

Label (See instructions on page 12.)
Use the IRS label. Otherwise, please print or type.
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) You Spouse

LABEL HERE

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 2007

Your first name and initial: **SANDER M.** Last name: **LEVIN**
 If a joint return, spouse's first name and initial: **VICTORIA S.** Last name: **LEVIN**

Home address (number and street). If you have a P.O. box, see page 12. Apt. no.:
4801 MORGAN DRIVE

City, town or post office, state, and ZIP code. If you have a foreign address, use page 12.
CHEVY CHASE, MD 20815

Your social security number: [REDACTED]
 Spouse's social security number: [REDACTED]
You must enter your SSN(s) above.

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

Filing Status

1 Single
 2 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 14)

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 qualifying child for child tax credit (see page 15)

Boxes checked on 6a and 6b: **2**
 No. of children on 6b who:
 • lived with you
 • did not live with you due to divorce or separation (see page 10)
 Dependents on 6c not entered above
 Add numbers on lines above: **2**

d Total number of exemptions claimed: **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 260,411.**
 8a Taxable interest. Attach Schedule B if required **8a 230.**
 8b Tax-exempt interest. Do not include on line 8a **8b 1,935.**
 9a Ordinary dividends. Attach Schedule B if required **9a 3,969.**
 9b Qualified dividends (see page 19) **9b 2,489.**
 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 47,970.**
 14 Other gains or (losses). Attach Form 4797 **14**
 15a IRA distributions **15a** b Taxable amount **15b 3,991.**
 16a Pensions and annuities **16a** b Taxable amount **16b 8,581.**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation **19**
 20a Social security benefits **20a 44,384.** b Taxable amount (see page 24) **20b 37,726.**
 21 Other income. List type and amount (see page 24) **21**
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22 362,878.**

Adjusted Gross Income

23 Educator expenses (see page 26) **23**
 24 Certain business expenses of instructors, performing artists, and fee basis government artists. Attach Form 2104 or 2104-EZ **24**
 25 Health savings account deduction. Attach Form 8869 **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 26) **29**
 30 Penalty on early withdrawal of savings **30**
 31a Alimony paid b Recipient's SSN **31a**
 32 IRA deduction (see page 27) **32**
 33 Student loan interest deduction (see page 30) **33**
 34 Tuition and fees deduction. Attach Form 8917 **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 **37 362,878.**

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, \$5,350
Married filing jointly or Qualifying widower, \$10,700
Head of household, \$7,950

38 Amount from line 37 (adjusted gross income)
39a Check [X] You were born before January 2, 1943, [] Blind. [X] Spouse was born before January 2, 1943, [] Blind. Total boxes checked 2
b if your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
41 Subtract line 40 from line 38
42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax. Check if any tax is from: a [] Form(s) 8814 b [] Form 4972 c [] Form(s) 8889
45 Alternative minimum tax. Attach Form 6251
46 Add lines 44 and 45
47 Credit for child and dependent care expenses. Attach Form 2441
48 Credit for the elderly or the disabled. Attach Schedule R
49 Education credits. Attach Form 8863
50 Residential energy credits. Attach Form 5695
51 Foreign tax credit. Attach Form 1116 if required
52 Child tax credit (see page 39). Attach Form 8901 if required
53 Retirement savings contributions credit. Attach Form 8820
54 Credits from: a [] Form 8396 b [] Form 8859 c [] Form 8839
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-

Table with 2 columns: Line number and Amount. Rows 38-57. Total for line 57: 77,241.

Other Taxes

58 Self-employment tax. Attach Schedule SE
59 Unreported social security and Medicare tax from: a [] Form 4137 b [] Form 8919
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
63 Add lines 57 through 62. This is your total tax

Table with 2 columns: Line number and Amount. Rows 58-63. Total for line 63: 77,717.

Payments

If you have a qualifying child, attach Schedule EIC

64 Federal income tax withheld from Forms W-2 and 1099
65 2007 estimated tax payments and amount applied from 2006 return
66a Earned income credit (EIC)
b Nontaxable combat pay election
67 Excess social security and tier 1 RRTA tax withheld (see page 59)
68 Additional child tax credit. Attach Form 8812
69 Amount paid with request for extension to file (see page 59)
70 Payments from: a [] Form 2439 b [] Form 4156 c [] Form 8885
71 Refundable credit for prior year minimum tax from Form 8801, line 27
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments

Table with 2 columns: Line number and Amount. Rows 64-72. Total for line 72: 78,975.

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8879.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid
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 2008 estimated tax

Table with 2 columns: Line number and Amount. Rows 73-75. Total for line 75: 1,258.

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60
77 Estimated tax penalty (see page 61)

Table with 2 columns: Line number and Amount. Rows 76-77. Total for line 77: 77,717.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? [X] Yes. Complete the following. [] No
Designee's name: PREPARER
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.
Your signature: ROBERT KLEIMAN Date: 01/15/09
Spouse's signature: Date:
Your occupation: MEMBER OF CONGRESS
Spouse's occupation: SOCIAL SERVICES
Daytime phone number: 202 225496

Paid Preparer's Use Only

Preparer's signature: ROBERT KLEIMAN Date: 01/15/09 Check if self-employed: []
Preparer's name for your records: VIRCHOW, KRAUSE & COMPANY, LLP
Address: ONE TOWNE SQUARE, SUITE 600 SOUTHFIELD, MI 48076
Phone: 248-372-7300

**SCHEDULES A&B
(Form 1040)**

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

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

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

OMB No. 1545-0044

2007

Attachment
Sequence No **07**

Your social security number

SANDER M. & VICTORIA S. LEVIN

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	SEE STATEMENT 15	1	3,435.	
2	Enter amount from Form 1040, line 38	2 362,878.			
3	Multiply line 2 by 7.5% (.075)		3	27,216.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4		0.
Taxes You Paid		State and local (check only one box):			
(See page A-2.)	a <input checked="" type="checkbox"/> Income taxes, or	SEE STATEMENT 11	5	15,747.	
	b <input type="checkbox"/> General sales taxes				
6	Real estate taxes (see page A-5)	SEE STATEMENT 17	6	14,514.	
7	Personal property taxes		7	175.	
8	Other taxes. List type and amount		8		
9	Add lines 5 through 8		9		30,436.
Interest You Paid		Home mortgage interest and points reported to you on Form 1098			
(See page A-5.)	10		10	25,521.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address	11		
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098.	12		
	13	Qualified mortgage insurance premiums (See page A-7)	13		
	14	Investment interest. Attach Form 4952 if required. (See page A-7.)	STMT 13	14	6.
	15	Add lines 10 through 14	15		25,527.
Gifts to Charity		Gifts by cash or check.			
If you made a gift and got a benefit for it, see page A-8.	16	SEE STATEMENT 12	16	5,175.	
	17	Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	SEE STATEMENT 14	17	25.
	18	Carryover from prior year	18		
	19	Add lines 16 through 18	19		5,200.
Casualty and Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See page A-9.)			
	20		20		
Job Expenses and Certain Miscellaneous Deductions		Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.)			
(See page A-9.)	21	▶ FROM FORM 2106	21	3,611.	
	22	Tax preparation fees	22	1,650.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount			
		▶ LIVING EXPENSES FOR MEMBER OF CONGRESS			
		7,244.	23	7,244.	
	24	Add lines 21 through 23	24	12,505.	
	25	Enter amount from Form 1040, line 38	25 362,878.		
26	Multiply line 25 by 2% (.02)	26	7,258.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		5,247.
Other Miscellaneous Deductions		Other - from list on page A-10. List type and amount			
	28		28		
Total Itemized Deductions		is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?			
	29	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	STMT 16 ▶	29	62,281.
	30	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter			
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

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

Your social security number

SANDER M. & VICTORIA S. LEVIN

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

MARTHA'S VINEYARD CO-OP BANK
MERRILL LYNCH
WACHOVIA

Amount

6.
2,156.
3.

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.

SUBTOTAL FOR LINE 1

2,165.

TAX-EXEMPT INTEREST

SEE STATEMENT 18

-1,935.

2 Add the amounts on line 1

2

230.

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

230.

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

Part II Ordinary Dividends

5 List name of payer ▶

MERRILL LYNCH

Amount

3,969.

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 1040, line 9a ▶

6

3,969.

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 2007, 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 1040-22.1

X

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

8 During 2007, 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

073201 11-02-07

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0047

2007

Attachment
Reference No. **12**

Department of the Treasury
Internal Revenue Service 2007
Name(s) shown on return

▶ 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.

Your social security number

SANDER M. & VICTORIA S. LEVIN

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

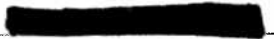
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1						
2	Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3		
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6	Short-term capital loss carryover. Enter the amount, if any, from line 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	MERRILL LYNCH [REDACTED]	VARIOUS	VARIOUS	138,216.	91,676.	46,540.	
	MERRILL LYNCH [REDACTED]	VARIOUS	VARIOUS	37,783.	38,766.	-983.	
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	175,999.		
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 19					13	2,413.
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	47,970.

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

Schedule D (Form 1040) 2007



Part III Summary

<p>16 Combine lines 7 and 15 and enter the result.</p>	<p>16</p>	<p>47,970.</p>
<p>If line 16 is:</p>		
<ul style="list-style-type: none"> • A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • 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 checked="" 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 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). 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 40. 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>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 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p>		
<p><input 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).

GMB No. 1645-0074

2007

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

SANDER M. & VICTORIA S. LEVIN

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

Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

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

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3	26,100.		3
4 Royalties received	4	8,146.	21.	4
Expenses:				
5 Advertising	5	280.		
6 Auto and travel (see page E-4)	6	2,567.		
7 Cleaning and maintenance	7	4,075.		
8 Commissions	8			
9 Insurance	9	5,167.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-4)	12	13,684.		12
13 Other interest	13			
14 Repairs	14	12,407.		
15 Supplies	15	5,319.		
16 Taxes	16	4,329.		
17 Utilities	17	6,297.		
18 Other (list) ▶ SEE STATEMENT 20 SEE STATEMENT 21 SEE STATEMENT 22	18	787.	150.	1.
19 Add lines 5 through 18	19	787.	54,275.	1.
20 Depreciation expense or depletion (see page E-5)	20			20
21 Total expenses. Add lines 19 and 20	21	787.	54,275.	1.
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 6199	22	7,359.	-28,175.	20.
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		20,123.	
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 16. 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

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

2007

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

SANDER M. & VICTORIA S. LEVIN

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

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

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received				3 26,100.
4 Royalties received	206.	1,220.		4 9,593.
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 13,684.
13 Other interest				13
14 Repairs				14
15 Supplies				15
16 Taxes				16
17 Utilities				17
18 Other (list) ▶ SEE STATEMENT 23 SEE STATEMENT 24	25.	199.		18
19 Add lines 5 through 18	25.	199.		19 55,287.
20 Depreciation expense or depletion (see page E-5)				20
21 Total expenses. Add lines 19 and 20	25.	199.		21
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	181.	1,021.		22
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 8,581.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here				25 20,123.
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 60 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 -11,542.

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

Your social security number

SANDER M. & VICTORIA S. LEVIN

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

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No

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

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes Totals and Summary rows for lines 29a, 29b, 30, 31, and 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and Summary rows for lines 34a, 34b, 35, 36, and 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes Summary row for line 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows include Net farm rental income or (loss) from Form 4835, Total income or (loss), Reconciliation of farming and fishing income, and Reconciliation for real estate professionals.

Statement of Rental and Royalty Income

Name(s) as shown on return		Your social security number		
SANDER M. & VICTORIA S. LEVIN		DAYS - PERSONAL 14 RENTAL 61 TOTAL DAYS USED DURING YEAR 75 BUSINESS % : 61/75 = 81.33%		
Kind MASSACHUSETTS SUMMER HOME				
Location MA				

		GROSS	PERSONAL/DUAL OWNERSHIP EXCLUSION	VACATION HOME LOSS LIMITATION	NET TO SCH E
Rental and Royalty Income					
3. Rents received	3	26,100.			26,100.
4. Royalties received	4				
Rental and Royalty Expenses					
5. Advertising	5	280.			280.
6. Auto and travel	6	3,156.	589.		2,567.
7. Cleaning and maintenance	7	5,010.	935.		4,075.
8. Commissions	8				
9. Insurance	9	6,353.	1,186.		5,167.
10. Legal and other professional fees	10				
11. Management fees	11				
12. Mortgage interest paid to banks, etc.	12	16,825.	3,141.		13,684.
13. Other interest	13				
14. Repairs	14	15,255.	2,848.		12,407.
15. Supplies	15	6,540.	1,221.		5,319.
16. Taxes	16	5,322.	993.		4,329.
17. Utilities	17	7,742.	1,445.		6,297.
18. Other (list) ▶					
MAILING COSTS		16.	3.		13.
INTERNET		143.	27.		116.
OFFICE SUPPLIES		26.	5.		21.
	18				
19. Add lines 5 through 18	19	66,668.	12,393.		54,275.
20. Depreciation expense or depletion	20				
21. Total expenses. Add lines 19 and 20	21	66,668.	12,393.		54,275.
22. Income or (loss) from rental or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	-40,568.			-28,175.

Form **6251**

Department of the Treasury
Internal Revenue Service (93)

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

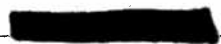
2007

Attachment
Sequence No **32**

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

Your social security number

SANDER M. & VICTORIA S. LEVIN



Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	300,597.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, OR 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	30,436.
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	5,247.
6	If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040)	6	-4,129.
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	SEE STATEMENT 27 279.
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)	18	SEE STATEMENT 25 0.
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see instructions)	28	332,430.

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 ... \$44,350 Married filing jointly or qualifying widow(er) ... 150,000 ... 66,250 Married filing separately ... 75,000 ... 33,125 } STMT 26 If line 28 is over the amount shown above for your filing status, see instructions.	29	20,642.
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	311,788.
31	<ul style="list-style-type: none"> 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 required 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	77,241.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	77,241.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be figured without using Sch J	34	68,567.
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	8,674.

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	311,788.
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 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	50,459.
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	50,459.
40	Enter the smaller of line 36 or line 39	40	50,459.
41	Subtract line 40 from line 36	41	261,329.
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	69,672.
43	Enter: <ul style="list-style-type: none"> • \$63,700 if married filing jointly or qualifying widow(er), • \$31,850 if single or married filing separately, or • \$42,650 if head of household. 	43	63,700.
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	247,872.
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	50,459.
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	50,459.
50	Multiply line 49 by 15% (.15) If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.	50	7,569.
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	77,241.
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	83,801.
55	Enter the smaller of line 53 or line 54 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	55	77,241.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number					
SANDER M. & VICTORIA S. LEVIN		[REDACTED]					
Form Name	Description	Income	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	-1,011.					
	PAL CARRYOVER	384.			384.		
	PAL DISALLOWED	-663.			-663.		
	AMT PAL DISALLOWED	362.			362.		
	* AMT NET INCOME	-928.			83.		
K1	LEVINSON LEVIN PROPERTIES, LLC * REGULAR INCOME	21,134.					
	AMT ADJUSTMENTS	72.			72.		
	* AMT NET INCOME	21,206.			72.		
E-	MASSACHUSETTS SUMNER ISLAND, MA * REGULAR INCOME	-20,123.					
	PAL CARRYOVER	5,159.					
	PAL DISALLOWED	-13,211.					
	AMT PAL DISALLOWED	7,897.					
	* AMT NET INCOME	-20,278.					
	** TOTAL ADJ & PREF **						0.

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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.**

GMB No. 1545-1971

2007
Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number
52-1926285

SANDER M. LEVIN

A Did you pay **any one** household employee cash wages of \$1,500 or more in 2007? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

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

B Did you withhold federal income tax during 2007 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 2006 or 2007 to **all** household employees? (Do not count cash wages paid in 2006 or 2007 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 2007 do not have to complete this form for 2007.)

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	3,113.	
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2		386.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	3,113.	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4		90.
5	Federal income tax withheld, if any	5		
6	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6		476.
7	Advance earned income credit (EIC) payments, if any	7		
8	Net taxes (subtract line 7 from line 6)	8		476.

9 Did you pay **total** cash wages of \$1,000 or more in **any calendar quarter** of 2006 or 2007 to **all** household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

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

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?	10	
11 Did you pay all state unemployment contributions for 2007 by April 15, 2008? 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-5)	15
16 Total cash wages subject to FUTA tax (see page H-5)	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		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter 0.	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals									19
20 Add columns (h) and (i) of line 19									20
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-5)									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 (see page H-5)	27
28 Are you required to file Form 1040? <input type="checkbox"/> Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See page H-5 for details.	

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

Address number and street or P.O. box if mail is not delivered to street address

Apt., 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 _____

Investment Interest Expense Deduction

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

SANDER M. & VICTORIA S. LEVIN

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2007 (see instructions)	SEE STATEMENT 28	1	6.
2	Disallowed investment interest expense from 2006 Form 4952, line 7		2	
3	Total investment interest expense. Add lines 1 and 2		3	6.

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 29	4a	13,792.	
4b	Qualified dividends included on line 4a		4b	2,489.	
4c	Subtract line 4b from line 4a		4c		11,303.
4d	Net gain from the disposition of property held for investment		4d	47,970.	
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)		4e	47,970.	STATEMENT 31
4f	Subtract line 4e from line 4d		4f		0.
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)		4g		
4h	Investment income. Add lines 4c, 4f, and 4g		4h		11,303.
5	Investment expenses (see instructions)	SEE STATEMENT 30	5		1,012.
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-		6		10,291.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2008. 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		6.

ALTERNATIVE MINIMUM TAX

Form **4952**

Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2007

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

SANDER M. & VICTORIA S. LEVIN

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2007 (see instructions)	SEE STATEMENT 32	1	6.
2	Disallowed investment interest expense from 2006 Form 4952, line 7		2	
3	Total investment interest expense. Add lines 1 and 2		3	6.

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	14,071.	
b	Qualified dividends included on line 4a	4b	2,489.	
c	Subtract line 4b from line 4a			4c 11,582.
d	Net gain from the disposition of property held for investment	4d	47,970.	
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	47,970.	
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 11,582.
5	Investment expenses (see instructions)			5 1,012.
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6 10,570.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2008. 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 6.

REGULAR FORM 4952, LINE 8 6.
 LESS RECOMPUTED FORM 4952, LINE 8 6.
 INTEREST ADJUSTMENT - FORM 6251, LINE 8

Employee Business Expenses

2007

Attachment
Sequence No. **54**

Department of the Treasury
Internal Revenue Service

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

Your name SANDER M. LEVIN	Occupation in which you incurred expenses MEMBER OF CONGRESS	Social security number <div style="background-color: black; width: 100px; height: 15px;"></div>
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Part I Employee Business Expenses and Reimbursements

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
Step 1 Enter Your Expenses		
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 33	4	3,611.
5 Meals and entertainment expenses (see instructions)	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,611.

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

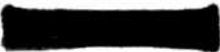
Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7	
---	---	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	3,611.
<i>Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.</i>		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.)	9	3,611.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee basis state or local government officials, and individuals with disabilities. See the instructions for special rules on where to enter the total.)	▶ 10	3,611.

LHA For Paperwork Reduction Act Notice, see instructions.



Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11	Enter the date the vehicle was placed in service	11	
12	Total miles the vehicle was driven during 2007	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 48.5¢ (.485)	22	
----	----------------------------------	----	--

Section C - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
24b	b Inclusion amount (see instructions)	24b	
24c	c Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2-see instructions)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation (see instructions)	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

Section D - Depreciation of Vehicles		(a) Vehicle	(b) Vehicle
30	Enter cost or other basis (see instructions)	30	
31	Enter section 179 deduction (see instructions)	31	
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32	
33	Enter depreciation method and percentage (see instructions)	33	
34	Multiply line 32 by the percentage on line 33 (see instructions)	34	
35	Add lines 31 and 34	35	
36	Enter the applicable limit explained in the line 33 instructions	36	
37	Multiply line 36 by the percentage on line 33	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	

Form **8801**

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

OMB No. 1545-0073

2007

Department of the Treasury
Internal Revenue Service (99)

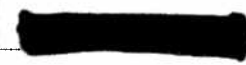
▶ See separate instructions.
▶ Attach to Form 1040, 1040NR, or 1041.

Attachment
Sequence No. **74**

Name(s) shown on return

Identifying number

SANDER M. & VICTORIA S. LEVIN



Part I Net Minimum Tax on Exclusion Items

1 Combine lines 1, 6, and 10 of your 2006 Form 6251. Estates and trusts, see instructions	1	247,213.
2 Enter adjustments and preferences treated as exclusion items (see instructions)	2	38,239.
3 Minimum tax credit net operating loss deduction (see instructions)	3	()
4 Combine lines 1, 2, and 3. If more than zero or you filed Form 2555 or 2555-EZ for 2006, go to line 5. If zero or less and you did not file Form 2555 or 2555-EZ for 2006, enter -0- here and on line 15 and go to Part II. If more than \$200,100 and you were married filing separately for 2006, see instructions	4	285,452.
5 Enter: \$62,550 if married filing jointly or qualifying widow(er) for 2006; \$42,500 if single or head of household for 2006; or \$31,275 if married filing separately for 2006. Estates and trusts, enter \$22,500	5	62,550.
6 Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2006; \$112,500 if single or head of household for 2006; or \$75,000 if married filing separately for 2006. Estates and trusts, enter \$75,000	6	150,000.
7 Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	135,452.
8 Multiply line 7 by 25% (.25)	8	33,863.
9 Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 18, see instructions	9	28,687.
10 Subtract line 9 from line 4. If more than zero or you filed Form 2555 or 2555-EZ for 2006, go to line 11. If zero or less and you did not file Form 2555 or 2555-EZ for 2006, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	256,765.
11 • If for 2006 you filed Form 2555 or 2555-EZ, see page 2 of the instructions for the amount to enter. • If for 2006 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 48 here. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2006) from the result.	11	66,505.
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	66,505.
14 Enter the amount from your 2006 Form 6251, line 34, or 2006 Form 1041, Schedule I, line 55	14	59,032.
15 Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	7,473.

Part II Current Year Nonrefundable and Refundable Credits and Carryforward to 2008

16 Enter the amount from your 2006 Form 6251, line 35, or 2006 Form 1041, Schedule I, line 55	16	11,616.
17 Enter the amount from line 15 above	17	7,473.
18 Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	4,143.
19 2006 minimum tax credit carryforward. Enter the amount from your 2006 Form 8801, line 26	19	
20 Enter your 2006 unallowed qualified electric vehicle credit (see instructions)	20	
21 Combine lines 18, 19, and 20. If zero or less, stop here and see instructions	21	4,143.
22 Enter your 2007 regular income tax liability minus allowable credits (see instructions)	22	68,567.
23 Enter the amount from your 2007 Form 6251, line 33, or 2007 Form 1041, Schedule I, line 54	23	77,241.
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 2007 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d	25	0.
26 • Estates and trusts: Leave lines 26 and 27 blank and go to line 28. • Individuals: Did you have a minimum tax credit carryforward to 2005 (on your 2004 Form 8801, line 26)? <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 2007 Form 1040, line 71, or Form 1040NR, line 69	27	
28 Credit carryforward to 2008. 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	4,143.

Part III Tax Computation Using Maximum Capital Gains Rates

Caution: If you did not complete the 2006 Qualified Dividends and Capital Gain Tax Worksheet, the 2006 Schedule D Tax Worksheet, or Part V of the 2006 Schedule D (Form 1041), see the instructions before completing this part.

29	Enter the amount from Form 9801, line 10	29	256,765.
30	Enter the amount from line 6 of your 2006 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2006 Schedule D Tax Worksheet, or the amount from line 22 of the 2006 Schedule D (Form 1041), whichever applies*	30	14,528.
<p>If you figured your 2006 tax using the 2006 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	Enter the amount from line 19 of your 2006 Schedule D (Form 1040), or line 14b, column (2), of the 2006 Schedule D (Form 1041)	31	
32	Add lines 30 and 31, and enter the smaller of that result or the amount from line 10 of your 2006 Schedule D Tax Worksheet	32	14,528.
33	Enter the smaller of line 29 or line 32	33	14,528.
34	Subtract line 33 from line 29	34	242,237.
35	If line 34 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 34 by 26% (.26). Otherwise, multiply line 34 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2006) from the result	35	64,326.
36	Enter: <ul style="list-style-type: none"> • \$61,300 if married filing jointly or qualifying widow(er) for 2006, • \$30,650 if single or married filing separately for 2006, • \$41,050 if head of household for 2006, or • \$2,050 for an estate or trust 	36	61,300.
37	Enter the amount from line 7 of your 2006 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2006 Schedule D Tax Worksheet, or the amount from line 23 of the 2006 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2006 Schedule D (Form 1041), enter -0-	37	232,943.
38	Subtract line 37 from line 36. If zero or less, enter -0-	38	0.
39	Enter the smaller of line 29 or line 30	39	14,528.
40	Enter the smaller of line 38 or line 39	40	
41	Multiply line 40 by 5% (.05)	41	
42	Subtract line 40 from line 39	42	14,528.
43	Multiply line 42 by 15% (.15)	43	2,179.
<p>If line 31 is zero or blank, skip lines 44 and 45 and go to line 46. Otherwise, go to line 44.</p>			
44	Subtract line 39 from line 33	44	
45	Multiply line 44 by 25% (.25)	45	
46	Add lines 35, 41, 43, and 45	46	66,505.
47	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately for 2006), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2006) from the result	47	68,394.
48	Enter the smaller of line 46 or line 47 here and on line 11. (If you filed Form 2555 or 2555-EZ for 2006, see instructions)	48	66,505.

* The 2006 Qualified Dividends and Capital Gain Tax Worksheet is on page 33 of the 2006 Instructions for Form 1040. The 2006 Schedule D Tax Worksheet is on page D-10 of the 2006 Instructions for Schedule D (Form 1040) (page 38 of the 2006 Instructions for Form 1041).

Part IV Tentative Refundable Credit

49	Enter the amount from line 21		49
50	Enter the total of lines 18 and 20 from your 2005 Form 8801. If zero or less, enter -0-	50	
51	Enter the total of lines 18 and 20 from your 2006 Form 8801. If zero or less, enter -0-	51	
52	Enter the total of lines 18 and 20 from your 2007 Form 8801. If zero or less, enter -0-	52	
53	Add lines 50 through 52		53
54	Long-term unused minimum tax credit. Subtract line 53 from line 49 (if zero or less, stop; enter -0- on line 26. Do not complete the rest of Part IV)		54
55	If line 54 is: <ul style="list-style-type: none"> • Less than \$5,000, enter the amount from line 54 • At least \$5,000, but not more than \$25,000, enter \$5,000 • More than \$25,000, multiply line 54 by 20% (.20) 		55
56	Enter the amount from Form 1040, line 38, or Form 1040NR, line 36 (if you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from sources within Puerto Rico, see the instructions for the amount to enter)	56	
57	Is line 56 more than the amount shown below for your filing status? <ul style="list-style-type: none"> • Single - \$156,400 • Married filing jointly or qualifying widow(er) - \$234,600 • Married filing separately - \$117,300 • Head of Household - \$195,500 <input type="checkbox"/> No. Stop; enter the amount from line 55 above on line 26. Do not complete the rest of Part IV. <input type="checkbox"/> Yes. Enter the amount shown above for your filing status	57	
58	Subtract line 57 from line 56	58	
59	Is line 58 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. Stop; enter -0- on line 26. Do not complete the rest of Part IV. <input type="checkbox"/> No. Divide line 58 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next higher whole number (for example, increase 0.0004 to 1)	59	
60	Multiply line 59 by 2% (.02) and enter the result as a decimal (rounded to at least three places)		60
61	Multiply line 55 by line 60		61
62	Subtract line 61 from line 55. Enter the result here and on line 26		62

Passive Activity Loss Limitations
 ▶ See separate instructions.
 ▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return

Identifying number

SANDER M. & VICTORIA S. LEVIN

Part I 2007 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

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

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	-28,175.	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	-5,159.	
1d	Combine lines 1a, 1b, and 1c	1d		-33,334.

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	21,134.	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-1,290.	
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	-384.	
3d	Combine lines 3a, 3b, and 3c	3d		19,460.

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		-13,874.
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- 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		13,874.
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.) 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.	7	325,152.	STATEMENT 39
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 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10		0.

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

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

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15		21,134.
16	Total losses allowed from all passive activities for 2007. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16	SEE STATEMENT 38	21,134.

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		-28,175.	-5,159.		

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	21,134.	-1,290.	-384.		

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		35,008.	1.000000000	13,874.

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		35,008.	13,874.	21,134.

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. 1545-0048

2007

Attachment
Sequence No **88**

Name(s) shown on return

Identifying number

SANDER M. & VICTORIA S. LEVIN

Part I 2007 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

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

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	-28,175.	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
1d	Combine lines 1a, 1b, and 1c	1d		-28,175.

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	21,206.	
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-1,290.	
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
3d	Combine lines 3a, 3b, and 3c	3d		19,916.

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		-8,259.
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- 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		8,259.
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	325,152.	
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions	9		
10	Enter the smaller of line 5 or line 9	10		0.

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

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

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15		21,206.
16	Total losses allowed from all passive activities for 2007. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16		21,206.

SEE STATEMENT 44

ALTERNATIVE MINIMUM TAX

Form 8582 (2007) **SANDER M. & VICTORIA S. LEVIN**

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		-28,175.			

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	21,206.	-1,290.			

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		29,465.	1.000000000	8,259.

ALTERNATIVE MINIMUM TAX

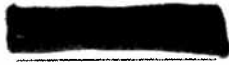
Form 8582 (2007) SANDER M. & VICTORIA S. LEVIN

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		29,465.	8,259.	21,206.

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

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



CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- X B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2007
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2007

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.	44,384.
2. ENTER ONE HALF OF LINE 1	22,192.
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	327,087.
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.	349,279.
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	349,279.
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 2007, BE SURE YOU ENTERED 'D' TO THE RIGHT OF THE WORD "BENEFITS" ON LINE 20A. [X] YES. SUBTRACT LINE 8 FROM LINE 7	317,279.
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-.	305,279.
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-.	259,487.
16. ADD LINES 14 AND 15.	265,487.
17. MULTIPLY LINE 1 BY 85% (.85)	37,726.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 * ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B	37,726.



FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

	2006	2005	2004
MARYLAND			
GROSS STATE/LOCAL INC TAX REFUNDS	3,043.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS MARYLAND	3,043.		
MICHIGAN			
GROSS STATE/LOCAL INC TAX REFUNDS	503.		
LESS: TAX PAID IN FOLLOWING YEAR	32.		
NET TAX REFUNDS MICHIGAN	471.		
TOTAL NET TAX REFUNDS	3,514.		

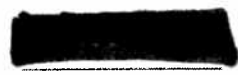


1. IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$3,400 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42.
 YES. CONTINUE
2. MULTIPLY \$3,400 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 6,800.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 38 362,878.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 234,600.
 SINGLE \$156,400
 MARRIED FILING JOINTLY OR WIDOW(ER) \$234,600
 MARRIED FILING SEPARATELY \$117,300
 HEAD OF HOUSEHOLD \$195,500
5. SUBTRACT LINE 4 FROM LINE 3 128,278.
6. IS LINE 5 MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATELY)?
 [X] YES. MULTIPLY \$1,133 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.
 [] 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) 2,266.
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. DIVIDE LINE 8 BY 1.5
10. SUBTRACT LINE 9 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.



FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	4
	2006	2005	2004
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	3,514.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION	3,546.		
1 NET REFUNDS FOR RECALCULATION			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	74,600.		
3 DEDUCTION NOT SUBJ TO PHASEOUT	20.		
4 NET REFUNDS FROM LINE 1			
5 LINE 2 MINUS LINES 3 AND 4	74,580.		
6 MULT LN 5 BY APPL SEC. 68 PCT	39,776.		
7 PRIOR YEAR AGI	321,813.		
8 ITEM. DED. PHASEOUT THRESHOLD	150,500.		
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)	171,313.		
10 MULT LN 9 BY APPL SEC. 68 PCT	3,426.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	71,154.		
12 ITEM DED. NOT SUBJ TO PHASEOUT	20.		
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	71,174.		
13B PRIOR YR. STD. DED. AVAILABLE	12,300.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	71,174.		
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.	71,174.		
18 PRIOR YEAR STD. DED. AVAILABLE	12,300.		
19 SUBTRACT LINE 18 FROM LINE 17	58,874.		
20 LESSER OF LINE 16 OR LINE 19			
21 PRIOR YEAR TAXABLE INCOME	247,471.		
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 2004			
TOTAL TO FORM 1040, LINE 10			0.

SANDER M. & VICTORIA S. LEVIN



FORM 1040 IRA DISTRIBUTIONS STATEMENT 5

NAME OF PAYER	GROSS DISTRIBUTION	TAXABLE AMOUNT
MERRILL LYNCH	3,091.	3,091.
MERRILL LYNCH	900.	900.
TOTAL TO FORM 1040, LINE 15	3,991.	3,991.

FORM 1040 TAX-EXEMPT INTEREST STATEMENT 6

NAME OF PAYER	AMOUNT
MERRILL LYNCH 	1,935.
TOTAL TO FORM 1040, LINE 8B	1,935.

SANDER M. & VICTORIA S. LEVIN



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

	2006	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
	MICHIGAN		
STATE TAX PAID IN FOLLOW YEAR	480.		
		X	
TOTAL STATE TAX PAID 2006	7,443.	503. =	32.

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	155,440.	30,330.	5,523.		6,045.	2,374.
S DEFENSE FINANCE & ACCOUNTING SERVICE	104,971.	17,216.	8,186.		6,045.	1,677.
TOTALS	260,411.	47,546.	13,709.		12,090.	4,051.

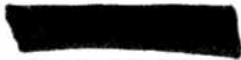
FORM 1040 QUALIFIED DIVIDENDS STATEMENT 9

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
MERRILL LYNCH	3,969.	2,489.
TOTAL INCLUDED IN FORM 1040, LINE 9B		2,489.

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	17,216.
T MERRILL LYNCH	309.
TOTAL TO FORM 1040, LINE 64	47,855.


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SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 11

DESCRIPTION	AMOUNT
HOUSE OF REP - MEMBER SERVICES	5,523.
DEFENSE FINANCE & ACCOUNTING SERVICE	8,186.
MICHIGAN 1ST QTR ESTIMATE PAYMENTS	27.
MICHIGAN 2ND QTR ESTIMATE PAYMENTS	530.
MICHIGAN 3RD QTR ESTIMATE PAYMENTS	530.
MICHIGAN PRIOR YEAR OVERPAYMENT APPLIED	503.
MICHIGAN PRIOR YEAR ESTIMATE PAYMENTS	480.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-32.
TOTAL TO SCHEDULE A, LINE 5	15,747.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 12

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
		
SUBTOTALS	5,175.	
TOTAL TO SCHEDULE A, LINE 16		5,175.

SCHEDULE A INVESTMENT INTEREST STATEMENT 13

DESCRIPTION	AMOUNT
MERRILL LYNCH	6.
TOTAL TO SCHEDULE A, LINE 14	6.

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SCHEDULE A		CONTRIBUTIONS OTHER THAN CASH OR CHECK			STATEMENT 14
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT	
CLOTHING		25.			
SUBTOTALS		25.			
TOTAL TO SCHEDULE A, LINE 17				25.	

SCHEDULE A		MEDICAL AND DENTAL EXPENSES	STATEMENT 15
DESCRIPTION			AMOUNT
MEDICARE PREMIUMS WITHHELD			1,715.
MEDICARE PREMIUMS WITHHELD			1,720.
TOTAL TO SCHEDULE A, LINE 1			3,435.



SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT 16
1.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28	66,410.
2.	ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28.	6.
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 29. IF YES, SUBTRACT LINE 2 FROM LINE 1	66,404.
4.	MULTIPLY LINE 3 BY 80% (.80).	53,123.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 38.	362,878.
6.	ENTER: \$156,400 (\$78,200 IF MARRIED FILING SEPARATELY)	156,400.
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 29. IF YES, SUBTRACT LINE 6 FROM LINE 5	206,478.
8.	MULTIPLY LINE 7 BY 3% (.03)	6,194.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	6,194.
10.	DIVIDE LINE 9 BY 3.	2,065.
11.	SUBTRACT LINE 10 FROM LINE 9.	4,129.
12.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29	62,281.

SCHEDULE A	REAL ESTATE TAXES	STATEMENT 17
DESCRIPTION	AMOUNT	
MASSACHUSETTS SUMMER HOME - MA	993.	
MICHIGAN RESIDENCE	3,360.	
MARYLAND RESIDENCE	8,340.	
LIONS DEN	1,821.	
TOTAL TO SCHEDULE A, LINE 6	14,514.	

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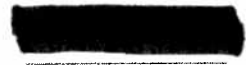


SCHEDULE B	TAX-EXEMPT INTEREST	STATEMENT 18
NAME OF PAYER		AMOUNT
MERRILL LYNCH		1,935.
TOTAL TAX-EXEMPT INTEREST TO SCHEDULE B, LINE 1		1,935.

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 19
NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
MERRILL LYNCH	2,413.	
TOTALS TO SCHEDULE D, LINE 13	2,413.	

SCHEDULE E	OTHER EXPENSES	STATEMENT 20
DOMINION MIDWEST ENERGY		
DESCRIPTION		AMOUNT
REVENUE DEDUCTION		349.
SEVERENCE TAX		438.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18		787.

SCHEDULE E	OTHER EXPENSES	STATEMENT 21
MASSACHUSETTS SUMMER HOME - MA		
DESCRIPTION		AMOUNT
MAILING COSTS		13.
INTERNET		116.
OFFICE SUPPLIES		21.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18		150.

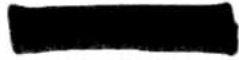


SCHEDULE E	OTHER EXPENSES	STATEMENT	22
MERIT ENERGY COMPANY			
DESCRIPTION		AMOUNT	
REVENUE DEDUCTIONS			1.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18			1.

SCHEDULE E	OTHER EXPENSES	STATEMENT	23
MUSKEGON DEVELOPMENT CO - MI			
DESCRIPTION		AMOUNT	
SEV TAX			11.
OTHER DEDUCTIONS			14.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18			25.

SCHEDULE E	OTHER EXPENSES	STATEMENT	24
QUICKSILVER RESOURCES, INC.			
DESCRIPTION		AMOUNT	
TAXES			61.
EXPENSES			138.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18			199.

FORM 6251	PASSIVE ACTIVITIES	STATEMENT	25	
NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	21,206.	21,134.	72.
LRS COMPANY, L.L.C.	SCH E	-928.	-1,011.	83.
MASSACHUSETTS SUMMER HOME - MA	SCH E	-20,278.	-20,123.	-155.
TOTAL TO FORM 6251, LINE 18				0.



FORM 6251

EXEMPTION WORKSHEET

STATEMENT 26

1	ENTER: \$44,350 IF SINGLE OR HEAD OF HOUSEHOLD; \$66,250 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$33,125 IF MARRIED FILING SEPARATELY.	66,250.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	332,430.
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-	182,430.
5	MULTIPLY LINE 4 BY 25% (.25).	45,608.
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	20,642.
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 6251

INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS

STATEMENT 27

DESCRIPTION	AMOUNT
MERRILL LYNCH	279.
TOTAL TO FORM 6251, LINE 11	279.

FORM 4952

INVESTMENT INTEREST EXPENSE

STATEMENT 28

DESCRIPTION	CURRENT	CARRYOVER
MERRILL LYNCH	6.	
TOTALS TO FORM 4952, LINES 1 AND 2	6.	



FORM 4952 INCOME FROM PROPERTY HELD FOR INVESTMENT STATEMENT 29

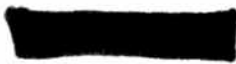
DESCRIPTION	AMOUNT
INTEREST INCOME	230.
DIVIDEND INCOME	3,969.
MUSKEGON DEVELOPMENT CO - MI	206.
QUICKSILVER RESOURCES, INC.	1,220.
DOMINION MIDWEST ENERGY	8,146.
MERIT ENERGY COMPANY	21.
TOTAL TO FORM 4952, LINE 4A	13,792.

FORM 4952 INVESTMENT EXPENSES STATEMENT 30

DESCRIPTION	AMOUNT
MUSKEGON DEVELOPMENT CO - MI	25.
QUICKSILVER RESOURCES, INC.	199.
DOMINION MIDWEST ENERGY	787.
MERIT ENERGY COMPANY	1.
TOTAL TO FORM 4952, LINE 5	1,012.

FORM 4952 NET CAPITAL GAIN FROM THE DISPOSITION OF
PROPERTY HELD FOR INVESTMENT STATEMENT 31

DESCRIPTION	AMOUNT
MERRILL LYNCH	46,540.
MERRILL LYNCH	-983.
CAPITAL GAIN DISTRIBUTIONS	2,413.
TOTAL TO FORM 4952, LINE 4E	47,970.



FORM 4952AMT INVESTMENT INTEREST EXPENSE STATEMENT 32

DESCRIPTION	CURRENT	CARRYOVER
MERRILL LYNCH	6.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	6.	

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 33

MEMBER OF CONGRESS

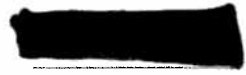
DESCRIPTION	AMOUNT
TOTAL REFLECTS \$3,000 IRC 162(A) LIMIT ON DC LIVING EXP-MEMBER OF CONGRESS	3,611.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	3,611.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 34

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MASSACHUSETTS SUMMER HOME - MA	0.	-28,175.	-5,159.		-33,334.
TOTALS	0.	-28,175.	-5,159.		-33,334.

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 35

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
LRS COMPANY, L.L.C. LEVINSON-LEVIN PROPERTIES, LLC	0.	-1,290.	-384.		-1,674.
	21,134.	0.		21,134.	
TOTALS	21,134.	-1,290.	-384.	21,134.	-1,674.



FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 36

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	1,674.	.047817642	663.
MASSACHUSETTS SUMMER HOME - MA	SCH E	33,334.	.952182358	13,211.
TOTALS		35,008.	1.000000000	13,874.

FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 37

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	1,674.	663.	1,011.
MASSACHUSETTS SUMMER HOME - MA	SCH E	33,334.	13,211.	20,123.
TOTALS		35,008.	13,874.	21,134.

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 38

R R E A NAME	FORM OR SCHEDULE	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	-384.	-1,674.	663.	1,011.
LEVINSON-LEVIN PROPERTIES, LLC	SCH E		21,134.		
X MASSACHUSETTS SUMMER HOME - MA	SCH E	-5,159.	-33,334.	13,211.	20,123.
TOTALS		-8,331.	-13,874.	13,874.	21,134.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16 21,134.

FORM 8582

MODIFIED AGI

STATEMENT 39

INCOME

WAGES, SALARIES, TIPS ETC.		260,411.
DIVIDEND INCOME		3,969.
TAXABLE REFUNDS		
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		3,991.
TAXABLE PENSIONS AND ANNUITIES		
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		
INTEREST INCOME	230.	
ADD: SERIES EE AND I EXCLUSION		
		230.
BUSINESS INCOME OR LOSS		
ADD: PASSIVE LOSSES		
SUBTRACT: PASSIVE INCOME		
SALE OF ASSETS	47,970.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
		47,970.
RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS	8,581.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	21,134.	
SUBTRACT: PASSIVE INCOME	-21,134.	
		8,581.
FARM OR FARM RENTAL INCOME OR LOSS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
TOTAL INCOME		325,152.

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

325,152.



FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 40

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MASSACHUSETTS SUMMER HOME - MA	0.	-28,175.			-28,175.
TOTALS	0.	-28,175.			-28,175.

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 41

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
LRS COMPANY, L.L.C. LEVINSON-LEVIN PROPERTIES, LLC	0.	-1,290.			-1,290.
	21,206.	0.		21,206.	
TOTALS	21,206.	-1,290.		21,206.	-1,290.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 42

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
LRS COMPANY, L.L.C. MASSACHUSETTS SUMMER HOME - MA	SCH E SCH E	1,290. 28,175.	.043780757 .956219243	362. 7,897.
TOTALS		29,465.	1.000000000	8,259.



FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 43

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	1,290.	362.	928.
MASSACHUSETTS SUMMER HOME - MA	SCH E	28,175.	7,897.	20,278.
TOTALS		29,465.	8,259.	21,206.

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 44

R R E A NAME	FORM OR SCHEDULE	PRIOR GAIN/LOSS	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C.	SCH E	-1,290.	-1,290.	362.	928.
LEVINSON-LEVIN PROPERTIES, LLC	SCH E	21,206.	21,206.		
X MASSACHUSETTS SUMMER HOME - MA	SCH E	-28,175.	-28,175.	7,897.	20,278.
TOTALS		-8,259.	-8,259.	8,259.	21,206.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 16

21,206.