	E952	20	6b Taxable amou		E95230	
7 Commodity Credit Corporation (CCC) loar	ns (see page F-3)	:					
a CCC loans reported under electi	on					. 7a	E95240	
b CCC loans forfeited		. 7b	E952	60	7c Taxable amou		E95250_	
8 Crop insurance proceeds and fe		1 ' ' 1						
a Amount received in 2006			E952	70	8b Taxable amou	nt 86	E95280	┷
c If election to defer to 2007 is att	ached, ch	eck here ► 🗌		8d Amount d	leferred from 2005	. 8d		
9 Custom hire (machine work) inco	ome					1 1	E95290	
 Other income, including federal an 	_				• • • • • • •		E95300 +/-	+
1 Gross income. Add amounts in t the amount from Part III, line 51		<u> </u>		-	the accrual method, e	nter 11	E95310 +/-	
Part II Farm Expenses—Cash Do not include personal				kes, insurance	e, or repairs on you	r home.	· -	
2 Car and truck expenses (see page	12	E95320			and profit-sharing	25	E95440	
F-4). Also attach Form 4562	13	E95330	+			. 20		+
			1 1		ease (see page F-5):			
4 Conservation expenses (see page F-4)	14	E95340		a venicies, equipmer	machinery, and	26a		
5 Custom hire (machine work)	15	E95350			nt nd, animals, etc.) .	'		+-
·					and maintenance		E95420	\top
6 Depreciation and section 179 expense deduction not claimed				28 Seeds an	· ·		E95430	\top
elsewhere (see page F-4)	16	E95360	1 1		and warehousing .	-		\top
7 Employee benefit programs other				•	· · · · · · ·	1 1	E95450	
than on line 25	17	E95370		31 Taxes .		31	E95460	
8 Feed	18	E95375		32 Utilities		32		
9 Fertilizers and lime	19	E95377		33 Veterinary,	breeding and medicine	33		
0 Freight and trucking	20			•	penses (specify):	25-25-3		
1 Gasoline fuel, and oil	21	E95380			***************************************	34a		
2 Insurance (other than health)	22	E95390		_		0.45		
3 Interest:						04-		
a Mortgage (paid to banks, etc.)	23a	E95400			•	اندما		
b Other	23b	E95410	\perp			(1		
4 Labor hired (less employment credits)	24	E95415		f		341		
5 Total expenses. Add lines 12 th						. ▶ 35	E95550	
 Net farm profit or (loss). Subtract If a profit, enter the profit on For If you file Form 1040NR, enter th 	line 35 from 1040, line profit or	om line 11. None ine 18, and also on Form 1040NR, i	deductibl on Sched ine 19.	le Loss (+) / Su ule SE, line 1.	spended Carryover (-)	, ,	E95640 +/-	
 If a loss, you must go to line 37. If you have a loss, you must check If you checked 37a, enter the lif you file Form 1040NR, enter If you checked 37b, you must 	Estates, to the box to the loss on Forther loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the loss of the	trusts, and partnet that describes you orm 1040, line 15 on Form 1040NF	rships, se ir investm 8, and ai 8, line 19	nent in this activ Iso on Schedu).		7	All investment is	

Part III Farm Income—Accrual Method (see page F-7).

Do not include sales of livestock I	neld for	r draft,	breeding,	sport, or dairy	purposes.	Report these	sales on	Form	479
and do not include this livestock of				•		•			

					1
38	Sales of livestock, produce, grains, and other products	3 8	E95100	 	
39a	Cooperative distributions (Form(s) 1099-PATR) [39a E95200	39Ь	E95210	-	
40a	Agricultural program payments <u>40a E95220</u>	40b	E95230	<u> </u>	
41	Commodity Credit Corporation (CCC) loans:				
а	CCC loans reported under election	41a	E95240	_	
b	CCC loans forfeited	41c Taxable amount	41c	E95250	-
42	Crop insurance proceeds		42	E95280	
43	Custom hire (machine work) income	43	E95290	<u> </u>	
44	Other income, including federal and state gasoline or fuel tax credit or refur	44	E95300 +/-	<u>.</u>	
45	Add amounts in the right column for lines 38 through 44.		45	E95600	
46	Inventory of livestock, produce, grains, and other products at beginning of the year				
47	Cost of livestock, produce, grains, and other products purchased during the year	47			
48	Add lines 46 and 47	48		· · · · · · · · · · · · · · · · · · ·	
49	Inventory of livestock, produce, grains, and other products at end of year	49	- 133 A - 1392		
50	Cost of livestock, produce, grains, and other products sold. Subtract line 48	from line 48*	50		
51	Gross income. Subtract line 50 from line 45. Enter the result here and on F	Part i, line 11	51	E95610 +/-	

*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I, line 11.

Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if (a) your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or (b) you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

Crop Production

111100 Oilseed and grain farming

111210 Vegetable and melon farming 111300 Fruit and tree nut farming

Greenhouse, nursery, and floriculture production 111400

111900 Other crop farming

Animal Production

112111 Beef cattle ranching and farming

112112 Cattle feedlots

112120 Dairy cattle and milk production

112210 Hog and pig farming

112300 Poultry and egg production

112400 Sheep and goat farming

112510 Animal aquaculture

112900 Other animal production

Forestry and Logging

Forestry and logging (including forest nurseries 113000 and timber tracts)

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) ▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971 Attachment

Department of the Treasury Internal Revenue Service (99) Name of employer

► See separate instructions.

Sequence No. 44 Social security number

		ī	i -i	
_	PRIMARY TAXPAYER	Employe	r identification n	umbe
A	Did you pay any one household employee cash wages of \$1,500 or more in 2006? (If any hous spouse, your child under age 21, your parent, or anyone under age 18, see the line A instruction answer this question.)			
	Yes. Skip lines B and C and go to line 1.No. Go to line B.			
3	Did you withhold federal income tax during 2006 for any household employee?			
	☐ Yes. Skip line C and go to line 5.☐ No. Go to line C.			
;	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to al (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or you			s?
	 No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10 on the back. (Calendar year taxpayers having no hous not have to complete this form for 2006.) 	ehold er	mployees in 2	006
ટ	rt I Social Security, Medicare, and Income Taxes			
	Total cash wages subject to social security taxes (see page H-4)			
	Social security taxes. Multiply line 1 by 12.4% (.124)	2	S27610	\perp
	Total cash wages subject to Medicare taxes (see page H-4)	_		
	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	S27630	
	Federal income tax withheld, if any	5	T27640	
	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6	T27650	
	Advance earned income credit (EIC) payments, if any	7	T27660	
	Net taxes (subtract line 7 from line 6)	8	T27670	
)	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to h (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or you			
	No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not require line 9 instructions on page H-4.	ed to file	Form 1040,	see
	✓ Yes. Go to line 10 on the back			

Employer's signature

	Fodoral III	namalarmana /FI	ITAL T								-	Page
Pari	rederal O	nemployment (Fl	JIA) Iax				 	UTA1		<u> </u>	Yes	s No
10	Are you required to	nov unomployment	a a ntributi	ione to ou	h					1.		140
		pay unemployment										+
		e unemployment con t are taxable for FU							age r	1-4. 1:		
							pioyment ta	1X ?			- 1	1
vext:		e "Yes" box on all							_			
	it you checked the	e "No" box on any	of the line			ion A and c	omplete Se	ection	В.			
				_	tion A				to en en e			1
		where you paid une										
14	State reporting nun	nber as shown on s	tate unem	ployment	tax return	>						
4-	Cambrilla diama maist		-1		11.4	15	T27680	1				
		to your state unempound to your state unempound to FUTA tax			page H-4)	13	12/000	l	16	T27	700	
	Total cash wages s	subject to FOTA tax	(see page	; ⊓ -4) .				•				+
17	FUTA tax. Multiply	line 16 by .008. Ente	er the resu	ılt here, sk	ip Section	B, and go to	o line 26		17	T27	740	
					tion B							
8		nns below that appl	y (if <u>y</u> ou n	eed more	space, se	e page H-5)	:					
(a)	(b) State reporting number	(c)		d)	(e)	/f\	.		Subtr	(h) act col. (g)	Contrib	i) outions
Name of	as shown on state	Taxable wages (as		erience rate riod	State experience	Multiply col.		col. (c)	from	col. (f). If	paid to	o state
state	unemployment tax return	defined in state act)	From	То	rate	by .054	by col	. (e)		or less, iter -0	unempl fu	oymen Ind
	·		7,0								\vdash	
	•											
_												
								,				
	•											7000
9	Totals		· · · ·	·				19		1	12	7680
20	Add solumns (b) on	nd (i) of line 19 .				20	T27690	1				
		subject to FUTA tax						<u> </u>	21	T27	700	
•	Total Guo. Hugoo G		(bee the h			ii page ii 4	,	•				
22	Multiply line 21 by	6.2% (.062)			·				22	· S27	710	
						1 1	-007700	ı				
	Multiply line 21 by					23	\$27720		0.4	S27	720	
24	Enter the smaller o	Afficial Control of the Control					approduce in the inter-	•	24	521	730	+
								vii. k.				
25	FUTA tax. Subtract	t line 24 from line 22	2. Enter th	e result h	ere and go	to line 26 .			25	T27	740	
Pari	III Total Hou	sehold Employm	ent Taxe	es								
,												
26	Enter the amount fro	om line 8. If you che	cked the '	"Yes" box	on line C	of page 1, e	nter -0		26	T27	670	
	A 1 1 12 - 47 4 12	:05)							27	'S27	750	
	Add line 17 (or line Are you required to	•						•	27	021		
J	•	iter the amount fron	n line 27 a	ibove on t	Form 1040	line 62 De	not comp	lete				
	Part IV b		111110 21 0	DOVE OIL	01111 1040	, mic 02. DC	not comp	ic to				
		have to complete i										
Par		and Signature—C				quired. Se	e the line	28 in:	1			
Addres	s (number and street) or	P.O. box if mail is not de	elivered to sti	reet address					Apt.	, room, or	suite no.	
ity to	own or post office, state,	and 7IP code										
rity, iC	with or post office, state,	and ZIF GOOD										
 Inder	penalties of periury. I de	clare that I have examine	d this sched	lule, includin	g accompany	ing statements	, and to the be	est of m	ny knov	vledge and	belief, i	t is tru
		of any payment made to										
					•)						

Date

SCHEDULE H (Form 1040)

Household Employment Taxes

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

► Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971
2006
Attachment

Attachment Sequence No. 44

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

Name of employer

Social security number

	SECONDARY TAXPAYER	Employer identification number			
	GEOGRANT TAXLATER				
Α	Did you pay any one household employee cash wages of \$1,500 or more in 2006? (If any hous spouse, your child under age 21, your parent, or anyone under age 18, see the line A instruction answer this question.)				
	Yes. Skip lines B and C and go to line 1.No. Go to line B.				
В	Did you withhold federal income tax during 2006 for any household employee?				
	☐ Yes. Skip line C and go to line 5.☐ No. Go to line C.				
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to all (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or you			s?	
	 No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10 on the back. (Calendar year taxpayers having no hous not have to complete this form for 2006.) 	ehold ε	employees in 2	006 do	
Pa	Social Security, Medicare, and Income Taxes				
1	Total cash wages subject to social security taxes (see page H-4)				
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	S27611	1	
3	Total cash wages subject to Medicare taxes (see page H-4) 3 T27621				
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	S27631	 	
5	Federal income tax withheld, if any	5	T27641	-	
6	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6	T27651		
7	Advance earned income credit (EIC) payments, if any	7	T27661		
8	Net taxes (subtract line 7 from line 6)	8	T27671		
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to he (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or you	ousehol our pare	d employees? nt.)		
	No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not require line 9 instructions on page H-4.	ed to fil	e Form 1040,	see the	
	☐ Yes. Go to line 10 on the back				

Employer's signature

Part	Federal Ur	nemployment (FL	JTA) Tax	i			FUTA	2			
										Yes	No
0 .	Are you required to	pay unemployment	contributi	ions to only	y one state	?			10	_	
	Did you pay all state							age H	-4. 1 1		-
2	Were all wages that	are taxable for FU	TA tax als	o taxable	for your st	ate's unemplo	yment tax?		. 12	2	1
lext:	If you checked the				•			_			
	If you checked the	e "No" box on any	of the line			on A and com	iplete Section	В. ——			
^					tion A		<u> </u>	T¥			1
	Name of the state v State reporting num										
7	otate reporting num	ibei as snown on s	tate unem	ployment	tax return						
5	Contributions paid t	o your state unemr	oloyment 1	fund (see p	page H-4)	15 T2	7681				
	Total cash wages s		-					16	T277	701	
7	FILTA tow Multiply I	ing 16 by 000 Entr	ar tha raa	ult boro old	in Coation	D and so to li	no 26	47	T277	741	
7	FUTA tax. Multiply I	ine 16 by .008. Ente	er the rest		tion B	B, and go to iii	<u>rie ∠o .</u>	17	121		-
8	Complete all colum	ins below that appl	y (if you n			e page <u>H-5).</u>		_		_	
(a)	(b)		(d)	(e)				(h)	(i	
lame	State reporting number as shown on state	(c) Taxable wages (as		erience rate riod	State	Multiply col. (c)	(g) Multiply col. (c)		act col. (g) col. (f). If	Contrib paid to	
of tate	unemployment tax return	defined in state act;			experience rate	by .054	by col. (e)		or less, iter -0-,	unemplo	oymer nd
	retein		From	То				-			
9	Totals						19	ļ.		T27	7681
								91.93°			
	Add columns (h) an				·		7691		T07		
21.	Total cash wages s	ubject to FUTA tax	(see the l	ine 16 inst	tructions o	n page H-4)		21	T27	701	
22	Multiply line 21 by 6	3 2% (062)					•	22	S27	711	-
.2	Multiply file 21 by	5.270 (.002)	· · · ·					100 T			
23	Multiply line 21 by 5	5.4% (.054)				23 S2	7721				
24	Enter the smaller o	f line 20 or line 23	·					24	S27	731	-
				Mer Politi	WEIGH						
25	FUTA tax. Subtract	line 24 from line 22	2. Enter th	ne result h	ere and go	to line 26.		25	T27	741	
Part		sehold Employm						- 		* * *	1
									T 27	671	
26	Enter the amount fro	om line 8. If you che	ecked the	"Yes" box	on line C	of page 1, ente	er -0	26	T27	071	+
7	Add line 17 (or line	25) and line 26						27	S27	751	
	Are you required to	-									
		ter the amount fron	n line 27 a	above on f	orm 1040	, line 62. Do n	ot complete	•			,
	Part IV be No. You may	elow. have to complete l	Dart IV S	ee page H	-5 for deta	sile	• .				
Par		nd Signature—C					the line 28 in	struc	tions on	page	H-!
	s (number and street) or		<u> </u>			quirea: eee t		-1	, room, or		
_											
_											
Addres	own or post office, state,	and ZIP code								·	
ddres	own or post office, state,					N.					

Date

SCHEDULE H (Form 1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) ▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971 Attachment

Social security number

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

Name of employer

Sequence No. 44

	COMBINED TAXPAYER	Employer identification number			
_	COMBINED TAXPATER				
A	Did you pay any one household employee cash wages of \$1,500 or more in 2006? (If any hous spouse, your child under age 21, your parent, or anyone under age 18, see the line A instruction answer this question.)				
	Yes. Skip lines B and C and go to line 1.No. Go to line B.				
В	Did you withhold federal income tax during 2006 for any household employee?				
	Yes. Skip line C and go to line 5.No. Go to line C.				
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to al (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or you			s?	
	 No. Stop. Do not file this schedule. Yes. Skip lines 1-9 and go to line 10 on the back. (Calendar year taxpayers having no hous not have to complete this form for 2006.) 	ehold e	mployees in 2	006 do	
Pa	rt I Social Security, Medicare, and Income Taxes				
1	Total cash wages subject to social security taxes (see page H-4)				
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	S27612	+-	
3	Total cash wages subject to Medicare taxes (see page H-4)	***		4.	
.4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	S27632		
5	Federal income tax withheld, if any	5_	T27642		
6	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6	T27652	-	
7	Advance earned income credit (EIC) payments, if any	7	T27662	-	
8	Net taxes (subtract line 7 from line 6)	8	T27672		
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to he (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or you				
	No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not require line 9 instructions on page H-4.	ed to file	e Form 1040,	see the	
	☐ Yes. Go to line 10 on the back.				

Employer's signature

Pari	311 F	ederal Ur	nemployment (FL	JTA) Tax				FUTA		•		age
	-					•	-				Yes	No
0	Are you	required to	pay unemployment	contribut	ions to onl	ly one state	∍?			. 10)	
1			unemployment con						age H			
2	Were all	wages that	t are taxable for FU	TA tax als	o taxable	for your st	ate's unemplo	yment tax?		. 12	2	
lext			"Yes" box on all						_			
	If you c	necked the	• "No" box on any	of the lin			ion A and com —	plete Section	В.			
<u></u>	Nama of	the state w			_	tion A			is t	_		1
3 4			where you paid une ober as shown on s						2.5			
•	Otate 10,	Sorting right	iber as shown on s	tate unen	ipioyment	tax return						
5 6			to your state unempublect to FUTA tax		•	page H-4)	15 T2	7682	16	T27	702	
				, , ,	·							ŀ
7	FUTA ta	x. Multiply I	line 16 by .008. Ente	er the resu		tip Section tion B	B, and go to li	ne 26 .	17	T27	742	<u> </u>
8	Comple	te all colum	nns below that appl	y (if you r			e page H-5):					
(a)		(b)			 d)	(e)				(h)	(
lame		orting number vn on state	(c) Taxable wages (as	State expe	erience rate riod	State	(f) Multiply col. (c)	(g) Multiply col. (c)		act col. (g) col. (f). If	Contrib paid to	
of state		oyment tax eturn	defined in state act)	<u> </u>		experience rate	by .054	by col. (e)	zero	or less, ter -0	unemple fur	oymen
				From	То				-		10.	
		_	,					·	1	•		
			·							•		
	1						Į.					
9	Totals							19	l abunas		T27	7682 T
0	Add coli	ımns (h) an	ıd (i) of line 19			•	20 T2	7692				
1			ubject to FUTA tax						21	T27	702	
					٠,					007	740	
2	Multiply	line 21 by 6	6.2% (.062)						22	S27	/12	1
23	Multiply	line 21 by 5	5.4% (.054)				23 S2	7722				
4		-	f line 20 or line 23						24	S27	732	
	Juston									. •		* -
5	ĖUTA ta	x Subtract	: line 24 from line 22	2 Enter th	ne result h	ere and ac	to line 26		25	T27	740	
		·	sehold Employm			ere and ge		• • •	20	127	742	
		<u> </u>										
6	Enter the	e amount fro	om line 8. If you che	cked the	"Yes" box	on line C	of page 1, ente	r-0	26	T276	572	-
7	Add line	17 (or line	25) and line 26						27	S27	752	
8			file Form 1040?								•	1
	-		ter the amount from	n line 27 a	above on F	orm 1040	, line 62. Do n e	ot complete				
		Part IV b					••					
Par	No.		have to complete formation of the hard signature—C					ha lina 28 ins	struct	ions on	മരമ	H-5
ddre			P.O. box if mail is not de	•		Olly II Te	quired. See t	ne mie 20 mi	T	room, or s		11-0
									ļ			•
ity, tر	own or pos	t office, state,	and ZIP code									
Jnder	penalties of	of perjury, I dec	clare that I have examine	d this sched	dule, includin	g accompany	ing statements, an	d to the best of n	ny knov	ledge and	belief, it	is tru
orrec	t, and com	plete. No part	of any payment made to	a state uner	nployment fu	ind claimed a	s a credit was, or i	s to be, deducted	from th	ne payment	s to emp	oloyee
<u> </u>											-	
E	mployer's s	ignature					7	Date				

SCHEDULE J (Form 1040)

Department of the Treasury Internal Revenue Service

Income Averaging for Farmers and Fishermen

▶ Attach to Form 1040 or Form 1040NR.

Attachment

Sequence No. 20

OMB No. 1545-0074

▶ See Instructions for Schedule J (Form 1040). Social security number (SSN) Name(s) shown on return

			- :		
1	Enter the taxable income from your 2006 Form 1040, line 43, or Fo	rm 1040NR, line 40	1		
2	Enter your elected farm income (see page J-1). Do not enter more to		2	T27800 +/-	<u> </u>
3	Subtract line 2 from line 1		3	S27810	
4	Figure the tax on the amount on line 3 using the 2006 tax rates (see pag	je J-2)	4	S27820	<u> </u>
5	If you used Schedule J to figure your tax for: 2005, enter the amount from your 2005 Schedule J, line 11. 2004 but not 2005, enter the amount from your 2004 Schedule J, line 15. 2003 but not 2004 nor 2005, enter the amount from your 2003 Schedule J, line 3. Otherwise, enter the taxable income from your 2003 Form 1040, line 40. Form 1040A line 27: Form 1040F7 line 6: or Form 1040NP.	5			
6	line 40; Form 1040A, line 27; Form 1040EZ, line 6; or Form 1040NR, line 38. If zero or less, see page J-2. Divide the amount on line 2 by 3.0	6 7			
7	Combine lines 5 and 6. If zero or less, enter -0	<u> </u>	8	T27830	
8 9	Figure the tax on the amount on line 7 using the 2003 tax rates (set If you used Schedule J to figure your tax for: • 2005, enter the amount from your 2005 Schedule J, line 15. • 2004 but not 2005, enter the amount from your 2004 Schedule J, line 3. Otherwise, enter the taxable income from your 2004 Form 1040, line 42; Form 1040A, line 27; Form 1040EZ, line 6; or Form 1040NR, line 39. If zero or less, see page J-5.	9 9			
10	Enter the amount from line 6	10			
11	Combine lines 9 and 10. If less than zero, enter as a negative amount	11	1 - 1		
12	Figure the tax on the amount on line 11 using the 2004 tax rates (s	see page J-6)	12	T27840	↓
13 14	If you used Schedule J to figure your tax for 2005, enter the amount from your 2005 Schedule J, line 3. Otherwise, enter the taxable income from your 2005 Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, line 6; or Form 1040NR, line 40. If zero or less, see page J-8. Enter the amount from line 6	13 14			
15	Combine lines 13 and 14. If less than zero, enter as a negative amount	15			
16	Figure the tax on the amount on line 15 using the 2005 tax rates (s	see page J-8)	16	T27850	
17	Add lines 4, 8, 12, and 16	see page 6 e,	17	S27860	
18	If you used Schedule J to figure your tax for: • 2005, enter the amount from your 2005 Schedule J, line 12. • 2004 but not 2005, enter the amount from your 2004 Schedule J, line 16. • 2003 but not 2004 nor 2005, enter the amount from your 2003 Schedule J, line 4. Otherwise, enter the tax from your 2003 Form 1040, line 41;* Form 1040A, line 28;* Form 1040EZ, line 10; or Form 1040NR, line 39.*	18 T27870			
19	If you used Schedule J to figure your tax for: • 2005, enter the amount from your 2005 Schedule J, line 16. • 2004 but not 2005, enter the amount from your 2004 Schedule J, line 4. Otherwise, enter the tax from your 2004 Form 1040, line 43;* Form 1040A, line 28;* Form 1040EZ, line 10; or Form 1040NR, line 40.*	19 T27880	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
20	If you used Schedule J to figure your tax for 2005, enter the amount from your 2005 Schedule J, line 4. Otherwise, enter the tax from your 2005 Form 1040, line 44," Form 1040A, line 28;" Form 1040EZ, line 10; or Form 1040NR, line 41°	20 T27890			
24	*Do not include tax from Form 8814 or 4972 or from recapture of an edinclude alternative minimum tax from Form 1040A. Add lines 18 through 20	lucation credit. Also, do not	21		
21 22	Tax. Subtract line 21 from line 17. Also include this amount on Form 1040, lin	e 44 or Form 1040NIR line 41	22	S27900	
22	Caution. Your tax may be less if you figure it using the 2006 Tax Table, Ta Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet Attach Schedule J only if you are using it to fi	ax Computation Worksheet, orksheet, or Foreign Earned			





Schedule R (Form 1040)

Credit for the Elderly or the Disabled

OMB No. 1545-0074 Attachment Sequence No. 16

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040.

► See Instructions for Schedule R (Form 1040).

Your social security number

Name(s) shown on Form 1040

• You were age 65 or older or

• You were under age 65, you retired on permanent and total disability, and you received taxable disability income.

But you must also meet other tests. See page R-1.

You may be able to take this credit and reduce your tax if by the end of 2006.

Part I Check the Box	for You	ır Filing Status and Age	FLGSTR	
If your filing status is:	An	d by the end of 2006:	Check only o	ne box:
Single, Head of household, or	1	You were 65 or older	1 .	
Qualifying widow(er)	2	You were under 65 and you retired on permanent and total	disability 2	
,	3	Both spouses were 65 or older	3	
	4	Both spouses were under 65, but only one spouse permanent and total disability		
Married filing jointly	5	Both spouses were under 65, and both retired on permanen disability		
	6	One spouse was 65 or older, and the other spouse was uncretired on permanent and total disability		
	7	One spouse was 65 or older, and the other spouse was unce not retired on permanent and total disability		
Married filing	8	You were 65 or older and you lived apart from your spous 2006		
separately	9	You were under 65, you retired on permanent and total disayou lived apart from your spouse for all of 2006	ability, and	
Did you check box 1, 3, 7,	Yes —	Skip Part II and complete Part III on back.		
or 8?	No —	Complete Parts II and III.		
Part II Statement of P	ermane	ent and Total Disability (Complete only if you checked box	2, 4, 5, 6, or 9	above.)
If: 1 You filed a physician statement for tax yea	's state rs after	ment for this disability for 1983 or an earlier year, or you 1983 and your physician signed line B on the statement, and	filed or got a nd	a
2 Due to your continued in 2006, check this bo		ed condition, you were unable to engage in any substantial		′ □
 If you checked this 	box, yo	ou do not have to get another statement for 2006.		
 If you did not checkeep the statement 		ox, have your physician complete the statement on page Frrecords.	R-4. You must	

Par	Figure Your Credit		-
10	If you checked (in Part I): Enter: Box 1, 2, 4, or 7	10	
	Box 8 or 9		
	Did you check Yes You must complete line 11.		
	box 2, 4, 5, 6, or 9 in Part I? No Enter the amount from line 10	\	
11	on line 12 and go to line 13. If you checked (in Part I):		
• •	• Box 6, add \$5,000 to the taxable disability income of the		
	spouse who was under age 65. Enter the total.	11	E28200
	 Box 2, 4, or 9, enter your taxable disability income. Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. 		
(TIP			
12	If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the amount from line 10	12	E28300
13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006.		
а	Nontaxable part of social security benefits and		
	Nontaxable part of railroad retirement benefits treated as social security (see page R-3).		
h	Nontaxable veterans' pensions and	1.7	
D	Any other pension, annuity, or disability benefit that 13b E28375	_	· A
	is excluded from income under any other provision of law (see page R-3).		
С	Add lines 13a and 13b. (Even though these income items are not taxable, they must be included here to figure your credit.) If you did not receive any of the types of nontaxable income		
14	listed on line 13a or 13b, enter -0- on line 13c	-	
17	line 38	15.50	
15	If you checked (in Part I): Enter:		
13	Box 1 or 2 \$7,500)		
	Box 3, 4, 5, 6, or 7 \$10,000 } 15 Box 8 or 9 \$5,000		
16	Subtract line 15 from line 14. If zero or		
	less, enter -0		· · · ·
17	Enter one-half of line 16		
18	Add lines 13c and 17	18	E28700
19	Subtract line 18 from line 12. If zero or less, stop ; you cannot take the credit. Otherwise, go to line 20	19	E28800
20	Multiply line 19 by 15% (.15)	20	
21	Enter the amount from Form 1040, line 46		
22	Add the amounts from Form 1040, lines 47 and 48, and enter	rua (A)	
23	the total	23	
24	Credit for the elderly or the disabled. Enter the smaller of line 20 or line 23 here and on Form 1040, line 49	24	E28900

SCHEDULE SE

(Form 1040)

SFCPRI

S020

Self-Employment Tax

OMB No. 1545-0074

2006

Attachment

Attachment Sequence No. **17**

Department of the Treasury Internal Revenue Service (99

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)
PRIMARY TAXPAYER

Social security number of person with self-employment income ▶

Who Must File Schedule SE

You must file Schedule SE if:

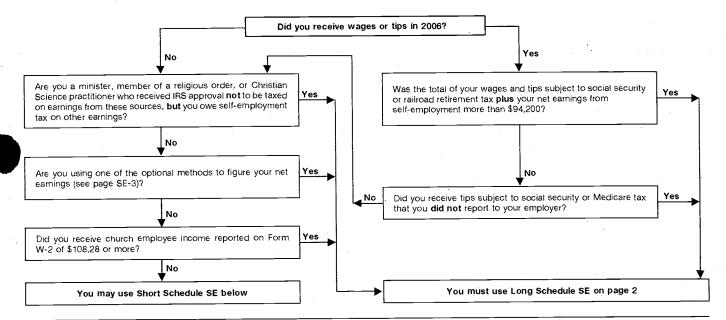
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1_	E29020 +/-	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	E29100 +/-	
3	Combine lines 1 and 2	3		
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax E29200 E29300 •	4	E29150	
5	Self-employment tax. If the amount on line 4 is:			
	• \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58.	5_	E30700	<u> </u>
	 More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58. 			
6	Deduction for one-half of self-employment tax. Multiply line 5 by			
	50% (.5). Enter the result here and on Form 1040, line 27 6			. 1 - 1 - 1

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with **self-employment** income ▶

Section B-Long Schedule SE

Part I	Self-Employment	Tax
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Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See page SE-1.

Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed had \$400 or more of other net earnings from self-employment, check here and continue with Pal	l Form	1 4361, but you	
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note . Skip this line if you use the farm optional method (see page SE-4)	1	E29020 +/-	-
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. Note . Skip this line if you use the nonfarm optional method (see page SE-4)	2	E29100 +/-	4
3	Combine lines 1 and 2	3		
-	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	£29150	
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue.	4c	E29200	<u> </u>
	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income			_
	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b		
6	Net earnings from self-employment. Add lines 4c and 5b	6	E29300	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006.	7	94,200	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$94,200 or more, skip lines 8b through 10, and go to line 11 8a E29340			
	Unreported tips subject to social security tax (from Form 4137, line 9) 8b E29360 Add lines 8a and 8b	8c	E29400	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 .	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	E29550	
11	Multiply line 6 by 2.9% (.029)	11	E30000	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	E30700	
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27			700
Par	Optional Methods To Figure Net Earnings (see page SE-3)	ICD1		
Farn than 14 15	Optional Method. You may use this method only if (a) your gross farm income¹ was not more \$2,400, or (b) your net farm profits² were less than \$1,733. Maximum income for optional methods Enter the smaller of: two-thirds (%) of gross farm income¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	14	1,600	00
than from	farm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less \$1,733 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings self-employment of at least \$400 in 2 of the prior 3 years. tion. You may use this method no more than five times.	15	E31170	

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

Subtract line 15 from line 14

on line 16. Also include this amount on line 4b above

Enter the smaller of: two-thirds %) of gross nonfarm income (not less than zero) or the amount

²From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

E31250

16

SCHEDULE SE

(Form 1040)

SFCSEC

S021

Self-Employment Tax

20**06**

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

SECONDARY TAXPAYER

Social security number of person with self-employment income ▶

Attachment Sequence No. **17**

Who Must File Schedule SE

You must file Schedule SE if:

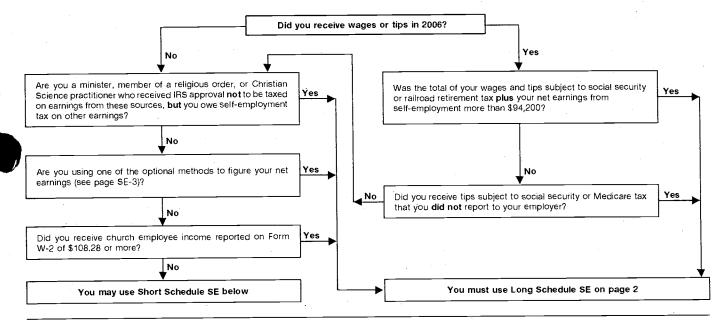
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	E29050 +/-	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page	2	E29120 +/-	
_	SE-3 for other income to report	3		
3	Combine lines 1 and 2		_	
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	E29170	
5	Self-employment tax. If the amount on line 4 is:			
	• \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58.	5_	E30800	
	 More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58. 			
6	Deduction for one-half of self-employment tax. Multiply line 5 by			
	50% (.5). Enter the result here and on Form 1040, line 27 6	100		10.4

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income

Section B-Long Schedule SE

Part I	Self-Employment	Tax
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Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed had \$400 or more of other net earnings from self-employment, check here and continue with Pa	d Form	n 4361, but you	
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note . Skip this line if you use the farm optional method (see page SE-4)	1	£29050 +/-	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for		500400	
•	other income to report. Note . Skip this line if you use the nonfarm optional method (see page SE-4)	2_	E29120 +/-	-
3	Combine lines 1 and 2	3	F20470	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	E29170	
	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception . If less than \$400 and you had church employee income , enter -0- and continue	4c	E29250	
	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	-5b	: 	
6	Net earnings from self-employment. Add lines 4c and 5b	6	E29325	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006	7	94,200	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$94,200 or more, skip lines 8b through 10, and go to line 11			
b	Unreported tips subject to social security tax (from Form 4137, line 9) 8b E29365	9-25	•	
	Add lines 8a and 8b	8c	E29450	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	E29600	
11	Multiply line 6 by 2.9% (.029)	11	E30050	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	E30800	
13 ——	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27 13			
Par	Optional Methods To Figure Net Earnings (see page SE-3)	FRMC	DD2	
Farm than	Optional Method. You may use this method only if (a) your gross farm income¹ was not more \$2,400, or (b) your net farm profits² were less than \$1,733.			
	Maximum income for optional methods	14	1,600	00
	Enter the smaller of: two-thirds (%) of gross farm income¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15	E31200	
than	arm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less \$1,733 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings self-employment of at least \$400 in 2 of the prior 3 years.		201200	

on line 16. Also include this amount on line 4b above

Enter the smaller of: two-thirds (%) of gross nonfarm income4 (not less than zero) or the amount

E31300

16

17

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

²From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

³From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch K-1 (Form 1065-B), box 9, code J2.

SCHEDULE SE (Form 1040)

SCHSE S020, S021

Self-Employment Tax

OMB No. 1545-0074

2006

Attachment
Sequence No. 17

Department of the Treasury Internal Revenue Service (99

▶ Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).

Name of person with **self-employment** income (as shown on Form 1040) COMBINED FORMS

Social security number of person with self-employment income ▶

Who Must File Schedule SE

You must file Schedule SE if:

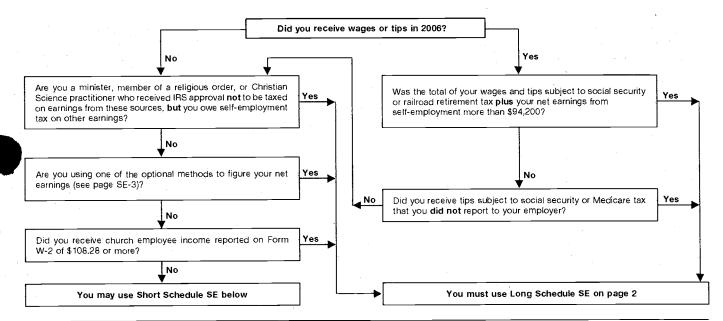
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	E29000 _. +/-	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report.	2	E29070 +/-	-
3	Combine lines 1 and 2	3_		ļ.,
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax . E29190 E29275	4	E29130	
5	Self-employment tax. If the amount on line 4 is:			
	• \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58.	5	E30600	
	 More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58. 			
6	Deduction for one-half of self-employment tax. Multiply line 5 by			
	50% (.5). Enter the result here and on Form 1040, line 27	1		

Name of person with self-employment income (as shown on Form 1040)

Social security number of person with self-employment income

Section B-Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

	555 Page 52 //			
Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed had \$400 or more of other net earnings from self-employment, check here and continue with Pa	Form	4361, but you ▶	
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip this line if you use the farm optional method (see page SE-4)	1	E29000 +/-	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2	E29070 +/-	
3	Combine lines 1 and 2	3		
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	€29130	
	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception.			
_	If less than \$400 and you had church employee income , enter -0- and continue.	4c	E29190	
5а	Enter your church employee income from Form W-2. See page SE-1 for definition of church employee income			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b	·	
6	Net earnings from self-employment. Add lines 4c and 5b	6	E29275	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006	7	94,200	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$94,200 or more, skip lines 8b through 10, and go to line 11 8a E29335			
b	Unreported tips subject to social security tax (from Form 4137, line 9) 8b E29355			
С	Add lines 8a and 8b	8c	E29375	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9		
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	E29500	<u> </u>
11	Multiply line 6 by 2.9% (.029)	11	E29975	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	E30600	<u> </u>
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27 13			
Pai	Optional Methods To Figure Net Earnings (see page SE-3)			
	Optional Method. You may use this method only if (a) your gross farm income¹ was not more			
	\$2,400, or (b) your net farm profits² were less than \$1,733.		1,600	00
14	Maximum income for optional methods	14	1,600	00
15	Enter the smaller of: two-thirds (%) of gross farm income¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15	E31150	

¹ From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 36, and Sch. K-1 (Form 1065), box 14, code A.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch K-1 (Form 1065-B), box 9, code J2.

F1116

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ See separate instructions.

OMB No. 1545-0121

Sequence No. 19

Department of the Treasury Identifying number as shown on page 1 of your tax return Use a separate Form 1116 for each category of income listed below. See Categories of Income on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. g Lump-sum distributions d Shipping income a Passive income h Section 901(i) income e Dividends from a DISC or former DISC **b** High withholding tax i Certain income re-sourced by treaty interest f Certain distributions from a foreign sales corporation (FSC) or former i General limitation income c Financial services income k Resident of (name of country) ▶ Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. possession 1a Gross income from sources within country shown above and of the type checked above (see page 13 of the instructions): E31610 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See pages 13 and 14 of the instructions): Expenses definitely related to the income on line 1a (attach statement). Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction (see instructions) **b** Other deductions (attach statement) . d Gross foreign source income (see instructions). e Gross income from all sources (see instructions) f Divide line 3d by line 3e (see instructions) . . g Multiply line 3c by line 3f. Pro rata share of interest expense (see instructions): a Home mortgage interest (use worksheet on page 13 of the instructions) **b** Other interest expense . . Losses from foreign sources E31615 6 Add lines 2, 3g, 4a, 4b, and 5 E31620 +/-Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 Part II Foreign Taxes Paid or Accrued (see page 14 of the instructions) Credit is claimed Foreign taxes paid or accrued for taxes (you must check one) In U.S. dollars In foreign currency (m) Paid (n) Accrued (s) Other (w) Other (x) Total foreign Taxes withheld at source on: Taxes withheld at source on: taxes paid or foreian taxes foreign taxes paid or accrued (add cols. paid or (u) Rents (o) Date paid (q) Rents (v) Interest (p) Dividends (r) Interest (t) Dividends (t) through (w)) accrued and royalties accrued and royalties or accrued Α В

Add lines A through C, column (x). Enter the total here and on line 9, page 2.

С

	Figuring the Credit				
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	E31400		
10	Carryback or carryover (attach detailed computation)	10			
11	Add lines 9 and 10	11			
12 13	Reduction in foreign taxes (see page 15 of the instructions). Subtract line 12 from line 11. This is the total amount of foreign taxes	12 2 veile	E31600	13	E31500
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see page 15 of the instructions).	14	E31620 +/-		201000
15	Adjustments to line 14 (see pages 15 and 16 of the instructions)	15	E31625 +/-		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip				
	lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	E31630 +/-		production of the
17	Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption	17			
	Caution: If you figured your tax using the lower rates on qualified divide page 16 of the instructions.	ends (or capital gains, see		
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"			18	· .
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonrestrom Form 1040NR, line 41.	sident	alien, enter the amount		
	Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1 lines 36 and 37			19	
20	Caution: If you are completing line 19 for separate category g (lump-sum distributions). Multiply line 19 by line 18 (maximum amount of credit).			20	E31635
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you at 30 and enter this amount on line 31. Otherwise, complete the appropriate page 18 of the instructions)	e filin ite lin	g, skip lines 22 through e in Part IV (see	21	E31640
Par	Summary of Credits From Separate Parts III (see pa	<u></u> ae 1	8 of the instructions	21	
22	Credit for taxes on passive income	22			
23	Credit for taxes on high withholding tax interest	23			
24	Credit for taxes on financial services income	24			
25	Credit for taxes on shipping income	25			en en en en en en en en en en en en en e
26	Credit for taxes on dividends from a DISC or former DISC and certain				
	distributions from a FSC or former FSC	26	•	14	
27	Credit for taxes on lump-sum distributions	27	-		
28	Credit for taxes on certain income re-sourced by treaty	28			
29	Credit for taxes on general limitation income	29			
30	Add lines 22 through 29			30	
31	Enter the smaller of line 19 or line 30			31	
32	Reduction of credit for international boycott operations. See instructions	 : for li	ne 12 on page 15	32	E31645
33	Subtract line 32 from line 31. This is your foreign tax credit . Enter here Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T,	and o	on Form 1040, line 47:	33	E31650

Form 1116 (2006)

F2106

Employee Business Expenses

► See separate instructions.

2006

Attachment Sequence No. **54**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

Your name

COMBINED Occupation in which you incurred expenses

Social security number

			Column A	Column B	
te	p 1 Enter Your Expenses		Other Than Meals and Entertainment	Meals and Entertainment	
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1_	E31727		
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work.	2	E31747	on the pure of	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	E31767	7.65	
}	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	E31787		
5	Meals and entertainment expenses (see instructions)	5		E31807	
3	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	E31827		
	Note: If you were not reimbursed for any expenses in Step 1, s p 2 Enter Reimbursements Received From Your Employe Enter reimbursements received from your employer that were not				ne
	p 2 Enter Reimbursements Received From Your Employe				ne
7	Enter reimbursements Received From Your Employer Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see	er for	Expenses Liste	 p 1	
te	Enter reimbursements Received From Your Employer Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) P 3 Figure Expenses To Deduct on Schedule A (Form 10. Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	er for	Expenses Liste	 p 1	πε — — — — — — — — — — — — — — — — — — —
te	Enter reimbursements Received From Your Employer Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) p 3 Figure Expenses To Deduct on Schedule A (Form 10) Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as	7 40)	Expenses Lister	 p 1 E31867	

Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities:

See the instructions for special rules on where to enter the total.)

E32047

10

	Vehicle Expenses							
Sect are (tion A—General Information claiming vehicle expenses.)	(You	must complete this	section if you		(a) Vehicle 1	(b) Vehi	cle 2
1	Enter the date the vehicle was p	laced	in service		11	/ /		
2	Total miles the vehicle was drive	n duri	na 2006		12	mile	e - '	 mile:
3	Business miles included on line	12 12	ng 2000		13	mile		mile
4	Percent of business use. Divide	line 13	B by line 12		14	9/		9/
5	Average daily roundtrip commuti	na dis	stance		15	mile:		mile:
6	Commuting miles included on lin	ie 12			16	mile		mile
7	Other miles. Add lines 13 and 16				17	miles	s	mile
В	Do you (or your spouse) have an					.	. 🗆 Yes	☐ No
9	Was your vehicle available for pe	ersona	l use during off-duty.	hours?			☐ Yes	☐ No
0	Do you have evidence to suppor	t your	deduction?				□ Ves	☐ No
1	If "Yes," is the evidence written?		<u> </u>	<u> </u>	<u> </u>	<u> </u>	. 🗌 Yes	☐ No
ect	ion B-Standard Mileage Rate (See th	<u>ne instructions for Par</u>	<u>rt II to find out w</u>	vhethe	er to complete this s	ection or Sec	tion C.)
2	Multiply line 13 by 44.5¢ (.445)		<u> </u>					
ect	tion C—Actual Expenses	_	(a) Ve	hicle 1		(b) V	ehicle 2	- ,
3	Gasoline, oil, repairs, vehicle						4	
	insurance, etc.	23		gyett jajosh kalimago, glavosa i hosa	I zan Tyranellin		The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	
	Vehicle rentals	24a						
	Inclusion amount (see instructions) .	24b 24c		to the state of the state of the	-14385) 		<u> 120003756938</u> 	1445414056 1
	Subtract line 24b from line 24a	240				**		
5	Value of employer-provided							
	vehicle (applies only if 100% of							
	annual lease value was included on Form W-2—see instructions)	25						
3	· · · · · · · · · · · · · · · · · · ·	26				Carlo		
	Add lines 23, 24c, and 25 Multiply line 26 by the	20		_			·	
7	Multiply line 26 by the percentage on line 14	27						
В	Depreciation (see instructions)	28						- -
9	Add lines 27 and 28. Enter total			<u> </u>			/ 	
	here and on line 1	29		E31797				
Sect	tion D—Depreciation of Vehicles	(Use ti	his section only if you	owned the vehicl	le and	are completing Sect	ion C for the v	ehicle.)
				hicle 1			ehicle 2	
0	Enter cost or other basis (see						Park value	
	instructions)	30						
1	Enter section 179 deduction							1
	(see instructions)	31						
2	Multiply line 30 by line 14 (see							
	instructions if you claimed the		·					sevense kilozi Sancera
	section 179 deduction or							
	special allowance)	32						
3	Enter depreciation method and							
	percentage (see instructions) .	33	ta an en lette e med et dament			ing a self of the transfer of the self-terms.		
4	Multiply line 32 by the percentage							
_	on line 33 (see instructions)	34		<u> </u>				_
5	Add lines 31 and 34	35		\$500 Children (\$1500.00)	34×645,864			l asianda
6	Enter the applicable limit explained in the line 36 instructions	36	·					
7	Multiply line 36 by the			.				
	percentage on line 14	37						
3	Enter the smaller of line 35							
	or line 37. If you skipped lines	1						
	36 and 37, enter the amount				1			
	from line 35. Also enter this							
	amount on line 28 above	38	[mail: 1864] 新兴 [J] 金龙德(Mail/Mail)	1	1	[76] 特别的 "好的 2007年起的原则, "在新兴市	1	1 4

Unreimbursed Employee Business Expenses

OMB No. 1545-0074 Attachment

Department of the Treasury

interna	at Revenue Service (99)	Attach to Form 10	40 OF FORM TO40NN.		Sequence No. 3	<u>4A</u>
Your	name	COMBINED	Occupation in which you incurred expenses	Soc	cial security number	-
or for you not If Cau	ou are an employee of mon and accepted in your business. An ex- ou do not get reimbused considered reimbursed you are claiming vehition: You can use the s	deducting ordinary and necessary expering your field of trade, business, or profest pense does not have to be required to resed by your employer for any expenses ements for this purpose). icle expense, you are using the standard transfer transfer and transfer to the profession of the standard mileage rate for 2006 only if: (a) you rvice, or (b) you leased the vehicle and used	sion. A necessary expense is one the considered necessary. (amounts your employer included in displayer mileage rate for 2006.	at is h box 1 rd mile	of your Form W age rate for the fire	opria -2 a st y∈
Pa	rt I Figure You	ur Expenses				
1	•	ng the standard mileage rate. Complete Pa	1 1	1	E31727	
2	Parking fees, tolls, a travel or commuting	and transportation, including train, bus, e		2	E31747	5
3		le away from home overnight, including als and entertainment		3	E31767	
4	Business expenses entertainment	s not included on lines 1 through 3.	Do not include meals and	4	E31787	
5	Department of Tran	ainment expenses: $$\underline{\text{E31807}} \times 50\%$ sportation (DOT) hours of service limits: me on business by 75% (.75) instead of 5	Multiply meal expenses incurred	5	E32027	
6	(or on Schedule A government official	dd lines 1 through 5. Enter here and on § (Form 1040NR, line 9). (Armed Forces rs, qualified performing artists, and indicial rules on where to enter this amount	eservists, fee-basis state or local viduals with disabilities: See the	6	E32047	
Pa	rt II Information	on on Your Vehicle. Complete this p	part only if you are claiming vehic	le ex	pense on line 1	١.
7	When did you place	e your vehicle in service for business us	e? (month, day, year) ▶		/	
8	Of the total numbe	r of miles you drove your vehicle during	2006, enter the number of miles you	usec	d your vehicle fo	r:

a Business b Commuting (see instructions) c Other

Do you (or your spouse) have another vehicle available for personal use?.......

Was your vehicle available for personal use during off-duty hours?

☐ Yes ☐ No

☐ Yes ☐ No

Unreimbursed Employee Business Expenses

O 1110 1101 10	
200	6
Attachment	- 4 4

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

Sequence No. 54A Your name Occupation in which you incurred expenses Social security number FIRST You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2006.

Caution: You can use the standard mileage rate for 2006 only if: (a) you owned the vehicle and used the standard mileage rate for the first year

you	placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion	n of the	lease period after 1	997.
Pa	Figure Your Expenses			
1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 44.5¢ (.445)	1	E31 72 0	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	E31 74 0	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	E31760	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	E31780	
5	Meals and entertainment expenses: $$E31800 \times 50\%$ (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.)	_5	E32020	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR, line 9). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	E32040	
Par	Information on Your Vehicle. Complete this part only if you are claiming vehicle.			_
7	When did you place your vehicle in service for business use? (month, day, year) ▶	/	/	
8	Of the total number of miles you drove your vehicle during 2006, enter the number of miles yo	u usec	I your vehicle for:	
	a Business b Commuting (see instructions) c C	ther		.
9	Do you (or your spouse) have another vehicle available for personal use?		. 🗆 Yes 🗆	No
10	Was your vehicle available for personal use during off-duty hours?		. 🗆 Yes 🗆	No
11a	Do you have evidence to support your deduction?		. 🗆 Yes 🗆	No
b	If "Yes," is the evidence written?		. 🗌 Yes 🗌	No

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

	_		_	
Attach	mer	nt		
Seque	nce	No.	54A	١

Your name Occupation in which you incurred expenses Social security number SECOND

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2006.

Caution: You can use the standard mileage rate for 2006 only if: (a) you owned the vehicle and used the standard mileage rate for the first year

Par	Figure Your Expenses	, ,		
1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 44.5¢ (.445)	1	E31725	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	E31745	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	E31765	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	E31785	
5	Meals and entertainment expenses: \$\frac{\text{E31805}}{\text{C31805}} \times 50\% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75\% (.75) instead of 50\%. For details, see instructions.)	5	E32025	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR, line 9). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	E32045	
Pai	Information on Your Vehicle. Complete this part only if you are claiming vehicle.	cle exp	pense on line 1	١.
7	When did you place your vehicle in service for business use? (month, day, year) ▶	/	/	
3	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you	ou usec	l your vehicle for	r:
	a Business b Commuting (see instructions) c C	Other		. -
9	Do you (or your spouse) have another vehicle available for personal use?		. 🗆 Yes 🗆]
0	Was your vehicle available for personal use during off-duty hours?		. 🗌 Yes 🗆]
1a	Do you have evidence to support your deduction?		. 🗆 Yes	
b	If "Yes," is the evidence written?		. 🗀 Yes 🛚	\neg

Unreimbursed Employee Business Expenses

OMB No. 1545-0074

Internal Revenue Service (99)	Attach to Form	1040 or Form 1040NR.		Sequence No. 5	54A
Your name SECOND		Occupation in which you incurred expenses	Soc	ial security number	r
You May Use This Form Only if All of You are an employee deducting ordin common and accepted in your field of for your business. An expense does not you do not get reimbursed by your enot considered reimbursements for this If you are claiming vehicle expense, y	nary and necessary expended, business, or profest have to be required imployer for any expension purpose).	ession. A necessary expense is one that to be considered necessary. es (amounts your employer included in	at is h	nelpful and appro	opria [.]
Caution: You can use the standard mileage you placed the vehicle in service, or (b) you	rate for 2006 only if: (a)	you owned the vehicle and used the standa	rd mile of the	age rate for the fil lease period after	rst ye. - 1997
Part I Figure Your Expenses					
1 Vehicle expense using the standard (.445)		Part II and multiply line 8a by 44.5¢	1	E31725	
2 Parking fees, tolls, and transportat travel or commuting to and from w		, etc., that did not involve overnight	2	E31745	
3 Travel expense while away from h Do not include meals and enterta		ng lodging, airplane, car rental, etc.	3	E3176 5	
4 Business expenses not included entertainment	I on lines 1 through	3. Do not include meals and	4	E31785	
Department of Transportation (DO	T) hours of service limit	10% (.50) (Employees subject to ts: Multiply meal expenses incurred of 50%. For details, see instructions.)	5	E32025	
(or on Schedule A (Form 1040NF	R, line 9). (Armed Force rforming artists, and in	n Schedule A (Form 1040), line 20 s reservists, fee-basis state or local adviduals with disabilities: See the unt.)	6	E32 045	
		s part only if you are claiming vehice	cle ex	pense on line	1.
7 When did you place your vehicle	in service for business	use? (month, day, year) ▶	/	/	-
8 Of the total number of miles you	drove vour vehicle duri	na 2006 enter the number of miles vo	u used	d vour vehicle fo	or:

Do you (or your spouse) have another vehicle available for personal use?

b If "Yes," is the evidence written?. _

10

☐ Yes ☐ No

Your name

Employee Business Expenses

See separate instructions.

OMB No. 1545-0074

Social security number

Attachment

Department of the Treasury Internal Revenue Service (99)

F2106

FIRST

▶ Attach to Form 1040 or Form 1040NR.

Occupation in which you incurred expenses

Sequence No. 54

Employee Business Expenses and Reimbursements Part I Column B Column A Step 1 Enter Your Expenses Other Than Meals Meals and Entertainment and Entertainment Vehicle expense from line 22 or line 29. (Rural mail carriers: See E31720 1 Parking fees, tolls, and transportation, including train, bus, etc., that E31740 did not involve overnight travel or commuting to and from work . . . Travel expense while away from home overnight, including lodging, E31760 3 airplane, car rental, etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not 4 E31780 E31800 5 Meals and entertainment expenses (see instructions) Total expenses. In Column A, add lines 1 through 4 and enter the E31820 6 result. In Column B, enter the amount from line 5 Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see E31840 E31860 instructions) Step 3 Figure Expenses To Deduct on Schedule A (Form 1040) Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as E31960 E31980 income on Form 1040, line 7 (or on Form 1040NR, line 8) . . . Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return. In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) E32020 instead of 50%. For details, see instructions.) Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on

Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities:

See the instructions for special rules on where to enter the total.)

E32040

10

venicie Expenses						
tion A—General Information claiming vehicle expenses.)	(You	must complete this	section if you		(a) Vehicle 1	(b) Vehicle 2
Enter the date the vehicle was p	laced	in service .		11	/ /	/ /
Total miles the vehicle was drive	n duri	ng 2006		12	miles	mile
Business miles included on line	12.			13	miles	
Percent of business use. Divide	line 13	B by line 12		14	%	
Average daily roundtrip commut.	ing dis	tance		15	miles	
Commuting miles included on lir	ne 12			16	miles	mile
Other miles. Add lines 13 and 16	and:	subtract the total fron	n line 12	17	miles	
Do you (or your spouse) have ar	other	vehicle available for p	personal use?.			. 🗆 Yes 🔲 No
Was your vehicle available for pe	ersona	l use during off-duty	hours?			□ Yes □ No
Do you have evidence to suppor	t your	deduction?	_			. ☐ Yes ☐ No
If "Yes," is the evidence written?		<u> </u>	<u> </u>	<u></u>	<u> </u>	. 🗌 Yes 🗌 No
tion B—Standard Mileage Rate	See th	ne instructions for Pai	<u>t II to find out w</u>	hethe	er to complete this se	ection or Section C.)
	<u> </u>		<u> </u>	. <u>.</u>	22	E31730
	_	(a) Ve	hicle 1		(b) Ve	hicle 2
				-		
	_					
				451.47		
	24C	ation report and all relations				
			ľ			
	25					
•						
	27			. [
	28			$\neg \neg$		
here and on line 1	29		E31790			
		nis section only if you	owned the vehicle	e and	are completing Section	on C for the vehicle)
						hicle 2
Enter cost or other basis (see						
instructions)	30			(Ala)	·	
Enter section 179 deduction						
(see instructions)	31					
Multiply line 30 by line 14 (see						
instructions if you claimed the	. .	·				
section 179 deduction or						
special allowance)	32					
Enter depreciation method and					4	
· · · · · · · · · · · · · · · · · · ·	33				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
Multiply line 32 by the percentage				1		
	35			<u></u>		1980 of 1 gh (Spirit Land Land Control Land)
Enter the applicable limit explained in the line 36 instructions	36	V April Art Art				
Multiply line 36 by the				1		
percentage on line 14	37					
Enter the smaller of line 35						
	'					
				.		
	Enter the date the vehicle was protal miles the vehicle was protal miles the vehicle was drived Business miles included on line Percent of business use. Divide Average daily roundtrip commut. Commuting miles included on line Other miles. Add lines 13 and 16 Do you (or your spouse) have an Was your vehicle available for percent of business was pour vehicle available for percent of you have evidence to support "Yes," is the evidence written? tion B—Standard Mileage Rate Multiply line 13 by 44.5¢ (.445) tion C—Actual Expenses Gasoline, oil, repairs, vehicle insurance, etc. Vehicle rentals. Inclusion amount (see instructions). Subtract line 24b from line 24a. Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions). Add lines 23, 24c, and 25. Multiply line 26 by the percentage on line 14. Depreciation (see instructions). Add lines 27 and 28. Enter total here and on line 1. tion D—Depreciation of Vehicles Enter cost or other basis (see instructions). Multiply line 30 by line 14 (see instructions) in you claimed the section 179 deduction or special allowance). Enter depreciation method and percentage (see instructions). Multiply line 30 by the percentage on line 33 (see instructions). Multiply line 32 by the percentage on line 33 in and 34. Enter the applicable limit explained in the line 36 instructions. Multiply line 36 by the percentage on line 33 instructions. Multiply line 36 by the percentage on line 36 instructions. Multiply line 36 by the percentage on line 36 instructions. Multiply line 36 by the percentage on line 36 instructions.	Etion A—General Information (You claiming vehicle expenses.) Enter the date the vehicle was placed Total miles the vehicle was driven duri Business miles included on line 12. Percent of business use. Divide line 13. Average daily roundtrip commuting dis Commuting miles included on line 12. Other miles. Add lines 13 and 16 and 20 you (or your spouse) have another Was your vehicle available for persona Do you have evidence to support your If "Yes," is the evidence written?. Ition B—Standard Mileage Rate (See the Multiply line 13 by 44.5¢ (.445). Ition C—Actual Expenses Gasoline, oil, repairs, vehicle insurance, etc	tion A—General Information (You must complete this claiming vehicle expenses.) Enter the date the vehicle was placed in service Total miles the vehicle was driven during 2006 Business miles included on line 12 Percent of business use. Divide line 13 by line 12 Average daily roundtrip commuting distance. Commuting miles included on line 12 Other miles. Add lines 13 and 16 and subtract the total fror Do you (or your spouse) have another vehicle available for push your vehicle available for personal use during off-duty Do you have evidence to support your deduction? If "Yes," is the evidence written?. It "Yes," is the evidence written?. It "Yes," is the evidence written?. It "Yes," is the evidence written? It was another vehicle selection only if you written? It was a selection of Vehicles (Use this section only if you written) It was a selection of Vehicles (Use this section only if you written) It was a selection of Vehicles (Use this section only if you written) It was a selection of Vehicles (Use this section only if you written) It was a selection of Vehicles (Use this section only if you written) It was a selection of Vehicles (Use this section only if you written) It was a selection of Vehicles (Use this section only if you written) It was a selection o	tion A—General Information (You must complete this section if you claiming vehicle expenses.) Enter the date the vehicle was placed in service Total miles the vehicle was driven during 2006 Business miles included on line 12 Percent of business use. Divide line 13 by line 12 Average daily roundtrip commuting distance. Commuting miles included on line 12 Other miles. Add lines 13 and 16 and subtract the total from line 12. Do you (or your spouse) have another vehicle available for personal use? Was your vehicle available for personal use during off-duty hours? Do you have evidence to support your deduction? If "Yes," is the evidence written? Iton B—Standard Mileage Rate (See the instructions for Part II to find out we must the evidence written? Iton B—Standard Mileage Rate (See the instructions for Part II to find out we must be a find the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of th	tion A—General Information (You must complete this section if you claiming vehicle expenses.) Enter the date the vehicle was placed in service	tition A—General Information (You must complete this section if you ciaming vehicle expenses) Enter the date the vehicle was placed in service

F2106

SECOND

Employee Business Expenses

► See separate instructions.

Occupation in which you incurred expenses

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Sequence No. 54

Social security number

Part I **Employee Business Expenses and Reimbursements** Column A Column B Step 1 Enter Your Expenses Other Than Meals Meals and and Entertainment Entertainment Vehicle expense from line 22 or line 29. (Rural mail carriers: See E31725 1 Parking fees, tolls, and transportation, including train, bus, etc., that E31745 2 did not involve overnight travel or commuting to and from work . . . Travel expense while away from home overnight, including lodging, E31765 3 airplane, car rental, etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not 4 E31785 E31805 Meals and entertainment expenses (see instructions) . . . 5 6 Total expenses. In Column A, add lines 1 through 4 and enter the E31825 result. In Column B, enter the amount from line 5 6 Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see E31845 instructions) E31865 Step 3 Figure Expenses To Deduct on Schedule A (Form 1040) Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as E31965 E31985 8 income on Form 1040, line 7 (or on Form 1040NR, line 8) Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to vour return. In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) E32025 instead of 50%. For details, see instructions.) Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities:

See the instructions for special rules on where to enter the total.)

E32045

10

Par							4 -
sec tare (tion A—General Information claiming vehicle expenses.)	(You	must complete this	section if you		(a) Vehicle 1	(b) Vehicle 2
1	Enter the date the vehicle was p	laced	in service		11	/ /	/ /
2	Total miles the vehicle was drive				12	miles	mite
3	Business miles included on line				13	miles	
1	Percent of business use. Divide	line 13	B by line 12		14	%	
5	Average daily roundtrip commuti				15	miles	mile
3	Commuting miles included on lin				16	miles	mile
7	Other miles. Add lines 13 and 16				17	miles	mile mile
3	Do you (or your spouse) have an	other	vehicle available for p	personal use?.			. 🗌 Yes 🔲 No
•	Was your vehicle available for pe	ersona	l use during off-duty	hours?			. 🗆 Yes 🔲 No
)	Do you have evidence to suppor	t your	deduction?				· 🗌 Yes 🔲 No
<u> </u>	If "Yes," is the evidence written?		<u> </u>			<u></u>	· Yes No
_	ion B—Standard Mileage Rate (See th	ne instructions for Par	rt II to find out w	hethe		
<u>.</u>	Multiply line 13 by 44.5c (.445)	<u> </u>	 	<u> </u>			E31735
	tion C—Actual Expenses	1	(a) Ve	ehicle 1		(b) V	ehicle 2
3	Gasoline, oil, repairs, vehicle	23				10.00	
	insurance, etc	24a			(2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
	Inclusion amount (see instructions)	24b		†			
	Subtract line 24b from line 24a	24c			ogster of th		
		<u> </u>					
5	Value of employer-provided vehicle (applies only if 100% of						
	annual lease value was included						
	on Form W-2—see instructions)	25					
3	Add lines 23, 24c, and 25	26					
7	Multiply line 26 by the						
-	percentage on line 14	27			٠		
В	Depreciation (see instructions) .	28					
9	Add lines 27 and 28. Enter total	1					
	here and on line 1	29_		E31795	·		
Sec	tion D—Depreciation of Vehicles	(Use t			e and		
	· · · · · · · · · · · · · · · · · · ·	-	(a) Ve	hicle 1	38.635.0	(b) V	ehicle 2
0	Enter cost or other basis (see	30					
	instructions)	30			48,71544		
1	Enter section 179 deduction	31			*		
	(see instructions)	31			9515101		
2	Multiply line 30 by line 14 (see						
	instructions if you claimed the						-2.33 ± 0.00
	section 179 deduction or special allowance)	32					
3	Enter depreciation method and					I .	
	percentage (see instructions)	33					
4	Multiply line 32 by the percentage			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
•	on line 33 (see instructions)	34					
5	Add lines 31 and 34	35					
3	Enter the applicable limit explained				77.7		\$5.55 p. 10.50 W. 10.50
-	in the line 36 instructions	36					
7	Multiply line 36 by the						
	percentage on line 14	37					
3	Enter the smaller of line 35						
	or line 37. If you skipped lines						
	36 and 37, enter the amount	}					
	from line 35. Also enter this						
	amount on line 28 above	38	Entertransport to the first and the	1		NOSEOOOEEEEEEEEEEEEE	1

F2439 □ V OID	CORRECTED	(99)	
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Notice to Shareholder c Long-Term Capit	
	2006	For calendar year 2006, or oth regulated investment comporeal estate investment	any (RIC) or the
	Form 2439	beginning, ending,	
Identification number of RIC or REIT	1a Total undistributed Ion E32670	g-term capital gains	Сору А
Shareholder's identifying number	1b Unrecaptured section E32690	1250 gain	Attach to Form 1120-RIC or Form 1120-REIT
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain	
	E32695	E32680	For Instructions
	2 Tax paid by the RIC	or REIT on the box 1a gains	and Paperwork Reduction Act Notice, see back of Copies A and D.
Form 2439	Cat. No. 11858E	Department of the Treasury	/ - Internal Revenue Service

Child and Dependent Care Expenses

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074
2006
Attachment

Attachment Sequence No. **21**

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

Your social security number

Den	endent Care Bene	fite	Qualifying Per	rson(s)	_	Qualified Exper	nse
						•	
art		panizations Who Prore space, use the bot		ou must co	<u> </u>		
	(a) Care provider's name		(b) Address t. no., city, state, and ZIP co	ode)	(c) Identifying nur (SSN or EIN)		
		·					
						E32700	
	depend	id you receive dent care benefits?	No ————————————————————————————————————	——→ Con	•	n the back next.	
	n. If the care was prov R, line 57.	vided in your home, you r	nay owe employment	taxes. See th	ne instructions fo	or Form 1040, line 62, or	r Fo
		d and Dependent Ca					
ir		qualifying person(s).	f you have more than				
	First	Qualifying person's name	Last		g person's social ty number	(c) Qualified expenses y incurred and paid in 2006 for person listed in column (or th
	F2441		·		S056	E32750	
				:	S057	E32775	
p lil	erson or \$6,000 for tw ne 33	lumn (c) of line 2. Do no vo or more persons. If yo	u completed Part III, e	enter the ame		E32800 E32880	
lf	married filing jointly,	enter your spouse's ear he instructions); all othe			a student 5	E32890	
E	nter the smallest of l nter the amount fron		or Form		6	E33000	
		cimal amount shown bel		amount on	line 7	•	
	If line 7 is:		If line 7 is:				
	But not Over over	Decimal amount is	But n Over over		mal <u>unt is</u>		
	\$0—15,000	.35	\$29,000-31,000		27		
	15,000—17,000	.34	31,000—33,000		26	100111	
	17,000—19,000	.33	33,000—35,000		25 8	AG2441 X	÷
	19,000—21,000 21,000—23,000	.32 .31	35,000—37,000 37,000—39,000		24 23		
	23,000—25,000	.30	39,000—39,000		23		
	25,000—27,000	.29	41,000—43,000		21	; ;	
	27,000—29,000	.28	43,000—No lim		20		
N	fultiply line 6 by the	decimal amount on line	·		2006, see	E33200 Current Yr E33300 Prior Yr	
	ne instructions				9		1

here and on Form 1040, line 48, or Form 1040NR, line 45

Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10

E33400

	Dependent Care Benefits					
12	Enter the total amount of dependent care benefits you received as an employee should be shown in box 10 of y amounts reported as wages in box 1 of Form(s) W-2. If you include amounts you received under a dependent care as proprietorship or partnership	your Fo u were	orm(s) W-2. Do not include self-employed or a partner,	12	E33420	
13	Enter the amount, if any, you carried over from 2005 an period. See instructions	nd use	d in 2006 during the grace	13	E33430	
14	Enter the amount, if any, you forfeited or carried forward	 1 to 20	IN7 See instructions	14	(E33450)
15	Combine lines 12 through 14. See instructions		or. See mediatione	15		
16	Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s)	16	E33460			
17	Enter the smaller of line 15 or 16	17				*
18	Enter your earned income . See instructions	18	E32880			
19	Enter the amount shown below that applies to you.			\$1 ₀ 1		
	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).	19	E32890			
	If married filing separately, see the	13	202000			:
	instructions for the amount to enter.All others, enter the amount from line 18.					
20	Enter the smallest of line 17, 18, or 19	20				
21	Enter the amount from line 12 that you received from your If you did not receive any such amounts, enter -0-	sole pr	oprietorship or partnership.	21	E33465	
22	Subtract line 21 from line 15	22				
23	Enter \$5,000 (\$2,500 if married filing separately and y spouse's earned income on line 19)			23		
24	Deductible benefits. Enter the smallest of line 20, 21, on the appropriate line(s) of your return. See instructions		Also, include this amount	24	E33470	
25	Enter the smaller of line 20 or 23	25				
26	Enter the amount from line 24	26	<u> </u>			
27	Excluded benefits. Subtract line 26 from line 25. If zero			27	E33475	
28	Taxable benefits. Subtract line 27 from line 22. If zero or amount on Form 1040, line 7, or Form 1040NR, line 8. 1040, line 7, or Form 1040NR, line 8, enter "DCB".			28	E33480	
			· • • • • • • • • • • • • • • • • • • •	20		1
	To claim the chil credit, complete		dependent care 29-33 below.			
29	Enter \$3,000 (\$6,000 if two or more qualifying persons)		*	29	,	
30	Add lines 24 and 27			30	E32840	
31	Subtract line 30 from line 29. If zero or less, stop. Exception. If you paid 2005 expenses in 2006, see the			31		
32	Complete line 2 on the front of this form. Do not include on line 30 above. Then, add the amounts in column (c) a	in colu	ımn (c) any benefits shown	32	•	
33	Enter the smaller of line 31 or 32. Also, enter this amo	unt on		33	E32800	
					0444	

Foreign Earned Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► See separate instructions. ➤ Attach to Form 1040.

2006	
Attachment Sequence No. 34	

me show					Aliens Only		
	vn on Form 1040					Your socia	l security number
art I	General Inform	nation	PRIMARY	TAXPAYER			· · · · · · · · · · · · · · · · · · ·
You	ur foreign address (in	cluding country)	PODP			2 Your	occupation
– Em	ployer's name ▶						
a Em	ployer's U.S. addres	s >					
b Em	ployer's foreign addi	ress >					
any	ployer is (check y that apply):	d 🗌 A foreign a	ffiliate of a U.S.	company		ecify) 🕨	
a If, a	after 1981, you filed	Form 2555 or Form	2555-EZ, enter	the last year you	u filed the form	.▶	
b If y	ou did not file Form	2555 or 2555-EZ af	ter 1981 to clair	n either of the ex	clusions, check	here ▶ ⊔ a	nd go to line 7.
c Hav	ve you ever revoked	either of the exclus	sions?				⊔ Yes ⊔
d If y	ou answered "Yes," what country are you	enter the type of ex	clusion and the	tax year for whi	ch the revocation	on was ellecti	ve
a Uld	d you maintain a sepa chome? See Second	arate foreign residel I foreign househol	d on page 3 of t	he instructions	averse nving co	i i i i i i i i i i i i i i i i i i i	Yes 🗆
tax b If "	Yes," enter city and	country of the sep	arate foreign res	idence. Also, en	ter the number	of days durin	
vol	u maintained a secor	nd household at tha	it address. ►	·		·	
	t your tax home(s) di						
	<u> </u>						
Da	te bona fide resident	ce began ▶		, , 6	and ended		
Kin	nd of living quarters in	foreign country ► a	ı □ Purchased I □ Quarters fu	house b \square I	Rented house o loyer	or apartment	c Rented r
Kin a Dic b If "	nd of living quarters in d any of your family l 'Yes," who and for w	foreign country > a c ive with you abroac hat period? >	I ☐ Purchased I ☐ Quarters for the during any pare	house b Durnished by emp	Rented house of loyer	or apartment	c ☐ Rented r
Kin a Dic b If " a Ha tha	nd of living quarters in d any of your family lead to who and for we have you submitted a stat you are not a resicular.	foreign country to country tive with you abroad that period? tatement to the auth the second that country the second that country the second that country the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the second that the secon	Purchased Quarters fund during any par orities of the fore See instruction	house b house by emp troished by emp to f the tax year sign country when s	Rented house of loyer ?	or apartment	c
Kin a Dic b If " a Ha tha b Are	nd of living quarters in d any of your family I 'Yes," who and for wave you submitted a stat you are not a reside you required to pay	foreign country at a country ive with you abroace that period? catement to the auth lent of that country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income ta	Purchased Duarters full during any par orities of the fore See instruction country where yo	house b house by emp arnished by emp t of the tax year sign country when s	Rented house of loyer ?	or apartment na fide residen ee instructions	c
Kin a Dic b If " a Ha tha b Are	nd of living quarters in d any of your family I 'Yes," who and for wave you submitted a stat you are not a reside you required to pay you answered "Yes'	foreign country at a country ive with you abroace that period? catement to the auth lent of that country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income ta	Purchased Duarters full during any par orities of the fore See instruction country where yo	house b house by emp arnished by emp t of the tax year sign country when s	Rented house of loyer ?	or apartment na fide residen ee instructions	c
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(a) Date arrived in U.S.	Rented house of loyer Possible you claim border residence? So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide residence; So bona fide resid	a fide resident ee instructions dent Do not te columns (a (c) Number of days in U.S. on business	c Rented r Yes Yes Yes Yes Yes Yes Yes Complete the real A)—(d) below. Do (d) income earned U.S. on business (attach computation A)—(a)—(b)—(c)—(c)—(c)—(c)—(c)—(c)—(c)—(c)—(c)—(c
Kin Kin Kin Kin Kin Kin Kin Kin	and of living quarters in d any of your family I 'Yes," who and for wave you submitted a stat you are not a reside you required to pay you answered "Yes' is part. you were present in clude the income from ate (b) Date left U.S.	foreign country ive with you abroad that period? itatement to the auth lent of that country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country income tax to the country i	Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased Purchased	house b urnished by empt of the tax year ign country when s	Rented house of loyer Peyou claim bore residence? 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Do not te columns (a (c) Number of days in U.S. on business	c Rented r Yes Yes Yes Yes Yes Yes Yes Complete the red A)—(d) below. Do (d) income earned U.S. on business (attach computation The complete in the red Yes Yes Yes Yes Yes Yes Yes Yes

16 17 18	The physical presence test is based Enter your principal country of emplif you traveled abroad during the 12 foreign countries that did not involvemore. If you have no travel to report 12-month period." Do not include the	loyment during your tax -month period entered or re travel on or over interior during the period, enter	year. ► n line 16, comple national waters, "Physically prese	te columns (a or in or over	the United S	tates, for 24 hours of
	(a) Name of country (including U.S.)	(b) Date arrived	(c) Date left	(d) Full days		(f) Income earned in U.S

Part IV All Taxpayers

Note: Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2006 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Do not** include income from line 14, column (d), or line 18, column (f). Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpayer, report on Form 1040 all income you received in 2006, no matter when you performed the service.

	2006 Foreign Earned Income		Amount (in U.S. dollars))	
19 20 a	Allowable share of income for personal services performed (see instru In a business (including farming) or profession		19 20a	T34100	
D	In a partnership. List partnership's name and address and type of inco-	ome. ▶	20b		
21 a	Noncash income (market value of property or facilities furnished by emshowing how it was determined): Home (lodging).		21a		
	Meals		21b		
	Car		21c		
22	Allowances, reimbursements, or expenses paid on your behalf for serv		21d		-
a	Cost of living and overseas differential	22a			
C	Family	22b	1		
d	Home leave	22d			
е	Quarters	22e			
Ť	For any other purpose. List type and amount. ▶	22f			
g	Add lines 22a through 22f		22g	T34400 (+/-)	
23	Other foreign earned income. List type and amount. ▶		23		
24	Add lines 19 through 21d, line 22g, and line 23		24		
25 26	Total amount of meals and lodging included on line 24 that is excludate Subtract line 25 from line 24. Enter the result here and on line 27 on particles to be presented income.	age 3. This is your 2006	25	T34700	

Par	rt V	All Taxpayers			,
27	Enter	the amount from line 26	27		
	Are yo	u claiming the housing exclusion or housing deduction? s. Complete Part VI. . Go to Part VII.			
Par	rt VI	Taxpayers Claiming the Housing Exclusion and/or Deduction			
		· · · · · · · · · · · · · · · · · · ·			
28		ed housing expenses for the tax year (see instructions)	28		-
29a b		ocation where housing expenses incurred (see instructions)	29b		
30		the smaller of line 28 or line 29b	30		
31		er of days in your qualifying period that fall within your 2006 tax			
20		see instructions)	32		1
32 33	-	oct line 32 from line 30. If the result is zero or less, do not complete the rest of this part or	<u> </u>		
00		Part IX	33	T35030	<u> </u>
34		employer-provided amounts (see instructions)			
35		line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but do ter more than "1.000"	35	×·	1
36		ng exclusion. Multiply line 33 by line 35. Enter the result but do not enter more than the	36	T35000	:
		nt on line 34. Also, complete Part VIII		100000	
		ne exclusion, complete Parts VII and VIII before Part IX.	_		
Pa	rt VII	Taxpayers Claiming the Foreign Earned Income Exclusion			
37	Maxin	num foreign earned income exclusion	37	\$82,400	00
38	•	ou completed Part VI, enter the number from line 31.			
	All of fall with	others, enter the number of days in your qualifying period that thin your 2006 tax year (see the instructions for line 31).			
39		e 38 and the number of days in your 2006 tax year (usually 365) are the same, enter "1.000."	39	× ،	
	• Oth	erwise, divide line 38 by the number of days in your 2006 tax year and enter the result decimal (rounded to at least three places).			
40	Multip	ly line 37 by line 39	40	· 	
41 42		act line 36 from line 27	41	T35300	
	rt VIII	Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclus	1 1		
40	Λ al al 1:		43		1
43 44		nes 36 and 42	70		1
77		excluded income. See instructions and attach computation	44	T35900	
45	Subtra	act line 44 from line 43. Enter the result here and in parentheses on Form 1040, line 21.			
	Next to arri	o the amount enter "Form 2555." On Form 1040, subtract this amount from your income ve at total income on Form 1040, line 22	45	T35910	
Pa	rt IX	Taxpayers Claiming the Housing Deduction—Complete this part only if (a) lir 36 and (b) line 27 is more than line 43.		is more than	line
46	Subtra	act line 36 from line 33	46		
47		act line 43 from line 27	47 48	•	-
48		the smaller of line 46 or line 47	40		+
	beca	use of the 2005 limit, use the worksheet on page 4 of the instructions to figure the amount ter on line 49. Otherwise, go to line 50.			
49	Housi	ng deduction carryover from 2005 (from worksheet on page 4 of the instructions)	49		
50	line 36	ng deduction. Add lines 48 and 49. Enter the total here and on Form 1040 to the left of 6. Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments ed on that line	50	T35600	

Foreign Earned Income

▶ Attach to Form 1040.

OMB No. 1545-0074 Attachment

Internal Revenue Service

► See separate instructions. Department of the Treasury Sequence No. 34 For Use by U.S. Citizens and Resident Aliens Only Your social security number Name shown on Form 1040 Part I General Information SECONDARY TAXPAYER 2 Your occupation Your foreign address (including country) **PODS** Employer's name ▶ 4a Employer's U.S. address ▶ b Employer's foreign address ▶ a A foreign entity **b** 🗌 A U.S. company Employer is (check e ☐ Other (specify) ▶ d A foreign affiliate of a U.S. company any that apply): 6a If, after 1981, you filed Form 2555 or Form 2555-EZ, enter the last year you filed the form. ▶ b If you did not file Form 2555 or 2555-EZ after 1981 to claim either of the exclusions, check here ▶ □ and go to line 7. d If you answered "Yes," enter the type of exclusion and the tax year for which the revocation was effective. ▶ Of what country are you a citizen/national? ▶ 8a Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? See Second foreign household on page 3 of the instructions. b If "Yes," enter city and country of the separate foreign residence. Also, enter the number of days during your tax year that you maintained a second household at that address. List your tax home(s) during your tax year and date(s) established. ▶ Next, complete either Part II or Part III. If an item does not apply, enter "NA." If you do not give the information asked for, any exclusion or deduction you claim may be disallowed. Taxpayers Qualifying Under Bona Fide Residence Test (see page 2 of the instructions) Part II Date bona fide residence began ▶ ______, and ended ▶ ______ 10 Kind of living guarters in foreign country ▶ a ☐ Purchased house b ☐ Rented house or apartment c ☐ Rented room 11 **d** Quarters furnished by employer 12a Did any of your family live with you abroad during any part of the tax year? b If "Yes," who and for what period? ▶..... 13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence ☐ Yes ☐ No b Are you required to pay income tax to the country where you claim bona fide residence? See instructions If you answered "Yes" to 13a and "No" to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part. If you were present in the United States or its possessions during the tax year, complete columns (a)-(d) below. Do not include the income from column (d) in Part IV, but report it on Form 1040. (d) Income earned in (d) Income earned in U.S. on business (c) Number of (c) Number of (b) Date left U.S. (b) Date left (a) Date (a) Date arrived in U.S. U.S. on business (attach computation) davs in U.S. arrived in U.S. on business 15a List any contractual terms or other conditions relating to the length of your employment abroad. ▶..... ______ b Enter the type of visa under which you entered the foreign country. ▶ d Did you maintain a home in the United States while living abroad?

e if "Yes," enter address of your home, whether it was rented, the names of the occupants, and their relationship to you. ►

Part III	Taxpayers Qualifying	Under Physical Present	ce Test (see page 2 of the instructions)

16	The physical presence test is based on the 12-month period from >	 through >	
	Enter your principal country of employment during your tax year	a nought	

If you traveled abroad during the 12-month period entered on line 16, complete columns (a)—(f) below. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If you have no travel to report during the period, enter "Physically present in a foreign country or countries for the entire 12-month period." Do not include the income from column (f) below in Part IV, but report it on Form 1040.

(a) Name of country (including U.S.)	(b) Date arrived	(c) Date left	(d) Full days present in country	(e) Number of days in U.S. on business	(f) Income earned in U.S. on business (attach computation)
			1.		
					_
				_	

Part IV All Taxpayers

Note: Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2006 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. Do not include income from line 14, column (d), or line 18, column (f). Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpayer, report on Form 1040 all income you received in 2006, no matter when you performed the service.

	2006 Foreign Earned Income	Amount (in U.S. dollars)			
	Total wages, salaries, bonuses, commissions, etc. Allowable share of income for personal services performed (see instructions): In a business (including farming) or profession	19 20a	T34200		
b	In a partnership. List partnership's name and address and type of income.	20b			
21 a	Noncash income (market value of property or facilities furnished by employer—attach statement showing how it was determined): Home (lodging).	2 1a			
b	Meals	21b		,	
_	Car	21c			
b c d e	Allowances, reimbursements, or expenses paid on your behalf for services you performed: Cost of living and overseas differential Family Education Home leave Quarters For any other purpose. List type and amount. 22a 22b 22c 22d 22d 22d 22d 22e	A 10			
g 23	Add lines 22a through 22f . Other foreign earned income. List type and amount. ▶	22g 23	T34500 (+/-)		
24	Add lines 19 through 21d, line 22g, and line 23	24			
25 26	Total amount of meals and lodging included on line 24 that is excludable (see instructions) Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2006 foreign earned income.	25 26	T34800		

Pa	rt V	All Taxpayers			
27	Enter t	he amount from line 26	27		
	☐ Yes	u claiming the housing exclusion or housing deduction? . Complete Part VI. Go to Part VII.			
Pai	rt VI	Taxpayers Claiming the Housing Exclusion and/or Deduction			
28	Oualifi	ed housing expenses for the tax year (see instructions)	28		
29a		acation where housing expenses incurred (see instructions) ▶			
b		mit on housing expenses (see instructions)	29b		
30	Enter t	he smaller of line 28 or line 29b	30		<u> </u>
31		or of days in your qualifying period that fall within your 2006 tax			
00		ee instructions)	32		
32 33	Subtra	\$36.12 by the number of days on line 31. If 365 is entered on line 31, enter \$13,184.00 here at line 32 from line 30. If the result is zero or less, do not complete the rest of this part or Part IX	33	T35035	
34	•	Part IX			· · · · · ·
35	Divide	line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but do er more than "1.000"	35	× .	
36	amoun	ng exclusion . Multiply line 33 by line 35. Enter the result but do not enter more than the t on line 34. Also, complete Part VIII	36	T35001	
		The housing deduction is figured in Part IX. If you choose to claim the foreign earned e exclusion, complete Parts VII and VIII before Part IX.			
Pa	rt VII	Taxpayers Claiming the Foreign Earned Income Exclusion			
37	Maxim	um foreign earned income exclusion	37	\$82,400	00
38	• If yo	u completed Part VI, enter the number from line 31.	45.4		
	• All o fall wit	thers, enter the number of days in your qualifying period that hin your 2006 tax year (see the instructions for line 31).			
39	• Othe	e 38 and the number of days in your 2006 tax year (usually 365) are the same, enter "1.000." wise, divide line 38 by the number of days in your 2006 tax year and enter the result	39	× .	ļ.
40		ecimal (rounded to at least three places). y line 37 by line 39	40		
41		ct line 36 from line 27	41		
42	Foreig	n earned income exclusion. Enter the smaller of line 40 or line 41. Also, complete Part VIII	42	T35400	
Pa	rt VIII	Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclus	ion, o	r Both	
43	Add lir	es 36 and 42	43		
44		tions allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable excluded income. See instructions and attach computation	44	T35901	
45	Next to	ot line 44 from line 43. Enter the result here and in parentheses on Form 1040, line 21. The amount enter "Form 2555." On Form 1040, subtract this amount from your income		T35911	
Pa	rt IX	e at total income on Form 1040, line 22	45 ie 33 i		line
		36 and (b) line 27 is more than line 43.	46	_	T
46		ct line 36 from line 33	47		+
47 48		ct line 43 from line 27	48		1
40		If line 47 is more than line 48 and you could not deduct all of your 2005 housing deduction			
	becau	se of the 2005 limit, use the worksheet on page 4 of the instructions to figure the amount er on line 49. Otherwise, go to line 50.			
49	Housin	g deduction carryover from 2005 (from worksheet on page 4 of the instructions)	49		
50	line 36	ng deduction. Add lines 48 and 49. Enter the total here and on Form 1040 to the left of Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments don that line	E0	T35700	

Foreign Earned Income

OMB No. 1545-0074 Attachment Sequence No. **34**

Department of the Treasury Internal Revenue Service (99)

► See separate instructions. ▶ Attach to Form 1040.

	_	· · · · · · ·	For Us	e by U.S. Citizens	s and Residen	t Aliens Only		<u> </u>
Name	shown on F	form 1040					Your soc	ial security number
Pai	tl G	eneral Inforr	nation	COMBINED	FORM TOTALS	3		
1	Your fore	eign address (i	ncluding count	try)			2 You	occupation
3	Employe	r's name ▶						
4a								
b								
5	Employe any that		a □ A fore d □ A fore			b ☐ A U.S. c e ☐ Other (s		c Self
				EZ after 1981 to clai				
d								. ☐ Yes ☐ No tive. ►
7	-			ional? ►	-			
8a				esidence for your far				
								. 🗌 Yes 🗌 No
b								ng your tax year that
9								
9	List your	tax nome(s) d	idiliig your tax	year and date(s) est	ablished.			
Pai	t II T	axpayers Qu	alifying Und	er Bona Fide Res	idence Test (s	ee page 2 of t	he instructio	ns)
10				<u></u>				
11				d 🗌 Quarters f	urnished by emp	oloyer	•	c Rented room
				broad during any pa				
	that you	are not a resid	dent of that co	e authorities of the for untry? See instruction	ns			. 🗌 Yes 🗌 No
b				the country where y				
	this part		" to 13a and "	'No" to 13b, you do	not quality as a	a bona tide resid	dent. Do not	complete the rest o
14	If you w	ere present in	the United St	ates or its possession Part IV, but report	ons during the t	ax year, comple	te columns (a	a)-(d) below. Do not
arri	a) Date red in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)	(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business	(d) Income earned in U.S. on business (attach computation)
			,					
15a	List any	L contractual ter	ms or other co	onditions relating to t	he length of you	ır employment a	broad. ▶	
b	Enter the	type of visa u	ınder which yo	ou entered the foreign	n country. ►			<u></u>
C C				stay or employment i				
d e	ום you וו "Vבe'	maintain a nor 'enter eddro	TIE IN THE UNITE	ed States while living	aproad?		· · · ·	. ☐ Yes ☐ No nd their relationship
				The, whether it wa				

Part III	Taxpavers Qualifying	Inder Physical Presence	e Test (see page 2 of the instruction	101
raitiii	i axpayers «Qualitying	Ulluer Physical Phesence	: lest (see page 2 of the instruction	15)

16	The physical presence test is based on the 12-month period from ▶	through ▶	
	Enter your principal country of employment during your tax year. ▶		

If you traveled abroad during the 12-month period entered on line 16, complete columns (a)—(f) below. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If you have no travel to report during the period, enter "Physically present in a foreign country or countries for the entire 12-month period." Do not include the income from column (f) below in Part IV, but report it on Form 1040.

(a) Name of country (including U.S.)	(b) Date arrived	(c) Date left	(d) Full days present in country	(e) Number of days in U.S. on business	(f) Income earned in U.S. on business (attach computation)
-					·

Part IV All Taxpayers

Note: Enter on lines 19 through 23 all income, including noncash income, you earned and actually or constructively received during your 2006 tax year for services you performed in a foreign country. If any of the foreign earned income received this tax year was earned in a prior tax year, or will be earned in a later tax year (such as a bonus), see the instructions. **Do not** include income from line 14, column **(d)**, or line 18, column **(f)**. Report amounts in U.S. dollars, using the exchange rates in effect when you actually or constructively received the income.

If you are a cash basis taxpayer, report on Form 1040 all income you received in 2006, no matter when you performed the service.

	2006 Foreign Earned Income		Amount (in U.S. dollars)	
	Total wages, salaries, bonuses, commissions, etc. Allowable share of income for personal services performed (see instructions): In a business (including farming) or profession	19 20a	T34000	
D	In a partnership. List partnership's name and address and type of income. ▶	20b		
21 a	Noncash income (market value of property or facilities furnished by employer—attach statement showing how it was determined): Home (lodging),	21a		
	Meals	21b		
	Car	21c		
b c d e f	Allowances, reimbursements, or expenses paid on your behalf for services you performed: Cost of living and overseas differential Family Education Home leave Quarters For any other purpose. List type and amount. 22a 22b 22c 22d 22d 22d 22e 22f		T24200 (1/)	
9 23	Add lines 22a through 22f	22g 23	T34300 (+/-)	
24	Add lines 19 through 21d, line 22g, and line 23	24		
25 26	Total amount of meals and lodging included on line 24 that is excludable (see instructions). Subtract line 25 from line 24. Enter the result here and on line 27 on page 3. This is your 2006 foreign earned income.	25 26	T34600	

Pa	rt V All Taxpayers		•	
27	Enter the amount from line 26	27		
21	Are you claiming the housing exclusion or housing deduction? Yes. Complete Part VI. No. Go to Part VII.			
Pa	rt VI Taxpayers Claiming the Housing Exclusion and/or Deduction			
28	Qualified housing expenses for the tax year (see instructions)	28		
	Enter location where housing expenses incurred (see instructions)			
	Enter limit on housing expenses (see instructions)	29b	· —	<u> </u>
30	Enter the smaller of line 28 or line 29b	30		1
31	Number of days in your qualifying period that fall within your 2006 tax			
20	year (see instructions)	32		
32 33	Subtract line 32 from line 30. If the result is zero or less, do not complete the rest of this part or		-	
33	any of Part IX	33	T35025	
34	Enter employer-provided amounts (see instructions)	-		
35	Divide line 34 by line 27. Enter the result as a decimal (rounded to at least three places), but do not enter more than "1.000"	35	× ·	
36	Housing exclusion. Multiply line 33 by line 35. Enter the result but do not enter more than the amount on line 34. Also, complete Part VIII	36	T34999	-
	Note: The housing deduction is figured in Part IX. If you choose to claim the foreign earned income exclusion, complete Parts VII and VIII before Part IX.		·	
Pa	rt VII Taxpayers Claiming the Foreign Earned Income Exclusion			
37	Maximum foreign earned income exclusion	37	\$82,400	00
38	• If you completed Part VI, enter the number from line 31.			
	All others, enter the number of days in your qualifying period that fall within your 2006 tax year (see the instructions for line 31).			
39	 If line 38 and the number of days in your 2006 tax year (usually 365) are the same, enter "1.000." Otherwise, divide line 38 by the number of days in your 2006 tax year and enter the result 	39	× ·	1
40	as a decimal (rounded to at least three places). Multiply line 37 by line 39	40		
40 41	Subtract line 36 from line 27	41		
42	Foreign earned income exclusion. Enter the smaller of line 40 or line 41. Also, complete Part VIII	42	T35200	
Pa	Taxpayers Claiming the Housing Exclusion, Foreign Earned Income Exclusion	ion, c	or Both	
43	Add lines 36 and 42	43		
44	Deductions allowed in figuring your adjusted gross income (Form 1040, line 37) that are allocable to the excluded income. See instructions and attach computation	44	T35800	
45	Subtract line 44 from line 43. Enter the result here and in parentheses on Form 1040, line 21.			1
	Next to the amount enter "Form 2555." On Form 1040, subtract this amount from your income to arrive at total income on Form 1040, line 22	45	T35905	
Pa	Taxpayers Claiming the Housing Deduction—Complete this part only if (a) ling 36 and (b) line 27 is more than line 43.	ne 33	is more than I	ine
46	Subtract line 36 from line 33	46		—
47	Subtract line 43 from line 27	47 48		+
48	Enter the smaller of line 46 or line 47	70		†
	because of the 2005 limit, use the worksheet on page 4 of the instructions to figure the amount to enter on line 49. Otherwise, go to line 50.	491		1
49	Housing deduction carryover from 2005 (from worksheet on page 4 of the instructions)	49		+-
50	Housing deduction. Add lines 48 and 49. Enter the total here and on Form 1040 to the left of line 36. Next to the amount on Form 1040, enter "Form 2555." Add it to the total adjustments reported on that line	50	T35500	

Form **2555-EZ**

Department of the Treasury Internal Revenue Service Name shown on Form 1040

Foreign Earned Income Exclusion

► See separate instructions. ➤ Attach to Form 1040. OMB No. 1545-0074

Attachment Sequence No. **34A**

Your social security number

PRIMARY TAXPAYER

You May Use This Form If You:

- Are a U.S. citizen or a resident alien. • Earned wages/salaries in a foreign country.
- Had total foreign earned income of \$82,400 or less.
- Are filing a calendar year return that covers a 12-month period.

And You:

- Do not have self-employment income. • Do not have business/moving expenses.
- · Do not claim the foreign housing exclusion or deduction.

Tests To See If You Can Take the Foreign Earned Income Exclusion Part I

1	Bona Fide Residence Test
а	Were you a bona fide resident of a foreign country or countries for a period that includes an entire tax year
	(see page 2 of the instructions)?
	• If you answered "Yes," you meet this test. Fill in line 1b and then go to line 3.
	• If you answered "No," you do not meet this test. Go to line 2 to see if you meet the Physical Presence Test.
þ	Enter the date your bona fide residence began ▶, and ended (see instructions) ▶
2	Physical Presence Test
_	Were you physically present in a foreign country or countries for at least 330 full days during—
а	∫ 2006 or Yes □ No
	any other period of 12 months in a row starting or ending in 2006?
	 If you answered "Yes," you meet this test. Fill in line 2b and then go to line 3.
	• If you answered "No," you do not meet this test. You cannot take the exclusion unless you meet the
	Bona Fide Residence Test above.
h	The physical presence test is based on the 12-month period from ▶ through ▶
-	The physical presents that a series of the physical presents and the physical presents and the physical presents and the physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical
3	Tax Home Test. Was your tax home in a foreign country or countries throughout your period of bona fide
•	residence or physical presence, whichever applies?
	 If you answered "Yes," you can take the exclusion. Complete Part II below and then go to page 2.
	• If you answered "No," you cannot take the exclusion. Do not file this form.
Pa	rt II General Information
	Your foreign address (including country) 5 Your occupation
4	Your foreign address (including country) 5 Your occupation
	BODD
	PODP
	Employer's name 7 Employer's U.S. address (including ZIP code) 8 Employer's foreign address
O	Employer's frame
9	Employer is (check any that apply):
	A U.S. business
a h	A foreign business
	Other (specify)
10a	If you filed Form 2555 or 2555-EZ after 1981, enter the last year you filed the form. ▶
h	If you did not file Form 2555 or 2555-EZ after 1981, check here ▶ □ and go to line 11a now.
C	Have you ever revoked the foreign earned income exclusion? Ves UNo
c d	Have you ever revoked the foreign earned income exclusion?
d	If you answered "Yes," enter the tax year for which the revocation was effective. ▶
d 11a	Have you ever revoked the foreign earned income exclusion?

2	(a) Date arrived in U.S.	(b) Date left U.S.	(c) Number	er of days business	on bi	i) Incomusiness	ne earned in U. (attach compu	S. Itation
	:						<u> </u>	
								+
_						<u>.</u>		-
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	:							7
E	rt IV Figure You	r Foreign Farned I	acomo Evo	lusion				
	rt IV Figure You	r Foreign Earned II	ncome Exc	lusion		13	\$82,400	00
3	Maximum foreign earned in			lusion	days	13	\$82,400	oc
3	Maximum foreign earned in Enter the number of days in Did you enter 365 on line 1 Yes. Enter "1.000." No. Divide line 14 by 3	come exclusion			days	13	\$82,400	000
	Maximum foreign earned in Enter the number of days in Did you enter 365 on line 1 Yes. Enter "1.000." No. Divide line 14 by 3	come exclusion			days			000
	Maximum foreign earned in Enter the number of days in Did you enter 365 on line 1 Yes. Enter "1.000." No. Divide line 14 by 3	come exclusion			days			oc
	Maximum foreign earned in Enter the number of days in Did you enter 365 on line 1 Yes. Enter "1.000." No. Divide line 14 by 3 a decimal (rounded) Multiply line 13 by line 15. Enter, in U.S. dollars, the temper of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of the sum of t	come exclusion	Il within 2006	14		15		00

2555-EZ

Department of the Treasury Internal Revenue Service

Foreign Earned Income Exclusion

OMB No. 1545-0074

Attachment Sequence No. **34A** Your social security number

Name shown on Form 1040

You May Use

This Form

If You:

Part I

► See separate instructions.

► Attach to Form 1040.

SECONDARY TAXPAYER

• Are a U.S. citizen or a resident alien.

• Earned wages/salaries in a foreign country. • Had total foreign earned income of

\$82,400 or less. Are filing a calendar year return that covers a 12-month period. And You:

- Do not have self-employment income. Do not have business/moving expenses.
- Do not claim the foreign housing exclusion or deduction.

Tests To See If You Can Take the Foreign Earned Income Exclusion

1	Bona Fide Residence Test			
а		nt of a foreign country or countries for a period ns)?		
		u meet this test. Fill in line 1b and then go to li		
		do not meet this test. Go to line 2 to see if yo		
b	Enter the date your bona fide	e residence began ▶, and	ended (see instructions)▶
2	Physical Presence Test			
а	Were you physically present	in a foreign country or countries for at least 33	0 full days during-	
	(0000	ì		🗆 Yes 🗌 No
	any other period of 12 mor	nths in a row starting or ending in 2006?		
	• If you answered "Yes," you	u meet this test. Fill in line 2b and then go to lir	ne 3.	
		do not meet this test. You cannot take the	exclusion unless you m	neet the
	Bona Fide Residence Test			
b	The physical presence test is	s based on the 12-month period from ▶	through	>
3		ax home in a foreign country or countries throu ice, whichever applies?		
	 If you answered "Yes." you 	u can take the exclusion. Complete Part II belo	wand then go to page	□ res □ No
		cannot take the exclusion. Do not file this for		
		_		
Pa	t II General Info	rmation		
	No. of the land of the control of the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the			
4	Your foreign address (including	country)		5 Your occupation
	P	ODS		
6	Employer's name	7 Employer's U.S. address (including ZIP code)	8 Employer's foreign a	ddress
	· ·		- · · · · · · · · · · · · · · · · · · ·	
	·			
9	Employer is (check any that	• • • •		
				🖳
	· · · · · · · · · · · · · · · · · · ·			
		55-EZ after 1981, enter the last year you filed the		
		or 2555-EZ after 1981, check here ▶ ☐ al		П. П.
				🗌 Yes 🗌 No
		the tax year for which the revocation was effective 2006 and date(s) established. ▶	ctive. F	
ııa	List your tax nome(s) during	2000 and date(s) established.		
_ b	Of what country are you a ci	tizen/national? ▶		<u> </u>
For F	Paperwork Reduction Act Notice	e, see page 3 of separate instructions.	Cat. No. 13272W	Form 2555-EZ (2006)

	United States	or its possessions dur	ing 2006.		.*	
2 (a) [Date arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business		me earned in U.S. s (attach computa	
						Ì
				-		
		·				
	·	<u> </u>			•	
					<u> </u>	
			<u> </u>	<u> </u>		
art IV		Foreign Earned In	ncome Exclusion	13	\$82,400	00
Max	imum foreign earned inc			days	\$82,400	00
Max Ente	imum foreign earned incer the number of days in you enter 365 on line 14	come exclusion			\$82,400	00
Max Ente	er the number of days in you enter 365 on line 14 (es. Enter "1.000."	come exclusion			\$82,400 ×	000
Max Ente	er the number of days in you enter 365 on line 14 (es. Enter "1.000."	come exclusion		days		oc
Max Ente	er the number of days in you enter 365 on line 14 yes. Enter "1.000." No. Divide line 14 by 30 a decimal (rounded tiply line 13 by line 15.	come exclusion	Il within 2006 . 14	days 15		OC

Form **2555-EZ**

Department of the Treasury Internal Revenue Service (99) Name shown on Form 1040 Foreign Earned Income Exclusion

► Attach to Form 1040.

20**06**

Attachment Sequence No. 34A

Your social security number

► See separate instructions.

COMBINED TAXPAYER

You May Use This Form If You:

Part I

- Are a U.S. citizen or a resident alien.
- Earned wages/salaries in a foreign country.
- Had total foreign earned income of \$82,400 or less.
- Are filing a calendar year return that covers a 12-month period.

And You:

- Do not have self-employment income.Do not have business/moving expenses.
- Do not claim the foreign housing exclusion or deduction.

Tests To See If You Can Take the Foreign Earned Income Exclusion

7	Bona Fide Residence Test			
•	(see page 2 of the instructionIf you answered "Yes," youIf you answered "No," you	ou meet this test. Fill in line 1b and then go to linu do not meet this test. Go to line 2 to see if yo	ne 3. ou meet the Physical I	Presence Test.
ь	Enter the date your bona-tion	de residence began ►, and	ended (see instruction	ns) ▶
2	Physical Presence Test	•		
а	2006 or	t in a foreign country or countries for at least 33 onths in a row starting or ending in 2006?		🗌 Yes 🗎 No
)		u meet this test. Fill in line 2b and then go to ling do not meet this test. You cannot take the tabove.		meet the
b	The physical presence test	is based on the 12-month period from ▶	throug	gh ▶
3 	residence or physical prese • If you answered "Yes," yo	tax home in a foreign country or countries throunce, whichever applies?	w and then go to pag	🗌 Yes 🔲 No
4	Your foreign address (including			5 Your occupation
				•
6	Employer's name	7 Employer's U.S. address (including ZIP code)	8 Employer's foreign	n address
9	Employer is (check any that	apply):		
а				
b	A foreign business			
	Other (specify) ▶			·
		55-EZ after 1981, enter the last year you filed to		
		5 or 2555-EZ after 1981, check here ► 🔲 a		
		foreign earned income exclusion?		
		r the tax year for which the revocation was effe		
11a	List your tax home(s) during	2006 and date(s) established. ▶	<u> </u>	
h	Of what country are you a c	itizen/national?		
-	min country are you are			

2 (a) Dai	e arrived in U.S.	(b) Date left U.S.	(c) Number of days in U.S. on business		me earned in U.S. s (attach computatio
				1	
-					
-				-	
art IV	Figure You	ır Foreign Earned Ir	ncome Exclusion		
		ir Foreign Earned Ir	ncome Exclusion	13	\$82,400 0
Maxim	num foreign earned			13	\$82,400 0
Maxim Enter Did yo	the number of days u enter 365 on line s. Enter "1.000."	income exclusion in your qualifying period that fall 14?			\$82,400 O
Maxim Enter Did you Ye No	the number of days u enter 365 on line s. Enter "1.000."	income exclusion in your qualifying period that fall 14? 365 and enter the result as ed to at least three places).		days	
Maxim Enter Did you Ye No Multip Enter,	the number of days u enter 365 on line s. Enter "1.000." . Divide line 14 by a decimal (round	income exclusion in your qualifying period that fall 14? 365 and enter the result as ed to at least three places).	I within 2006 . 14	days 15	

Form 3468 (Rev. December 2006) Department of the Treasury

Internal Revenue Service (99)

F3468

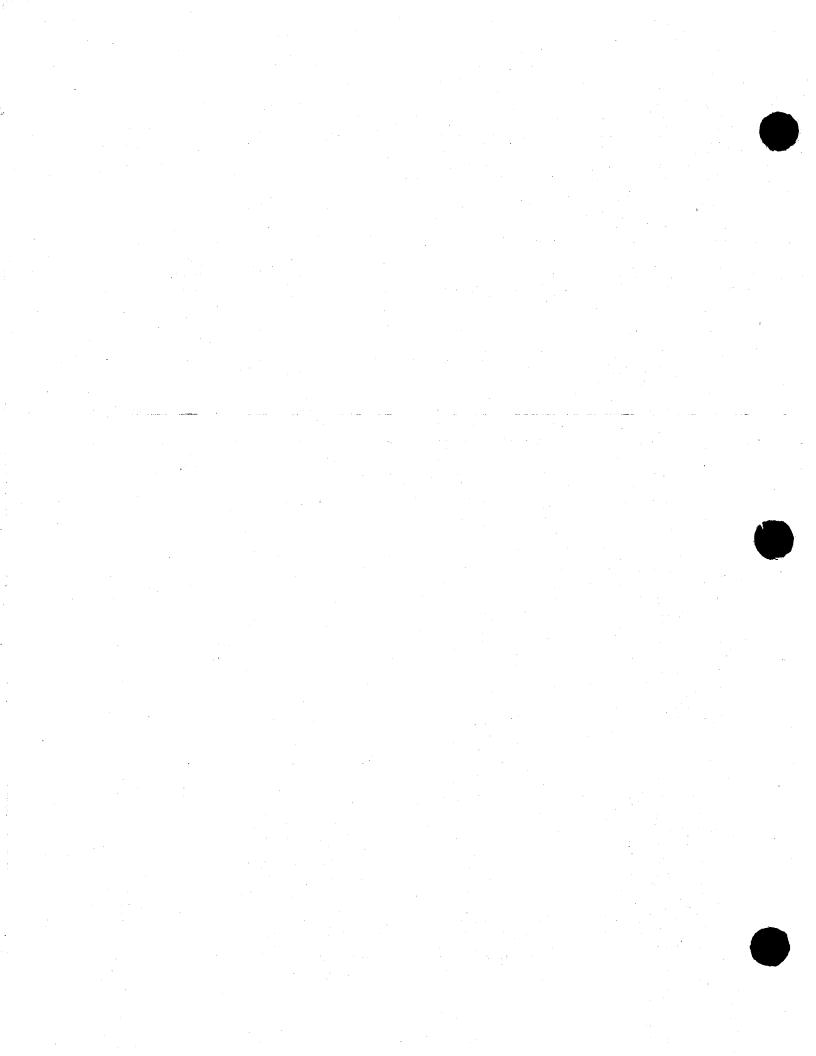
Investment Credit

► Attach to your tax return. See instructions.

OMB No. 1545-0155

Attachment Sequence No. **52**

Name(s) shown on return Identifying number 1 Rehabilitation credit (see instructions for requirements that must be met): a Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note: This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent **b** Enter the date on which the 24- or 60-month measuring period begins ____/___ and ends ___/ / c Enter the adjusted basis of the building as of the beginning date above d Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 1b above \$______ Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown: E49105 e Pre-1936 buildings located in the Gulf Opportunity Zone .\$ E49111 × 13% (.13) 1e 1f E49100 g Certified historic structures located in the Gulf Opportunity Zone . \$ E49211 × 26% (.26) E49205 1g E49200 1h For properties identified on lines 1g or 1h, complete lines 1i and 1j i Enter the assigned NPS project number or the pass-through entity's j Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions) / / E49250 1k k Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) 2 Energy credit: a Basis of property using geothermal energy placed in service during 2a E50103 the tax year (see instructions) \$ × 10% (.10) b Basis of property using solar illumination or solar energy placed in service E50105 2b Qualified fuel cell property (see instructions): c Basis of property installed during the tax 2c year \$ _____ × 30% (.30) d Kilowatt capacity of property in c above . . . ▶×\$1,000 e Enter the lesser of line 2c or 2d E50110 2e Qualified microturbine property (see instructions): f Basis of property installed during the tax year \$ × 10% (.10) g Kilowatt capacity of property in f above . . . ▶×\$200 E50115 h Enter the lesser of line 2f or 2g E50120 i Total. Add lines 2a, 2b, 2e, and 2h 2i 3 Qualifying advanced coal project credit (see instructions): a Basis of qualified investment in integrated gasification combined cycle property За placed in service during the tax year \$ _____ × 20% (.20) b Basis of qualified investment in property other than in a above placed 3b in service during the tax year ▶ \$_____ × 15% (.15) E50140 c Total. Add lines 3a and 3b Qualifying gasification project credit (see instructions). Basis of qualified investment in property E50160 placed in service during the tax year ▶ \$ × 20% (.20) Credit from cooperatives. Enter the unused investment credit from cooperatives E49300 Add lines 1e through 1h, 1k, 2i, 3c, 4, and 5. Report this amount on the applicable line of E50200



General Business Credit

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0895

2006

Attachment Sequence No. **22**

Identifying number

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

Part I Current Year Credit

F3800

Important: You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see **What's New** in the instructions.

1a	Investment credit (attach Form 3468)	1a	E53220
	Work opportunity credit (Form 5884)	1b	E53240
	Welfare-to-work credit (Form 8861)	1c	E53250
	Credit for increasing research activities (Form 6765)	1d	E53280
	Low-income housing credit (Form 8586) (enter EIN if claiming this credit from a pass-through entity: ,	1e	E53300
f	Enhanced oil recovery credit only from partnerships and S corporations (see instructions) .	1f	E53305
g	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1g	E53310
•	Renewable electricity production credit (Form 8835, Section A only)	1h	E53315
	Indian employment credit (Form 8845)	1i	E53316
i	Credit for employer social security and Medicare taxes paid on certain employee tips (Form 8846)	1j	E53317
k	Orphan drug credit (Form 8820)	1k	E53318
ı	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity:		
) , , . , ,	11	E53312
m	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1m	E53306
n	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming		
	this credit from a pass-through entity:)	1n	E53307
0	Qualified railroad track maintenance credit (Form 8900)	10	E53281
р		1 p	E53308
q	Low sulfur diesel fuel production credit (Form 8896)	1q	E53309
r	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1r	E53282
s	Nonconventional source fuel credit (Form 8907)	1 s	E53283
t	Energy efficient home credit (Form 8908)	1t	E53284
	Energy efficient appliance credit (Form 8909)	1u	E53288
ν	Alternative motor vehicle credit (Form 8910)	1۷	E53285
W	Alternative fuel vehicle refueling property credit (Form 8911)	1w	E53286
x	Credit for contributions to selected community development corporations (Form 8847)	1x	E53319
. у	Mine rescue team training credit (Form 8923)	1y	E53311
z	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1z·	E53313
aa	Credits for employers affected by Hurricane Katrina, Rita, or Wilma (Form 5884-A)	1aa	E53287
2	Add lines 1a through 1aa	2	E53320
3	Passive activity credits included on line 2 (see instructions)	3	E53340
4	Subtract line 3 from line 2	4	E53350
5	Passive activity credits allowed for 2006 (see instructions)	5	E53380
6	Carryforward of general business credit to 2006. See instructions for the schedule to attach	6	E53400
7	Carryback of general business credit from 2007 (see instructions)	7	
8	Current year credit. Add lines 4 through 7	8	E53410

Part II Allowable	e Credit
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_				
9	Regular tax before credits:	2.55		
	• Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	• Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A,	9		
	Part I, line 1; or the applicable line of your return			1
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,			
	lines 1a and 1b, or the amount from the applicable line of your return			
40.			,	
10	Alternative minimum tax:			1
	• Individuals. Enter the amount from Form 6251, line 35		F#0.40F	
	• Corporations. Enter the amount from Form 4626, line 14	10	E53485	
	• Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56.			
44	Add lines 9 and 10			
11	Add lines 9 and 10	11		
122	Foreign tax credit			
120	Toleight tax cledit			
h	Credits from Form 1040, lines 48 through 54 (or Form 1040NR, lines			
D	45 through 49)			
	15 (1.0 4.9)			
С	Qualified electric vehicle credit (Form 8834, line 20)			
	Non-business alternative motor vehicle credit (Form 8910,			
u	line 18)			Ī
		-15		
				. I
	Non-business alternative fuel vehicle refueling property credit			
е	Non-business alternative fuel vehicle refueling property credit (Form 8911, line 19)	12f		
e f	Non-business alternative fuel vehicle refueling property credit (Form 8911, line 19) Add lines 12a through 12e	12f		
e f	Non-business alternative fuel vehicle refueling property credit (Form 8911, line 19)	12f 13	£53500	
e f	Non-business alternative fuel vehicle refueling property credit (Form 8911, line 19) Add lines 12a through 12e Net income tax. Subtract line 12f from line 11. If zero, skip lines 14 through 17 and enter -0- on		£53500	
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Moving Expenses

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2006

Attachment Sequence No. **62**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number

Bef	 See the Distance Test and Time Test in the instructions to find out if you expenses. See Members of the Armed Forces on the back, if applicable. 	ou can	deduct your m	ovin
1	Transportation and storage of household goods and personal effects (see instructions)	1	E53550	
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	E53560	
3	Add lines 1 and 2	3	E53570	
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	E53580	
5	Is line 3 more than line 4?			
	No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.			
	☐ Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	E53590	÷

General Instructions What's New

For 2006, the standard mileage rate for using your vehicle to move to a new home is 18 cents a mile.

Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

Moving Expenses You Can Deduct

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

Who Can Deduct Moving Expenses

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.



Members of the Armed Forces may not have to meet the distance test and time test. See instructions on the back.

Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.



To see if you meet the distance test, you can use the worksheet below.

Distance Test Works	heet
---------------------	------

Keep a Copy for Your Records

2

		<u></u>
1.	. Number of miles from your old home to your new workplace	miles
2.	2. Number of miles from your old home to your old workplace	miles
3.	3. Subtract line 2 from line 1. If zero or less, enter -0	miles
	Is line 3 at least 50 miles? Yes. You meet this test. No. You do not meet this test. You cannot deduct your moving expenses. Do not complete Form 3903.	

Time Test

If you are an employee, you must work full time in the general area of your new workplace for at least 39 weeks during the 12 months right after you move. If you are self-employed, you must work full time in the general area of your new workplace for at least 39 weeks during the first 12 months and a total of at least 78 weeks during the 24 months right after you move.

What if you do not meet the time test before your return is due? If you expect to meet the time test, you can deduct your moving expenses in the year you move. Later, if you do not meet the time test, you must either:

- Amend your tax return for the year you claimed the deduction by filing Form 1040X, Amended U.S. Individual Income Tax Return, or
- For the year you cannot meet the time test, report as income the amount of your moving expense deduction that reduced your income tax for the year you moved.

If you did not deduct your moving expenses in the year you moved and you later meet the time test, you can take the deduction by filing an amended return for the year you moved. To do this, use Form 1040X.

Exceptions to the time test. You do not have to meet the time test if any of the following apply.

- · Your job ends because of disability.
- You are transferred for your employer's benefit.
- You are laid off or discharged for a reason other than willful misconduct.
- You are in the Armed Forces and the move is due to a permanent change of station (see below).
- You meet the requirements (explained later) for retirees or survivors living outside the United States.
- You are filing this form for a decedent.

Members of the Armed Forces

If you are in the Armed Forces, you do not have to meet the distance and time tests if the move is due to a permanent change of station. A permanent change of station includes a move in connection with and within 1 year of retirement or other termination of active duty.

How To Complete This Form If You Are In the Armed Forces

Do not include on lines 1 and 2 any expenses for moving services that were provided by the government. If you and your spouse and dependents are moved to or from different locations, treat the moves as a single move.

On line 4, enter the total reimbursements and allowances you received from the government in connection with the expenses you claimed on lines 1 and 2. Do not include the value of moving services provided by the government. Complete line 5 if applicable.

Retirees or Survivors Living Outside the United States

If you are a retiree or survivor who moved to a home in the United States or its possessions and you meet the following requirements, you are treated as if you moved to a new principal workplace located in the United States. You are subject only to the distance test.

Retirees

You can deduct moving expenses for a move to a new home in the United States when you permanently retire if both your old principal workplace and your old home were outside the United States.

Survivors

You can deduct moving expenses for a move to a home in the United States if you are the spouse or dependent of a person whose principal workplace at the time of death was outside the United States. The expenses must be for a move (a) that begins within 6 months after the decedent's death, and (b) from a former home outside the United States that you lived in with the decedent at the time of death.

Reimbursements

You can choose to deduct moving expenses in the year you are reimbursed by your employer, even though you paid the expenses in a different year. However, special rules apply. See When To Deduct Expenses in Pub. 521.

Filers of Form 2555

If you file Form 2555, Foreign Earned Income, to exclude any of your income or housing costs, report the full amount of your deductible moving expenses on Form 3903 and on Form 1040. Report the part of your moving expenses that is not allowed because it is allocable to the excluded income on the appropriate line of Form 2555. For details on how to figure the part allocable to the excluded income, see Pub. 54, Tax Guide for U.S. Citizens and Resident Aliens Abroad.

Specific Instructions

You can deduct the following expenses you paid to move your family and dependent household members. Do not deduct expenses for employees such as a maid, nanny, or nurse.

Line 1

Moves within or to the United States or its possessions. Enter the amount you paid to pack, crate, and move your household goods and personal effects. You can also include the amount you paid to store and insure household goods and personal effects within any period of 30 days in a row after the items were moved from your old home and before they were delivered to your new home.

Moves outside the United States or its possessions. Enter the amount you paid to pack, crate, move, store, and insure your household goods and personal effects. Also, include the amount you paid to move your personal effects to and from storage and to store them for all or part of the time the new workplace continues to be your principal workplace.



You do not have to complete this form if (a) you moved in an earlier year, (b) you are claiming only storage fees during your absence from the United States,

and (c) any amount your employer paid for the storage fees is included in box 1 of your Form W-2 (wages). Instead, enter the storage fees on Form 1040, line 26, or Form 1040NR, line 26, and write "Storage" on the dotted line next to line 26.

Line 2

Enter the amount you paid to travel from your old home to your new home. This includes transportation and lodging on the way. Include costs for the day you arrive. The members of your household do not have to travel together or at the same time. But you can only include expenses for one trip per person. Do not include any househunting expenses.

If you use your own vehicle(s), you can figure the expenses by using either:

- Actual out-of-pocket expenses for gas and oil, or
- Mileage at the rate of 18 cents a mile.

You can add parking fees and tolls to the amount claimed under either method.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Department of the Treasury

Internal Revenue Service

F4136

Credit for Federal Tax Paid on Fuels

► See the separate instructions.

► Attach this form to your income tax return.

OMB No. 1545-0162

Attachment Sequence No. 23

Name (as shown on your income tax return)

Taxpayer identification number

Caution. Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase.

For claims on lines 1c and 2b (type of use 13 and 14), 3d, 4c, 5, and 9, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 and 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		\$.183)	\$	
b	Use on a farm for farming purposes		.183	}		362
С	Other nontaxable use (see Caution above line 1)		183		E53620	
d	Exported		.184		E53623	411

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15		\$ E53690	354
b	Other nontaxable use (see Caution above line 1)		.193		E53695	324
С	Exported		.194		E53697	412

3 Nontaxable Use of Undyed Diesel Fuel

000
360
353
350
E53766 E53769

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene did not contain visible evidence of dye. Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here								
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN		
а	Nontaxable use		\$.243		\$ E53662		0.40		
b	Use on a farm for farming purposes		.243	<u> </u>			346		
C	Use in certain intercity and local buses (see Caution above line 1)		.17		E53663		347		
d	Exported		.244		E53667		414		

5 Kerosene Used in Commercial Aviation (Other Than Foreign Trade)

	(b) Rate	(c) Gallons	(d) Amount of cred	it (e) CRN
a Kerosene taxed at \$.244 (see Caution above line 1)	\$.200		\$ E53848	417
b Kerosene taxed at \$.219 (see Caution above line 1)	.175		E53705	355

6	Sales by	Registered	Ultimate	Vendors o	f Und	yed Dies	el Fuel
---	----------	------------	----------	-----------	-------	----------	---------

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of cred	it (e) CRN
а	Use by a state or local government	\$.243		\$ £53670	360
b	Use in certain intercity and local buses	.17		E53672	350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other

Than Kerosene For Use in Aviation) Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here . . . >

		(b) Rate	(c) Gallons	(d) Amount of credit	(e)"CRN
а	Use by a state or local government	\$.243	Ì	\$	
b	Sales from a blocked pump	.243	<u> </u>	E53780	346
C	Use in certain intercity and local buses	.17		E53782	347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	intermation to be eabilitied:					
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175		\$ E53784	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		E53849	417
C	Nonexempt use in noncommercial aviation		.025		£53850	418
d	Other nontaxable uses taxed at \$.244		.243		E53851	346
е	Other nontaxable uses taxed at \$.219		.218		E53786	369

9 Nontaxable Use of Kerosene Used in Noncommercial Aviation

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use (other than state) taxed at \$.244 (see Caution above line 1)		\$.243		\$ E53852	346
þ	Nontaxable use (other than state) taxed at \$.219 (see Caution above line 1)		.218		E53853	369

10 Reserved for future use

11 Nontaxable Use of Liquefied Petroleum Gas (LPG) (before October 1, 2006)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cree	dit (e) CRN
а	Use in certain intercity and local buses		\$.062		\$ E53676	352
b	Use in qualified local buses or school buses		.136		E53678	361
С	Other nontaxable use		.136		E53679	395

12 Alcohol Fuel Mixture Credit

Registration No. ▶

Claimant produced an alcohol fuel mixture by mixing taxable fuel with alcohol. The alcohol fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
Alcohol fuel mixtures containing ethanol	\$.51		\$ E53793	393
b Alcohol fuel mixtures containing alcohol (other than ethanol)	.60		E53794	394

13 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Claimant produced a mixture by mixing diesel fuel with biodiesel or renewable diesel. The biodiesel used to produce the biodiesel mixture must meet ASTM D6751 and be registered with the EPA as a fuel and fuel additive under section 211 of the Clean Air Act. The mixture was sold by the claimant to any person for use as fuel or was used as a fuel by the claimant. Claimant has a certificate from the producer or importer of the biodiesel which identifies the percentage of biodiesel and agri-biodiesel in the product, and has no reason to believe the information is false. See the instructions for line 13 to see if you must attach the certificate.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
a	Biodiesel (other than agri-biodiesel) mixtures	\$.50		\$ E53795	388
b	Agn-biodiesel mixtures	1.00		E53796	390
С	Renewable diesel mixtures	1.00		E53803	307

14 Nontaxable Use of Alternative Fuel (after September 30, 2006)

		(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG)		\$.183	_	\$ E53805	419
b	"P Series" fuels		.183		E53807	420
С	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		E53809	421
d	Liquefied hydrogen		.183		E53811	422
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process		.243		E53813	423
f	Liquid hydrocarbons denved from biomass		.243		E53815	424
g	Liquefied natural gas (LNG)		.243		E53817	425

15 Alternative Fuel Credit and Alternative Fuel Mixture Credit (after September 30, 2006)

Registration No. ▶

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG)	\$.50		\$ E53819	426
b	"P Series" fuels	.50		E53821	427
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50		E53823	428
d	Liquefied hydrogen	.50		E53825	429
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.50		E53827	430
f	Liquid hydrocarbons denved from biomass	.50		E53829	431
g	Liquefied natural gas (LNG)	.50		E53831	432

16 Registered Credit Card Issuers

Registration No. ▶

		(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Diesel fuel sold for the exclusive use of a state or local government	\$.243	1.	\$:E53833		360
b	Kerosene sold for the exclusive use of a state or local government	.243		E53835		346
E	Kerosene for use in aviation sold for the exclusive use of a state or local government	.218		E5383 7		369

17 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution. There is a reduced credit rate for use in certain intercity an	Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.											
	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cred	t (e) CRN							
a Nontaxable use		\$.197		\$ £53839	309							
b Exported		.198		E53841	306							

18 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

		(b) Rate	(c) Gallons	(d) Amount of cre	dit (e) CRN
Blender credit	 	\$:046	<u>.</u>	\$ E53843	310

19 Exported Dyed Fuels

	· · · · · · · · · · · · · · · · · · ·	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
a Exported dyed die	sel fuel	\$.001		\$	£53845		415
b Exported dyed ke	osene	.001			£53847		416
Form 1040, line	x credit claimed. Add lines 1 through 70 (also check box b on line 70); Form 10S, line 24h; or the	120, line 32f(2); Form 112	20-A, line	\$	E5386 0		

Form 4136 (2006)

Department of the Treasury Internal Revenue Service (99)

Social Security and Medicare Tax on Unreported Tip Income

▶ See instructions on back.

▶ Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

OMB No. 1545-0074

2006

Attachment

	Sequer	ice No.	24
Social	security	numb	er

Name(s) of employer(s) to whom you were required to, but did not, report your tips: COMBINED TOTALS 1 T53902 T53907 Total cash and charge tips you **reported** to your employer in 2006 Subtract line 2 from line 1. This amount is income you must include in the total on Form 1040, 3 S53912 Cash and charge tips you received but did not report to your employer because the total was 4 T53917 Unreported tips subject to Medicare tax. Subtract line 4 from line 3. Enter here and on line 2 5 S53922 94,200 | 00 Maximum amount of wages (including tips) subject to social security tax Total social security wages and social security tips (total of boxes 3 T53927 and 7 on Form(s) W-2) or railroad retirement (tier 1) compensation . 8 T53932 Subtract line 7 from line 6. If line 7 is more than line 6, enter -0- here and on line 9 and go to line 11 Unreported tips subject to social security tax. Enter the smaller of line 5 or line 8 here and on line 1 of Schedule U below. If you received tips as a federal, state, or local government 9 S53937 employee, see instructions 10 S53942 10 Multiply line 9 by .062 . S53947 Multiply line 5 by .0145 11 11 Add lines 10 and 11. Enter the result here and on Form 1040, line 59, or Form 1040NR, line 54 12 S53952 For Paperwork Reduction Act Notice, see instructions on back. Form 4137 (2006) Do Not Detach SCHEDULE U U.S. Schedule of Unreported Tip Income (Form 1040) Department of the Treasury For crediting to your social security record Internal Revenue Service Note: The amounts you report below are for your social security record. This record is used to figure any benefits, based on your earnings, payable to you and your dependents or your survivors. Fill in each item accurately and completely. Print or type name of person who received tip income Social security number Address (number, street, and apt. no., or P.O. box if mail is not delivered to your home) Occupation City, town or post office, state, and ZIP code 1 Unreported tips subject to social security tax. Enter the amount from line 9 (Form 4137) above. 1 2 Unreported tips subject to Medicare tax. Enter the amount from line 5 (Form 4137) above

Please do not write in this space

Department of the Treasury

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Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

Internal Revenue Service

Social Security and Medicare Tax on Unreported Tip Income

► See instructions on back.

▶ Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.

OMB No. 1545-0074

2006

Attachment
Sequence No. 24

Social security number

Name(s) of employer(s) to whom you were required to, but did not, report your tips: FIRST 1 T53900 Total cash and charge tips you **received** in 2006 (see instructions) 2 T53905 2 Subtract line 2 from line 1. This amount is income you must include in the total on Form 1040, 3 S53910 line 7 or Form 1040NR, line 8 Cash and charge tips you received but did not report to your employer because the total was T53915 Unreported tips subject to Medicare tax. Subtract line 4 from line 3. Enter here and on line 2 5 S53920 Maximum amount of wages (including tips) subject to social security tax Total social security wages and social security tips (total of boxes 3 T53925 and 7 on Form(s) W-2) or railroad retirement (tier 1) compensation 8 T53930 Subtract line 7 from line 6. If line 7 is more than line 6, enter -0- here and on line 9 and go to line 11 Unreported tips subject to social security tax. Enter the smaller of line 5 or line 8 here and on line 1 of Schedule U below. If you received tips as a federal, state, or local government 9 S53935 employee, see instructions 10 S53940 Multiply line 9 by .062 . 10 S53945 11 Multiply line 5 by .0145 11 S53950 Add lines 10 and 11. Enter the result here and on Form 1040, line 59, or Form 1040NR, line 54 For Paperwork Reduction Act Notice, see instructions on back. Form 4137 (2006) Do Not Detach SCHEDULE U U.S. Schedule of Unreported Tip Income (Form 1040) Department of the Treasury For crediting to your social security record Internal Revenue Service Note: The amounts you report below are for your social security record. This record is used to figure any benefits, based on your earnings, payable to you and your dependents or your survivors. Fill in each item accurately and completely. Print or type name of person who received tip income Social security number Address (number, street, and apt. no., or P.O. box if mail is not delivered to your home) Occupation City, town or post office, state, and ZIP code 1 Unreported tips subject to social security tax. Enter the amount from line 9 (Form 4137) above 1 2 Unreported tips subject to Medicare tax. Enter the amount from line 5 (Form 4137) above

Please do not write in this space

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Department of the Treasury Internal Revenue Service (99)

Social Security and Medicare Tax on Unreported Tip Income

See instructions on back.

▶ Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

OMB No. 1545-0074

Attachment Sequence No. 24 Social security number

			i i	
Name	(s) of employer(s) to whom you were required to, but did not, report your tips:			
	SECOND			
	······································			
		1	T53901	
1	Total cash and charge tips you received in 2006 (see instructions)			
2	Total cash and charge tips you reported to your employer in 2006	2	T53906	┼
3	Subtract line 2 from line 1. This amount is income you must include in the total on Form 1040, line 7 or Form 1040NR, line 8	3	S53911	
4	Cash and charge tips you received but did not report to your employer because the total was less than \$20 in a calendar month (see instructions)	4	T53916	
5	Unreported tips subject to Medicare tax. Subtract line 4 from line 3. Enter here and on line 2 of Schedule U below	5	S53921	
6	Maximum amount of wages (including tips) subject to social security tax 6 94,200 00	기		
7	Total social security wages and social security tips (total of boxes 3 and 7 on Form(s) W-2) or railroad retirement (tier 1) compensation .			
-8	Subtract line 7 from line 6. If line 7 is more than line 6, enter -0- here and on line 9 and go to line 11	8	T53931	
9	Unreported tips subject to social security tax. Enter the smaller of line 5 or line 8 here and on			,
	line 1 of Schedule U below. If you received tips as a federal, state, or local government employee, see instructions	9	S53936	
	employee, see managination			
10	Multiply line 9 by .062	10	S53941	
11	Multiply line 5 by .0145	11	S53946	
12	Add lines 10 and 11. Enter the result here and on Form 1040, line 59, or Form 1040NR, line 54	12	S53951	
For	Paperwork Reduction Act Notice, see instructions on back.		Form 413 7	7 (2006)
 2	Do Not Detach			
	U.S. Schedule of Unreported Tip Income		200 6	•
	Iment of the Treasury al Revenue Service For crediting to your social security record		ر مان	,
Note	e: The amounts you report below are for your social security record. This record is used to figure earnings, payable to you and your dependents or your survivors. Fill in each item accurately	re any l and co	penefits, based ompletely.	n your
Print	or type name of person who received tip income	Soc	ial security numb	er
Addı	ress (number, street, and apt. no., or P.O. box if mail is not delivered to your home) Occupation		<u> </u>	
City,	town or post office, state, and ZIP code			
		1 4		
	Jnreported tips subject to social security tax. Enter the amount from line 9 (Form 4137) above . ▶ Jnreported tips subject to Medicare tax. Enter the amount from line 5 (Form 4137) above ▶	2		-
'	Discoursed table subject to sylectically tax. Enter the allocally from time of from 4 for above	1 4	I .	1

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Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization F4562 (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

2006
Attachment

OMB No. 1545-0172

Attachment Sequence No. 67 Identifying number

Part I Election To Expense Certain Property Under Section 179 **EPZONE** Note: If you have any listed property, complete Part V before you complete Part I. \$108,000 1 Maximum amount. See the instructions for a higher limit for certain businesses . . . E54005 2 2 Total cost of section 179 property placed in service (see instructions) \$430,000 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions E54000 (a) Description of property 6 E54010 Listed property. Enter the amount from line 29 7 8 E54015 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Tentative deduction. Enter the **smaller** of line 5 or line 8. 9 E54020 9 E54060 10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 . 10 E54040 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 E54100 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed E58110 14 property) placed in service during the tax year (see instructions) . . . Property subject to section 168(f)(1) election 15 E58120 Other depreciation (including ACRS) E58140 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A E58100 17 MACRS deductions for assets placed in service in tax years beginning before 2006 . . . If you are electing to group any assets placed in service during the tax year into one or more 18 general asset accounts, check here GAACD Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 19a E54200 MTH3YR 3-year property E54400 E54500 b 5-year property MTH5YR E54700 7-year property E54720 MTH7YR E54760 d 10-year property E54800 MTH10Y E55000 15-year property E55200 MTH15Y E55300 20-year property E55800 MTH20Y E56000 g 25-year property E56020 25 yrs. S/L E56040 E56100 27.5 yrs. E56300 MM SIL h Residential rental 27.5 yrs. undetermined type E57600 MM property S/L Undetermined type E57700 E56400 39 yrs. MM S/L E56500 i Nonresidential real Total GDS cost E57800 MM SIL Total GDS ded. E57900 Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System 20a Class life E57910 S/L E57930 b 12-year E57950 12 yrs. S/L E57960 c 40-year E57980 40 yrs. SIL MM E58000 Summary (see instructions) Total ADS cost E58020 Total ADS ded. E58040 E57930 Listed property. Enter amount from line 28 . . . Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. E58160 For assets shown above and placed in service during the current year, E58180 enter the portion of the basis attributable to section 263A costs 23 s es algebras dell'essate

44

	4562 (2006)														Page
Par	t V Listed	Property (In ty used for e	clude aut	omobil	es, ce	rtain o	other v	ehicles	s, cellu	lar tele	phone	s, cer	tain co	mpute	rs, and
		for any vehicle								or dodu	otina k		nonco	oomali	sto amb
	24a, 24	b, columns (a)	through (of Se	ction A	, all of	Section	n B, an	d Secti	on C if	applica	able.	репѕе,	Compi	ete çm ı
Sect	ion A—Depred	iation and Ot	her Inforn	nation	(Cautic	n: See	the ins	tructio	ns for l	mits for	passe	nger a	utomok	iles.)	
24a	Do you have evide	ence to support the		nvestmer	t use cl	aimed?	☐ Yes	☐ No	24b	lf "Yes,"	is the .	evidence	written	? 🗆 Y	es 🗌 N
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) or other pasis		(e) sis for dep siness/in use or	vestment		ry Me	(g) thod/ vention		(h) reciation duction	sec	(i) lected tion 179 cost
25	Special allowance	for qualified New 1	York Liberty o	r Gulf Op	portunity	Zone pr	operty pla	aced in s	ervice du	ring the ta					0031
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20 29	Add amounts i	in column (n), in column (i) li	lines 25 th ine 26. Ent	rougn 2 er here	and or	er here 1 line 7	and or						58080 . 2	ο E1	54010
	<u> </u>	(,,,							Vehicle	<u>.</u> .	· · ·	<u> </u>	. 2	9 1	7010
Com	plete this section	on for vehicles	used by a	sole p	ropriet	or, part	ner or	other"	more th	an 5%	owner,	" or re	ated pe	erson.	
f you	provided vehicles	to your employees	s, first answe	r the que	stions in	Section	C to see	if you m	eet an ex	ception to	o compl	eting this	section	for those	vehicles
30	Total business/iduring the year (c	lo not include co		(a Vehic	-		b) icle 2	E	(c) icle 3	(c Vehic	-		(e) nicle 5		(f) icle 6
14	miles)		* * * * * * * * * * * * * * * * * * * *			_		_	· ·					-	
31 32	Total commuting r Total other pe	rsonal (noncon	nmuting)	 											
33	miles driven . Total miles drive	en during the ye													
34	lines 30 through Was the vehicle	e available for _l		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during off-c Was the vehicl	e used primar													-
36	more than 5% o	le available for _l	personal												_
	use?												<u> </u>	,	
Ansv 1 0t 1	S ver these quest more than 5% o	ection C—Qu ions to determ owners or relat	nine if you	meet a	n excep	otion to								loyees v	who are
37	Do you mainta by your emplo								of vehic	les, incl	uding	commı	ıting,	Yes	No
38	Do you maintain See the instructi	a written policy:	statement th	at prohil	bits pers	sonal us	e of vehi	cles, ex	cept cor	nmuting,	by you		yees?		
39	Do you treat a													-	<u> </u>
10	Do you provide										emplo		hout		
	the use of the	vehicles, and	retain the	informa	tion re	ceived	?								
41	Do you meet the	e requirements o	oncerning o	qualified	automo	bile der	nonstrat	on use'	? (See in	struction	s.) .				
	Note: If your ar		, 39, 40, or	41 is "	res," do	not c	omplete	Section	n B for	the cove	red vel	hicles.			
Par	t VI Amort	ization						-							
	(a) Description o	of costs	Date ame			Amor	c) tizable ount		Co	d) ode ction	Amori peri	e) tization od or		(f) ortization this year	for
12	Amortization of	costs that beg	ins during s	vour 200	1)6 tax \	ear lee	e inetru	ctions).			perce	entage			
		- sete that beg	daming	, Jui 201	l an y	(3C	o monu	10/10/				1			
			+		+		3200	- +			+				

E58250

E58300

43

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

F4684

Casualties and Thefts

► See separate instructions.

► Attach to your tax return.

▶ Use a separate Form 4684 for each casualty or theft.

OMB No. 1545-0177 20**06**

Attachment Sequence No. 26

Identifying number

SECTION A—Personal Use Property (Use this section to report casualties and thefts of property not used in a trade or business or for income-producing purposes.)

1	Description of properties (show type, location, and c	late ac	quired for each	prop	erty). Use a	separa	te line fo	r each pro	perty lost or d	amage
	from the same casualty or theft.									
	Property A						_			
	Property B						-			
	Property C									<u> </u>
	Property D									
		*								
				—		Prop	erties			
		_	A		В	1		C	D	_
2	Cost or other basis of each property	2				1				
3	Insurance or other reimbursement (whether or not	3					:			
	you filed a claim) (see instructions)						_			-
4	Gain from casualty or theft. If line 3 is more than line	350						-		1.
7	2, enter the difference here and skip lines 5 through 9	1.44		İ					·	İ
	for that column. See instructions if line 3 includes in-				· ·	-				1
	surance or other reimbursement you did not claim, or	4								İ
	you received payment for your loss in a later tax year.	-								+-
=	Francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de la francisco de l	5	ŀ							
5	Fair market value before casualty or theft	–				+	<u> </u>		+	+
c	Friedrich and a secondary and the secondary	6								
6	Fair market value after casualty or theft		-			+	-		-	1
-	Culphysia III a C for an III a F	7							-	
7	Subtract line 6 from line 5	–					-			
_	Followskie annual or of Born O at Born 7	8	ļ ·	.						-
8	Enter the smaller of line 2 or line 7									+ -
9	Subtract line 3 from line 8. If zero or less,	9								1
	enter -0	_ 3					<u> </u>			
40	Oracles Hotel Allen									
10	Casualty or theft loss. Add the amounts on line 9 in	columr	is a through D	•		• •		. 10	+	+
11	Enter the smaller of line 10 or \$100. But if the loss a 24, 2005; Hurricane Rita disaster area after Septemb October 22, 2005, and was caused by that particular	er 22,	2005; or Hurric	ane V	Vilma disaste	r area	after			
12	Subtract line 11 from line 10							12		+
12	Caution: Use only one Form 4684 for lines 13 through			•		• •		•		_
13	Add the amounts on line 12 of all Forms 4684							13		
14	Add the amounts on line 4 of all Forms 4684			٠					1 -	+-
15	If line 14 is more than line 13, enter the difference				· · · ·	• •		• •		+-
,,,	complete the rest of this section (see instructions).			. U. I	o not			15	E37700	
	• If line 14 is less than line 13, enter -0- here and go				}	•			33	+ -
	• If line 14 is equal to line 13, enter -0- here. Do no			thie	section					
16	Million and the Lorentzian Charles and Constant and Constant	•			occion.			16	E37703 +/-	
17	Add the amounts on line 12 of all Forms 4684 on wh			·				17	E37701	+
18	Is line 17 less than line 16?	iicii yo	a entered -0- o	ı iiiie	11			env. 525	20.701	+-
10	No. Stop. Enter the amount from line 16 on Sched	lo	orm 1040\ lin -	10 -		/F	4040ND			
	line 8. Estates and trusts, enter the amount from	ine 16	on the "Other o	leduc	r Schedule A tions" line of	your t	ax return), 1. 585,		
	Yes. Subtract line 17 from line 16.							18		ـــــ
19	Enter 10% of your adjusted gross income from Form	1040,	line 38, or Form	n 104	ONR, line 36	. Estat	es and		-	
	trusts, see instructions							. 19	<u> </u>	
20	Subtract line 19 from line 18. If zero or less, enter -0							. 20		
21	Add lines 17 and 20. Also enter the result on Schedu	ule A (F	orm 1040), line	19,	or Schedule	A (For	m 1040N	√R),		
	line 8. Estates and trusts, enter the result on the "Otl	her dec	ductions" line o	you	tax return		<u></u> .	. 21		

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

Identifying number

SEC Par	CTION B—Business and Income-Producing Casualty or Theft Gain or Loss (Use	ng Pro	operty parate Part I for	each casu	alty o	r theft.)			
22	Description of properties (show type, location, and daged from the same casualty or theft. Property A	ate acc	quired for each prop	perty). Use a s	eparat	e line for eac	ch prop	perty lost or d	am-
	· ·	_						_	
	· ·								
	Property D				Prop	erties		<u> </u>	
			A	В		C		D	
23	Cost or adjusted basis of each property	23	-		T			+ -	T -
 24						-	1	1	†
24	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3. Note: If line 23 is more than line 24, skip line 25.	24							<u> </u>
25	Gain from casualty or theft. If line 24 is more than line 23, enter the difference here and on line 32 or line 37, column (c), except as provided in the instructions for line 36. Also, skip lines 26 through 30 for that column. See the instructions for line 4 if line 24 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year.	25							
26	Fair market value before casualty or theft	26							1
27	Fair market value after casualty or theft	27							
28	Subtract line 27 from line 26	28							
29	Enter the smaller of line 23 or line 28	29		·				1	<u> </u>
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 29 the amount from line 23.								
30	Subtract line 24 from line 29. If zero or less, enter -0-	30							
31	Casualty or theft loss. Add the amounts on line 30. Ent			e 32 or line 37	(see in	structions).	31		
Par	till Summary of Gains and Losses (from	n sepa	arate Parts I)			asualties or the		(c) Gains fi	rom
	(a) Identify casualty or theft	_		(i) Trade, busi rental or roy property	/alty	(ii) Incom producing employee pr	and	casualties or includible in it	
	Casualty or The	ft of	Property Held (One Year o	or Les	<u>s</u>	1 .	_	
32				() }	<u>(</u>	+ ,	<u></u>	
00	Table Add to a second to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control		33	1	1 1	<u>(</u>)		 -
33 34	Totals. Add the amounts on line 32			.===	1 1		+ '	 	+-
34	Combine line 33, columns (b)(i) and (c). Enter the net of is not otherwise required, see instructions						34	E37705 +/-	
35	Enter the amount from line 33, column (b)(ii) here. Indir on Schedule A (Form 1040), line 27, or Schedule A (Form 1040), line used as an employee on Schedule A (Form 1040), line trusts, partnerships, and S corporations, see instructions	viduals orm 10 e 22, c	, enter the amount fi	rom income-p	roducir	g property	35		
	Casualty or Theft	of Pr	operty Held Me	ore Than C	ne Y	ear			
36	Casualty or theft gains from Form 4797, line 32 .						36	E37710 +/-	
37				()	<u>(</u>)		
			00	(E27715)	()	1849888 EJ46 V. S	1 23/25/32/4
38	Total losses. Add amounts on line 37, columns (b)(i) a	and (b)((ii) 38	(E37715	<u> </u>	\	1 20	E37720	
39	Total gains. Add lines 36 and 37, column (c)						39	£37725	
40 41	Add amounts on line 38, columns (b)(i) and (b)(ii) . If the loss on line 40 is more than the gain on line 39					• • •	40	-23/723	-
а	Combine line 38, column (b)(i) and line 39, and enter the net g and S corporations, see the note below. All others, enter the required, see instructions	ain or (lo	oss) here. Partnerships unt on Form 4797, line	(except electing 14. If Form 47	glarge p '97 is no	artnerships) ot otherwise	41a	E37730 +/-	
b	Enter the amount from line 38, column (b)(ii) here. Indivon Schedule A (Form 1040), line 27, or Schedule A (Foused as an employee on Schedule A (Form 1040), lirturusts, enter on the "Other deductions" line of your tand S corporations, see the note below. Electing large	orm 10 ne 22 c x retur	40NR), line 16, and or or Schedule A (Form n. Partnerships (exc	enter the amo 1040NR), line ept electing la	unt fror e 11. E arge pa	n property states and rtnerships)	41b	E37733 +/-	
42	If the loss on line 40 is less than or equal to the gain on (except electing large partnerships), see the note below.	ine 39,	combine lines 39 and	d 40 and enter	here. P		42	E37735 +/-	
	Note: Partnerships, enter the amount from line 41a, 4 S corporations, enter the amount from line 41a					11.		3	

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

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

OMB No. 1545-0184

Attachment Sequence No. **27**

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

Identifying number

1	Enter the gross proceeds from statement) that you are included	n sales or exchange	s reported to your				T40000
Pa	Sales or Exchang Than Casualty or	es of Property	Used in a Tra	de or Busines	s and Involun	tary Convers	i T40000 ions From Other
	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2							
	-				_		
			-				
							E40170+/-
3	Gain, if any, from Form 4684,	. line 42				3	E40180
4	Section 1231 gain from instal	lment sales from F	orm 6252. line 26	or 37		4	E40190
5	Section 1231 gain or (loss) from						E40200+/-
6	Gain, if any, from line 32, from						E40210
7	Combine lines 2 through 6. E						E40220+/-
	Partnerships (except electing instructions for Form 1065, Sch	large partnership	os) and S corpor	ations. Report the	gain or (loss) folio	owing the	
	Individuals, partners, S corp from line 7 on line 11 below a 1231 losses, or they were rec on the Schedule D filed with	oration sharehold nd skip lines 8 and captured in an earl	lers, and all other 9. If line 7 is a ga ier vear, enter the	rs. If line 7 is zero in and you did not gain from line 7	or a loss, enter the	e amount	
8 9	Nonrecaptured net section 12 Subtract line 8 from line 7. If 2	zero or less, enter -	-0 If line 9 is zero	enter the gain fr	om line 7 on line 1	8	E40230
	If line 9 is more than zero, er long-term capital gain on the	nter the amount fro Schedule D filed v	om line 8 on line 1 vith your retum (se	12 below and ente	r the gain from lin	e 9 as a	E40240
	rt II Ordinary Gains ar						
10	Ordinary gains and losses not	t included on lines	11 through 16 (in	clude property hel	d 1 year or less):		
	·	ļ <u> </u>		-			
	<u> </u>		·			· ·	<u> </u>
	<u> </u>			-			<u> </u>
_						L	E40250+/-
11	Loss, if any, from line 7.					11	(E40255)
12	Gain, if any, from line 7 or am						E40260
13	Gain, if any, from line 31 .					13	E40265
14	Net gain or (loss) from Form 4	1684, lines 34 and	41a			14	E40270+/-
15	Ordinary gain from installment					15	E40275
16	Ordinary gain or (loss) from like					16	E40280+/-
17	Combine lines 10 through 16					17	E40290+/-
18 a	For all except individual retun lines a and b below. For indiv if the loss on line 11 includes a the part of the loss from inco loss from property used as an 18a." See instructions	idual returns, comp a loss from Form 46 me-producing pro	plete lines a and t 684, line 38, colun perty on Schedule	o below: nn (b)(ii), enter that e A (Form 1040), li	part of the loss he ine 27, and the pa	ere. Enter	E40300
b 	Redetermine the gain or (loss)	on line 17 excludi	ing the loss, if any	, on line 18a. Ente		rm 1040, 18 b	E40305+/-
For	Paperwork Reduction Act No	tice, see separate	instructions.		Cat. No. 13086L		Form 4797 (2008)

		25 1	245.	250,	1252,	1254,	and	233		
797 (2006) Gain From Disposition of Property Under Section instructions)	tioi	י פח	<u>e</u> -10,				(b) Date	acquired	(c) Date sold (mo., day, yr.)	
Gain From Disposition (consinstructions)							(mo., c	day, yr.)	-	- "
(see instructions)	ty:									
(see instructions) (a) Description of section 1245, 1250, 1252, 1254, or 1255 proper										
(a) Description									-	·
									-	
							\		Property C	
		_	operty	A	proper	ty B	Pro	perty C	1	
lines 19A through 19D.		Pr	operty	-					+	
These columns relate to the properties on lines 19A through 19D.	20									
Gross sales price (Note: Cost or other basis plus expense of sale Cost or other basis plus expense of sale Cost or other basis plus expense of sale	22									
Cost or other basis plus expense or allowable Depreciation (or depletion) allowed or allowable Depreciation (or depletion) allowed or allowable	23	┼─								
Depreciation (or depletion) allowers Adjusted basis. Subtract line 22 from line 21										i
Adjusted basio.	24	+-								
4 Total gain. Subtract line 23 from line 20	-				1					
4 Total games 5 If section 1245 property: 6 If section 1245 property: 7 If section 1245 property: 8 If section 1245 property:	25		E401	20			-		1	
- i a allowed of the		-					1		1	
Enter the Smaller	1				1					
s section 1250 property: If straight in authiest to section 291.	26	6a								
		-	7		1					
a Additional depreciation after 1975 (see instructions) b Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of Applicable percentage multiplied by the smaller of line 24 of App	1 2	6b							1	
Lia norcentago m	: 1		_		1					
	2	26c								
outtract line 26a from line 2 and lines 26d and 20e		26d						·		
line 24 is not more than line 24 is not more than after 1969 and before 1976		26e	<u> </u>							
d Additional depreciation and a 26c or 26d		26f	<u> </u>	40130						
e Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the smaller of line 200 of the Enter the Smaller of line 200 of the Enter the Enter the Smaller of line 200 of the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Enter the Ent	L.	26 g	1 E	40130			•	1	1	
f Section 291 amount (65) g Add lines 26b, 26e, and 26f			1	•	1			1	. \	
g Add lines 2003 - Skip this section if you did it	· a				1					
g Add lines 26b, 26e, and 26f f section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for dispose of farmland an electing large partnership).	-				_			 		
dispose of farman an electing large parties		27						+		
partnership (other than an electing partnership (other than an electing a Soil, water, and land clearing expenses a Soil, water, and land clearing expenses b Line 27a multiplied by applicable percentage (see instruction	ns)	27		E4014	10					
a Soil, water, and specificable percentage to the specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specific and specifi		27	<u></u>					1	1	
b Line 27a multiplied by approach c Enter the smaller of line 24 or 27b		1							1	
tion 1254 property.	for				1					
drilling and devolution deposits,	and	1.	200							
development of mines and other natural development of mines and other natural development of mining exploration costs (see instructions)	•	-	28a 28b	E40	150			-	-	
mining exploration costs (see Institutions)	·	-+	200			\ .			1	
Enter the Smaller					'	1		\		
29 If section 1255 property: a Applicable percentage of payments excluded from in Applicable percentage of payments excluded from in Applicable percentage of payments excluded from in Applicable percentage (see instructions)	come	e	29a			 			line	30.
29 If sections Applicable percentage of payments exclusions	•	Ì	29b	E4	0160	h line	29b b	pefore g	oing to Tille	
under section 126 (see Instructions)	olur	nns	A thro	ugh [through	311 1111			30	E403
b Enter the smaller of line 2. Complete property C	Oldi									
29 If section 1255 property: a Applicable percentage of payments excluded from in under section 126 (see instructions) b Enter the smaller of line 24 or 29a (see instructions) Summary of Part III Gains. Complete property of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the	أعدي	امريم	h D. line	e 24 .			• •	-	31	E40
										1 .
30 Total gains for all properties. Add property columns 31 Add property columns A through D, lines 25b, 26g, 32 Subtract line 31 from line 30. Enter the portion from the start than casualty or theft on Form 4797, line 6	070	28h	, and 2	9b. En	ter here a	ana on	6. Enter	the portion	on from \ 32	E40
A through D, lines 25b, 26g,	210	, ∠ob ualtv	or thef	on Fo	rm 4684,	, iiile 3		<u> </u>	Drop to	50% 0
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line 6 other than casualty or the form 4797, line	1 10 45		<u></u>		(h)(2) M	vhen	Busin	_{iess} Us	e nich = , ,	
31 Add property 32 Subtract line 31 from line 30. Enter the portuge 4797, line 6 other than casualty or theft on Form 4797, line 6 other than casualty or theft on Form 4797, line 6	ons	179	and	280F	(D)(Z) V				(a) Sec tion	(b) 'S
Descriptive Amounts Under	J.,J								(a) 3EO 3.54	280
Part IV Recapture Amounts (see instructions)			-							
1000								. 33		
33 Section 179 expense deduction or depreciation a	llow!	able i	in prior	y.ears				. 34		
33 Section 179 expense deduction or depreciation a 34 Recomputed depreciation (see instructions). 35 Recapture amount. Subtract line 34 from line 33.	1110 VV				•	· · ·	ort.	. 35		Form
Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction of General Section 179 expense deduction (Section 179 expense deduction 179 expense ded	_				w where	fo reb.		-		

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor)) (Income not subject to self-employment tax)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

► See instructions on back.

Attachment Sequence No. 37

Name	(s) shown on tax return					Your social	security number	
	l ins	e D- F4	1835 (number atta	ched)		Employer II	D number (EIN), if a	any
A F						MDADEE		
	Did you actively participate in the	e oper	ation of this farm	during 2006 (see in	nstructions)?	MPARER	R ∐ Yes	∐ No
Par	t I Gross Farm Rental Inc	come-	–Based on Prod	duction. Include a	mounts converted	to cash	or the equivale	nt.
1	Income from production of live	stock,	produce, grains,			1	E58360	
2a	Cooperative distributions (Form)	(s) 1099		E58330	2b Taxable amount	2b		
За	Agricultural program payments (s	ee inst	ructions) 3a	E58340	∃ Sb Taxable amount	3b	E58345	_
4	Commodity Credit Corporation	(CCC)	loans (see instru	ctions):		5.12		
а	CCC loans reported under elec-	tion .				4a	E58370	+
b			4b	E58350	⊿ Taxable amount	4c		+
5	Crop insurance proceeds and				ı		E50005	
а	Amount received in 2006			E58380	J 5b Taxable amount	5b	E58385	+
С	If election to defer to 2007 is at		•			1 - 1	EE0300 +/	+
6	Other income, including federal					6	E58390 +/-	+-
7	Gross farm rental income. Ad total here and on Schedule E (id amo Form 1	unts in the right c 1040), line 42	olumn for lines 1 ti	nrough 6. Enter the ►	7	E58400 +/-	
Par					the second second			
8	Car and truck expenses (see		<u> </u>	21 Pension	and profit-sharing			Ť
.0	Schedule F instructions). Also			plans		04	E58475	
	attach Form 4562	8	E58403	'				1
9	Chemicals	9	E58405	22 Rent or	s, machinery,	24		
10	Conservation expenses (see				uipment (see			
	instructions)	10	E58407	instruct		22a		
11	Custom hire (machine work) .	11	E58410	1 1	and, animals, etc.)	22b		
12	Depreciation and section 179			1' 1	and maintenance	100	E58455	
	expense deduction not			24 Seeds a		24	E58450	
	claimed elsewhere	12	E58420		and warehousing	25		
13	Employee benefit programs				s		E58490	
	other than on line 21 (see						E58495	
	Schedule F instructions)	13	E58425	28 Utilities		28		
14	Feed	14	E58427	1 1	ary, breeding, and			
15	Fertilizers and lime	15	E58433	medicin	e	29		
16	Freight and trucking	16		30 Other e	xpenses			
17	Gasoline, fuel, and oil	17	E58430	(specify):			
18	Insurance (other than health) .	18	E58435	а		.30a		
19	Interest:		E50440	b				-
	Mortgage (paid to banks, etc.) .	19a	E58440	C			_	
b	Other	19b	E58460	d				+
20	Labor hired (less employment			e				+-
	credits) (see Schedule F		E58465					
	instructions)	20	E36463	g	<u>-</u>	30g		+
31	Total expenses. Add lines 8 th	rough	30g (see instruct	ions)		31	E58480	
32	Net farm rental income or (lo	ss). Su	btract line 31 from	m line 7. If the res		1 00 1	E58500 +/-	
33	it here and on Schedule E, line If line 32 is a loss, check the b					. <u> 32 </u> 33a [الملم في
JJ					ATRKF		☐ All investment is☐ Some investment is	
	You may have to complete Forr				regardless of which			
	box you checked (see instruction							
	before going to Form 8582.	In eith	ner case, enter	the <mark>deductible lo</mark>	ss here and on			-
	Schedule E, line 40	nonde	eductible loss (+)/s	suspended loss car	ryover(-) E58540	33c	E58520	

Investment Interest Expense Deduction

OMB No. 1545-0191
2006
Attachment

Attachment Sequence No. **51**

Identifying number

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

Name(s) shown on return

Total Investment Interest Expense Part i E58900 Investment interest expense paid or accrued in 2006 (see instructions) 2 E59200 Disallowed investment interest expense from 2005 Form 4952, line 7 Total investment interest expense. Add lines 1 and 2 3 E58950 Part II **Net Investment Income** Gross income from property held for investment (excluding any net 4a E58970 +/gain from the disposition of property held for investment) 4b E58972 **b** Qualified dividends included on line 4a E58974 +/-4c E58975 4d d Net gain from the disposition of property held for investment . . . e Enter the smaller of line 4d or your net capital gain from the disposition E58980 4e of property held for investment (see instructions) E58985 4f f Subtract line 4e from line 4d Enter the amount from lines 4b and 4e that you elect to include in investment income (see 4g E58990 instructions) 4h E58995 +/h Investment income. Add lines 4c, 4f, and 4g 5 E59100 Investment expenses (see instructions) . . Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- . E58960 Investment Interest Expense Deduction

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions Purpose of Form

Use Form 4952 to figure the amount of investment interest expense you can deduct for 2006 and the amount you can carry forward to future years. Your investment interest expense deduction is limited to your net investment income.

For more information, see Pub. 550, investment income and Expenses.

Who Must File

If you are an individual, estate, or a trust, you must file Form 4952 to claim a deduction for your investment interest expense.

Exception. You do not have to file Form 4952 if all of the following apply.

- Your investment income from interest and ordinary dividends minus any qualified dividends is more than your investment interest expense.
- You do not have any other deductible investment expenses.
- You do not have any carryover of disallowed investment interest expense from 2005.

Allocation of Interest Expense

If you paid or accrued interest on a loan and used the loan proceeds for more than one purpose, you may have to allocate the interest. This is necessary because different

rules apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See Pub. 535, Business Expenses.

Specific Instructions Part I—Total Investment Interest Expense

Line₁

Disallowed investment interest expense to be carried forward to 2007. Subtract line 6 from

Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.

line 3. If zero or less, enter -0-

Enter the investment interest expense paid or accrued during the tax year, regardless of when you incurred the indebtedness. Investment interest expense is interest paid or accrued on a loan or part of a loan that is allocable to property held for investment (as defined on this page).

Include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include any of the following:

- · Home mortgage interest.
- Interest expense that is properly allocable to a passive activity. Generally, a passive activity is any trade or business activity in which you do not materially participate and any rental activity. See the Instructions for Form 8582, Passive Activity Loss Limitations, for details.

 Any interest expense that is capitalized, such as construction interest subject to section 263A.

7

8

E59260

E59280

- Interest expense related to tax-exempt interest income under section 265.
- Interest expense, disallowed under section 264, on indebtedness with respect to life insurance, endowment, or annuity contracts issued after June 8, 1997, even if the proceeds were used to purchase any property held for investment.

Property held for investment. Property held for investment includes property that produces income, not derived in the ordinary course of a trade or business, from interest, dividends, annuities, or royalties. It also includes property that produces gain or loss, not derived in the ordinary course of a trade or business, from the disposition of property that produces these types of income or is held for investment. However, it does not include an interest in a passive activity.

Exception. A working interest in an oil or gas property that you held directly or through an entity that did not limit your liability is property held for investment, but only if you did not materially participate in the activity.

Part II—Net Investment Income

Line 4a

Gross income from property held for investment includes income, unless derived in the ordinary course of a trade or business, from interest, ordinary dividends (except Alaska Permanent Fund dividends), annuities, and royalties. Include investment income

Tax on Lump-Sum Distributions

(From Qualified Plans of Participants Born Before January 2, 1936)

OMB No. 1545-0193

Attachment Sequence No. **28**

Department of the Treasury Internal Revenue Service (99)

Name of recipient of distribution

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

Identifying number

Par	Complete this part to see if you can use Form 49/2				
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind	employee (pension,		Yes	- :
	profit-sharing, or stock bonus)? If "No," do not use this form		1	LSDC	
2	Did you roll over any part of the distribution? If "Yes," do not use this form		2	LSDR	<u>:01</u>
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before			lL	
	January 2, 1936?		3	LSDE	<u>:BI</u>
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936,	and (c) a	1	1 L	
	participant in the plan for at least 5 years before the year of the distribution?		4	LSD5	
	If you answered "No" to both questions 3 and 4, do not use this form.			100 S	
5a	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," do no	t use this	ĺ		
-	form for a 2006 distribution from your own plan		5a	LSDF	YD_
b	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use F	orm 4972			
_	for a previous distribution received for that participant after 1986? If "Yes," do not use the form	m for this			
	distribution			LSD)BI
Par	Complete this part to choose the 20% capital gain election (see instructions)				
6	Capital gain part from Form 1099-R, box 3	6	E5940	00	ı
7	Multiply line 6 by 20% (.20)	7			
•	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total				
	on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies.	3.55 P.		Y. S.	
Pai	Complete this part to choose the 10-year tax option (see instructions)				
	Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter				
8	the taxable amount from Form 1099-R, box 2a	8	E594	10	
	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996	9	E5942	20	
9		10	E594:	30	
7 10	Total taxable amount. Subtract line 9 from line 8	11	E594	40	
11	Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0				
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, skip lines	12	E594	50	
40	13 through 16, enter this amount on line 17, and go to line 18				
13	Waltiply line 12 by 30% (30), but do not enter more than \$10,000.	1			
14	Subtract \$20,000 from line 12. If line 12 is \$20,000 or less enter -0-				1
	\$25,000 of foce, officer \$\circ\$				
15	Welliply life 14 by 2070 (20)	16	E594	60	
16	Minimum distribution allowance. Subtract line 15 from line 13	17			
17	Subtract line 16 from line 12	18	E594	70	
18	Federal estate tax attributable to lump-sum distribution		L004	70	
19	Subtract line 18 from line 17. If line 11 is zero, skip lines 20 through 22 and go to line 23	19		_	
20	Divide line 11 by line 12 and enter the result as a decimal (rounded				
	to at least three places)				
21	Multiply line 16 by the decimal on line 20	\exists			
22	Subtract line 21 from line 11				
23	Multiply line 19 by 10% (.10)	23	F.C. 4	76	-
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	E594	/5	├ ──
25	Multiply line 24 by ten (10). If line 11 is zero, skip lines 26 through 28, enter this amount on line 29, and go to line 30	25			
26	Multiply line 22 by 10% (.10)				
27	Tax on amount on line 26. Use the Tax Rate Schedule in the				
21	instructions				
28	Multiply line 27 by ten (10)	28			
29	Subtract line 28 from line 25. Multiple recipients, see instructions MRC	29	E594	85	
30	Tax on lump-sum distribution. Add lines 7 and 29. Also include this amount in the total on Form				
30	1040 line 44 Form 1040NIR line 41 or Form 1041 Schedule G line 1h whichever applies	30	E594	00	1

5329

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

OMB No. 1545-0074

Department of the Treasury

▶ Attach to Form 1040 or Form 1040NR.

See separate instructions.

Sequence No. 29 nternal Revenue Service Name of individual subject to additional tax. If married filing jointly, see instructions. Your social security number COMBINED FORM Home address (number and street), or P.O. box if mail is not delivered to your home Apt. no. Fill in Your Address Only If You Are Filing This Form by Itself and Not City, town or post office, state, and ZIP code If this is an amended With Your Tax Return return, check here ▶ If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 60, or on Form 1040NR, line 55, without filing Form 5329. See the instructions for Form 1040, line 60, or for Form 1040NR, line 55. Part I Additional Tax on Early Distributions Complete this part if you took a taxable distribution (other than a qualified hurricane distribution), before you reached age 59½, from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions). Early distributions included in income. For Roth IRA distributions, see instructions Early distributions included on line 1 that are not subject to the additional tax (see instructions). 2 Enter the appropriate exception number from the instructions: 3 E59882 Amount subject to additional tax. Subtract line 2 from line 1 Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 60, or Form E59892 1040NR, line 55 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions). Part II Additional Tax on Certain Distributions From Education Accounts Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP). Distributions included in income from Coverdell ESAs and QTPs 6 Distributions included on line 5 that are not subject to the additional tax (see instructions) . . . E59897 Amount subject to additional tax. Subtract line 6 from line 5 7 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55 E59902 Part III Additional Tax on Excess Contributions to Traditional IRAs Complete this part if you contributed more to your traditional IRAs for 2006 than is allowable or you had an amount on line 17 of your 2005 Form 5329. Enter your excess contributions from line 16 of your 2005 Form 5329 (see instructions). If zero, 9 10 If your traditional IRA contributions for 2006 are less than your 10 maximum allowable contribution, see instructions. Otherwise, enter -0-11 2006 traditional IRA distributions included in income (see instructions) 11 12 2006 distributions of prior year excess contributions (see instructions) 12 13 Add lines 10, 11, and 12 13 14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-15 Excess contributions for 2006 (see instructions) 15 E59907 Total excess contributions. Add lines 14 and 15 16 Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 E59912 Part IV Additional Tax on Excess Contributions to Roth IRAs Complete this part if you contributed more to your Roth IRAs for 2006 than is allowable or you had an amount on line 25 of your 2005 Form 5329. 18 18 Enter your excess contributions from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 If your Roth IRA contributions for 2006 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- . . . 2006 distributions from your Roth IRAs (see instructions) 20 21 21 Add lines 19 and 20 22 22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-23 23 Excess contributions for 2006 (see instructions) E59917 Total excess contributions. Add lines 22 and 23 24

E59922

Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55

Part		Additional Tax on Excess Contributions to Coverd Complete this part if the contributions to your Coverd camount on line 33 of your 2005 Form 5329.		were	more than	is allo	wable or you i	had an
	nter th	ne excess contributions from line 32 of your 2005 Formule 31	m 5329 (see instru	uctions). If zero,	26		
		ontributions to your Coverdell ESAs for 2006 were less thum allowable contribution, see instructions. Otherwise, er						
		stributions from your Coverdell ESAs (see instructions)						ľ
		es 27 and 28	· · · 		1	29		
		ear excess contributions. Subtract line 29 from line 26.	If zero or less, en	 ter -0-		30		
						31		
		cess contributions. Add lines 30 and 31				32	£59927	
33 A	Additio Decem	onal tax. Enter 6% (.06) of the smaller of line 32 or the ber 31, 2006 (including 2006 contributions made in 20 ne 60, or Form 1040NR, line 55	07). Include this ar	mount	on Form	33	£59932	
Part	VI	Additional Tax on Excess Contributions to Arc	·			1		<u> </u>
		Complete this part if you or your employer contributed had an amount on line 41 of your 2005 Form 5329.		cher M	SAs for 20	06 tha	n is allowable	or you
	Enter ti go to li	ne excess contributions from line 40 of your 2005 Formule 39		ctions). If zero,	34	<u> </u>	
r	naximı	ontributions to your Archer MSAs for 2006 are less thum allowable contribution, see instructions. Otherwise, et	nter - 0 - 35					
36 2	2006 d	istributions from your Archer MSAs from Form 8853, li	ne 10 . [36]					ľ
		es 35 and 36				37	· · · · · · · · · · · · · · · · · · ·	-
		ear excess contributions. Subtract line 37 from line 34.	If zero or less, en	ter -0-		38		
		contributions for 2006 (see instructions)	• • • • •			39	E50027	+
		xcess contributions. Add lines 38 and 39				40	£59937	-
[Decem	onal tax. Enter 6% (.06) of the smaller of line 40 or the ber 31, 2006 (including 2006 contributions made in 20 ine 60, or Form 1040NR, line 55	07). Include this ar	mount	on Form	41	E59942	1
	VII	Additional Tax on Excess Contributions to Heat Complete this part if you, someone on your behalf, or allowable or you had an amount on line 49 of your 200	alth Savings Acc your employer con	count	s (HSAs)		ISAs for 2006	than is
42 E	Enter t	he excess contributions from line 48 of your 2005 Forn	n 5329. If zero, go	to line	e 47	42		
	If the contributions to your HSAs for 2006 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0							
44 2	2006 di	stributions from your HSAs from Form 8889, line 14	44	and the second	<u></u>	\$500000 \$500000	way in the second	
45 /	Add Iin	es 43 and 44				45	<u> </u>	
46 F	Prior y	ear excess contributions. Subtract line 45 from line 42.	If zero or less, en	ter -0-		46		↓
		contributions for 2006 (see instructions)				47		4
		xcess contributions. Add lines 46 and 47				48	E59962	+-
	Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55					49	£59967	
Part	VIII	Additional Tax on Excess Accumulation in Qua Complete this part if you did not receive the minimum	alified Retireme required distribution	nt Pla on fror	ns (Inclue m your qua	ding l lified r	RAs) etirement plan.	
50	Minimu	ım required distribution for 2006 (see instructions)				50		4
		· · · · · · · · · · · · · · · · · · ·				51		1
			: :. :			52	£59947	1.
		nal tax. Enter 50% (.50) of line 52. Include this amount on Form				53	E59952	
Signa	ature.	Complete only if you are filing this form by itself					aha hara 🔞 :	
Please Sign		Under penalties of perjury, I declare that I have examined this form, incluand belief, it is true, correct, and complete. Declaration of preparer (other	uding accompanying scr er than taxpayer) is based	nedules a d on all ir	and statement nformation of v	s, and to vhich pre	the best of my kno eparer has any knov	wledge wledge.
Here		Your signature		—) -	note		<u> </u>	
		Preparer's	Date	т <i>′</i>	Date k if self-	Prepa	arer's SSN or PTIN	<u> </u>
Paid Prepa	arer's	signature		emple				
Use (Firm's name (or yours if self-employed),			EIN	1		

5329 **5329**

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

OMB No. 1545-0074

2006

Department of the Treasury Internal Revenue Service (99) ▶ Attach to Form 1040 or Form 1040NR.

► See Separate instructions.

Attachment

Interna	Revenue Service (99)		, 1	Sequence No.	
Name	of individual subject to additional	tax. If married filing jointly, see instructions.	Your s	ocial security nu	ımber
		FIRST FORM	1	<u> </u>	
	n Your Address Only ou Are Filing This	Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. no). ·	
Forn	n by Itself and Not Your Tax Return	City, town or post office, state, and ZIP code	ı	is an amended , check here ▶	
If yo	u only owe the additional 1	0% tax on early distributions, you may be able to report this tax directly	y on Fo	rm 1040, line	60, o
		out filing Form 5329. See the instructions for Form 1040, line 60, or for			
Par	Complete this part i 59½, from a qualifie directly on Form 104 the additional tax or	on Early Distributions if you took a taxable distribution (other than a qualified hurricane distributed retirement plan (including an IRA) or modified endowment contract (unleadomese above). You may also have to complete this part to indicate that you early distributions or for certain Roth IRA distributions (see instructions).	ess you ou quali	are reporting t	this ta
1		I in income. For Roth IRA distributions, see instructions	1	<u> </u>	1
2	Early distributions included	d on line 1 that are not subject to the additional tax (see instructions).			
	Enter the appropriate exce	eption number from the instructions:	2		-
3	Amount subject to additio	nal tax. Subtract line 2 from line 1	3	E59880	1
4	Additional tax. Enter 10% 1040NR, line 55	6 (.10) of line 3. Include this amount on Form 1040, line 60, or Form	4	E59890	
	Caution: If any part of the	amount on line 3 was a distribution from a SIMPLE IRA, you may have ount on line 4 instead of 10% (see instructions).		300	
Par		on Certain Distributions From Education Accounts			
		if you included an amount in income, on Form 1040 or Form 1040NR,	line 21	, from a Cove	rdell
		account (ESA) or a qualified tuition program (QTP).	, , ,		1
5	Distributions included in in	ncome from Coverdell ESAs and QTPs	5	<u> </u>	+
6		line 5 that are not subject to the additional tax (see instructions)	6		1
7		onal tax. Subtract line 6 from line 5	7	E59895	1
8	Additional tax. Enter 10% (.10	0) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	8	E59900	
9	on line 17 of your	tif you contributed more to your traditional IRAs for 2006 than is allow 2005 Form 5329. utions from line 16 of your 2005 Form 5329 (see instructions). If zero,	Vable of	you nad an a	arriour
	go to line 15		9		1
10		ontributions for 2006 are less than your bution, see instructions. Otherwise, enter -0-			
	•	Button, see met dettene. Other wise, order	7		
11		dations included in income (see included only)	$\exists i \in I$		
12	· ·	year excess contributions (see instructions)	13		
13	Add lines 10, 11, and 12		14		+
14	· ·	utions. Subtract line 13 from line 9. If zero or less, enter -0	1		+
15	Excess contributions for 2	•	15	FERRORE	-
16	Total excess contributions	s. Add lines 14 and 15	16	E59905	+
17	Additional tax. Enter 6% (.06) (including 2006 contributions in	of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 nade in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	17	E59910	
Pa		on Excess Contributions to Roth IRAs			
	Complete this part 25 of your 2005 Fo	if you contributed more to your Roth IRAs for 2006 than is allowable orm 5329.	r you ha	ad an amount	on lin
18		ns from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23	18		
	•	tions for 2006 are less than your maximum	3.000		
19		101			'
20		e ilistructions. Otherwise, enter -0			
20		our nour mas (see instructions)	21		
21	Add lines 19 and 20 .	College Of from the 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 t	22		+
22	•	utions. Subtract line 21 from line 18. If zero or less, enter -0	23		+
23	Excess contributions for 2		24	E59915	
24	Total excess contributions	s. Add lines 22 and 23	27		+
25		of the smaller of line 24 or the value of your Roth IRAs on December 31, 2006	1 1		

Pa	rt V	Additional Tax on Excess Contributions to Coverdell ESAs Complete this part if the contributions to your Coverdell ESAs for 2006 were more than amount on line 33 of your 2005 Form 5329.	is allo	owable or you h	nad an
26	Enter go to	the excess contributions from line 32 of your 2005 Form 5329 (see instructions). If zero, ine 31	26		
27	If the o	contributions to your Coverdell ESAs for 2006 were less than the um allowable contribution, see instructions. Otherwise, enter -0-			
28	2006	distributions from your Coverdell ESAs (see instructions)			
29	Add li	nes 27 and 28	29	· 	
30	Prior y	ear excess contributions. Subtract line 29 from line 26. If zero or less, enter -0	30		
31		s contributions for 2006 (see instructions)	31		
32		excess contributions. Add lines 30 and 31	32	E59925	-
33	Decer	onal tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on other 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form line 60, or Form 1040NR, line 55	33	E59930	
Pai	t VI	Additional Tax on Excess Contributions to Archer MSAs	1 1		 ;
		Complete this part if you or your employer contributed more to your Archer MSAs for 20 had an amount on line 41 of your 2005 Form 5329.	06 tha	n is allowable o	or you
34	Enter go to	the excess contributions from line 40 of your 2005 Form 5329 (see instructions). If zero, ine 39	34		
35	maxim	contributions to your Archer MSAs for 2006 are less than the um allowable contribution, see instructions. Otherwise, enter -0-			
36		listributions from your Archer MSAs from Form 8853, line 10 . 36			
37		nes 35 and 36	37	<u> </u>	<u> </u>
38	Prior y	ear excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38		
39		s contributions for 2006 (see instructions)	39	France	
40 44		excess contributions. Add lines 38 and 39	40	£59935	-
41	Decer	onal tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on the description of the smaller of line 40 or the value of your Archer MSAs on the description of the smaller of line 40 or the value of your Archer MSAs on the description of the description of the smaller of line 40 or the value of your Archer MSAs on the description of the smaller of line 40 or the value of your Archer MSAs on the description of the smaller of line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the value of your Archer MSAs on the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the line 40 or the l	41	£ 59940	
Par	t VII	Additional Tax on Excess Contributions to Health Savings Accounts (HSAs)	41]	£39940	
		Complete this part if you, someone on your behalf, or your employer contributed more to allowable or you had an amount on line 49 of your 2005 Form 5329.	your H	ISAs for 2006 ti	han is
42	Enter	he excess contributions from line 48 of your 2005 Form 5329. If zero, go to line 47	42		_
43	If the allowa	contributions to your HSAs for 2006 are less than the maximum ble contribution, see instructions. Otherwise, enter -0-			
44		stributions from your HSAs from Form 8889, line 14		المتحقد بالتقديد والمتحقد المتحقدة	
45		nes 43 and 44	45		
46	Prior y	ear excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46		
47		s contributions for 2006 (see instructions)	47		· ·
48 49		excess contributions. Add lines 46 and 47	48	E59960	
40	2006 c	nal tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2006 (including intributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	49	E59965	
Par	t VIII	Additional Tax on Excess Accumulation in Qualified Retirement Plans (Include Complete this part if you did not receive the minimum required distribution from your qual	ina II	RAs)	
5 0	Minim	um required distribution for 2006 (see instructions)	50	Jan 2011 Pice 11	
51		it actually distributed to you in 2006	51		
52	Subtra	ct line 51 from line 50. If zero or less, enter -0-	52	£59945	
53	Additio	nal tax. Enter 50% (.50) of line 52. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	53	E59950	
Sigi	nature	Complete only if you are filing this form by itself and not with your tax return.			
Ple: Sig	n	Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wi	and to t nich prep	the best of my know parer has any knowle	ledge edge,
Her	е	Your signature Date			. .
- Paid		Preparer's Signature Date Check if self		rer's SSN or PTIN	
		signature employed			The state of
Prep	arer's Only	Firm's name (or yours if self-employed).			

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

OMB No. 1545-0074

2006

Attachment Sequence No. 29

Department of the Treasury Internal Revenue Service (99 ► Attach to Form 1040 or Form 1040NR.

▶ See separate instructions.

Name of individual subject to addition	al tax. If married filing jointly, see instructions,	Your	social security n	umber
	SECOND FORM		<u> </u>	
Fill in Your Address Only If You Are Filing This	Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. r	no.	
Form by Itself and Not With Your Tax Return	City, town or post office, state, and ZIP code	1	s is an amended n, check here ▶	<u> </u>
If you only owe the additional	10% tax on early distributions, you may be able to report this tax direct	ly on F	orm 1040. line	60. c
•	hout filing Form 5329. See the instructions for Form 1040, line 60, or for	•	•	•
	on Early Distributions			
Complete this par 59½, from a quali directly on Form 1	t if you took a taxable distribution (other than a qualified hurricane distribut fied retirement plan (including an IRA) or modified endowment contract (unloud) 040—see above). You may also have to complete this part to indicate that you early distributions or for certain Roth IRA distributions (see instructions).	ess you	are reporting	this ta
1 Early distributions include	ed in income. For Roth IRA distributions, see instructions	11		
•	ed on line 1 that are not subject to the additional tax (see instructions).		•	
•	ception number from the instructions:	2		
	ional tax. Subtract line 2 from line 1	3	E59881	
4 Additional tax. Enter 10	0% (.10) of line 3. Include this amount on Form 1040, line 60, or Form	4	E59891	
Caution: If any part of th	e amount on line 3 was a distribution from a SIMPLE IRA, you may have mount on line 4 instead of 10% (see instructions).			1
	on Certain Distributions From Education Accounts rt if you included an amount in income, on Form 1040 or Form 1040NR,	line 21	. from a Cove	rdell
· · · · · · · · · · · · · · · · · · ·	s account (ESA) or a qualified tuition program (QTP).			
5 Distributions included in	income from Coverdell ESAs and QTPs	5		T
	n line 5 that are not subject to the additional tax (see instructions)	6		1
	ional tax. Subtract line 6 from line 5	7	E59896	
-	10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	8	E59901	1
	on Excess Contributions to Traditional IRAs			
Complete this pa	rt if you contributed more to your traditional IRAs for 2006 than is allow r 2005 Form 5329.	able or	you had an a	ımour
	butions from line 16 of your 2005 Form 5329 (see instructions). If zero,	9		
	contributions for 2006 are less than your ribution, see instructions. Otherwise, enter -0-		nervice and	
11 2006 traditional IRA distr	ibutions included in income (see instructions)			1
12 2006 distributions of price	or year excess contributions (see instructions)			1
13 Add lines 10, 11, and 12	, ,	13		
• • •		14		
	outlons. Subtract line 13 from line 9, it zero or less, enter -0-			
	outions. Subtract line 13 from line 9. If zero or less, enter -0	15		
	2006 (see instructions)		E59906	
16 Total excess contribution17 Additional tax. Enter 6% (.06	2006 (see instructions)	15 16		
 Total excess contribution Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax 	2006 (see instructions) ns. Add lines 14 and 15 of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 on Excess Contributions to Roth IRAs rt if you contributed more to your Roth IRAs for 2006 than is allowable or	15 16 17	E59911	on line
16 Total excess contribution 17 Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax Complete this pa 25 of your 2005 f	2006 (see instructions)	15 16 17	E59911	on line
16 Total excess contribution 17 Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax Complete this pa 25 of your 2005 f 18 Enter your excess contributions	2006 (see instructions) ns. Add lines 14 and 15 of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 on Excess Contributions to Roth IRAs rt if you contributed more to your Roth IRAs for 2006 than is allowable or Form 5329. ons from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23	15 16 17 you ha	E59911	on line
 Total excess contribution Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax Complete this pa 25 of your 2005 f Enter your excess contribution If your Roth IRA contribution 	2006 (see instructions) ns. Add lines 14 and 15 of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 on Excess Contributions to Roth IRAs rt if you contributed more to your Roth IRAs for 2006 than is allowable or Form 5329. ons from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 utions for 2006 are less than your maximum	15 16 17 you ha	E59911	on line
 Total excess contribution Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax Complete this pa 25 of your 2005 f Enter your excess contribution If your Roth IRA contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contribution, sellowable contributi	2006 (see instructions) ns. Add lines 14 and 15 of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 on Excess Contributions to Roth IRAs rt if you contributed more to your Roth IRAs for 2006 than is allowable or Form 5329. ons from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 attions for 2006 are less than your maximum to the instructions. Otherwise, enter -0-	15 16 17 you ha	E59911	on line
 Total excess contribution Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax Complete this pa 25 of your 2005 f Enter your excess contribution If your Roth IRA contribution allowable contribution, s 20 2006 distributions from y 	2006 (see instructions) ns. Add lines 14 and 15 of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 on Excess Contributions to Roth IRAs rt if you contributed more to your Roth IRAs for 2006 than is allowable or Form 5329. ons from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 utions for 2006 are less than your maximum the entire trade instructions. Otherwise, enter -0-	15 16 17 you ha	E59911	on line
16 Total excess contribution 17 Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax Complete this pa 25 of your 2005 f 18 Enter your excess contribution 19 If your Roth IRA contribution, so 2006 distributions from y 21 Add lines 19 and 20	2006 (see instructions) ns. Add lines 14 and 15 of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 on Excess Contributions to Roth IRAs rt if you contributed more to your Roth IRAs for 2006 than is allowable or Form 5329. ons from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 utions for 2006 are less than your maximum ee instructions. Otherwise, enter -0- rour Roth IRAs (see instructions)	15 16 17 you ha	E59911	on line
16 Total excess contribution 17 Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax Complete this pa 25 of your 2005 f 18 Enter your excess contributions if your Roth IRA contribution allowable contribution, so 2006 distributions from y 21 Add lines 19 and 20 22 Prior year excess contributions	2006 (see instructions) ns. Add lines 14 and 15 of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 on Excess Contributions to Roth IRAs rt if you contributed more to your Roth IRAs for 2006 than is allowable or Form 5329. ons from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 utions for 2006 are less than your maximum ee instructions. Otherwise, enter -0- our Roth IRAs (see instructions) 19 20 buttons. Subtract line 21 from line 18. If zero or less, enter -0-	15 16 17 you ha	E59911	on line
16 Total excess contribution 17 Additional tax. Enter 6% (.06 (including 2006 contributions) Part IV Additional Tax Complete this pa 25 of your 2005 f 18 Enter your excess contribution 19 If your Roth IRA contribution, so 2006 distributions from y 21 Add lines 19 and 20	2006 (see instructions) ns. Add lines 14 and 15 of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55 on Excess Contributions to Roth IRAs rt if you contributed more to your Roth IRAs for 2006 than is allowable or Form 5329. ons from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 utions for 2006 are less than your maximum the entire instructions. Otherwise, enter -0- our Roth IRAs (see instructions) outions. Subtract line 21 from line 18. If zero or less, enter -0- 2006 (see instructions)	15 16 17 you ha	E59911	on line

(including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55

E59921

Pa	rt V	Additional Tax on Excess Contributions to Coverdell ESAs Complete this part if the contributions to your Coverdell ESAs for 2006 wer amount on line 33 of your 2005 Form 5329.	e more than	is allo	owable or you h	nad ar
26	Enter go to	the excess contributions from line 32 of your 2005 Form 5329 (see instructio line 31	ns). If zero,	26		
27	maxin	contributions to your Coverdell ESAs for 2006 were less than the num allowable contribution, see instructions. Otherwise, enter -0-				
28		distributions from your Coverdell ESAs (see instructions)		00		
30		nes 27 and 28 /ear excess contributions. Subtract line 29 from line 26. If zero or less, enter -		29 30		-
31	Exces	s contributions for 2006 (see instructions)		31		-
32		excess contributions. Add lines 30 and 31		32	E59926	
33	Decer 1040,	onal tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdenber 31, 2006 (including 2006 contributions made in 2007). Include this amount line 60, or Form 1040NR, line 55	ell ESAs on nt on Form	33	E59931	
Pa	rt VI	Additional Tax on Excess Contributions to Archer MSAs		1	20001	4
		Complete this part if you or your employer contributed more to your Archer had an amount on line 41 of your 2005 Form 5329.	MSAs for 200	06 tha	n is allowable o	or you
34	go to	the excess contributions from line 40 of your 2005 Form 5329 (see instruction line 39	ns). If zero,	34		
35	If the maxim	contributions to your Archer MSAs for 2006 are less than the num allowable contribution, see instructions. Otherwise, enter -0-				
36	2006	distributions from your Archer MSAs from Form 8853, line 10 . 36				
37		nes 35 and 36		37	<u> </u>	<u></u>
38	Prior y	rear excess contributions. Subtract line 37 from line 34. If zero or less, enter -)	38		
39 40		s contributions for 2006 (see instructions)		39 40	E59936	
41		onal tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archei	MSAGOR	40	£59936	
••	Decer	nber 31, 2006 (including 2006 contributions made in 2007). Include this amour line 60, or Form 1040NR, line 55	nt on Form	41	E59941	4
- Fal	rt VII	Additional Tax on Excess Contributions to Health Savings Accour Complete this part if you, someone on your behalf, or your employer contributionallowable or you had an amount on line 49 of your 2005 Form 5329.	nts (HSAs) ted more to y	our H	ISAs for 2006 th	nan is
42		allowable of you flad all amount on line 49 of your 2005 Form 5329.			·	
		the excess contributions from line 48 of your 2005 Form 5329. If zero, go to li	ne 47	42		
43	If the d	the excess contributions from line 48 of your 2005 Form 5329. If zero, go to line contributions to your HSAs for 2006 are less than the maximum ble contribution, see instructions. Otherwise, enter -0				
43 44	If the dallowar	the excess contributions from line 48 of your 2005 Form 5329. If zero, go to line contributions to your HSAs for 2006 are less than the maximum ble contribution, see instructions. Otherwise, enter -0			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	The second second
43	If the d allowa 2006 d Add lii	the excess contributions from line 48 of your 2005 Form 5329. If zero, go to line contributions to your HSAs for 2006 are less than the maximum ble contribution, see instructions. Otherwise, enter -0- istributions from your HSAs from Form 8889, line 14 44 hes 43 and 44	to contract on the stage of	45		The second second
43 44	If the d allowa 2006 d Add lii Prior y	the excess contributions from line 48 of your 2005 Form 5329. If zero, go to line contributions to your HSAs for 2006 are less than the maximum ble contribution, see instructions. Otherwise, enter -0- 43 istributions from your HSAs from Form 8889, line 14 44 hess 43 and 44 crear excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	to contract on the stage of			
43 44 45 46	If the callowal 2006 d Add lii Prior y Excess	the excess contributions from line 48 of your 2005 Form 5329. If zero, go to line contributions to your HSAs for 2006 are less than the maximum ble contribution, see instructions. Otherwise, enter -0- istributions from your HSAs from Form 8889, line 14 44 hes 43 and 44	to contract on the stage of	45 46	£ 59961	
44 45 46 47 48 49	If the callowal allowal the excess contributions from line 48 of your 2005 Form 5329. If zero, go to line contributions to your HSAs for 2006 are less than the maximum ble contribution, see instructions. Otherwise, enter -0- istributions from your HSAs from Form 8889, line 14 44 44 44 44 44 44 44 44 44 44 44 44		45 46 47 48	£59 966		
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General Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form 5695 to figure and take your residential energy credits. The residential energy credits are:

- The nonbusiness energy property credit, and
- The residential energy efficient property credit.

Who Can Take the Credits

You may be able to take these credits if you made energy saving improvements to your home located in the United States in 2006. For credit purposes, costs are treated as being paid when the original installation of the item is completed, or in the case of costs connected with the construction or reconstruction of your home, when your original use of the constructed or reconstructed home begins. If less than 80% of the use of an item is for nonbusiness purposes, only that portion of the costs that are allocable to the nonbusiness use can be used to determine the credit.

Home. A home is one that you lived in during 2006 and includes a house, houseboat, mobile home, cooperative apartment, condominium, and a manufactured home that conforms to Federal Manufactured Home Construction and Safety Standards.

You must reduce the basis of your home by the amount of any credits allowed.

Main home. Your main home is generally the home where you live most of the time. A temporary absence due to special circumstances, such as illness, education, business, military service, or vacation, will not change your main home.

Special rules. If you are a member of a condominium management association for a condominium you own or a tenant-stockholder in a cooperative housing corporation, you are treated as having paid your proportionate share of any costs of such association or corporation.

Subsidized energy financing. Any amounts provided for by subsidized energy financing cannot be used to take the credits. This is financing provided under a federal, state, or local program, the principal purpose of which is to provide subsidized financing for projects designed to conserve or produce energy.

Nonbusiness Energy Property Credit

You may be able to take a credit equal to the sum of:

- 1. 10% of the amount paid or incurred for qualified energy efficiency improvements installed during 2006, and
- 2. Any residential energy property costs paid or incurred in 2006.

However, this credit is limited as follows.

- A total combined credit limit of \$500 for all tax years after 2005.
- A combined credit limit of \$200 for windows for all tax years after 2005.
- A credit limit for residential energy property costs for all tax years after 2005 of \$50 for any advanced main

air circulating fan; \$150 for any qualified natural gas, propane, or oil furnace or hot water boiler; and \$300 for any item of energy efficient building property.

Qualified energy efficiency improvements. Qualified energy efficiency improvements are the following building envelope components installed on or in your main home that you owned during 2006 located in the United States if these components are new and can be expected to remain in use for at least 5 years.

- Any insulation material or system that is specifically and primarily designed to reduce the heat loss or gain of a home when installed in or on such home.
- Exterior windows (including certain storm windows and skylights).
- Exterior doors (including certain storm doors).
- Any metal roof installed on a home, but only if this roof has appropriate pigmented coatings that are specifically and primarily designed to reduce the heat gain of the home.

For purposes of figuring the credit, do not include amounts paid for the onsite preparation, assembly, or original installation of the property.



To qualify for the credit, qualified energy efficiency improvements must meet certain energy efficiency requirements. See Lines 2a Through 2d on page 5 for details.

Residential energy property costs. Residential energy property costs are costs of new qualified energy property that is installed on or in connection with your main home that you owned during 2006 located in the United States. This includes labor costs properly allocable to the onsite preparation, assembly, or original installation of the property. Qualified residential energy property is any of the following.

- Certain electric heat pump water heaters; electric heat pumps; geothermal heat pumps; central air conditioners; and natural gas, propane, or oil water heaters.
- Qualified natural gas, propane, or oil furnaces or hot water boilers.
- Certain advanced main air circulating fans used in natural gas, propane, or oil furnaces.



To qualify for the credit, qualified residential energy property must meet certain performance and quality standards. See Lines 5a Through 5c on page 5 for details.

Joint ownership of qualifying property. If you and a neighbor shared the cost of qualifying property to benefit each of your main homes, both of you may take the nonbusiness energy property credit. You figure your credit on the part of the cost you paid. The limits on the amount of the credit apply to each of you separately.

Married taxpayers with more than one main home. If both you and your spouse owned and lived apart in separate main homes, the credit limits would apply to each of you separately. If you are filing separate returns, both of you would complete a separate Form 5695. If you are filing a joint return, figure your nonbusiness energy property credit as follows.

- 1. Complete Part I of a separate Form 5695 for each main home through line 7.
- 2. Figure the amount to be entered on line 8 of both forms and enter the combined amount on line 8 of one of the forms.
- 3. On the dotted line to the left of the entry space for line 8, enter "More than one main home". Then, complete the rest of this form.
 - 4. Attach both forms to your return.

Joint occupancy. If you owned your home jointly, each owner must complete his or her own Form 5695. To figure the credit, there are no maximum qualifying costs for insulation, exterior doors, and a metal roof. Enter the amounts you paid for these items on the appropriate lines of Form 5695. For windows and residential energy property costs, the amount allocable to you is the smaller of:

- 1. The amount you paid, or
- 2. The maximum qualifying cost* of the property multiplied by a fraction. The numerator is the amount you paid and the denominator is the total amount paid by you and all other owners.

*\$2,000 for windows; \$300 for energy-efficient building property; \$150 for a qualified natural gas, propane, or oil furnace or hot water boiler; or \$50 for an advanced main air circulating fan.

These rules do not apply to married individuals filing a joint return.

Residential Energy Efficient Property Credit

You may be able to take a credit of 30% of your costs of qualified solar electric property, solar water heating property, and fuel cell property. This includes labor costs properly allocable to the onsite preparation, assembly, or original installation of the property and for piping or wiring to interconnect such property to the home. This credit is limited to:

- \$2,000 for qualified solar electric property costs,
- \$2,000 for qualified solar water heating property costs, and
- \$500 for each half kilowatt of capacity of qualified fuel cell property for which qualified fuel cell property costs are paid.

Qualified solar electric property costs. Qualified solar electric property costs are costs for property that uses solar energy to generate electricity for use in a home located in the United States and used as your home. This includes costs relating to a solar panel or other property installed as a roof or a portion of a roof. The home does not have to be your main home.

Qualified solar water heating property costs. Qualified solar water heating property costs are costs for property to heat water for use in a home located in the United States and used as your home if at least half of the energy used by the property for such purpose is derived from the sun. This includes costs relating to a solar panel or other property installed as a roof or a portion of a roof. To qualify for the credit, the property must be certified for performance by the nonprofit Solar Rating Certification Corporation or a comparable entity endorsed by the government of the

state in which the property is installed. The home does not have to be your main home.

Qualified fuel cell property costs. Qualified fuel cell property costs are costs for qualified fuel cell property installed on or in connection with your main home located in the United States. Qualified fuel cell property is an integrated system comprised of a fuel cell stack assembly and associated balance of plant components that converts a fuel into electricity using electrochemical means. To qualify for the credit, the fuel cell property must have a nameplate capacity of at least one-half kilowatt of electricity using an electrochemical process and an electricity-only generation efficiency greater than 30%.



Costs allocable to a swimming pool, hot tub, or any other energy storage medium which has a function other than the function of such storage do not qualify for the residential energy efficiency credit.

Married taxpayers with more than one home. If you or your spouse lived in more than one home that you used as a home, the credit limits apply separately to each home. For qualified fuel cell property, the homes must be your main homes. If you are filing separate returns, both of you must complete a separate Form 5695. If you are filing a joint return, figure your nonbusiness energy property credit as follows.

- 1. Complete Part II of a separate Form 5695 for each home through line 24.
- 2. Figure the amount to be entered on line 25 of both forms and enter the combined amount on line 25 of one of the forms.
- 3. On the dotted line to the left of the entry space for line 25, enter "More than one home". Then, complete the rest of this form.
 - 4. Attach both forms to your return.

Joint occupancy. If you occupied your home jointly, each occupant must complete his or her own Form 5695. To figure the credit, the maximum qualifying costs that can be taken into account by all occupants for figuring the credit is \$6,667 for qualified solar electric or solar water heating property, and \$1,667 for each half kilowatt of capacity of qualified fuel cell property. The amount allocable to you is the lesser of:

- 1. The amount you paid, or
- 2. The maximum qualifying cost of the property multiplied by a fraction. The numerator is the amount you paid and the denominator is the total amount paid by you and all other occupants.

These rules do not apply to married individuals filing a joint return.

Specific Instructions

Part I

Nonbusiness Energy Property Credit Line 1

To qualify for the credit, any qualified energy efficiency improvements or residential energy property costs must have been made to your main home located in the United States. See *Main home* on page 3. If you check the "No" box, you cannot take the nonbusiness energy property credit.

Lines 2a Through 2d

Note. Any references to the International Energy Conservation Code (IECC) are treated as references to either the 2001 Supplement of the 2000 International Energy Code or the 2004 Supplement of the 2003 International Energy Conservation Code.



Do not include on lines 2a through 2d any amounts paid for the onsite preparation, assembly, or original installation of the components.

Line 2a. Enter the amounts you paid for any insulation material or system (including any vapor retarder or seal to limit infiltration) that is specifically and primarily designed to reduce the heat loss or gain of a home when installed in or on such home and may be taken into account in determining whether the building thermal envelope requirements established by the IECC are satisfied.



A component is not specifically and primarily designed to reduce heat loss or gain of a home if it provides structural support or a finished surface (such as drywall or siding) or

its principal purpose is to serve any function unrelated to the reduction of heat loss or heat gain.

Line 2b. Enter the amounts you paid for exterior windows (including any storm windows installed with such exterior windows) and skylights that meet or exceed the criteria established by the IECC for the climate zone in which these components were installed. Do not enter more than \$2,000 on line 2b.

Line 2c. Enter the amounts you paid for exterior doors that meet or exceed the criteria established by the IECC for the climate zone in which such doors were installed. Also, enter the amounts you paid for any storm door that, in combination with a wood door assigned a default U-factor by the IECC, does not exceed the default U-factor requirement assigned to such combination by the IECC.

Line 2d. Enter the amounts you paid for a metal roof, but only if this roof has appropriate pigmented coatings which are specifically and primarily designed to reduce the heat gain of the home and such roof meets or exceeds the Energy Star program requirements (as in effect at the time of installation).

Manufacturer's certification. For purposes of taking the credit, you may rely upon a manufacturer's certification in writing that a building envelope component is an eligible building envelope component. Do not attach the certification to your return. Keep it for your records.

Special rule for Energy Star windows and skylights. You may rely upon the Energy Star label that identifies any window or skylight as an eligible building envelope component rather than the manufacturer's certification.

Lines 5a Through 5c



Also include on lines 5a through 5c any labor costs properly allocable to the onsite preparation, assembly, or original installation of the property.

Line 5a. Enter the amounts you paid for energy-efficient building property. Energy-efficient building property is any of the following.

- An electric heat pump water heater that yields an energy factor of at least 2.0 in the standard Department of Energy test procedure.
- An electric heat pump that has a heating seasonal performance factor (HSPF) of at least 9, a seasonal energy efficiency rating (SEER) of at least 15, and an energy efficiency rating (EER) of at least 13.
- A closed loop geothermal heat pump that has an EER of at least 14.1 and a heating coefficient of performance (COP) of at least 3.3.
- An open loop geothermal heat pump that has an EER of at least 16.2 and a heating COP of at least 3.6.
- A direct expansion geothermal heat pump that has an EER of at least 15 and a heating COP of at least 3.5.
- A central air conditioner that achieves the highest efficiency tier that has been established by the Consortium of Energy Efficiency and is in effect on January 1, 2006.
- A natural gas, propane, or oil water heater that has an energy factor of at least 0.80.

Do not enter more than \$300 on line 5a.

Line 5b. Enter the amounts you paid for a natural gas, propane, or oil furnace or hot water boiler that achieves an annual fuel utilization efficiency rate of at least 95. Do not enter more than \$150 on line 5b.

Line 5c. Enter the amounts you paid for an advanced main air circulating fan used in a natural gas, propane, or oil furnace that has an annual electricity use of no more than 2% of the total annual site energy use of the furnace (as determined in the standard Department of Energy test procedure). Do not enter more than \$50 on line 5c.

Manufacturer's certification. For purposes of taking the credit, you may rely upon a manufacturer's certification in writing that a product is qualified residential energy property. Do not attach the certification to your return. Keep it for your records.

Line 8

If the rules on page 4 for joint occupancy apply, enter on line 8 the smaller of:

- 1. The amount on line 7, or
- 2. \$500 multiplied by a fraction. The numerator is the amount on line 7, and the denominator is the total amount from line 7, for all owners.

For more details, see *Joint occupancy* in the first column on page 4.

Part II

Residential Energy Efficient Property Credit



Also include on lines 13, 17, or 21, any labor costs properly allocable to the onsite preparation, assembly, or original installation of the property and for piping or wiring to interconnect such property to the home.

Line 13

Enter the amounts you paid for qualified solar electric property. See *Qualified solar electric property costs* on page 4.

Line 17

Enter the amounts you paid for qualified solar water heating property. See *Qualified solar water heating* property costs on page 4.

Line 21

Enter the amounts you paid for qualified fuel cell property. See *Qualified fuel cell property costs* on page 4.

Line 30

If you cannot use all of the credit because of the tax liability limit (line 28 is less than line 25), you can carry the unused portion of the credit to 2007.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Department of the Treasury Internal Revenue Service

Residential Energy Credits

► See instructions.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 158

Name(s) shown on return

Your social security number

Pa	Nonbusiness Energy Property Credit (See instructions be	efore (completing this p	art.)		
1	Were the qualified energy efficiency improvements or residential energ				IMPIND	_
	your main home located in the United States? (see instructions) Caution: If you checked the "No" box, you cannot claim the nonbusine Do not complete Part I.				res	<u> No</u>
2	Qualified energy efficiency improvements (see instructions). Insulation material or system specifically and primarily designed to reduce heat loss or gain in your home	2a	E64500		*	
k	Exterior windows (including skylights). Do not enter more than \$2,000	2b	E64510			
c	Exterior doors	2c	E64520			
c	Metal roof with appropriate pigmented coatings that meet the Energy Star program requirements and is specifically and primarily designed to reduce heat gain in your home	2d	E64530			
3	Add lines 2a through 2d			3	E64540	<u> </u>
4	Multiply line 3 by 10% (.10)			4	E64550	-
	Residential energy property costs (see instructions). Energy-efficient building property. Do not enter more than \$300 Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150	5a 5b	E64560			
Ċ	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50	5c	E64580		4	
6	Add lines 5a through 5c		: · · · · · · · · ·	6	E64590	<u> </u>
7	Add lines 4 and 6	·j	sametra in a sur participation of the	7	E64600	t come
8	Enter the smaller of line 7 or \$500 (If you jointly occupied the home, so	ee inst	ructions)	8	E64610	
9	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	9				
10	Enter the total, if any, of your credits from Form 1040, lines 47 through 51, or Form 1040NR, lines 44 through 46	10				
11	Subtract line 10 from line 9. If zero or less, stop. You cannot take the property credit	nonbu	siness energy	11		
12	Nonbusiness energy property credit. Enter the smaller of line 8 or lin	ne 11 .		12	E6462 0	

Before you begin: Figure the amount of any of the following credits that you are claiming.

- Child tax credit
- Mortgage interest credit
- Adoption credit
- District of Columbia first-time homebuyer credit

Pa	Residential Energy Efficient Property Credit (See instructions before completi	ng thi	s part.)	
13	Qualified solar electric property costs			
14	Multiply line 13 by 30% (.30)			
15	Maximum credit amount			
16	Enter the smaller of line 14 or line 15	16	E64635	_
17	Qualified solar water heating property costs			
18	Multiply line 17 by 30% (.30)			
19	Maximum credit amount			
20	Enter the smaller of line 18 or line 19	20	E64650	
21	Qualified fuel cell property costs			
22	Multiply line 21 by 30% (.30)			
23	Kilowatt capacity of property on line 21 above ► X \$1,000 23 E64665			(
24	Enter the smaller of line 22 or line 23	24	E64670	
25	Add lines 16, 20, and 24	25	E64675	
26	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	-		
27	1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 51, 53, and 54, plus the amount, if any, from line 12 of this form.		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
	1040NR filers: Enter the total, if any, of your credits from Form 1040NR, lines 44 through 46, 48, and 49, plus the amount, if any, from line 12 of this form.			
28	Subtract line 27 from line 26. If zero or less, enter -0- here and on line 29	28	E64685	
29	Residential energy efficient property credit. Enter the smaller of line 25 or line 28	29	E64 690	kofan Ver
30	Credit carryforward to 2007. If line 29 is less than line 25, subtract line 29 from line 25			
Pa	rt III Current Year Residential Energy Credits	e seen en told a	<u></u>	<u>uniter editionly</u>
31	Add lines 12 and 29. Enter here and on Form 1040, line 52, or Form 1040NB, line 47	31	E64700	

5884

(Rev. December 2006)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Work Opportunity Credit

► Attach to your tax return.

OMB No. 1545-0219

Attachment Sequence No. 77

Identifying number

		110000		
1	Enter on the applicable line below the total qualified first-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who began work for you before the applicable date in the instructions and are certified (if required) as members of a targeted group.			
а	Employees who worked for you at least 120 hours but fewer than 400 hours	1a	E59770	
b	Employees who worked for you at least 400 hours \$	1b	E59775	
2	Add lines 1a and 1b. See instructions for the adjustment you must make for salaries and wages	2	E59780	<u> </u>
3	Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts	3	E59 78 5	
4	Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5; partnerships and S corporations,			
	report this amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g., line 1b of the 2006 Form 3800) Nondeductible credit E59795	4	E59790	
5				i:
ð	Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust (see instructions)	5	·	+
6	Cooperatives, estates, and trusts, subtract line 5 from line 4. Report the amount on the applicable line of Form 3800 (e.g., line 1b of the 2006 Form 3800)	6	· ·	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The Tax Relief and Health Care Act of 2006 extended the work opportunity credit to cover employees who begin work for the employer before January 1, 2008.

For employees who begin work for the employer after December 31, 2006, the act also expanded the definition of a targeted group employee, and increased the timeframe for submitting Form 8850. For more information on these changes, see Publication 553, Highlights of 2006 Tax Changes.

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

Taxpayers that are not partnerships, S corporations, cooperatives, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1b of Form 3800.

The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

Purpose of Form

Use Form 5884 to claim the work opportunity credit for qualified first-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone, enterprise community, or renewal community to qualify for this credit.

You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

How To Claim the Credit

Generally, you must request and be issued a certification for each employee from the state employment security agency (SESA). The certification proves that the employee is a member of a targeted group. You must receive the certification by the day the individual begins work or complete Form 8850, Pre-Screening Notice and Certification Request for the Work Opportunity Credit, on or before the day you offer the individual a job.

If you complete Form 8850, it must be signed by you and the individual and submitted to the SESA by the 21st calendar day after the individual begins work (the 28th day if the employee begins work after December 31, 2006). If the SESA denies the request, it will provide a written explanation of the reason for denial. If a certification is revoked because it was based on false information provided by the worker, wages paid after the date you receive the notice of revocation do not qualify for the credit.

Hurricane Katrina employee. A Hurricane Katrina employee is an employee who had a main home in the core disaster area on August 28, 2005, and, within a two-year period beginning on that date, was hired for a job whose principal place of employment is in the core disaster area. The certification requirements described above do not apply to Hurricane Katrina employees. Instead, the worker must show the employer reasonable evidence that the worker is a Hurricane Katrina employee. An employer may use Form 8850 to accept reasonable evidence that the worker is a Hurricane Katrina employee. If the employer discovers that the worker is not a Hurricane Katrina employee, wages paid after the date of discovery will not qualify for the credit.

Rita GO Zone

The following counties and parishes are in the Rita GO

Louisiana. Acadia, Allen, Ascension, Beauregard, Calcasieu, Cameron, Evangeline, Iberia, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Plaquemines, Sabine, St. Landry, St. Martin, St. Mary, St. Tammany, Terrebonne, Vermilion, Vernon, and West Baton Rouge.

Texas. Angelina, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler, and Walker.

Wilma GO Zone

The following counties are in the Wilma GO Zone.

Florida. Brevard, Broward, Collier, Glades, Hendry, Indian River, Lee, Martin, Miami-Dade, Monroe, Okeechobee, Palm Beach, and St. Lucie.

Employer Credit for Housing Employees Affected by Hurricane Katrina

For purposes of the Hurricane Katrina housing credit, the following apply.

Qualified employer. A qualified employer is any employer with a trade or business located in the GO Zone that was affected by Hurricane Katrina.

Qualified employee. A qualified employee is an individual who had a principal residence in the GO Zone on August 28, 2005, and who performs substantially all employment services in the GO Zone for the qualified employer. The employee cannot be related to you.

Qualified lodging. Qualified lodging is lodging furnished in-kind to a qualified employee (and to the employee's spouse or dependents) by or on behalf of the qualified employer from January 1, 2006, through July 1, 2006. Qualified lodging is excluded from the employee's income. However, the amount excluded is treated as wages for purposes of FICA and FUTA tax.

Specific Instructions

Use Section A to figure the employee retention credit. Use Section B to figure the Hurricane Katrina housing credit.

Section A. Employee Retention Credit

Qualified wages. Qualified wages are wages you paid to or incurred for eligible employees on any day after August 28, 2005, in the case of Hurricane Katrina (after September 23, 2005, in the case of Hurricane Rita, and after October 23, 2005, in the case of Hurricane Wilma) and before January 1, 2006, during the period beginning on the date your trade or business first became inoperable at the employee's principal place of employment immediately before the applicable hurricane, and ending on the date your trade or business resumed significant operations at that place.

The amount of qualified wages that may be taken into account is limited to \$6,000 per employee. This includes wages paid whether the employee performs no services, performs services at a place of employment other than the principal place of employment, or performs services at the principal place of employment before significant operations have resumed.

Wages qualifying for the credit generally have the same meaning as wages subject to the Federal Unemployment Tax Act (FUTA). Qualified wages also include amounts you paid for medical or hospitalization expense in connection with sickness or accident disability. Qualified wages do not include wages paid to your dependent or wages paid to an employee related to you.

For agricultural employees, if the work performed by any employee during more than half of any pay period qualifies under FUTA as agricultural labor, the first \$6,000 of that employee's wages subject to social security and Medicare taxes are qualified wages.

Qualified wages for any employee must be reduced by the amount of any work supplementation payment you received under the Social Security Act for the employee.

Member of controlled group or business under common control. For purposes of figuring the credit, all members of a controlled group of corporations (as defined in section 52(a)) and all members of a group of businesses under common control (as defined in section 52(b)), are treated as a single taxpayer. As a member, compute your credit based on your proportionate share of qualified wages giving rise to the group's employee retention credit. Enter your share of the credit on line 2. Attach a statement showing how your share of the credit was figured, and write "See attached" next to the entry space for line 2.

Line 1

Enter the total qualified wages (defined above) paid or incurred. Do not enter more than \$6,000 for each qualified employee.

Line 2

In general, you must reduce your deduction for salaries and wages by the amount on line 2. You must make this reduction even if you cannot take the full credit this year because of the tax liability limit on Form 3800. If you capitalized any costs on which you figured the credit, reduce the amount capitalized by the amount of the credit attributable to these costs.

Line 3

Enter the amount of credit allocated to you as a shareholder, beneficiary, partner, or patron of a cooperative.

Line 4

Report the current year credit on Form 3800, except for the entities that report as indicated below. If you also have a Hurricane Katrina housing credit from line 8, combine that amount with the amount on line 4 and enter the total on Form 3800. **S corporations and partnerships.** Report the amount from line 4 on Schedule K.

Estates and trusts. Allocate the credit on line 4 between the estate or trust and beneficiaries in proportion to the income allocable to each. On the dotted line next to line 4, the estate or trust should enter its part of the total credit. Label it "1041 Portion" and use this amount on Form 3800 to figure the credit to claim on Form 1041.

Cooperatives. A cooperative described in section 1381(a) must allocate to its patrons the credit in excess of its tax liability limit. Therefore, to figure the unused amount of the credit allocated to patrons, the cooperative must first figure its tax liability. While any excess is allocated to patrons, any credit recapture applies as if the cooperative had claimed the entire credit.

Regulated investment companies and real estate investment trusts. Reduce the allowable credit to the company's or trust's ratable share of the credit.

Section B. Hurricane Katrina Housing Credit

Member of contolled group or business under common control. For purposes of figuring the credit, all members of a controlled group of corporations (as defined in section 52(a)) and all members of a group of businesses under common control (as defined in section 52(b)), are treated as a single taxpayer. As a member, compute your credit based on your proportionate share of qualified lodging giving rise to the group's Hurricane Katrina housing credit. Enter your share of the credit on line 6. Attach a statement showing how your share of the credit was figured, and write "See attached" next to the entry space for line 6.

Line 5

Enter the value of qualified lodging furnished in-kind to qualified employees between January 1, 2006, and July 1, 2006. Do not enter more than \$600 per month, per employee.

Line 7

Enter the amount of credit allocated to you as a shareholder, beneficiary, partner, or patron of a cooperative.

Line 8

Report the current year credit on Form 3800, except for the entities that report as indicated below. If you also have an employee retention credit on line 4, combine that amount with the amount on line 8 and enter the total on Form 3800. **S** corporations and partnerships. Report the amount from line 8 on Schedule K.

Estates and trusts. Allocate the credit on line 8 between the estate or trust and beneficiaries in proportion to the income allocable to each. On the dotted line next to line 8, the estate or trust should enter its part of the total credit. Label it "1041 Portion" and use this amount on Form 3800 to figure the credit to claim on Form 1041.

Cooperatives. A cooperative described in section 1381(a) must allocate to its patrons the credit in excess of its tax liability limit. Therefore, to figure the unused amount of the credit allocated to patrons, the cooperative must first figure its tax liability. While any excess is allocated to patrons, any credit recapture applies as if the cooperative had claimed the entire credit.

Regulated investment companies and real estate investment trusts. Reduce the allowable credit to the company's or trust's ratable share of the credit.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is shown below.

Recordkeeping				3 hr., 16 m	in.
Learning about the law					
or the form				. 24 m	in.
Preparing and sending					
the form to the IRS.				. 27 m	in.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed.

Form **5884-A**

(October 2006)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Credits for Employers Affected by Hurricane Katrina, Rita, or Wilma

► Attach to your tax return.

OMB No. 1545-1978

Attachment Sequence No. 77A

Identifying number

SEC	CTION A. Employee Retention Credit (see instructions)			
1a	Employers affected by Hurricane Katrina, enter the total qualified wages paid or incurred after August 28, 2005, and before January 1, 2006, while the business was inoperable			
b	Employers affected by Hurricane Rita, enter the total qualified wages paid or incurred after September 23, 2005, and before January 1, 2006, while the business was inoperable	_		
C	Employers affected by Hurricane Wilma, enter the total qualified wages paid or incurred after October 23, 2005, and before January 1, 2006, while the business was inoperable E59849			
d	Add amounts from lines 1a, 1b, and 1c	_		
2	Enter 40% of line 1d. You must subtract this amount from your deduction for salaries and wages	2	E59853	
3	Employee retention credit from partnerships, S corporations, cooperatives, estates, and trusts	3	E59855	
4	Current year credit. Add lines 2 and 3. Report this amount on the applicable line of Form 3800. If you have a credit from Section B, see instructions. S corporations, partnerships, estates, trusts, cooperatives, regulated investment companies, and real estate investment trusts, see instructions	4	E59857	
SEC	CTION B. Hurricane Katrina Housing Credit (see instructions)			
5	Enter the value (up to \$600 per month per employee) of qualified lodging furnished in-kind to qualified employees during the tax year from January 1, 2006, through July 1, 2006 (see instructions)	5	E59859	
6	Enter 30% of line 5. You must subtract this amount from your deduction for salaries and wages	6	E59861	Service and Service and
7	Hurricane Katrina housing credit from partnerships, S corporations, cooperatives, estates, and trusts	7	E59863	
8	Current year credit. Add lines 6 and 7. Report this amount on the applicable line of Form 3800. If you have a credit from Section A, see instructions. S corporations, partnerships, estates, trusts, cooperatives, regulated investment companies, and real estate investment trusts, see instructions.	Ω	F59865	

Purpose of Form

An eligible employer who conducted an active trade or business in the Gulf Opportunity (GO) Zone, the Rita GO Zone, or the Wilma GO Zone (defined below) may claim the employee retention credit. The credit is equal to 40% of qualified wages paid before January 1, 2006, for each eligible employee (up to a maximum of \$6,000 in qualified wages per employee). See *Employee Retention Credit* below. The employer must use Form 5884-A to figure the credit.

A qualified employer may also claim the Hurricane Katrina housing credit. This credit is equal to 30 percent of the value (up to \$600 per month, per employee) of in-kind lodging furnished from January 1, 2006, through July 1, 2006, to a qualified employee which is excluded from the employee's income. See *Employer Credit for Housing Employees Affected by Hurricane Katrina* below. The employer must use Form 5884-A to figure the credit.

The employee retention credit and the Hurricane Katrina housing credit are part of the general business credit claimed on Form 3800, General Business Credit. No portion of the unused business credit attributable to the Hurricane Katrine housing credit may be carried back to any tax year before 2005. However, you may be able to carry the unused portion forward. See the instructions for Form 3800 for details.

You can claim or elect not to claim the credits any time within 3 years from the due date of your tax return (excluding extensions) on either your original or an amended return.

General Instructions

Employee Retention Credit

Employers Affected by Hurricane Katrina

Eligible employer. For this purpose, an eligible employer is any employer who conducted an active trade or business on August 28, 2005, in the GO Zone, and whose trade or business was inoperable on any day after August 28, 2005, and before January 1, 2006, because of damage sustained from Hurricane Katrina.

Eligible employee. For this purpose, an eligible employee is an employee whose principal place of employment on August 28, 2005, with such eligible employer, was in the GO Zone.

Caution. An employee is not an eligible employee for purposes of Hurricane Katrina if the employee is treated as an eligible employee for purposes of the work opportunity credit or for purposes of either the Hurricane Rita or the Hurricane Wilma employee retention credit.

Employers Affected by Hurricane Rita

Eligible employer. For this purpose, an eligible employer is any employer who conducted an active trade or business on September 23, 2005, in the Rita GO Zone, and whose trade or business was inoperable on any day after September 23, 2005, and before January 1, 2006, because of damage sustained from Hurricane Rita.

Eligible employee. For this purpose, an eligible employee is an employee whose principal place of employment on September 23, 2005, with such eligible employer, was in the Rita GO Zone.

Caution. An employee is not an eligible employee for purposes of Hurricane Rita if the employee is treated as an eligible employee for purposes of the work opportunity credit or for purposes of either the Hurricane Katrina or the Hurricane Wilma employee retention credit.

Employers Affected by Hurricane Wilma

Eligible employer. For this purpose, an eligible employer is any employer who conducted an active trade or business on October 23, 2005, in the Wilma-GO Zone, and whose trade or business was inoperable on any day after October 23, 2005, and before January 1, 2006, because of damage sustained from Hurricane Wilma.

Eligible employee. For this purpose, an eligible employee is an employee whose principal place of employment on October 23, 2005, with such eligible employer, was in the Wilma GO Zone.

Caution. An employee is not an eligible employee for purposes of Hurricane Wilma if the employee is treated as an eligible employee for purposes of the work opportunity credit or for purposes of either the Hurricane Katrina or the Hurricane Rita employee retention credit.

GO Zones

Areas in a "GO Zone" are areas determined by the President to warrant individual or individual and public assistance, from the federal government because of Hurricane Katrina, Rita, or Wilma.

Hurricane Katrina GO Zone

The following counties and parishes are in the Hurricane Katrina GO Zone.

Alabama. Baldwin, Choctaw, Clarke, Greene, Hale, Marengo, Mobile, Pickens, Sumter, Tuscaloosa, and Washington.

Louisiana. Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana.

Mississippi. Adams, Amite, Attala, Choctaw, Claiborne, Clarke, Copiah, Covington, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Holmes, Humphreys, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Lowndes, Madison, Marion, Neshoba, Newton, Noxubee, Oktibbeha, Pearl River, Perry, Pike, Rankin, Scott, Simpson, Smith, Stone, Walthall, Warren, Wayne, Wilkinson, Winston, and Yazoo.

F6198

At-Risk Limitations

► Attach to your tax return.

► See separate instructions.

OMB No. 1545-0712 20**06**

Attachment Sequence No. 31

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Identifying number

Pai	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeduct (see page 2 of the instructions).	ible /	Amounts	
-1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1		
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in			
	the activity) that you are reporting on:			
а	Schedule D	2a		+
b	Form 4797	2b		+
С	Other form or schedule	2c		\dashv
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed	١.	<u> </u>	
	from Form 4952, that were not included on lines 1 through 2c	4	(\dashv
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	T59800 +/-	
Pai	Simplified Computation of Amount At Risk. See page 3 of the instructions bef	ore c	ompleting this	S
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on			
•	the first day of the tax year. Do not enter less than zero	6		
7	Increases for the tax year (see page 3 of the instructions)	7		
8	Add lines 6 and 7	_ 8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
-	Subtract line 9 from line 8			
	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).			
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b		
11	of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero.	11		
40	less than zero	12		
12		13		
13	Add lines 11 and 12	14		, .
14	Decreases at effective date			
15	Amount at risk (check box that applies):	15		
a	At effective date. Subtract line 14 from line 13. Do not enter less than zero.			
b	·		9.1	
16	Increases since (check box that applies):	16	29	
_	☐ Effective date b ☐ The end of your 2005 tax year	17		
17	Add lines 15 and 16			
18		18		
	☐ Effective date b ☐ The end of your 2005 tax year	多数		_
	Subtract line 18 from line 17	-		
	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub . 925 for information on the recapture rules	19b	ł	
Pa	rt IV Deductible Loss	1		
20	Amount at risk. Enter the larger of line 10b or line 19b	20	T59820	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20.	AVIS	TE0040	
	See page 7 of the instructions to find out how to report any deductible loss and any carryover.	21	(T59840	
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Lim Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed If only part of the loss is subject to the passive activity loss rules, report only that part on Form	under	the passive activ	its

Alternative Minimum Tax—Individuals

► See separate instructions.

OMB No. 1545-0074

Attachment Sequence No. **32**

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.

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

Your social security number

Pai	Alternative Minimum Taxable Income (See instructions for how to complete	e ea	ich line.)	
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form	1	AMTIC	
•	8914 line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount			
	on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	E60000 +/-	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 21/2 % of Form 1040, line 38 .	2	E60200 +/-	
3	Taxes from Schedule A (Form 1040), line 9	3	E60240	
1	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	E60290	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	E60220	
6	If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from		, E60130	
	line 11 of the Itemized Deductions Worksheet on page A-7 of the instructions for Schedule A (Form 1040)	6	(E60130	
7	Tax refund from Form 1040, line 10 or line 21	7	(E60260	
3	Investment interest expense (difference between regular tax and AMT)	8	E60300 +/-	
•	Depletion (difference between regular tax and AMT)	9	E60860 +/-	
)	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	E60100	_
ı	Interest from specified private activity bonds exempt from the regular tax	11	E60840	
2	Qualified small business stock (7% of gain excluded under section 1202)	12	E60630	_
3	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	E60550 +/-	├
4	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	E60720 +/-	-
5	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	E60430 +/-	-
6	Disposition of property (difference between AMT and regular tax gain or loss)	16	E60500 +/-	 —
7	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	E60340 +/-	-
3	Passive activities (difference between AMT and regular tax income or loss)	18	E60680 +/-	
•	Loss limitations (difference between AMT and regular tax income or loss)	19	E60600 +/-	
)	Circulation costs (difference between regular tax and AMT)	_20	E60405 +/-	ļ.
	Long-term contracts (difference between AMT and regular tax income)	21_	E60440 +/-	-
2	Mining costs (difference between regular tax and AMT)	22	E60420 +/-	-
}	Research and experimental costs (difference between regular tax and AMT)	23	E60410 +/-	┡
ļ	Income from certain installment sales before January 1, 1987	24	(E60480	1
5	Intangible drilling costs preference	25	E61400	\perp
6	Other adjustments, including income-based related adjustments	26	E60660 +/-	1_
7	Alternative tax net operating loss deduction	27	(E62000 +/-	-
В	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see page 7 of the instructions.)	28	E62100 +/-	ŀ
Ţ	rt II Alternative Minimum Tax			
9	Exemption. (If this form is for a child under age 18, see page 7 of the instructions.) KID18 Annualized R		SHRTYR	
9	IF your filing status is AND line 28 is not over THEN enter on line 29		SHIVITIN	
	Single or head of household \$112,500 \$42,500		4	
	Married filing jointly or qualifying widow(er) . 150,000		A .	
	Married filing separately	29	E62600	
	If line 28 is over the amount shown above for your filing status, see page 7 of the instructions.	14.10		
	Subtract line 29 from line 28. If more than zero or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or			
0	less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II	30	E62700 +/-	
	• If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter.			
1	If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends			-
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here.	31	E62800	+
	• All others: If line 30 is \$1.75,000 or less (\$87,500 or less if married filling separately), multiply line 30 by 26% (.26).			
	Otherwise, multiply line 30 by 28% (28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	1		
2	Alternative minimum tax foreign tax credit (see page 8 of the instructions)	32	E62900	+
3	Tentative minimum tax. Subtract line 32 from line 31	33	E63000	+
4	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040,			
	line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured		F00400	
	without using Schedule J (see page 9 of the instructions)	34	E63100	+
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on		E63300	
	Form 1040, line 45	35	E63200	丄

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30	. 36		
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 10 of the instructions)			
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 10 of the instructions)			
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)			
40	Enter the smaller of line 36 or line 39	40		
41	Subtract line 40 from line 36	41		
42 43	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		€62745	
40	\$61,300 if married filing jointly or qualifying widow(er), \$30,650 if single or married filing separately, or \$41,050 if head of household.			
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0			
45	Subtract line 44 from line 43. If zero or less, enter -0			
46	Enter the smaller of line 36 or line 37			
47	Enter the smaller of line 45 or line 46		ayeter i ni ni nay re ilan kata da	Cartel Newson Car
48	Multiply line 47 by 5% (.05)	48	Æ62747	<u> </u>
49	Subtract line 47 from line 46			
50	Multiply line 49 by 15% (.15)	50	£62755	
	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 46 from line 40			
52	Multiply line 51 by 25% (.25)	52	£62770	
53	Add lines 42, 48, 50, and 52	53		
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	54	E62780	
55				-
55	Enter the smaller of line 53 or line 54 here and on line 31	55		

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Installment Sale Income

► Attach to your tax return.

Use a separate form for each sale or other disposition of property on the installment method. OMB No. 1545-0228

2006

Attachment Sequence No. **79**

Identifying number

		ŀ		
1	Description of property ▶			
2a	Date acquired (month, day, year) ▶/ b Date sold (month, day, year) ▶	1	1 1	
3	Was the property sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4			□No
4	Was the property you sold to a related party a marketable security? If "Yes," complete Part II	l. If "N	lo,"	
	complete Part III for the year of sale and the 2 years after the year of sale		🗌 Yes	☐ No
Par	Gross Profit and Contract Price. Complete this part for the year of sale only.			
5	Selling price including mortgages and other debts. Do not include interest whether stated or unstated	5	E365 00	
6	Mortgages, debts, and other liabilities the buyer assumed or took			ľ
	the property subject to (see instructions)			
7	Subtract line 6 from line 5			
8	Cost or other basis of property sold			
9	Depreciation allowed or allowable			
10	Adjusted basis. Subtract line 9 from line 8			
11	Commissions and other expenses of sale			
12	Income recapture from Form 4797, Part III (see instructions)			
13	Add lines 10, 11, and 12	13	E36505 +/-	_
14	Subtract line 13 from line 5. If zero or less, do not complete the rest of this form (see instructions)	14	E36510 +/-	+
15	If the property described on line 1 above was your main home, enter the amount of your excluded		E20545	1
	gain (see instructions). Otherwise, enter -0	15	E36515	
16	Gross profit. Subtract line 15 from line 14	16	E36520 +/-	+
17	Subtract line 13 from line 6. If zero or less, enter -0	17	E36525	+
. 18 Par	Contract price. Add line 7 and line 17	18	E36530 +/-	ont or
, Lecu	have certain debts you must treat as a payment on installment obligations.	rou re	ceive a payin	ent or
-		19		-
19	Gross profit percentage. Divide line 16 by line 18. For years after the year of sale, see instructions	20		\top
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0- Payments received during year (see instructions). Do not include interest, whether stated or unstated	21	E36535	+
21 22	Add lines 20 and 21.	22	E36540	+
	Payments received in prior years (see instructions). Do not include			+
23	interest, whether stated or unstated			
24	Installment sale income. Multiply line 22 by line 19	24	E36545	
25	Enter the part of line 24 that is ordinary income under the recapture rules (see instructions).	25	E36550	way - salah ji
26	Subtract line 25 from line 24. Enter here and on Schedule D or Form 4797 (see instructions)	26	E36555	
Par	Related Party Installment Sale Income. Do not complete if you received the fir	nal pay	yment this tax	∢year.
27	Name, address, and taxpayer identifying number of related party	- 		
28	Did the related party resell or dispose of the property ("second disposition") during this tax year?	·	🗌 Yes	☐ No
29	If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the	e follo	wing conditio	ns is
	met. Check the box that applies.			
а	The second disposition was more than 2 years after the first disposition (other than dispositions of marketable securities). If this box is checked, enter the date of disposition (month, day, year) ▶		/ /	
b	☐ The first disposition was a sale or exchange of stock to the issuing corporation.			
С	☐ The second disposition was an involuntary conversion and the threat of conversion occurred	after t	the first dispos	ition.
d	☐ The second disposition occurred after the death of the original seller or buyer.		•	
е	☐ It can be established to the satisfaction of the Internal Revenue Service that tax avoidance w	vas no	t a principal pu	ırpose
	for either of the dispositions. If this box is checked, attach an explanation (see instructions).	{ , I		ı
30	Selling price of property sold by related party (see instructions)	30		
31	Enter contract price from line 18 for year of first sale	31		
32	Enter the smaller of line 30 or line 31	32		_
33	Total payments received by the end of your 2006 tax year (see instructions)	33		_
34	Subtract line 33 from line 32. If zero or less, enter -0	34	E26500	-
35	Multiply line 34 by the gross profit percentage on line 19 for year of first sale	35	E36560	+
36 37	Enter the part of line 35 that is ordinary income under the recapture rules (see instructions).	36	E36565	+
91	Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	E36570	1

Gains and Losses From Section 1256 Contracts and Straddles

Department of the Treasury Internal Revenue Service ► Attach to your tax return.

OMB No. 1545-0644

2006 Attachment

Sequence No. 82

ame	s) snown on tax return							lae	irmying namber	
hecl	all applicable boxes (see instr	ructions).	A Mixe	ed straddle elec	tion	С	Mixed stra	ddle a	ccount election	
			3 Strac	ddle-by-straddle id	dentification ele	ection D	☐ Net sectio	n 1256	contracts loss ele	etic
ar	t I Section 1256 Co	ntracts	Marked	to Market						
	(a) Identification of	of account	t				(b) (Loss	s)	(c) Gain	
							•	i		1
							•			1
										1
	Add the amounts on line 1 in	columns (h	n) and (c)			2	(i)	:
	Net gain or (loss). Combine li	-						3	E40340 +/-	1
	Form 1099-B adjustments. Se							4	E40350 +/-	-
	Combine lines 3 and 4.							5	E40360 +/-	†
	Note: If line 5 shows a net gain						roorotions	\$ 500		1
	instructions.	n, skip iine	o and enter	the gain on line	7. Parmersni	ps and 5 co	rporations, see			i
	If you have a net section 125	C contract	. lace and	shooked hav D	shave enter	the amoun	t of loop to bo			-
	carried back. Enter the loss a				above, enter		t or loss to be	6	E40380	
	carried back. Effet the 1000 a	o a pooniv	- Humber			• • •				1
	Combine lines 5 and 6							7	E40390 +/-	-
	Short-term capital gain or (Ť
	line of Schedule D (see instru	-		y 40% (.40). En				8	E40400 +/-	!
	Long-term capital gain or (·	1
	line of Schedule D (see instru							9	E40410 +/-	
ar	t II Gains and Loss							e and	l its components	<u>. </u>
	tion A-Losses From S				•					_
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	e) Cost or other basis plus expense of sale	If column (e) is more than (d), enter difference. Otherwise, enter -0-		9	If column (f) is r than (g), ente difference. Otherwise, ente	er
										i
				_						-
а	Enter the short-term portion of Schedule D (see instructions)		om line 10,	column (h), her	e and include	on the app	propriate line of	11a	(E40420	4
b	Enter the long-term portion of								(. F40400	
	Schedule D (see instructions)				• • •			11b	(E40430	1
;C	tion B—Gains From St	raddles		1		1				
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) G sales		t	Cost or other pasis plus ense of sale		(f) Gain. If column (d) is more than (e) enter difference. Otherwise, enter -0	,
:	· · · · · · · · · · · · · · · · · · ·									-
							1			-
а	Enter the short-term portion Schedule D (see instructions)	_		column (f), here		on the app	ropriate line of	13a	E40440	
b	Enter the long-term portion of Schedule D (see instructions)							13h	E40450	
ar	Schedule D (see instructions) t III Unrecognized C	ains Fro	m Positi	ons Held or	Last Dav	of Tax Y	'ear M emo En	try Or	nly (see instruction	วทร
<.11	(a) Description of property		(b) Da acquir	te (c) Fair	market value o	on last (c	i) Cost or other ba as adjusted		(e) Unrecognized of the column (c) is more than (d), enter differ Otherwise, enter	gai ore ren
						;				7
_										-
										-

Cat. No. 13715G

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

Attachment Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR FIRST FORM	beneficiary, If both spouses have HSAs, see page 2 of the instructions	<u> </u>	
Before you begin: Complete Form 8853, Archer MSAs	and Long-Term Care Insurance Con	tracts, if required.	

Par	HSA Contributions and Deduction. See page 2 of the instructions before complete filing jointly and both you and your spouse each have separate HSAs, complete a spouse (see page 2 of the instructions).	eting sepa	this part. If you rate Part I for	are each
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2006 (see page 2 of the instructions)	□ Se	elf-only 🔲 Fai	mily
2	HSA contributions you made for 2006 (or those made on your behalf), including those made from January 1, 2007, through April 16, 2007, that were for 2006. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 2 of the instructions)	2	E86500	
3	If you were under age 55 at the end of 2006, and on the first day of every month during 2006, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 3 of the instructions), or • \$2,700 (\$5,450 for family coverage).			
4	All others, enter the limitation from the worksheet on page 3 of the instructions Enter the amount you and your employer contributed to your Archer MSAs for 2006 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2006, also include any amount contributed to your spouse's Archer MSAs	3	E86505 E86510	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	E86515	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2006, see the instructions on page 3 for the amount to enter.	6	E86520	-
7	If you were age 55 or older at the end of 2006, married, and you or your spouse had family coverage under an HDHP at any time during 2006, enter your additional contribution amount (see page 4 of the instructions)	7	E86525	
8	Add lines 6 and 7	8_	E86530	
9	Employer contributions made to your HSAs for 2006	9	E86535	ļ
10	Subtract line 9 from line 8. If zero or less, enter -0	10	E86540	-
11	HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25, or Form 1040NR, line 25	11	E86545	
	instructions).			
Pa	HSA Distributions. If you are filing jointly and both you and your spouse each had complete a separate Part II for each spouse.	ave s	eparate HSAs,	·
12a	Total distributions you received in 2006 from all HSAs (see page 5 of the instructions)	12a	E86550	
b	Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 5 of the instructions)	12b	E86555	
	Subtract line 12b from line 12a	12c	E86560	
13	Unreimbursed qualified medical expenses (see page 5 of the instructions)	13	E86565	
14	Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	14	E86570	
	If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here HṢAṬXEX!			
b	Additional 10% tax (see page 5 of the instructions). Enter 10% (.10) of the distributions included on line 14 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or Form 1040NR, line 58, enter "HSA" and the amount	15b	E86575	

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Cat. No. 37621P

Form **8889** (2006)

Health Savings Accounts (HSAs)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or Form 1040NR.

► See separate instructions.

Attachment Sequence No. **53**

lame(s) shown on Form 1040 or Form 1040NR SECOND FORM	Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions

Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Con	tracts,	if required.	
Par	HSA Contributions and Deduction. See page 2 of the instructions before complete filing jointly and both you and your spouse each have separate HSAs, complete a spouse (see page 2 of the instructions).	eting ti separ	his part. If you ate Part I for e	are each
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2006 (see page 2 of the instructions)	☐ Sel	f-only	nily_
2	HSA contributions you made for 2006 (or those made on your behalf), including those made from January 1, 2007, through April 16, 2007, that were for 2006. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 2 of the instructions)	2	E86501	
	If you were under age 55 at the end of 2006, and on the first day of every month during 2006, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 3 of the instructions), or • \$2,700 (\$5,450 for family coverage).	3	E86506	
4	All others, enter the limitation from the worksheet on page 3 of the instructions Enter the amount you and your employer contributed to your Archer MSAs for 2006 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2006, also include any amount contributed to your spouse's Archer MSAs	4	E86511	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	E86516	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2006, see the instructions on page 3 for the amount to enter.	6	E86521	
7	If you were age 55 or older at the end of 2006, married, and you or your spouse had family coverage under an HDHP at any time during 2006, enter your additional contribution amount (see page 4 of the instructions)	7	E86526	
8	Add lines 6 and 7	8	E86531	
9	Employer contributions made to your HSAs for 2006	9	E86536	L
10	Subtract line 9 from line 8. If zero or less, enter -0	10	E86541	<u> </u>
11	HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25, or Form 1040NR, line 25	11	E86546	
	Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the			L
Par	HSA Distributions. If you are filing jointly and both you and your spouse each h complete a separate Part II for each spouse.	ave se	eparate HSAs,	
122	Total distributions you received in 2006 from all HSAs (see page 5 of the instructions)	12a	E86551	
b	Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were	12b	E86556	
_	withdrawn by the due date of your return (see page 5 of the instructions)	12c	E86561	
с 13	Subtract line 12b from line 12a	13	E86566	
14	Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	14	E86571	
	If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here HSATXEX2			
.,	on line 14 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or Form 1040NR, line 58. onter "HSA" and the amount	15h	F86576	

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Cat. No. 37621P

Form **8889** (2006)

Information on Qualifying Children Who Are Not Dependents

(For Child Tax Credit)

1040A 1040A 1040NR OMB No. 1545-0074

Your social security number

Attachment Sequence No. **59**

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

Complete and attach to Form 1040, Form 1040A, or Form 1040NR:



- Do not use this form for any child who is claimed as your dependent on Form 1040A or Form 1040, line 6c, or Form 1040NR, line 7c.
- It will take us longer to process your return and issue your refund if you do not complete all columns for each qualifying child.
- Be sure the child's name and social security number (SSN) agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your child tax credit. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information

XTXCR11

	(a) First name	Last name	(b) Child's social security number	(c) Child's relationship to you (son, daughter, etc.)
Child 1		NMQUAL1	S035	
Child 2		NMQUAL2	S036	
Child 3		NMQUAL3	S037	
Child 4		NMQUAL4	S038	

General Instructions Purpose of Form

Use Form 8901 to give the IRS information on any qualifying child (defined on back) who is not your dependent. To figure the amount of your child tax credit, see the instructions for Form 1040, line 53; Form 1040A, line 33; or Form 1040NR, line 48.

Who Must File

Use Form 8901 if your qualifying child is not your dependent because any of the following statements apply.

- You, or your spouse if filing jointly, can be claimed as a dependent on someone else's 2006 return.
- You are a nonresident alien who is not allowed to claim exemptions for your dependents. However, your qualifying child must be a U.S. citizen, U.S. national, or U.S. resident alien.
- Your qualifying child is married and files a joint return for 2006 (and that joint return was not filed only as a claim for refund, or at least one spouse would have a tax liability if they had filed separate returns).

Specific Instructions

Column (b)

If your child was born and died in 2006 and you do not have an SSN for the child, you can attach a copy of the child's birth certificate instead and enter "Died" in column (b).

If you do not have an SSN for your adopted child, enter "See page 2" in column (b). Then, on the bottom of page 2, enter the name and address of any agency or agent (such as an attorney) that assisted in the adoption.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Qualifying Child for Child Tax Credit

A qualifying child is a child who is your . . .

Son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece, or nephew)



Under age 17 at the end of 2006



who · · ·

Did not provide over half of his or her own support for 2006 (see Pub. 501)



Lived with you for more than half of 2006 (if the child did not live with you for the required time, see Exception to time lived with you on page 23 of the Form 1040A instructions or page 21 of the Form 1040 instructions, or see Pub. 501)



who · · ·

Was a U.S. citizen, U.S. national, or U.S. resident alien. If the child was adopted, see Exception to citizen test on page 23 of the Form 1040A instructions or page 21 of the Form 1040 instructions, or see Pub. 501.



For more information, including definitions and special rules relating to an adopted child, foster child, and qualifying child of more than one person, see the instructions for Form 1040A or Form 1040, line 6c, or see Pub. 501.

Domestic Production Activities Deduction

20**06**

Attachment Sequence No. 143

Department of the Treasury Internal Revenue Service Name(s) as shown on return

► Attach to your tax return. ► See separate instructions.

Identifying number

4.	Domestic production gross receipts (DPGR)	1	E86800	
2	Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3			
3	If you are using the section 861 method, enter deductions and losses definitely related to DPGR. Estates and trusts, see instructions. All others, skip line 3			
4	If you are using the section 861 method, enter your pro rata share of deductions and losses not definitely related to DPGR. All others, see instructions			. ,
5	Add lines 2 through 4	. 5	E86840	
6	Subtract line 5 from line 1	. 6	E86850 +/-	
7	Qualified production activities income from— Then enter the total qualified production activities income from—			
	activitles a Shareholder schedule K-1 (Form 1120S), box 12, code P	7	E86860 +/-	
	through entities: Schedule K-1 (Form 1065-B), box 9, code S2			
. 8	Qualified production activities income. Add lines 6 and 7. If zero or less, enter -0- her skip lines 9 through 15, and enter -0- on line 16	e, 8	E86870	
9	Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction	9	E86880 +/-	
	All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions)	_		
10	Enter the smaller of line 8 or line 9. If zero or less, enter -0- here, skip lines 11 through 1 and enter -0- on line 16	5, . 10	E86890	
11	Enter 3% of line 10		E86900	-11,41,42
12	Form W-2 wages (see instructions)	. 12	E86910	
13	Form W-2 wages from— wages from pass- through If you are a— Then enter the total Form W-2 wages from— Schedule K-1 (Form 1120S), box 12, code Q		E86920	
	entities: b Partner Schedule K-1 (Form 1065), box 13, code U	13	200320	
14	c Beneficiary Schedule K-1 (Form 1041), box 14, code D	. 14	E86930	
15	Form W-2 wage limitation. Enter 50% of line 14	. 15_	E86940	
16	Enter the smaller of line 11 or line 15	. 16	E86950	_
17	Domestic production activities deduction from cooperatives. Enter deduction from 1099-PATR, box 6	om . 17	E86960	
4Ω		18	E86970	
18 19	Domestic production activities deduction. Combine lines 16 through 18 and enter the res here and on Form 1040, line 35; Form 1120, line 25; Form 1120-A, line 21; or the applical	ult ble	E86980	
	line of your return	. 19		

Department of the Treasury Internal Revenue Service

Credit for Federal Telephone Excise Tax Paid

▶ See the separate instructions.

► Attach to your income tax return.

OMB No. 1545-2051

Sequence No. 63

Name(s) as shown on your income tax return

Identifying number

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1–14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

Amount of federal excise tax on long distance or bundled service only

(;	a) Bills dated during:	(b) Long distance service		(c) Bun servi		(d) Tax credit refund (add columns (b) an	ď	(e) Interest (see instructio	
1	March, April, and May 2003	\$		\$		\$		\$	-
2	June, July, and August 2003						1		1
3	September, October, and November 2003		 				1		1
4	December 2003; January and February 2004		1						
5	March, April, and May 2004								<u> </u>
6	June, July, and August 2004								
7	September, October, and November 2004			·					-
8	December 2004; January and February 2005		-	:			<u> </u>		
9	March, April, and May 2005		1						-
10	June, July, and August 2005								-
	September, October, and November 2005	a language de la section de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la		. When years the const	and the second	n and the area week or construction of	A Private 1	no anno a sa sao sao anno anno anno a	15 _: .
12	December 2005; January and February 2006						-		
13	March, April, and May 2006								<u> </u>
14	June and July 2006								
15	Add lines 1-14 in columns (d)	and (e)		<u> </u>		. \$ T87700	d FAIR	\$ T87705	-
16	Total credit or refund requested and on Form 1040, line 71; For 1040EZ-T, line 1a; Form 1040N line 32g; Form 1120-A, line 28 Form 1041-N, line 17; Form 10 line of other returns	orm 1040A, line 42 R, line 69; Form 10 8g; Form 1120S, li 065, line 23; Form	; For 40NF ne 2: 990-	m 1040EZ, lir R-EZ, line 21; F 3d; Form 104 T, line 44f; or	ne 9; Form Form 1120 1, line 24th the prope	1 		\$87710 \$ T87710	

Paperwork Reduction Act Notice. We ask for the information on Form 8913 to carry out the Internal Revenue laws of the United States. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 8913 will vary depending on individual circumstances. The estimated burden for individual taxpayers filing Form 8913 is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file Form 8913 is shown below. 13 hr., 37 min.

Recordkeeping Preparing and sending the form to the IRS....

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed.

(Rev. December 2006)
Department of the Treasury
Internal Revenue Service

Name(s) shown on your income tax return

Noncash Charitable Contributions

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

▶ See separate instructions.

OMB No. 1545-0908

Attachment Sequence No. **155**

Identifying number

Note.	Figure the amour	nt of your contribu	tion deduction be	efore con	pleting t	his form. See	your t	ax return instructions.		
Secti	items (or	Property of \$5 groups of similar graded securities	ar items) for wh	ich vou	claimed	a deduction	n of \$	rities—List in this sec 5,000 or less. Also, li nstructions).	stion o	חוכ rtain
Part		on on Donated	PropertyIf yo	u need	more sp	ace, attach	a stat	ement.		
1	-	(a) Name and addres donee organizat	ss of the			(b) D onated vehicle, er	escription ter the y	n of donated property year, make, model, condition, rm 1098-C if required.)	and mile	∂age.
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Note	. If the amount you	ı claimed as a ded	uction for an item	is \$500 d	or less, yo	ou do not hav	e to co	omplete columns (d), (e),	and (f	<u>). </u>
	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Don	or's cost sted basis	(g) Fair market (see instruction	value	(h) Method used to dete the fair market valu	rmine	
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В				E16660	+/-	E16670 +/-		The sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the s		
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Par 2a	entire inte contributi Enter the letter fro	erest in a proper on listed in Part om Part I that ider	ty listed in Part I; also attach the ntifies the propert	t I. Com ne requir y for whice	plete linged state of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant of the plant	es 3a througement (see in ave less than	gh 3c nstruc	gh 2e if you gave les if conditions were plations).	aced	n ar on a
	If Part II applies t	o more than one p	oroperty, attach a	separate	e stateme	ent.				
b	Total amount clai	med as a deducti	on for the proper	ty listed i	n Part I:	(1) For this	lax yea	ar escretar o codo 🚩 <u>comunicación com</u>	Lec. v. 1919	Self Color
C	Name and address	ss of each organizorganization above	ation to which ar	ny such c		(2) For any on was made		orior year (complete only	if diff	eren
	Name of charitable org									
	Address (number, stre	et, and room or suite r	10.)				_			
	City or town, state, an	nd ZIP code					-	1.0		
d	For tangible prop	erty, enter the pla	ce where the pro	perty is le	ocated o	r kept ▶				
е	Name of any per	son, other than th	e donee organiza	tion, havi	ng actua	l possession	of the	property		
3а		tion, either tempo					or di	spose of the donated	Yes	No
b	Did you give to a	nyone (other than	the donee organi	ization or ne income	another from the	organization e donated pro	perty o	pating with the donee or to the possession of chase or otherwise, or		

to designate the person having such income, possession, or right to acquire?

c is there a restriction limiting the donated property for a particular use?

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Identifying

Section B. Donated Property Over \$5,000 (Except Certain Publicly Traded Securities)—List in this section only items (or gro items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of certain p securities reported in Section A). An appraisal is generally required for property listed in Section B (see instruction Information on Donated Property—To be completed by the taxpayer and/or the appraiser. Part I Check the box that describes the type of property donated: Art* (contribution of \$20,000 or more) Qualified Conservation Contribution Equipment Art* (contribution of less than \$20,000) Other Real Estate Securities Collectibles** Intellectual Property Other Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical m other similar objects. *Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above. Note. In certain cases, you must attach a qualified appraisal of the property. See instructions. (a) Description of donated property (if you need (b) If tangible property was donated, give a brief summary of the overall (c) App more space, attach a separate statement) physical condition of the property at the time of the gift mark Α £16760 В C Đ See instructions (d) Date acquired (e) How acquired (f) Donor's cost or (g) For bargain sales, enter (h) Amount claimed as a by donor (mo., vr.) by donor adjusted basis amount received deduction E16780 +/-E16790 +/-E16800 E16770 +/-В С Ð Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifie a value of \$500 or less. See instructions. I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not m (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶ Signature of taxpayer (donor) > Date ▶ **Declaration of Appraiser** Part III I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foreging married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed th appraisals during my tax year for other persons. Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as o appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the app value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 ma the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that a substantial or gross valuation resulting from the appraisal of the value of the property that I know, or reasonably should know, would be used in connection with a return or claim for refu me to the penalty under section 6695A. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsib Sign Here Signature ▶ Title ▶ Business address (including room or suite no.) Identifying number City or town, state, and ZIP code **Donee Acknowledgment—**To be completed by the charitable organization. Part IV This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶ Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value. Does the organization intend to use the property for an unrelated use? No Name of charitable organization (donee) Employer identification number Address (number, street, and room or suite no.) City or town, state, and ZIP code Authorized signature Title Date

Form 8283 (Rev. 12-2006)

Name(s) shown on your income tax return

(Rev. December 2006)
Department of the Treasury
Internal Revenue Service

Name(s) shown on your income tax return

Noncash Charitable Contributions

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

➤ See separate instructions.

Attachment Sequence No. 155

OMB No. 1545-0908

Identifying number

Par		traded securities							
	it I Informat	ion on Donated	Property—If yo	ou need ma	ore sp			on of donated property	
1		(a) Name and addres donee organizat		(For a do	onated vehicle, ent	ter the	year, make, model. condition. arorm 1098-C if required.)	nd mileage.
Α									
В			<u> </u>				•		
С						· 			
D					•				······
E		· ,							
Note	. If the amount yo	u claimed as a ded	uction for an item	is \$500 or l	ess, y	T	i	omplete columns (d), (e), a	
	(c) Date of the contribution	(d) Date acquired by donor (mo yr.)	(e) How acquired by donor	(f) Donor's or adjusted		(g) Fair market (see instruction		(h) Method used to determine the fair market value	
Α_	<u> </u>			E46660 +		E16670 1/			
_B				E16660 +/	-	E16670 +/-			
C D									
E									
	entire int contribut	erest in a proper ion listed in Part	ty listed in Part I; also attach th	I. Comple ne required	ete lin I state	es 3a throug ement (see ir	nstruc		s than ar iced on a
	If Part II applies	om Part I that ider to more than one I	oroperty, attach a	separate s	tateme	ent.			
b	Total amount cla	imed as a deducti	on for the propert	ty listed in F	Part I:				· · ·
		ess of each organizorganizorganization above		ny such con	tributi	(2) For any pon was made		prior year (complete only	if differen
С		ganization (donee)							
С	Name of charitable or								
С		eet. and room or suite r	0.)						
С			0.)						
	Address (number. street) City or town. state. and	nd ZIP code perty, enter the pla	ce where the pro					property ►	

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

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orm 8283 (Rev. 12-2006)	•					· _ P	Page 2
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items)	for which you claime	ed a deduction of m	ore than \$5,0	00 per item or g	s)—List in this section group (except contribu operty listed in Sectio	utions of c	certain publicly t	imilar raded
art I Inform	nation on Dona	ted Property—	To be comp	oleted by the	taxpayer and/or t	the appi	raiser.	
Art* (contrib	hat describes the typution of \$20,000 or nution of less than \$2	nore)			ontribution	☐ s	quipment ecurities ther	
er similar objects. Ollectibles include coir	ulptures, watercolors, p ns, stamps, books, gem , you must attach a	ıs, jewelry, sports mem	norabilia, dolls, e	tc., but not art as	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	nuscripts, h	nistorical memorabi	lia, and
(a) Description	of donated property (if y attach a separate state	ou need (b) If t	tangible property	y was donated, gi	ve a brief summary of the erty at the time of the gift	e overall	(c) Appraised fa market value	
		,					E16760 +/-	
						See instr	uctions	L
(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost of adjusted basis		pargain sales, ente ount received	(h) Amount claimed deduction) Average trading post- of securities	rice
		E16770 +/-	E16	780 +/-	E16790 +/-		E16800 +/-	
er item). Enter ident gnature of taxpayer	ifying letter from Par (donor) ►	t I and describe the	specific item.	See instruction		ate ▶		
eclare that I am not the irried to any person who or aisals during my tax to, I declare that I hold or aisal, I am qualified to ue. Furthermore, I und penalty under section tulting from the appraise	no is related to any of the year for other persons. It myself out to the public or make appraisals of the erstand that a false or from 6701(a) (aiding and at sal of the value of the programme of the programme.	ty to the transaction in foregoing persons. An lic as an appraiser or pertype of property being audulent overstatement operty that I know, or received.	ed, if regularly us perform appraisa y valued. I certify t of the property ment of tax liabil asonably should	ed by the donor, dals on a regular bathat the appraisal value as describe ity). In addition, I know, would be to	perty, employed by, or relationee, or party to the transcass; and that because of fees were not based on a din the qualified appraisa understand that a substaused in connection with a sestimony by the Office of Festimony	my qualific percentage or this For antial or greatering or cla	erformed the majori cations as describe e of the appraised p rm 8283 may subje oss valuation misst aim for refund, may	ed in the propert ect me to tatement
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ithorized signature				Title		Dat	te ·	

Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by State or Local Governmental Units or Agencies)

► Attach to Form 1040 or 1040NR.

▶ See instructions on back.

OMB No. 1545-0074

2006

Attachment Sequence No. 138

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Your social security number

Enter	the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown o	n your ta:	return.	
Name	of Issuer of Mortgage Credit Certificate Mortgage Credit Certificate Number	issue (Date	
Pa	Current Year Mortgage Interest Credit			
1	Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid	1		
2	Enter the certificate credit rate shown on your mortgage credit certificate. Do not enter the interest rate on your home mortgage	2		%
3	If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your mortgage and received a reissued certificate, see the instructions for the amount to enter.	3	E64000	
	You must reduce your deduction for home mortgage interest on Schedule A (Form 1040)	14-743		
4	by the amount on line 3. Enter any 2003 credit carryforward from line 18 of your 2005 Form 8396	4	E64020	
5	Enter any 2004 credit carryforward from line 16 of your 2005 Form 8396	5	E64040	
6	Enter any 2005 credit carryforward from line 19 of your 2005 Form 8396	6	E64060	
7	Add lines 3 through 6	7	E64080	
8	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	8		-
9	1040 filers: Enter the total of the amounts from Form 1040, lines 47 through 51 and line 53 plus any credit from Form 5695, line 12	9		
	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 44 through 46 and line 48 plus any credit from Form 5695, line 12			
10	Subtract line 9 from line 8. If zero or less, enter -0- here and on line 11 and go to Part II	10		
11	Current year mortgage interest credit. Enter the smaller of line 7 or line 10. Also include this amount in the total on Form 1040, line 54, or Form 1040NR, line 49, and check box a on that line	11	E64200	
Pa	Mortgage Interest Credit Carryforward to 2007. (Complete only if line 11 is le	ess tha	an line 7.)	
12	Add lines 3 and 4	12		
13	Enter the amount from line 7	13_	<u>-</u>	
14	Enter the larger of line 11 or line 12	14		
15	Subtract line 14 from line 13	15		
16	2005 credit carryforward to 2007. Enter the smaller of line 6 or line 15	16	<u> </u>	<u> </u>
17	Subtract line 16 from line 15	17		
18	2004 credit carryforward to 2007. Enter the smaller of line 5 or line 17	18		1
19	2006 credit carryforward to 2007. Subtract line 11 from line 3. If zero or less, enter -0-	19		!

Part I

Passive Activity Loss Limitations

Attachment Sequence No. 88

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

Identifying number

► Attach to Form 1040 or Form 1041. Name(s) shown on return

2006 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 on page 2 before	e comp	leting Part I	T Auditor of	r it aug tienen ermiliet betrieb i	S 5/55/57/57
Rental Real Estate Activities With Active Participation (For the defining ee Special Allowance for Rental Real Estate Activities on page 3 of	tion of	active participation	on		
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	E65300			
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(E65400)		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c) . 1d	E65600 +/-	
Commercial Revitalization Deductions From Rental Real Estate Act					
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	(E65700	<u> </u>		
b Prior year unallowed commercial revitalization deductions from	1		,	2.5	j.
Worksheet 2, column (b)	2b	(E65870		(E65900	
c Add lines 2a and 2b	<u> </u>	<u> </u>	. 2c	(600900	
II Other Passive Activities					
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	E66000			
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(E66100)	11.5	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	Зс	(E66270			
d Combine lines 3a, 3b, and 3c.		<u> </u>	3d	E66300 +/-	
If line 4 is a loss and: Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero of the loss).	or more), skip Part II and	l go to Par Parts II an	t III. d III and go to lii	ne 15.
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(Rev. December 2006)
Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Low-Income Housing Credit

► Attach to your tax return.

OMB No. 1545-0984

Attachment Sequence No. **36a**

Identifying number

1	Number of Forms 8609-A attached			
.2	Has there been a decrease in the qualified basis of any buildings since the close of the preceding tax year? No If "Yes," enter the building identification numbers (BINs) of the buildings that had a decreased basis. If you need more space, attach a schedule.			
	(i) (ii) (iii) (iv)			
3	Current year credit from attached Form(s) 8609-A (see instructions)	3	E68100	
4	Low-income housing credit from partnerships, S corporations, estates, and trusts	4	E68120	
5	Add lines 3 and 4. Estates and trusts, go to line 6; partnerships and S corporations, report this			
	amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800)	5	E68140 _	
6	Amount allocated to beneficiaries of the estate or trust (see instructions)	6		
7	Estates and trusts. Subtract line 6 from line 5. Report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800)	7		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

- The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.
- Taxpayers that are not partnerships, S corporations, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1e of Form 3800.
- The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

Purpose of Form

Use Form 8586 to claim the low-income housing credit. This general business credit is allowed for each new qualified low-income building placed in service after 1986. Generally, it is taken over a 10-year credit period.

Qualified Low-Income Housing Project

The credit cannot exceed the amount allocated to the building. See section 42(h)(1) for details.

The low-income housing credit can only be claimed for residential rental buildings in low-income housing projects that meet one of the minimum set-aside tests. For details, see the instructions for Form 8609, Part II, line 10c.

Except for buildings financed with certain tax-exempt bonds, you may not take a low-income housing credit on a building if it has not received an allocation from the housing credit agency. No allocation is needed when 50% or more of the aggregate basis of the building and the land on which the building is located is financed with certain tax-exempt bonds issued after 1989 for buildings placed in service after 1989. The owner still must get a Form 8609 from the appropriate housing credit agency (with the applicable items completed, including an assigned BIN). "Land on which the building is located" includes only land that is functionally related and subordinate to the qualified low-income building (see Regulations sections 1.103-8(a)(3) and 1.103-8(b)(4)(iii)).

Recapture of Credit

There is a 15-year compliance period during which the residential rental building must continue to meet certain requirements. If, as of the close of any tax year in this period, there is a reduction in the qualified basis of the building from the previous year, you may have to recapture a part of the credit you have taken. Similarly, you may have to recapture part of the credits taken in previous years upon certain dispositions of the building or interests therein. If you must recapture credits, use Form 8611, Recapture of Low-Income Housing Credit. See section 42(j) for details.

Recordkeeping

Keep a copy of this Form 8586 together with all Forms 8609, Schedules A (Form 8609) (and successor Forms 8609-A), and Forms 8611 for 3 years after the 15-year compliance period ends.

Nondeductible IRAs

► See separate instructions.

Attachment

OMB No. 1545-0074

Sequence No. 48

Department of the Treasury Internal Revenue Service (99)

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

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

PRIMARY TOTAL

Your social security number

Fill in Your Address Only If You Are Filing This Form by Itself and Not

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

With Your Tax Return

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

Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Part I

Complete this part only if one or more of the following apply.

- You made nondeductible contributions to a traditional IRA for 2006.
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2006 and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, conversion, recharacterization, or return of certain contributions.

• You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2006, including those made for 2006 from January 1, 2007, through April 16, 2007 (see page 5 of the instructions)	. 1	E68500	
2	Enter your total basis in traditional IRAs (see page 5 of the instructions)	. 2	E68300	
3	Add lines 1 and 2	3	E68550	
	In 2006, did you take a distribution from traditional, SEP, or SIMPLE IRAs, or make a Roth IRA conversion? No Enter the amount from line 3 on line 14. Do not complete the rest of Part I. Yes Go to line 4.			
4	Enter those contributions included on line 1 that were made from January 1, 2007, through April 16, 2007	4	E68600	
5	Subtract line 4 from line 3	5	E68700	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2006, plus any outstanding rollovers. Subtract any repayments of qualified hurricane distributions. If the result is zero or less, enter -0- (see page 5 of the instructions)			
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2006. Do not include rollovers (other than repayments of qualified hurricane distributions), qualified charitable distributions, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions). 7 E69100			
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter this amount on line 16. Add lines 6.7, and 8. 9 E69200			And the same of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same section of the same s
9 10	Add lines 6, 7, and 8 Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000" PCTPRI			
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17 E69150			
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA		500475	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	E69175	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2006 and earlier year		E69550	
15a	Subtract line 12 from line 7	15a	E69552	
b	Amount on line 15a attributable to qualified hurricane distributions (see page 6 of the instructions Also enter this amount on Form 8915, line 22). 15b	E69557	
С 	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount of Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	n . 15c	E69555	
	Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 59% at the time of the distribution (see page 6 of the instructions)	er		

Part II

	aı	ny portion y	ou recharacte		•				·		
	yo	our spouse a	at any time in	ndjusted gross incom 2006, you cannot d ly made a conversion	convert any	amount from tra	ditional, SEP, or	SIMPLE	IRAs to Roth	ı IRAs	
,	convert you late	ed from trad	itional, SEP, a erized back to	he amount from line and SIMPLE IRAs to l traditional, SEP, or	Roth IRAs	in 2006. Do not in	clude amounts	16	E69580		
	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see page 7 of the instructions)								E69590		
				17 from line 16. Also or Form 1040NR, lin				18	E69600		
Part	C ir	complete this	llover (other	th IRAs you took a distribut than a repayment n of certain contribu	of a qual	ified hurricane d	istribution), quali				
				ibutions from Roth If 2 7 of the instructions				19	E69620		
20			•	expenses (see page			not enter more	20	E69692		
21	Subtrac	et line 20 fro	m line 19. lf	zero or less, enter -0	0- and skip	lines 22 through	25	21	E69650		
22	Enter y	our basis in	Roth IRA cor	ntributions (see page	e 7 of the i	nstructions) .		22	E69635		
23	Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see page 7 of the instructions)							23	E69640		
24	Enter your basis in Roth IRA conversions (see page 7 of the instructions)							24	E69680		
25a	Subtrac	ct line 24 fro	m line 23. If	zero or less, enter -(0- and skip	lines 25b and 2	5c	25a	E69710		
	b Amount on line 25a attributable to qualified hurricane distributions (see page 8 of the instructions). Also enter this amount on Form 8915, line 23							25b	E69715		
С			b; Form 1040	25b from line 25a. If A, line 11b; or Form	1040NR,	line 16b	<u> </u>	25c	E69700		
Are by It	Filing T	only If You his Form I Not With eturn		es of perjury, I declare the declare, it is true, correct,			ding accompanying a	ttachmen	its, and to the be	est of my	
Paid		Preparer's signature	, tour sign			Date	Check if self- employed	Prepai	rer's SSN or PTIN	l .	
	arer's Only	Firm's name (if self-employ address, and	red),		· · ·		EIN Phone no.	()			

2006 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Form 8606 (2006)

Nondeductible IRAs

➤ See separate instructions.

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service (99) Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

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

Sequence No. 48 Your social security number

COMBINED TOTAL Apt. no. Home address (number and street, or P.O. box if mail is not delivered to your home) Fill in Your Address Only If You Are Filing This City, town or post office, state, and ZIP code Form by Itself and Not With Your Tax Return Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs Part I Complete this part only if one or more of the following apply. You made nondeductible contributions to a traditional IRA for 2006. You took distributions from a traditional, SEP, or SIMPLE IRA in 2006 and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, conversion, recharacterization, or return of certain contributions. You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2006 or an earlier year. Enter your nondeductible contributions to traditional IRAs for 2006, including those made for E70500 2006 from January 1, 2007, through April 16, 2007 (see page 5 of the instructions) E70300 2 2 Enter your total basis in traditional IRAs (see page 5 of the instructions) E70550 Add lines 1 and 2 In 2006, did you take a line 14. Do not complete the rest distribution from traditional, of Part I. SEP, or SIMPLE IRAS, or → Go to line 4. make a Roth IRA conversion? - Yes -Enter those contributions included on line 1 that were made from January 1, 2007, through E70600 April 16, 2007 E70700 Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2006, plus any outstanding rollovers. Subtract any repayments of qualified hurricane distributions. If the result is zero or 6 E71000 Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2006. Do not include rollovers (other than repayments of qualified hurricane distributions), qualified charitable distributions, conversions to a Roth IRA, certain returned contributions, or recharacterizations E71100 7 of traditional IRA contributions (see page 6 of the instructions). Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter E71125 8 this amount on line 16 Add lines 6, 7, and 8 9 | E71200 Divide line 5 by line 9. Enter the result as a decimal rounded to at 10 10 least 3 places. If the result is 1.000 or more, enter "1.000" . . . Multiply line 8 by line 10. This is the nontaxable portion of the amount 11 E71150 you converted to Roth IRAs. Also enter this amount on line 17 Multiply line 7 by line 10. This is the nontaxable portion of your 12 E71400 distributions that you did not convert to a Roth IRA E71175 13 Add lines 11 and 12. This is the nontaxable portion of all your distributions 13 E71550 14 Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2006 and earlier years 14 E71552 15a b Amount on line 15a attributable to qualified hurricane distributions (see page 6 of the instructions). E71560 Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on E71555

Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under

2006 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Part II

	а	ny portion yo	ou rechara	cterized).		•					RA in 2006 (exc Iy and you live	
•	y	our spouse a	t any time	in 2006, yo	u cannot co	nvert an	y amount fro	m traditio	nal, SEP, or	SIMPL	If and you live E IRAs to Roti f the instruction	h IRAs
6	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2006 or 2007 (see page of the instructions)									16	E71580	
7	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see page 7 of the instructions)									17	E71590	
8							his amount o		-	18	E71600	
Par	ir	nclude a rol	part only lover (othe	if you took er than a r	epayment o	f a q ua		ne distrib	ution), quali		distribution do aritable distri	
9		our total none uyer distribution					06 including a	any qualifi 	ed first-time	19	E71620	
20		ed first-time 0,000	nomebuyei	expenses	(see page 7	of the	instructions).	Do not e	enter more	20	E71692	
21	Subtrac	ct line 20 from	m line 19.	If zero or le	ss, enter -0-	and ski	p lines 22 thr	ough 25		21	E71650	-
22	Enter y	our basis in	Roth IRA c	contributions	s (see page	7 of the	instructions)			22	E71635	-
23							lines 24 and structions)			23	E71640	
24	Enter y	our basis in	Roth IRA o	conversions	(see page 7	of the i	nstructions)			24	E71680	ļ
							p lines 25b a			25a	E71710	
b		t on line 25a nter this amo					ns (see page		nstructions).	25b	E71715	
С		e amount. S 040, line 15b					zero, also in line 16b		amount on	25c	E71700	
Are by I	Filing Ti	Only If You his Form I Not With	knowledge	and belief, it is	r, I declare that true, correct, a			, including a		ttachmer	its, and to the be	st of my
		Preparer's	▼ Yours	gnature	<u> </u>		Date	Ch	Date eck if self-	Prepa	rer's SSN or PTIN	
	parer's	signature Firm's name (or vours 1	_					ployed	<u> </u>		
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Nondeductible IRAs

SECONDARY TOTAL

► See separate instructions.

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

OMB No. 1545-0074 Attachment Sequence No. 48

Internal Revenue Service (99) Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

Your social security number

	in Your Address Only ou Are Filing This Home address (number and street, or P.O. box if mail is not delivered to your home)		Apt. no.	
For	m by Itself and Not City, town or post office, state, and ZIP code h Your Tax Return			
Pa	Nondeductible Contributions to Traditional IRAs and Distributions From Traditional	, SEP, ε	and SIMPLE	IRAs
	Complete this part only if one or more of the following apply.			
	 You made nondeductible contributions to a traditional IRA for 2006. 			
	 You took distributions from a traditional, SEP, or SIMPLE IRA in 2006 and you made non 	deductik	ole contribution	ons to
	a traditional IRA in 2006 or an earlier year. For this purpose, a distribution does not inclured repayment of a qualified hurricane distribution), qualified charitable distribution, converse return of certain contributions.	ude a rol	llover (other t	than a
	 You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in you recharacterized) and you made nondeductible contributions to a traditional IRA in 20 			
1	Enter your nondeductible contributions to traditional IRAs for 2006, including those made for			
	2006 from January 1, 2007, through April 16, 2007 (see page 5 of the instructions)	1	E68505	
2	Enter your total basis in traditional IRAs (see page 5 of the instructions)	2	E68305	
3	Add lines 1 and 2	3	E68555	
	N			
	In 2006, did you take a No Enter the amount from line 3 on line 14. Do not complete the rest			
	distribution from traditional, line 14. Do not complete the rest of Part I.			
	make a Roth IRA conversion? Yes — Go to line 4.			
	make a real ray conversion.			
4	Enter those contributions included on line 1 that were made from January 1, 2007, through			
	April 16, 2007	4	E68605	-
5.	Subtract line 4 from line 3	5	E68705	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of			
-	December 31, 2006, plus any outstanding rollovers. Subtract any			
	repayments of qualified hurricane distributions. If the result is zero or			
	less, enter -0- (see page 5 of the instructions)	11		
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in			
•	2006. Do not include rollovers (other than repayments of qualified			
	hurricane distributions), qualified charitable distributions, conversions			
	to a Roth IRA, certain returned contributions, or recharacterizations			
	of traditional IRA contributions (see page 6 of the instructions). 7 E69105	-		
8	Enter the net amount you converted from traditional, SEP, and SIMPLE			
	IRAs to Roth IRAs in 2006. Do not include amounts converted that		•	
	you later recharacterized (see page 6 of the instructions). Also enter	3.2		
	this amount on line 16	-		
9	Add lines 6, 7, and 8			
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"			
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount			
	you converted to Roth IRAs. Also enter this amount on line 17			
12	Multiply line 7 by line 10. This is the nontaxable portion of your			
-	distributions that you did not convert to a Roth IRA 12 E69405		E00400	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	E69180	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2006 and earlier years	14	E69551	-
15a		15a	E69553	-
, b	Amount on line 15a attributable to qualified hurricane distributions (see page 6 of the instructions).	15b	E69558	

c Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on

Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b

Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under

15c

E69556

E69595

E69651

E69636

E69645

E69685

E69711

E69716

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22

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24

25a

25b

	TOTAL AND IRAS	onne (excluding
	SECONDARY BAS to Roth In Process to a Both I	RA IN 2000 1
	2006 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs 2006 Conversions From Traditional, SEP, or SIMPLE IRAs to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS Complete this part if you converted part or all of your traditional, SEP, or SIMPLE IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IRAS to a Roth IR	lived with
orm 8606 (20	6006) From Traditional, SEF, and	tely and you men IRAs
orm 8000 (=	cone Conversions 1.10 appeared part or all of your are married filling so IMF	LE IRAS TO HOURS).
Part II	this part if you converted	of the instruction
	Complete a your recharacterized, dross income is over amount from (docrect) it (see page	T

Caution: If your modified adjusted gross income is over \$100,000 or you are married filing separately and you live Vaution: If your modified adjusted gross income is over \$100,000 or you are married filing separately and you lived with IRAs to Roth IRAs to Roth IRAs to Source at any time in 2006, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs your spouse at any time in 2006, you cannot convert any amount from traditional, it (see some 6 of the instructions) for 2006. If you arrange with made a conversion your modern to be supported by the instructions. for 2006. If you erroneously made a conversion, you must recharacterize (correct) it (see page 6 of the instructions). any portion you recharacterized).

- If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you if you completed Part I, enter the amount from line o. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2006. Do not include amounts Converted from traditional, SEP, and Shvirle that to note that in 2006 or 2007 (see page 7 you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2006 or 2007 (see page 7
- If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount of the instructions)
- Taxable amount. Subtract line 17 from line 16. Also include this amount on Form 1040, E69605 on line 16 (see page 7 of the instructions) line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.

Complete this part only if you took a distribution from a Roth IRA in 2006. For this purpose, a distribution does not charitable distribution distribution and distribution of a qualified burricana distribution qualified charitable distribution. Complete this part only if you took a distribution from a Hoth IHA in 2006. For this purpose, a distribution does not include a rollover (other than a repayment of a qualified hurricane distribution), qualified charitable distribution, qualified charitable distribution, for the instructions. Distributions From Roth IRAs

- recharacterization, or return of certain contributions (see page 7 of the instructions). Enter your total nonqualified distributions from Roth IRAs in 2006 including any qualified first-time Part III E69693 20
- homebuyer distributions (see page 7 of the instructions). Qualified first-time homebuyer expenses (see page 7 of the instructions). Do not enter more 19 20
 - Subtract line 20 from line 19. If zero or less, enter -0- and skip lines 22 through 25 than \$10,000
 - Enter your basis in Roth IRA contributions (see page 7 of the instructions) 21
 - Subtract line 22 from line 21. If zero or less, enter -0- and skip lines 24 and 25. If more than zero, you may be subject to an additional tax (see page 7 of the instructions) 22 23
 - Enter your basis in Roth IRA conversions (see page 7 of the instructions)
 - 25a Subtract line 24 from line 23. If zero or less, enter -0- and skip lines 25b and 25c. b Amount on line 25a attributable to qualified hurricane distributions (see page 8 of the instructions).

Taxable amount. Subtract line 25b from line 25a. If more than zero, also include this amount on Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete E69705 Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b.

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examine knowledge and belief, it is true, correct, and complete.

r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of perjury, I decide r penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties			's SSN or PTIN
Your signature	Date Ch	neck if self-	
		Phone no. ()	Form 860

Paid Preparer's Use Only

Preparer's signature Firm's name (or yours

if self-employed), address, and ZIP code

Form 8606 (2006)

Form 8609-A

(Rev. December 2006)
Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Annual Statement for Low-Income Housing Credit

File with owner's federal income tax return.

Identifying number

OMB No. 1545-0988

Attachment Sequence No. **36**

Part I Compliance Information Yes No Building identification number (BIN) ▶ This Form 8609-A is for (check the box) ▶ a newly constructed or existing building section 42(e) rehabilitation expenditures C Do you have in your records the original Form 8609 (or a copy thereof) signed and issued by the housing credit agency for the building in A? If "No," see the instructions and stop here—do not go to Part II. D Did the building in A qualify as a part of a qualified low-income housing project and meet the requirements of section 42 as of the end of the tax year for which this form is being filed? If "No," see the instructions and stop here—do not go to Part II. E Was there a decrease in the qualified basis of the building in A for the tax year for which this form is being If "Yes," see the instructions. If "No," and the entire credit has been claimed in prior tax years, stop here—do not go to Part II. Part II Computation of Credit E72000 Low-income portion (smaller of unit fraction or floor space fraction) (if first year of the credit period, see instructions) 2 Qualified basis of low-income building. Multiply line 1 by line 2 (see instructions for exceptions) 3 E72020 4 5 Credit percentage 5 6 6 7 7 Part-year adjustment for disposition or acquisition during the tax year 8 8 Credit percentage. Enter one-third of the percentage on line 5 9 10 10 11 11 12 12 Credit for building before line 14 reduction. Subtract line 12 from line 6 13 13 Disallowed credit due to federal grants (see instructions). 14 Credit allowed for building for tax year. Subtract line 14 from line 13, but do not enter more than E72040 15 Taxpayer's proportionate share of credit for the year (see instructions) . . . 16 16

General Instructions

17

Adjustments for deferred first-year credit (see instructions) . . .

Taxpayer's credit. Combine lines 16 and 17. Enter here and on Form 8586

Section references are to the Internal Revenue Code unless otherwise noted.

Note. Some of the line numbers on the December 1988, March 1991, and November 2003 revisions of Form 8609, Low-Income Housing Credit Allocation Certification, and December 2005 and December 2006 revisions of Form 8609, Low-Income Housing Credit Allocation and Certification, differ from other revisions. In these cases, the line references are shown in parentheses in these instructions.

Purpose of Form

Form 8609-A is filed by a building owner to report compliance with the low-income housing provisions and calculate the

low-income housing credit. After 2004, Form 8609-A must be filed by the building owner for each year of the 15-year compliance period. File one Form 8609-A for the allocation(s) for the acquisition of an existing building and a separate Form 8609-A for the allocation(s) for rehabilitation expenditures.

If the building owner is a partnership, S corporation, estate, or trust (pass-through entity), the entity will complete Form 8609 and Form 8609-A. The entity will attach Form 8609-A to its tax return. If you are a partner, shareholder, or beneficiary in the pass-through entity that owns the building, file only Form 8586, Low-Income Housing Credit, to claim the credit using the information that the entity furnishes you on Schedule K-1.

Recapture of Credit

If the qualified basis of the building has decreased from the qualified basis at the close of the previous tax year, you may have to recapture parts of the credits allowed in previous years. See Form 8611, Recapture of Low-Income Housing Credit.

17

18

Sale of Building

Upon a change of ownership, the seller should give the new owner a copy of the Form 8609 (Parts I and II complete). This form allows the new owner to substantiate the credit.

Specific Instructions

Part I—Compliance Information

Item A. Enter the building identification number (BIN) from Part I, item E of Form 8609.

Item B. You need to file one Form 8609-A for a newly constructed or existing building. You need to file a separate Form 8609-A for section 42(e) rehabilitation expenditures because such expenditures are treated as creating a new building.

Item C. In order to claim the credit, you must have an original, signed Form 8609 (or copy thereof) issued by a housing credit agency assigning a BIN for the building. This applies even if no allocation is required (as in the case of a building financed with tax-exempt bonds). Check "Yes" to certify that you have the required Form 8609 in your records.

Caution. Any building owner claiming a credit without receiving a completed Form 8609 that is signed and dated by an authorized official of the housing credit agency is subject to having the credit disallowed.

Item D. If "No," stop here and see Form 8611 to find out if you have to recapture part of the credit allowed in prior years.

Item E. If "Yes," see the instructions for line 2 to figure the reduced qualified basis. Also, see Form 8611 to find out if you have to recapture part of the credit allowed in prior years.

If "No," and the entire credit has been claimed in prior tax years (generally this can occur after the 11th year for which the credit has been claimed for the building), do not complete Part II.

Part II—Computation of Credit

Line 1. Generally, the eligible basis of a building for its entire 15-year compliance period is the amount of eligible basis entered on Form 8609, line 7b (Part II, line 1b, on the 1988 and 1991 revisions; line 7 on the 2003, 2005, and 2006 revisions).

Basis increases for buildings in certain high-cost areas. In order to increase the credit for buildings in certain high-cost areas, the housing credit agency may increase the eligible basis of buildings located in these areas (after adjustments, if any, for federal subsidies and grants). The agency may make this increase under the high cost area provisions of section 42(d)(5)(C).

Gulf Opportunity (GO) Zone, Rita GO Zone, and Wilma GO Zone. The housing credit agency may increase the eligible basis of buildings placed in service in these specific zones in 2006, 2007, and 2008 under 42(d)(5)(C). See Pub. 4492, Information for Taxpayers Affected by Hurricanes Katrina, Rita, and Wilma, for a list of the counties and parishes in these specific zones.

For revisions of Form 8609 beginning in 1991, the agency shows the increased percentage of the eligible basis in Part I, line 3b. The eligible basis entered on Form 8609 should reflect the percentage increase.

Note. This increase cannot cause the credit on line 15 to exceed the credit amount allocated on line 1b, Part I, of Form 8609.

Basis reductions. The amount of eligible basis entered on Form 8609 does not include the cost of land, the amount of any federal grant received for the building during the first

year of the credit period, or any portion of a building's adjusted basis for which an election was made prior to November 5, 1990, under section 167(k). Do not reduce the eligible basis on line 1 by the amounts of any federal grants received after the first year of the credit period. The calculation for line 14 will reduce the credit by the amount of any federal grants received during the compliance period that did not reduce the eligible basis during the first year of the credit period.

For more details on determining eligible basis, see the instructions for Form 8609, line 7b (Part II, line 1b, on the 1988 and 1991 revisions; line 7 on the 2003, 2005, and 2006 revisions).

Line 2. Only the portion of the basis on line 1 attributable to the low-income rental units in the building at the close of the tax year qualifies for the credit. This is the smaller of the fractional amount of low-income units to all residential rental units (the "unit fraction") or the fractional amount of floor space of the low-income units to the floor space of all residential rental units (the "floor space of all residential rental units (the "floor space fraction"). This fraction must be shown on line 2 as a decimal carried out to at least four places (for example, ${}^{90}\!\!/\!_{00} = .5000$). Low-income units are units occupied by qualifying tenants, while residential rental units are all units, whether or not occupied.

Generally, a unit is not treated as a low-income unit unless it is suitable for occupancy and is used other than on a transient basis. Section 42(i)(3) provides for certain exceptions (for example, units that provide transitional housing for the homeless may qualify as low-income units). See section 42(i)(3) for more details. Also see section 42(g)(2)(D) regarding the available unit rule and Regulations section 1.42-5(c)(1)(ix) regarding the vacant unit rule.

If you dispose of the building, or your entire interest in the building, before the close of the tax year, the low-income portion must be determined on the date you disposed of the building. If you dispose of less than your entire interest in the building, the low-income portion must be determined at the close of the tax year.

First-year modified percentage. For the first year of the credit period, you must use a modified percentage on line 2 to reflect the average portion of a 12-month period that the units in a building were occupied by low-income individuals. Find the low-income portion as of the end of each full month that the building was in service during the year. Add these percentages together and divide by 12. Enter the result on line 2. For example, if a building was in service for the last 3 full months of your tax year, and was half occupied by low-income tenants as of the end of each of those 3 months, then assuming the smaller fractional amount was the unit fraction, you would enter .1250 on line 2 $([.5 + .5 + .5] \div 12 = 1250).$

This first year adjustment does not affect the amount of qualified basis on which the credit is claimed in the next 9 tax years. In general, the credit is claimed in those years by reference to the qualified basis at the close of each tax year.

Because the first year credit is not determined solely by reference to the qualified basis at the close of the year, any reduction in credit resulting from the

application of the first year adjustment may be claimed in the 11th year. See the instructions for line 17 on page 4.

Line 3. Generally, multiply line 1 by line 2 to figure the portion of the eligible basis of the building attributable to the low-income residential rental units.

Imputed qualified basis of zero. However, the qualified basis of the building (line 3) is zero if any of the following conditions apply.

- The minimum set-aside requirement elected for the project on Form 8609, line 10c (Part II, line 5c, on the 1991 and earlier revisions), is not met.
- The deep rent skewed test (15-40 test) elected for the project on Form 8609, line 10d (Part II, line 5c, on the 1988 revision; Part II, line 5d, on the 1991 revision), is violated. The 15-40 test is not an additional test for satisfying the minimum set-aside requirements of section 42(g). The 15-40 test is an election that relates to the determination of a low-income tenant's income. If this test is elected, at least 15% of all low-income units in the project must be occupied at all times during the compliance period by tenants whose income is 40% or less of the area median gross income (or national nonmetropolitan median gross income, when applicable).
- You disposed of the building or your entire interest therein during the tax year. If you did not post a bond or pledge securities under section 42(j)(6), in addition to using an imputed basis of zero on line 3, you may have to recapture a portion of credits previously taken. File Form 8611 to figure and report the recaptured amount. This paragraph affects only those taxpayers who dispose of the building or their entire interest therein. Those acquiring the building (or any interest therein) are not affected and, if the minimum set-aside requirements are otherwise satisfied, they may take a credit for the fraction of the year the building is owned by them, regardless of whether or not the seller posted a bond or pledged securities
- This is the 12th or later year of the compliance period, and the entire credit has been claimed in prior years.

Note. If the qualified basis of the building is zero, or if the building has an imputed qualified basis of zero, you may not claim a credit for the building for the tax year. You must enter zero on lines 3 and 16, and skip lines 4 through 15, 17, and 18.

At-risk limitation for individuals and closely held corporations. The basis of property may be limited if you borrowed against the property and are protected against loss, or if you borrowed money from a person who has other than a creditor interest in the property. See section 42(k).

Line 4. If you owned the building (or an interest therein) for the entire year, enter zero on line 4 and go to line 5.

Disposal of building or interest therein. If you disposed of a building or your entire interest therein during the tax year and you posted a bond or pledged securities under section 42(j)(6), you may claim a credit based only on the number of days during the tax year for which you owned the building or an interest therein.

Similarly, if you previously had no interest in the building, but you acquired the building or an interest therein during the tax year, you may claim a credit based only on the number of days during the tax year for which you owned the building or an interest therein.

The owner who has owned the building for the longest period during the month in which the change in ownership occurs is deemed to have owned the building for that month. If the seller and new owner have owned the building for the same amount of time during the month of disposition, the seller is deemed to have owned the building for that month.

Example. Both the buyer and the seller are calendar-year taxpayers. The sale takes place on May 25 of a 365-day calendar year. The qualified basis of the low-income building is \$20,000. The seller and buyer will each complete a separate Form 8609-A, and enter \$20,000 on line 3.

In this situation, the seller is deemed to have owned the building for all 31 days of May. Therefore, the seller owned the building for 151 days of the 365-day tax year, and the buyer owned the building for the remaining 214 days. The seller will multiply \$20,000 by 151/365 to get \$8,274. The seller will enter \$8,274 on line 4 of his Form 8609-A. The buyer will multiply \$20,000 by 214/365 to get \$11,726. The buyer will enter \$11.726 on line 4 of her Form 8609-A.

Pass-through entities. If the building is owned by a pass-through entity, the entity does not need to make any adjustment on line 4, unless the entity either disposes of the building or its entire interest therein, or acquires the building or an interest therein during the tax year (and the entity previously had no interest in the building). Do not make an adjustment on line 4 for changes in the interests of the members of the pass-through entity during the tax year. Instead, the entity must reflect these changes in the amount of credit it passes through to its members.

Line 5. If the agency has made an allocation on Form 8609, enter on line 5 the credit percentage shown on Form 8609, Part I, line 2. This percentage must be shown on line 5 as a decimal carried out to at least four places (for example, 8.13% would be shown on line 5 as .0813).

Note. If you were allocated a 70% present value credit percentage for a building that was not federally subsidized and the building later receives a federal subsidy, your credit percentage is reduced to the 30% present value credit that was in effect during the month the building was placed in service or for the month elected under section 42(b)(2)(A)(ii), whichever applies. The 30% present value credit applies to the building for the year the federal subsidy was received and for the remainder of the compliance period, whether or not the federal subsidy is repaid. See section 42(i)(2).

Line 6. If you owned the building, or had an interest therein, for the entire tax year, multiply line 3 by line 5. If you had no ownership interest in the building for a portion of the tax year, multiply line 4 by line 5.

Lines 7 Through 12

If you are not claiming a credit for additions to qualified basis on line 7, skip lines 7 through 12 and go to line 13.

Caution. You may claim a credit for an addition to qualified basis only if the credit amounts have been allocated by the housing credit agency to cover these additions.

Line 7. An addition to qualified basis results when there is an increase in the number of low-income units or an increase in the floor space of the low-income units over that which existed at the close of the first year of the credit period (before application of the modified percentage calculation). Credits for an addition to qualified basis are claimed at the reduced credit percentage of two-thirds of the credit percentage (expressed as a decimal carried out to at least four places) on line 5 through the end of the 15-year compliance period.

If you are claiming a credit for additions to qualified basis, you must subtract the original qualified basis of the building at the close of the first year of the credit period (see Form 8609, line 8a (Part II, line 2a, on the 1988 and 1991 revisions)) from the building's qualified basis entered on line 3. Enter the result on line 7. If the result is zero or less, skip lines 8 through 12 and enter the credit from line 6 on line 13.

Line 8. The determinations and calculations you make on line 8 follow the instructions for line 4. Therefore, if you owned the building (or an interest therein) for the entire year, enter zero on line 8 and go to line 9.

Disposal of building or interest therein. If you disposed of a building or your entire interest therein during the tax year, see Disposal of building or interest therein in the line 4 instructions; and, wherever line 3 and line 4 are referenced, substitute line 7 and line 8, respectively.

Pass-through entities. If the building is owned by a pass-through entity, see Pass-through entities in the line 4 instructions; and, wherever line 4 is referenced, substitute line 8 instead.

Line 9. The credit for additions to the building's qualified basis is determined using two-thirds of the credit percentage allowable for the building's original qualified basis. Therefore, one-third of the credit percentage (expressed as a decimal carried out to at least four places) on line 5 is not allowed. Enter on line 9 one-third of the amount shown on line 5. This amount must be reported on line 9 as a decimal carried out to at least four places (for example, if the credit percentage entered on line 5 is .0813, one-third of that percentage would be expressed as .0271). See section 42(f)(3).

Line 10. If you owned the building, or had an interest therein, for the entire tax year, multiply line 7 by line 9. If you had no ownership interest in the building for a portion of the tax year, multiply line 8 by line 9.

Line 11. Additions to qualified basis must be adjusted to reflect the average portion of the year that the low-income units relating to the increase were occupied. This adjustment is required if the increase in qualified basis of the building exceeds the qualified basis (including additions to qualified basis) of the building in any prior taxable year. To determine this adjustment amount, complete the worksheet on page 4.

Line 14. The eligible basis on line 1 must be reduced by the amount of any federal grant for the building, or the operation thereof, during the 15-year compliance period. If this reduction does not apply because this is the first year of the credit period (line 1 already reflects the reduction) or no federal grant is received, enter zero on line 14. Otherwise, figure the reduction as follows.

Step 1. Divide the total amount of all federal grants received for the building during the compliance period that did not already reduce the amount of the eligible basis (reported on line 1) by the eligible basis on line 1 of this Form 8609-A. Express the result as a decimal carried out to at least four places.

Note. If the eligible basis on line 1 of this Form 8609-A was increased by a percentage allowable under section 42(d)(5)(C) (and reflected on line 3b of Form 8609), then increase the total amount of all federal grants in Step 1 by this percentage increase and divide this amount by the eligible basis on line 1 of this Form 8609-A. For example, if the percentage increase is 130% and all federal grants total \$11,000, multiply \$11,000 by 1.3000 and divide the result (\$14,300) by the eligible basis on line 1.

Step 2. Multiply the decimal amount determined in Step 1 by the credit on line 13. Enter this result on line 14.

Line 16. To determine the amount to enter on line 16, see the information that follows in 1, 2, 3, and Special rules.

1. If the building is owned completely by one taxpayer, enter the line 15 credit (after adjustment for any applicable special rule below) on line 16.

2. If the building is owned by more than one taxpayer, and those taxpayers are not members of a pass-through entity, then the line 15 credit (after adjustment for any applicable special rule below) must be distributed according to each taxpayer's respective ownership interest in the building For example, if a building is owned by individuals A and B (60% by A and 40% by B), each would complete a separate Part II as follows. Lines 1 through 15 would be the same for each, assuming no part-year adjustments are necessary. However, A would enter 60% of line 15 on line 16, and B would enter 40% of line 15 on line 16. Therefore, enter on line 16 your share of the line 15 credit for the building that relates to your interest in the building. If your interest increases or decreases during the tax year, the change must be taken into account in determining your share of the line 15 credit.

Note. The aggregate credit claimed by the owners of the building cannot exceed the line 15 credit amount for the building.

3. If a pass-through entity is completing Form 8609-A as the sole owner of the building, enter the line 15 credit (after adjustment for any applicable special rule below) on line 16.



Special rules. If a taxpayer is subject to recapture because of failure to post a bond or pledge securities upon the disposition of a building or interest therein (see De minimis recapture rule, later), no credit is allowed to the taxpayer for that percentage of the interest disposed of by the taxpayer. The credit allowed to the taxpayer for the tax year is determined by reference to the taxpayer's remaining interest in the building at the close of the tax year. For example, assume that a taxpayer owns 100% of a building for 273 days in a 365-day calendar tax year, and 40% of the building for the remaining 92 days in the tax year (the taxpayer disposed of a 60% interest on the last day of September). If the taxpayer does not post a bond or pledge securities, the taxpayer's credit on line 16 would be based on 40% of the line 15 credit for the building. Similarly, although a taxpayer might not be subject to recapture upon a disposition of a de minimis portion (explained later) of the taxpayer's interest in the building, no credit is allowed to the taxpayer for the percentage of the interest disposed of by the taxpayer. The credit allowed to the taxpayer for the tax year is determined by reference to the taxpayer's remaining interest in the building at the close of the tax year.

If the taxpayer posts a bond or pledges securities upon the disposition of the building or an interest therein, the taxpayer is allowed credit for the year both with respect to the ownership interest disposed of by the taxpayer and the interest retained by the taxpayer. For example, again assume that a taxpayer owns 100% of a building for the first 273 days in a 365-day calendar tax year and 40% of the building for the last 92 days of the year. After posting a bond or pledging securities, the taxpayer's credit on line 16 would be based upon 273/365 of 100% (or 74.79%) of the line 15 credit for the building plus 92/365 of 40% (or 10.08%) of the line 15 credit amount.

If a taxpayer posts a bond or pledges securities upon the disposition of the building or upon a disposition of the

taxpayer's entire interest in the building, the taxpayer's line 16 credit amount is determined by multiplying the line 15 credit amount by the percentage interest in the building disposed of by the taxpayer. For example, if a building is owned by individuals A and B (60% by A and 40% by B) and on the last day of the fifth month of the tax year, C buys A's 60% interest in the building and A posts a bond or pledges securities, then A would enter 60% of line 15 on line 16. (Lines 4 and 8 have already taken into account the 5 months of the tax year that A held an interest in the building.)

De minimis recapture rule. For administrative purposes, the Service has adopted a de minimis rule that applies to partners in partnerships (other than partnerships to which section 42(j)(5)(B) applies) owning interests in qualified low-income buildings. The rule allows a partner to elect to avoid or defer recapture resulting from a disposition of interest in a partnership without posting bond until the partner has disposed of more than 33½ % of the partner's greatest total interest in the qualified low-income building through the partnership. See Rev. Rul. 90-60, 1990-2 C.B. 3, for more information on the de minimis rule.

Upon application by the building owner, the IRS may waive any recapture of the low-income housing credit for any de minimis error in complying with the minimum set-aside requirements.

Line 17. The first-year credit may have been reduced based on the number of full months the building was in service. The deferred balance of the credit for the first year is allowed in the 11th year. Include it on line 17 as a **positive** amount.

For example, see the example under *First-year modified percentage* on page 2. If this is the 11th year, enter .8750 times the eligible basis of the building (line 1) times the low-income portion (line 2) times

Line 11 Worksheet (Keep for Your Records)

the credit percentage (line 5). The factor .8750 is 1.0000 minus .1250, the modified percentage figured for year one in the example.

Paperwork Reduction Act Notice. We ask for the information on these forms to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is: Recordkeeping: 7 hr., 38 min., Learning about the law or the form: 1 hr., 47 min., Preparing and sending the form to the IRS: 1 hr., 59 min.

if you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service at the address listed in the instructions for the tax return with which this form is filed.

6

Enter the qualified basis of the building from line 3 of this tax year's Form 8609-A. 1 Multiply the amount on line 1 of the previous year's Form 8609-A by the amount on line 2 of 2 that Form 8609-A Increased qualified basis. Subtract line 2 above from line 1 above. But if line 2 above is more than zero but less than the original qualified basis of the building entered on Form 8609, line 8a (Part II, line 2a 3 on the 1988 and 1991 revisions), then enter the amount from line 7 of this Form 8609-A instead Note. If line 3 above is zero or less, do not complete the rest of this worksheet. Instead, enter -0- on line 11 of Form 8609-A and go to line 12. Modified percentage. For each month during the tax year, figure the increase, if any, in the low-income portion of the building for that month over the low-income portion of the building at the close of the previous tax year (the amount on line 2 of the previous tax year's Form 8609-A). For example, if the previous tax year's low-income portion of .5000 remained at .5000 for the first 9 months of this tax year and then increased to .7500 for October, November, and December, then subtract .5000 from .7500 to get an increase of .2500 for each month. Add these amounts together, divide by 12, and enter the result. (This amount must be shown as a decimal carried 4 out to at least four places (for example, .2500 + .2500 + .2500 = .7500, divided by 12 = .0625.))

Increased qualified basis entitled to reduced credit. Multiply line 4 above by Form 8609-A, line 1 Increased qualified basis not entitled to reduced credit. Subtract line 5 above from line 3 above

Line 11 modification. Multiply line 6 above by two-thirds of the amount on line 5 of Form 8609-A.

Enter the result here and on line 11 of Form 8609-A

Tax for Children Under Age 18 With Investment Income of More Than \$1.700

► Attach only to the child's Form 1040, Form 1040A, or Form 1040NR. See separate instructions. Child's name shown on return

OMB No. 1545-0074 Attachment

Sequence No. 33

Child's social security number

Internal Revenue Service

Before you begin: If the child, the parent, or any of the parent's other children under age 18 must use the Schedule D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules for Children and Dependents. It explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule J (Form 1040). Parent's name (first. initial, and last). Caution: See instructions before completing. B Parent's social security number S024 Parent's filing status (check one): **PMARS** Married filing jointly Married filing separately Head of household Qualifying widow(er) Child's Net Investment Income E72800 Enter the child's investment income (see instructions) If the child did not itemize deductions on Schedule A (Form 1040 or Form 1040NR), enter E72900 \$1,700. Otherwise, see instructions 2 Subtract line 2 from line 1. If zero or less, stop; do not complete the rest of this form but do 3 E73000 Enter the child's taxable income from Form 1040, line 43; Form 1040A, line 27; or Form 1040NR, 4 E73020 line 40. If the child files Form 2555 or 2555-EZ, see the instructions Enter the smaller of line 3 or line 4. If zero, stop; do not complete the rest of this form but do attach it to the child's return . F73100 Tentative Tax Based on the Tax Rate of the Parent Enter the parent's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, line 6; Form 1040NR, line 40; or Form 1040NR-EZ, line 14. If zero or less, enter -0-. If the parent files Form 2555 or 2555-EZ, see the instructions E73200 6 Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named above. Do not include the amount from line 5 above 7 E73300 8 E73400 Add lines 5, 6, and 7 (see instructions) Enter the tax on the amount on line 8 based on the parent's filing status above (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or E73500 9 Schedule J (Form 1040) is used to figure the tax, check here DTAXF ▶ Enter the parent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternative minimum tax; Form 1040EZ, line 11; Form 1040NR, line 41; or Form 1040NR-EZ, line 15. Do not include any tax from Form 4972 or 8814. If the parent files Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax E73600 10 Worksheet, or Schedule J (Form 1040) was used to figure the tax, check here DTAXP▶ Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on line E73700 13 and go to Part III 11 E73800 12a Add lines 5 and 7 E73900 b Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three places) 12b 13 Multiply line 11 by line 12b E74000 13 Child's Tax-If lines 4 and 5 above are the same, enter -0- on line 15 and go to line 16. E74100 15 Enter the tax on the amount on line 14 based on the child's filing status (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 15 E74160 Schedule J (Form 1040) is used to figure the tax, check here DTAXK▶. 16 E74200 16 Add lines 13 and 15 Enter the tax on the amount on line 4 based on the child's filing status (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or E74300 Schedule J (Form 1040) is used to figure the tax, check here DŢAXC ▶ 17 Enter the larger of line 16 or line 17 here and on the child's Form 1040, line 44: Form 1040A. line 28; or Form 1040NR, line 41. If the child files Form 2555 or 2555-EZ, see the instructions E74400

Department of the Treasury Internal Revenue Service (99)

Credit for Prior Year Minimum TaxIndividuals, Estates, and Trusts ▶ See separate instructions.

► Attach to Form 1040, 1040NR, or 1041

OMB No. 1545-1073

2006
Attachment

Attachment Sequence No. **74**

Name(s) shown on return

Part I

eturn Attach to Form 1040, 1040NH, or 104

Net Minimum Tax on Exclusion Items

Identifying number

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1	Combine lines 1, 6, and 10 of your 2005 Form 6251. Estates and trusts, see instructions	1	E80000 +/-
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	E80100 +/-
3	Minimum tax credit net operating loss deduction (see instructions)	3	(E80150
1	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more		
	than \$191,000 and you were married filing separately for 2005, see instructions	4	E80200
5	Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2005; \$40,250 if single or head		
	of household for 2005; or \$29,000 if married filing separately for 2005. Estates and trusts, enter		
	\$22,500	_ 5	E80300
õ	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2005; \$112,500 if single or head		
	of household for 2005; or \$75,000 if married filing separately for 2005. Estates and trusts, enter		
	\$75,000	6	E80400
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	E80500
3	Multiply line 7 by 25% (.25)	8	E80600
9	Subtract line 8 from line 5. If zero or less, enter -0 If this form is for a child under age 14, see instructions	9	E80 7 00
)	instructions		
•	1040NR filers, see instructions	10	E80800
ı	• If for 2005 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines		* PT3IND
	15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)),		i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l
	complete Part III of Form 8801 and enter the amount from line 46 here.	11	E80900
	• All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for		
	2005), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract		ra Malaya Adus
	\$3,500 (\$1,750 if married filing separately for 2005) from the result.		E and a colonial
2	Minimum tax foreign tax credit on exclusion items (see instructions)	12	E81000
}	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	E81100
•	Enter the amount from your 2005 Form 6251, line 34, or 2005 Form 1041, Schedule I, line 55	14	E81200
;	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	E81300
		13	
<u> </u>	t II Minimum Tax Credit and Carryforward to 2007		
	Enter the amount from your 2005 Form 2014 live 25 a 2005 F	16	E81400
	Enter the amount from your 2005 Form 6251, line 35, or 2005 Form 1041, Schedule I, line 56 Enter the amount from line 15 above	17	E01400
	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	E81500 +/-
,	2005 minimum tax credit carryforward. Enter the amount from your 2005 Form 8801, line 26	19	E81600
l	Enter the total of your 2005 unallowed nonconventional source fuel credit and 2005 unallowed		
	qualified electric vehicle credit (see instructions)	20	E81700
	Combine lines 18, 19, and 20. If zero or less, stop here and see instructions	21	E82100
	Enter your 2006 regular income tax liability minus allowable credits (see instructions)	22	E81800
	Enter the amount from your 2006 Form 6251, line 33, or 2006 Form 1041, Schedule I, line 54.	23	E81850
	Subtract line 23 from line 22. If zero or less, enter -0-	24	E81900
;	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2006		
	Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d	25	E82000
i	Minimum tax credit carryforward to 2007. Subtract line 25 from line 21. Keep a record of this		
_	amount because you may use it in future years	26	E82200

Pari	Tax Computation Using Maximum Capital Gains Rate	S			
	Caution. If you did not complete the 2005 Qualified Dividends and Capithe 2005 Schedule D Tax Worksheet, or Part V of the 2005 Schedule instructions before completing this part.	tal Gain Tax Worksheet, D (Form 1041), see the			
27	Enter the amount from Form 8801, line 10		27		A WINT 12
	Enter the amount from line 6 of your 2005 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2005				
	Schedule D Tax Worksheet, or the amount from line 22 of the 2005				
	Schedule D (Form 1041), whichever applies*	28			-
	Ochodic B (i citi i citi), which appears				
	If you figured your 2005 tax using the 2005 Qualified Dividends and				
	Capital Gain Tax Worksheet, skip line 29 and enter the amount				
	from line 28 on line 30. Otherwise, go to line 29.				
29	Enter the amount from line 19 of your 2005 Schedule D (Form 1040),				
	or line 14b, column (2), of the 2005 Schedule D (Form 1041)	29	\exists		
30	Add lines 28 and 29, and enter the smaller of that result or the amount	18,489			
	from line 10 of your 2005 Schedule D Tax Worksheet	30	31		
31	Enter the smaller of line 27 or line 30		32		
32	Subtract line 31 from line 27		87.53		
	was a second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	dy for 2005), multiply line			
33	If line 32 is \$175,000 or less (\$87,500 or less if married filing separate 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract	\$3 500 (\$1 750 if married			
	filing separately for 2005) from the result	φο,οσο (φ 1,7 σο 11 για	33		
0.4	Enter:		4.2		
34	• \$59,400 if married filing jointly or qualifying widow(er) for 2005,				
	• \$29,700 if single or married filing separately for 2005,				
	• \$39,800 if head of household for 2005, or				•
	• \$2,000 for an estate or trust	34	400		
				•	
35	Enter the amount from line 7 of your 2005 Qualified Dividends and Capital				
	Gain Tax Worksheet, the amount from line 14 of your 2005 Schedule D Tax				
	Worksheet, or the amount from line 23 of the 2005 Schedule D (Form 1041),				
	whichever applies. If you did not complete either worksheet or Part V of				
	the 2005 Schedule D (Form 1041), enter -0-	35	\dashv		
	O. L. C. C. C. C. C. C. C. C. C. C. C. C. C.	36			
36	Subtract line 35 from line 34. If zero or less, enter -0-	37	7/201 2000		
37	Enter the smaller of line 27 or line 28				
38 39	Multiply line 38 by 5% (.05)		39		
40	Subtract line 38 from line 37	40			
41	Multiply line 40 by 15% (.15)		41		
	If line 29 is zero or blank, skip lines 42 and 43 and go to line 44.	Otherwise, go to line 42.			
42	Subtract line 37 from line 31	42			
43	Multiply line 42 by 25% (.25)		43		-
44	Add lines 33, 39, 41, and 43		44		
45	If line 27 is \$175,000 or less (\$87,500 or less if married filing separat	ely for 2005), multiply line			
	27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract	: \$3,500 (\$1,750 if married	45		
	filing separately for 2005) from the result		45		
_	- and the grant of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of th		46		
46	Enter the smaller of line 44 or line 45 here and on line 11		<u> </u>		

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

F8812

Additional Child Tax Credit

1040 L 1040A 1040NR

OMB No. 1545-0074

2006

Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return Your social security number All Filers Enter the amount from line 1 of your Child Tax Credit Worksheet on page 43 of the Form 1040 instructions. page 38 of the Form 1040A instructions, or page 20 of the Form 1040NR instructions. If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication 1 E82925 Enter the amount from Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 48 2 E82930 Subtract line 2 from line 1. If zero, stop; you cannot take this credit 3 E82935 Enter your total earned income (see instructions on back) E82880 4a Nontaxable combat pay (see instructions on E82882 Is the amount on line 4a more than \$11,300? No. Leave line 5 blank and enter -0- on line 6. Yes. Subtract \$11,300 from the amount on line 4a. Enter the result E82885 Multiply the amount on line 5 by 15% (.15) and enter the result E82890 Next. Do you have three or more qualifying children? No. If line 6 is zero, stop: you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7. Certain Filers Who Have Three or More Qualifying Children Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you 7 E82900 Enter the total of the amounts from Form 1040, lines 27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63. 8 E82905 1040A filers: Enter -0-. Enter the total of the amounts from Form 1040NR, line 1040NR filers: 54. plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 58. 9 E82910 10 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 67. 1040A filers: Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier I RRTA 10 E82915 taxes withheld that you entered to the left of line 43 (see instructions on back). 1040NR filers: Enter the amount from Form 1040NR. line 61. Subtract line 10 from line 9. If zero or less, enter -0-E82920 11 Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13. Part III Additional Child Tax Credit This is your additional child tax credit 13 E82940 Enter this amount on Form 1040, line 68,

Form 1040A, line 41, or Form 1040NR, line 62,

Parents' Election To Report Child's Interest and Dividends

► See instructions.

OMB No. 1545-0074 Attachment Sequence No. 40

Department of the Treasury internal Revenue Service ame(s) shown on your return

Attach to parents' Form 1040 or Form 1040NR.

· · · y ·	ution. The federal income tax on your child's income, including qualified diviou file a separate tax return for the child instead of making this election. This tyour child could take on his or her own return. For details, see Tax benefits	e ie hoedued way aa		the manufacture of the con-
Α	Child's name (first, initial, and last) FIRST FORM	,	B Chi	ld's social security number
			S04	4
c	If more than one Form 8814 is attached, check here	<u></u>		
Pa	child's Interest and Dividends To Report on Your Return			
	Enter your child's taxable interest. If this amount is different from the amount is child's Forms 1099-INT and 1099-OID, see the instructions	unts shown on the	1a	E83060
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a	E83080		
2a	Enter your child's ordinary dividends, including any Alaska Permanent Fund child received any ordinary dividends as a nominee, see the instructions	dividends. If your	2a	E83130
b		E83135		
3	Enter your child's capital gain distributions. If your child received any capital as a nominee, see the instructions	I gain distributions	3	E83185
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 If the total is \$8,500 or more, do not file this form. Your child must file his	and go to line 13		
	to report the income	or ner own return	4	E83160
5	Base amount		5	1,700 00
6	Subtract line 5 from line 4		6	E83170
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0 go to line 12. Otherwise, go to line 7.	O- on line 11, and		
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	E83140 ,		
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	E83145 .		
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	E83150		
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	E83155		5
11	Add lines 9 and 10		11	E83175
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show t	he amount if you		
	checked the box on line C above, see the instructions. Go to line 13 below	<u></u>	12	E83180
Par	Tax on the First \$1,700 of Child's Interest and Dividends			
	Amount not taxed		13	850 00
14	Subtract line 13 from line 4. If the result is zero or less, enter -0-		14	E83190
15	Tax. Is the amount on line 14 less than \$850?	j		
	No. Enter \$85 here and see the Note below.	} · · · [15	E83200
Note	Yes. Multiply line 14 by 10% (.10). Enter the result here and see the Note b. If you checked the box on line C above, see the instructions. Otherwise, incl	elow.	. 11 - 23	-
on Fo	orm 1040, line 44, or Form 1040NR, line 41. Be sure to check box a on Form	1040. line 44. or E	n line 1:	o in the tax you enter
or P	aperwork Reduction Act Notice, see page 3. Cat. No.		21111 102	Form 8814 (2006)
				(2000)

Parents' Election To Report Child's Interest and Dividends

► See instructions.

OMB No. 1545-0074

Attachment Sequence No. 40

Department of the Treasury Internal Revenue Service ame(s) shown on your return

► Attach to parents' Form 1040 or Form 1040NR.

Part 1a E	f more than one Form 8814 is attached, check here		Child's name (first, initial, and last) FIRST FORM			
Part 1a E	more than one Form 8814 is attached, check here			S04		
1a E				<u> </u>	<u> </u>	
1a E	Child's Interest and Dividends To Report on Your	Returr	· ·			
	Enter your child's taxable interest. If this amount is different from child's Forms 1099-INT and 1099-OID, see the instructions	the am	nounts shown on the	1a	E83060	
	Enter your child's tax-exempt interest. Do not include this amount on line 1a	1b	E83080			
2a E cl	Enter your child's ordinary dividends, including any Alaska Permar child received any ordinary dividends as a nominee, see the instru	nent Fuuctions	nd dividends. If your	2a	E83130	
b E	Enter your child's qualified dividends included on line 2a. See the nstructions	2b	E83135	_		
3 E	Enter your child's capital gain distributions. If your child received as a nominee, see the instructions		_	3	E83185	
lf	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 th f the total is \$8,500 or more, do not file this form. Your child mus o report the income.	st file h	12 and go to line 13. is or her own return	4	E83160	
5 B	Base amount			5	1,700	00
	Subtract line 5 from line 4			6	E83170	
ge	f both lines 2b and 3 are zero or blank, skip lines 7 through 10 to line 12. Otherwise, go to line 7.	, enter	-0- on line 11, and			
to	Divide line 2b by line 4. Enter the result as a decimal (rounded o at least three places)	7	E83140 .			
at	Divide line 3 by line 4. Enter the result as a decimal (rounded to t least three places)	8	E83145	_		
fo	Multiply line 6 by line 7. Enter the result here. See the instructions or where to report this amount on your return	9	E83150			
fo	Multiply line 6 by line 8. Enter the result here. See the instructions or where to report this amount on your return	10	E83155			
12 St	dd lines 9 and 10	 orm 10	40, line 21, or Form	11	E83175	<u> </u>
ch	040NR, line 21. In the space next to line 21, enter "Form 8814" ar hecked the box on line C above, see the instructions. Go to line	nd shov 13 belo	v the amount. If you	12	E83180	
Part I		_	<u> </u>			
	mount not taxed			13	850	T00
	ubtract line 13 from line 4. If the result is zero or less, enter -0			14	E83190	
15 Ta - □	ax. Is the amount on line 14 less than \$850? No. Enter \$85 here and see the Note below.			15	E83200	
	Yes. Multiply line 14 by 10% (.10). Enter the result here and see to specify you checked the box on line C above, see the instructions. Other	he Not e	below.			

Department of the Treasury oternal Revenue Service

Parents' Election To Report Child's Interest and Dividends

► See instructions.

OMB No. 1545-0074

ame(s) shown on your return

► Attach to parents' Form 1040 or Form 1040NR.

Sequence No. 40
Your social security number

A	Child's name (first, initial, and last) FIRST FORM			B Chil	d's social security 4	numl
С	If more than one Form 8814 is attached, check here					
Pa	Child's Interest and Dividends To Report on Your	Retur	n	<u> </u>	<u> ▶ </u>	<u> </u>
	Enter your child's taxable interest. If this amount is different from child's Forms 1099-INT and 1099-OID, see the instructions	the an	nounts shown on the	1a	E83060	
	Enter your child's tax-exempt interest. Do not include this amount on line 1a	1b	E83080			
	Enter your child's ordinary dividends, including any Alaska Permarchild received any ordinary dividends as a nominee, see the instru	nent Fu	and dividends. If your	2a	E83130	
b	Enter your child's qualified dividends included on line 2a. See the instructions	2b	E83135			
} .	Enter your child's capital gain distributions. If your child received a as a nominee, see the instructions	ny cap	ital gain distributions	3	E83185	
ļ	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 th If the total is \$8,500 or more, do not file this form. Your child mus to report the income.	rough	12 and go to line 13	4	E83160	
	Base amount Subtract line 5 from line 4			5 6	1,700 E831 7 0	00
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10 go to line 12. Otherwise, go to line 7.	, ente	-0- on line 11, and			
	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7	E83140 .			
	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8	E83145 .			
	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	9	E83150			
	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	10	E83155			
	Subtract line 11 from line 6. Include this amount in the total on Fo	 orm 10		11	E83175	
	1040NR, line 21. In the space next to line 21, enter "Form 8814" archecked the box on line C above, see the instructions. Go to line	13 belo	ow	12	E83180	
ΤĊ	Tax on the First \$1,700 of Child's Interest and Divid	dends				
	Amount not taxed			13	850	00
	Subtract line 13 from line 4. If the result is zero or less, enter -0-			14	E83190	
ľ.	Tax. Is the amount on line 14 less than \$850? No. Enter \$85 here and see the Note below.		below.	15	E83200	

Parents' Election To Report Child's Interest and Dividends

► See instructions.

OMB No. 1545-0074

Attachment Sequence No. 40

Form 8814 (2006)

Department of the Treasury oternal Revenue Service ame(s) shown on your return

Attach to parents' Form 1040 or Form 1040NR.

Caution. The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less

Your social security number

Α	Child's name (first, initial, and last)			B Chi	ld's social security	numbe
	SECOND FORM			S04	5	
С	If more than one Form 8814 is attached, check here	<u>.</u> .	· 		<u>.</u> .	
Pa	Child's Interest and Dividends To Report on Your					
1a	Enter your child's taxable interest. If this amount is different from child's Forms 1099-INT and 1099-OID, see the instructions		mounts shown on the	1a	E83460	
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a ·	E83480				
2a Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions					E83530	
b	Enter your child's qualified dividends included on line 2a. See the instructions					
3	Enter your child's capital gain distributions. If your child received a as a nominee, see the instructions	oital gain distributions	3	E83585		
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 th If the total is \$8,500 or more, do not file this form. Your child mus to report the income.	4	E83560			
5	Base amount			5	1,700	00
6	Subtract line 5 from line 4			6	E83570	
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10				_	
	go to line 12. Otherwise, go to line 7.					
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7	E83540 .			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8	E83545			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	9	E83550			
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	10	E83555			
11	Add lines 9 and 10			11	E83575	<u> </u>
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" at the box on line C shows on the instructions. On the line	nd sho	w the amount. If you		E00500	
	checked the box on line C above, see the instructions. Go to line			12	E83580_	
	Tax on the First \$1,700 of Child's Interest and Divi	dends	S			
13	Amount not taxed			13	850	00
4	Subtract line 13 from line 4. If the result is zero or less, enter -0			14	E83590	
15	Tax. Is the amount on line 14 less than \$850?)			
	No. Enter \$85 here and see the Note below.		}	15	E83600	<u> </u>
	Yes. Multiply line 14 by 10% (.10). Enter the result here and see to	:he No 1	te below.			
vote	e. If you checked the box on line C above, see the instructions. Othe	rwise,	include the amount fro	m line 1	5 in the tax you	ent
	orm 1040, line 44, or Form 1040NR, line 41. Be sure to check box	a on F	orm 1040, line 44, or I	Form 10	40NR, line 41.	
or P	Paperwork Reduction Act Notice, see page 3.	Cat.	No. 10750J		Form 8814	/00

Parents' Election To Report Child's Interest and Dividends

► See instructions.

THIRD FORM

► Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 40

Department of the Treasury nternal Revenue Service

ame(s) shown on your return

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more than one Form 8814 is attached, check here Child's Interest and Dividends To Report on You				ld's social security		
Child's Interest and Dividends To Report on You			<u> </u>			
nter your child's taxable interest. If this amount is different fro ild's Forms 1099-INT and 1099-OID, see the instructions		nounts shown on the	1a	E83860		
nter your child's tax-exempt interest. Do not include this mount on line 1a						
ter your child's ordinary dividends, including any Alaska Perm ild received any ordinary dividends as a nominee, see the ins	2a	E83930				
ter your child's qualified dividends included on line 2a. See the structions	_					
ter your child's capital gain distributions. If your child received a nominee, see the instructions	3_	E83985				
Id lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 he total is \$8,500 or more, do not file this form. Your child m report the income.	4	E83960				
se amount			5	1,700	00	
btract line 5 from line 4			6	E83970		
ooth lines 2b and 3 are zero or blank, skip lines 7 through to line 12. Otherwise, go to line 7.	IO, enter	-0- on line 11, and				
ride line 2b by line 4. Enter the result as a decimal (rounded at least three places)	7	E83940 .				
ride line 3 by line 4. Enter the result as a decimal (rounded to least three places)	8	E83945 .				
litiply line 6 by line 7. Enter the result here. See the instructions where to report this amount on your return	9	E83950				
Itiply line 6 by line 8. Enter the result here. See the instructions where to report this amount on your return	10	E83955				
d lines 9 and 10			11	E83975		
otract line 11 from line 6. Include this amount in the total on 40NR, line 21. In the space next to line 21, enter "Form 8814"	and show	withe amount if you				
Tax on the First \$1,700 of Child's Interest and Div			12	E83980	<u> </u>	
Tax on the first \$1,700 of Child's Interest and Div	/laenas					
ount not taxed			13	850	OC	
otract line 13 from line 4. If the result is zero or less, enter -0-			14	E83990		
No. Enter \$85 here and see the Note below.)	15	E84000		

Parents' Election To Report Child's Interest and Dividends

► See instructions.

THIRD FORM

OMB No. 1545-0074

Attachment Sequence No. 40

Department of the Treasury sternal Revenue Service ame(s) shown on your return

Attach to parents' Form 1040 or Form 1040NR.

	Child's name (first, initial, and last)			B Chi	ld's social security	numb
					1	
С	If more than and Form 9914 is attached to the					
	If more than one Form 8814 is attached, check here	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
₽a	rt I Child's Interest and Dividends To Report on Your	Returi	ı			
	Enter your child's taxable interest. If this amount is different from child's Forms 1099-INT and 1099-OID, see the instructions		nounts shown on the	1a	E83860	
	Enter your child's tax-exempt interest. Do not include this amount on line 1a	1b	E83880			
	Enter your child's ordinary dividends, including any Alaska Permar child received any ordinary dividends as a nominee, see the instru	ent Fu	nd dividends. If your	2a	E83930	
b	Enter your child's qualified dividends included on line 2a. See the instructions	2b	E83935			
3	Enter your child's capital gain distributions. If your child received a as a nominee, see the instructions	пу сар	ital gain distributions	3	E83985	
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 th If the total is \$8,500 or more, do not file this form. Your child mus to report the income.	rough t file h	12 and go to line 13.	4	E83960	
5	Base amount	• •		5	1,700	00
6	Subtract line 5 from line 4			6	E83970	
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10 go to line 12. Otherwise, go to line 7.	, enter	-0- on line 11, and			
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7	E83940 .			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8	E83945 .			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	9	E83950			
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return.	10	E83955	-		
1	Add lines 9 and 10	 vrm 10		11	E83975	_
	1040NB, line 21. In the space next to line 21, enter "Form 8814" ar	d show	v the amount. If you			
	checked the box on line C above, see the instructions. Go to line	3 belo	<u>W</u>	12	E83980	
Par	Tax on the First \$1,700 of Child's Interest and Divid	lends				
3	Amount not taxed			13	850	OC
4	Subtract line 13 from line 4. If the result is zero or less, enter -0-			14	E83990	
5	Tax. Is the amount on line 14 less than \$850? No. Enter \$85 here and see the Note below.			15	E84000	

Parents' Election To Report Child's Interest and Dividends

► See instructions.

THIRD FORM

OMB No. 1545-0074 Attachment Sequence No. 40

Department of the Treasury pternal Revenue Service ame(s) shown on your return

► Attach to parents' Form 1040 or Form 1040NR.

Your social security number

S046

Α	Child's name (first, initial, and last)			B Chi	ld's social security	numk
С	If more than one Form 8814 is attached, check here	<u>.</u> .				
Pa	Child's Interest and Dividends To Report on Your I					
1a	Enter your child's taxable interest. If this amount is different from child's Forms 1099-INT and 1099-OID, see the instructions	the am	nounts shown on the	1a	E83860	
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a	1b	E83880			
2a	Enter your child's ordinary dividends, including any Alaska Perman child received any ordinary dividends as a nominee, see the instru	ent Fu ctions	nd dividends. If your	2a	E83930	
b	Enter your child's qualified dividends included on line 2a. See the instructions	2b	E83935			
3	Enter your child's capital gain distributions. If your child received at as a nominee, see the instructions		•	3	E83985	
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 th If the total is \$8,500 or more, do not file this form. Your child mus to report the income.	4	E83960			
5	Base amount			5	1,700	00
6	Subtract line 5 from line 4			6	E83970	1_
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10 go to line 12. Otherwise, go to line 7.	, ente	· -0- on line 11, and			
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	7	E83940 .			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)	8	E83945 .			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	9	E83950			
0	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	10	E83955			
1	Add lines 9 and 10			11	E83975	<u> </u>
2	Subtract line 11 from line 6. Include this amount in the total on For 1040NR, line 21. In the space next to line 21, enter "Form 8814" are	d show	w the amount. If you			
	checked the box on line C above, see the instructions. Go to line			12	E83980	
Par	Tax on the First \$1,700 of Child's Interest and Divid	dends				
3	Amount not taxed			13	850	00
4	Subtract line 13 from line 4. If the result is zero or less, enter -0-			14	E83990	
5	Tax. Is the amount on line 14 less than \$850?		ì			
	No. Enter \$85 here and see the Note below.		(15	E84000	

Parents' Election To Report Child's Interest and Dividends

► See instructions.

► Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 40

Department of the Treasury sternal Revenue Service

ame(s) shown on your return

ıı y	ution. The federal income tax on your child's income, including qualified dividends and capital gou file a separate tax return for the child instead of making this election. This is because you cat your child could take on his or her own return. For details, see Tax benefits you cannot take or	nnat tal	o cortain tour b	e less
Α	Child's name (first, initial, and last)		d's social security i	number
	MORE THAN 3 FORMS	F881		
С	If more than one Form 8814 is attached, check here			
Pé	Child's Interest and Dividends To Report on Your Return			_
	Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a		
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a			
2a	Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions	2a	,	
b	Enter your child's qualified dividends included on line 2a. See the instructions			
3	Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions	3		
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.	4		
5	Base amount	5	1,700	00
6	Subtract line 5 from line 4	6		
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and	2 - 3		
_	go to line 12. Otherwise, go to line 7.			
7	Divide line 2b by line 4. Enter the result as a decimal (rounded			Ì
•	to at least three places) 7	42		
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return 9			
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return			
11	Add lines 9 and 10	11	<u> </u>	
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you should the how on line 0 the line 11 from 11 from 11 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 12 from 1			
	checked the box on line C above, see the instructions. Go to line 13 below	12	E84210	
Par	Tax on the First \$1,700 of Child's Interest and Dividends			
13	Amount not taxed	13	050	00
14	Subtract line 13 from line 4. If the result is zero or less, enter -0-	14	850	00_
15	Tax. Is the amount on line 14 less than \$850?	14		
	No. Enter \$85 here and see the Note below.	15	E84220	
	Yes. Multiply line 14 by 10% (.10). Enter the result here and see the Note below	<u> </u>	***************************************	l
Note	. If you checked the box on line C above, see the instructions. Otherwise, include the amount from	m line 1	in the tax you	enter
On F	orm 1040, line 44, or Form 1040NR, line 41. Be sure to check box a on Form 1040, line 44, or F	orm_104	10NR, line 41.	
For P	aperwork Reduction Act Notice, see page 3. Cat. No. 10750J		Form 8814	(2006)

Parents' Election To Report Child's Interest and Dividends

► See instructions.

OMB No. 1545-0074

Attachment Sequence No. 40

ternal Revenue Service ame(s) shown on your return ► Attach to parents' Form 1040 or Form 1040NR.

Α	Child's name (first, initial, and last) MORE THAN 3 FORMS	B Chile F8814	d's social security i	number
_			-	Ī
<u>_</u>	If more than one Form 8814 is attached, check here	·_ ·	<u> ▶</u>	نـــــا
	t I Child's Interest and Dividends To Report on Your Return			
1a	Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a		
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a			
2a	Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions	2a	·	
b	Enter your child's qualified dividends included on line 2a. See the instructions	1		
3	Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions	3		
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.	4		
5	Base amount	5	1,700	00
6	Subtract line 5 from line 4 If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.	6		
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return			
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return	4		
11	Add lines 9 and 10	11		-
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you checked the box on line C above, see the instructions. Go to line 13 below	12	E84210	
Pa				1
		T T		T
13 14	Amount not taxed	13	850	00
14 15	Subtract line 13 from line 4. If the result is zero or less, enter -0	14		
	No. Enter \$85 here and see the Note below.	15	E84220	

ame(s) shown on your return

Parents' Election To Report Child's Interest and Dividends

Department of the Treasury
ternal Revenue Service

Attach to par

See instructions.Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 40

,	at your child could take on his or her own return. For details, see Tax benefits you cannot take Child's name (first, initial, and last)		nild's social security	numb
	MORE THAN 3 FORMS	1	14A	
_c	If more than one Form 8814 is attached, check here		_	
E	Child's Interest and Dividends To Report on Your Return	<u> </u>		
1	Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a		
	b Enter your child's tax-exempt interest. Do not include this amount on line 1a			
	Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions	2a		
	Enter your child's qualified dividends included on line 2a. See the instructions			
3	Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions	3		
	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.	4		
5	Base amount	5	1.700	00
ô	Subtract line 5 from line 4	6		1
_	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.			
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return			
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return			-
11 12	Add lines 9 and 10 . Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you	11		
	checked the box on line C above, see the instructions. Go to line 13 below	12	E84210	
Pa	t II Tax on the First \$1,700 of Child's Interest and Dividends			
13	Amount not taxed	13	850	00
14 15	Subtract line 13 from line 4. If the result is zero or less, enter -0- Tax. Is the amount on line 14 less than \$850?	14		
	No. Enter \$85 here and see the Note below. Yes. Multiply line 14 by 10% (.10). Enter the result here and see the Note below.	15	E84220	

Parents' Election To Report Child's Interest and Dividends

► See instructions.

► Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 40

Department of the Treasury sternal Revenue Service

ame(s) shown on your return

	Child's name (first, initial. and last) MORE THAN 3 FORMS	B Chi F881	ld's social security 4A	numb
С_	If more than one Form 8814 is attached, check here			
Pa	Child's Interest and Dividends To Report on Your Return			_
1a	Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a		
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a			
2a	Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions	2a		
b		_		
3	Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions	3		
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.	4		
5	Base amount	5	1,700	00
6	Subtract line 5 from line 4	6		
,	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.			
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return			
0	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return			
1 2	Add lines 9 and 10	11		
2	Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you checked the box on line C above, see the instructions. Go to line 13 below	12	E84210	-
Par	Tax on the First \$1,700 of Child's Interest and Dividends	12	E04210	
3	Amount not taxed	13	850	00
4	Subtract line 13 from line 4. If the result is zero or less, enter -0-	14		00
5	Tax. Is the amount on line 14 less than \$850?			
	No. Enter \$85 here and see the Note below.	15	E84220	<u>l</u>
	Yes. Multiply line 14 by 10% (.10). Enter the result here and see the Note below. If you checked the box on line C above, see the instructions. Otherwise, include the amount from 1040. Fire 44.			

Parents' Election To Report Child's Interest and Dividends

► See instructions.

► Attach to parents' Form 1040 or Form 1040NR.

OMB No. 1545-0074

2006

Attachment Sequence No. 40

Department of the Treasury Internal Revenue Service

ame(s) shown on your return

Α	t your child could take on his or her own return. For details, see Tax benefits you cannot take (Child's name (first, initial, and last)		ild's social security	
	COMBINED FORMS		S044,S045,S04	
_ <u>C</u>	If more than one Form 8814 is attached, check here			
P	Child's Interest and Dividends To Report on Your Return			
	Enter your child's taxable interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a	E84060	
	Enter your child's tax-exempt interest. Do not include this amount on line 1a		•	
	Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions	2a	E84130	
b	Enter your child's qualified dividends included on line 2a. See the instructions 2b			
3	Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions	3	E84185	
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.		E84160	-
5	Base amount	4		
6	Cubtrant line F from the A	5	1,700 E84170	100
	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and	6	E04170	
	go to line 12. Otherwise, go to line 7.			
7	Divide line 2b by line 4. Enter the result as a decimal (rounded			
	to at least three places)			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)			
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return			
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return			
11	Add lines 9 and 10	11	E84175	
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you checked the box on line C. shows a state of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the con			
_	checked the box on line C above, see the instructions. Go to line 13 below	12	E84180	
Par	t II Tax on the First \$1,700 of Child's Interest and Dividends			
13	Amount not taxed			·
14	Subtract line 13 from line 4. If the result is zero or less, enter -0-	13	850	00
15	Tax. Is the amount on line 14 less than \$850?	14	E84190	ļ
	No. Enter \$85 here and see the Note below.	15	E84200	!
	Yes. Multiply line 14 by 10% (.10). Enter the result here and see the Note below.			<u></u>
Note	. If you checked the box on line C above, see the instructions. Otherwise, include the amount from	n line 1	5 in the tay you	onto::
on F	orm 1040, line 44, or Form 1040NR, line 41. Be sure to check box a on Form 1040, line 44, or F	1 0rm 10	40NR line (4x you	enter
For P	Sporwork Poduction Ast Nation	21111 10		
	aperwork neduction Act Notice, see page 3. Cat. No. 10750J		Form 8814	(2006)

Department of the Treasury Internal Revenue Service

Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

Attach to your tax return.

OMB No. 1545-1190 Attachment Sequence No. 109

Name(s) shown on tax return

Identifying number

Pa	rt I Information on the Like-Kind Exchange			
1	Note: If the property described on line 1 or line 2 is real or personal Description of like-kind property given up ▶	property located outside the Uni		
2	Description of like-kind property received ▶			
3	Date like-kind property given up was originally acquired (month	, day, year)	3	
4	Date you actually transferred your property to other party (mont	h, day, year)	4	
5	Date like-kind property you received was identified by written no day, year). See instructions for 45-day written notice requirement	otice to another party (month,	5	. / /
6	Date you actually received the like-kind property from other party (mo	onth, day, year). See instructions	6	/ /
7	Was the exchange of the property given up or received made w (such as through an intermediary)? See instructions. If "Yes," cor	ith a related party, either direct nplete Part II. If "No," go to Pa	ly or indir rt III .	ectly Yes No
Par	t II Related Party Exchange Information			
8	Name of related party	Relationship to you	Related	party's identifying number
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP cod	e)		
9	During this tax year (and before the date that is 2 years after the exchange), did the related party directly or indirectly (such as the part of the like-kind property received from you in the exchange)	ough an intermediary) sell or d	lispose of	any.
10	During this tax year (and before the date that is 2 years after the exchange), did you sell or dispose of any part of the like-kind pro	last transfer of property that woperty you received?	as part o	f the □Yes □No
	If both lines 9 and 10 are "No" and this is the year of the exchange, year of the exchange, stop here. If either line 9 or line 10 is "Yes," of gain or (loss) from line 24 unless one of the exceptions on line 11 approximately 11 approximately 12 approximately 13 approximately 14 approximately 15 approximately 15 approximately 15 approximately 15 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 16 approximately 1	complete Part III and report on th	l 10 are "l nis year's	No" and this is not the tax return the deferred
11	If one of the exceptions below applies to the disposition, check	the applicable box:		
а	The disposition was after the death of either of the related p	arties.		
b	The disposition was an involuntary conversion, and the threa	at of conversion occurred after	the exch	ange.
С	You can establish to the satisfaction of the IRS that neither principal purpose. If this box is checked, attach an explana-	the exchange nor the disposition (see instructions).	tion had	tax avoidance as its
or D	anaviually Dadustian Ast Mating			

Form **8824** (2006)

Par	Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property	Rece	ived
ساد و الساد	Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash of see Reporting of multi-asset exchanges in the instructions.	r other	(not like-kind) property,
	Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherw	ise, go	to line 15.
12	Fair market value (FMV) of other property given up		
13	Adjusted basis of other property given up	3.35	
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	E36400 +/-
	Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.		
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15	E36405
16	FMV of like-kind property you received	16	E36410 +/-
17	Add lines 15 and 16	17	E36415 +/-
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18	E36420 +/-
19	Realized gain or (loss). Subtract line 18 from line 17	19	E36425 +/-
20	Enter the smaller of line 15 or line 19, but not less than zero	20	E36430
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions) .	21	E36435 +/-
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22	E36440
00	Recognized gain. Add lines 21 and 22	23	E36445
23 24	Deferred gain or (loss). Subtract line 23 from line 19, If a related party exchange, see instructions	24	E36450 +/-
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 Deferral of Gain From Section 1043 Conflict-of-Interest Sales	25	E36455 +/-
26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.).		
27	Description of divested property ▶		
28	Description of replacement property ▶		
		1	
29	Date divested property was sold (month, day, year)	29	/ /
30	Sales price of divested property (see instructions)	-	
31	Basis of divested property		
32	Realized gain. Subtract line 31 from line 30	32	
33	Lucibia CO dava after data		
34	Subtract line 33 from line 30. If zero or less, enter -0-	34_	
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35	
36	and on the same than zone onter here and on	36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
	Racis of replacement property Subtract line 37 from line 33	38	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Use Parts I, II, and III of Form 8824 to report each exchange of business or investment property for property of a like kind. Certain members of the executive branch of the Federal Government use Part IV to elect to defer gain on conflict-of-interest sales.

Multiple exchanges. If you made more than one like-kind exchange, you may file only a summary Form 8824 and attach your own statement showing all the information requested on Form 8824 for each exchange. Include your name and identifying number at the top of each page of the statement. On the summary Form 8824, enter only your name and identifying number, "Summary" on line 1, the total recognized gain from all exchanges on line 23, and the total basis of all like-kind property received on line 25.

When To File

If during the current tax year you transferred property to another party in a like-kind exchange, you must file Form 8824 with your tax return for that year. Also file Form 8824 for the 2 years following the year of a related party exchange (see the instructions for line 7 on page 4).

Like-Kind Exchanges

Generally, if you exchange business or investment property solely for business or investment property of a like kind, section 1031 provides that no gain or loss is recognized. If, as part of the exchange, you also receive other (not like-kind) property or money, gain is recognized to the extent of the other property and money received, but a loss is not recognized.

Section 1031 does not apply to exchanges of inventory, stocks, bonds, notes, other securities or evidence of indebtedness, or certain other assets. See section 1031(a)(2). In addition, section 1031 does not apply to certain exchanges involving tax-exempt use property subject to a lease. See section 470(e)(4).

Like-kind property. Properties are of like kind if they are of the same nature or character, even if they differ in grade or quality. Personal properties of a like class are like-kind properties. However, livestock of different sexes are not like-kind properties. Also, personal property used predominantly in the United States and personal property used predominantly outside the United States are not like-kind properties. See Pub. 544, Sales and Other Dispositions of Assets, for more details.

Real properties generally are of like kind, regardless of whether they are improved or unimproved. However, real property in the United States and real property outside the United States are not like-kind properties.

Deferred exchanges. A deferred exchange occurs when the property received in the exchange is received after the transfer of the property given up. For a deferred exchange to qualify as like-kind, you must comply with the 45-day written notice and receipt requirements explained in the instructions for lines 5 and 6.

Multi-asset exchanges. A multi-asset exchange involves the transfer and receipt of more than one group of like-kind properties. For example, an exchange of land, vehicles, and cash for land and vehicles is a multi-asset exchange. An exchange of land, vehicles, and cash for land only is not a multi-asset exchange. The transfer or receipt of multiple properties within one like-kind group is also a multi-asset exchange. Special rules apply when figuring the amount of gain recognized and your basis in properties received in a multi-asset exchange. For details, see Regulations section 1.1031(j)-1.

Reporting of multi-asset exchanges. If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, do not complete lines 12 through 18 of Form 8824. Instead, attach your own statement showing how you figured the realized and recognized gain, and enter the correct amount on lines 19 through 25. Report any recognized gains on Schedule D; Form 4797, Sales of Business Property; or Form 6252, Installment Sale Income, whichever applies.

Exchanges using a qualified exchange accommodation arrangement (QEAA). If property is transferred to an exchange accommodation titleholder (EAT) and held in a QEAA, the EAT may be treated as the beneficial owner of the property, the property transferred from the EAT to you may be treated as property you received in an exchange, and the property you transferred to the EAT may be treated as property you gave up in an exchange. This may be true even if the property you are to receive is transferred to the EAT before you transfer the property you are giving up. However, the property transferred to you may not be treated as property received in an exchange if you previously owned it within 180 days of its transfer to the EAT. For details, see Rev. Proc. 2000-37 as modified by Rev. Proc. 2004-51. Rev. Proc. 2000-37 is on page 308 of Internal Revenue Bulletin 2000-40 at www.irs.gov/pub/irs-irbs/irb00-40.pdf. Rev. Proc. 2004-51 is on page 294 of Internal Revenue Bulletin 2004-33 at www.irs.gov/irb/2004-33_IRB/ar13.html.

Property used as home. If the property given up was owned and used as your home during the 5-year period ending on the date of the exchange, you may be able to exclude part or all of any gain figured on Form 8824. For details on the exclusion (including how to figure the amount of the exclusion), see Pub. 523, Selling Your Home. Fill out Form 8824 according to its instructions, with these exceptions:

- 1. Subtract line 18 from line 17. Subtract the amount of the exclusion from the result. Enter that result on line 19. On the dotted line next to line 19, enter "Section 121 exclusion" and the amount of the exclusion.
 - On line 20, enter the smaller of:a. Line 15 minus the exclusion, or
 - b. Line 19.
 - Do not enter less than zero.
- 3. Subtract line 15 from the sum of lines 18 and 23. Add the amount of your exclusion to the result. Enter that sum on line 25.

Property used partly as home. If the property given up was used partly as a home, you will need to use two separate Forms 8824 as worksheets-one for the part of the property used as a home and one for the part used for business or investment. Fill out only lines 15 through 25 of each worksheet Form 8824. On the worksheet Form 8824 for the part of the property used as a home, follow steps (1) through (3) above, except that instead of following step (2), enter the amount from line 19 on line 20. On the worksheet Form 8824 for the part of the property used for business or investment, follow steps (1) through (3) above only if you can exclude at least part of any gain from the exchange of that part of the property; otherwise, complete the form according to its instructions. Enter the combined amounts from lines 15 through 25 of both worksheet Forms 8824 on the Form 8824 you file. Do not file either worksheet Form 8824.

More information. For details, see Rev. Proc. 2005-14 on page 528 of Internal Revenue Bulletin 2005-7 at www.irs.gov/irb/2005-07_IRB/ar10.html.

Additional information. For more information on like-kind exchanges, see section 1031 and its regulations and Pub. 544.

Specific Instructions

Lines 1 and 2. For real property, enter the address and type of property. For personal property, enter a short description. For property located outside the United States, include the country.

Line 5. Enter on line 5 the date of the written notice that identifies the like-kind property you received in a deferred exchange. To comply with the 45-day written notice requirement, the following conditions must be met.

- 1. The like-kind property you receive in a deferred exchange must be designated in writing as replacement property either in a document you signed or in a written agreement signed by all parties to the exchange.
- 2. The document or agreement must describe the replacement property in a clear and recognizable manner. Real property should be described using a legal description, street address, or distinguishable name (for example, "Mayfair Apartment Building").

No later than 45 days after the date you transferred the property you gave up:

a. You must send, fax, or hand deliver the document you signed to the person required to transfer the replacement property to you (including a disqualified person) or to another person involved in the exchange (other than a disqualified person), or

 All parties to the exchange must sign the written agreement designating the replacement property.

Generally, a disqualified person is either your agent at the time of the transaction or a person related to you. For more details, see Regulations section 1.1031(k)-1(k).

Note. If you received the replacement property before the end of the 45-day period, you automatically are treated as having met the 45-day written notice requirement. In this case, enter on line 5 the date you received the replacement property.

Line 6. Enter on line 6 the date you received the like-kind property from the other party.

The property must be received by the earlier of the following dates.

- The 180th day after the date you transferred the property given up in the exchange.
- The due date (including extensions) of your tax return for the year in which you transferred the property given up.

Line 7. Special rules apply to like-kind exchanges made with related parties, either directly or indirectly. A related party includes your spouse, child, grandchild, parent, grandparent, brother, sister, or a related corporation, S corporation, partnership, trust, or estate. See section 1031(f).

An exchange made indirectly with a related party includes:

- An exchange made with a related party through an intermediary (such as a qualified intermediary or an exchange accommodation titleholder, as defined in Pub. 544), or
- An exchange made by a disregarded entity (such as a single member limited liability company) if you or a related party owned that entity.

If the related party (either directly or indirectly) or you dispose of the property received in an exchange before the date that is 2 years after the last transfer of property from the exchange, the deferred gain or (loss) from line 24 must be reported on your return for the year of disposition (unless an exception on line 11 applies).

If you are filing this form for 1 of the 2 years following the year of the exchange, complete Parts I and II. If both lines 9 and 10 are "No," stop.

If either line 9 or line 10 is "Yes," and an exception on line 11 applies, check the applicable box on line 11, attach any required explanation, and **stop.** If no line 11 exceptions apply, complete Part III.

Report the deferred gain or (loss) from line 24 on this year's tax return as if the exchange had been a sale.

An exchange structured to avoid the related party rules is not a like-kind exchange. Do not report it on Form 8824. instead, you should report the disposition of the property given up as if the exchange had been a sale. See section 1031(f)(4). Such an exchange includes the transfer of property you gave up to a qualifed intermediary in exchange for property you received that was formerly owned by a related party if the related party received cash or other (not like-kind) property for the property you received, and you used the qualified intermediary to avoid the application of the related party rules. See Rev. Rul. 2002-83 for more details. You can find Rev. Rul. 2002-83 on page 927 of Internal Revenue Bulletin 2002-49 at www.irs.gov/pub/irs-irbs/irb02-49.pdf.

Line 11c. If you believe that you can establish to the satisfaction of the IRS that tax avoidance was not a principal purpose of both the exchange and the disposition, attach an explanation. Generally, tax avoidance will not be seen as a principal purpose in the case of:

- A disposition of property in a nonrecognition transaction,
- An exchange in which the related parties derive no tax advantage from the shifting of basis between the exchanged properties, or
- An exchange of undivided interests in different properties that results in each related party holding either the entire interest in a single property or a larger undivided interest in any of the properties.

Lines 12, 13, and 14. If you gave up other property in addition to the like-kind property, enter the fair market value (FMV) and the adjusted basis of the other property on lines 12 and 13, respectively. The gain or (loss) from this property is figured on line 14 and must be reported on your return. Report gain or (loss) as if the exchange were a sale.

Line 15. Include on line 15 the sum of:

- Any cash paid to you by the other party,
- The FMV of other (not like-kind) property you received, if any, and
- Net liabilities assumed by the other party—the excess, if any, of liabilities (including mortgages) assumed by the other party over the total of (a) any liabilities you assumed, (b) cash you paid to the other party, and (c) the FMV of the other (not like-kind) property you gave up.

Reduce the sum of the above amounts (but not below zero) by any exchange expenses you incurred. See the example on this page.

The following rules apply in determining the amount of liability treated as assumed.

• A recourse liability (or portion thereof) is treated as assumed by the party receiving the property if that party has agreed to and is expected to satisfy the liability (or portion thereof). It does not matter whether the party transferring the property has been relieved of the liability.

• A nonrecourse liability generally is treated as assumed by the party receiving the property subject to the liability. However, if an owner of other assets subject to the same liability agrees with the party receiving the property to, and is expected to, satisfy part or all of the liability, the amount treated as assumed is reduced by the smaller of (a) the amount of the liability that the owner of the other assets has agreed to and is expected to satisfy or (b) the FMV of those other assets.

Line 18. Include on line 18 the sum of:

- The adjusted basis of the like-kind property you gave up,
- Exchange expenses, if any (except for expenses used to reduce the amount reported on line 15), and
- Net amount paid to the other party—the excess, if any, of the total of (a) any liabilities you assumed, (b) cash you paid to the other party, and (c) the FMV of the other (not like-kind) property you gave up over any liabilities assumed by the other party.

See Regulations section 1.1031(d)-2 and the following example for figuring amounts to enter on lines 15 and 18.

Example. A owns an apartment house with an FMV of \$220,000, an adjusted basis of \$100,000, and subject to a mortgage of \$80,000. B owns an apartment house with an FMV of \$250,000, an adjusted basis of \$175,000, and subject to a mortgage of \$150,000.

A transfers his apartment house to B and receives in exchange B's apartment house plus \$40,000 cash. A assumes the mortgage on the apartment house received from B, and B assumes the mortgage on the apartment house received from A.

A enters on line 15 only the \$40,000 cash received from B. The \$80,000 of liabilities assumed by B is not included because it does not exceed the \$150,000 of liabilities A assumed. A enters \$170,000 on line 18—the \$100,000 adjusted basis, plus the \$70,000 excess of the liabilities A assumed over the liabilities assumed by B (\$150,000 - \$80,000).

B enters \$30,000 on line 15—the excess of the \$150,000 of liabilities assumed by A over the total (\$120,000) of the \$80,000 of liabilities B assumed and the \$40,000 cash B paid. B enters on line 18 only the adjusted basis of \$175,000 because the total of the \$80,000 of liabilities B assumed and the \$40,000 cash B paid does not exceed the \$150,000 of liabilities assumed by A.

Line 21. If you disposed of section 1245, 1250, 1252, 1254, or 1255 property (see the instructions for Part III of Form 4797), you may be required to recapture as ordinary income part or all of the realized gain (line 19). Figure the amount to enter on line 21 as follows:

Section 1245 property. Enter the smaller of:

 The total adjustments for deductions (whether for the same or other property) allowed or allowable to you or any other person for depreciation or amortization (up to the amount of gain shown on line 19), or

2. The gain shown on line 20, if any, plus the FMV of non-section 1245 like-kind property received.

Section 1250 property. Enter the smaller of:

- 1. The gain you would have had to report as ordinary income because of additional depreciation if you had sold the property (see the Form 4797 instructions for line 26), or
 - 2. The larger of:
 - a. The gain shown on line 20, if any, or
- b. The excess, if any, of the gain in item (1) above over the FMV of the section 1250 property received.

Section 1252, 1254, and 1255 property. The rules for these types of property are similar to those for section 1245 property. See Regulations section 1.1252-2(d) and Temporary Regulations section 16A.1255-2(c) for details. If the installment method applies to this exchange:

- 1. See section 453(f)(6) to determine the installment sale income taxable for this year and report it on Form 6252.
- 2. Enter on Form 6252, line 25 or 36, the section 1252, 1254, or 1255 recapture amount you figured on Form 8824, line 21. Do not enter more than the amount shown on Form 6252, line 24 or 35.
- 3. Also enter this amount on Form 4797, line 15.
- 4. If all the ordinary income is not recaptured this year, report in future years on Form 6252 the ordinary income up to the taxable installment sale income, until it is all reported.

Line 22. Report a gain from the exchange of property used in a trade or business (and other noncapital assets) on Form 4797, line 5 or line 16. Report a gain from the exchange of capital assets according to the Schedule D instructions for your return. Be sure to use the date of the exchange as the date for reporting the gain. If the installment method applies to this exchange, see section 453(f)(6) to determine the installment sale income taxable for this year and report it on Form 6252.

Line 24. If line 19 is a loss, enter it on line 24. Otherwise, subtract the amount on line 23 from the amount on line 19 and enter the result. For exchanges with related parties, see the instructions for line 7 on page 4.

Line 25. The amount on line 25 is your basis in the like-kind property you received in the exchange. Your basis in other property received in the exchange, if any, is its FMV.

Section 1043 Conflict-of-Interest Sales (Part IV)

If you sell property at a gain according to a certificate of divestiture issued by the Office of Government Ethics (OGE) and purchase replacement property (permitted property), you may elect to defer part or all of the realized gain. You must recognize gain on the sale only to the extent that the amount realized on the sale is more than the cost of replacement property purchased within 60 days after the sale. (You also must recognize any ordinary income recapture.) Permitted property is any obligation of the United States or any diversified investment fund approved by the OGE.



If the property you sold was stock you acquired by exercising a statutory stock option, you may be treated as meeting the

holding periods that apply to such stock, regardless of how long you actually held the stock. This may benefit you if you do not defer your entire gain, because it may allow you to treat the gain as a capital gain instead of ordinary income. For details, see section 421(d) or Pub. 525.

Complete Part IV of Form 8824 only if the cost of the replacement property is more than the basis of the divested property and you elect to defer the gain. Otherwise, report the sale on Schedule D or Form 4797, whichever applies.

Your basis in the replacement property is reduced by the amount of the deferred gain. If you made more than one purchase of replacement property, reduce your basis in the replacement property in the order you acquired it.

Line 30. Enter the amount you received from the sale of the divested property, minus any selling expenses.

Line 35. Follow these steps to determine the amount to enter.

- 1. Use Part III of Form 4797 as a worksheet to figure ordinary income under the recapture rules.
- 2. Enter on Form 8824, line 35, the amount from Form 4797, line 31. Do not attach the Form 4797 used as a worksheet to your return.

3. Report the amount from line 35 on Form 4797, line 10, column (g). In column (a), write "From Form 8824, line 35." Do not complete columns (b) through (f).

Line 36. If you sold a capital asset, enter any capital gain from line 36 on Schedule D. If you sold property used in a trade or business (or any other asset for which the gain is treated as ordinary income), report the gain on Form 4797, line 2 or line 10, column (g). In column (a), write "From Form 8824, line 36." Do not complete columns (b) through (f).

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is shown below.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed.

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► See separate instructions.

OMB No. 1545-0074 Attachment Sequence No. 66

Department of the Treasury Internal Revenue Service (99) Name(s) of proprietor(s)

Ivali	le(s) of proprietor(s)	OT 50	2014			You	r social security	number
Pa	rt I Part of Your Home Used for Busin	ST FO	<u> </u>	_				_
1	Area used regularly and exclusively for business,		rly for daycare	or for i	storage of inventor			
	or product samples (see instructions)	. ogulu	iny for daycare,	51 101 3	storage or inventory	1		
2	Total area of home					2		
3	Divide line 1 by line 2. Enter the result as a perc	entage	e			3		9/
	For daycare facilities not used exclusively for l	busine	ess go to line 4	. All o	thers go to line 7			
4	Multiply days used for daycare during year by he	ours u	sed per dav	4	hr			
5	Total hours available for use during the year (365 days $ imes$ 24	hours) ((see instructions)	5	8,760 hr			
6	Divide line 4 by line 5. Enter the result as a decir	mal ar	nount	6				
7	Business percentage. For daycare facilities not u	sed e	xclusively for bu	sines	s, multiply line 6 by			
-	line 3 (enter the result as a percentage). All other	rs, ent	er the amount f	rom li	ne 3	7		%
Ра	Figure Your Allowable Deduction							
8	Enter the amount from Schedule C, line 29, plus any ne	t gain d	or (loss) derived fr	om the	business use of your			
	home and shown on Schedule D or Form 4797. If more See instructions for columns (a) and (b) before	than o	ne place of busine	ess, se	e instructions	8		
	completing lines 9–21.	·	(a) Direct exper	ses	(b) Indirect expenses			
9	Casualty losses (see instructions)	9		<u> </u>				
10	Deductible mortgage interest (see instructions)	10				T Systal		
11	Real estate taxes (see instructions)	11						
12	Add lines 9, 10, and 11	12						
13	Multiply line 12, column (b) by line 7			13				
14	Add line 12, column (a) and line 13			(a)		14		
15	Subtract line 14 from line 8. If zero or less, enter -0-			1,150,75		15		
16	Excess mortgage interest (see instructions)	16	~				,	
17	Insurance	17						
18	Rent	18				4		
19	Repairs and maintenance	19						i
20	Utilities	20						
21	Other expenses (see instructions)	21						į
22	Add lines 16 through 21	22						
23	Multiply line 22, column (b) by line 7			23				
24	Carryover of operating expenses from 2005 Form	8829	line 41	24				
25	Add line 22 in column (a), line 23, and line 24					25		
26	Allowable operating expenses. Enter the smaller	of line	15 or line 25			26		
27	Limit on excess casualty losses and depreciation	. Subt	ract line 26 fron	n line	15	27		
28	Excess casualty losses (see instructions)			28				
9	Depreciation of your home from Part III below .			29	E9144 5			į
0	Carryover of excess casualty losses and depreciation from 2	005 For	m 8829, line 42	30				
1	Add lines 28 through 30					31		
2	Allowable excess casualty losses and depreciation	n. Ente	er the smaller o	of line	27 or line 31	32		
3	Add lines 14, 26, and 32					33		
4	Casualty loss portion, if any, from lines 14 and 32	. Carr	y amount to Fo	rm 46	84, Section B	34	E91447	
5	Allowable expenses for business use of your home	. Subt	tract line 34 fron	n line	33. Enter here and			
) Altr	on Schedule C, line 30. If your home was used fo Depreciation of Your Home	r more	than one busin	ness,	see instructions >	35		
						T T		
6	Enter the smaller of your home's adjusted basis of					36		
						37		-
8 9	Basis of building. Subtract line 37 from line 36.		· · · ·			38		
9	Business basis of building. Multiply line 38 by line					39		
1	Depreciation percentage (see instructions) Depreciation allowable (see instructions). Multiply line					40		%
ar	Carryover of Unallowed Expenses to	SOUD	7 ii⊓e 40. Enter h 7	ere an	o on line 29 above	41		<u> </u>
_	Operating expenses. Subtract line 26 from line 25					T		т
3	Excess casualty losses and depreciation. Subtract line	. II IES Ie 32 fi	s man zero, ent	er -0-	n zoro, optor 0	42	F04440	+
		<u> </u>	<u> </u>	oo iiid	11 ZCIO, CIIICI -U-	43	E91449	1

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

2006 Attachment

OMB No. 1545-0074

► See separate instructions.

Department of the Treasury Internal Revenue Service (99) Name(s) of proprietor(s)

Sequence No. 66

Nam	e(s) of proprietor(s)					Your	social security n	umber
	SECO		ORM			<u> . </u>	<u>.</u>	
	rt I Part of Your Home Used for Busine				•	11		
1	Area used regularly and exclusively for business, r	egula	rly for daycare, c	or for s	torage of inventory			
_	or product samples (see instructions)					1		
2	Total area of home					2		
3	Divide line 1 by line 2. Enter the result as a percentage of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	entage	9			3		<u>%</u>
	For daycare facilities not used exclusively for b			1 .				
4	Multiply days used for daycare during year by ho			5	hr.			
5 6	Total hours available for use during the year (365 days \times 24 h Divide line 4 by line 5. Enter the result as a decir			6	8,760 hr.	1		
7	Business percentage. For daycare facilities not u				multiply line 6 by	1		
-	line 3 (enter the result as a percentage). All other	s, ent	er the amount fi	om lir	ne 3	7		%
Pa	rt II Figure Your Allowable Deduction		<u></u>			+		
8	Enter the amount from Schedule C, line 29, plus any ne	t gain d	or (loss) derived fro	om the	business use of your			
	home and shown on Schedule D or Form 4797. If more	than o	ne place of busine	ss, see	instructions	8		
	See instructions for columns (a) and (b) before completing lines 9–21.		(a) Direct expen	ses	(b) Indirect expenses			
9	Casualty losses (see instructions)	9						
10	Deductible mortgage interest (see instructions)	10	1					
11	Real estate taxes (see instructions)	11				_		
12	Add lines 9, 10, and 11	12				-		
13	Multiply line 12, column (b) by line 7		1	13]		
14	Add line 12, column (a) and line 13			-		14		
15	Subtract line 14 from line 8. If zero or less, enter -0-					15	***************************************	
16	Excess mortgage interest (see instructions)	16				_		
17	Insurance	17				- : .		
18	Rent	18				-		
19 20	Repairs and maintenance	20				1		
21	Other expenses (agg instructions)	21				-		
22	Other expenses (see instructions)	22						
23	Add lines 16 through 21		L	23		1		
24	Carryover of operating expenses from 2005 Form							
25	Add line 22 in column (a), line 23, and line 24.					25		
26	Allowable operating expenses. Enter the smaller					26		
27	Limit on excess casualty losses and depreciation					27		
28	Excess casualty losses (see instructions)			28				
29	Depreciation of your home from Part III below .			29	E92445			
30	Carryover of excess casualty losses and depreciation from 2	005 Fc	rm 8829, line 42	30		ال		
31	Add lines 28 through 30					31		
32	Allowable excess casualty losses and depreciation					32		
33	Add lines 14, 26, and 32					33		
34	Casualty loss portion, if any, from lines 14 and 32					34	E92447	<u> </u>
35	Allowable expenses for business use of your home on Schedule C, line 30. If your home was used for	e. Sub	stract line 34 from	n line	33. Enter here and	0.5		Ì
Pai	t III Depreciation of Your Home	i iiioi	e man one busi	11655,	see instructions	35	_	<u> </u>
36			£_1		·	26		
37	Enter the smaller of your home's adjusted basis Value of land included on line 36					36		+
38	Basis of building. Subtract line 37 from line 36.					38	_	+
39	Business basis of building. Multiply line 38 by line	 7				39		+
40						40		%
41	Depreciation allowable (see instructions). Multiply line	e 39 b	y line 40. Enter h	nere ar	nd on line 29 above	41		
Pa	t IV Carryover of Unallowed Expenses t	0 200)7					
42	Operating expenses. Subtract line 26 from line 25	. If le	ss than zero, en	ter -0		42		
43	Excess casualty losses and depreciation. Subtract li	ne 32	from line 31. If le	ss tha	ın zero, enter -0-	43	E92449	
					•			

Expenses for Business Use of Your Home

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

See separate instructions.

OMB No. 1545-0074 Attachment Sequence No. 66

Department of the Treasury Internal Revenue Service (99) Name(s) of proprietor(s)

200	THIRD FORM		occidi security i	MINDE
ij	Part I Part of Your Home Used for Business			
	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)			
:	2 Total area of home	1 2		
;	Divide line 1 by line 2. Enter the result as a percentage	3		
	For daycare facilities not used exclusively for business go to line 4. All others go to line 7.	-3		9
4	* WILLIAM GAVE LISED for devicers during the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the little in the			
	Total hours available for use during the year (365 days \times 24 hours) (see instructions) 5 8,760 hr			
6	Divide line 4 by line 5. Enter the result as a decimal amount 6	+		
7	Business percentage. For daycare facilities not used exclusively for hydroga multiply tipe C. h.	-		
_	and o (order the result as a percentage). All others, enter the amount from line 3	7		0
L	art II Figure Your Allowable Deduction			9
8				
	Tionie and shown on schedule D or form 4/9/ It more than one place of business, and in the standard	8		
	See instructions for columns (a) and (b) before completing lines 9–21. (a) Direct expenses (b) Indirect expenses			
9				
10				
11	Real estate taxes (see instructions)		•	
12	Add lines 9, 10, and 11	7 1		
13	Multiply line 12, column (b) by line 7			;
14	Add line 12, column (a) and line 13.	14		
15	Subtract line 14 from line 8. If zero or less, enter -0-	15		
16	1949 (11511 de 11011)		Productive and the Administrative of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Prope	
17	Insurance			
18	10	1		
19	Repairs and maintenance			
20	Utilities 20			
21	Other expenses (see instructions)			į
22	Add lines 16 through 21 22			
23	Multiply line 22, column (b) by line 7			
24 25	Carryover of operating expenses from 2005 Form 8829, line 41]		
26	Add line 22 in column (a), line 23, and line 24	25		
27	Allowable operating expenses. Enter the smaller of line 15 or line 25	26		
28	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27		
29	Excess casualty losses (see instructions)			İ
30	Depreciation of your home from Part III below 29 E93445	-		!
31	Carryover of excess casualty losses and depreciation from 2005 Form 8829, line 42	1		
32	Add lines 28 through 30 Allowable excess casualty losses and depreciation. Factor than 1000 in the second depreciation of the second depreciation of the second depreciation.	31		
33	Add lines 14, 26 and 20	32		<u> </u>
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, Section B	33	F-00.4.F	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C. line 30. If your home was used to	34	E93447	
	on Schedule C, line 30. If your home was used for more than one business, see instructions ▶			
Pa	rt III Depreciation of Your Home	35		
36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	26		
37	Value of land included on line 36	36		
38	Basis of building. Subtract line 37 from line 36. Business basis of building. Mathitate line 36.	37		
39	Business basis of building. Multiply line 38 by line 7	38 39	and a property below a section (were about the property of a field of the	
40	Depreciation percentage (see instructions)			
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 39 above	40		<u>%</u>
Pa	Carryover of Unallowed Expenses to 2007	71:		
42	Operating expenses. Subtract line 26 from line 25. If less than zero, onter 0	42		
43_	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	E93449	

Archer MSAs and Long-Term Care Insurance Contracts

► See separate instructions.

OMB No. 1545-0074

Attachment Sequence No. 39

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

► Attach to Form 1040 or Form 1040NR.

Social security number of MSA

	account holder. If both spouses have MSAs, see page 1 of the instructions ▶		1 1	
Sec	ction A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and	com	olete Section	<u></u> В.
Pa	rt I General Information. See page 2 of the instructions.		<u> </u>	
		_	Yes	No
1a	Did you or your employer make contributions to your Archer MSA for 2006?		1a MSA	
b	If "Yes," were you uninsured when the MSA was established (see page 2 of the instructions)?	• •		PUN
С	If line 1a is "Yes," indicate coverage under high deductible health plan: Self-Only or F		* KANANKNIA U	PHD
2a	If married, did your spouse or spouse's employer make contributions to your spouse's Archer MSA to	r 2006		SEC
b	If "Yes," was your spouse uninsured when the MSA was established (see page 2 of the instructions)?			SUN
		amily	MSA	SHD
Pa	Archer MSA Contributions and Deductions. See page 2 of the instructions be	ore co	ompleting this	part.
	If you are filing jointly and both you and your spouse have high deductible he	alth r	lans with self	only
	coverage, complete a separate Part II for each spouse (see page 2 of the instruc	ctions)	<u>·</u>	
3	Total employer contributions to your Archer MSA(s) for 2006 3 T86200			
4	Archer MSA contributions you made for 2006, including those made from January 1, 2007, through			
	April 16, 2007, that were for 2006. Do not include rollovers (see page 4 of the instructions)	4	E86210_	
5	Limitation from the worksheet on page 3 of the instructions	5	E86220	
6	Compensation (see page 3 of the instructions) from the employer maintaining the high deductible			
	health plan. (If self-employed, enter your earned income from the trade or business under which			
_	the high deductible health plan was established.)	6	E86230	ļ
.7	Archer MSA deduction. Enter the smallest of line 4, 5, or 6 here and on Form 1040, line 23, or		500040	
	Form 1040NR, line 23	7	E86240	
Pai	Archer MSA Distributions	ions).		_
		Т		
) oa	Total distributions you and your spouse received in 2006 from all Archer MSAs (see page 4 of the instructions)	8a	E86250	
h		Oa		<u> </u>
b	Distributions included on line 8a that you rolled over to another Archer MSA or a health savings account.			
	Also include any excess contributions (and the earnings on those excess contributions) included on line 8a that were withdrawn by the due date of your return (see page 4 of the instructions)	8b	E86260	
С	Subtract line 8b from line 8a	8c	E86270	
9	Unreimbursed qualified medical expenses (see page 4 of the instructions)	9	E86280	
10	Taxable Archer MSA distributions. Subtract line 9 from line 8c. If zero or less, enter -0 Also			
	include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted			
	line next to line 21, enter "MSA" and the amount	10	E86290	
11a	If any of the distributions included on line 10 meet any of the Exceptions to the Additional			
	15% Tax (see page 4 of the instructions), check here MSAEXC . ▶ □			
b	Additional 15% tax (see page 4 of the instructions). Enter 15% (.15) of the distributions included			
	on line 10 that are subject to the additional 15% tax. Also include this amount in the total on			
	Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or Form 1040NR, line 58, enter "MSA" and the amount			
<u></u>	Form 1040NR, line 58, enter "MSA" and the amount	11b	E86300	
Sec	tion B. Medicare Advantage MSA Distributions. If you are filing jointly and both you a	nd yo	ur spouse rece	eived
	distributions in 2006 from a Medicare Advantage MSA, complete a separate Se (see page 4 of the instructions).	ection	B for each sp	ouse
10				
12	Total distributions you received in 2006 from all Medicare Advantage MSAs (see page 4 of the instructions)	40	F00075	
13	Unreimbursed qualified medical expenses (see page 5 of the instructions)	12	E86375	
	· · · · · · · · · · · · · · · · · · ·	13	E86380	
14	Taxable Medicare Advantage MSA distributions. Subtract line 13 from line 12. If zero or less, enter -0. Also include this amount in the total on Form 1040. If a 15 are 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 104 or Form 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 No. 1040 N	·		
	enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "Med MSA" and the amount	14	E86385	
15a	If any of the distributions included on line 14 meet any of the Exceptions to the Additional	14		
100	50% Tax (see page 5 of the instructions), check here			
b	Additional 50% tax (see page 5 of the instructions). Also include this amount in the total on			
	Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or			
	Form 1040NR, line 58, enter "Med MSA" and the amount	2400000000		

Sec	tion C. Long-Term Care (LTC) Insurance Contracts. See Filing Requirements for the instructions before completing this section.	Section	on C on pa	ge 6 (
	If more than one Section C is attached, check here			.▶ □
16a	Name of insured ▶ b Social security number of insur	ed ►		<u> </u>
17	In 2006, did anyone other than you receive payments on a per diem or other periodic basis under a LTC insurance contract covering the insured or receive accelerated death benefits under a life in policy covering the insured?	suran		□ No
18	Was the insured a terminally ill individual?		. 🗌 Y es aid	□ No
19	Gross LTC payments received on a per diem or other periodic basis. Enter the total of the amounts from box 1 of all Forms 1099-LTC you received with respect to the insured on which the "Per diem" box in box 3 is checked	19	E86310	
	Caution: Do not use lines 20 through 28 to figure the taxable amount of benefits paid under an LTC insurance contract that is not a qualified LTC insurance contract. Instead, if the benefits are not excludable from your income (for example, if the benefits are not paid for personal injuries or sickness through accident or health insurance), report the amount not excludable as income on Form 1040, line 21.			
20	Enter the part of the amount on line 19 that is from qualified LTC insurance contracts	20	E86315	
21	Accelerated death benefits received on a per diem or other periodic basis. Do not include any amounts you received because the insured was terminally ill (see page 7 of the instructions) .	21	E86320	
22	Add lines 20 and 21	22	E86330	
23	Note: If you checked "Yes" on line 17 above, see Multiple Payees on page 7 of the instructions before completing lines 23 through 27. Multiply \$250 by the number of days in the LTC period			i.
24	Costs incurred for qualified LTC services provided for the insured during the LTC period (see page 7 of the instructions) 24 E86350			
25 26	Enter the larger of line 23 or line 24			
	Caution: If you received any reimbursements from LTC contracts issued before August 1, 1996, see page 7 of the instructions.	100		
27	Per diem limitation. Subtract line 26 from line 25	27	E86365	-
28	Taxable payments. Subtract line 27 from line 22. If zero or less, enter -0 Also include this amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "LTC" and		F000=0	
	the amount	28	E86370	1

Department of the Treasury Internal Revenue Service (99)

Education Credits (Hope and Lifetime Learning Credits) ► See instructions. ► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

Attachment Sequence No. **50**

Name(s) shown on return

	ion: You cannot take the		_		_			_					
ar	t I Hope Credit. Ca	ution: You d	annot ta	<u> </u>		t for mo	re tha	in 2 t	ax years	tor t	ne sa	<u>me stude</u> nt.	
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name (b) Student's social security number (as shown on page 1 of your tax return)		(c) Qualified expenses (see instructions). Do not enter more than \$2,200* for each student. (d) Enter the smaller of amount in column (c) \$1,100**			the (e) Add n column (c) or column (and of the amour		nt in			
	N20			Cacii Stade									
nui	mber of qualified students		S0 5 8	E87480								E87481	
	•		S0 5 9	E87485								E87486	
			S0 6 0	E87490								E87491	
		1 1	S0 61	E87495								E87496	
	* For each student who attended ** For each student who attended column (c) or \$2,200. Tentative Hope credit. A	an eligible educat	ional institu	tion in the Gulf Opp	ortunity	Zone, ente	rthesm:	aller of	the amount				
	credit for another studen	t, go to Part	II; other	vise, go to Pa	rt III .					<u> </u>	2	E8 752 0	
ar	t II Lifetime Learnin	ng Credit											
	(a) Student's n	wn on pa Last n	age 1 of your tax return)					(b) Student's social sec number (as shown on p 1 of your tax return			age expenses (see		
			ı	N25					S062	SO	33	E87526	E8
		number		e learning cred	it stuc	lent:						E87528	E8
		7.4			,, , , , , ,				S064	S06	35		
	Add the amounts on line	3. column (c	and er	nter the total						•	4	E87530	
	Enter the smaller of line									•	5a	E87540	
	For students who attended	-								iter			
_	the smaller of \$10,000 or										5b	E87542	
С	Subtract line 5b from line	5a									5c	E87544	
а	Multiply line 5b by 40% ((.40)									6a	E87545	<u> </u>
b	Multiply line 5c by 20% (.20)				· _:					6b	E87547	<u> </u>
	Tentative lifetime learni		_	6a and 6b and	go to	o Part III		• •	<u> </u>	•	6c	E87550	L
3)	Allowable Educ										1 -	507500	Τ.
	Tentative education cred										7	E87560	
	Enter: \$110,000 if married						_	г.	7570				
	or qualifying widow(er) .						9	_	37570 580 +/-	-	-		
	Enter the amount from Fo						9	EOI	360 +1-				
							10	E8	3 75 90				
	Enter: \$20,000 if married or qualifying widow(er)			f single, head			11	E8	3 76 00				
	f line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to ine 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal rounded to at least three places)								12	E87610 × .			
	Multiply line 7 by line 12									>	13	E87620	<u> </u>
	Enter the amount from Fo						14	E8	37630	<u> </u>	4		
	Enter the total, if any, of y or Form 1040A, lines 29			n 1040, lines 4		•	15	E8	3 764 0				
	Subtract line 15 from line education credits		•	stop; you car		•	16	E8	3 765 0				
	Education credits. Enter						1040	lino	50 av Ea				1

Biodiesel and Renewable Diesel Fuels Credit

Attach to your tax return.

OMB No. 1545-1924

Attachment Sequence No. 141

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Identifying number

Caution: You cannot claim any amounts on Form 8864 that you claimed (or will claim) on Schedule C (Form 720), Form 8849, or Form 4136.

Claimant has a certificate from the producer or importer of biodiesel or renewable diesel reported on lines 1 through 6 below and, if applicable, claimant also has a statement from the reseller. Claimant has no reason to believe that the information in the certificate or statement is false. Claimant may need to attach a copy of the certificate and statement. See Certification below.

	Type of Fuel	(a) Number of Gallons Sold or Used	e	Column (a) x Column (b)				
1	Biodiesel (other than agri-biodiesel)	\$.5	50	E75200				
2	Agri-biodlesel							
3	Renewable diesel	00	E75220	†				
4	Blodiesel (other than agri-biodiesel) included in a biodiesel mixture	4		\$.5	50	E75230		
5	Agri-biodiesel included in a biodiesel mixture	00	E75240	 				
6	Renewable diesel included in a renewable diesel mixture	00 E75250		 				
7	Qualified agri-blodiesel production (gallons sold)							
8	Add lines 1 through 7. Include this amount in your income for	8	E75270					
9	Biodiesel and renewable diesel fuels credit from partnersh estates, and trusts	9	E75280	_				
10	Add lines 8 and 9. Cooperatives, estates, and trusts, go to line report this amount on Schedule K, all others, report this amount	ations,	10	E75290	E75300			
11	Amount allocated to patrons of the cooperative or beneficiarie	11						
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10 line 1p). Report	this amount on Forn	n 38 00 ,	12			

General Instructions

Section references are to the Internal Revenue Code.

What's New

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

Purpose of Form

Use Form 8864 to figure your biodiesel and renewable diesel fuels credit. Claim the credit for the tax year in which the sale or use occurs. This credit consists of the:

- Biodiesel credit.
- · Renewable diesel credit,
- Biodiesel mixture credit.
- Renewable diesel mixture credit, and
- Small agri-biodiesel producer credit.

Definitions and Special Rules

Certification

To claim a credit on lines 1, 2, 4, or 5, you generally must attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, to Form 8864. To claim a credit on lines 3 or 6, you generally must attach a certificate from the producer identifying the product as renewable diesel and, if applicable, a statement from the reseller. However, if the certificate or statement was attached to a previously filed claim, attach a separate sheet with the following information.

- Certificate identification number.
- Total gallons of agri-biodiesel, biodiesel other than agribiodiesel, or renewable diesel on the certificate.
- Total gallons claimed on Schedule 3 (Form 8849).
- Total gallons claimed on Schedule C (Form 720).
- Total gallons claimed on Form 4136.

See Notice 2005-62 on page 443 of Internal Revenue Bulletin 2005-35 or Publication 510, Excise Taxes for 2007, for the model certificate and statement.

Biodiesel

Biodiesel means the monoalkyl esters of long chain fatty acids derived from plant or animal matter which meet the registration requirements for fuels and fuel additives established by the Environmental Protection Agency (EPA) under section 211 of the Clean Air Act, and the requirements of the American Society of Testing and Materials (ASTM) D6751.

Biodiesel includes both agri-biodiesel and biodiesel other than agri-biodiesel.

Agri-Biodiesel

Agri-biodiesel means biodiesel derived solely from virgin oils, including esters derived from virgin vegetable oils from corn, soybeans, sunflower seeds, cottonseeds, canola, crambe, rapeseeds, safflowers, flaxseeds, rice bran, and mustard seeds, and from animal fats.

Renewable Diesel

Renewable diesel means diesel fuel derived from biomass (defined below) using a thermal depolymerization process which meets the registration requirements for fuels and fuel additives established by the EPA under section 211 of the Clean Air Act, and the requirements of the ASTM D975 or D396.

Biomass. Biomass means any organic material other than oil and natural gas (or any product thereof) and coal (including lignite) or any product thereof.

Biodiesel and Renewable Diesel Credits

The biodiesel or renewable diesel reported on lines 1 through 3 must not be a mixture. The credits are for biodiesel or renewable diesel which during the tax year you:

- Used as a fuel in a trade or business, or
- Sold at retail to another person and put in the fuel tank of that person's vehicle.

However, no credit is allowed for fuel used in a trade or business that was purchased in a retail sale described above.

Caution: You may be liable for a 24.4 cents per gallon excise tax on biodiesel or renewable diesel you sold (in your trade or business) for use or used in a diesel-powered highway vehicle or diesel-powered train. Report the tax liability on Form 720 on the line for IRS No. 79 for the quarter in which the biodiesel was sold or used and IRS No. 60(b) for the quarter in which the renewable diesel was sold or used.

Biodiesel and Renewable Diesel Mixture Credits

The biodiesel or renewable diesel reported on lines 4 through 6 must be used to make a qualified mixture. A qualified mixture combines biodiesel or renewable diesel with diesel fuel (defined below), determined without regard to any use of kerosene. The producer of the mixture either:

- Used it as fuel, or
- Sold it as fuel to another person.

The credit is available only to the producer of the mixture. The producer must use or sell the mixture in a trade or business and the credit is available only for the year the mixture is sold or used. The credit is not allowed for casual off-farm production of a qualified mixture.

Caution: You may be liable for a 24.4 cents per gallon excise tax on biodiesel or renewable diesel used to produce blended taxable fuel outside the bulk transfer terminal system if the mixture is diesel fuel. Report the tax liability on Form 720 on the line for IRS No. 60(c) for the quarter in which the mixture was sold or used.

Diesel fuel. Diesel fuel means:

- Any liquid that, without further processing or blending, is suitable for use as a fuel in a diesel-powered highway vehicle or diesel-powered train, and
- Transmix.

A liquid is suitable for this use if the liquid has practical and commercial fitness for use in the propulsion engine of a diesel-powered highway vehicle

or diesel-powered train. A liquid may possess this practical and commercial fitness even though the specified use is not the liquid's predominant use. However, a liquid does not possess this practical and commercial fitness solely by reason of its possible or rare use as a fuel in the propulsion engine of a diesel-powered highway vehicle or diesel-powered train. Diesel fuel does not include gasoline, kerosene, excluded liquid, No. 5 and No. 6 fuel oils covered by ASTM specification D396, or F-76 (Fuel Naval Distillate) covered by military specification MIL-F-16884.

An excluded liquid is any liquid that (a) contains less than 4% normal paraffins, or (b) has a (i) distillation range of 125°F or less, (ii) sulfur content of 10 parts per million or less, and (iii) minimum color of +27 Saybolt. For example, biodiesel is always an excluded liquid because it does not contain paraffins. But a biodiesel mixture may not be an excluded liquid.

Transmix means a by-product of refined products created by the mixing of different specification products during pipeline transportation.

Qualified Agri-Biodiesel Production

Qualified agri-biodiesel production means up to 15 million gallons of agri-biodiesel which is produced by an eligible small agri-biodiesel producer (defined below), and which during the tax year:

- 1. Is sold by such producer to another person:
- a. For use by such person in the production of a qualified biodiesel mixture in such other person's trade or business (other than casual off-farm production),
- b. For use by such person as a fuel in a trade or business, or
- c. Who sells such agri-biodiesel at retail to another person and places such agri-biodiesel in the fuel tank of such other person, or
- 2. Is used or sold by such producer for any purpose described in (1).

Eligible small agri-biodiesel producer. An eligible small agri-biodiesel producer is a person who, at all times during the tax year, has a productive capacity for agri-biodiesel not in excess of 60 million gallons.

Aggregation rule. All members of the same controlled group of corporations (see section 267(f)) and all persons under common control (see section 52(b) but treat an interest of more than 50% as a controlling interest) are treated as 1 person for purposes of the 15 and 60 million gallon limits.

Partnership, S corporation, and other pass-through entities. The 15 and 60 million gallon limits discussed above are applied at both the entity level and at the partner or similar level.

Registration

All producers and importers of biodiesel or renewable diesel must be registered with the IRS. All persons producing blended taxable fuel must be registered. See Form 637, Application for Registration (For Certain Excise Tax Activities).

Coordination With Excise Tax Credit

Only one credit may be taken with respect to any amount of biodiesel or renewable diesel. If any amount is claimed (or will be claimed) with respect to any amount of biodiesel or renewable diesel on Form 720, Quarterly Federal Excise Tax Return, Form 8849, Claim for Refund of Excise Taxes, or Form 4136, Credit for Federal Tax Paid on Fuels, then a claim cannot be made on Form 8864 for that amount of biodiesel or renewable diesel.

Recapture of Credit

You must pay a tax on each gallon of biodiesel or renewable diesel on which a credit was claimed at the rate used to figure the credit if you:

- Use it (including a mixture) other than as a fuel,
- Buy it at retail and use it to create a mixture,
- Separate it from a mixture, or
- Use agri-biodiesel on which the small agri-biodiesel producer credit was claimed for a use not described under *Qualified Agri-Biodiesel Production* above.

Report the tax on Form 720, Quarterly Federal Excise Tax Return.

Additional Information

See Pub. 510, Excise Taxes for 2007.

Specific Instructions

Use lines 1 through 8 to figure any biodiesel and renewable diesel fuels credit from your own trade or business.

Skip lines 1 through 8 if you are claiming only a credit that was allocated to you from a pass-through entity (that is, an S corporation, partnership, estate, trust, or cooperative).

Line 8

Include this amount in income, under "other income" on the applicable line of your income tax return, even if you cannot use all of the credit because of the tax liability limit. However, if you are subject to alternative minimum tax (AMT), this amount is not income in computing AMT and must be subtracted when figuring your alternative minimum taxable income. Do this by including this amount on line 26 of Form 6251, line 23 of Schedule I, Form 1041, or line 20 of Form 4626.

Line 9

If you are allocated a small agri-biodiesel producer credit from a pass-through entity, the entity must tell you the number of gallons for which it claimed the credit and its productive capacity for agri-biodiesel. You, as a shareholder, partner, beneficiary, or patron, are subject to the 15 million gallon limitation for line 7 and the 60 million gallon productive capacity limitation for an eligible small agri-biodiesel producer.

Line 11

A cooperative, estate, or trust allocating the small agri-biodiesel credit must give the patron or beneficiary a statement providing them with the number of gallons for which it claimed the credit and its productive capacity for agri-biodiesel. An estate or trust must also

provide the amount of the small agri-biodiesel credit included as part of the pass-through credit. See the above instructions for line 9.

Cooperatives. A cooperative described in section 1381(a) can elect to allocate any part of the small agri-biodiesel producer credit among the patrons of the cooperative. The credit is allocated among the patrons eligible to share in patronage dividends on the basis of the quantity or value of business done with or for such patrons for the tax year.

The cooperative is deemed to have made the election by completing line 11. However, the election is not effective unless (a) made on a timely filed return (including extensions) and (b) the organization designates the apportionment in a written notice mailed to its patrons during the payment period described in section 1382(d).

If you timely file your return without making an election, you can still make the election by filing an amended return within 6 months of the due date of the return (excluding extensions). Enter "Filed pursuant to section 301.9100-2" on the amended return.

Once made, the election cannot be revoked.

Estates and trusts. Allocate the biodiesel and renewable diesel fuels credit on line 10 between the estate or trust and the beneficiaries in the same proportion as income was allocated and enter the beneficiaries' share on line 11.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is approved under OMB control number 1545-0074 and is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is shown below.

Recordkeeping		. ,			8	hrs.,	36	min.
Learning about the law or the form							57	min.
Preparing and sending to the IRS	~				2	hrs	20	min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed.

Credit for Qualified Retirement Savings Contributions

► Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return See instructions on back.

Sequence No. Your social security number

PRIMARY AND SECONDARY FORM



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1989, (b) is claimed as a dependent on someone else's 2006 tax return, or (c) was a student (see instructions).

						(a) You		(b) Your spo	ouse
1	Traditional and	Roth IRA co	ontributions for 2006. D	o not include rollover					
	contributions				1	E64350		E64355	
2	Elective deferr	als to a 401(l	k) or other qualified em	plover plan, voluntary					
	employee con	tributions, a	nd 501(c)(18)(D) plan c	contributions for 2006					
	(see instruction	(see instructions)				E64360		E64365	
3	Add lines 1 ar	nd 2			3	E64370		E64375	
4	Certain distrib	utions recei	ived after 2003 and I	hefore the due date				-	
-			your 2006 tax return						
	married filing i	ointly, includ	le both spouses' amou	Ints in both columns.					
	See instruction	ns for an exc			4	E64380		E64385	İ
5						E64390		E64395	
6	In each colum	n, enter the	smaller of line 5 or \$	2,000	6	E64400		E64405	
7	Add the amou	dd the amounts on line 6. If zero, stop; you cannot take this credit					7	E64410	
8			rm 1040, line 38*; For		-	•			
	Form 1040NR	, line 36 .			8	E64415 +/-			
9	Enter the appl	icable decim	nal amount shown bel	ow:		•			
	If line 8 is— And your filing status is—								
				e, Married filing					
	Over-	over-	filing jointly	household	separately, or				
			Enter on line 9—		Qual	ifying widow(er)			
		\$15,000	.5	.5		.5			
	\$15,000	\$16,250	.5	.5		.2			
	\$16,250	\$22,500	.5	.5		1.1	9	AG8880 X.	
	\$22,500	\$24,375	.5	.2		.1 .			
	\$24,375	\$25,000	.5	.1		.1			
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	\$30,000 \$32,500	\$32,500	.2	.1		.0			
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	\$50,000	φ30,000 	.0	.0 .0		.0 .0			
	100,000								ŀ
			f line 9 is zero, stop ; y	ou cannot take this c	redit.				ŀ
10	Multiply line 7	•					10	E64420	
11	Enter the amore Form 1040NR,		rm 1040, line 46; For	m 1040A, line 28; or	11	E64425			
12	1040 filers:		otal of value areadite for						
12	1040 mers.	through 50	otal of your credits fro	om lines 47					
	1040A filers:	-	al of your credits from li	nes 29 through 31	12	E64430			
			otal of your credits fro	-					
	TOTOTAL INCIS:	and 45.	otal of your credits fro	nii iines 44					
		TO.		,			26.5		
13	Subtract line 12	2 from line 1	1. If zero, stop; you o	annot take this credit			13	E64435	
			ment savings contrib			fline 10 or line			1
	13 here and on	Form 1040	, line 51; Form 1040A	. line 32: or Form 104	ONR. II	ne 46	14	E64440	
		here and on Form 1040, line 51; Form 1040A, line 32; or Form 1040NR, line 46							

*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Page

General Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form 8880 to figure the amount, if any, of your retirement savings contributions credit.



This credit can be claimed in addition to any IRA deduction claimed on Form 1040, line 32; Form 1040A, line 17; or Form 1040NR, line 31.

Who Can Take This Credit

You may be able to take this credit if you, or your spouse if filing jointly, made (a) contributions (other than rollover contributions) to a traditional or Roth IRA, (b) elective deferrals to a 401(k), 403(b), governmental 457, SEP, or SIMPLE plan, (c) voluntary employee contributions to a qualified retirement plan as defined in section 4974(c) qualified the federal Thrift Savings Plan), or (d) contributions

However, you cannot take the credit if either of the to a 501(c)(18)(D) plan.

- The amount on Form 1040, line 38; Form 1040A, line 22; following applies: or Form 1040NR, line 36, is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1989, (b) is claimed as a dependent on someone else's 2006 tax return,

You were a student if during any part of 5 calendar months or (c) was a student.

- Were enrolled as a full-time student at a school, or of 2006 you:
- Took a full-time, on-farm training course given by a school or a state, county, or local government agency.

A school includes technical, trade, and mechanical schools. It does not include on-the-job training courses, correspondence schools, or schools offering courses only through the Internet.

Specific Instructions

Complete column (b) only if you are filing a joint return. Column (b)

Include on line 2 any of the following amounts. Line 2

- Elective deferrals to a 401(k) or 403(b) plan (including designated Roth contributions under section 402A), or to a governmental 457, SEP, or SIMPLE plan.
- Voluntary employee contributions to a qualified retirement plan as defined in section 4974(c) (including the federal Thrift Savings Plan).
- Contributions to a 501(c)(18)(D) plan.

These amounts may be shown in box 12 of your Form(s) W-2 for 2006.

Enter the total amount of distributions you, and your spouse if filing jointly, received after 2003 and before the due date of Line 4 your 2006 return (including extensions) from any of the following types of plans.

- 401(k), 403(b), governmental 457, 501(c)(18)(D), SEP, or Traditional or Roth IRAs.
- Qualified retirement plans as defined in section 4974(c) SIMPLÉ plans. (including the federal Thrift Savings Plan).
- Distributions not taxable as the result of a rollover or a
- Distributions from your IRA (other than a Roth IRA) rolled trustee-to-trustee transfer. over to your Roth IRA.
- Loans from a qualified employer plan treated as a distribution.
- Distributions of excess contributions or deferrals (and income allocable to such contributions or deferrals).
- Distributions of contributions made during a tax year and returned (with any income allocable to such contributions) On or before the due date (including extensions) for that tax
- Distributions of dividends paid on stock held by an employee stock ownership plan under section 404(k).
- Distributions from a military retirement plan.

If you are filing a joint return, include both spouses'

Exception. Do not include your spouse's distributions with amounts in both columns. yours when entering an amount on line 4 if you and your spouse did not file a joint return for the year the distribution

Example. You received a distribution of \$5,000 from a qualified retirement plan in 2006. Your spouse received a was received. distribution of \$2,000 from a Roth IRA in 2004. You and you spouse file a joint return in 2006, but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return in 2006 but did not file a joint return did not file a joint return did not file a joint return di in 2004. You would include \$5,000 in column (a) and \$7,000 in column (b).

Add the amounts from line 6 columns (a) and (b), and enter Line 7 the total.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right

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If you have suggestions for making this form simpler, we income tax return. would be happy to hear from you. See the instructions for your income tax return.

Form 8880

Credit for Qualified Retirement Savings Contributions

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► See instructions on back.

OMB No. 1545-0074

2006

Attachment
Sequence No. 129

Department of the Treasury Internal Revenue Service Name(s) shown on return

PRIMARY AND SECONDARY FORM

Your social security number



You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1989, (b) is claimed as a dependent on someone else's 2006 tax return, or (c) was a student (see instructions).

						/a) Val.			
1	Traditional an	d Roth IRA c	Ontributions for 2006	Do not include rollover		(a) You	False	(b) Your spe	ouse_
•	contributions				1	E64350		E64355	
3	employee cor (see instruction	ntributions, a ons)	(k) or other qualified en and 501(c)(18)(D) plan	nployer plan, voluntary contributions for 2006	2 3	E64360 E64370	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	E64365 E64375	
4					 			E043/5	
4	(including ext married filing See instructio	tensions) of jointly, includ ons for an ex	your 2006 tax return le both spouses' amo ception	before the due date (see instructions). If unts in both columns.	4	E64380		E64385	
5	Subtract line	4 from line 3	. If zero or less, enter	-0-	5	E64390		E64395	\top
6	In each colum	nn, enter the	smaller of line 5 or \$	32.000	6	E64400		E64405	
7	Add the amou	unts on line (მ. If zero, stop : you c	annot take this credit			7	E64410	+
8	Enter the amo	ount from Fo R, line 36	orm 1040, line 38*; Fo	rm 1040A, line 22; or		 E64415 +/-		204410	-
9	Enter the app	licable decin	nal amount shown bel	ow:					
	If line	8 is	Ai	nd your filing status is			7		
		Dut not	Married	Head of	Single	, Married filing			
	Over	But not	filing jointly	household		parately, or			
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		445.000			— Guaii	TYTING WILDOW(EF)		·	
	015.000	\$15,000	.5	.5		.5		·	
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	\$16,250	\$22,500	.5	.5 -		.1	9	AG8880 X.	
	\$22,500	\$24,375	.5	.2		.1			
	\$24,375	\$25,000	.5	.1		.1			
	\$25,000	\$30,000	.5	.1		.0		V	
	\$30,000	\$32,500	.2	.1		.0		b	
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10	Multiply line 7	by line 9 .		ou cannot take this cre	∍dit. · · ·		10	E64420	
11	Enter the amo Form 1040NR,	ount from For , line 43	m 1040, line 46; Fori	m 1040A, line 28; or	11	E64425			
12	1040 filers:	Enter the to through 50.	tal of your credits fro	m lines 47					
	1040A filers:	Enter the total	al of your credits from lin	os 20 through 21	12	E64430			
	1040ND filorou	Entor the to	tal afarament in f	ies 29 tillought 51.		L04450			
	1040Nh mers;		tal of your credits fro	m lines 44	•				
		and 45.	•	,					
13	Subtract line 1:	2 from line 1	1. If zero stop: you c	annot take this credit			10	E64405	
14	Credit for aug	dified retires	nent cavings south	unior lane lins credit			13	E64435	
•	13 here and on		line 51. Form 10404	utions. Enter the sma	ller of	line 10 or line			
				line 32; or Form 1040			14	E64440	
	*See Pub. 590 fo	r the amount to	o enter if you are filing F	orm 2555, 2555-EZ, or 45	563 or v	ou are excluding i	ncome fre	m Buorto Dias	
			 					ii i deito Mico.	

General Instructions

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form 8880 to figure the amount, if any, of your retirement savings contributions credit.



This credit can be claimed in addition to any IRA deduction claimed on Form 1040, line 32; Form 1040A, line 17; or Form 1040NR, line 31.

Who Can Take This Credit

You may be able to take this credit if you, or your spouse if filing jointly, made (a) contributions (other than rollover contributions) to a traditional or Roth IRA, (b) elective deferrals to a 401(k), 403(b), governmental 457, SEP, or SIMPLE plan, (c) voluntary employee contributions to a qualified retirement plan as defined in section 4974(c) (including the federal Thrift Savings Plan), or (d) contributions to a 501(c)(18)(D) plan.

However, you cannot take the credit if either of the following applies:

- The amount on Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36, is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1989, (b) is claimed as a dependent on someone else's 2006 tax return, or (c) was a student.

You were a student if during any part of 5 calendar months of 2006 you:

- Were enrolled as a full-time student at a school, or
- Took a full-time, on-farm training course given by a school or a state, county, or local government agency.

A school includes technical, trade, and mechanical schools. It does not include on-the-job training courses, correspondence schools, or schools offering courses only through the Internet.

Specific Instructions

Column (b) Complete column (b) only if you are filing a joint return.

Line 2

Include on line 2 any of the following amounts.

- Elective deferrals to a 401(k) or 403(b) plan (including designated Roth contributions under section 402A), or to a governmental 457, SEP, or SIMPLE plan.
- Voluntary employee contributions to a qualified retirement plan as defined in section 4974(c) (including the federal Thrift Savings Plan).
- Contributions to a 501(c)(18)(D) plan.

These amounts may be shown in box 12 of your Form(s) W-2 for 2006.

Line 4

Enter the total amount of distributions you, and your spouse if filing jointly, received after 2003 and before the due date of your 2006 return (including extensions) from any of the following types of plans.

- Traditional or Roth IRAs.
- 401(k), 403(b), governmental 457, 501(c)(18)(D), SEP, or SIMPLE plans.
- Qualified retirement plans as defined in section 4974(c) (including the federal Thrift Savings Plan).

Do not include any:

- Distributions not taxable as the result of a rollover or a trustee-to-trustee transfer.
- Distributions from your IRA (other than a Roth IRA) rolled over to your Roth IRA.
- Loans from a qualified employer plan treated as a distribution.
- Distributions of excess contributions or deferrals (and income allocable to such contributions or deferrals).
- Distributions of contributions made during a tax year and returned (with any income allocable to such contributions) on or before the due date (including extensions) for that tax
- Distributions of dividends paid on stock held by an employee stock ownership plan under section 404(k).
- Distributions from a military retirement plan.

If you are filing a joint return, include both spouses' amounts in both columns.

Exception. Do not include your spouse's distributions with yours when entering an amount on line 4 if you and your spouse did not file a joint return for the year the distribution was received.

Example. You received a distribution of \$5,000 from a qualified retirement plan in 2006. Your spouse received a distribution of \$2,000 from a Roth IRA in 2004. You and you spouse file a joint return in 2006, but did not file a joint return in 2004. You would include \$5,000 in column (a) and \$7,000 in column (b).

Add the amounts from line 6 columns (a) and (b), and enter the total.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

- The qualifying family member was covered by a qualified health insurance plan (see page 2) for which you paid the premiums. You and your qualifying family member do not have to be covered by the same plan.
- The qualifying family member was not entitled to Medicare Part A or enrolled in Medicare Part B.
- The qualifying family member was not enrolled in Medicaid or State Children's Health Insurance Program (SCHIP).
- The qualifying family member was not enrolled in the Federal Employees Health Benefits Program or eligible to receive benefits under the U.S. military health system (TRICARE).
- The qualifying family member was not covered by, or eligible for coverage under, any employer-sponsored health insurance plan (see the instructions for line 1 on this page).

Married Persons Filing Separate Returns

Your spouse is not treated as a qualifying family member if your filing status is married filing separately and either (1) or (2) below applies.

- 1. Your spouse also was an eligible TAA recipient, alternative TAA recipient, or PBGC pension recipient in 2006.
 - 2. All of the following apply:
- a. You lived apart from your spouse during the last 6 months of 2006.
- b. A qualifying family member (other than your spouse) lived in your home for more than half of 2006.
- c. You provided over half of the cost of keeping up your home.

Children of Divorced or Separated Parents

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying family member for the HCTC if both of the following apply.

- You were the child's custodial parent (the parent with whom the child lived for the greater part of 2006).
- The child's other parent can claim the child as a dependent under the rules for children of divorced or separated parents (see the instructions for Form 1040, line 6c, or Pub. 501, Exemptions, Standard Deduction, and Filing Information, for details).

If both of the above apply, the child's other parent cannot treat the child as a qualifying family member for the HCTC.



The child must also meet all of the other conditions of a qualifying family member that begin on page 2.

Specific Instructions

Line 1

Employer-sponsored health insurance plan. You cannot claim the HCTC for any month that, on the first day of the month, either (1) or (2) below apply.

- 1. You were covered under any employer-sponsored health insurance plan (including any employer-sponsored health insurance plan of your spouse) (except insurance substantially all of the coverage of which is of excepted benefits described in section 9832(c)) and the employer paid 50% or more of the cost of the coverage.
- 2. You were an alternative TAA recipient and either of the following applies.
- a. You were eligible for coverage under any qualified health insurance plan (including any employer-sponsored health insurance plan of your spouse) (other than the plans listed

under (3), (4), or (8) in the definition of Qualified Health Insurance Plan on page 2) where the employer would have paid 50% or more of the cost of the coverage.

b. You were covered under any qualified health insurance plan (including any employer-sponsored health insurance plan of your spouse) (other than the plans listed under (3), (4), or (8) in the definition of Qualified Health Insurance Plan on page 2) and the employer paid any part of the cost of the coverage.



Any amounts contributed to the cost of coverage by you or your spouse on a pre-tax basis are considered to have been paid by the employer.

Check the boxes on line 1 for each month that, on the first day of the month, neither (1) nor (2) above applies and you met all of the other conditions listed on line 1.

Example 1. On October 1, 2006, your only health insurance coverage was under an employer-sponsored health insurance plan. The plan is not one in which substantially all of the coverage is of excepted benefits described in section 9832(c). The employer paid 40% of the cost of the coverage. You paid 20% of the cost of the coverage through pre-tax contributions. You cannot claim the HCTC for the month of October because the employer is considered to have paid 60% of the cost of the coverage.

Example 2. Assume the same facts as in Example 1 except that the employer paid only 25% of the cost of the coverage. The employer is considered to have paid 45% of the cost of the coverage (25% that was paid by the employer plus 20% that you paid through pre-tax contributions). If you were an eligible TAA recipient or PBGC pension recipient, you can claim the HCTC for the month of October if you met all the other conditions listed on line 1 on October 1, 2006. If you were an alternative TAA recipient, you can claim the HCTC for the month of October only if, on October 1, 2006, all of the following apply.

- You were not eligible for coverage under any qualified health insurance plan (including any employer-sponsored health insurance plan of your spouse) (other than the plans listed under (3), (4), or (8) in the definition of Qualified Health Insurance Plan on page 2) where the employer would have paid 50% or more of the cost of the coverage.
- The plan was a type of plan listed under (3), (4), or (8) in the definition of Qualified Health Insurance Plan on
- You met all of the other conditions listed on line 1.

Line 2



If your qualified health insurance plan covers anyone other than you and your qualifying family members, see Pub. 502, Medical and Dental CAUTION Expenses (Including the Health Coverage Tax Credit), before completing line 2.

Enter the total amount of insurance premiums paid for coverage for you and all qualifying family members under a qualified health insurance plan (as defined on page 2) for all months checked on line 1. But do not include any qualified health insurance premiums you paid to "U. S. Treasury-HCTC" or any advance payments shown on Form 1099-H, box 1.

Example 1. You checked January on line 1. You paid \$225 (\$200 for basic coverage and \$25 for dental benefits which are purchased separately) to your insurance company for coverage in January. The \$25 you paid for dental benefits is ineligible for the HCTC. You would include the \$200 you paid for your basic insurance on line 2.

Example 2. You checked January on line 1. Your Form 8885 (2006) insurance coverage for January cost \$225 (\$200 for basic coverage and \$25 for dental benefits ineligible for the HCTC). You paid \$95 to "U.S. Treasury-HCTC" for January. The \$95 equals \$70 (your 35% share of the \$200 eligible premium) plus the \$25 for dental benefits ineligible for the HCTC. You received a Form 1099-H showing an advance payment of \$130 (65% of the \$200 eligible premium) for January. You

would include nothing for January on line 2. Required documents. You must attach to your tax return

the required documents listed below. All health plans. For all health plans you must include

- 1. A copy of your health insurance bills or COBRA both of the following. payment coupons. The bills must have:

 - a. Your name, b. The name of your health plan,
 - c. Your monthly premium amount,

 - d. Dates of coverage, and e. Your health plan identification number.
 - 2. Proof of payment such as:
 - a. Canceled checks,
 - b. Bank statements, or

COBRA coverage. You must include the above c. Credit card statements. information under All health plans and one of the following

- 1. A copy of your completed and signed COBRA Election Letter. It may also be called a COBRA Enrollment Form, documents. Application Form, Enrollment Application for Continuing Coverage, or Election Agreement.
 - 2. A letter from your former employer or COBRA administrator saying you have COBRA coverage. The letter must have:
 - a. The COBRA coverage start and end dates,
 - b. Name of the health plan,

 - d. Covered family members, their dates of birth, their c. Your home address, and relationship to you, and their social security numbers.
 - 3. A copy of "Notice of Rights to Continue Coverage." Non-group (individual) health plans. You must include

the above information under All health plans and both of the

- A letter or other document from your former employer or following documents. your unemployment office that shows the date you left
- A document from your health plan that shows your first date of coverage. Your first day of coverage in a non-group (individual) health plan must have been at least 30 days before you left your job.

 Copies of paycheck stubs showing the health coverage and the following documents.

deductions for the qualified months.

 A letter or other statement from your spouse's employer that states the employer contributed less than 50% of the

E-filed return. If you e-file, you must attach a copy of the cost of the coverage. required documents to Form 8453, U.S. Individual Income Tax Declaration for an IRS e-file Return, or Form 8453-0L, U.S. Individual Income Tax Declaration for an IRS e-file

Example 1. You are eligible to claim the HCTC for October and November. You paid \$500 of qualified health insurance Online Return. premiums in each month for yourself and \$250 for your qualifying family members. The amount on Form 8885, line 2, qualifying fairing members. The amount on Folin 6003, in Z, is \$1,500 (\$750 for October and \$750 for November). You did not receive any HCTC advance payments during 2006. You must attach copies of your health insurance bills and proof of payment for you and your qualifying family members totaling \$1,500, along with any other required documents. The bills and proof of payment should be for October and November.

Example 2. The facts are the same as in Example 1 except that, instead of paying the \$750 premium for November, you paid \$262.50 (35% of the \$750 November premium) to Treasury-HCTC" and received an advance payment of \$487.50 (65% of the \$750 November insurance premium). Form 1099-H shows the total advance payment of \$487.50. You would include \$750 on line 2 for the October payment. You would not include any part of the November insurance premium. You must attach a copy of your health insurance bill and proof of payment totaling \$750 for October, along with any other required documents.

paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying miormation, we need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by

The average time and expenses required to complete and file this form will vary depending on individual circumstances. section 6103. For the estimated averages, see the instructions for your

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for income tax return. your income tax return.

Health Coverage Tax Credit

OMB No. 1545-0074

Recipient's social security number

Department of the Treasury Internal Revenue Service Name of recipient (if both spouses are recipients, complete a separate form for each spouse)

▶ Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.

Sequence No. 134

—— Befo	re you begin: See Definitions and Special Rules that begin on page 2.		· .	
CAU	Do not complete this form if you can be claimed as a dependent on someone else's 200	6 tax	return.	
Par	Complete This Part To See if You Are Eligible To Take This Credit			
	HCMONQ1 HCMONQ2			
1	Check the boxes below for each month in 2006 that all of the following statements were true on t	he firs	st day of that mont	h.
	 You were an eligible trade adjustment assistance (TAA) recipient, alternative TAA recipient, or Corporation (PBGC) pension recipient. 	Pens	ion Benefit Guaran	ıty
	• You were covered by a qualified health insurance plan for which you paid the premiums.			
	You were not entitled to Medicare Part A or enrolled in Medicare Part B.			
	You were not enrolled in Medicaid or State Children's Health Insurance Program (SCHIP).			
	• You were not enrolled in the Federal Employees Health Benefits Program or eligible to receimilitary health system (TRICARE).	ve be	nefits under the U.	.S.
	• You were not imprisoned under federal, state, or local authority.	-		
	• You were not covered by, or eligible for coverage under, any employer-sponsored health instemployer-sponsored health insurance plan of your spouse) (see the instructions for line 1 on page 1).	uranc page (e plan (including a 3).	ıny
}	☐ January ☐ February ☐ March ☐ April ☐ May ☐	June		
,	☐ July ☐ August ☐ September ☐ October ☐ November ☐	Decei	mber	
Pai	t II Health Coverage Tax Credit			
2	Amount paid for qualified health insurance coverage for all months checked on line 1 (see instructions on page 3). Do not include on line 2 any qualified health insurance premiums paid to "U.S. Treasury-HCTC." Also, do not include any advance payments from Form 1099-H, box 1	2	E76210	-
	Caution. You must attach the required documents listed on page 4 for any amounts included on line 2. If you do not attach the required documents, your credit will be disallowed.		•	
3	Enter the total amount of any (a) Archer MSA and health savings account distributions used to pay for qualified health insurance coverage for all months checked on line 1 and (b) National Emergency Grants you received for health insurance in 2006	3	E76220	
4	Subtract line 3 from line 2. If zero or less, stop; you cannot take the credit	4_	E76230	
5	Health coverage tax credit. Multiply line 4 by 65% (.65). Enter the result here and on Form 1040, line 70 (check box c); Form 1040NR, line 64 (check box c); Form 1040-SS, line 9; or			
	Total, line 70 (check box 6), Form Total 11, line 64 (check box 6), Form 1040, line 64	5	E76240	

General Instructions

Section references are to the Internal Revenue Code unless Purpose of Form

Use Form 88.85 to figure the amount, if any, of your health coverage tax Credit (HCTC). Who Can Take This Credit

You can take this credit only if (a) you were an eligible trade You call take the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of the solution of adjustment assistance (IAA) recipient, alternative TAA recipient in 2006, (b) you cannot be claim (PBGC) pension recipient in 2006, (b) you cannot be claimed as a pension recipient in 2000, (b) you cannot be claimed as a dependent on someone else's 2006 tax return, and (c) you dependent on sorrieur le else s 2006 tax return, and (c) you met all of the other conditions listed on line 1. If you cannot be met all of the orner conditions listed on line 1. If you cannot claimed as a dependent on someone else's 2006 tax return, claimed as a deper rue; it on someone else's 2006 tax return, complete Form 8885, Part I, to see if you are eligible to take

Definitions and Special Rules TAA Recipient

You were an aligible TAA recipient on the first day of the You were an eligible that in the first day of the month if, for any day in that month or the prior month, you: • Received a trade readjustment allowance, or

- Would have been entitled to receive such an allowance except that you had not exhausted all rights to any except that you riquing except additional compensation that is funded by a state and is not reimbursed from any that is funded by a state a, it is not reimbursed from any federal funds) to which you were entitled (or would be entitled if you applied).

Example. You received a trade readjustment allowance for were an eligible TAA recipient on the form Example. You received a lique readjustment allowance for January 2006. You were an eligible TAA recipient on the first day of January and February. Alternative TAA Recipien €

You were an eligible alternative TAA recipient on the first day You were an eligible alternative in recipient on the first day of the month if, for that month or the prior month, you received or the month if, for that the prior month, you recepted an alternative trace adjustment assistance penefits under an alternative use a gustiment assistance rogram for older workers estab /ished by the Department of

Example. You received benefits under an alternative trade Example. You received be the benefit of older workers for October of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department of the Department 16. The program was established by the Department of or. You were an eligible alternat ive TAA recipient on the C Pension Recipient

'ere an eligible PBGC pension recipient on the first day

u were age 55 or older on the first day of the month. received a benefit for that more that was paid by C under title IV of the Employee Retirement Income

aceived a lump-sum payment from the PBGC after 2002, you meet item (2) above for any month that have received a PBGC benefit i you had not

Health Insurance Plan

ealth insurance plan is any of thre following.

of work a group health planavai able through the of your spouse. But see the instructions for line 1

- 2. Coverage under individual health insurance if you were Coverage under individual nearth insurance in you were an analysis of the alth insurance during the entire 30-day period ending on the date you were separated from your job that qualified you for TAA, alternative TAA, or PBGC pension benefits. Individual health insurance does not include any inclurance does not include any insurance connected with a group health plan or federalor state-based health insurance coverage.
- 3. Coverage under a COBRA continuation provision (as defined in section 9832(d)(1)).
- 4. State-based continuation coverage provided by the state under a state law that requires such coverage.
- 5. Coverage offered through a qualified state high risk pool (as defined in section 2744(c)(2) of the Public Health Service
- 6. Coverage under a health insurance program offered for state employees.
- 7. Coverage under a state-based health insurance program that is comparable to the health insurance program offered for
- 8. Coverage through an arrangement entered into by a state o. Coverage unrough an arrangement entered into by a significant house health plan (including such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is a such a plan which is multiemployer plan as defined in section 3(37) of ERISA), (b) an issuer of health insurance coverage, (c) an administrator, or (d) an employer.
- 9. Coverage offered through a state anangement with a private sector health care coverage purchasing pool.

10. Coverage under a state-operated health plan that does not receive any federal financial participation. any of the following.

- **Exception.** A qualified health insurance plan does not include • Any state-based coverage listed in (4) through (10) above
- Any state-based coverage listed in (4) through (10) and unless it also meets the requirements of section 35(e)(2). A flexible spending or similar arrangement.
- Any insurance if substantially all of its coverage is of Any insurance is substantially all of its coverage is of excepted benefits described in section 9832(c). For example, these if you purchase dental or vision benefits separately, these benefits are not part of a qualified health insurance plan for the HCTC. But, if you purchase dental or vision benefits as part of a comprehensive package and these benefits do not part of a comprehensive package and these benefits do not have the coverage, these benefits may represent substantially all or its coverage, these benefits that haid may be alimble for the HOTO paid may be eligible for the HCTC.



If you are not sure whether your health insurance plan is a qualified health insurance plan, go to Plan is a qualified riealth insurance plan, go to www.irs.gov and enter "HCTC" in the search box.

Qualifying Family Member

A qualifying family member is:

Returns on page 3), or

 Your spouse (but see Married Persons Filing Separate) • Anyone whom you can claim as a dependent (but see the Anyone whom you can claim as a dependent (but see the page 2)

For any month that you are eligible to claim the HCTC, you are include pramitime paid for a qualifying family, manual for Can include premiums paid for a qualifying family member for can include premiums paid for a qualifying family member for statements were true as of the first day of that month.

Department of the Treasury

Internal Revenue Service

Direct Deposit of Refund to More Than One Account

See instructions below and on back.

► Attach to Form 1040, Form 1040A, Form 1040EZ, Form 1040NR, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

OMB No. 1545-0074

Attachment Sequence No. 56

Nam	ne(s) shown on return	Your socia	al security number ;	r
 1a	Amount to be deposited in first account	. 1a	T86410	
þ	Routing number			
	Account number	2a	T86415	
2a	Amount to be deposited in second account			
b	Routing number Savings			}
d	Account number	-		
За	Amount to be deposited in third account	. 3a	T86420	-
b	Routing number ☐ ☐ ☐ Checking ☐ Savings			
d	Account number			
4	Total amount to be directly deposited. Add lines 1a, 2a, and 3a. The total must equal the amount shown on Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040NR			

General Instructions Purpose of Form

Use Form 8888 if you want us to directly deposit your tax refund to either two or three of your accounts at a bank or other financial institution (such as a mutual fund. brokerage firm, or credit union). If you file Form 8888, you cannot choose to get any part of your refund as a check. You cannot request a deposit of your refund to an account that is not in your name (such as your tax preparer's own account). An account can be a checking, savings, or other account such as an individual retirement arrangement (IRA) (see page 2 for more information on IRAs), health savings account (HSA), Archer MSA, or Coverdell education savings account (ESA). You cannot have your refund deposited into more than one account if you file Form 1040EZ-T, Request for Refund of Federal Telephone Excise Tax, or Form 8379, Injured Spouse Allocation.

Note. If you want your refund deposited to only one account, do not complete this form. Instead, you can request a direct deposit of your refund on the tax return you are filing.



line 72a; Form 1040NR-EZ, line 24a; Form 1040-SS, line 12a; or Form 1040-PR, line 12a . . .

Do not file a Form 8888 on which you have crossed out or whited out any numbers. If you CAUTION do, the IRS will reject your direct deposit and send you a check.

Why Use Direct Deposit?

- · You get your refund faster by direct deposit than you do by check.
- Payment is more secure. There is no check that can get lost or stolen.
- It is more convenient. You do not have to make a trip to the bank to deposit your
- · It saves tax dollars. It costs the government less to refund by direct deposit.



The IRS is not responsible for a lost refund if you enter the wrong account information. You should check with your financial

institution to get the correct routing and account numbers and make sure your deposit will be accepted. Do not use the routing number on a deposit slip if it is different from the routing number on your checks.

Specific Instructions

If you file a joint return and you complete and attach Form 8888, you are allowing your spouse to receive the refund on your behalf. This cannot be changed later.



Some financial institutions will not allow a joint refund to be deposited to an individual account. If the direct deposit is

rejected, a check will be sent instead. The IRS is not responsible if a financial institution rejects a direct deposit.

Lines 1a, 2a, and 3a

Enter the portion of your refund you want directly deposited to each account. Each deposit must be at least \$1. The amount of your refund can be found on Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040NR, line 72a; Form 1040NR-EZ, line 24a; Form 1040-SS, line 12a; or Form 1040-PR, line 12a. The total of lines 1a, 2a, and 3a must equal the total amount of your refund.

Lines 1b, 2b, and 3b

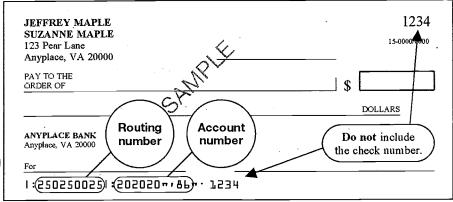
The routing number must be nine digits. The first two digits must be 01 through 12 or 21 through 32. Otherwise, the direct deposit will be rejected and a check sent instead. On the sample check, the routing number is 250250025. Jeffrey and Suzanne Maple would use that routing number unless their financial institution instructed them to use a different routing number for direct deposits.



Your check may state that it is payable through a financial institution different from the one CAUTION at which you have your account.

If so, do not use the routing number on that check. Instead, contact your financial institution for the correct routing number to enter.

Sample Check



Note. The routing and account numbers may be in different places on your check.

Lines 1c, 2c, and 3c

Check the appropriate box for the type of account. Do not check more than one box for each line. If your deposit is to an account such as an IRA, HSA, or other similar account, ask your financial institution whether you should check the "Checking" or "Savings" box. You must check the correct box to ensure your deposit is accepted.

Line 4

The total on line 4 must equal the amount you want refunded to you shown on your tax return (Form 1040, line 74a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040NR, line 72a; Form 1040NR-EZ, line 24a; Form 1040-SS, line 12a; or Form 1040-PR. line 12a). If the total on line 4 is different, a check will be sent instead.

Individual Retirement Arrangement (IRA)

You can have your refund directly deposited to a traditional IRA, Roth IRA, or SEP-IRA, but not a SIMPLE IRA.You must establish the IRA at a bank or other financial institution before you request direct deposit. Make sure your direct deposit will be accepted. You must also notify the trustee of your account of the year to which the deposit is to be applied. If you do not, the trustee can assume the deposit is for the year during which you are filing your return. For example, if you file your 2006 return during 2007 and do not notify the trustee in advance, the trustee can assume the deposit to your IRA is for 2007. If you designate your deposit to be for 2006, you must verify that the deposit was actually made to the account by the due date of the return (without regard to extensions). If the deposit is not made to your account by the due date (without regard to extensions), the deposit is not an IRA contribution for 2006. In that case, you must file an amended 2006 return and reduce any IRA deduction and any retirement savings contributions credit you claimed.



You and your spouse, if filing jointly, each may be able to contribute up to \$4,000 CAUTION (\$5,000 if age 50 or older at

the end of 2006) to a traditional IRA or Roth IRA for 2006. You may have to pay a penalty if your contributions exceed these limits.



For more information on IRAs, see Pub. 590, Individual Retirement Arrangements (IRAs).

Changes in Refund Due to Math Errors or Refund Offsets

The rules below explain how your direct deposits may be adjusted.

Math errors. The following rules apply if your refund is increased or decreased due to a math error.

Refund increased. If you made an error on your return and the amount of your refund is increased, the additional amount will be deposited to the last account listed. If you asked that your refund be split among three accounts, any increase will be deposited to the account shown on line 3. If you asked that your refund be split among two accounts, any increase will be deposited to the account shown on line 2.

Example. Your return shows a refund of \$300 and you ask that the refund be split among three accounts with \$100 in each account. Due to an error on the return, your refund is increased to \$350. The additional \$50 will be added to the deposit to the account shown on line 3.

Refund decreased. If you made an error on your return and the amount of your refund is decreased, the decrease will be taken first from any account shown on line 3, next from the account shown on line 2, and finally from the account shown on line 1.

Example. Your return shows a refund of \$300 and you ask that the refund be split among three accounts with \$100 in each account. Due to an error on your return, your refund is decreased by \$150. You will not receive the \$100 you asked us to deposit to the account on line 3 and the deposit to the account shown on line 2 will be reduced by \$50.

Note. If you appeal the math error and your appeal is upheld, the resulting refund will be deposited to the account on line 1.

Refund offset. The following rules apply if your refund is offset (used) to pay past-due federal tax or certain other debts.

Past-due federal tax. If you owe past-due federal tax and your refund is offset by the IRS to pay the tax, the past-due amount will be deducted first from any deposit to an account shown on line 3, next from the deposit to the account shown on line 2, and finally from the deposit to the account shown on line 1.

Example. Your return shows a refund of \$300 and you asked us to split the refund among three accounts with \$100 in each account. You owe \$150 from a prior tax year. You will not receive the \$100 you asked us to deposit to the

account on line 3 and the deposit to the account shown on line 2 will be reduced by \$50.

Other offsets. If you owe other past-due amounts (such as state income tax, child support, spousal support, or certain federal nontax debts, such as student loans) subject to offset by the Treasury Department's Financial Management Service (FMS), the past-due amounts will be deducted first from the deposit to the account with the lowest routing number. Any remaining amount due will be deducted from the deposit to the account with the next lowest routing number and then from the deposit to the account with the highest routing number.



If the deposit to one or more of your accounts is changed due to a math error or refund CAUTION offset, and that account is

subject to contribution limits, such as an IRA, HSA, Archer MSA, or Coverdell ESA, or the deposit was deducted as a contribution to a tax-favored account on your tax return, you may need to correct your contribution or file an amended

Example. You deduct \$1,000 on your 2006 tax return for an IRA contribution. The contribution is to be made from a direct deposit of your 2006 refund. Due to an offset by the FMS, the direct deposit is not made to your IRA. You need to correct your contribution by the due date of your return (determined without regard to any extension) or file an amended return.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Health Savings Accounts (HSAs)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or Form 1040NR.

➤ See separate instructions.

Sequence No. 53

ame(s)	shown	on Fo	rm	1040	or	Form	104	IONR	
				CC	M	BINE	ED	FOF	RM

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions

	TISAS, See Page 2 of the Institution of			
Befo	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Cont	tracts,	if required.	
Par	HSA Contributions and Deduction. See page 2 of the instructions before complete filing jointly and both you and your spouse each have separate HSAs, complete a spouse (see page 2 of the instructions).	eting t separ	his part. If yo rate Part I for	u are each
	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2006 (see page 2 of the instructions)	Se	lf-only 🗌 Fa	mily
2	HSA contributions you made for 2006 (or those made on your behalf), including those made from January 1, 2007, through April 16, 2007, that were for 2006. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 2 of the instructions)	2	E86502	
3	If you were under age 55 at the end of 2006, and on the first day of every month during 2006, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 3 of the instructions), or • \$2,700 (\$5,450 for family coverage). All others, enter the limitation from the worksheet on page 3 of the instructions. Enter the amount you and your employer contributed to your Archer MSAs for 2006 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during	3	E86507	
	2006, also include any amount contributed to your spouse's Archer MSAs	4	E86512	1
5	Subtract line 4 from line 3. If zero or less, enter -0	5	E86517	╁
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2006, see the instructions on page 3 for the amount to enter.	6	E86522	
7	If you were age 55 or older at the end of 2006, married, and you or your spouse had family coverage under an HDHP at any time during 2006, enter your additional contribution amount (see page 4 of the instructions)	7	E86527	
8	Add lines 6 and 7	8	E86532	+-
9	Employer contributions made to your HSAs for 2006	9	E86537 E86542	-
10	Subtract line 9 from line 8. If zero or less, enter -0	10	E00342	+
11	HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25, or Form 1040NR, line 25	11	E86547	
	Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).			
Pa	HSA Distributions. If you are filing jointly and both you and your spouse each h complete a separate Part II for each spouse.			S,
12a	Total distributions you received in 2006 from all HSAs (see page 5 of the instructions)	12a	E86552	
b	Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were	406	E86557	
	withdrawn by the due date of your return (see page 5 of the instructions)	12b	E86562	
	Subtract line 12b from line 12a	13	E86567	1
13	Unreimbursed qualified medical expenses (see page 5 of the instructions)			
14	Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	14	E86572	
	If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here	15b	E86577	

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Cat. No. 37621P

Form **8889** (2006)



Exemption Amount for Taxpayers Housing Individuals Displaced by Hurricane Katrina

► Attach to Form 1040, Form 1040A, or Form 1040NR

OMB No. 1545-0074 Attachment Sequence No. 55

Department of the Treasury Internal Revenue Service

Your social security number

	Information on Individ	uals Displaced by Hurr	icane Katrini	a ioi vi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ju ,	iueu i	lousing in i	our
	Main Home for at Lea	st 60 Consecutive Day	S						
	Do not enter information	for more than four individua	als, for anyone	include	d on line	6d of Fo	orm 104	40 or 1040A (II	me.
	7d of Form 1040NR), or form	or anyone included on a Fo	T				· 1	(d) Number of	of
1	(a) First and last name	(b) Social security number	(c) Form	mer addre	ss in disaste	er area	code)	consecutive days I	nousec
	(a) That and last hame	(see instructions)	(number and site	set, city of		s, and En	-	in your main ho	ome
	NMDSP1	S0 3 9							
	NMDSP2	S040							
		0044					1		
	NMDSP3	S041					_		
	NMDSP4	S042							
_		N11							
			parried filing ser	narately)		2	E21185	
	Maximum exemption amound Did you file Form 8914 for 200		latricu iliriy se	paratory	,				
	Yes. Enter the amount from	n vour 2005 Form 8914. lir	ne 2 FIL2	:005					
	No. Enter -0-	11 your 2000 : 01111 00 : 1, 111					3	E21190	-
	Subtract line 3 from line 2						4	E21195	
	Multiply \$500 by the total num	ber of individuals listed in	Part I above .				5	E21200	<u> </u>
•	Enter the smaller of line 4 or li	ne 5					6	E21203	
	Multiply \$3,300 by the total	number of exemptions cl	aimed on line	6d of	Form 10	40 or		E0400E	
	Form 1040A (line 7d of Form	1040 N R)					7	E21205	
,	Add lines 6 and 7			: .			8	E21210	
)	Is the amount on Form 104	0, line 38 (Form 1040A, I	ine 22; or						
	Form 1040NR, line 36), more th	nan the amount shown on li	ne 10 below		•				
	for your filing status?								
	No. STOP Enter the amo	ount from line 8 above on	Form 1040.						İ
		26; or Form 1040NR, line 3							
	☐ Yes. Enter on line 9 the (Form 1040A, line 22; or F	e amount from Form 104	0, ine 36	9					
_	Enter the amount shown below								ĺ
0	• Single—\$150,500	w for your ming oracus.	1						
	 Married filing jointly or Qua 	ılifvina widow(er)\$225,750	o	10					
	Married filing separately—								
	 Head of household—\$188, 		J				4		
1	Subtract line 10 from line 9. Is	the result more than \$122,5	500 (\$61,250	1			100		
	if married filing separately)?								
	Yes. (stop) Multiply \$2,2	00 by the total number of	exemptions						
	claimed on line 6d of Forn	n 1040 or Form 1040A (line	7d of Form						
	1040NR). Subtract this am	ount from line 8 and enter	the result on						
		040A, line 26, or Form 1040	NR, line 39)	44					
	No. Continue			11					
2	Divide line 11 by \$2,500 (\$1	250 if married filing separ	ately). If the						İ
	result is not a whole numbe	r, increase it to the next h	nigner whole	12					
	number (for example, increas			-					
3	Multiply line 12 by 2% (.02) ar		mai rounded	13		·			ĺ
_							14	E21215	
		and the second second second			•		45	E21218	
4 5	Divide line 14 by 1.5						15		-+-

line 42; Form 1040A, line 26; or Form 1040NR, line 39

General Instructions

Purpose of Form

Use Form 8914 to claim your personal exemptions, exemptions for dependents, and the additional exemption amount for providing housing in your main home to one or more individuals displaced by Hurricane Katrina.

Additional Exemption Amount

You can claim an additional exemption amount of \$500 for each displaced individual (defined below). You can claim an additional exemption amount only one time for a specific individual. If you claimed an additional exemption amount for that individual in 2005, you cannot claim that amount again in 2006. The maximum additional exemption amount you can claim for all displaced individuals is \$2,000 (\$1,000 if married filing separately). Any additional exemption amount you claimed for displaced individuals in 2005 will reduce the \$2,000 maximum for 2006. If two or more taxpayers share the same main home, only one taxpayer in that main home can claim the additional exemption amount for a specific displaced individual. If married filing separately, only one spouse can claim the additional exemption amount for a specific displaced individual. In order for you to be considered to have provided housing, you must have a legal interest in the main home (that is, own or rent the home).

Displaced Individual

For you to claim the additional exemption amount, a displaced individual must meet all of the following conditions.

- The individual must have had his or her main home in the Hurricane Katrina disaster area (for this purpose, the states of Alabama, Florida, Louisiana, and Mississippi) on August 28, 2005, and he or she must have been displaced from that home. If the individual's main home was located outside the core disaster area (defined below), that home must have been damaged by Hurricane Katrina or the individual must have been evacuated from that home because of Hurricane Katrina.
- The individual must have been provided housing in your main home free of charge for a period of at least 60 consecutive days ending in 2006. See Compensation for Housing on this page.
- He or she cannot be your spouse or dependent.

Core Disaster Area

The following areas in three states are within the core disaster

Alabama. The counties of Baldwin, Choctaw, Clarke, Greene, Hale, Marengo, Mobile, Pickens, Sumter, Tuscaloosa, and Washington.

Louisiana. The parishes of Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana.

Mississippi. The counties of Adams, Amite, Attala, Choctaw, Claiborne, Clarke, Copiah, Covington, Forrest, Franklin, George, Greene, Hancock, Harrison, Hinds, Holmes, Humphreys, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Lowndes, Madison, Marion, Neshoba, Newton, Noxubee, Oktibbeha, Pearl River, Perry, Pike, Rankin, Scott, Simpson, Smith, Stone, Walthall, Warren, Wayne, Wilkinson, Winston, and Yazoo.

Compensation for Housing

You cannot claim the additional exemption amount if you received rent (or any other amount) from any source for providing the housing. You are permitted to receive payments or reimbursements that do not relate to normal housing costs, including the following.

- Food, clothing, or personal items consumed or used by the displaced individual.
- Reimbursement for the cost of any long distance telephone calls made by the displaced individual.
- Reimbursement for the cost of gasoline for the displaced individual's use of your vehicle.

However, you cannot claim the additional exemption amount if you received any reimbursement for the extra costs of heat, electricity, or water used by the displaced individual.

Specific Instructions

Line 1, Column (a)

Enter the first and last names of up to four individuals displaced by Hurricane Katrina who were provided housing in your main home for a period of at least 60 consecutive days ending in 2006. If less than 60 consecutive days, you cannot claim an additional exemption amount for this individual.

Do not enter the name of any individual you included on a Form 8914 you filed for 2005.

Line 1, Column (b)

Enter the displaced individual's social security number (SSN) or individual taxpayer identification number (ITIN). You must provide this information in column (b) to claim an exemption amount. You may use **Form W-9**, Request for Taxpayer Identification Number and Certification, to request an SSN or ITIN from the displaced individual.

Line 1, Column (c)

Enter the street address where the displaced individual's main home was located on August 28, 2005. That home must have been located in the Hurricane Katrina disaster area on that date. Include the number and street, city or town, state, and ZIP code.

Line 1, Column (d)

Enter the number of consecutive days the displaced individual was provided housing in your main home free of charge.

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