

| | | | | |
|-------------|-------------|-----------|---------------------------|----------|
| 2002 | 1040 | US | Client Information | 1 |
|-------------|-------------|-----------|---------------------------|----------|

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 3233 Valencia Avenue, Ste B4
 Aptos, CA 95003
 (831) 662-2344

Tax Return Appointment

Date:
Time:

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

CLIENT INFORMATION (1)

| | | | |
|------------------------------|--|--|---|
| Filing Status | Filing status (table) 1=married filing separate and lived with spouse..... Year spouse died, if qualifying widow(er) (2000 or 2001)..... | | <p>Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> <p>Daytime Phone</p> <p>1 = Work 2 = Home</p> |
| Taxpayer | First name and initial | | |
| | Last name | | |
| | Title/suffix | | |
| | Social security number | | |
| | Occupation | | |
| | Date of birth (m/d/y) | | |
| | Date of death (m/d/y) | | |
| 1=blind | | | |
| Spouse | First name and initial | | |
| | Last name | | |
| | Title/suffix | | |
| | Social security number | | |
| | Occupation | | |
| | Date of birth (m/d/y) | | |
| | Date of death (m/d/y) | | |
| 1=blind | | | |
| Address | In care of | | |
| | Street address | | |
| | Apartment number..... | | |
| | City..... | | |
| | State | | |
| Foreign Address | Region..... | | |
| | Postal code | | |
| | Country..... | | |
| Taxpayer Contact Information | Home phone | | |
| | Work phone..... | | |
| | Work extension..... | | |
| | Daytime phone (table)..... | | |
| | Mobile phone..... | | |
| | Pager number..... | | |
| | Fax number..... | | |
| E-mail address..... | | | |
| Spouse Contact Information | Home phone | | |
| | Work phone..... | | |
| | Work extension..... | | |
| | Daytime phone (table)..... | | |
| | Mobile phone..... | | |
| | Pager number..... | | |
| | Fax number..... | | |
| E-mail address..... | | | |

Please add, change or delete information for 2002.

CLIENT INFORMATION (1)

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

DEPENDENTS (2)

| | Dependent | Dependent | |
|--|-----------|-----------|--|
| First name | | | <p>Type of Dependent</p> <p>1 = Child at home (default) 2 = Child not at home 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> |
| 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 | <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> |
| First name | | | |
| Last name | | | |
| Title/suffix | | | |
| Date of birth (m/d/y) | | | |
| Social security number | | | |
| Relationship | | | |
| Months lived at home | | | |
| Type of dependent (see table) | | | |
| Earned income credit (see table) | | | |
| Claimed by: 1=taxpayer, 2=spouse | | | |
| | Dependent | Dependent | |
| First name | | | |
| Last name | | | |
| Title/suffix | | | |
| Date of birth (m/d/y) | | | |
| Social security number | | | |
| Relationship | | | |
| Months lived at home | | | |
| Type of dependent (see table) | | | |
| Earned income credit (see table) | | | |
| Claimed by: 1=taxpayer, 2=spouse | | | |
| | Dependent | Dependent | |
| First name | | | |
| Last name | | | |
| Title/suffix | | | |
| Date of birth (m/d/y) | | | |
| Social security number | | | |
| Relationship | | | |
| Months lived at home | | | |
| Type of dependent (see table) | | | |
| Earned income credit (see table) | | | |
| Claimed by: 1=taxpayer, 2=spouse | | | |

2002

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US

Miscellaneous Questions

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

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | PERSONAL INFORMATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2002? |
| | | DEPENDENTS |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2002? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 14 on January 1, 2003 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500? |
| | | INCOME |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |
| | | PURCHASES, SALES AND DEBT |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone owe you money which had become uncollectible? |
| | | RETIREMENT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? |

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

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

YES**NO****EDUCATION**

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

Did you incur any expenses working as a teacher, counselor, or principal for classes kindergarten through grade 12?

ITEMIZED DEDUCTIONS

Did you incur a loss because of damaged or stolen property?

Did you work out of town for part of the year?

Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

Did you apply an overpayment of 2001 taxes to your 2002 estimated tax (instead of being refunded)?

If you have an overpayment of 2002 taxes, do you want the excess applied to your 2003 estimated tax (instead of being refunded)?

Do you expect your 2003 taxable income and withholdings to be generally the same as 2002?

MISCELLANEOUS

Do you want to electronically file your tax return?

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss this return with the preparer?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you incur moving expenses due to a change of employment?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$11,000, or any gifts to a trust?

Please enter all pertinent 2002 information.

DIRECT DEPOSIT OF REFUND (3)

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

2002 ESTIMATED TAX (6)

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

| | | | | |
|-------------|-------------|-----------|---------------------------------------|---------------|
| 2002 | 1040 | US | Interest & Dividend Income | 11, 12 |
|-------------|-------------|-----------|---------------------------------------|---------------|

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

INTEREST INCOME (11)

| No. | Name of Payer (also enter SSN & address for seller-financed mortgage) | 1=taxpayer 2=spouse | Interest Income | | | Tax-Exempt Interest | | Early Withdrawal Penalty (Box 2) | 2001 Interest |
|-----|---|------------------------|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|--------------------------------|---|------------------|
| | | | Banks, S&Ls, C/Us, etc. (Box 1) | Seller- Financed Mtg. (Box 1) | U.S. Bonds, T-Bills (Box 3) | Total Municipal Bonds | In-state Municipal Bonds | | |
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DIVIDEND INCOME (12)

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

14.1

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

MISCELLANEOUS INCOME

| | 2002 Amount | | 2001 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Household employee income not on W-2 | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Income subject to S/E tax: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Other income (1099-MISC, box 3) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

TAX WITHHELD

| | | | | |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |

14.1

| | | | | |
|-------------|-------------|-----------|---|------------------|
| 2002 | 1040 | US | Unemployment Compensation and ESAs | 14.2,14.3 |
|-------------|-------------|-----------|---|------------------|

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

UNEMPLOYMENT COMPENSATION (Form 1099-G) (14.2)

2002 Amount

2001 Amount

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

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

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

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

2002 Amount

2001 Amount

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | 1=Education Savings Account..... | | |
| | Gross distribution (Box 1)..... | | |
| | 2002 contributions to this ESA..... | | |
| | Qualified education expenses (elementary, secondary, postsecondary)..... | | |
| | Value of this account at 12/31/02..... | | |

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | 1=Education Savings Account..... | | |
| | Gross distribution (Box 1)..... | | |
| | 2002 contributions to this ESA..... | | |
| | Qualified education expenses (elementary, secondary, postsecondary)..... | | |
| | Value of this account at 12/31/02..... | | |

| | | | |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer..... | | |
| | 1=spouse..... | | |
| | 1=Education Savings Account..... | | |
| | Gross distribution (Box 1)..... | | |
| | 2002 contributions to this ESA..... | | |
| | Qualified education expenses (elementary, secondary, postsecondary)..... | | |
| | Value of this account at 12/31/02..... | | |

2002

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US

Business Income (Schedule C)

No.

16

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

GENERAL INFORMATION

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

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

INCOME

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

COST OF GOODS SOLD

| | | |
|---|--|--|
| Inventory at beginning of the year..... | | |
| Purchases..... | | |
| Cost of items for personal use..... | | |
| Cost of labor..... | | |
| Materials and supplies..... | | |
| Other costs: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Inventory at end of the year..... | | |

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

EXPENSES

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

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

Please enter all pertinent 2002 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

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

| | 2002 Amount | TS | 2001 Amount |
|---|-------------|----|-------------|
| Prescription medicines and drugs | | | |
| Doctors, dentists and nurses | | | |
| Hospitals and nursing homes | | | |
| Insurance premiums (excluding long-term care and amounts paid with pre-tax dollars) | | | |
| Long-term care premiums | | | |
| Insurance reimbursement (enter as a positive number) | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | | | |
| Number of medical miles | | | |
| Other medical and dental expenses: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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

| | | | |
|---|--|--|--|
| State and local income taxes - paid for prior years and/or to other state | | | |
| Real estate taxes - principal residence | | | |
| Real estate taxes - property held for investment | | | |
| Personal property taxes (including automobile fees) | | | |
| Foreign income taxes | | | |
| Other taxes: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

INTEREST PAID

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

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Home mortgage interest not reported on Form 1098:

| | | | |
|--------------------------------|--|--|--|
| Payee's name | | | |
| Payee's SSN or FEIN | | | |
| Payee's street address | | | |
| Payee's city, state, ZIP | | | |
| | | | |

Points not reported on Form 1098:

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Investment interest (interest on margin accounts):

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Passive interest

Certain home mortgage interest included above (6251)

| | | | |
|--|--|--|--|
| | | | |
| | | | |

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.

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

CASH CONTRIBUTIONS

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

Contributions by cash or check:

| 2002 Amount | TS | 2001 Amount |
|-------------|----|-------------|
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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:

| | | |
|--|--|--|
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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):

| | | |
|--|--|--|
| | | |
| | | |
| | | |

30% limitation (see above):

| | | |
|--|--|--|
| | | |
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| | | |

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

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

| | | |
|--|--|--|
| | | |
| | | |
| | | |

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2002 Amount

TS

2001 Amount

Union and professional dues.....

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

Blank lines for entering 2002 amounts for other unreimbursed employee expenses.

Table grid for 2002 Amount, TS, and 2001 Amount for other unreimbursed employee expenses.

Investment expense:

Blank lines for entering 2002 amounts for investment expense.

Table grid for 2002 Amount, TS, and 2001 Amount for investment expense.

Tax return preparation fee.....

Safe deposit box rental.....

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

Blank lines for entering 2002 amounts for miscellaneous deductions.

Table grid for 2002 Amount, TS, and 2001 Amount for miscellaneous deductions.

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings.....

Estate tax, section 691(c).....

Other miscellaneous deductions:

Blank lines for entering 2002 amounts for other miscellaneous deductions.

Table grid for 2002 Amount, TS, and 2001 Amount for other miscellaneous deductions.

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

BUSINESS USE OF HOME

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

INDIRECT EXPENSES

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

| | | |
|--------------------------------|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

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

| | | |
|---------------------------------|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess casualty losses | | |
| Allowable casualty losses | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

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

GENERAL INFORMATION

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

EMPLOYEE BUSINESS EXPENSES

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

VEHICLE INFORMATION

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

VEHICLE 1

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

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

VEHICLE 2

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