

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign

Form fields for name, address, and SSN. Includes 'L A B E L H E R E' vertical text.

Form fields for SSN and spouse's SSN.

Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) [X] You [X] Spouse

Filing Status 1 [] Single 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child (see page 17)

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qualify for child tax credit (see page 19). d Total number of exemptions claimed 2

Table with 2 columns: Description and Amount. Rows include Income (7-21) and Adjusted Gross Income (22-37).

Table with 2 columns: Description and Amount. Rows include Adjusted Gross Income (23-37) and Total Adjusted Gross Income (37).

Tax and Credits

Standard Deduction for:
- People who checked any box on the 39a or 39b or who can be claimed as a dependent

All others:
- Single or Married (filing separately), \$5,000

Married (filing jointly or Qualifying Widow(er)), \$10,000

Head of household, \$7,200

38 Amount from line 37 (adjusted gross income)
39a Check [X] You were born before January 2, 1941, [] Blind. Total boxes checked 2
[X] Spouse was born before January 2, 1941, [] Blind.
b If your spouse itemized on a separate return or you were a dual-status alien, see page 35 and check here
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax. Check if any tax is from: a [] Form(s) 8814 b [] Form 4972
45 Alternative minimum tax. Attach Form 6251
46 Add lines 44 and 45
47 Foreign tax credit. Attach Form 1116 if required
48 Credit for child and dependent care expenses. Attach Form 2441
49 Credit for the elderly or the disabled. Attach Schedule R
50 Education credits. Attach Form 8863
51 Retirement savings contributions credit. Attach Form 8880
52 Child tax credit (see page 41). Attach Form 8901 if required
53 Adoption credit. Attach Form 8839
54 Credits from: a [] Form 8396 b [] Form 8859
55 Other credits. Check applicable box(es): a [] Form 3800
b [] Form 8801 c [] Form

Table with 2 columns: Line number, Amount.
38 304,847.
40 44,556.
41 260,291.
42 1,920.
43 258,371.
44 65,104.
45 3,982.
46 69,086.
56 69,086.

Other Taxes

58 Self-employment tax. Attach Schedule SE
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
61 Advance earned income credit payments from Form(s) W-2
62 Household employment taxes. Attach Schedule H
63 Add lines 57 through 62. This is your total tax

Table with 2 columns: Line number, Amount.
62 346.
63 69,432.

Payments

If you have a qualifying child, attach Schedule EIC

64 Federal income tax withheld from Forms W-2 and 1099
65 2005 estimated tax payments and amount applied from 2004 return
66a Earned income credit (EIC)
b Nontaxable combat pay election
67 Excess social security and tier 1 RRTA tax withheld (see page 59)
68 Additional child tax credit. Attach Form 8812
69 Amount paid with request for extension to file (see page 59)
70 Payments from: a [] Form 2439 b [] Form 4136 c [] Form 8885
71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments

Table with 2 columns: Line number, Amount.
64 47,961.
65 23,440.
71 71,401.

Refund

Direct Deposit? See page 59 and fill in 73b, 73c, and 73d

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid
73a Amount of line 72 you want refunded to you
b Routing number
c Type: [] Checking [] Savings
d Account number
74 Amount of line 72 you want applied to your 2006 estimated tax

Table with 2 columns: Line number, Amount.
72 1,969.
74 1,969.

Amount You Owe

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60
76 Estimated tax penalty (see page 60)

Table with 2 columns: Line number, Amount.
75

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? [X] Yes. Complete the following. [] No
Designee's name: PREPARER
Designee's title: PREPARER
Personal identification number: []

Sign Here

Under penalties of perjury, I declare that I prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature: [Signature] Date: []
Spouse's signature (if joint return): both [Signature] Date: []
Your occupation: MEMBER OF CONGRESS
Spouse's occupation: SOCIAL SERVICES
Daytime phone number: 202 225496

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 03/31/06
Preparer's SSN or PTIN: []
Preparer's name (or name of self-employed person), address, and city: VITZHOW, KRAUSE & COMPANY, LLP
30700 TELEGRAPH RD, SUITE 100
BINGHAM FARMS, MICHIGAN 48025
Preparer's phone number: (248) 540-6600

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Schedule A - Itemized Deductions
(Schedule B is on page 2)

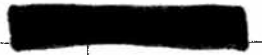
▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2005

Attachment
Sequence No 07

Your social security number



SANDER M. & VICTORIA S. LEVIN

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	SEE STATEMENT 14	1	1,876.	
2	Enter amount from Form 1040, line 38	2 304,847.			
3	Multiply line 2 by 7.5% (.075)		3	22,864.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4		0.
Taxes You Paid		5 State and local (check only one box):			
(See page A-2.)		a <input checked="" type="checkbox"/> Income taxes, or			
		b <input type="checkbox"/> General sales taxes (see page A-3)		SEE STATEMENT 11	5 14,240.
6	Real estate taxes (see page A-5)	SEE STATEMENT 16	6	10,894.	
7	Personal property taxes		7	65.	
8	Other taxes. List type and amount		8		
9	Add lines 5 through 8		9		25,199.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	14,096.
(See page A-5.)		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-6 and show that person's name, identifying no., and address		11	
Note.		12 Points not reported to you on Form 1098.		12	
Personal interest is not deductible.		13 Investment interest. Attach Form 4952 if required. (See page A-6)		13	
14	Add lines 10 through 13		14		14,096.
Gifts to Charity		15a Total gifts by cash or check		15a	5,095.
(See page A-7.)		b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions		15b	
16	Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	SEE STATEMENT 13	16	320.	
17	Carryover from prior year		17		
18	Add lines 15a, 16, and 17		18		5,415.
Casualty and Theft Losses		19 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)		19	
Job Expenses and Certain Miscellaneous Deductions		20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.)		20	
(See page A-8.)		21 Tax preparation fees		21	1,506.
		22 Other expenses - investment, safe deposit box, etc. List type and amount		22	9,204.
		▶ SEE STATEMENT 10		23	10,710.
23	Add lines 20 through 22		23		
24	Enter amount from Form 1040, line 38	24 304,847.	24		
25	Multiply line 24 by 2% (.02)		25	6,097.	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26		4,613.
Other Miscellaneous Deductions		27 Other - from list on page A-9. List type and amount		27	
				27	
Total Itemized Deductions		28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?		STMT 15	
		No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.		▶ 28	44,556.
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter			
29 If you elect to itemize deductions even though they are less than your standard deduction, check here		▶ <input type="checkbox"/>			

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

SANDER M. & VICTORIA S. LEVIN



Schedule B - Interest and Ordinary Dividends

Attachment Sequence No **08**

**Part I
Interest**

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 interest first. Also, show that buyer's social security number and address ▶

MARTHA'S VINEYARD CO-OP BANK
MERRILL LYNCH
WACHOVIA
WACHOVIA

Amount

14.
154.
175.
12.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1

2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶

355.
355.

2

3

4

Note. If line 4 is over \$1,500, you must complete Part III.

Amount

**Part II
Ordinary Dividends**

5 List name of payer ▶

AMPAL-AMERICAN ISRAEL CORP
MERRILL LYNCH

5.
5,642.

Note: If you received a Form 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.

5

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶

5,647.

Note. If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2005, did you have an interest in, or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

b If "Yes," enter the name of the foreign country ▶

8 During 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

Yes	No
	X
	X

327901 11-27-05

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (2005)

Capital Gains and Losses

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

CMB No. 1545-9074

2005
Attachment
Sequence No. **12**

Your social security number



SANDER M. & VICTORIA S. LEVIN

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	
1							
2	Enter your short-term totals, if any, from Schedule D-1, line 2			2			
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3			
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					6	(4,776.)
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7	-4,776.

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

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	
8	AMERN INCM FD OF AMER C	02/25/03	04/07/05	15,031.	11,577.	3,454.	
	AMERN CAP INCM BUILDER C	02/25/03	04/07/05	14,970.	11,524.	3,446.	
9	Enter your long-term totals, if any, from Schedule D-1, line 9			9			
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	30,001.		
11	Gain from Form 4797 - Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12	
13	Capital gain distributions SEE STATEMENT 17					13	3,099.
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					14	(9,437.)
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2					15	562.

11A For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2005



Part III Summary

<p>16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below</p>	16	- 4,214.
<p>17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions</p>	18	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions</p>	19	
<p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) <p style="text-align: right;">} SEE STATEMENT 18</p>	21	(3,000.)
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.</p>		

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return SANDER M. & VICTORIA S. LEVIN	Your SSN [REDACTED]
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Before you begin: ✓ See the instructions for line 44 on page 37 to see if you can use this worksheet to figure your tax.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43				1. <u>258,371.</u>
2. Enter the amount from Form 1040, line 9b	2.	<u>4,162.</u>		
3. Are you filing Schedule D?				
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than -0-	}			
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13		3.		
4. Add lines 2 and 3	4.	<u>4,162.</u>		
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter -0-	5.	<u>0.</u>		
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>4,162.</u>		
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>254,209.</u>		
8. Enter the smaller of:				
• The amount on line 1, or	}			
• \$ 29,700 if single or married filing separately,				
\$ 59,400 if married filing jointly or qualifying widow(er), \$ 39,800 if head of household.		8.	<u>59,400.</u>	
9. Is the amount on line 7 equal to or more than the amount on line 8?				
<input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box.				
<input type="checkbox"/> No. Enter the amount from line 7	9.			
10. Subtract line 9 from line 8	10.			
11. Multiply line 10 by 5% (.05)				11. _____
12. Are the amounts on lines 6 and 10 the same?				
<input type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16.				
<input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6	12.	<u>4,162.</u>		
13. Enter the amount from line 10 (if line 10 is blank, enter 0)	13.	<u>0.</u>		
14. Subtract line 13 from line 12	14.	<u>4,162.</u>		
15. Multiply line 14 by 15% (.15)	15.	<u>624.</u>		
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies	16.	<u>64,480.</u>		
17. Add lines 11, 15, and 16	17.	<u>65,104.</u>		
18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies	18.	<u>65,854.</u>		
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44	19.	<u>65,104.</u>		

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.)

OMB No. 1545-0074

2005

Attachment
Sequence No. **13**

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

SANDER M. & VICTORIA S. LEVIN

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use

Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4835 on page 2, line 10.

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	DOMINION MIDWEST ENERGY		<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See page E-3.) 		
B	MASSACHUSETTS SUMMER HOME MASSACHUSETTS				X
C	MERIT ENERGY COMPANY				

Income:		Properties			Totals
		A	B	C	(Add columns A, B, and C.)
3	Rents received	3	36,300.		3
4	Royalties received	4	10,702.	56.	4
Expenses:					
5	Advertising	5	400.		
6	Auto and travel (see page E-4)	6	3,769.		
7	Cleaning and maintenance	7	6,157.		
8	Commissions	8			
9	Insurance	9	4,803.		
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see page E-4)	12	15,887.		12
13	Other interest	13			
14	Repairs	14	11,289.		
15	Supplies	15	1,790.		
16	Taxes	16	559.	4,133.	
17	Utilities	17		7,954.	
18	Other (list) ▶ SEE STATEMENT 19 SEE STATEMENT 20	18	442.	374.	
19	Add lines 5 through 18	19	1,001.	56,556.	19
20	Depreciation expense or depletion (see page E-4)	20			20
21	Total expenses. Add lines 19 and 20	21	1,001.	56,556.	
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	9,701.	-20,256.	56.
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23		23,075.	
24	Income. Add positive amounts shown on line 22. Do not include any losses	24			
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2	26			

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (899)

Supplemental Income and Loss

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

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule E (Form 1040)

OMB No. 1545-0074

2005

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

SANDER M. & VICTORIA S. LEVIN

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	MUSKEGON DEVELOPMENT CO MICHIGAN		• 14 days or	A	
B	QUICKSILVER PIPELINE L.L.C.		• 10% of the total days rented at fair rental value?	B	
C			(See page E-3.)	C	

Income:		Properties			Totals	
		A	B	C	(Add columns A, B, and C.)	
3	Rents received	3			3	36,300.
4	Royalties received	4	248.	1,144.	4	12,150.
Expenses:						
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	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see page E-4)	12			12	15,887.
13	Other interest	13				
14	Repairs	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities	17				
18	Other (list) ▶ SEE STATEMENT 21	18		245.		
19	Add lines 5 through 18	19		245.	19	57,802.
20	Depreciation expense or depletion (see page E-4)	20			20	
21	Total expenses. Add lines 19 and 20	21		245.		
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	248.	899.		
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23				
24	Income. Add positive amounts shown on line 22. Do not include any losses	24			24	10,904.
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25	23,075.
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2	26			26	-12,171.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

SANDER M. & VICTORIA S. LEVIN

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 9582), or unreimbursed partnership expenses? [] Yes [X] No If you answered "Yes," see page E-6 before completing this section.

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A and B list LEVINSON-LEVIN PROPERTIES, LLC and LRS COMPANY, L.L.C.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes Totals and summary rows 30-32.

Part III Income or Loss From Estates and Trusts. Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and summary rows 35-37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder. Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules O, line 2c, (d) Taxable income (net loss) from Schedules O, line 1b, (e) Income from Schedules O, line 3b. Includes summary row 39.

Part V Summary. Table with 2 columns: Description, Amount. Rows 40-43 for net farm rental income, total income, and reconciliations.

2005 Income from Passthroughs

LRS COMPANY, L.L.C.

I.D. NUMBER: [REDACTED]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

LRS COMPANY, L.L.C.

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)

-1,184

SCHEDULE E ACTIVITY INCOME (LOSS)

-1,184

PAL CARRYOVER FROM 2004 - SCHEDULE E

-767

DISALLOWED LOSS FROM FORM 8582

1,157

ALLOWABLE PASSIVE LOSS FROM FORM 8582

-794

TAX PREFERENCE ITEMS:

AMT PAL CARRYOVER FROM 2004 - SCHEDULE E

529

2005 Income from Passthroughs

LEVINSON-LEVIN PROPERTIES, LLC
I.D. NUMBER: [REDACTED]
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

LEVINSON-LEVIN PROPERTIES, LLC

OTHER PASSIVE ACTIVITY

RENTAL REAL ESTATE INCOME (LOSS)	24,596
SPECIALLY ALLOCATED DEPRECIATION	-727
	<hr/>
SCHEDULE E ACTIVITY INCOME (LOSS)	23,869
	<hr/> <hr/>

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT FOR POST-1986 PROPERTY

72

2005 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT FOR POST-1986 PROPERTY	72
AMT PAL CARRYOVER FROM 2004 - SCHEDULE E	529

PASSTHROUGH RECAP - CARRYOVERS TO NEXT YEAR

Schedule E

SAHMER M. & VICTORIA S. LEVIN

Entity No.	AMT ST Capital PAL C/O	AMT LT Capital PAL C/O	Section 1231 PAL C/O	AMT Section 1231 PAL C/O	Ordinary PAL C/O	AMT Ordinary PAL C/O	Schedule E At-Risk Carryover	AMT Schedule E At-Risk Carryover	ST Capital At-Risk Carryover	LT Capital At-Risk Carryover	AMT ST Capital At-Risk Carryover	AMT LT Capital At-Risk Carryover
1												
Totals	1,150	123										

Entity No.	AMT Section 1231 At-Risk Carryover	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O	AMT Section 179 Expenditures At-Risk C/O
1												
Totals												

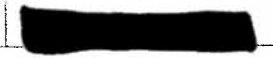
Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040

Your social security number

SANDER M. & VICTORIA S. LEVIN



Part I Alternative Minimum Taxable Income

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38, minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	260,291.
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38	2	
3 Taxes from Schedule A (Form 1040), line 9	3	25,199.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 26	5	4,613.
6 If Form 1040, line 38, is over \$145,950 (over \$72,975 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet on page A-9 of the instructions for Schedules A & B (Form 1040)	6	-4,767.
7 Tax refund from Form 1040, line 10 or line 21	7	
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Interest from specified private activity bonds exempt from the regular tax	11	
12 Qualified small business stock (7% of gain excluded under section 1202)	12	
13 Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	
15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16 Disposition of property (difference between AMT and regular tax gain or loss)	16	
17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 22	18	0.
19 Loss limitations (difference between AMT and regular tax income or loss)	19	
20 Circulation costs (difference between regular tax and AMT)	20	
21 Long-term contracts (difference between AMT and regular tax income)	21	
22 Mining costs (difference between regular tax and AMT)	22	
23 Research and experimental costs (difference between regular tax and AMT)	23	
24 Income from certain installment sales before January 1, 1987	24	
25 Intangible drilling costs preference	25	
26 Other adjustments, including income-based related adjustments	26	
27 Alternative tax net operating loss deduction	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions.)	28	285,336.

Part II Alternative Minimum Tax

29 Exemption. (If this form is for a child under age 14, see instructions.)																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">IF your filing status is</td> <td style="width: 30%;">AND line 28 is not over</td> <td style="width: 30%;">THEN enter on line 29</td> <td></td> </tr> <tr> <td>Single or head of household</td> <td style="text-align: right;">\$112,500</td> <td style="text-align: right;">\$40,250</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td style="text-align: right;">150,000</td> <td style="text-align: right;">58,000</td> </tr> <tr> <td>Married filing separately</td> <td style="text-align: right;">75,000</td> <td style="text-align: right;">29,500</td> </tr> </table>	IF your filing status is	AND line 28 is not over	THEN enter on line 29		Single or head of household	\$112,500	\$40,250	}	Married filing jointly or qualifying widow(er)	150,000	58,000	Married filing separately	75,000	29,500	STMT 23	29	24,166.
IF your filing status is	AND line 28 is not over	THEN enter on line 29															
Single or head of household	\$112,500	\$40,250	}														
Married filing jointly or qualifying widow(er)	150,000	58,000															
Married filing separately	75,000	29,500															
If line 28 is over the amount shown above for your filing status, see instructions.																	
30 Subtract line 29 from line 28. If zero or less, enter 0- here and on lines 33 and 35 and stop here		30	261,170.														
31 • 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 figured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 35 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing 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.		31	69,086.														
32 Alternative minimum tax foreign tax credit (see instructions)		32															
33 Tentative minimum tax. Subtract line 32 from line 31		33	69,086.														
34 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 figured without using Schedule J (see instructions)		34	65,104.														
35 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter 0-. Enter here and on Form 1040, line 15		35	3,982.														

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30	36	261,170.
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-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions)	37	4,162.
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions)	38	
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 figured for the AMT, if necessary)	39	4,162.
40	Enter the smaller of line 36 or line 39	40	4,162.
41	Subtract line 40 from line 36	41	257,008.
42	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	42	68,462.
43	Enter: <ul style="list-style-type: none"> • \$59,400 if married filing jointly or qualifying widow(er), • \$29,700 if single or married filing separately, or • \$39,800 if head of household. 	43	59,400.
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-9 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.	44	254,209.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	4,162.
47	Enter the smaller of line 45 or line 46	47	
48	Multiply line 47 by 5% (.05)	48	
49	Subtract line 47 from line 46	49	4,162.
50	Multiply line 49 by 15% (.15)	50	624.
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	51	
52	Multiply line 51 by 25% (.25)	52	
53	Add lines 42, 48, 50, and 52	53	69,086.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 25% (.25). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	54	69,628.
55	Enter the smaller of line 53 or line 54 here and on line 31	55	69,086.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number	Adjustment			
		Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19 Other Adjustment
SANDER M. & VICTORIA S. LEVIN					
K1- LRS COMPANY, L.L.C.					
* REGULAR INCOME		-794.		767.	
PAL CARRYOVER		767.		-529.	
AMT PAL CARRYOVER		-529.		-1,157.	
PAL DISALLOWED		-1,157.		723.	
AMT PAL DISALLOWED		723.		-196.	
* AMT NET INCOME		-990.			
K1- LEVINSON-LEVIN PROPERTY					
IES, LLC					
* REGULAR INCOME		23,869.		72.	
AMT ADJUSTMENTS		72.		72.	
* AMT NET INCOME		23,941.			
E- MASSACHUSETTS SUMMER HOME					
OME - MASSACHUSETTS					
* REGULAR INCOME		-23,075.		36,441.	
PAL CARRYOVER		36,441.		-19,444.	
AMT PAL CARRYOVER		-19,444.		-33,622.	
PAL DISALLOWED		-33,622.		16,749.	
AMT PAL DISALLOWED		16,749.		124.	
* AMT NET INCOME		-22,951.			
** TOTAL ADJ & PREF **				0.	

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service 2005

Household Employment Taxes

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

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

▶ See separate instructions.

OMB No. 1545-1971

2005

Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

SANDER M. LEVIN

A Did you pay **any one** household employee cash wages of \$1,400 or more in 2005? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
 No. Go to line B.

B Did you withhold federal income tax during 2005 for any household employee?

- Yes.** Skip line C and go to line 5.
 No. Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2004 or 2005 to **all** household employees? (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Do not file this schedule.
 Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2005 do not have to complete this form for 2005.)

Part 1 Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	2,260.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	280.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	2,260.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	66.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	346.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	346.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2004 or 2005 to household employees? (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
 Yes. Go to line 10 on page 2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule H (Form 1040) 2005

Part II Federal Unemployment (FUTA) Tax

10	Did you pay unemployment contributions to only one state? (If you paid contributions to New York State, check "No.")	Yes	No
11	Did you pay all state unemployment contributions for 2005 by April 17, 2006? Fiscal year filers, see page H-4		
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?		

Next: If you checked the "Yes" box on all the lines above, complete Section A.
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

13	Name of the state where you paid unemployment contributions	
14	State reporting number as shown on state unemployment tax return	
15	Contributions paid to your state unemployment fund (see page H-4)	15
16	Total cash wages subject to FUTA tax (see page H-4)	16
17	FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17

Section B

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state law)	(d) State experience rate period		(e) State experience rate	(f) Multiply col (c) by .054	(g) Multiply col (c) by col (e)	(h) Subtract col (g) from col (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals								19	
20 Add columns (h) and (i) of line 19								20	
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4)								21	
22 Multiply line 21 by 6.2% (.062)								22	
23 Multiply line 21 by 5.4% (.054)								23	
24 Enter the smaller of line 20 or line 23 (New York State employers must use the worksheet in the separate instructions and check here) <input type="checkbox"/>								24	
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26								25	

Part III Total Household Employment Taxes

26	Enter the amount from line 8	26
27	Add line 17 (or line 25) and line 26	27
28 Are you required to file Form 1040?		
<input type="checkbox"/> Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.		
<input type="checkbox"/> No. You may have to complete Part IV. See page H-5 for details.		

Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.

Address, number, and street or P.O. box (if mail is not delivered to street address) Apt. (each) or suite no.
 City, town or paid office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including all accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature: _____ Date: _____

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return Identifying number

SANDER M. & VICTORIA S. LEVIN



Part I 2005 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)			
1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	-20,256.	
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	-36,441.	
1d Combine lines 1a, 1b, and 1c	1d		-56,697.
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a		
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
2c Add lines 2a and 2b	2c		
All Other Passive Activities			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	23,869.	
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-1,184.	
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	-767.	
3d Combine lines 3a, 3b, and 3c	3d		21,918.
4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used	4		-34,779.

- 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 or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more) skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4			34,779.
6 Enter \$150,000. If married filing separately, see the instructions	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero (see the instr.)	7	270,003.	STATEMENT 29
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8		
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions	9		
10 Enter the smaller of line 5 or line 9	10		0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions			
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total			23,869.
16 Total losses allowed from all passive activities for 2005. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16	SEE STATEMENT 28	23,869.



Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-20,256.	-36,441.		

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	23,869.	-1,184.	-767.		

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		58,648.	1.0000000000	34,779.

Worksheet 6 - Allowed Losses (See instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		58,648.	34,779.	23,869.

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

ALTERNATIVE MINIMUM TAX

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return

Identifying number

SANDER M. & VICTORIA S. LEVIN

Part I 2005 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	-20,256.	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	-19,444.	
d Combine lines 1a, 1b, and 1c	1d		-39,700.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c Add lines 2a and 2b	2c		

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	23,941.	
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-1,184.	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	-529.	
d Combine lines 3a, 3b, and 3c	3d		22,228.

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used	4		-17,472.
--	----------	--	----------

- 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 or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		17,472.
6 Enter \$150,000. If married filing separately, see the instructions	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero (see the instr)	7	270,003.	
8 Subtract line 7 from line 6	8		
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions	9		
10 Enter the smaller of line 5 or line 9	10		0.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		23,941.
16 Total losses allowed from all passive activities for 2005. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16	SEE STATEMENT 34	23,941.

ALTERNATIVE MINIMUM TAX

Form 8582 (2005) **SANDER M. & VICTORIA S. LEVIN**

Page 2

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-20,256.	-19,444.		

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c	23,941.	-1,184.	-529.		

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		41,413.	1.000000000	17,472.

ALTERNATIVE MINIMUM TAX

Form 8582 (2005) SANDER M. & VICTORIA S. LEVIN

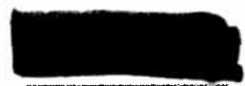
Page 3

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		41,413.	17,472.	23,941.

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter 0.					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter 0.					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter 0.					
Total					

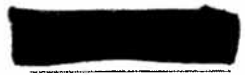


CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- X B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2005
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2005

1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099.	40,993.
2. ENTER ONE HALF OF LINE 1	20,497.
3. ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 12, 13, 14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	272,198.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED	292,695.
5. ADD LINES 2, 3, AND 4.	292,695.
6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, PLUS ANY AMOUNT YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36.	0.
7. SUBTRACT LINE 6 FROM LINE 5	292,695.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C.	32,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. YOU DO NOT HAVE TO ENTER ANY AMOUNTS ON LINES 20A OR 20B OF FORM 1040. BUT IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2005, ENTER -0- ON LINE 20B. BE SURE YOU ENTERED 'D' TO THE LEFT OF LINE 20A. [X] YES. SUBTRACT LINE 8 FROM LINE 7	260,695.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C	12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-.	248,695.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10	12,000.
13. ENTER ONE HALF OF LINE 12.	6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13	6,000.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-.	211,391.
16. ADD LINES 14 AND 15.	217,391.
17. MULTIPLY LINE 1 BY 85% (.85)	34,844.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	34,844.
* ENTER THE AMOUNT FROM LINE 1 ABOVE ON FORM 1040, LINE 20A	
* ENTER THE AMOUNT FROM LINE 18 ABOVE ON FORM 1040, LINE 20B	

SANDER M. & VICTORIA S. EVIN



FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

	2004	2003	2002
MARYLAND			
GROSS STATE/LOCAL INC TAX REFUNDS	1,290.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MARYLAND	1,290.		
MICHIGAN			
GROSS STATE/LOCAL INC TAX REFUNDS	678.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MICHIGAN	678.		
TOTAL NET TAX REFUNDS	1,968.		

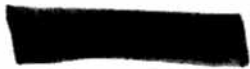


1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. GO TO LINE 2.
2. MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 6,400.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 304,847.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 218,950.
 MARRIED FILING SEPARATE \$109,475
 SINGLE \$145,950
 HEAD OF HOUSEHOLD \$182,450
 MARRIED FILING JOINT OR WIDOW(ER) \$218,950
5. SUBTRACT LINE 4 FROM LINE 3 85,897.
 IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 42.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS) 35.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL 0.70
8. MULTIPLY LINE 2 BY LINE 7 4,480.
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42. 1,920.



FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	4
	2004	2003	2002
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,968.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT - SALES TAX BENEFIT REDUCTION	1,968.		
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	52,839.		
3 DEDUCTION NOT SUBJ TO PHASEOUT	1,302.		
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4	51,537.		
6 MULTIPLY LINE 5 BY 80% (.80)	41,230.		
7 PRIOR YEAR AGI	282,548.		
8 ITEM. DED. PHASEOUT THRESHOLD	142,700.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	139,848.		
10 MULTIPLY LINE 9 BY 3% (.03)	4,195.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	47,342.		
12 ITEM DED. NOT SUBJ TO PHASEOUT	1,302.		
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	48,644.		
13B PRIOR YR. STD. DED. AVAILABLE	11,600.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	48,644.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)			
17 ALLOWABLE PRIOR YR. ITEM. DED.	48,644.		
18 PRIOR YEAR STD. DED. AVAILABLE	11,600.		
19 SUBTRACT LINE 18 FROM LINE 17	37,044.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	231,176.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			0.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2002			
TOTAL TO FORM 1040, LINE 10			0.

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FORM 1040 IRA DISTRIBUTIONS STATEMENT 5

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
MERRILL LYNCH	2,520.	2,520.
MERRILL LYNCH	757.	757.
TOTAL TO FORM 1040, LINE 15	3,277.	3,277.

FORM 1040 TAX-EXEMPT INTEREST STATEMENT 6

NAME OF PAYER	AMOUNT
MERRILL LYNCH	2,195.
TOTAL TO FORM 1040, LINE 8B	2,195.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 7

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	149,678.	30,330.	5,523.		5,580.	2,288.
S DEPARTMENT OF HEALTH AND HUMAN SERVICES	33,194.	5,339.	2,584.		2,287.	535.
S DEFENSE FINANCE & ACCOUNTING SERVICE	69,948.	11,787.	5,455.		3,293.	1,121.
TOTALS	252,820.	47,456.	13,562.		11,160.	3,944.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 8

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MERRILL LYNCH	5,642.	4,162.
TOTAL INCLUDED IN FORM 1040, LINE 9B		4,162.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 9

DESCRIPTION	AMOUNT
T HOUSE OF REP - MEMBER SERVICES	30,330.
S DEPARTMENT OF HEALTH AND HUMAN SERVICES	5,339.
S DEFENSE FINANCE & ACCOUNTING SERVICE	11,787.
T AMPAL-AMERICAN ISRAEL CORP	1.
T MERRILL LYNCH	504.
TOTAL TO FORM 1040, LINE 64	47,961.

SCHEDULE A MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR STATEMENT 10

DESCRIPTION	AMOUNT
DUES	331.
IRA CUSTODIAL FEES	163.
\$3,000 IRC162(A) LIMIT ON DC FOR MEMBE OF CONGRES	3,000.
LIVING EXPENSES FOR MEMBER OF CONGRESS	5,631.
EXPENSES RELATED TO PRODUCTION OF INCOME	79.
TOTAL TO SCHEDULE A, LINE 22	9,204.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 11

DESCRIPTION	AMOUNT
HOUSE OF REP - MEMBER SERVICES	5,523.
DEPARTMENT OF HEALTH AND HUMAN SERVICES	2,584.
DEFENSE FINANCE & ACCOUNTING SERVICE	5,455.
MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED	678.
TOTAL TO SCHEDULE A, LINE 5	14,240.

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SCHEDULE A CASH CONTRIBUTIONS STATEMENT 12

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
SUBTOTALS	5,095.	
TOTAL TO SCHEDULE A, LINE 15A		5,095.

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 13

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
VARIOUS OTHER DONATIONS	320.		
SUBTOTALS	320.		
TOTAL TO SCHEDULE A, LINE 16			320.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 14

DESCRIPTION	AMOUNT
MEDICARE PREMIUMS WITHHELD	938.
MEDICARE PREMIUMS WITHHELD	938.
TOTAL TO SCHEDULE A, LINE 1	1,876.



SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 15
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	49,323.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 13, 15B, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27.	0.
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	49,323.
4.	MULTIPLY LINE 3 BY 80% (.80).	39,458.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	304,847.
6.	ENTER: \$145,950 (\$72,975 IF MARRIED FILING SEPARATELY)	145,950.
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	158,897.
8.	MULTIPLY LINE 7 BY 3% (.03)	4,767.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	4,767.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	44,556.

SCHEDULE A	REAL ESTATE TAXES	STATEMENT 16
DESCRIPTION		AMOUNT
MICHIGAN RESIDENCE		3,035.
MARYLAND RESIDENCE		6,824.
LIONS DEN		1,035.
TOTAL TO SCHEDULE A, LINE 6		10,894.

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SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 17

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
MERRILL LYNCH	3,099.	
TOTALS TO SCHEDULE D, LINE 13	3,099.	



SCHEDULE D	CAPITAL LOSS CARRYOVER	STATEMENT 18
1. ENTER THE AMOUNT FROM FORM 1040, LINE 41		260,291.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 21, AS A POSITIVE AMOUNT.		3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-		263,291.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3		3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT .		4,776.
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 15	562.	
7. ADD LINES 4 AND 6		3,562.
8. SHORT-TERM CAPITAL LOSS CARRYOVER TO 2006. SUBTRACT LINE 7 FROM LINE 5. IF ZERO OR LESS, ENTER -0-		1,214.
9. ENTER THE LOSS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT.		
10. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 7		
11. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-		
12. ADD LINES 10 AND 11		
13. LONG-TERM CAPITAL LOSS CARRYOVER TO 2006. SUBTRACT LINE 12 FROM LINE 9. IF ZERO OR LESS, ENTER -0-		

SCHEDULE E	OTHER EXPENSES	STATEMENT 19
DOMINION MIDWEST ENERGY		
DESCRIPTION		AMOUNT
REVENUE DEDUCTION		442.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18		442.

SCHEDULE E	OTHER EXPENSES	STATEMENT 20
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS		
DESCRIPTION		AMOUNT
MAILING COSTS		42.
INTERNET		143.
ATTORNEY FEES		83.
OFFICE SUPPLIES		106.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18		374.



SCHEDULE E OTHER EXPENSES STATEMENT 21

QUICKSILVER PIPELINE L.L.C.

DESCRIPTION	AMOUNT
REVENUE DEDUCTION	245.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	245.

FORM 6251 PASSIVE ACTIVITIES STATEMENT 22

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	23,941.	23,869.	72.
LRS COMPANY, L.L.C.	SCH E	-990.	-794.	-196.
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	-22,951.	-23,075.	124.
TOTAL TO FORM 6251, LINE 18				0.



FORM 6251 EXEMPTION WORKSHEET STATEMENT 23

1	ENTER: \$40,250 IF SINGLE OR HEAD OF HOUSEHOLD; \$58,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$29,000 IF MARRIED FILING SEPARATELY.	58,000.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	285,336.
3	ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD; \$150,000 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$75,000 IF MARRIED FILING SEPARATELY	150,000.
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	135,336.
5	MULTIPLY LINE 4 BY 25% (.25).	33,834.
6	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-. IF THIS FORM IS FOR A CHILD UNDER AGE 14, GO TO LINE 7 BELOW. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30	24,166.
7	CHILD'S MINIMUM EXEMPTION AMOUNT.	
8	ENTER THE CHILD'S EARNED INCOME, IF ANY	
9	ADD LINES 7 AND 8	
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30	

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 24

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	0.	-20,256.	-36,441.		-56,697.
TOTALS	0.	-20,256.	-36,441.		-56,697.



FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 25

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS	UNALLOWED LOSS	GAIN	LOSS
LRS COMPANY, L.L.C.	0.	-1,184.	-767.		-1,951.
LEVINSON-LEVIN PROPERTIES, LLC	23,869.	0.		23,869.	
TOTALS	23,869.	-1,184.	-767.	23,869.	-1,951.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 26

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	1,951.	.033266267	1,157.
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	56,697.	.966733733	33,622.
TOTALS		58,648.	1.000000000	34,779.

FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27

NAME OF ACTIVITY	FORM OR SCHEDULE	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	1,951.	794.
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	56,697.	23,075.
TOTALS		58,648.	23,869.



R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	-1,184.	-767.	-1,951.	1,157.	794.
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	23,869.		23,869.		
X MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	-20,256.	-36,441.	-56,697.	33,622.	23,075.
TOTALS		2,429.	-37,208.	-34,779.	34,779.	23,869.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582, LINE 16						23,869.



INCOME

WAGES, SALARIES, TIPS ETC. 252,820.
 DIVIDEND INCOME 5,647.
 TAXABLE REFUNDS
 ALIMONY RECEIVED
 TAXABLE IRA DISTRIBUTIONS 3,277.
 TAXABLE PENSIONS AND ANNUITIES
 UNEMPLOYMENT COMPENSATION
 OTHER INCOME

INTEREST INCOME 355.
 ADD: SERIES EE EXCLUSION

355.

BUSINESS INCOME OR LOSS
 ADD: PASSIVE LOSSES
 SUBTRACT: PASSIVE INCOME

SALE OF ASSETS (BEFORE CAPITAL LOSS LIMITATION) -4,214.
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

LIMITED -3,000.

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS 10,904.
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES 23,869.
 SUBTRACT: PASSIVE INCOME -23,869.

10,904.

FARM OR FARM RENTAL INCOME OR LOSS
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

TOTAL INCOME 270,003.

ADJUSTMENTS

MOVING EXPENSES
 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION
 PENALTY ON EARLY WITHDRAWAL OF SAVINGS
 ALIMONY PAID
 KEOGH/SEP DEDUCTION
 OTHER ADJUSTMENTS

TOTAL ADJUSTMENTS

TOTAL TO FORM 8582, LINE 7 270,003.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 30

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS	LOSS	GAIN	LOSS
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	0.	-20,256.	-19,444.		-39,700.
TOTALS	0.	-20,256.	-19,444.		-39,700.

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 31

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS	LOSS	GAIN	LOSS
LRS COMPANY, L.L.C. LEVINSON-LEVIN PROPERTIES, LLC	0.	-1,184.	-529.		-1,713.
	23,941.	0.		23,941.	
TOTALS	23,941.	-1,184.	-529.	23,941.	-1,713.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 32

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
LRS COMPANY, L.L.C. MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E SCH E	1,713. 39,700.	.041363823 .958636177	723. 16,749.
TOTALS		41,413.	1.000000000	17,472.



FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 33

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	1,713.	723.	990.
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	39,700.	16,749.	22,951.
TOTALS		41,413.	17,472.	23,941.

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 34

RA NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	-1,184.	-529.	-1,713.	723.	990.
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	23,941.		23,941.		
X MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	-20,256.	-19,444.	-39,700.	16,749.	22,951.
TOTALS		2,501.	-19,973.	-17,472.	17,472.	23,941.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582AMT, LINE 16						23,941.