

Name, Address, and SSN

For the year (Jan. 1-Dec. 31, 2010, or other tax year beginning _____, 2010, ending _____)

OMB No. 1545-0047

Your first name and initial: **SANDER M.** Last name: **LEVIN**

If a joint return, spouse's first name and initial: _____ Last name: _____

Home address (number and street). If you have a P.O. box, see instructions: **4222 EMBASSY PARK DR. NW** Apt. no. _____

City, town or post office, state, and ZIP code: **WASHINGTON DC, DC 20016**

Make sure the SSN(s) above and on line 6d are correct.

Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund: **You** **Spouse**

Filing Status

1 **Single** 4 **Head of household** (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 **Married filing jointly** (even if only one had income)

3 **Married filing separately**. Enter spouse's SSN above and full name here. ▶

5 **Qualifying widow(er) with dependent child**

Exemptions

6a **Yourself**. If someone can claim you as a dependent, do not check box 6a

b **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17, qualifying for child tax credit

6d **Total number of exemptions claimed** **1**

Income

Line	Description	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2	162,472.
8a	Taxable interest. Attach Schedule B if required	1,691.
9a	Ordinary dividends. Attach Schedule B if required	
10	Taxable refunds, credits, or offsets of state and local income taxes	1,942.
11	Alimony received	
12	Business income or (loss). Attach Schedule C or C-EZ	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	681.
14	Other gains or (losses). Attach Form 4797	
15b	IRA distributions	5,193.
16b	Pensions and annuities	21,024.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	6,046.
18	Farm income or (loss). Attach Schedule F	
19	Unemployment compensation	
20b	Social security benefits	26,171.
21	Other income. List type and amount	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	223,858.

Adjusted Gross Income

Line	Description	Amount
23	Charitable expenses	
24	Certain out-of-pocket expenses of interest, performing arts, and fee-based government officials. Attach Form 8955 or 8955-LZ	
25	Health savings account deduction. Attach Form 8889	
26	Moving expenses. Attach Form 3903	
27	One-half of self-employment tax. Attach Schedule SE	
28	Self-employed SEP, SIMPLE, and qualified plans	
29	Self-employed health insurance deduction	
30	Penalty on early withdrawal of savings	
31a	Alimony paid	
32	IRA deduction	
33	Student loan interest deduction	
34	Tuition and fees. Attach Form 8817	
35	Domestic production activities deduction. Attach Form 8803	
36	Add lines 23 through 31a and 32 through 35	
37	Subtract line 36 from line 22. This is your adjusted gross income	223,858.

Table with 3 columns: Line number, Description, and Amount. Includes sections for Tax and Credits (lines 38-55), Other Taxes (lines 56-60), Payments (lines 61-72), and Refund (lines 73-75). Total amount owed is \$9,179.

Third Party Designee: Do you want to allow another person to discuss this return with the IRS? [X] Yes. Complete below. [] No.

Sign Here: Preparer's signature: ROBERT KLEIMAN. Date: 04/01/11. Taxpayer's signature: MEMBER OF CONGRESS. Date: 202. Taxpayer ID number: 225496.

Paid Preparer Use Only: Preparer: ROBERT KLEIMAN. Date: 04/01/11. Firm: BAKER TILLY VIRCHOW KRAUSE, LLP. Address: ONE TOWNE SQUARE, SUITE 600, SOUTHFIELD, MI 48076.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

OMB No. 1545-0047

2010

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

SANDER M. LEVIN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) SEE STATEMENT 11	1	2,652.
	2	Enter amount from Form 1040, line 38 2 223,858.	2	223,858.
	3	Multiply line 2 by 7.5% (.075)	3	16,789.
	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):		5	38,844.
	a	<input checked="" type="checkbox"/> Income taxes, or SEE STATEMENT 9		
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions) SEE STATEMENT 12	6	11,031.
	7	New motor vehicle taxes from line 11 of the worksheet on page 2 (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7	
	8	Other taxes. List type and amount ▶ PERSONAL PROPERTY TAXES 116.	8	116.
	9	Add lines 5 through 8	9	49,991.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	10,829.
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
	12	Points not reported to you on Form 1098. See instructions for special rules	12	
	13	Mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15	Add lines 10 through 14	15	10,829.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	5,661. STMT 10
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	5,661.
Casualty and Theft Losses	20	Casualty or theft losses. Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ UNION AND PROFESSIONAL DUES 259.	21	259.
	22	Tax preparation fees	22	1,950.
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ LIVING EXPENSES FOR MEMBER OF CONGRESS 7,477.	23	7,477.
	24	Add lines 21 through 23	24	9,686.
	25	Enter amount from Form 1040, line 38 25 223,858.	25	223,858.
	26	Multiply line 25 by 2% (.02)	26	4,477.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter 0-	27	5,209.
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶	28	
Total Itemized Deductions	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	71,690.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶		

Worksheet Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).
 ✓ See the instructions for line 7 on page A-6.

New motor vehicle taxes

Use this worksheet to figure the amount to enter on line 7.

(Attach to Form 1040.)

<p>1 Enter the state or local sales or excise taxes you paid in 2010 for the purchase of any new motor vehicle(s) after February 16, 2009, and before January 1, 2010 (see instructions)</p>	1			
<p>2 Enter the purchase price (before taxes) of the new motor vehicle(s)</p>	2			
<p>3 Is the amount on line 2 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see instructions).</p>				3
<p>4 Enter the amount from Form 1040, line 38</p>	4			
<p>5 Enter the total of any - • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico</p>	5			
<p>6 Add lines 4 and 5</p>	6			
<p>7 Enter \$125,000 (\$250,000 if married filing jointly)</p>	7			
<p>8 Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6</p>	8			
<p>9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000</p>	9			
<p>10 Multiply line 3 by line 9</p>				10
<p>11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7</p>				11

SCHEDULE B
(Form 1040A or 1040)

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

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ See instructions.

OMB No. 1515-0044

2010

Attachment
Sequence No. 08

SANDER M. LEVIN

Your social security number

**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 ▶
- CONGRESSIONAL FEDERAL CREDIT UNION**
- WACHOVIA BANK, N.A.**

Amount

986.
705.

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.

- 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 1040A, or Form 1040, line 8a ▶

1,691.

1,691.

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

**Part II
Ordinary Dividends**

- 5** List name of payer ▶

Amount

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.

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

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; (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 2010, 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? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

Yes	No
	X

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

- 8** During 2010, 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

	X
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**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (999)


Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0047

2010
Attachment
Sequence No. **12**

SANDER M. LEVIN

Your social security number


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

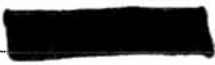
(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales 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 4084, 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 10 of your Capital Loss Carryover Worksheet in the instructions				6	()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	

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					
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		
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				13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions				14	(681)
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	- 681 .

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2010



Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	<p>16</p>	<p>-681.</p>
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><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-8 of the instructions</p>	<p>18</p>	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet on page D-10 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, or Form 1040NR, line 14, 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>21</p>	<p>(681.)</p>
<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, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

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

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

▶ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

SANDER M. 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). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and address 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 1425 S MISSION ROAD, MT PLEASANT, MI 4885	<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See page E-4)	A		
B	MASSACHUSETTS SUMMER HOME MA		B		X
C	BREITBURN OPERATING LP 600 TRAVIS SUITE 4800, HOUSTON, TX 77002		C		

Income:		Properties			Totals (Add columns A, B, and C.)
		A	B	C	
3	Rents received	3	27,875.		3
4	Royalties received	4	117.	1,497.	4
Expenses:					
5	Advertising	5	455.		
6	Auto and travel (see page E-5)	6	2,224.		
7	Cleaning and maintenance	7	7,896.		
8	Commissions	8			
9	Insurance	9	5,583.		
10	Legal and other professional fees	10			
11	Management fees	11	4,300.		
12	Mortgage interest paid to banks, etc. (see page E-5)	12	14,472.		12
13	Other interest	13			
14	Repairs	14	4,273.		
15	Supplies	15	1,403.		
16	Taxes	16	4,663.		
17	Utilities	17	3,718.		
18	Other (list) ▶ SEE STATEMENT 13 SEE STATEMENT 14 SEE STATEMENT 15	18	17. 22.	169.	
19	Add lines 5 through 18	19	17.	49,009.	169.
20	Depreciation expense or depletion (see page E-5)	20			20
21	Total expenses. Add lines 19 and 20	21	17.	49,009.	169.
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-6 to find out if you must file Form 6198	22	100.	-21,134.	1,328.
23	Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-6 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23		21,134.	
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, or Form 1040NR, line 18. 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 (39)

Supplemental Income and Loss

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

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

SANDER M. 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). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and address 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	HIGHMOUNT EXPLORATION & PRODUCTION LLC 16945 NORTHCHASE DR SUITE 1750, HOUSTON,	<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See page E-4) 	A		
B	MERIT ENERGY COMPANY 13727 NOEL ROAD SUITE 500, DALLAS, TX 752		B		
C	LINN OPERATING, INC. 600 TRAVIS STE 5100, HOUSTON, TX 77002		C		

Income:		Properties				Totals	
		A	B	C		(Add columns A, B, and C.)	
3	Rents received	3			3	27,875.	
4	Royalties received	4	3,507.	179.	1,014.	4	6,314.
Expenses:							
5	Advertising	5					
6	Auto and travel (see page E-5)	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-5)	12				12	14,472.
13	Other interest	13					
14	Repairs	14					
15	Supplies	15					
16	Taxes	16					
17	Utilities	17					
18	Other (list) ▶ SEE STATEMENT 16 SEE STATEMENT 17 SEE STATEMENT 18	18	391.	8.	124.		
19	Add lines 5 through 18	19	391.	8.	124.	19	49,718.
20	Depreciation expense or depletion (see page E-5)	20				20	
21	Total expenses. Add lines 19 and 20	21	391.	8.	124.		
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-6 to find out if you must file Form 6198	22	3,116.	171.	890.		
23	Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-6 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	5,605.
25	Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25				25	21,134.
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, or Form 1040NR, line 13. Otherwise, include this amount in the total on line 41 on page 2	26				26	-15,529.

Married (check one) Married Not married and social security number of spouse on page 1

Your social security number

SANDER M. 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-2.

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 8582), or unreimbursed partnership expenses? Yes No
If you answered "Yes," see page E-7 before completing this section.

	(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
A	LRS COMPANY, L.L.C.	P		[REDACTED]	X
B	LEVINSON-LEVIN PROPERTIES, LLC	P		[REDACTED]	
C					
D					

Passive Income and Loss		Nonpassive Income and Loss			
(f) Passive loss allowed (attach Form 8582 if required)	(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	
A	0.				
B		21,575.			
C					
D					
29a Totals		21,575.			
b Totals					
30 Add columns (g) and (j) of line 29a				30	21,575.
31 Add columns (f), (h), and (i) of line 29b				31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32	21,575.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (or loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 31, or Form 1040NR, line 11	41	6,046.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	Reconciliation for real estate professionals. If you are a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you directly participated, under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E

Name: **SARLER, M. LEVIE**
 Pass-through ERG COMPANY, L.L.C.
 PARTNERSHIP

SSN/EIN: [REDACTED]
 TAXPAYER: [REDACTED]

ID: [REDACTED]

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	445.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-employment interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed Section 179 expense								
Expatriation tax								
Net income (loss)	445.	1,924.		2,369.				
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to basis limitation								
Unreimbursed expenses (indemnities)								
Non-passive other								
Total Schedule E, page 2	445.	1,924.		2,369.				
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sched. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Debtors relief related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

SCHEDULE E

Name **SANNER K. LEVIN**

Passthrough LES COMPANY, L.P.C.

PARTNER-SHLP

SSN/EIN [REDACTED]

TAXPAYER

ID [REDACTED]

	K-1 Input	Prior Year Unallowed Basis Losses	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
General income								
Interest from tax-exempt securities								
Other dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12-31-86								
Adjust for gain/loss								
Beneficially adjusted								
Debt gain/loss other than job								
Other								
MISCELLANEOUS								
Self-employment earnings (less wages)								
Gifts farming/ fishing inc								
Royalties								
Royalty accrued/accrued on								
Undistributed capital gain credit								
Backup withholding								
Credit for estimated tax								
Contribution of debt								
Medical insurance - 1040								
Dependent care benefits								
Roth IRA								
Other product/activities income								
Passthrough adjustments to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/capture of credits								
Credits								
Charitable contribution loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2010

SCHEDULE E

Name SAUER, M. LEVIN

Passthrough DEJUNSON LEVIN PROPERTIES, LLC

ID

SSN/EIN

TAXPAYER

OTHER PASSTHROUGH	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)	21,575.							21,575.
Other net rental income (loss)								10,642.
Intangible drilling costs/royalty costs								-10,642.
Self-employment interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	21,575.							21,575.
First passive other	20,642.							10,642.
Second passive other	-20,642.							-10,642.
Cost depletion								
Percentage depletion								
Disposition carryover								
Disallowed due to 6% limitation								
Unincubated expenses (nonpassive)								
Nonpassive other								
Total Schedule E, page 2	21,575.							21,575.
FORM 4797								
Section 1231 gain (loss)								
Section 179 transition on disposition								
SCHEDULE D								
Net short term cap. gain (loss)								
Net long term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name SANDER M. LEVIN

SSN/EIN [REDACTED]

Passthrough LEVINSON-LEVIN PROPERTIES, LLC

TAXPAYER

VALENTINCHIE

ID [REDACTED]

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Corporate dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	72.							72.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (less Wages)								
Gross farming & fishing net								
Royalties								
Royalty expenses/ depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance 1040								
Dependent care benefits								
Retirement plans								
Qualified profit-sharing accounts								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
ACR								
Other tax recapture of credits								
Credits								
Charity and theft loss								

Statement of Rental and Royalty Income

Name(s) as shown on return		Your social security number			
SANDER M. LEVIN		[REDACTED]			
Kind MASSACHUSETTS SUMMER HOME		DAYS - PERSONAL 9 RENTAL 67			
Location MA		TOTAL DAYS USED DURING YEAR 76			
		BUSINESS % : 67/76 = 88.16%			
		GROSS	PERSONAL/DUAL OWNERSHIP EXCLUSION	VACATION HOME LOSS LIMITATION	NET TO SCH E
Rental and Royalty Income					
3. Rents received	3	27,875.			27,875.
4. Royalties received	4				
Rental and Royalty Expenses					
5. Advertising	5	455.			455.
6. Auto and travel	6	2,523.	299.		2,224.
7. Cleaning and maintenance	7	8,957.	1,061.		7,896.
8. Commissions	8				
9. Insurance	9	6,333.	750.		5,583.
10. Legal and other professional fees	10				
11. Management fees	11	4,300.			4,300.
12. Mortgage interest paid to banks, etc.	12	16,416.	1,944.		14,472.
13. Other interest	13				
14. Repairs	14	4,847.	574.		4,273.
15. Supplies	15	1,591.	188.		1,403.
16. Taxes	16	5,289.	626.		4,663.
17. Utilities	17	4,217.	499.		3,718.
18. Other (list) ▶	18				
FEDEX		25.	3.		22.
19. Add lines 5 through 18	19	54,953.	5,944.		49,009.
20. Depreciation expense or depletion	20				
21. Total expenses. Add lines 19 and 20	21	54,953.	5,944.		49,009.
22. Income or (loss) from rental or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	-27,078.			-21,134.

At-Risk Limitations

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

OMB No. 1545-0012

Attachment
 Sequence No. **31**

Partnership prepared return

Identifying number

SANDER M. LEVIN

Description of activity (see page 2 of the instructions)

LRS COMPANY, L.L.C.

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-2,369.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-2,369.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	0

SEE STATEMENT 19

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

SANDER M. LEVIN

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 6. (If less than zero, enter as a negative amount.)	1	152,168.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	49,991.
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 27	5	5,209.
6	If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 17 from that schedule	6	
7	Tax refund from Form 1040, line 10 or line 21	7	-1,942.
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	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Elected large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 20	19	72.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$219,900, see instructions.)	28	205,498.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2010, see instructions.) IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$112,500 \$47,450	} STMT 21	29
	Married filing jointly or qualifying widow(er) 150,000 72,450		
	Married filing separately 75,000 36,225		
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II	30	181,298.
31	<ul style="list-style-type: none"> If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 34 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 \$5,500 (\$1,750 if married filing separately) from the result. 	31	47,263.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	47,263.
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 Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	34	35,294.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	11,969.

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions		36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	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). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	Enter the smaller of line 36 or line 39		40
41	Subtract line 40 from line 36		41
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
43	Enter: <ul style="list-style-type: none"> • \$68,000 if married filing jointly or qualifying widow(er), • \$34,000 if single or married filing separately, or • \$45,550 if head of household. 	43	
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 in 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	
45	Subtract line 44 from line 43. If zero or less, enter 0.	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46	47	
48	Subtract line 47 from line 46	48	
49	Multiply line 48 by 15% (.15)		49
	If line 38 is zero or blank, skip lines 50 and 51 and go to line 52. Otherwise, go to line 50.		
50	Subtract line 46 from line 40	50	
51	Multiply line 50 by 25% (.25)		51
52	Add lines 42, 49, and 51		52
53	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		53
54	Enter the smaller of line 52 or line 53 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions		54

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number					
SANDER M. LEVIN		[REDACTED]					
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1	LEVINSON LEVIN PROPERTIES, LLC * REGULAR INCOME * AMT ADJUSTMENTS * AMT NET INCOME	21,575. 72. 21,647.			72. 72.		
E	MASSACHUSETTS SUMMER HOME - MA * REGULAR INCOME * AMT NET INCOME ** TOTAL ADJ & PREF **	-21,134. -21,134.			72.		

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (IRS)

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

2010

Attachment
Sequence No. **44**

Name of employer

SANDER M. LEVIN

Social security number

Employer identification number

A Did you pay **any one** household employee cash wages of \$1,700 or more in 2010? (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-4 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 2010 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 2009 or 2010 to **all** household employees? (Do not count cash wages paid in 2009 or 2010 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 2010 do not have to complete this form for 2010.)

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	2,534.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	314.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	2,534.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	73.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6	387.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	387.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2009 or 2010 to **all** household employees? (Do not count cash wages paid in 2009 or 2010 to your spouse, your child under age 21, or your parent.)

- No.** **Stop.** Include the amount from line 8 above on Form 1040, line 59, and check box **b** on that line. 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 page H-7 of the instructions.

Schedule H (Form 1040) 2010

Part II Federal Unemployment (FUTA) Tax

- 10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see page H-5 and check "No.")
- 11 Did you pay all state unemployment contributions for 2010 by April 18, 2011? Fiscal year filers, see page H-5
- 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	Yes	No
10	X	
11	X	
12	X	

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	MD		
	0% RATE		
14 Contributions paid to your state unemployment fund (see page H-5)	14		
15 Total cash wages subject to FUTA tax (see page H-5)		15	2,534.
16 FUTA tax. Multiply line 15 by .008. Enter the result here, skip Section B, and go to line 25		16	20.

Section B

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

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by col. (d)	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter 0.	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals		18	
19 Add columns (g) and (h) of line 18	19		
20 Total cash wages subject to FUTA tax (see the line 15 instructions on page H-5)		20	
21 Multiply line 20 by 6.2% (.062)		21	
22 Multiply line 20 by 5.4% (.054)	22		
23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet on page H-5 and check here)		23	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25		24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	387.
26 Add line 16 (or line 24) and line 25 (see page H-6)	26	407.

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Form 1040, line 59, and check box b on that line. Do not complete Part IV below.
 No. You may have to complete Part IV. See page H-6 for details.

Part IV Address and Signature - Complete this part **only** if required. See the line 27 instructions on page H-6.

Address (number and street or P.O. box, if mail is not delivered to street address) _____ Apt. (room, or suite, if any) _____
 City, town, or village (state and ZIP code) _____

Under penalties of perjury, I declare that I have prepared this schedule, including 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 here, or is to be deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature _____ Date _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

Form **8801**

**Credit for Prior Year Minimum Tax -
Individuals, Estates, and Trusts**

OMB No. 1545-0073

2010

Department of the Treasury
Internal Revenue Service (99)

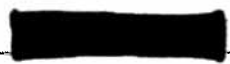
▶ See separate instructions.
▶ Attach to Form 1040, 1040NR, or 1041.

Attachment
Sequence No **74**

Name(s) shown on return

Identifying number

SANDER M. LEVIN



Part I Net Minimum Tax on Exclusion Items

1	Combine lines 1, 6, 7, and 11 of your 2009 Form 6251. Estates and trusts, see instructions	1	183,946.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	25,485.
3	Minimum tax credit net operating loss deduction (see instructions)	3	()
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$216,900 and you were married filing separately for 2009, see instructions	4	209,431.
5	Enter: \$70,950 if married filing jointly or qualifying widow(er) for 2009; \$46,700 if single or head of household for 2009; or \$35,475 if married filing separately for 2009. Estates and trusts, enter \$22,500	5	46,700.
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2009; \$112,500 if single or head of household for 2009; or \$75,000 if married filing separately for 2009. Estates and trusts, enter \$75,000	6	112,500.
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	96,931.
8	Multiply line 7 by 25% (.25)	8	24,233.
9	Subtract line 8 from line 5. If zero or less, enter -0-. If under age 24 at the end of 2009, see instructions	9	22,467.
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	186,964.
11	<ul style="list-style-type: none"> • If for 2009 you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to enter. • If for 2009 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 47 here. Form 1040NR filers, see instructions. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2009), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see instructions. 	11	48,850.
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	48,850.
14	Enter the amount from your 2009 Form 6251, line 35, or 2009 Form 1041, Schedule I, line 55	14	45,500.
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	3,350.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8801 (2010)



Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2011

16	Enter the amount from your 2009 Form 6251, line 36, or 2009 Form 1041, Schedule I, line 56	16	5,048.
17	Enter the amount from line 15	17	3,350.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	1,698.
19	2009 credit carryforward. Enter the amount from your 2009 Form 8801, line 30	19	4,438.
20	Enter your 2009 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18 through 20. If zero or less, stop here and see the instructions	21	6,136.
22	Enter your 2010 regular income tax liability minus allowable credits (see instructions)	22	35,294.
23	Enter the amount from your 2010 Form 6251, line 33, or 2010 Form 1041, Schedule I, line 54	23	47,263.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25	Current year nonrefundable credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2010 Form 1040, line 53 (check box b); Form 1040NR, line 50 (check box b); or Form 1041, Schedule G, line 2c	25	0.
26	<ul style="list-style-type: none"> • Estates and trusts: Leave lines 26 and 27 blank and go to line 28. • Individuals: Did you have a minimum tax credit carryforward to 2008 (on your 2007 Form 8801, line 28)? <input checked="" type="checkbox"/> No. Leave lines 26 and 27 blank and go to line 28. <input type="checkbox"/> Yes. Complete Part IV of Form 8801 to figure the amount to enter	26	
27	Is line 26 more than line 25? <input type="checkbox"/> No. Leave line 27 blank and go to line 28. <input type="checkbox"/> Yes. Subtract line 25 from line 26. This is your current year refundable credit . Enter the result here and on your 2010 Form 1040, line 71 (check box c), or Form 1040NR, line 66 (check box c)	27	
28	Credit carryforward to 2011. Subtract the larger of line 25 or line 26 from line 21. Keep a record of this amount because you may use it in future years	28	6,136.

Part III Tax Computation Using Maximum Capital Gains Rates

<p>Caution. If you did not complete the 2009 Qualified Dividends and Capital Gain Tax Worksheet, the 2009 Schedule D Tax Worksheet, or Part V of the 2009 Schedule D (Form 1041), see the instructions before completing this part.</p>		
29	<p>Enter the amount from Form 8801, line 10. If you filed Form 2555 or 2555-EZ for 2009, enter the amount from line 3 of the worksheet on page 2 of the instructions</p> <p>Caution. If for 2009 you filed Form 1040NR, 1041, 2555, or 2555-EZ, see the instructions before completing lines 30, 31, and 32.</p>	29
30	<p>Enter the amount from line 6 of your 2009 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2009 Schedule D Tax Worksheet, or the amount from line 22 of the 2009 Schedule D (Form 1041), whichever applies*</p>	30
<p>If you figured your 2009 tax using the 2009 Qualified Dividends and Capital Gain Tax Worksheet, skip line 31 and enter the amount from line 30 on line 32. Otherwise, go to line 31.</p>		
31	<p>Enter the amount from line 19 of your 2009 Schedule D (Form 1040), or line 14b, column (2), of the 2009 Schedule D (Form 1041)</p>	31
32	<p>Add lines 30 and 31, and enter the smaller of that result or the amount from line 10 of your 2009 Schedule D Tax Worksheet</p>	32
33	<p>Enter the smaller of line 29 or line 32</p>	33
34	<p>Subtract line 33 from line 29</p>	34
35	<p>If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2009), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see instructions</p>	35
36	<p>Enter:</p> <ul style="list-style-type: none"> • \$67,900 if married filing jointly or qualifying widow(er) for 2009, • \$33,950 if single or married filing separately for 2009, • \$45,500 if head of household for 2009, or • \$2,300 for an estate or trust. <p>Form 1040NR filers, see instructions</p>	36
37	<p>Enter the amount from line 7 of your 2009 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2009 Schedule D Tax Worksheet, or the amount from line 23 of the 2009 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2009 Schedule D (Form 1041), enter -0-. Form 1040NR filers, see instructions</p>	37
38	<p>Subtract line 37 from line 36. If zero or less, enter -0-</p>	38
39	<p>Enter the smaller of line 29 or line 30</p>	39
40	<p>Enter the smaller of line 38 or line 39</p>	40
41	<p>Subtract line 40 from line 39</p>	41
42	<p>Multiply line 41 by 15% (.15)</p>	42
<p>If line 31 is zero or blank, skip lines 43 and 44 and go to line 45. Otherwise, go to line 43.</p>		
43	<p>Subtract line 39 from line 33</p>	43
44	<p>Multiply line 43 by 25% (.25)</p>	44
45	<p>Add lines 35, 42, and 44</p>	45
46	<p>If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2009), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2009) from the result. Form 1040NR filers, see instructions</p>	46
47	<p>Enter the smaller of line 45 or line 46 here and on line 11. If you filed Form 2555 or 2555-EZ for 2009, do not enter this amount on line 11. Instead, enter it on line 4 of the worksheet on page 2 of the instructions</p>	47

* The 2009 Qualified Dividends and Capital Gain Tax Worksheet is on page 59 of the 2009 Instructions for Form 1040. The 2009 Schedule D Tax Worksheet is on page D-10 of the 2009 Instructions for Schedule D (Form 1040) (page 2 of the 2009 Instructions for Schedule D (Form 1041)).



Part IV		Tentative Refundable Credit	
48	Enter the amount from line 21		48
49	Enter the total of lines 18 and 20 from your 2008 Form 8801. If zero or less, enter -0-	49	
50	Enter the total of lines 18 and 20 from your 2009 Form 8801. If zero or less, enter -0-	50	
51	Enter the total of lines 18 and 20 from your 2010 Form 8801. If zero or less, enter -0-	51	
52	Add lines 49 through 51		52
53	Long-term unused minimum tax credit. Subtract line 52 from line 48. If zero or less, enter -0- here and on line 26. Do not complete the rest of Part IV		53
54	Multiply line 53 by 50% (.50)		54
55	Enter the amount from your 2009 Form 8801, line 59		55
56	Enter the larger of line 54 or line 55		56
57	Enter the smaller of line 53 or line 56. Enter the result here and on line 26		57

SANDER M. LEVIN



FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 1

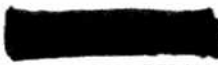
OFFICE OF PERSONNEL MANAGEMENT

AMOUNT RECEIVED THIS YEAR 21,024.
NONTAXABLE AMOUNT
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

21,024.

TOTAL INCLUDED IN FORM 1040, LINE 16B

21,024.



CHECK ONLY ONE BOX:

- X A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2010
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2010

1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 20A.	30,789.
IF YOU CHECKED BOX B: TAXPAYER AMOUNT	
SPOUSE AMOUNT	
2. ENTER ONE HALF OF LINE 1	15,395.
3. ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 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	197,687.
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	
5. ADD LINES 2, 3, AND 4.	213,082.
6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36.	0.
7. SUBTRACT LINE 6 FROM LINE 5	213,082.
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.	25,000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2010, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A. [X] YES. SUBTRACT LINE 8 FROM LINE 7	188,082.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C	9,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-.	179,082.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10	9,000.
13. ENTER ONE HALF OF LINE 12.	4,500.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13	4,500.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	152,220.
16. ADD LINES 14 AND 15.	156,720.
17. MULTIPLY LINE 1 BY 85% (.85)	26,171.
<hr/>	
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	26,171.

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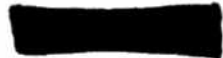


FORM 1040 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

	2009	2008	2007
	MICHIGAN		
GROSS STATE/LOCAL INC TAX REFUNDS	2,133.		
LESS: TAX PAID IN FOLLOWING YEAR	191.		
NET TAX REFUNDS MICHIGAN	1,942.		
TOTAL NET TAX REFUNDS	1,942.		



FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT 4
	2009	2008	2007
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	1,942.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	1,942.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	121,611.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	1,942.		
5 LINE 2 MINUS LINES 3 AND 4	119,669.		
6 MULT LN 5 BY APPL SEC. 68 PCT	31,912.		
7 PRIOR YEAR AGI	305,557.		
8 ITEM. DED. PHASEOUT THRESHOLD	166,800.		
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)	138,757.		
10 MULT LN 9 BY APPL SEC. 68 PCT	1,388.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	118,281.		
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	118,281.		
13B PRIOR YR. STD. DED. AVAILABLE	7,600.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	120,223.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	1,942.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	1,942.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	120,223.		
18 PRIOR YEAR STD. DED. AVAILABLE	7,600.		
19 SUBTRACT LINE 18 FROM LINE 17	112,623.		
20 LESSER OF LINE 16 OR LINE 19	1,942.		
21 PRIOR YEAR TAXABLE INCOME	182,901.		
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			1,942.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2007			
TOTAL TO FORM 1040, LINE 10			1,942.



FORM 1040 IRA DISTRIBUTIONS STATEMENT 5

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
MERRILL LYNCH	5,193.	5,193.
TOTAL TO FORM 1040, LINE 15	5,193.	5,193.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 6

	2009	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
MICHIGAN			
STATE TAX PAID IN FOLLOW YEAR	770.		
TOTAL STATE TAX PAID 2009	8,603.	2,133. =	191.

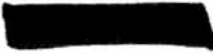
FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 7

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	162,472.	30,330.	5,523.		6,622.	2,482.
TOTALS	162,472.	30,330.	5,523.		6,622.	2,482.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 8

T S DESCRIPTION	AMOUNT
T HOUSE OF REP - MEMBER SERVICES	30,330.
T MERRILL LYNCH	1,039.
TOTAL TO FORM 1040, LINE 61	31,369.

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SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 9

DESCRIPTION	AMOUNT
HOUSE OF REP - MEMBER SERVICES	5,523.
MICHIGAN 1ST QTR ESTIMATE PAYMENTS	1,580.
MICHIGAN 2ND QTR ESTIMATE PAYMENTS	1,580.
MICHIGAN 3RD QTR ESTIMATE PAYMENTS	1,580.
MICHIGAN PRIOR YEAR ESTIMATE PAYMENTS	770.
MICHIGAN PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	2,133.
MARYLAND 2ND QTR ESTIMATE PAYMENTS	25,869.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-191.
TOTAL TO SCHEDULE A, LINE 5	38,844.

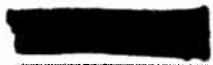
SCHEDULE A CASH CONTRIBUTIONS STATEMENT 10

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
SUBTOTALS	5,661.	
TOTAL TO SCHEDULE A, LINE 16		5,661.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 11

DESCRIPTION	AMOUNT
MEDICARE PREMIUMS WITHHELD	2,652.
TOTAL TO SCHEDULE A, LINE 1	2,652.

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SCHEDULE A REAL ESTATE TAXES STATEMENT 12

DESCRIPTION	AMOUNT
MASSACHUSETTS SUMMER HOME - MA	626.
MICHIGAN RESIDENCE	3,497.
MARYLAND RESIDENCE	5,370.
LIONS DEN	1,538.
TOTAL TO SCHEDULE A, LINE 6	11,031.

SCHEDULE E OTHER EXPENSES STATEMENT 13

MUSKEGON DEVELOPMENT CO - 1425 S MISSION ROAD, MT PLEASANT, MI 48858

DESCRIPTION	AMOUNT
SEV TAX	6.
OTHER DEDUCTIONS	11.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	17.

SCHEDULE E OTHER EXPENSES STATEMENT 14

MASSACHUSETTS SUMMER HOME - MA

DESCRIPTION	AMOUNT
FEDEX	22.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	22.

SCHEDULE E OTHER EXPENSES STATEMENT 15

BREITBURN OPERATING LP - 600 TRAVIS SUITE 4800, HOUSTON, TX 77002

DESCRIPTION	AMOUNT
TAXES	71.
EXPENSES	98.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	169.



SCHEDULE E OTHER EXPENSES STATEMENT 16

HIGHMOUNT EXPLORATION & PRODUCTION LLC - 16945 NORTHCHASE DR SUITE 1750, HOU

DESCRIPTION	AMOUNT
REVENUE DEDUCTION	225.
SEV TAX	166.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	391.

SCHEDULE E OTHER EXPENSES STATEMENT 17

MERIT ENERGY COMPANY - 13727 NOEL ROAD SUITE 500, DALLAS, TX 75240

DESCRIPTION	AMOUNT
PRODUCTION TAXES	8.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	8.

SCHEDULE E OTHER EXPENSES STATEMENT 18

LINN OPERATING, INC. - 600 TRAVIS STE 5100, HOUSTON, TX 77002

DESCRIPTION	AMOUNT
PRODUCTION TAXES	48.
OTHER DEDUCTIONS	76.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	124.

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FORM 6198 ALLOCATION OF ALLOWABLE LOSSES STATEMENT 19

LRS COMPANY, L.L.C.

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	445.	.187842972	0.	0.	445.
SCHEDULE E C/O	1,924.	.812157028	0.	0.	1,924.
TOTALS	2,369.	1.000000000	0.	0.	2,369.

FORM 6251 PASSIVE ACTIVITIES STATEMENT 20

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	21,647.	21,575.	72.
MASSACHUSETTS SUMMER HOME - MA	SCH E	-21,134.	-21,134.	
TOTAL TO FORM 6251, LINE 19				72.



1	ENTER: \$47,450 IF SINGLE OR HEAD OF HOUSEHOLD; \$72,450 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$36,225 IF MARRIED FILING SEPARATELY.	47,450.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	205,498.
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	112,500.
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	92,998.
5	MULTIPLY LINE 4 BY 25% (.25).	23,250.
6	SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30	24,200.
7	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24. .	
8	ENTER YOUR 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	