Form **1040** U.S. Individual Income Tax Return **2006** (99) IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

Label	For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , 20		
See instructions on page 16.)	Your first name and initial: SANDER M.	Last name: LEVIN	Your social security number [redacted]
Use the IRS label. Otherwise, please print or type.	If a joint return, spouse's first name and initial: VICTORIA S.	Last name: LEVIN	Spouse's social security number [redacted]
	Home address (number and street). If you have a P.O. box, see page 16.: 4801 MORGAN DRIVE	Apt. no.	▲ You must enter your SSN(s) above. ▲
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.: CHEVY CHASE, MD 20815		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 (see page 16) ▶ [X] You [X] Spouse

Filing Status (Check only one box.)

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
b [X] Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 19)

No. of children on 6c who: ● lived with you ● did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

If more than four dependents, see page 19.

d Total number of exemptions claimed — Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7: 253,811.
8a	Taxable interest. Attach Schedule B if required		8a: 135.
b	Tax-exempt interest. Do not include on line 8a	8b: 2,240.	
9a	Ordinary dividends. Attach Schedule B if required		9a: 6,089.
b	Qualified dividends (see page 23)	9b: 3,636.	
10	Taxable refunds, credits, or offsets of state and local income taxes STMT 2 STMT 4		10: 0.
11	Alimony received STMT 7		11
12	Business income or (loss). Attach Schedule C or C-EZ		12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13: 10,892.
14	Other gains or (losses). Attach Form 4797		14
15a	IRA distributions 15a	b Taxable amount	15b: 4,223.
16a	Pensions and annuities 16a	b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17: 9,591.
18	Farm income or (loss). Attach Schedule F		18
19	Unemployment compensation		19
20a	Social security benefits 20a: 43,614.	b Taxable amount (see page 27)	20b: 37,072.
21	Other income. List type and amount (see page 29)		21
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22: 321,813.

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 33)	33	
34	Jury duty pay you gave to your employer	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35		36
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37: 321,813.

610001 02-19-07

Form 1040 (2006) SANDER M. & VICTORIA S. LEVIN [redacted] Page 2

Tax and Credits

Standard Deduction for -
- People who checked any box on line 39a or 39b or who can be claimed as a dependent.
- All others:
Single or Married filing separately, $5,150
Married filing jointly or Qualifying widow(er), $10,300
Head of household, $7,550

38	Amount from line 37 (adjusted gross income)		321,813.
39a	Check if: [X] You were born before January 2, 1942, [ ] Blind. [X] Spouse was born before January 2, 1942, [ ] Blind. Total boxes checked ▶ 39a	2	
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b [ ]		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		71,174.
41	Subtract line 40 from line 38		250,639.
42	If line 38 is over $112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply $3,300 by the total number of exemptions claimed on line 6d		3,168.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		247,471.
44	Tax. Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972		59,032.
45	Alternative minimum tax. Attach Form 6251		11,616.
46	Add lines 44 and 45 ▶		70,648.
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	Residential energy credits. Attach Form 5695		
53	Child tax credit (see page 42). Attach Form 8901 if required		
54	Credits from: a [ ] Form 8396 b [ ] Form 8839 c [ ] Form 8859		
55	Other credits: a [ ] Form 3800 b [ ] Form 8801 c [ ] Form		
56	Add lines 47 through 55. These are your total credits		
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶		70,648.

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, box 9		
62	Household employment taxes. Attach Schedule H		355.
63	Add lines 57 through 62. This is your total tax ▶		71,003.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	47,003.	STATEMENT 10
65	2006 estimated tax payments and amount applied from 2005 return	28,440.	
66a	Earned income credit (EIC)		
b	Nontaxable combat pay election ▶ 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)		
68	Additional child tax credit. Attach Form 8812		
69	Amount paid with request for extension to file (see page 60)		
70	Payments from: a [ ] Form 2439 b [ ] Form 4136 c [ ] Form 8885		
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	40.	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments ▶		75,483.

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid		4,480.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ [ ]		
b	Routing number ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number		
75	Amount of line 73 you want applied to your 2007 estimated tax ▶	4,480.	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ▶		
77	Estimated tax penalty (see page 62)		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? [X] Yes. Complete the following. [ ] No

Designee's name ▶ PREPARER Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined 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.

Joint return? See page 17. Keep a copy for your records.

Your signature | Date | Your occupation: MEMBER OF CONGRESS | Daytime phone number: 202 225496

Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation: SOCIAL SERVICES

Paid Preparer's Use Only

Preparer's signature ▶ ROBERT KLEIMAN | Date: 03/26/07 | Check if self-employed [ ] | Preparer's SSN or PTIN [redacted]

Firm's name (or yours if self-employed), address, and ZIP code ▶ VIRCHOW, KRAUSE & COMPANY, LLP ONE TOWNE SQUARE, SUITE 600 SOUTHFIELD, MI 48076 | EIN | Phone no. 248-372-7300

610002 11-07-06

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (99)

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

2006

Attachment Sequence No. 07

Name(s) shown on Form 1040: SANDER M. & VICTORIA S. LEVIN

Your social security number: [redacted]

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1) SEE STATEMENT 17	1	2,124.		
	2	Enter amount from Form 1040, line 38 — 2 — 321,813.				
	3	Multiply line 2 by 7.5% (.075)	3	24,136.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You Paid (See page A-3.)	5	State and local income taxes SEE STATEMENT 12	5	15,381.		
	6	Real estate taxes (see page A-3) SEE STATEMENT 19	6	16,580.		
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	31,961.
Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported to you on Form 1098 STMT 14	10	31,686.		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11			
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098	12			
	13	Investment interest. Attach Form 4952 if required. (See page A-4.) STMT 15	13	20.		
	14	Add lines 10 through 13			14	31,706.
Gifts to Charity	15	Gifts by cash or check SEE STATEMENT 13	15	4,565.		
If you made a gift and got a benefit for it, see page A-4.	16	Other than by cash or check. If any gift of $250 or more, see page A-5. You must attach Form 8283 if over $500 SEE STATEMENT 16	16	90.		
	17	Carryover from prior year	17			
	18	Add lines 15 through 17			18	4,655.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.)			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-6.) ▶	20			
	21	Tax preparation fees	21	1,745.		
(See page A-6.)	22	Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 11	22	10,969.		
	23	Add lines 20 through 22	23	12,714.		
	24	Enter amount from Form 1040, line 38 — 24 — 321,813.				
	25	Multiply line 24 by 2% (.02)	25	6,436.		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26	6,278.
Other Miscellaneous Deductions	27	Other - from list on page A-7. List type and amount ▶			27	
Total Itemized Deductions	28	Is Form 1040, line 38, over $150,500 (over $75,250 if married filing separately)? ☐ 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. ☒ Yes. Your deduction may be limited. See page A-7 for the amount to enter. STMT 18 ▶			28	71,174.
	29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐				

619501 11-10-06

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

Your social security number

ANDER M. & VICTORIA S. LEVIN [redacted]

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 ▶

		Amount
MARTHA'S VINEYARD CO-OP BANK [redacted]	1	6.
MERRILL LYNCH [redacted]	1	86.
WACHOVIA [redacted]	1	3.
WACHOVIA [redacted]	1	12.
CONGRESSIONAL FEDERAL CREDIT UNION	1	28.
2 Add the amounts on line 1	2	135.
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	135.

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.

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

Part II Ordinary Dividends

5 List name of payer ▶

		Amount
AMPAL-AMERICAN ISRAEL CORP	5	5.
MERRILL LYNCH [redacted]	5	6,084.
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶	6	6,089.

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.

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.

	Yes	No
7a At any time during 2006, 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?		X
b If "Yes," enter the name of the foreign country ▶		
8 During 2006, 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

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2006

Attachment Sequence No. 12

Name(s) shown on return: SANDER M. & VICTORIA S. LEVIN

Your social security number: [redacted]

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 10 of your **Capital Loss Carryover Worksheet** in the instructions	6	(1,214.)
7	**Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f)	7	-1,214.

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 AMERICAN INCOME FUND OF AMERICA	02/25/03	03/03/06	7,503.	5,662.	1,841.
AMERICAN INCOME FUND OF AMERICA	02/25/03	06/21/06	2,500.	1,888.	612.
AMERICAN CAP INCOME BUILDER	02/25/03	03/03/06	7,557.	5,541.	2,016.
AMERICAN CAP INCOME BUILDER	02/25/03	06/21/06	2,500.	1,848.	652.
AMERICAN CAP INCOME BUILDER	02/25/03	10/16/06	10,000.	6,801.	3,199.

			(d) Sales price		(f) Gain or (loss)
9	Enter your long-term totals, if any, from Schedule D-1, line 9	9	10,000.		-69.
10	**Total long-term sales price amounts.** Add lines 8 and 9 in column (d)	10	40,060.		
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 20			13	3,855.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your **Capital Loss Carryover Worksheet** in the instructions			14	( )
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	12,106.

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

620511 11-10-06

Part III Summary

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, or Form 1040NR, line 14. Then go to line 17 below . . . 16 10,892.

17 Are lines 15 and 16 **both** gains?
[X] **Yes.** Go to line 18.
[ ] **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** on page D-8 of the instructions . . . ▶ 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-9 of the instructions . . . ▶ 19

20 Are lines 18 and 19 **both** zero or blank?
[X] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). **Do not** complete lines 21 and 22 below.
[ ] **No.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Schedule D Tax Worksheet** on page D-10 of the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

} . . . 21 ( )

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?
[ ] **Yes.** Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the **Qualified Dividends and Capital Gain Tax Worksheet** on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).
[ ] **No.** Complete the rest of Form 1040 or Form 1040NR.

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

ANDER M. & VICTORIA S. LEVIN

Your social security number [redacted]

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)
AMERICAN T/E FD MD CL C	02/25/03	10/16/06	10,000.	10,069.	-69.
9 Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 9		▶ 9	10,000.		-69.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2006

Attachment Sequence No. 13

Name(s) shown on return: SANDER M. & VICTORIA S. LEVIN

Your social security number: [redacted]

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:

	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: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3.)	Yes	No
A	DOMINION MIDWEST ENERGY	A		
B	MASSACHUSETTS SUMMER HOME MASSACHUSETTS	B	X	
C	MERIT ENERGY COMPANY	C		

	Line	Properties A	Properties B	Properties C	Line	Totals (Add columns A, B, and C.)
Income:						
3 Rents received	3		26,750.		3	
4 Royalties received	4	9,325.		62.	4	
Expenses:						
5 Advertising	5		201.			
6 Auto and travel (see page E-4)	6		2,285.			
7 Cleaning and maintenance	7		7,055.			
8 Commissions	8					
9 Insurance	9		3,537.			
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-4)	12		2,959.		12	
13 Other interest	13					
14 Repairs	14		479.			
15 Supplies	15		1,365.			
16 Taxes	16		912.			
17 Utilities	17		2,130.			
18 Other (list) ▶						
SEE STATEMENT 21	18	847.				
SEE STATEMENT 22	18		249.			
SEE STATEMENT 23	18			3.		
19 Add lines 5 through 18	19	847.	21,172.	3.	19	
20 Depreciation expense or depletion (see page E-4)	20				20	
21 Total expenses. Add lines 19 and 20	21	847.	21,172. STMT 24	3.		
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	8,478.	5,578.	59.		
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	( )	(28,463.)			
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 (99)

Supplemental Income and Loss

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

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

OMB No. 1545-0074
2006
Attachment Sequence No. 13

Name(s) shown on return: SANDER M. & VICTORIA S. LEVIN

Your social security number: [redacted]

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:

A MUSKEGON DEVELOPMENT CO
MICHIGAN

B QUICKSILVER PIPELINE L.L.C.

C

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:
- 14 days or
- 10% of the total days rented at fair rental value?

(See page E-3.)

	Yes	No
A		
B		
C		

		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
Income:						
3 Rents received	3				3	26,750.
4 Royalties received	4	210.	1,057.		4	10,654.
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	2,959.
13 Other interest	13					
14 Repairs	14					
15 Supplies	15					
16 Taxes	16					
17 Utilities	17					
18 Other (list) ▶ SEE STATEMENT 27	18	8.				
SEE STATEMENT 28			205.			
19 Add lines 5 through 18	19	8.	205.		19	22,235.
20 Depreciation expense or depletion (see page E-4)	20				20	
21 Total expenses. Add lines 19 and 20	21	8.	205.			
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	202.	852.			
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	15,169.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here					25	(28,463.)
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	-13,294.

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 [redacted]

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 8582), or unreimbursed partnership expenses? [ ] Yes [X] No
If you answered "Yes," see page E-6 before completing this section.

28	(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	LEVINSON-LEVIN PROPERTIES, LLC	P		[redacted]	
B	LRS COMPANY, L.L.C.	P			
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		24,590.			
B	1,705.				
C					
D					
29a Totals		24,590.			
b Totals	1,705.				

30	Add columns (g) and (j) of line 29a	30	24,590.
31	Add columns (f), (h), and (i) of line 29b	31	(1,705.)
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	22,885.

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 (net 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 17, or Form 1040NR, line 18	41	9,591.
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 T; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Statement of Rental and Royalty Income

Name(s) as shown on return: SANDER M. & VICTORIA S. LEVIN

Your social security number: [redacted]

Kind: MASSACHUSETTS SUMMER HOME

Location: MASSACHUSETTS

DAYS - PERSONAL 28 RENTAL 63
TOTAL DAYS USED DURING YEAR 91
BUSINESS % : 63/91 = 69.23%
INT & TAXES : 63/365 = 17.26%

	Line	GROSS	PERSONAL/DUAL OWNERSHIP EXCLUSION	VACATION HOME LOSS LIMITATION	NET TO SCH E
Rental and Royalty Income					
3. Rents received	3	26,750.			26,750.
4. Royalties received	4				
Rental and Royalty Expenses					
5. Advertising	5	201.			201.
6. Auto and travel	6	3,301.	1,016.		2,285.
7. Cleaning and maintenance	7	10,191.	3,136.		7,055.
8. Commissions	8				
9. Insurance	9	5,109.	1,572.		3,537.
10. Legal and other professional fees	10				
11. Management fees	11				
12. Mortgage interest paid to banks, etc.	12	17,145.	14,186.		2,959.
13. Other interest	13				
14. Repairs	14	692.	213.		479.
15. Supplies	15	1,971.	606.		1,365.
16. Taxes	16	5,284.	4,372.		912.
17. Utilities	17	3,076.	946.		2,130.
18. Other (list) ▶	18				
MAILING COSTS		49.	15.		34.
INTERNET		225.	69.		156.
OFFICE SUPPLIES		85.	26.		59.
19. Add lines 5 through 18	19	47,329.	26,157.		21,172.
20. Depreciation expense or depletion	20				
21. Total expenses. Add lines 19 and 20	21	47,329.	26,157.		21,172.
22. Income or (loss) from rental or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	-20,579.			5,578.

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2006

Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR: SANDER M. & VICTORIA S. LEVIN

Your social security number: [redacted]

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 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	250,639.
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	31,961.
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	6,278.
6	If Form 1040, line 38, is over $150,500 (over $75,250 if married filing separately), enter the amount from line 11 of the **Itemized Deductions Worksheet** on page A-7 of the instructions for Schedule A (Form 1040)	6	-3,426.
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 29	18	11,836.
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 $200,100, see instructions)	28	297,288.

Part II Alternative Minimum Tax

29 Exemption. (If this form is for a child under age 18, 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	$42,500
Married filing jointly or qualifying widow(er)	150,000	62,550
Married filing separately	75,000	31,275

STMT 30 — 29: 25,728.

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 or you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II	30	271,560.
31	• If you are filing Form 2555 or 2555-EZ, see page 8 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 55 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	70,648.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	70,648.
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 for line 44 of Form 1040 must be refigured without using Sch J	34	59,032.
35	**Alternative minimum tax.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	11,616.

Part III | Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30			36	271,560.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see the instructions)	37	14,528.		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured 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 refigured for the AMT, if necessary)	39	14,528.		
40	Enter the **smaller** of line 36 or line 39			40	14,528.
41	Subtract line 40 from line 36			41	257,032.
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	68,469.
43	Enter: • $61,300 if married filing jointly or qualifying widow(er), • $30,650 if single or married filing separately, or • $41,050 if head of household.	43	61,300.		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	232,943.		
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	14,528.		
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	14,528.		
50	Multiply line 49 by 15% (.15) ▶			50	2,179.
	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	70,648.
54	If line 36 is $175,000 or less ($87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result			54	72,537.
55	Enter the smaller of line 53 or line 54 here and on line 31			55	70,648.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s): SANDER M. & VICTORIA S. LEVIN

Social Security Number: [redacted]

Form Name	Description	Income	Adjustment: Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
K1-	LRS COMPANY, L.L.C.						
	* REGULAR INCOME	-1,705.					
	PAL CARRYOVER	1,157.			1,157.		
	AMT PAL CARRYOVER	-723.			-723.		
	PAL DISALLOWED	-384.			-384.		
	* AMT NET INCOME	-1,655.			50.		
K1-	LEVINSON-LEVIN PROPERTIES, LLC						
	* REGULAR INCOME	24,590.					
	AMT ADJUSTMENTS	72.			72.		
	* AMT NET INCOME	24,662.			72.		
	** TOTAL ADJ & PREF **				122.		

619911
05-01-06

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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

2006

Attachment Sequence No. 44

Name of employer

SANDER M. LEVIN

Social security number [redacted]

Employer identification number [redacted]

A Did you pay **any one** household employee cash wages of $1,500 or more in 2006? (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.)

[X] **Yes.** Skip lines B and C and go to line 1.
[ ] **No.** Go to line B.

B Did you withhold federal income tax during 2006 for any household employee?

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

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2005 or 2006 to **all** household employees? (**Do not** count cash wages paid in 2005 or 2006 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 2006 **do not** have to complete this form for 2006.)

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	2,320.		
2	Social security taxes. Multiply line 1 by 12.4% (.124)			2	288.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	2,320.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)			4	67.
5	Federal income tax withheld, if any			5	
6	**Total social security, Medicare, and income taxes.** Add lines 2, 4, and 5			6	355.
7	Advance earned income credit (EIC) payments, if any			7	
8	**Net taxes** (subtract line 7 from line 6)			8	355.

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2005 or 2006 to household employees? (**Do not** count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

[X] 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.

Part II Federal Unemployment (FUTA) Tax

			Yes	No
10	Are you required to pay unemployment contributions to only one state?	10		
11	Did you pay all state unemployment contributions for 2006 by April 16, 2007? Fiscal year filers, see page H-4.	11		
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12		

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 act)	(d) State experience rate period From	To	(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

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 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. If you checked the "Yes" box on line C of page 1, enter -0- 26

27 Add line 17 (or line 25) and line 26 27

28 Are you required to file Form 1040?

☐ **Yes. Stop.** Enter the amount from line 27 above on Form 1040, line 62. **Do not** complete Part IV below.

☐ **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., room, or suite no.

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

Under penalties of perjury, I declare that I have examined 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 was, or is to be, deducted from the payments to employees.

▶ Employer's signature ▶ Date

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2006

Attachment Sequence No. **51**

Name(s) shown on return: SANDER M. & VICTORIA S. LEVIN

Identifying number: [redacted]

Part I — Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2006 (see instructions) SEE STATEMENT 31	1	20.
2	Disallowed investment interest expense from 2005 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	20.

Part II — Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 32	4a	16,878.		
b	Qualified dividends included on line 4a	4b	3,636.		
c	Subtract line 4b from line 4a			4c	13,242.
d	Net gain from the disposition of property held for investment	4d	10,892.		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment	4e	10,892.		STATEMENT 34
f	Subtract line 4e from line 4d			4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	13,242.
5	Investment expenses (see instructions) SEE STATEMENT 33			5	1,063.
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	12,179.

Part III — Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2007. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the smaller of line 3 or 6. See instructions	8	20.

ALTERNATIVE MINIMUM TAX

Form **4952** — Department of the Treasury, Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191 — **2006** — Attachment Sequence No. 51

Name(s) shown on return: SANDER M. & VICTORIA S. LEVIN

Identifying number: [redacted]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2006 (see instructions) SEE STATEMENT 35			1	20.
2	Disallowed investment interest expense from 2005 Form 4952, line 7			2	
3	**Total investment interest expense.** Add lines 1 and 2			3	20.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	16,878.		
b	Qualified dividends included on line 4a	4b	3,636.		
c	Subtract line 4b from line 4a			4c	13,242.
d	Net gain from the disposition of property held for investment	4d	10,892.		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment	4e	10,892.		
f	Subtract line 4e from line 4d			4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	13,242.
5	Investment expenses (see instructions)			5	1,063.
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	12,179.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2007. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or 6. See instructions	8	20.

REGULAR FORM 4952, LINE 8	20.
LESS RECOMPUTED FORM 4952, LINE 8	20.
INTEREST ADJUSTMENT - FORM 6251, LINE 8	

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

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

OMB No. 1545-1008
2006
Attachment Sequence No. 88

Name(s) shown on return: SANDER M. & VICTORIA S. LEVIN

Identifying number: [redacted]

Part I 2006 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	5,578.		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b			
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	-33,622.		
d Combine lines 1a, 1b, and 1c			1d	-28,044.

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	24,590.		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-932.		
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	-1,157.		
d Combine lines 3a, 3b, and 3c			3d	22,501.
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	-5,543.

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 Activities 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	5,543.
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	284,741.		STATEMENT 41
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.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

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	30,168.
16 **Total losses allowed from all passive activities for 2006.** Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return SEE STATEMENT 40	16	30,168.

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 ▶	5,578.		-33,622.		

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 ▶	24,590.	-932.	-1,157.		

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 ▶		30,133.	1.000000000	5,543.

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 ➤		30,133.	5,543.	24,590.

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

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

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

OMB No. 1545-1008

2006

Attachment Sequence No. 88

Name(s) shown on return: SANDER M. & VICTORIA S. LEVIN

Identifying number: [redacted]

Part I 2006 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	5,578.		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b			
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	-16,749.		
d Combine lines 1a, 1b, and 1c			1d	-11,171.

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	24,662.		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-932.		
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	-723.		
d Combine lines 3a, 3b, and 3c			3d	23,007.
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	11,836.

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 Activities 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	
6 Enter $150,000. If married filing separately, see the instructions	6			
7 Enter modified adjusted gross income, but not less than zero (see the instr.)	7			
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	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

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	
16 **Total losses allowed from all passive activities for 2006.** Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return SEE STATEMENT 44	16	18,404.

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 ▶	5,578.		-16,749.		

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 ▶	24,662.	-932.	-723.		

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
Total ▶				

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 1040	SOCIAL SECURITY BENEFITS WORKSHEET	STATEMENT 1

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 2006
D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2006

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.	43,614.
2. ENTER ONE HALF OF LINE 1	21,807.
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	286,981.
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.	308,788.
6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, LINE 34, AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36.	0.
7. SUBTRACT LINE 6 FROM LINE 5	308,788.
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. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2006, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A. [X] YES. SUBTRACT LINE 8 FROM LINE 7	276,788.
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-.	264,788.
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-	225,070.
16. ADD LINES 14 AND 15.	231,070.
17. MULTIPLY LINE 1 BY 85% (.85)	37,072.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	37,072.

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 1040	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT 2

	2005	2004	2003
	MARYLAND		
GROSS STATE/LOCAL INC TAX REFUNDS	927.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MARYLAND	927.		
	MICHIGAN		
GROSS STATE/LOCAL INC TAX REFUNDS	18.		
LESS: TAX PAID IN FOLLOWING YEAR	2.		
NET TAX REFUNDS MICHIGAN	16.		
TOTAL NET TAX REFUNDS	943.		

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 1040	PERSONAL EXEMPTION WORKSHEET	STATEMENT 3

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 $3,300 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
   YES. CONTINUE

2.	MULTIPLY $3,300 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D		6,600.
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 38	321,813.	
4.	ENTER THE AMOUNT FOR YOUR FILING STATUS SINGLE $150,500 MARRIED FILING JOINTLY OR WIDOW(ER) $225,750 MARRIED FILING SEPARATELY $112,875 HEAD OF HOUSEHOLD $188,150	225,750.	
5.	SUBTRACT LINE 4 FROM LINE 3	96,063.	
6.	IS LINE 5 MORE THAN $122,500 ($61,250 IF MARRIED FILING SEPARATELY)? [ ] YES. MULTIPLY $1,100 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D. ENTER THE RESULT HERE AND ON FORM 1040, LINE 42. DO NOT COMPLETE THE REST OF THIS WORKSHEET. [X] NO. DIVIDE LINE 5 BY $2,500 ($1,250 IF MARRIED FILING SEPARATELY). IF THE RESULT IS NOT A WHOLE NUMBER, INCREASE IT TO THE NEXT WHOLE NUMBER (FOR EXAMPLE, INCREASE 0.0004 TO 1)	39.	
7.	MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL		0.78
8.	MULTIPLY LINE 2 BY LINE 7		5,148.
9.	DIVIDE LINE 8 BY 1.5		3,432.
10.	SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.		3,168.

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 4

		2005	2004	2003
	NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	943.		
	LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	943.		
1	NET REFUNDS FOR RECALCULATION			
2	TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	49,323.		
3	DEDUCTION NOT SUBJ TO PHASEOUT			
4	NET REFUNDS FROM LINE 1			
5	LINE 2 MINUS LINES 3 AND 4	49,323.		
6	MULTIPLY LINE 5 BY 80% (.80)	39,458.		
7	PRIOR YEAR AGI	304,847.		
8	ITEM. DED. PHASEOUT THRESHOLD	145,950.		
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)	158,897.		
10	MULTIPLY LINE 9 BY 3% (.03)	4,767.		
11	ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	44,556.		
12	ITEM DED. NOT SUBJ TO PHASEOUT			
13A	TOTAL ADJ. ITEMIZED DEDUCTIONS	44,556.		
13B	PRIOR YR. STD. DED. AVAILABLE	12,000.		
14	PRIOR YR. ALLOWABLE ITEM. DED.	44,556.		
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.	44,556.		
18	PRIOR YEAR STD. DED. AVAILABLE	12,000.		
19	SUBTRACT LINE 18 FROM LINE 17	32,556.		
20	LESSER OF LINE 16 OR LINE 19			
21	PRIOR YEAR TAXABLE INCOME	258,371.		

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 2003

TOTAL TO FORM 1040, LINE 10 — 0.

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 1040	IRA DISTRIBUTIONS	STATEMENT 5

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
MERRILL LYNCH	2,680.	2,680.
MERRILL LYNCH	1,543.	1,543.
TOTAL TO FORM 1040, LINE 15	4,223.	4,223.

FORM 1040	TAX-EXEMPT INTEREST	STATEMENT 6

NAME OF PAYER	AMOUNT
MERRILL LYNCH #7WD-16647	2,240.
TOTAL TO FORM 1040, LINE 8B	2,240.

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 7

	2005		STATE REFUND		AMOUNT SUBTRACTED FROM TAXABLE REFUND
	MICHIGAN				
STATE TAX PAID IN FOLLOW YEAR	580.	X	18.	=	2.
TOTAL STATE TAX PAID 2005	6,781.				

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 8

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	153,195.	30,330.	5,523.		5,840.	2,341.
S	DEFENSE FINANCE & ACCOUNTING SERVICE	100,616.	16,405.	7,840.		5,840.	1,613.
	TOTALS	253,811.	46,735.	13,363.		11,680.	3,954.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 9

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MERRILL LYNCH #7WD-16647	6,084.	3,636.
TOTAL INCLUDED IN FORM 1040, LINE 9B		3,636.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 10

T S	DESCRIPTION	AMOUNT
T	HOUSE OF REP - MEMBER SERVICES	30,330.
S	DEFENSE FINANCE & ACCOUNTING SERVICE	16,405.
T	MERRILL LYNCH	268.
	'AL TO FORM 1040, LINE 64	47,003.

SANDER M. & VICTORIA S. LEVIN [redacted]

SCHEDULE A	MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR	STATEMENT 11

DESCRIPTION	AMOUNT
$3,000 IRC162(A) LIMIT ON DC FOR MEMBER OF CONGRESS	3,000.
LIVING EXPENSES FOR MEMBER OF CONGRESS	6,178.
BUSINESS TRIP	1,791.
TOTAL TO SCHEDULE A, LINE 22	10,969.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT 12

DESCRIPTION	AMOUNT
HOUSE OF REP - MEMBER SERVICES	5,523.
DEFENSE FINANCE & ACCOUNTING SERVICE	7,840.
MICHIGAN 1ST QTR ESTIMATE PAYMENTS	462.
MICHIGAN 2ND QTR ESTIMATE PAYMENTS	480.
MICHIGAN 3RD QTR ESTIMATE PAYMENTS	480.
MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED	18.
MICHIGAN PRIOR YEAR ESTIMATE PAYMENTS	580.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-2.
TOTAL TO SCHEDULE A, LINE 5	15,381.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 13

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
[redacted]	[redacted]	
SUBTOTALS	4,565.	
TOTAL TO SCHEDULE A, LINE 15		4,565.

SANDER M. & VICTORIA S. LEVIN [redacted]

SCHEDULE A	MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098	STATEMENT 14

DESCRIPTION	AMOUNT
HOME MORTGAGE INTEREST PAID TO A FINANCIAL INSTITUTION	13,888.
HOME MORTGAGE INTEREST PAID TO A FINANCIAL INSTITUTION	3,612.
EXCLUDED VACATION HOME INTEREST	14,186.
TOTAL TO SCHEDULE A, LINE 10	31,686.

SCHEDULE A	INVESTMENT INTEREST	STATEMENT 15

DESCRIPTION	AMOUNT
MERRILL LYNCH	20.
TOTAL TO SCHEDULE A, LINE 13	20.

SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK	STATEMENT 16

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
CLOTHING		90.		
SUBTOTALS		90.		
TOTAL TO SCHEDULE A, LINE 16				90.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 17

DESCRIPTION	AMOUNT
MEDICARE PREMIUMS WITHHELD	1,062.
MEDICARE PREMIUMS WITHHELD	1,062.
TOTAL TO SCHEDULE A, LINE 1	2,124.

SANDER M. & VICTORIA S. LEVIN [redacted]

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 18

1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27		74,600.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27.		20.
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		74,580.
4.	MULTIPLY LINE 3 BY 80% (.80).	59,664.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38. . .	321,813.	
6.	ENTER: $150,500 ($75,250 IF MARRIED FILING SEPARATELY)	150,500.	
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	171,313.	
8.	MULTIPLY LINE 7 BY 3% (.03)	5,139.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8		5,139.
10.	DIVIDE LINE 9 BY 3.		1,713.
11.	SUBTRACT LINE 10 FROM LINE 9.		3,426.
12.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28		71,174.

SCHEDULE A	REAL ESTATE TAXES	STATEMENT 19

DESCRIPTION	AMOUNT
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	4,372.
MICHIGAN RESIDENCE	3,273.
MARYLAND RESIDENCE	7,643.
LIONS DEN	1,292.
TOTAL TO SCHEDULE A, LINE 6	16,580.

SANDER M. & VICTORIA S. LEVIN [redacted]

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 20

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
MERRILL LYNCH [redacted]	3,855.	
TOTALS TO SCHEDULE D, LINE 13	3,855.	

SCHEDULE E	OTHER EXPENSES	STATEMENT 21

DOMINION MIDWEST ENERGY

DESCRIPTION	AMOUNT
REVENUE DEDUCTION	357.
SEVERENCE TAX	490.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	847.

SCHEDULE E	OTHER EXPENSES	STATEMENT 22

MASSACHUSETTS SUMMER HOME - MASSACHUSETTS

DESCRIPTION	AMOUNT
MAILING COSTS	34.
INTERNET	156.
OFFICE SUPPLIES	59.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	249.

SCHEDULE E	OTHER EXPENSES	STATEMENT 23

MERIT ENERGY COMPANY

DESCRIPTION	AMOUNT
REVENUE DEDUCTIONS	3.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	3.

SANDER M. & VICTORIA S. LEVIN [redacted]

SCHEDULE E	VACATION HOME LIMITATIONS AND CARRYOVERS	STATEMENT 24

MASSACHUSETTS SUMMER HOME - MASSACHUSETTS

1. RENTAL INCOME		26,750.
2. A RENTAL PORTION OF DEDUCTIBLE HOME MTG INTEREST	2,959.	
B RENTAL PORTION OF REAL ESTATE TAXES	912.	
C RENTAL PORTION OF DEDUCTIBLE CASUALTY LOSSES.	0.	
D DIRECT RENTAL EXPENSES.	1,566.SEE STATEMENT	
E FULLY DEDUCTIBLE RENTAL EXPENSES. ADD LINES 2A - 2D . . .		5,437.
3. SUBTRACT LINE 2E FROM LINE 1. IF LESS THAN ZERO, ENTER ZERO		21,313.
4. A RENTAL PORTION OF INDIRECT EXPENSES	15,735.SEE STATEMENT	
B RENTAL PORTION OF EXCESS MORTGAGE INTEREST. .	0.	
C ADD LINES 4A AND 4B	15,735.	
D ALLOWABLE OPERATING EXPENSES. SMALLER OF LINE 3 OR LINE 4C		15,735.
5. SUBTRACT LINE 4D FROM LINE 3. IF LESS THAN ZERO, ENTER ZERO		5,578.
6. A RENTAL PORTION OF EXCESS CASUALTY LOSSES. . .	0.	
B RENTAL PORTION OF DEPRECIATION.	0.	
C CARRYOVER OF CASUALTY LOSSES AND DEPRECIATION	0.	
D ADD LINES 6A THROUGH 6C	0.	
E ALLOWABLE EXCESS CASUALTY LOSSES AND DEPRECIATION. SMALLER OF LINE 5 OR LINE 6D		0.
7. A OPERATING EXPENSES TO BE CARRIED OVER TO 2007. SUBTRACT LINE 4D FROM LINE 4C		0.
B EXCESS CASUALTY LOSSES AND DEPRECIATION TO BE CARRIED OVER TO 2007. SUBTRACT LINE 6E FROM LINE 6D.		0.

SCHEDULE E	VACATION HOME DIRECT RENTAL EXPENSES	STATEMENT 25

MASSACHUSETTS SUMMER HOME - MASSACHUSETTS

DESCRIPTION	AMOUNT
ADVERTISING	201.
SUPPLIES	1,365.
TOTAL DIRECT EXPENSES TO VACATION HOME STATEMENT, LINE 2D	1,566.

SCHEDULE E VACATION HOME INDIRECT RENTAL EXPENSES STATEMENT 26

MASSACHUSETTS SUMMER HOME - MASSACHUSETTS

DESCRIPTION	AMOUNT
AUTO AND TRAVEL	2,285.
CLEANING AND MAINTENANCE	7,055.
INSURANCE	3,537.
REPAIRS	479.
UTILITIES	2,130.
MAILING COSTS	34.
INTERNET	156.
OFFICE SUPPLIES	59.
TOTAL INDIRECT EXPENSES TO VACATION HOME STATEMENT, LINE 4A	15,735.

SCHEDULE E OTHER EXPENSES STATEMENT 27

MUSKEGON DEVELOPMENT CO - MICHIGAN

DESCRIPTION	AMOUNT
SEV TAX	3.
OTHER DEDUCTIONS	5.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	8.

SCHEDULE E OTHER EXPENSES STATEMENT 28

QUICKSILVER PIPELINE L.L.C.

DESCRIPTION	AMOUNT
REVENUE DEDUCTION	205.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	205.

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 6251 PASSIVE ACTIVITIES STATEMENT 29

NAME OF ACTIVITY	FORM	NET INCOME (LOSS) AMT	REGULAR	ADJUSTMENT
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	24,662.	24,590.	72.
LRS COMPANY, L.L.C.	SCH E	-1,655.	-1,705.	50.
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	-11,171.	-22,885.	11,714.
TOTAL TO FORM 6251, LINE 18				11,836.

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 6251	EXEMPTION WORKSHEET	STATEMENT 30

1 ENTER: $42,500 IF SINGLE OR HEAD OF HOUSEHOLD; $62,550 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); $31,275 IF MARRIED FILING SEPARATELY.		62,550.
2 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	297,288.	
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-	147,288.	
5 MULTIPLY LINE 4 BY 25% (.25).		36,822.
6 SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF THIS FORM IS FOR A CHILD UNDER AGE 18, GO TO LINE 7 BELOW. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		25,728.
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 4952	INVESTMENT INTEREST EXPENSE	STATEMENT 31

DESCRIPTION	CURRENT	CARRYOVER
MERRILL LYNCH	20.	
TOTALS TO FORM 4952, LINES 1 AND 2	20.	

FORM 4952	INCOME FROM PROPERTY HELD FOR INVESTMENT	STATEMENT 32

DESCRIPTION	AMOUNT
INTEREST INCOME	135.
DIVIDEND INCOME	6,089.
MUSKEGON DEVELOPMENT CO - MICHIGAN	210.
QUICKSILVER PIPELINE L.L.C.	1,057.
DOMINION MIDWEST ENERGY	9,325.
MERIT ENERGY COMPANY	62.
T AL TO FORM 4952, LINE 4A	16,878.

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 4952	INVESTMENT EXPENSES	STATEMENT 33

DESCRIPTION	AMOUNT
MUSKEGON DEVELOPMENT CO - MICHIGAN	8.
QUICKSILVER PIPELINE L.L.C.	205.
DOMINION MIDWEST ENERGY	847.
MERIT ENERGY COMPANY	3.
TOTAL TO FORM 4952, LINE 5	1,063.

FORM 4952	NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT	STATEMENT 34

DESCRIPTION	AMOUNT
AMERICAN INCOME FUND OF AMERICA	1,841.
AMERICAN INCOME FUND OF AMERICA	612.
AMERICAN CAP INCOME BUILDER	2,016.
AMERICAN CAP INCOME BUILDER	652.
AMERICAN CAP INCOME BUILDER	3,199.
AMERICAN T/E FD MD CL C	-69.
CAPITAL GAIN DISTRIBUTIONS	3,855.
LESS SHORT-TERM CAPITAL LOSS	-1,214.
TOTAL TO FORM 4952, LINE 4E	10,892.

FORM 4952AMT	INVESTMENT INTEREST EXPENSE	STATEMENT 35

DESCRIPTION	CURRENT	CARRYOVER
MERRILL LYNCH	20.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	20.	

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 36

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	5,578.	0.	-33,622.		-28,044.
TOTALS	5,578.	0.	-33,622.		-28,044.

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 37

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
LRS COMPANY, L.L.C.	0.	-932.	-1,157.		-2,089.
LEVINSON-LEVIN PROPERTIES, LLC	24,590.	0.		24,590.	
TOTALS	24,590.	-932.	-1,157.	24,590.	-2,089.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 38

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	2,089.	.069325988	384.
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	28,044.	.930674012	5,159.
TOTALS		30,133.	1.000000000	5,543.

FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 39

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	2,089.	384.	1,705.
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	28,044.	5,159.	22,885.
TOTALS		30,133.	5,543.	24,590.

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 40

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	-932.	-1,157.	-2,089.	384.	1,705.
	LEVINSON-LEVIN PROPERTIES, LLC	SCH E	24,590.		24,590.		
X	MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	5,578.	-33,622.	-28,044.	5,159.	22,885.
TOTALS			29,236.	-34,779.	-5,543.	5,543.	24,590.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME 5,578.

TOTAL TO FORM 8582, LINE 16 30,168.

FORM 8582 MODIFIED AGI STATEMENT 41

INCOME

WAGES, SALARIES, TIPS ETC.		253,811.
DIVIDEND INCOME		6,089.
TAXABLE REFUNDS		
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		4,223.
TAXABLE PENSIONS AND ANNUITIES		
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		
INTEREST INCOME	135.	
ADD: SERIES EE AND I EXCLUSION		
		135.
BUSINESS INCOME OR LOSS		
ADD: PASSIVE LOSSES		
SUBTRACT: PASSIVE INCOME		
SALE OF ASSETS	10,892.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
		10,892.
RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS	9,591.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	30,168.	
SUBTRACT: PASSIVE INCOME	-30,168.	
		9,591.
FARM OR FARM RENTAL INCOME OR LOSS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
TOTAL INCOME		284,741.

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		284,741.

SANDER M. & VICTORIA S. LEVIN [redacted]

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 42
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	5,578.	0.	-16,749.		-11,171.
TOTALS	5,578.	0.	-16,749.		-11,171.

FORM 8582 ALTERNATIVE MINIMUM TAX STATEMENT 43
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
LRS COMPANY, L.L.C.	0.	-932.	-723.		-1,655.
LEVINSON-LEVIN PROPERTIES, LLC	24,662.	0.		24,662.	
TOTALS	24,662.	-932.	-723.	24,662.	-1,655.

FORM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 44

RREA	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	LRS COMPANY, L.L.C.	SCH E	-932.	-723.	-1,655.		1,655.
	LEVINSON-LEVIN PROPERTIES, LLC	SCH E	24,662.		24,662.		
X	MASSACHUSETTS SUMMER HOME - MASSACHUSETTS	SCH E	5,578.	-16,749.	-11,171.		11,171.
	TOTALS		29,308.	-17,472.	11,836.		12,826.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME 5,578.

TOTAL TO FORM 8582AMT, LINE 16 18,404.