

2001

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2001, please check the appropriate box and include all pertinent details. Attach additional schedules if necessary.

YES NO

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2001?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2001?
- Did you have any children under age 14 on January 1, 2002 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500?

TAX REBATE/ADVANCE PAYMENT

- Did you receive a tax rebate/advance payment from the Internal Revenue Service?
If yes, specify the amount. \$ _____

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property? Specify the sale of any collectibles (e.g., artwork, gems, stamps, coins) and any qualified small business stock.
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you have any debts cancelled or forgiven?
- Did anyone owe you money which had become uncollectible?

2001	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2001, please check the appropriate box and include all pertinent details. Attach additional schedules if necessary.

- | YES | NO | RETIREMENT PLANS |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a profit-sharing plan, retirement plan, or individual retirement arrangement (including Traditional IRA, Roth IRA, and Education Savings Account)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert from a Traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to a Traditional IRA , Roth IRA, or Education Savings Account? |

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |

- | | | MISCELLANEOUS |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss this return with the preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any adoption expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$10,000, or any gifts to a trust? |

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2001	1040	US	Client Information	1
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Theodore Kleinman, CPA
 P.O. Box 1899
 Portland, OR 97207-1899
 (503) 297-5256

Tax Return Appointment

Date:
 Time:

This tax organizer will assist you in gathering information necessary for the preparation of your 2001 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION (1)

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (1999 or 2000)		<p style="text-align:center;">Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Address	Care of Addressee Street address Apartment number City State ZIP code		
Foreign Address	Region Postal code Country		
Taxpayer Contact Information	Home phone Work phone Work extension Daytime phone (table) Mobile phone Pager number Fax number E-mail address		
Spouse Contact Information	Home phone Work phone Work extension Daytime phone (table) Mobile phone Pager number Fax number E-mail address		

Daytime Phone

1 = Work
 2 = Home

2001	1040	US	Client Information (continued) & Dependents	1, 2
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Please add, change or delete information for 2001.

CLIENT INFORMATION (1)

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

DEPENDENTS (2)

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child at home (default) 2 = Child not at home 3 = Dependent other than child 4 = HH only, not a dependent 5 = EIC only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

2001

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US

Direct Deposit & Estimates (Form 1040 ES)

3, 6, 7.1

Please enter all pertinent 2001 information.

DIRECT DEPOSIT OF REFUND (3)

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

2001 ESTIMATED TAX (6)

	Federal				State			
	Amount Paid	Date Paid	TS		Amount Paid	Date Paid	TS	
Overpayment applied from 2000	1				101			
1st quarter payment (due 4/16/01)	2	3			102	103		
2nd quarter payment (due 6/15/01)	4	5			104	105		
3rd quarter payment (due 9/17/01)	6	7			106	107		
4th quarter payment (due 1/15/02)	8	9			108	109		
Additional Estimated Tax Payments	38	39			138	139		
	40	41			140	141		
	42	43			142	143		
	44	45			144	145		

APPLICATION OF 2001 OVERPAYMENT (7.1)

If you have an overpayment of 2001 taxes, do you want the excess refunded? or applied to 2002 estimate?

Other (please explain): _____

2002 ESTIMATED TAX INFORMATION

Do you expect your 2002 taxable income to be generally the same as 2001? Yes No

If "no" explain any differences in income, deductions, dependents, etc: _____

Do you expect your 2002 withholding to be generally the same as 2001? Yes No

If "no" explain any differences: _____

3, 6, 7.1

2001	1040	US	Wages & Pensions	10, 13
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Please enter all pertinent 2001 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2000 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
	800	1	2	3	4	6	8	14	18	

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

No.	Name of Payer	1=IRA/SEP/SIMPLE (Box 7) 2=W-2G		1=rollover (Box 7)	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld			2000 Distribution
		1=spouse					Federal (Box 4)	State (Box 10)	Local (Box 13)	
	800	1	2	13	3	4	6	9	11	

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US

Miscellaneous Income

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Please enter all pertinent 2001 amounts and attach all 1099-G, 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
State tax refund if you itemized last year.....	1	51		
Social security benefits (SSA-1099, box 5).....	2	52		
Medicare premiums paid (SSA-1099).....	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5).....	3	53		
1=lump-sum election for SS benefits.....	12	62		
Alimony received.....	5	55		
Unemployment compensation received.....	6	56		
Unemployment compensation repaid.....	7	57		
Taxable scholarships and fellowships.....	8	58		
Household employee income not on W-2.....	9	59		
Alaska permanent fund dividends.....	21	71		
Qualified state tuition program earnings:				
Federal.....	22	72		
State, if different (-1 if none).....	25	75		
Income from rental of personal property.....	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income:				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

TAX WITHHELD (only from above sources)

Federal income tax withheld.....	14	64		
State income tax withheld.....	15	65		

14

2001	1040	US	Business Income (Schedule C)	No. <input style="width:40px;" type="text"/>	16
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	800	
Principal business code	801	
Business name	802	
Business address	803	
Business city, state, ZIP code	804	
Employer identification number	805	
Other accounting method	806	

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

INCOME

	2001 Amount	2000 Amount
Gross receipts or sales	51	
Returns and allowances	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

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

2001	1040	US	Business Income (Schedule C) (cont.)	No. <input style="width:40px;" type="text"/>	16 p2
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2001 Amount	2000 Amount
Accounting.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses [A].....	59	
Commissions.....	60	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest [A].....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans.....	71	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, and equipment [A].....	58	
Rent - other business property.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other [A].....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Total meals and entertainment in full (50%).....	81	
Department of Transportation meals in full (60%).....	86	
Disallowed meals and entertainment [O].....	82	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	
Less: employment credits (enter as positive) [O].....	79	
Other expenses:		
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

NOTE: If you purchased or disposed of any business assets, please complete sheets 22 and 22 p2.

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2001 Amount	2000 Amount
No. <input style="width: 40px;" type="text"/>	Description of property	800	
	Date acquired (m/d/y)	25	
	Date sold (m/d/y)	26	
	Gross profit ratio (.xxxx)	500	
	Current year principal payments (-1 if none)	36	
	Prior years' payments	37	
	Ordinary income (-1 if none, triggers 4797)	38	
No. <input style="width: 40px;" type="text"/>	Description of property	800	
	Date acquired (m/d/y)	25	
	Date sold (m/d/y)	26	
	Gross profit ratio (.xxxx)	500	
	Current year principal payments (-1 if none)	36	
	Prior years' payments	37	
	Ordinary income (-1 if none, triggers 4797)	38	
No. <input style="width: 40px;" type="text"/>	Description of property	800	
	Date acquired (m/d/y)	25	
	Date sold (m/d/y)	26	
	Gross profit ratio (.xxxx)	500	
	Current year principal payments (-1 if none)	36	
	Prior years' payments	37	
	Ordinary income (-1 if none, triggers 4797)	38	
No. <input style="width: 40px;" type="text"/>	Description of property	800	
	Date acquired (m/d/y)	25	
	Date sold (m/d/y)	26	
	Gross profit ratio (.xxxx)	500	
	Current year principal payments (-1 if none)	36	
	Prior years' payments	37	
	Ordinary income (-1 if none, triggers 4797)	38	
No. <input style="width: 40px;" type="text"/>	Description of property	800	
	Date acquired (m/d/y)	25	
	Date sold (m/d/y)	26	
	Gross profit ratio (.xxxx)	500	
	Current year principal payments (-1 if none)	36	
	Prior years' payments	37	
	Ordinary income (-1 if none, triggers 4797)	38	
No. <input style="width: 40px;" type="text"/>	Description of property	800	
	Date acquired (m/d/y)	25	
	Date sold (m/d/y)	26	
	Gross profit ratio (.xxxx)	500	
	Current year principal payments (-1 if none)	36	
	Prior years' payments	37	
	Ordinary income (-1 if none, triggers 4797)	38	

2001	1040	US	Sale of Home & Moving Expenses	No. <input style="width:40px;" type="text"/>	17, 27
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**If you sold your home or moved in 2001, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property	800	
Date acquired (m/d/y)	25	
Date sold (m/d/y)	26	
Sales price	27	
1=sale of home.....	46	
1=owned and used property as main home for at least 2 of 5 years before sale	145	
1=sale due to change in health or employment.....	161	
If excluding gain from another home after May 6, 1997 & within 2 years of current sale, enter date of sale (m/d/y) .	152	

Adjusted Basis

Original cost		
Improvements:		

Adjusted basis	29	

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

Total expenses of sale	28	

Reduced Exclusion

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

Days used as main home - taxpayer	148	
Days used as main home - spouse	149	
Days property owned - taxpayer	150	
Days property owned - spouse	151	

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

1=spouse, 2=joint.	1	
1=armed forces move due to permanent change of station	14	
Miles from old home to new work place	2	
Miles from old home to old work place	3	
Expenses for transportation and storage of household goods and personal effects	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile)	5	
Parking fees and tolls	15	
Gas and oil	16	
Miles driven to new home	17	
Reimbursements (not included in wages)	6	

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

	17, 27
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2001	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:40px;" type="text"/>	18
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

Kind of property	800	
Location of property	801	

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

INCOME

	2001 Amount	2000 Amount
Rents received	2	
Royalties received	3	

DIRECT EXPENSES

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

Advertising	4	
Association dues	16	
Auto and travel [A]	5	
Cleaning and maintenance	6	
Commissions	7	
Gardening	18	
Insurance	8	
Legal and professional fees	10	
Licenses and permits	23	
Management fees	19	
Miscellaneous	24	
Mortgage interest (paid to banks, etc.)	9	
Other interest [A]	29	
Painting and decorating	20	
Pest control	21	
Plumbing and electrical	17	
Repairs	11	
Supplies	12	
Taxes - real estate	13	
Taxes - other [A]	25	
Telephone	22	
Utilities	14	
Wages and salaries	15	

Other:

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

NOTE: If you purchased or disposed of any business assets, please complete sheets 22 and 22 p2.

2001	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No. <input style="width:40px;" type="text"/>	18 p2
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2001 Amount	2000 Amount
Production type (preparer use only)	42	
Cost depletion	43	
Percentage depletion rate or amount [O]	502	
State cost depletion, if different (-1 if none)	76	
State % depletion rate or amount, if different (-1 if none) [O]	506	

VACATION HOME

Number of days rented at fair market value	34	
Number of days personal use	35	
Number of days owned (if optional method elected)	53	
Percentage of business use (.xxxx) [O]	505	
Disallowed vacation home expenses [O]	40	

INDIRECT EXPENSES

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

Advertising	204	
Association dues	216	
Auto and travel [A]	205	
Cleaning and maintenance	206	
Commissions	207	
Gardening	218	
Insurance	208	
Legal and professional fees	210	
Licenses and permits	223	
Management fees	219	
Miscellaneous	224	
Mortgage interest (paid to banks, etc.)	209	
Other interest [A]	229	
Painting and decorating	220	
Pest control	221	
Plumbing and electrical	217	
Repairs	211	
Supplies	212	
Taxes - real estate	213	
Taxes - other [A]	225	
Telephone	222	
Utilities	214	
Wages and salaries	215	

Other:

_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

2001	1040	US	Farm Income (Sch. F/Form 4835) (cont.)	No. <input style="width:30px;" type="text"/>	19 p2
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

FARM EXPENSES

2001 Amount

2000 Amount

Car and truck expenses [A]	60		
Chemicals	27		
Conservation expenses	28		
Custom hire (machine work)	40		
Employee benefit programs	31		
Feed purchased	32		
Fertilizers and lime	33		
Freight and trucking	34		
Gasoline, fuel, and oil	35		
Insurance (other than health)	36		
Mortgage interest (paid to banks, etc.)	41		
Other interest [A]	42		
Labor hired	37		
Less: employment credits [O]	38		
Pension and profit sharing	43		
Rent - vehicles, machinery, and equipment [A]	39		
Rent - other	44		
Repairs and maintenance	45		
Seeds and plants purchased	46		
Storage and warehousing	47		
Supplies purchased	48		
Taxes [A]	49		
Utilities	50		
Veterinary, breeding, and medicine	51		
Other expenses:			
_____	53		
_____	53		
_____	53		
_____	53		
_____	53		
_____	53		
_____	53		
_____	53		
_____	53		
_____	53		

PREPRODUCTIVE PERIOD EXPENSES (also enter above)

Capitalized preproductive period expenses	77		
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NOTE: If you purchased or disposed of any business assets, please complete sheets 22 and 22 p2.

2001	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2001 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

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

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number
	800	801

2001

1040

US

Adjustments to Income

24

Please enter all pertinent 2001 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

Were you an active participant in an employer/self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year? (yes/no)

Taxpayer	Spouse

Would you like to contribute the maximum Traditional IRA amount that can be deducted? (yes/no)

Taxpayer	Spouse

Enter the amount contributed to your Traditional IRA.
(Date paid: _____)

Taxpayer	Spouse

If you received a distribution from a Traditional IRA, or converted a Traditional IRA to a Roth IRA; enter the total value of all Traditional IRAs at 12/31/01

Taxpayer	Spouse

ROTH IRA CONTRIBUTIONS

Would you like to contribute the maximum Roth IRA? (yes/no)

Taxpayer	Spouse

Enter the amount contributed to your Roth IRA.
(Date paid: _____)

Taxpayer	Spouse

Enter the amount of recharacterizations of contributions to or from Roth IRAs

Taxpayer	Spouse

EDUCATION SAVINGS ACCOUNT CONTRIBUTIONS (formerly Education IRA)

Would you like to contribute the maximum amount to an Education Savings Account? (yes/no)

Taxpayer	Spouse

Enter the amount contributed to an Education Savings Account.
(Date paid: _____) *

Taxpayer	Spouse

If you received a distribution from an Education Savings Account, enter any qualified higher education expenses *

Taxpayer	Spouse

If you received a distribution from an Education Savings Account, enter the total value of the account at 12/31/01 *

Taxpayer	Spouse

FOR PREPARER USE ONLY

TRADITIONAL IRA CONTRIBUTIONS

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions (1=maximum deduction)	1	51		
Contributions made (letter use only)	3	53		
Other earned income [A]	4	54		
1=covered by plan, 2=not covered [O]	5	55		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions (1=maximum deduction)	27	77		
Recharacterizations	28	78		
Contributions made (letter use only)	30	80		

24

2001

1040

US

Adjustments to Income (continued)

24 p2

Please enter all pertinent 2001 information. Last year's amounts are provided for your reference.

ADJUSTMENTS TO INCOME

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)	16	66		
Long-term care premiums	26	76		
Student loan interest paid (enclose Forms 1098-E)	23	73		
Expenses from rental of personal property	37	87		
Other adjustments to income:				
_____	19	69		
_____	19	69		
_____	19	69		
_____	19	69		
_____	19	69		

	Taxpayer		Spouse	
	Alimony paid:			
Recipient's first name	39.____		89.____	
Recipient's last name	40.____		90.____	
Recipient's SSN	41.____		91.____	
Amount paid	18.____	2000 amt:	68.____	2000 amt:

SELF-EMPLOYED SEP, SIMPLE and QUALIFIED PLANS (KEOGH)

Would you like to contribute the maximum allowable amount? (yes/no)
 (Type of plan: _____; Plan contribution rate: _____)

Enter the amount contributed to your plan.
 (Date paid: _____)

FOR PREPARER USE ONLY

SEP, SIMPLE, KEOGH

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (15%/1.15) (1=maximum)	10	60		
Money purchase (25%/1.25) (1=maximum)	11	61		
Defined benefit (no limitation applied)	13	63		
Self-employed SEP (15%/1.15) (1=maximum)	12	62		
Plan contribution rate (.xxxx) [O]	501	551		
SIMPLE contributions:				
Self-employed SIMPLE (1=maximum)	22	72		
Employer matching rate (.xxxx) [O]	502	552		
1=nonelective contributions (2%)	24	74		
Self-employed SIMPLE [O]	25	75		
Contributions made (letter use only)	14	64		
Net earnings [A]	15	65		

**Please enter all pertinent 2001 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 p2 and Medicare insurance premiums on Sheet 14.

	2001 Amount	TS	2000 Amount
Prescription medicines and drugs.....	4		
Doctors, dentists and nurses.....	5		
Hospitals and nursing homes.....	6		
Insurance premiums (excluding long-term care) [A].....	7		
Long-term care premiums [A].....	17		
Insurance reimbursement (enter as a positive number).....	8		
Lodging and transportation:			
Out-of-pocket expenses.....	9		
Number of medical miles.....	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

TAXES PAID (State and local withholding and 2001 estimates are automatic.)

State and local income taxes - 1/01 payment on 2000 state estimate.....	11		
State and local income taxes - paid with 2000 state extension.....	12		
State and local income taxes - paid with 2000 state return.....	13		
State and local income taxes - paid for prior years and/or to other state.....	14		
Real estate taxes - principal residence.....	15		
Real estate taxes - property held for investment.....	16		
Personal property taxes (including automobile fees).....	18		
Foreign income taxes.....	19		
Other taxes:			
_____	20		
_____	20		

INTEREST PAID

Home mortgage interest and points reported on Form 1098:

_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

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

Amount paid.....	22.____		
------------------	---------	--	--

Points not reported on Form 1098:

_____	23		
_____	23		

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive interest.....	27		
Certain home mortgage interest included above (6251).....	30		

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

2001

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

CASH CONTRIBUTIONS

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

Contributions by cash or check:

Horizontal lines for entering 2001 amounts for 50% limitation.

Table with columns: 2001 Amount, TS, 2000 Amount. Rows 32-53.

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

Contributions by cash or check:

Horizontal lines for entering 2001 amounts for 30% limitation.

Table with columns: 2001 Amount, TS, 2000 Amount. Rows 41-54.

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

50% limitation (see above):

Horizontal lines for entering 2001 amounts for 50% noncash limitation.

Table with columns: 2001 Amount, TS, 2000 Amount. Rows 33-37.

30% limitation (see above):

Horizontal lines for entering 2001 amounts for 30% noncash limitation.

Table with columns: 2001 Amount, TS, 2000 Amount. Rows 34-38.

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

Horizontal lines for entering 2001 amounts for 30% capital gain property.

Table with columns: 2001 Amount, TS, 2000 Amount. Rows 35-39.

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

Horizontal lines for entering 2001 amounts for 20% capital gain property.

Table with columns: 2001 Amount, TS, 2000 Amount. Rows 36-40.

25 p2

2001

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2001 Amount TS 2000 Amount

Union and professional dues 42

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

_____	43		
_____	43		
_____	43		
_____	43		
_____	43		
_____	43		

Investment expense:

_____	44		
_____	44		
_____	44		
_____	44		

Tax return preparation fee 45

Safe deposit box rental 46

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

_____	47		
_____	47		
_____	47		
_____	47		

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings 48

Estate tax, section 691(c) 49

Other miscellaneous deductions:

_____	50		
_____	50		
_____	50		
_____	50		

25 p3

2001	1040	US	Noncash Contributions (Form 8283)	26
-------------	-------------	-----------	--	-----------

**If your total noncash contributions are in excess of \$500 in 2001,
please complete the information below for each donee.**

DONATED PROPERTY INFORMATION

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee)	800	
	Street address	801	
	City, state, ZIP code	802	
	1=spouse, 2=joint	1	
	Property description	803	
	How acquired by donor (Table 1 or describe)	804	
	Method used to determine FMV (Table 2 or describe)	805	
	Date of contribution (m/d/y) *	5	
	Date acquired by donor (m/y) *	6	
	Donor's cost or basis	7	
Fair market value	8		
Contribution deduction (defaults to FMV) [O]	9		
AGI limitation (Table 3)	10		

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee)	800	
	Street address	801	
	City, state, ZIP code	802	
	1=spouse, 2=joint	1	
	Property description	803	
	How acquired by donor (Table 1 or describe)	804	
	Method used to determine FMV (Table 2 or describe)	805	
	Date of contribution (m/d/y) *	5	
	Date acquired by donor (m/y) *	6	
	Donor's cost or basis	7	
Fair market value	8		
Contribution deduction (defaults to FMV) [O]	9		
AGI limitation (Table 3)	10		

No. <input style="width:40px;" type="text"/>	Name of charitable organization (donee)	800	
	Street address	801	
	City, state, ZIP code	802	
	1=spouse, 2=joint	1	
	Property description	803	
	How acquired by donor (Table 1 or describe)	804	
	Method used to determine FMV (Table 2 or describe)	805	
	Date of contribution (m/d/y) *	5	
	Date acquired by donor (m/y) *	6	
	Donor's cost or basis	7	
Fair market value	8		
Contribution deduction (defaults to FMV) [O]	9		
AGI limitation (Table 3)	10		

<p>1 <u>How Property was Acquired</u></p> <p>1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange</p>	<p>2 <u>Method Used to Determine FMV</u></p> <p>1 = Appraisal 2 = Thrift shop value 3 = Catalog 4 = Comparable sales</p> <p>For other methods, see IRS Pub. 561.</p>	<p>3 <u>AGI Limitation</u></p> <p>1 = 50% limitation (default) 2 = 30% limitation 3 = 50% capital gain property 4 = 20% capital gain property</p>
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2001	1040	US	Business Use of Home (Form 8829)	No. <input style="width:40px;" type="text"/>	29
-------------	-------------	-----------	---	--	-----------

**Please enter 2001 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

		2001 Amount	2000 Amount
Form.....	45		
Number of form (e.g., enter 2 for Schedule C number 2).....	46		
Business use area (square footage).....	2		
Total area of home (square footage).....	1		
Total hours facility used (for daycare facilities only).....	3		
Total hours available (if not 8,760) [O].....	9		
Business percentage (.xxxx) [O].....	501		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....	502		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....	503		

INDIRECT EXPENSES

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

Mortgage interest.....	11		
Real estate taxes.....	12		
Casualty losses.....	13		
Insurance.....	14		
Miscellaneous.....	15		
Rent.....	16		
Repairs and maintenance.....	17		
Utilities.....	18		
Excess mortgage interest.....	19		
Other indirect expenses:			
_____	20		
_____	20		
_____	20		
_____	20		
_____	20		

DIRECT EXPENSES

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

Mortgage interest.....	21		
Real estate taxes.....	22		
Casualty losses.....	23		
Insurance.....	24		
Miscellaneous.....	25		
Rent.....	26		
Repairs and maintenance.....	27		
Utilities.....	28		
Excess mortgage interest.....	29		
Excess casualty losses.....	30		
Allowable casualty losses.....	31		
Other direct expenses:			
_____	32		
_____	32		
_____	32		
_____	32		
_____	32		

2001	1040	US	Vehicle/Employee Bus. Exp. (Form 2106)	No. <input style="width:40px;" type="text"/>	30
-------------	-------------	-----------	---	--	-----------

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

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

EMPLOYEE BUSINESS EXPENSES

	2001 Amount	2000 Amount
Meal and entertainment expenses	44	
Reimbursements for meals and entertainment not on W-2, box 1	45	
1=Department of Transportation (60% meal allowance)	50	
Local transportation (bus, taxi, train, etc.)	7	
Travel expenses while away from home overnight	9	
Reimbursements not included on Form W-2, box 1	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	

VEHICLE INFORMATION

1=your employer provided you with a vehicle	3	
1=vehicle used primarily by more than 5% owner	11	
1=vehicle is available for off-duty personal use	4	
1=no other vehicle is available for personal use	2	
1=no evidence to support your deduction	5	
1=no written evidence to support your deduction	6	
Number of months your job required a vehicle (if not 12 months)	80	

VEHICLE 1

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

2001

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

VEHICLE 2

	2001 Amount	2000 Amount
Description of vehicle	802	
Date placed in service (m/d/y)	29	
Total mileage	30	
Business mileage	31	
Commuting mileage	33	
Average daily round-trip commute	32	
Parking fees and tolls (business portion only)	71	
1=force actual expenses, 2=force standard mileage rate	35	
Actual expenses:		
Gasoline, lube, oil	61	
Repairs	62	
Tires	63	
Insurance	64	
Miscellaneous	36	
Auto license (other than personal property taxes)	65	
Personal property taxes (based on car's value)	66	
Interest (car loan)	67	
Vehicle rent or lease payments	37	
Inclusion amount (enter as positive)	34	
Value of employer-provided vehicle on Form W-2	38	

30 p2

2001	1040	US	Foreign Income Exclusion (Form 2555)	No. <input style="width:40px;" type="text"/>	31.1
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Please enter all pertinent 2001 information.

GENERAL INFORMATION

1=spouse.....	10		
Foreign address of taxpayer, if different from Form 1040.....	800		
Employer's name.....	801		
Employer's U.S. address.....	802		
Employer's foreign address.....	803		
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	5		
Employer type, if other.....	804		
Enter last year (after '81) Form 2555 was filed.....	805		
1=revoked choice of earlier exclusion claimed.....	8		
Type of exclusion revoked.....	806		
Tax year revocation was effective (m/y).....	58		
Country of citizenship.....	807		
1=maintain separate residence due to adverse living conditions.....	11		
City and country of separate foreign residence.....	808		
Number of days during tax year at separate foreign address.....	30		
Tax home(s) during tax year.....	809		
Dates tax home(s) were established (m/d/y).....	31		
1=automatic two-month extension (taxpayer resides outside country).....	13		

BONA FIDE RESIDENCE TEST

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

PHYSICAL PRESENCE TEST

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

FOREIGN HOUSING EXPENSES

	2001 Amount	2000 Amount
Qualified housing expenses.....	53	

2001	1040	US	Foreign Income Exclusion (Form 2555)	No. <input style="width:30px;" type="text"/>	31.4
-------------	-------------	-----------	---	--	-------------

**Please enter all pertinent 2001 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

FOREIGN WAGES, SALARIES, TIPS

	2001 Amount	2000 Amount
1=spouse.....	178	
1=retirement plan.....	2	
1=income earned in a prior year.....	187	
Name of employer.....	818	
Wages, tips, other compensation.....	179	
Federal income tax withheld.....	180	
Social security tax withheld.....	182	
Medicare tax withheld.....	184	
State income tax withheld.....	185	
Local income tax withheld.....	186	

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....	135	
Meals.....	136	
Car.....	137	

Other properties or facilities:

38.____		138.____	
38.____		138.____	
38.____		138.____	
38.____		138.____	

Allowances and Reimbursements

Cost of living and overseas differential.....	139	
Family.....	140	
Education.....	141	
Home leave.....	142	
Quarters.....	143	

Other purposes:

44.____		144.____	
44.____		144.____	
44.____		144.____	
44.____		144.____	

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

	145	
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Other Foreign Earned Income

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

2001 Days Worked Allocation Information

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

2001	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2001 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2001	3	53		
Other earned income [A]	4	54		
Employer-provided benefits received (W-2 box 10) [O]	5	55		
Employer-provided benefits forfeited in 2001	6	56		

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2001	20	2000 amt:
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2001	20	2000 amt:
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2001	20	2000 amt:
	1=spouse, 2=joint	21	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider	10	
	Street address	11	
	City, state, ZIP code	12	
	Identification number (SSN or EIN)	13	
	Amount paid to care provider in 2001	14	2000 amt:
	1=spouse, 2=joint	15	

No. <input style="width:40px;" type="text"/>	Name of provider	10	
	Street address	11	
	City, state, ZIP code	12	
	Identification number (SSN or EIN)	13	
	Amount paid to care provider in 2001	14	2000 amt:
	1=spouse, 2=joint	15	

2001	1040	US	Qualified Adoption Expenses (Form 8839)	37
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Please enter all pertinent information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2001 Amount

2000 Amount

No. <input style="width:40px;" type="text"/>	First name	11									
	Last name	12									
	Identification number	13									
	Date of birth (m/d/y)	14									
	1=born before 1983 and was disabled	15									
	1=special needs child	16									
	1=foreign child	17									
	1=adoption of foreign child was not final in 2001	22									
	Amount of adoption expense/benefit limit [O]	18									
	Employer provided adoption benefits received in 2001 [A]	19									
	<table border="0" style="width:100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Qualified Adoption Expenses Paid in *</td> <td style="padding: 2px;">2000 for adoption not finalized by end of 2001</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2000 and 2001 for adoption finalized in 2001</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2001 for adoption finalized before 2001</td> </tr> </table>	Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001			2000 and 2001 for adoption finalized in 2001		2001 for adoption finalized before 2001	23		
		Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001								
			2000 and 2001 for adoption finalized in 2001								
		2001 for adoption finalized before 2001									
		20									
	24										
1=spouse, 2=joint	21										

No. <input style="width:40px;" type="text"/>	First name	11									
	Last name	12									
	Identification number	13									
	Date of birth (m/d/y)	14									
	1=born before 1983 and was disabled	15									
	1=special needs child	16									
	1=foreign child	17									
	1=adoption of foreign child was not final in 2001	22									
	Amount of adoption expense/benefit limit [O]	18									
	Employer provided adoption benefits received in 2001 [A]	19									
	<table border="0" style="width:100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Qualified Adoption Expenses Paid in *</td> <td style="padding: 2px;">2000 for adoption not finalized by end of 2001</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2000 and 2001 for adoption finalized in 2001</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2001 for adoption finalized before 2001</td> </tr> </table>	Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001			2000 and 2001 for adoption finalized in 2001		2001 for adoption finalized before 2001	23		
		Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001								
			2000 and 2001 for adoption finalized in 2001								
		2001 for adoption finalized before 2001									
		20									
	24										
1=spouse, 2=joint	21										

No. <input style="width:40px;" type="text"/>	First name	11									
	Last name	12									
	Identification number	13									
	Date of birth (m/d/y)	14									
	1=born before 1983 and was disabled	15									
	1=special needs child	16									
	1=foreign child	17									
	1=adoption of foreign child was not final in 2001	22									
	Amount of adoption expense/benefit limit [O]	18									
	Employer provided adoption benefits received in 2001 [A]	19									
	<table border="0" style="width:100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Qualified Adoption Expenses Paid in *</td> <td style="padding: 2px;">2000 for adoption not finalized by end of 2001</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2000 and 2001 for adoption finalized in 2001</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">2001 for adoption finalized before 2001</td> </tr> </table>	Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001			2000 and 2001 for adoption finalized in 2001		2001 for adoption finalized before 2001	23		
		Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001								
			2000 and 2001 for adoption finalized in 2001								
		2001 for adoption finalized before 2001									
		20									
	24										
1=spouse, 2=joint	21										

* Adoption expenses not paid or reimbursed by your employer.

2001

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US

Education Credits (Form 8863)

38

Please complete the information below if you paid qualified education expenses in 2001 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS

		2001 Amount		2000 Amount	
No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)		16		
	Amount of prior year refund or assistance*		20		

No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)		16		
	Amount of prior year refund or assistance*		20		

No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)		16		
	Amount of prior year refund or assistance*		20		

No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)		16		
	Amount of prior year refund or assistance*		20		

No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)		16		
	Amount of prior year refund or assistance*		20		

No. <input type="text"/>	Student Info.	1=taxpayer, 2=spouse.....	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=hope credit, 2=lifetime learning credit.....		15		
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)		16		
	Amount of prior year refund or assistance*		20		

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

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2001

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US

Household Employment Taxes (Schedule H)

42

Please enter all pertinent 2001 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,300 or more in 2001; withheld federal income tax during 2001 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001 to household employees, please complete the following:

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

Social security, Medicare and income taxes:	2001 Amount	2000 Amount
1=paid any one employee cash wages of \$1,300 or more.....	4	
1=withheld federal income tax for household employee	5	
Total cash wages subject to social security taxes	6	
Total cash wages subject to Medicare taxes	7	
Federal income tax withheld	8	
Advance earned income credit payments	9	

Federal unemployment tax:	2001 Amount	2000 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001	10	
Total cash wages subject to FUTA tax.....	11	
1=paid unemployment contributions to only one state.....	12	
1=paid all state unemployment contributions by 4/15/02	13	
1=all wages taxable for FUTA were also taxable for state unemployment	14	
Name of state	15	
State reporting number	16	
Contributions paid to state unemployment fund	17	

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2001	1040	US	Parent's Election to Report Child's Inc.	No. <input style="width:40px;" type="text"/>	44
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Please enter all pertinent 2001 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

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

INTEREST INCOME

	2001 Amount	2000 Amount
Banks, credit unions, etc.:		
_____	3	
_____	3	
_____	3	
U.S. bonds, T-bills, etc. (nontaxable to state)		
_____	17	
_____	17	
_____	17	
Tax-exempt interest:		
Total municipal bonds	16	
In-state municipal bonds	4	
Adjustments:		
Nominee distribution	5	
Accrued interest	6	
Tax-exempt interest (1099-INT in error)	22	
OID adjustment	7	
ABP adjustment	8	
Foreign:		
1=interest in or authority over foreign account	9	
Name of foreign country	802	
1=grantor/transferor or received distribution from foreign trust	10	
Post 8/7/86 private activity bond interest (included above) (6251)	20	

DIVIDEND INCOME

Ordinary dividends:		
_____	11	
_____	11	
_____	11	
Total capital gain distributions:		
_____	13	
_____	13	
_____	13	
28% rate gain	23	
Unrecaptured section 1250 gain	24	
Section 1202 gain	2	
Nontaxable distributions	12	
Tax-exempt interest:		
Total municipal bonds	15	
In-state municipal bonds	21	
Nominee distributions:		
Ordinary dividends	14	
Capital gain distributions	25	
Alaska permanent fund dividends included above	27	

