§ 104	0	U	S. Individual Income Tax Return	2005	gg, RS Usa Only - Do not	write or st	aple in this space
		or the	ear Jsn. 1 Gec. 31, 2005, or other tax year beginning	. 2005_	ending (3)		0M// No. 1545-0074
Label		You	first name and initial	Last name		∀.π.	r social secondy number
(See instructions	LA	SA	NDER M.	LEVIN			
on page 16.)	B	Haj	oint return, spouse's first name and initial	Last name		Spc	suge's social security oursiter.
Use the IRS	Ĺ		CTORIA S.	LEVIN			
label.	н	Hon	e address (number and street). If you have a P.O. box, s	see page 16.	Apt. no	- 1	You must enter
Otherwise,	E		01 MORGAN DRIVE				vour SSN(s) above.▲
please print or type.	RE	Cdv.	lown or post office, state, and ZW code. If you have a foreign add	ess, see page 16		1	ecking a bex below will not
Presidential			EVY CHASE, MD 20815				enge your tax or refund
Election Can	npaig	n 🅦	Check here if you, or your spouse if filing join	tly, want \$3 to go			You X Spouse
Filing Stat	us	1	Single	4	,		
3			Married filing jointly (even if only one had income)		person is a child but not ye	our depen	ident, emer ims cand s
Check only		3	Married filing separately. Enter spouse's SSN abov		name here.	 ممانين در ام	d abild took need 17)
one box.			and full name here.	5		gepenger	) Boxes checked 3
Exemption	าร		X Yourself. If someone can claim you as a depender	a, do not check box	(6)		on da and 6b
•		,	X   Spouse		(3) Dependent s	For the inity	on Sc who:
				opendent's social ecupty cumber	relationship to	ay croid for theid tax credit (ace sege 19)	♠ ○ ○ □ □ ○ ○ □ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
		'	7 - 227			24.6	or reparation
			13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	manager of the desired states of the control of the		•	(see page 20)
If more than to	111		/ ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				Outpandents on 6c not entered above
dependents,							Add numbers
see page 19.		đ	Total number of exemptions claimed				above ▶ 2
		7	Wages, salaries, tips, etc. Attach Form(s) W-2		74. Marine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7	252,820.
Income		8a	Taxable interest. Attach Schedule B if required			8a	355.
Attach Form(s) W-2 here. Also		b	Tax-exempt interest. Do not include on line 8a		86 2,195	•	
attach Forms	,	9a	Ordinary dividends. Attach Schedule B if required			9a	5,647.
W-2G and		b	Qualified dividends (see page 23)		96 4,162	•	•
1099-R if tax was withheld.		10	Taxable refunds, credits, or offsets of state and local in	come taxes S	STMT 2 STMT 4	10	0.
		11	Alimony received			11	
If you did not		12	Business income or (loss). Attach Schedule C or C-EZ			12	2 000
get a W-2,		13	Capital gain or (loss). Attach Schedule D if required. If	not required, check	here . > L1	13	-3,000.
see page 22.		14	Other gains or (losses). Attach Form 4797	101210 - 011 - 011 - 0	t. Tought amount (and some Off)	14 15b	3,277.
Enclose, but d	n	15a	IRA distributions 15a		<ul><li>b Taxable amount (see page 25)</li><li>b Taxable amount (see page 25)</li></ul>	16b	3.41.1.
not attach, any		16a	Pensions and annuities 16a Rental real estate, royalties, partnerships, S corporation			17	10,904.
payment. Also		17	Farm income or (loss). Attach Schedule F	15, 04515, 616, Anac	in concome i.	18	
please use Form 1040-V.		18 19	Unemployment compensation			19	nay and a great community of the state of th
		20 <b>a</b>	Social security benefits 20a	40.993.	b Taxable amount (see page 27)	20b	34,844.
		21	Other income. List type and amount (see page 29)	7. 7. 7. 7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
			, , , , , , , , , , , , , , , , , , , ,			21	Annual Market Market and Market Marke
		22	Add the amounts in the far eight column for isses 7 the	uigh 21. Das is , co	u total income 🍃	22	304,847.
ye canbana interviews, recommend from the me but related to		23	Educator expenses (see page 29)		23		
Adjusted		24	Cartan business expenses of the exists performing affects, and affects. Attach Form 2 too or 2 105-07.	tek basas dasarranara	24		
Gross		25	Health savings account deduction. Attach Form 8889		25		
Income		26	Moving expenses. Attach Form 3903		26	- :	
		27	One-half of self-employment tax. Attach Schedule SE		27		
		28	Sett-employed SEP, SIMPLE, and qualified plans		28		
		29	Self-employed health insurance deduction (see page 3	133	29		
		30	Penalty on early withdrawal of savings		30		
		31a	Almony paid b Recipient's SSN >		313 32		
		32	**RA deduction (see page 31)		33	1	
		33	Student from interest deduction (see page 33)		34		
		34	Torrion and fees Jeduction (see page 34)  Comestic production activities deduction. Attach Form	e neara	35		
		35 36	Add lines 23 through 314 and 32 through 35	w. zwy	<b></b>	36	
18 191 14 18 18		37	Solutract fine 36 from time 22. This is your adjusted go	oss income	>	37	304,847.

Pres 1940 (2005	Q	ANDER M. & VICTORIA S. LEVIN			£ 3/je 2
Tax and		Amount from line 37 (adjusted gross income)		38	304,847.
Credits		Check X You were born before January 2, 1941. Blind. Total boxes		90	301,01,1
Stoodard	330	if: X Spouse was born before January 2, 1941, Blind.   checked > 1	39a 2		
De section for -	h		39b   ]		
<ul> <li>First is who is the Kind atra</li> </ul>	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	44,556.
or dab <b>01</b> who	41	Subtract line 40 from line 38		41	260,291.
can be claimed as a dependent	42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina,			
		see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d		42	1,920.
and the same of th	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	258,371.
• All others.	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972		44	65,104.
Single or Married filing	45	Alternative minimum tax. Attach Form 6251		45	3,982.
separately. \$5,000	46	Add lines 44 and 45	>	46	69,086.
	47	Foreign tax credit. Attach Form 1116 if required 47.			
Married long junity of	48	Credit for child and dependent care expenses. Attach Form 2441 48			
Curifying widowid).	49	Credit for the elderly or the disabled. Attach Schedule R 49	,	·	
\$10,000	50	Education credits. Attach Form 8863 50			
Head of household,	51	Retirement savings contributions credit. Attach Form 8880 51			
\$7.200	52	Child tax credit (see page 41). Attach Form 8901 if required 52			
	53	Adoption credit. Attach Form 8839 53			
,	54	Credits from: a Form 8396 b Form 8859 54		į	
	55	Other credits. Check applicable box(es): a Form 3800			
		b Form 8801 c Form 55			
	56	Add lines 47 through 55. These are your total credits		56	
151 200	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		57	69,086.
Other	58	Self-employment tax. Attach Schedule SE		58	w
Taxes	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		59	· · · · · · · · · · · · · · · · · · ·
. 4,00	60	Additional lax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60	.,
	61	Advance earned income credit payments from Form(s) W-2		61	
				W/ . W	~ 4 -
	62	Household employment taxes, Attach Schedule H		62	346.
- NAW (1990 - 1 mark	53	Add lines 57 through 62. This is your total tax		62 63	69,432.
Payments	53 64	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64	<b>▶</b> 47,961.	62 63	346. 69,432. STATEMENT 9
,	53 64 65	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65	► 47,961. 23,440.	62 63	69,432.
Payments  Hyou have a quantying	63 64 65 66	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65 66a		62 63	69,432.
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If you have a quanty ng	63 64 65 664 67	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65 65 a Earned income credit (EIC) 66a  66a Excess social security and tier 1 RRTA tax withheld (see page 59) 67		62 63	69,432.
If you have a quality ng of lid, attach	63 64 65 664 67 67	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65 Earned income credit (EIC) 66a Nontaxable combat pay election		62 63	69,432.
If you have a quality ng of lid, attach	63 64 65 66; 67 68 69	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65 66a Earned income credit (EIC) 66a Nontaxable combat pay election 66 66a Excess social security and tier 1 RRTA tax withheld (see page 59) 67 Additional child tax credit. Attach Form 8812 68 Amount paid with request for extension to file (see page 59) 69		62 63	69,432.
If you have a quality ng of lid, attach	63 64 65 66; 67 68 69 70	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65 a Earned income credit (EIC) 66a  Nontaxable combat pay election 66b Excess social security and tier 1 RRTA tax withheld (see page 59) 67 Additional child tax credit. Attach Form 8812 68 Amount paid with request for extension to file (see page 59) 69 Payments from: a Form 2439 b Form 4136 c Form 8885 70	23,440.	62	69,432. STATEMENT 9
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If you have a quartying a bid, stach Schedule CC	63 64 65 66; 67 68 69 70 71 72 73;	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65 66a Nontaxable combat pay election 66b Excess social security and tier 1 RKTA tax withheld (see page 59) 67 Additional child tax credit. Attach Form 8812 68 Amount paid with request for extension to file (see page 59) 69 Payments from: a Form 2439 b Form 4136 c Form 8885 70 Add lines 64, 65, 66a, and 67 through 70. These are your total payments  If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid foosting the foliage of the foliage	23,440.	62 63 71 72	69,432. STATEMENT 9
Refund  Direct deposity  Regage 59 and 16 or 736 or 6 and 736	63 64 65 666 1 67 68 69 70 71 72 738 t 74	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65 66a 66a 66a 66a 66a 66a 66a 66a 66a	23,440.	62 63 71 72 73a	69,432. STATEMENT 9
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Refund Direct deposity See page 59 Sind it or 736 Amount You Owe	53 64 65 662 1 67 68 69 70 71 72 736 1 74 75 76	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099  2005 estimated tax payments and amount applied from 2004 return  Example income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59)  Payments from: a Form 2439 b Form 4136 c Form 8885  Add lines 64, 65, 66a, and 67 through 70. These are your total payments  If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid  Amount of line 72 you want refunded to you  Footing Pentle Control of the 72 you want refunded to your 2006 estimated tax  Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60  Estimated tax penalty (see page 60)  On you want to allow another person to discuss this return with the JRS (see page 61)?  X Yes  Footing PREPARER	23,440.  1,969.  Complete the fe	71 72 73a 75	69,432. STATEMENT 9  71,401. 1,969.
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Refund Drect deposit? Bre page 59 and off or 730 its and 736 Amount You Owe Third Par Designee Sign Here Joe gage 17 Case a great resum? Des gage Paid Preparer	63 64 65 662 1 67 68 69 70 71 72 733 t 74 75 76 76 76 76 76 76 76 76 76 76 76 76 76	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 2005 estimated tax payments and amount applied from 2004 return 45 tearned income credit (EIC) 46 Nontaxable combat pay election 4 Excess social security and tier 1 RRTA tax withheld (see page 59) 4 Additional child tax credit. Attach Form 8812 4 Amount paid with request for extension to file (see page 59) 5 Payments from: a Form 2439 b Form 4136 c Form 8885 7 Add lines 64, 65, 66a, and 67 through 70. These are your total payments 11 time 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid 4 Amount of line 72 you want refunded to you 4 Amount of line 72 you want applied to your 2006 estimated tax 5 Amount of line 72 you want applied to your 2006 estimated tax 5 Amount you owe. Subtract fine 71 from line 63, For details on how to pay, see page 60 4 Estimated tax penalty (see page 60) 5 Oy ou want to allow another person to discuss this return with the IRS (see page 61)? 6 Very exceptions of page 1 cacked and a formation and accompanying at estimated and a formation of page 1 and 3 discovers, and 3 discovers, and 3 discovers, and 5 discovers are capable of the page 1 and 3 discovers and 3 discovers, and 5 discovers are capable.  Social Services  1 S	23,440.  1,969.  Complete the force cost of my horse (ESS)	71 72 73a 75 200 200 200 200 200 200 200 200 200 20	69,432. STATEMENT 9  71,401. 1,969.
Refund Drect deposit? Greater Symmetric Screen Symmetric	63 64 65 666 1 67 68 69 70 71 72 732 t 74 75 76 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Add lines 57 through 62. This is your total tax  Federal income tax withheld from Forms W-2 and 1099 64 2005 estimated tax payments and amount applied from 2004 return 65 66a 50. The second of the following second of the f	23,440.	71 72 73a 75 000 with Fersion 20 20	71,401. 1,969.  9.     No 2 section for a part of the
Refund Drect deposit? Bre page 59 and off or 730 its and 736 Amount You Owe Third Par Designee Sign Here Joe gage 17 Case a great resum? Des gage Paid Preparer	63 64 65 666 1 67 68 69 70 71 72 73 6 1 74 75 76 1 75 76 1 75 76 76 76 76 76 76 76 76 76 76 76 76 76	Federal income tax withheld from Forms W-2 and 1099  Federal income tax withheld from Forms W-2 and 1099  2005 estimated tax payments and amount applied from 2004 return  Fearned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see page 59)  Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see page 59)  Payments from: a Form 2439 b Form 4136 c Form 8885  Add fines 64, 65, 66a, and 67 through 70. These are your total payments  If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid  Amount of line 72 you want refunded to you.  Fosting Seather of the 72 you want applied to your 2006 estimated tax  Amount you owe. Subtract fine 71 from line 63. For details on how to pay, see page 60  Estimated tax penalty (see page 50)  To you want to allow soother person to discuss this return with the IRS (see page 61)?  Extractive PREPARER  To you want to allow soother person to discuss this return with the IRS (see page 61)?  We repeated the page of the part is the formation of the prepared reason, seed for your seed as a payment of the payment than targety to the payment of the payment than targety to the payment of the payment of the payment than targety to the payment of the payment than targety to the payment of the payment than targety to the payment of the payment of the payment than targety to the payment of the payment than targety to the payment of the payment of the payment than targety to the payment of the payment of the payment than targety to the payment of the	23,440.  1,969.  Complete the force cost of my horse (ESS)	71 72 73a 75 000 with Fersion 20 20	69,432. STATEMENT 9  71,401. 1,969.

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

Department of the freeway internal Poyenties Service (99). Mamers) shown on Form 1640.

### Schedule A - Itemized Deductions

(Schedule B is on page 2)

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

SANDER M.	. £	VICTORIA S. LEVIN			
Medical		Caution. Do not include expenses reimbursed or paid by others.			
and		Medical and dental expenses (see page A-2) SEE STATEMENT 14	1	1,876.	
Dental		Enter amount from Form 1040, line 38 2 304, 847.			
Expenses		Multiply line 2 by 7.5% (.075)	3	22,864.	
ZAPONOOO		Subtract line 3 from line 1, If line 3 is more than line 1, enter 0		4	0.
Taxes You	5	State and local (check only one box):			
Paid		a X Income taxes, or			
(See		b General sales taxes (see page A-3) SEE STATEMENT 11	5	14,240.	
page A-2.)	6	Real estate taxes (see page A-5) SEE STATEMENT 16	6	10,894.	
	7	Personal property taxes	7	65.	
	8	Other taxes. List type and amount			
	>			ne en e	
	_		8		25,199.
	9	Add lines 5 through 8	10	14,096.	23,133.
Interest You Paid (See page A-5.)	10	Home mortgage interest and points reported to you on Form 1098. 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 nol, and address.	Ϊ́Ο	14,070.	
	>		11	AAAA, WARRAN	
Note. Personal		On the state of th	12		
interest is		Points not reported to you on Form 1098.  Investment interest. Attach Form 4952 if required. (See page A-6.)	13		
not deductible.		Add lines 10 through 13	1.19.1	14	14,096.
Gifts to		Total gifts by cash or check. SEE STATEMENT 12	15a	5,095.	
Charity		Cifts by cash or check after August 27, 2005, that you		•	
Onarry	~	elect to treat as qualified contributions (15b)			
	16	(4000			
If you made a gift and got a		You must attach Form 8283 if over \$500 SEE STATEMENT 13	16	320.	
benefit for it,	17	Carryover from prior year	17		
see page A-7.	18	Add fines 15a, 16, and 17		18	5,415.
Calualty and Hadf Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	· · · · · · · ·		
Job Expenses and Certain Miscellaneous Deductions	20	Unreimbursed employee expenses - job travel, union dues, job education, etc.  Attach Form 2106 or 2106-EZ if required. (See page A-8.)	00		
			20	1,506.	
	21	Tax preparation fees	41	1,500.	
(See page A-8.)	22	SEE STATEMENT 10			
			22	9,204.	
	23	Add lines 20 through 22	23	10,710.	
	24	Enter amount from Form 1040, line 38 24 304, 847	•		
	25	Multiply line 24 by 2% (.02)	25	6,097.	
The state of the s	26	Subtract line 25 from line 23, if line 25 is more than line 23, enter 0-		26	4,613.
Other Miscellaneous Deductions	27	Other - from list on page A-9. List type and amount			
		a a consequence of a consequence			
				27	· · · · · · · · · · · · · · · · · · ·
Total	28	Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?			
Itemized Deductions		No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.	3	STMT 15 ▶ 28	44,556.
	29	[X] Yes. Your deduction may be limited. See page A 9 for the amount to enter if you elect to itemze deductions even though they are less than your standard deduction, the	ck her	e 🕨	

Your seeal about by number

#### SANDER M. & VICTORIA S. LEVIN Attachment 08 Schedule B - Interest and Ordinary Dividends 1 List name of payer, If any interest is from a seller financed mortgage and the buyer used the Amount Part I property as a personal residence, see page B-1 and list this interest first. Also, show that Interest buyer's social security number and address MARTHA'S VINEYARD CO-OP BANK 14. 154. MERRILL LYNCH 175. WACHOVIA 12. WACHOVIA Note. If you received a Form 1099 NT. 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. 355. 2 2 Add the amounts on line 1 Excludable interest on series EE and LU.S. savings bonds issued after 1989. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 355. 4 Note. If line 4 is over \$1,500, you must complete Part III Amount Part II 5 List name of payer > 5. Ordinary AMPAL-AMERICAN ISRAEL CORP 5,642. Dividends MERRILL LYNCH Note: If you received a Form 1099 DIV or substitute statement from a brokerage firm, 5 list the firm's name as the payer and enter the ordinary dividends shown on that form. Add the amounts on line 5. Enter the total here and on Form 1040, line 9a 5,647. 6 Note. If line 6 is over \$1,500, you must complete Part III. Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign No account, or (c) received a distribution from, or were a granter of, or a transferor to, a foreign trust Foreign 7a. At any time during 2005, did you have an interest in or a signature or other authority over a financial Accounts account in a foreign country, such as a bank account, secunties account, or other financial account? Χ and b. It Yes, enter the mane of the foreign country > Trusts Ouring 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

if "Yes," you may have to file Form 3520. See page 8-2

X

#### SCHEDULE D (Form 1040)

Department of the Treasury internal Revenue Service (

**Capital Gains and Losses** 

Attach to Form 1040.

See Instructions for Schedule D (Form 1040).



Numers) shown on Form 1040 SANDER M. & VICTORIA S. LEVIN Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (b) Date (e) Cost or (a) Description of property (C) Date sold (Mo\_day\_yr) (f) Gain (# (655) (Mol, day yr.) xample: 100 on XYZ Call other basis 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 Short term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts 5 from Schedule(s) K-1 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss 4,776) Carryover Worksheet in the instructions 6 4,776. Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Oate (C) Date sold (Mo., day, yr.) (e) Cost or (a) Description of property (Example, 100 sh, XYZ Co.) (f) Gain or (loss) (d) Sales price acquired (Mo\_day, yr.) other basis Subtract (e) from (d) 11,577. 3,454. AMERN INCM FD OF AMER C 02/25/03 04/07/05 15,031. 11,524. AMERN CAP INCM BUILDER C 02/25/03 04/07/05 14,970. 3,446. 9 9 Enter your long term totals, if any, from Schedule D-1, line 9 10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) 30,001. 10 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824. 11 12 Net long-term gain or (loss) from partnerships, S corporations, lestates, and trusts 12 from Schedule(s) K-1 SEE STATEMENT 17 3,099. 13 13 Capital gain distributions 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 9,437.15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to

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

Schedule D (Form 1040) 2005

562.

Adves	CONTRACTOR SOURCE SANDER M. & VICTORIA S. LEVIN		erge 2
	rt III Summary		
16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	-4,214.
17	Are lines 15 and 16 both gains?  Yes. Go to line 18.  No. Skip lines 18 through 21, and go to line 22		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20	Are lines 18 and 19 both zero or blank?  Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. Do not complete lines 21 and 22 below.  No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.		
21	The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500)  SEE STATEMENT 18	21 (	3,000.
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b?  X Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040.  No. Complete the rest of Form 1040.		

	e(s) shown on return DER M. & VICTORIA S. LEVIN		Your SSN	
Bef	ore you begin: / See the instructions for line 44 on page 37 to see if you can	use this worksheet to fig	jure your tax.	
	If you do not have to file Schedule D and you received capit checked the box on line 13 of Form 1040.	tal gain distributions, be s	sure you	
1.	Enter the amount from Form 1040, line 43	258,371		
2.	Enter the amount from Form 1040, line 9b 2. 4, 162.			
3.	Are you filing Schedule D?			
	X Yes. Enter the smaller of line 15 of 16 of			
	Schedule D, but do not enter loss than -0- 3.			
	No. Enter the arroward from Form 1040, line 13			
4.	Add lines 2 and 3 4. 4, 162.			
5.	If you are claiming investment interest expense			
	on Form 4952, enter the amount from line 4g			
	of that form. Otherwise enter 0- 5. 0.			
6.	Subtract line 5 from line 4. If zero or less, enter -0-	4,162		
7.	Subtract line 6 from line 1. If zero or less, enter 0.	254,209	•	
8.	Enter the smaller of:			
	The amount on line 1, or			
	• \$ 29,700 if single or married filing separately, 8.	59,400	•	
	\$ 59,400 it married filling jointly or qualifying widow(er),			
	\$ 39,800 if head of household.			
9.	Is the amount on line 7 equal to or more than the amount on line 8?			
	X Yes. Skip lines 9 through 11; go to line 12 and check the "No" box.			
			NO.	
		A 7 1 1 1 1000 11 1 1 1 1 1 1 1 1 1 1 1 1		
	Multiply line 10 by 5% (.05)		11	W 15 / 16 5 5 Min
12.	Are the amounts on lines 6 and 10 the same?			
	Yes, Skip lines 12 through 15; go to line 16.			
		4,162		
		0		
	14 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4,162	3.2	C 2 4
	Multiply line 14 by 15% (.15)  Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Work	about a factor of	15.	624.
10.			40	64 490
17	applies Add lines 11, 15, and 16	er memory k	16.	64,480. 65,104.
	Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Work	chaat whichover	17.	05,104.
10.	applies	COLUMNICA ANT REPLIENCE	18,	65,854.
19	Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this	amount on Form	10.	021024
10.	1040, line 44	COLUMN CO	19.	65,104.
			10.	05,104.
	The state of the s			

#### SCHEDULE E

#### (Form 1040)

Department of the Treasury Internal Revenue Cervice Name(s) shown on return Supplemental Income and Loss

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

➤ Attach to Form 1040 or Form 1041.

➤ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074 Altschment Sequence No. **13** 

Your social security number

SANDER M. & VICTORIA S. LEVIN

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

1 List the type and location of each rental real estate property: 2 For each rental real estate property listed Yes No on line 1, did you or your family use it DOMINION MIDWEST ENERGY during the tax year for personal purposes A for more than the greater of: MASSACHUSETTS SUMMER HOME В 14 days or MASSACHUSETTS X В 10% of the total days rented at fair MERIT ENERGY COMPANY C rental value? (See page E-3.) C **Properties** Totals Income: (Add columns A, B, and C.) Α C 3 Rents received 36,300. 3 10,702 56. 4 Royalties received 4 Expenses: 400. 5 Advertising 3,769. **5** Auto and travel (see page E-4) 6 6,157 7 Cleaning and maintenance 7 8 Commissions 8 9 Insurance 9 4,803 10 Legal and other professional fees 10 11 Management tees 11 12 Mortgage interest paid to banks, etc. 15,887. (see page E-4) 12 12 13 Other interest 13 14 Repairs 11,289. 14 1,790. 15 Supplies 15 559 4,133 16 laxes 16 7,954. 17 Utilities 17 18 Other (list) 442 SEE STATEMENT 19 374. SEE STATEMENT 20 18 1,001. 56,556. 19 Add lines 5 through 18 19 20 Depreciation expense or depletion (see page E-4) 20 20 1,001. 56,556. 21 Total expenses. Add tines 19 and 20 21 22 Income or rioss) from rental real estate or royally properties. Subtract fine 21 from line 3 trents) or line 4 (royalties). if the result is a closs), see page E-5 to 9,701. -20.256. 56. ium) out it you must hie Form 6198 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. 23,075. 23 24 Income. And positive amounts shown on line 22. Do not include any losses 24 25 Losses, Add royally 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, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2

26

#### SCHEDULE E

(Form 1040)

### Supplemental Income and Loss

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

➤ Attach to Form 1040 or Form 1041.

➤ See Instructions for Schedule E (Form 1040)

OMB No. 1545-0074
2005

Department of the Treasury Internal Revenue Service 1999 Name(S) Shown on return

Your social security number

	ANDER M. & VICTORIA S. I	EVI	 	ties Note II	Evou are in th	e business of re	T ntina persoa	al prope	ertv. use	<b>-</b>
P	Income or Loss From Renta Schedule C or C-EZ (see page E-3). Report						and porgon	an prop	21.17, 300	
	List the type and location of each rental real estate			1		al real estate pro	merty listed		Yes	No
	MUSKEGON DEVELOPMENT CO					you or your fam		ľ		
Α.	MICHIGAN		1.700m 1 277 271 171 171 171			x year for persor	al purposes	Δ.		-
R	QUICKSILVER PIPELINE L	L.C		i		n the greater of:				
J	VOI CHOID THE TELESCOPE	C 2000 T T.			<ul> <li>14 days of the</li> </ul>	ir ie total days rent	ed at fair	E	3	
С					rental val		CO III IIII	Í		
					(See page E-	3.)		C		1
Inc	come:		,	Properties				Tota		10.5
****			Α	В		C			A, B, and	
3	Rents received	3					3		36,3	
	Royallies received	4	248.	1.1	44.		4		12,1	.50.
Ex	penses:	****	v.							
	Advertising	5				and the second s	-			
5	Auto and travel (see page E-4)	6	120 2204							
7	Cleaning and maintenance	7								
8	Activities and the second seco	8								
-	Insurance	9				***				
	Legal and other professional fees	10								
	Management fees									
12	Mortgage interest paid to banks, etc.	12					12		15,8	387.
10	(see page E-4) Other interest	13		ennestienette januari um räddenstäteräter trock					atama kan	
	Repairs	14								
	Supplies	15								
	Taxes	16								
17		17								
18										
		A commenter								
	SEE STATEMENT 21				45.					
		18		=		.,	400			
		i .								
							_			
19	Add lines 5 through 18	19			45.		19		57,8	302.
	Depreciation expense or depletion (see page E-4)	20				-	20			
21	Fotal expenses. Add lines 19 and 20	21		2	45.					
22	Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	248.	8	99.					
	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 (	The second secon		J	ne o produce de la constitución de				2.6.7
	Income. Add positive amounts shown on line 22. (						24			904.
	Losses. Addiroyalty losses from line 22 and rental						25		23,(	075.
26	Total rental real estate and royalty income or (lo				L.					
	If Parts II, III, IV, and line 40 on page 2 do not app! line 17. Otherwise, include this amount in the total			Form 1940,			26		12,	171.

Schedule E (Form 1040) 2005

an efe	) thowe call form to not enter have bodice.	at accordy number 1 (bow)	t on case 1					You	r social secu	rny number
: A N	IDER M. & VICTORIA	S. LEVIN			,					
autic	on; The IRS compares amounts reported	f on your tax return wit	h amounts sh	own on Schedule(s) K	(-1.					
	t II Income or Loss Fron	n Partnerships	and S Cor	rporations Note	e. If yo	qer uc	ort a loss from	an at ris	k activity fo	r which
	any amount is not at risk, y	ou must check colu	mn (e) on lin	e 28 and attach Fo	rm 61	<b>98.</b> S	ee page E-1.			
27	Are you reporting any loss not allowed					unallov	ved loss from a		-	,
	passive activity (if that loss was not rep			sed partnership expens	ses?				Yes	X No
	If you answered "Yes," see page 1-6 be	lore completing this se	ction.		1/61	D.	/o\ ====			(n) (2) 1 (
8		(a) Name			failt ei	stis S	(C) Check if foreign partner stop ide	( <b>d)</b> Emp entificatio		(e) Check if any amount is not at risk
	T THIT TO CALL T PUTTAL DD		TIC	VIA	1	)	panersop (	THE SALE	-	
A	LEVINSON-LEVIN PR LRS COMPANY, L.L.		prić		I	- 1				
₿	LIKE COMPANI, LI-LI-				1	•				
G D			.,							
<i>D</i> _1.	Passive Income	and Loss			1	Nonp	assive Income	and Lo	SS	
	(t) Passive loss allowed		ve income	(h) Nonpassive los			ction 179 expens		(j) Nonpassiv	
	(attach Form 8582 if required)		edule K-1	from Schedule K-	1 0	iedacti	on from Form 45	62	from Sched	lule K-1
٨			3,869.							. //
в		794.			-					
C										
0			2 060		-			İ		·
29a	Totals	794.	3,869.	-	-			i		
b	Totals i Add columns (g) and (j) of line 29a	/94.				~ ~ · - · ·		30	2	3,869.
30 31	Add columns (f), (h), and (i) of line 29	h						31	(	794.
32	Total partnership and S corporation i		bine lines 30 a	and 31. Enter the				1		
, _	result here and include in the total on I							32	2.	3,075.
Pa	rt III Income or Loss From		rusts			***				
٠.		13	ı) Name						( <b>b</b> ) Em	
33		ta							identification	on number
Α	and the second s								,	
В		ive Income and Los		············			Nonpassiv	e Incom	e and Loss	
	(c) Passive deduction or loss	W 15	1	issive income	1	et Ded	luction or less		(f) Other inco	
	(attach Form 8582 if requ	ired)		Schedule K-1			Schedule K-1	Annual Annual	Schedul	
A	(A) /	A AND AN INCIDENT								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
В										
34a	Totals							4		
b	Totals			I			= 1.52 - 5.55 - 5.5	1		
35	Add columns (d) and (f) of line 34a							35		
36	Add columns (c) and (e) of line 34b  Total estate and trust income or (fos:	Combination 25 or	at 30 Patricett	no count have a ved inch	ida in t	the late	d an lina 44 bala	W 36		j
37	it IV Income or Loss From	a Real Estate M	loctoade l	nvestment Cor	aduit	s (R	EMICs) - Re	sidua	Holder	
70	ILIA INCOME OF E033 From	( <b>b)</b> Fm		(c) Excess inclusion		Dec	ixable income (iii		(e) Incom	e from
38	(a) Name	identification		Schedules Q, fine		loss)	from Schedules line 1b	Q,	Schedules (	
		1		•	i			İ		
					1					
39	Combine columns (d) and (e) only. Er	iter the result here and	include in the	total on line 41 helew				39		
Pa	ert V   Summary							13	1	
40	Net farm rental income or (loss) from							40	1 1	0.004
41	Total income or (loss). Combine lines				10-10,	Inpe 17		<b>→</b> 41	1	0,904.
42	Reconciliation of farming and fishing									
	reported on Form 4835, line 7; Sched				42					
10	(Form 1120S), box 17, code 18; and S. Reconciliation for real estate profess				42					
43	nage E-1), enter the net income or (to									
	real estate activities in which you must				43					an productive entre

### 2005 Income from Passthroughs

LRS COMPANY, L.L.C.
I.D. NUMBER:

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

LRS COMPANY, L.L.C.

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS) -1,184

SCHEDULE E ACTIVITY INCOME (LOSS) -1,184
PAL CARRYOVER FROM 2004 - SCHEDULE E -767
DISALLOWED LOSS FROM FORM 8582 1,157

ALLOWABLE PASSIVE LOSS FROM FORM 8582 -794

529

TAX PREFERENCE ITEMS:

AMT PAL CARRYOVER FROM 2004 - SCHEDULE E

### 2005 Income from Passthroughs

LEVINSON-LEVIN PROPERTIES, LLC

I.D. NUMBER:

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

LEVINSON-LEVIN PROPERTIES, LLC

OTHER PASSIVE ACTIVITY

RENTAL REAL ESTATE INCOME (LOSS) 24,596 SPECIALLY ALLOCATED DEPRECIATION -727

SCHEDULE E ACTIVITY INCOME (LOSS) 23,869

TAX PREFERENCE ITEMS:

DEPRECIATION ADJUSTMENT FOR POST-1986 PROPERTY

72

# 2005 Income from Passthroughs

SUMMARY	OF	K-1	TNFORMA	MOTTA	FOR	AT.T.	PA	SSTHR	OUGH	S

#### TAX PREFERENCE ITEMS:

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

Schedule E	<u> </u>	ASSTHROU	PASSTHROUGH RECAP - BASIC INFORMATION	BASICIN	FORMATIO	7						2005
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## 6251

they January 2006) Department of the Treasury Internat Revenue Service (188)

### Alternative Minimum Tax - Individuals

2005 Attachment 20

► Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040

Your social security number

SANDER M. & VICTORIA S. LEVIN			
Part I Alternative Minimum Taxable Income			
1 It rong Schedule AliForm 1040), onter the amount from Figure 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise,	enter		
the unbount from Form 1040, line 38 immus any amount on Form 8914, line 2), and go to line 7 (if less than zero, enter as a negative amount )	. =	1	260,291.
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38		2	
3 Taxes from Schedule A (Form 1040), line 9	1	3	25,199.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instruction	ins	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 26	1	5	4,613
6 If Form 1040, line 38, is over \$145,950 (over \$72,975 if married filing separately), enter the amount from line	9		
of the Itemized Deductions Worksheet on page A-9 of the instructions for Schedules A & B (Form 1040)		6	~4,767
7 Tax refund from Form 1040, line 10 or line 21	[	7	
3 Investment interest expense (difference between regular tax and AMT)		8	
Depletion (difference between regular tax and AMT)		9	
Net operating loss deduction from Form 1040, line 21. Enter as a positive amount		10	
Interest from specified private activity bonds exempt from the regular tax		11	
2 Qualified small business stock (7% of gain excluded under section 1202)		12	
3 Exercise of incentive stock options (excess of AMT income over regular tax income)		13	
4 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	[	14	
5 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)		15	
Disposition of property (difference between AMT and regular tax gain or loss)		16	
7 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)		17	
8 Passive activities (difference between AMT and regular tax income or loss)  SEE STATEMENT	22	18	0
Loss limitations (difference between AMT and regular tax income or loss)		19	
O Circulation costs (difference between regular tax and AMT)		20	
1 Long-term contracts (difference between AMT and regular tax income)		21	
Mining costs (difference between regular tax and AMT)		22	
3 Research and experimental costs (difference between regular tax and AMT)		23	
4 Income from certain installment sales before January 1, 1987		24	
	and the same of th	25	
5 Intangible drilling costs preference 6 Other adjustments, including income-based related adjustments	1	26	
7 Alternative tax net operating loss deduction		27	
27 Atternative tax net operating loss deduction	ver man		. ,,,
28 is more than \$191,000, see instructions)		28	285,336
Part II Alternative Minimum Tax			
9 Exemption. (If this form is for a child under age 14, 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 \$40,250		į	
Married filing jointly or qualifying widow(er) 150,000 58,000 STMT	23	29	24,166
Marned filing separately 75.000 29,000			
If line 28 is over the amount shown above for your filing status, see instructions.			
O Subtract line 29 from line 28. If zero or less, enter 0 here and on lines 33 and 35 and stop here	i	30	261,170
o Subtract line 2.5 from site 2.5 from site 2.5 from 1.250 ct. loss, critical of the transition of the 1.3 from 1.3 fro			
on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured			
for the AMT of pecessary), complete Part III on page 2 and enter the amount from line 55 here.		31	69,086
<ul> <li>All others: If line 30 is \$175,000 or less (\$87,500 or less if married filling separately), multiply line 30 by</li> </ul>			
26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling		į	
separately) from the result.		32	
2 Alternative minimum tax foreign tax credit (see instructions)		33	69,086
33 Tentative minimum tax. Subtract line 32 from line 31			0,7,000
4 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040,			
line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured		24	65,104
without using Schedule J (see instructions)		34	03,104
35 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, onter 0. Enter here and on		25	3,982
Form 1040, line 15		35	3,704 51/2006\(\text{Rev}\) 1.200

	5251 (2005) (Rev 1 2006) SANDER M. & VICTORIA S. LE				Page 2
Parl	: III   Tax Computation Using Maximum Capital Gains Rate	S			
22	And the agree of from Energy 6051. Fire 20		) in the second	36	261,170.
	nter the amount from Form 6251, line 30  Inter the amount from line 6 of the Qualified Dividends and Capital Gain Tax				
	orksheet in the instructions for Form 1040, line 44, or the amount from			***	
	e 13 of the Schedule D Tax Worksheet on page D 9 of the instructions for				
	chedule D (Form 1040), whichever applies (as refigured for the AMT, if	37	4,162.		
	ecessary) (see the instructions)  nter the amount from Schedule D (Form 1040), line 19 (as refigured for the	3,			
		38			
	MT, if necessary) (see instructions)  you did not complete a Schedule D Tax Worksheet for the regular tax or the		,,,, ,,, ,, <u>2</u> ,		
	MT, 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				
		39	4,162.		
	Vorksheet (as refigured for the AMT, if necessary)	[ 33 ]	T, 102.	40	4,162.
	nter the smaller of line 36 or line 39			41	257,008.
	ubtract line 40 from line 36	ulion 41 hv	260/ 726\	71	237,000;
	line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiple				
	therwise, multiply line 41 by 28% (28) and subtract \$3,500 (\$1,750 if married	mind appare	atery) ironi	42	68,462.
	ne resuit			***2	00,402.
43 E					
	\$59,400 if married filing jointly or qualifying widow(er),	42	59,400.		
	\$29,700 if single or married filing separately, or	43	39,400.		
	\$39,800 if head of household.				
	nter the amount from line 7 of the Qualified Dividends and Capital Gain				
	ax Worksheet in the instructions for Form 1040, line 44, or the amount from				
	ne 14 of the Schedule D Tax Worksheet on page D-9 of the instructions for				
	chedule D (Form 1040), whichever applies (as figured for the regular tax). If		254 200		
À,	ou did not complete either worksheet for the regular tax, enter $0 \cdot \dots \cdot \dots$	44	254,209.		
<b>45</b> S	ubtract line 44 from line 43. If zero or less, enter -0-	45	0.		
46 E	nter the smaller of line 36 or line 37	46	4,162.		
47 E	nter the smaller of line 45 or line 46	47		Access of the second se	
48 3	fultiply line 47 by 5% ( 05)		<b>&gt;</b>	48	
40 %	sungry and 41 by 5% (OS)				
<b>49</b> S	Subtract line 47 from line 46	49	4,162.	The state of the s	
50 N	dultiply line 49 by 15% (.15)		7 ▶	50	624.
11	f line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise,	go to line	51.	The state of the s	
51 \$	Subtract line 46 from line 40	51			
52 N	Juitiply line 51 by 25% (.25)		>	52	, , , , , , , , , , , , , , , , , , ,
53 /	add lines 42, 48, 50, and 52			53	69,086.
	f line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multip				
(	Otherwise, mustiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married	Hing separ	ately) from		CO COO
ŧ	ne result			54	69,628.
56 5	inter the smaller of line 53 or line 54 here and on line 31			55	69,086.
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE			Form 62	51 (2005) (Rev. 1-2006)

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				Adjustment	•	
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* REGULAR INCOME	23,869.					
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* AMT NET INCOME					-	
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AMT PAL DISALLOWED	74		****	6,74		
* AMT NET INCOME	95			C4		
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#### SCHEDULE H (Form 1040)

### **Household Employment Taxes**

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

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

OMB No. 1545-1971
2005
Attachment No. 44

Cop amount of the free city internal (leverue Service 199)

➤ See separate instructions.

Attachment Sequence No. 44 Social security number

Name of employer

Social security number

Employer identification number

SANDER M. LEVIN

A	Did you pay any one household employee cash wages of \$1,400 or more in 2005? (If any household employee wounder age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer the		
	Yes. Skip lines B and C and go to line 1.  No. Go to line B.		
В	Did you withhold federal income tax during 2005 for any household employee?		
	Yes. Skip line C and go to line 5. No. Go to line C.		
С	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to all household emplo (Do not count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)	yees?	
	No. Stop. Do not file this schedule.  Yes. Skip fines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employed do not have to complete this form for 2005.)	es in 20	005
P	art I Social Security, Medicare, and Income Taxes		
1	Total cash wages subject to social security taxes (see page H-4)		
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	280.
3	Total cash wages subject to Medicare taxes (see page H-4) [3] 2, 260.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	66.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	346.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	346.
9	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2004 or 2005 to household employees ( <b>Do not</b> count cash wages paid in 2004 or 2005 to your spouse, your child under age 21, or your parent.)	?	
	X No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1 the line 9 instructions on page H4	040, se	ee.
	Yes. Go to line 10 on page 2		

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

Schedule H (Form 1040) 2005

Schedule Hid Part II	Federal Unemployr		ax						Page 2
	ou pay unemployment contrib			contribution	s to New York S	tate,	.,	i ` .	Yes No
	( 'No.")	- Frankis Alama An	2005 5 403 17 00	1062 Elegad	way filosa saa n	nga 14 d		10	
	ou pay ail state unemploymer all wages that are taxable for					age m=		11	1 1
Next: If y	ou checked the "Yes" box or	all the lines above	e, complete Section	A.					
If y	ou checked the " <b>No"</b> box on	any of the lines ab			ete Section B.		**************		
13 Name	of the state where you paid	unemployment cor			1 446 1 4 84 1 4 7	*** * * * * * * * * * * * * * * * * * *	1		
				<b>&gt;</b>	N. J			-	
					15		16		
17 FUTA	as shown on state unemproyment tax return cellined in state solly beside gaperience by 054 from To rate						17	,	
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(a)		1			(f)	(g)		(h)	(i)
Name of state	State reporting number as snown on state unemployment tax		perco	experience		Multiply col by col (e)		Suptract col. (g) from cel. (f) If zero or less.	Contributions paid to state unemployment
	return			and the second second		**************************************		enter -0-	fund
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				MA . A. P. B. P. A. P. P. S.				, ", ",	
19 Total	s					= 11	19	,	and on another
00 511	1 Total (13 1/3 1/3 1/6)			1	20				
		tax (see the line 1	6 instructions on pa		20 1		21	1	
22 Multi	ply line 21 by 6.2% (.062)			es exect):	5 t-00 1 (He 1 × 1		. 22	£	AND AND CO. COMMON CO. T. SAME THE CO. T. T.
	· ·	· <u></u>		mount and at	23				
			in the senarate instr	octions and	I check here)		24		
(MBM)	Tork State employers must i	use the worksheet	ят те зерагате изп	uctions and	(Check here)	round			
25 FUTA	A tax. Subtract line 24 from li	ne 22. Enter the re-	sult here and go to li	ne 26	· · · · · · · · · · · · · · · · · · ·		25	<u> </u>	. A
raitii	1 Total Household L	inprovincia ru	AC3						
26 Enter	r the amount from line 8						26	3	
27 Add	line 17 (or line 25) and line 26	i					27	,	
4 4444.5					(2)				
I. J Y	es. Stop. Enter the amount	from line 27 above	on Form 1040, line	62. Do not	complete Part iv	Delow			
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT					,			
				ired. See th	e ime 28 instruct	ions on page		vacra, or with he	
WILLIAM I	10 p								
Cis, Han	e post office, state, and LR code								
under som 8 Layerose m	ties of payory, the lab that strave ma ado to a state onemployment (and claim	ommed to steady on t deligated to wiscores	complanting state to be consisted from the p	tions cand to the second to th	se be it of roly kness ind otherwise	ੂਰ ਸਫਤੇ ਵਿਲਵ <sup>ਾ</sup> ਤੋਂ ।	y especia	errect and comple	na No part of eny
<b>)</b>	zyet s signaturi				Oste				
1935.1 11-28-05	والمستقبة والمستقبة والمستقبة والمستقبة والمستقبة والمستقبة والمستقبة والمستقبة والمستقبة والمستقب والمستقب	and the same and and the same and the same temperature is	Committee Commit		te coloit e con descendentes estre en reserve en percente en el monere en el mente en el mente en el mente en	(A. 1) - 100 May 100 A part of the second of	Sch	nedule H (For	m 1040) 2005

### 8582

Department of the Treasery Internal Revenue Service (199)

Name(s) shown on return

### **Passive Activity Loss Limitations**

See separate instructions.

➤ Attach to Form 1040 or Form 1041.

2005
Attachment

Identifying number

SANDER M. & VICTORIA S. LEVIN Part I 2005 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before complete 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, 1a column (a)) b Activities with net loss (enter the amount from Worksheet 1, -20,256. 15 column (bl) c Prior years unallowed losses (enter the amount from Worksheet 36,441. 1, column (c)) 56,697. 1d d Combine lines 1a, 1b, and 1c Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a b Prior year unallowed commercial revitalization deductions from 2b Worksheet 2, column (b) c Add lines 2a and 2b 2c All Other Passive Activities 3a Activities with net income (enter the amount from Worksheet 3, 23,869. За column (a)) b Activities with net loss (enter the amount from Worksheet 3, -1,184.3h column (b)) c Prior years unallowed losses (enter the amount from Worksheet 3, -767. 3с column (c)) 21,918. d Combine lines 3a, 3b, and 3c 3d4 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 -34,779. 4 If line 4 is a loss and: • Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Part II | Special Allowance for Rental Real Estate With Active Participation Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example. 34,779. Enter the smaller of the loss on line 1d or the loss on line 4 5 Enter \$150,000. If married filing separately, see the instructions 6 150,000 Enter modified adjusted gross income, but not less than zero (see the instr.) 7 270,003. STATEMENT 29 Note: If line 7 is greater than or equal to line 6, skip lines 3 and 9, enter 0, on line 10. Otnerwise, go to line 8. Subtract line 7 from line 6 9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions 9 0. Enter the smaller of line 5 or line 9 10 if line 2c is a loss, go to Part III. Otherwise, go to line 15. Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions. 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 12 Enter the loss from line 4 12 13 Reduce line 12 by the amount on line 10 13 14 Enter the smallest of line 2s (treated as a positive amount), line 11, or line 13 14 Part IV Total Losses Allowed 15 Add the income, if any, on lines 1a and 3a and enter the total 23,869. 15 Total losses allowed from all passive activities for 2005. Add lines 10, 14, and 15. See the instructions to linef out how to report the losses on your tax return. SEE STATEMENT 28 23,869. 16 LHA 3/9781 11/19/95 For Paperwork Reduction Act Notice, see separate instructions. Form 8582 (2005)

5 19762 11-10-35



Form 8582 (2005)

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

	Curren	it vear	•	Prior year	S	Overall o	gain or loss
Name of activity						Overall gard (d) Gain  Overall gard (d) Gain  HEET 3  anstructions; c) Special illowance	jam or ioss
	(a) Net income (line 1a)	(b) Net I (line 1		(c) Unallow loss (line		(d) Gain	(e) Loss
				, <u>.</u>			
							Library
Take Take an Energ 0500 linns to	SEE ATTAC	HED ST	ATEM	ENT FOR	WORKS	HEET 1	
Fotal. Enter on Form 8582, lines 1a, lib, and 1c	<u> </u>	-20,	256.	-36,4	41.		
Worksheet 2 - For Form 8582, Line							
Name of activity	(a) Current y deductions (li		unallo	(b) Prior yea wed deduction		(c)	Overall loss
Total. Enter on Form 8582, lines 2a and 2b	<b>.</b>						
Worksheet 3 - For Form 8582, Lin	es 3a, 3b, and 3c (Sc	e instruction	ns.)				
Name of activity	Currer	nt year		Prior yea	rs	Overall o	gain or loss
	(a) Net income (line 3a)	(b) Net I (line 3		(c) Unallow loss (line :	1	(d) Gain	(e) Loss
				No. 10 10 10 10 10 10 10 10 10 10 10 10 10			
	SEE ATTAC	HED ST	ATEM	ENT FOR	WORKS	HEET 3	
Total. Enter on Form 8582, lines 3a, 3b, and 3c Worksheet 4 - Use this workshee	► 23,869.	-1,	184.	- 7 582 line 10	67.	a construction	
Workshiel 4 Ose tha Workshiel	Form or schedule		01111		0		
Name of activity	and line number to be reported on (see instructions)	(a) Lo	ss	(b) Ratio	1 : '		(d) Subtract column (c) from column (a
							· Comment
K I HEGERIAN AND AND A STREET		:	Caraca Lorentzia de Caraca				
Total Worksheet 5 - Allocation of Unalle	owed Losses (See ins	(tuctavys )		Man		made of the Spinish and the Spinish of Spinish and the	
	Form or sche	edule					
Name of activity	and line nun to be reporte (see instruct	ed on	(a) l	oss	(b) Ra	tio (	(c) Unallowed loss
						THE COLUMN TO SERVICE AND ADDRESS OF THE COLUMN	
	SEE ATTA	CHED S	TATE	MENT FO	R WORK	SHEET '	Ď
Total		>	-	8,648.	1 0000	00000	34,779

Form 8582 (2005) SANDER M. & VIC	CTORIA S. L	EVIN					Page 3
Worksheet 6 - Allowed Losses (See in	nstructions )	,		,			
Name of activity	Form or so and line no to be repor (see instruc	ımber ted on	(a)	Loss	(b) Una	illowed loss	(c) Allowed loss
		Annual de la constante de la c					
	SEE ATT	ACHED	STAT	EMENT F	or wo	RKSHEET	6
Total	- Daynetad on T	<b>&gt;</b>	lara Far	58,648.	adulaa	34,779.	23,869.
Worksheet 7 - Activities With Losse	s Reported on 1	WO OF IV	iore For	ms or sen	edules		
Name of Activity:	(a)		(b)	(c) Rat	iio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					and the state of t		
ta 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):				and wedlerency descriptions compared	omena w surviva a reversión (et di la		
1a Net loss plus prior year unallowed loss from form or schedule		C Total Conference Comment					
b Net income from form or schedule	<b>&gt;</b>						
c Subtract line 1b from line 1a. If zero or less	enter 0		7				
Form or schedule and line number to be reported on (see instructions):					to the state of th		
ta Net loss plus pnor year unallowed loss from form or schedule					seren estabonianes voces		
b Net income from form or schedule					A SECRETARIA		
c Subtract line 1b from line 1a, if zero or less	e, enter 0-				A Section		
Total	>						1

#### ALTERNATIVE MINIMUM TAX

Form 8582

Department of the Treasury

Internal Provider Corvide (90)

**Passive Activity Loss Limitations** 

➤ See separate instructions.

Attach to Form 1040 or Form 1041.

2005 Attachment

Form 8582 (2005)

Identifying number Name(s) shown on return SANDER M. & VICTORIA S. LEVIN Part 1 2005 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.) 1a Activities with net income (enter the amount from Worksheet 1, 1a column (a)) b Activities with net loss (enter the amount from Worksheet 1, -20,256. 1b column (b)) c. Prior years unallowed losses (enter the amount from Worksheet -19,44410 1, column (c)) -39,700. 1d d Combine lines ta, 1b, and to Commercial Revitalization Deductions From Rental Real Estate Activities 2a2a Commercial revitalization deductions from Worksheet 2, column (a) b Prior year unallowed commercial revitalization deductions from 2b Worksheet 2, column (b) 2c c Add lines 2a and 2b All Other Passive Activities 3a Activities with net income (enter the amount from Worksheet 3, 23,941. 3a column (a)) b Activities with net loss (enter the amount from Worksheet 3, -1,184. 3b column (b)) c Prior years unallowed losses (enter the amount from Worksheet 3, -529.3с column (c)) 3d 22,228. d Combine lines 3a, 3b, and 3c 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 17,472. schedules normally used 4 If line 4 is a loss and: . Line 1d is a loss, go to Part II. Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III. Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15. Part II | Special Allowance for Rental Real Estate With Active Participation Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example. 17,472. 5 5. Enter the smaller of the loss on line 1d or the loss on line 4 Enter \$150,000. If married filing separately, see the instructions 150,000 6 270,003. Enter modified adjusted gross income, but not less than zero (see the instr.) 7 Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. 8 Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions 9 0. 10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part ill. Otherwise, go to line 15 Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions. 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filling separately, see instructions 11 12 12 Enter the loss from line 4 13 13 Reduce line 12 by the amount on line 10 14 Unter the smallest of line 2c (treated as a possive amount), line 11, or line 13 14 Part IV Total Losses Allowed 23,941. 15 15 Add the income, if any, on lines 1a and 3a and enter the total Total losses allowed from all passive activities for 2005, Add lines 19, 14, and 15. See the instructions SEE STATEMENT 34 23,941. to find out how to report the losses on your tax return 16

#### ALTERNATIVE MINIMUM TAX

Page 2 Form 8582 (2005) 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.) Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1b) loss (line 1c) (line 1a) SEE ATTACHED STATEMENT FOR WORKSHEET 1 Total. Enter on Form 8582, lines 1a, 20,256. -19,4441b, and 1c Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.) (b) Prior year (a) Current year (c) Overall loss Name of activity unallowed deductions (line 2b) deductions (fine 2a) Total, Enter on Form 8582, lines 2a and 2b Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.) Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss loss (line 3c) (line 3a) (line 3b) SEE ATTACHED STATEMENT FOR WORKSHEET Total. Enter on Form 8582, lines 3a, 3b, and 3c -1,184. Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions Form or schedule (d) Subtract and line number (c) Special (a) Loss (b) Ratio column (c) Name of activity to be reported on allowance from column (a) (see instructions) Total Worksheet 5 - Allocation of Unallowed Losses (See instructions ) Form or schedule and line number (b) Ratio (c) Unallowed loss (a) Loss Name of activity to be reported on (see instructions) SEE ATTACHED STATEMENT FOR WORKSHEET

Total

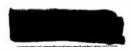
41,413. 1.000000000

17,472.

Form 8582 (2005)

#### ALTERNATIVE MINIMUM TAX

Form 8582 (2005) SANDER M. & VICTORIA S. LEVIN Page 3 Worksheet 6 - Allowed Losses (See instructions.) Form or schedule and line number (a) Loss (b) Unallowed loss (c) Allowed loss Name of activity to be reported on (see instructions) SEE ATTACHED STATEMENT FOR WORKSHEET 6 23,941. 41,413. 17,472. Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.) Name of Activity: (d) Unallowed (a) (b) (c) Ratio (e) Allowed loss 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



1

FORM 1040

SOCIAL SECURITY BENEFITS WORKSHEET STATEMENT

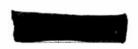
The same of the sa	
CHECK ONLY ONE BOX: A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)	
X B. MARRIED FILING JOINTLY	
C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE	
AT ANY TIME DURING 2005	
D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE	
FOR ALL OF 2005	
1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR	
FORMS SSA-1099 AND RRB-1099	40.993.
2. ENTER ONE HALF OF LINE 1	20,497.
3. ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 12, 13,	,
14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT	
INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099	272,198.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED	
INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,	
OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF	
PUERTO RICO THAT YOU CLAIMED	
5. ADD LINES 2, 3, AND 4	292,695.
6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, PLUS	
ANY AMOUNT YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36.	0.
7. SUBTRACT LINE 6 FROM LINE 5	292,695.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR	
\$32,000 IF YOU CHECKED BOX B, OR	32,000.
\$-0- IF YOU CHECKED BOX C	32,000.
[ ] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE	
TAXABLE. YOU DO NOT HAVE TO ENTER ANY AMOUNTS ON LINES	
20A OR 20B OF FORM 1040. BUT IF YOU ARE MARRIED FILING	
SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF	
2005, ENTER -0- ON LINE 20B. BE SURE YOU ENTERED 'D' TO	
THE LEFT OF LINE 20A.	
[X] YES. SUBTRACT LINE 8 FROM LINE 7	260,695.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D,	
\$12,000 IF YOU CHECKED BOX B	
\$-0- IF YOU CHECKED BOX C	12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0	248,695.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10	12,000.
13. ENTER ONE HALF OF LINE 12	6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13	6,000.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-	211,391. 217,391.
16. ADD LINES 14 AND 15	34,844.
T. MOPITAPI PIME I DI 000 (.00)	J = 1 O = = +
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17	34,844.
* ENTER THE AMOUNT FROM LINE 1 ABOVE ON FORM 1040, LINE 20A	
* ENTER THE AMOUNT FROM LINE 18 ABOVE ON FORM 1040, LINE 20B	



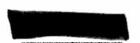
FORM 1040 STATE AND L	OCAL INCOME TAX	REFUNDS	STATEMENT 2
	2004	2003	2002
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	MARYLAND 1,290.		
NET TAX REFUNDS MARYLAND	1,290.		AND THE RESIDENCE OF THE PARTY
GROSS STATE/LOCAL INC TAX REFUNDS LESS: TAX PAID IN FOLLOWING YEAR	MICHIGAN 678.		
NET TAX REFUNDS MICHIGAN	678.		
TOTAL NET TAX REFUNDS	1,968.		



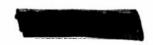
FOR	M 1040 PERSONAL EXEMPTION WORKSHEET	STATEMENT	3
1.	IS THE AMOUNT ON FORM 1040, LINE 38, MORE THAN THE AMOUNT SHOBELOW FOR YOUR FILING STATUS?		4
	NO. STOP. MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 42. YES. GO TO LINE 2.	CLAIMED ON	
2.	MULTIPLY \$3,200 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED		
4.	ON FORM 1040, LINE 6D	6,40	n n
3.	ENTER THE AMOUNT FROM FORM 1040, LINE 38 304,847.	0,40	
4.	ENTER THE AMOUNT FOR YOUR FILING STATUS 218,950.		
-	MARRIED FILING SEPARATE \$109,475		
	SINGLE \$145,950		
	HEAD OF HOUSEHOLD \$182,450		
	MARRIED FILING JOINT OR WIDOW(ER) \$218,950		
5.	SUBTRACT LINE 4 FROM LINE 3 85,897.		
	IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF		
	MARRIED FILING SEPARATE) ENTER ZERO		
	ON FORM 1040, LINE 42.		
6.	DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS) 35.		
7.	MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT		
	AS A DECIMAL		
8.	MULTIPLY LINE 2 BY LINE 7	4,48	30.
9.	SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 42.	1,92	20.



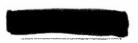
FORM	1040	TAXABLE STATE AND	LOCAL INCOME	TAX REFUNDS	STATEMENT	4
	a, and the first segment of the fact of the first segment of the first segment of the segment of		2004	2003	2002	
		FROM STATE AND TAX REFUNDS STMT.	1,968.			
LESS		BENEFIT DUE TO AMT AX BENEFIT REDUCTION	1,968.			
L	NET REFUNDS	FOR RECALCULATION				
3	BEFORE PHA	ZED DEDUCTIONS ASEOUT NOT SUBJ TO PHASEOUT F FROM LINE 1	52,839. 1,302.			
5 7	MULTIPLY LEPRIOR YEAR	JS LINES 3 AND 4 INE 5 BY 80% (.80) AGI PHASEOUT THRESHOLD	51,537. 41,230. 282,548. 142,700.			
	(IF ZERO OF 10 THROUGH AMOUNT FROM	INE 8 FROM LINE 7 R LESS, SKIP LINES 15, AND ENTER M LINE 1 ON LINE 16)	139,848.			
11	ALLOWABLE : (LINE 5 LE: LINE 6 OR	INE 9 BY 3% (.03) ITEMIZED DEDUCTIONS SS THE LESSER OF LINE 10) NOT SUBJ TO PHASEOUT	4,195. 47,342. 1,302.			
13B	PRIOR YR.	ITEMIZED DEDUCTIONS STD. DED. AVAILABLE ALLOWABLE ITEM. DED.	48,644. 11,600. 48,644.			
15 16	13A OR LI TAXABLE RE					
17 18	ALLOWABLE	LINE 15 OR LINE 1) PRIOR YR. ITEM. DED. STD. DED. AVAILABLE				
19 20 21	LESSER OF	INE 18 FROM LINE 17 LINE 16 OR LINE 19 TAXABLE INCOME	37,044. 231,176.			ngga dalah semen penda seb
22	AMOUNT TO	INCLUDE ON FORM 1040, 21 IS -0- OR MORE, USI 21 IS A NEGATIVE AMOUN	LINE 10 E AMOUNT FROM			0
	STATE AND	LOCAL INCOME TAX REFU	NDS PRIOR TO 2	002		
	TOTAL TO F	ORM 1040, LINE 10			1100 100 100 100 100 100 100 100 100 10	0



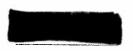
FORM 1040	IRA	DISTRIBUTI	ONS		STATE	MENT	5
NAME OF PAYER				ROSS RIBUTION	TAXABL	E AMOU	TNU
MERRILL LYNCH MERRILL LYNCH				2,520. 757.		2,52	20. 57.
TOTAL TO FORM 1040, LINE	15			3,277.		3,2	77.
FORM 1040	TAX	EXEMPT INTE	REST		STATE	MENT	6
NAME OF PAYER					AM	OUNT	
MERRILL LYNCH						2,1	95.
TOTAL TO FORM 1040, LINE	8B					2,19	95.
FORM 1040 W	AGES RECEI	VED AND TAX	ES WITHHE	LD	STATE	MENT	7
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICA TAL	
T HOUSE OF REP - MEMBER SERVICES S DEPARTMENT OF HEALTH	149,678.	30,330.	5,523.		5,580.	2,2	88.
AND HUMAN SERVICES	33,194.	5,339.	2,584.		2,287.	5.	35.
S DEFENSE FINANCE & ACCOUNTING SERVICE	69,948.	11,787.	5,455.		3,293.	1,1	21.
TOTALS	252,820.	47,456.	13,562.		11,160.	3,9	44.
FORM 1040	QUA	LIFIED DIVI	DENDS		STATE	MENT	8
NAME OF DAVID				DINARY VIDENDS		LIFIE	
NAME OF PAYER							
MERRILL LYNCH		I AMAN IN THE PROPERTY OF THE PARTY OF THE P	Section (Section Control Control)	5,642	s room want of added a	4,1	62.



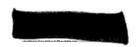
FORM 1040	FEDERAL INCOME TAX WITHHELD	STATEMENT	9
T S DESCRIPTION		AMOUNT	
T HOUSE OF REP - MEMBER S S DEPARTMENT OF HEALTH AN S DEFENSE FINANCE & ACCOU T AMPAL-AMERICAN ISRAEL O T MERRILL LYNCH	ID HUMAN SERVICES INTING SERVICE	30,3 5,3 11,7	39.
TOTAL TO FORM 1040, LINE	64	47,9	61.
SCHEDULE A MISCELL	ANEOUS DEDUCTIONS SUBJECT TO FLOOR	STATEMENT	10
DESCRIPTION		AMOUNT	
DUES IRA CUSTODIAL FEES \$3,000 IRC162(A) LIMIT ON LIVING EXPENSES FOR MEMBE EXPENSES RELATED TO PRODU	ER OF CONGRESS	1 3,0 5,6	
TOTAL TO SCHEDULE A, LINE	E 22	9,2	04.
SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	11
DESCRIPTION		AMOUNT	
HOUSE OF REP - MEMBER SER DEPARTMENT OF HEALTH AND DEFENSE FINANCE & ACCOUNT MICHIGAN PRIOR YEAR OVERF	HUMAN SERVICES FING SERVICE	5,5 2,5 5,4 6	84.
TOTAL TO SCHEDULE A, LINE	<b>5</b> 5	14,2	



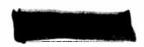
SCHEDULE A CAS	H CONTRIBUTIONS		STATEMENT	12
DESCRIPTION		AMOUNT	AMOUNT 30% LIMIT	
SUBTOTALS		5,095.		
TOTAL TO SCHEDULE A, LINE 15A			5,0	95.
SCHEDULE A CONTRIBUTIONS	OTHER THAN CASH	OR CHECK	STATEMENT	13
DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT	1
VARIOUS OTHER DONATIONS	320.		, <u>, , , , , , , , , , , , , , , , , , </u>	
SUBTOTALS	320.			
TOTAL TO SCHEDULE A, LINE 16	And the Control of th		3	20.
SCHEDULE A MEDICAL	AND DENTAL EXPEN	SES	STATEMENT	14
DESCRIPTION			AMOUNT	
MEDICARE PREMIUMS WITHHELD MEDICARE PREMIUMS WITHHELD				38.



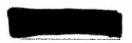
SCHE	DULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	15
1.	ENTER THE	TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4,		
2.	ENTER THE 13, 15B,	3, 19, 26, AND 27	49,3	123.
3.	IS THE AN IF NO, YO FROM LINE	SSES INCLUDED ON LINE 27		0
	IF YES, S	SUBTRACT LINE 2 FROM LINE 1	49,3	23.
4.	MULTIPLY	LINE 3 BY 80% (.80)		
5. 6.		45,950 (\$72,975 IF MARRIED FILING		
•		(3,950) $(3,2,975)$ If FERRIED FIBING 145,950.		
7.	IS THE AN	MOUNT ON LINE 6 LESS THAN THE AMOUNT		
	ON LINE 5			
		OUR DEDUCTION IS NOT LIMITED. ENTER IT FROM LINE 1 ABOVE ON SCHEDULE A,		
	LINE 28.	TINOM BINE I ADOVE ON BUILDONE A,		
	IF YES, S	SUBTRACT LINE 6 FROM LINE 5		
8.	MULTIPLY	LINE 7 BY 3% (.03) 4,767.		
9.	ENTER THE	S SMALLER OF LINE 4 OR LINE 8	4,7	67
10.		EMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1.	44,5	56.
SCHE	DULE A	REAL ESTATE TAXES	STATEMENT	16
DESC	RIPTION		AMOUNT	
MICH	IGAN RESIL	DENCE	3,0	35
	LAND RESIL		6,8	
LION	S DEN		1,0	
TOTA	L TO SCHEI	OULE A, LINE 6	10,8	94.
			en en en en en en en en en en en en en e	



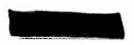
SCHEDULE D	CAPITAL	GAIN	DISTRIBUTIONS		STATEMENT	17
NAME OF PAYER				TOTAL CAPITAL GAI	n 28% gai	IN.
MERRILL LYNCH				3,099		
TOTALS TO SCHEDULE D, LIN	E 13			3,099	•	



	CAPITAL LOSS CARRYOVER	STATEMENT	18
2. ENTER THE LOS 3. COMBINE LINES	OUNT FROM FORM 1040, LINE 41	INT. 3,00 263,29	00. 91.
6. ENTER THE GAI	SS FROM SCHEDULE D, LINE 7, AS A POSITIVE AMOUNT IN, IF ANY, FROM SCHEDULE D,		76.
7. ADD LINES 4 A 8. SHORT-TERM CA	AND 6	3,56	
10. ENTER THE GALLINE 7 11. SUBTRACT LINE ENTER -0 12. ADD LINES 10 13. LONG-TERM CAL	SS FROM SCHEDULE D, LINE 15, AS A POSITIVE AMOUNT IN, IF ANY, FROM SCHEDULE D,  E 5 FROM LINE 4. IF ZERO OR LESS,  AND 11		
SCHEDULE E	OTHER EXPENSES	STATEMENT	19
	ENERGY	AMOUNT	
DOMINION MIDWEST  DESCRIPTION  REVENUE DEDUCTION		AMOUNT 44	42.
DESCRIPTION REVENUE DEDUCTION		4.4	<b>4</b> 2.
DESCRIPTION REVENUE DEDUCTION	и	4.4	
DESCRIPTION  REVENUE DEDUCTION  TOTAL TO SCHEDULN  SCHEDULE E	N E E, PAGE 1, LINE 18	44	42.
DESCRIPTION  REVENUE DEDUCTION  TOTAL TO SCHEDUL!  SCHEDULE E  MASSACHUSETTS SUI	N E E, PAGE 1, LINE 18 OTHER EXPENSES	44	42.
DESCRIPTION  REVENUE DEDUCTION  TOTAL TO SCHEDULN  SCHEDULE E	N E E, PAGE 1, LINE 18 OTHER EXPENSES	AMOUNT  AMOUNT	42.



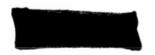
SCHEDULE E	OTHE	R EXPENSES	de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de	STATEMENT	21
QUICKSILVER PIPELINE I	L.L.C.				
DESCRIPTION				AMOUNT	
REVENUE DEDUCTION				2	45.
TOTAL TO SCHEDULE E, I	PAGE 1, LINE 18			2	45.
FORM 6251	PASSIV	E ACTIVITIES		STATEMENT	22
		NET INCOM	E (LOSS)		
NAME OF ACTIVITY	FORM	АМТ	REGULAR	ADJUSTMEN	Т
	The second secon			Commission of the commission of the commission of the	
LEVINSON-LEVIN PROPERTIES, LLC LRS COMPANY, L.L.C. MASSACHUSETTS SUMMER	SCH E SCH E SCH E		23,869. -794.		
PROPERTIES, LLC LRS COMPANY, L.L.C.	SCH E	-990.		-1	72. 96. 24.



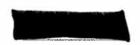
FOR	M 6251	n, Add Magain gogian again and a magain and an ann an ann ann ann ann ann ann	EXEN	APTION WORK	SHEET		STATEMENT	23
	ENTER: \$40,250 MARRIED FILIN IF MARRIED FI	G JOINTI LING SEI	LY OR QUA PARATELY	ALIFYING WI	DOW(ER); \$29	,000	58,	000.
3	ENTER YOUR ALTE (AMTI) FORM 6 ENTER: \$112,500 \$150,000 IF M QUALIFYING WI	251, LII IF SING ARRIED	NE 28 GLE OR HI FILING JO	EAD OF HOUS	EHOLD;	285,336.		
4	FILING SEPARA SUBTRACT LINE 3 ENTER -0	FROM L	INE 2. II	F ZERO OR L	ESS	150,000.		
5 6	MULTIPLY LINE 4 SUBTRACT LINE 5 THIS FORM IS OTHERWISE, ST	FROM L	INE 1. II HILD UNDI	F ZERO OR L' ER AGE 14,	ESS, ENTER - GO TO LINE 7	O IF BELOW.	33,	834.
8 9	LINE 29, AND CHILD'S MINIMUM ENTER THE CHILD ADD LINES 7 AND ENTER THE SMALL LINE 29, AND	I EXEMPT  S EARN  8  ER OF L	ION AMOUNED INCOME	NT	E AND ON FORM		24,	100.
FOF	RM 8582	ACTIVE	RENTAL (	OF REAL EST	ATE - WORKSHI	EET 1	STATEMENT	24
			CURREN'	Г YEAR	PRIOR YEAR UNALLOWED	OVERAL	L GAIN OR	LOSS
NAM	ME OF ACTIVITY	NET	INCOME	NET LOSS		GAIN	LOS	S
	SSACHUSETTS SUMM ME MASSACHUSET		0.	-20,256.	-36,441.		-56,	697.
тот	TALS		0.	-20,256.	-36,441.	more harmonist harmon a la elementario	-56,	697.



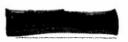
LEVINSON-LEVIN PROPERTIES, LLC 23,869. 0. 23,869.  TOTALS 23,8691,184767. 23,8691,951.  FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 26  FORM OR UNALLOWED LOSS RATIO LOSS  LRS COMPANY, L.L.C. SCH E 1,951033266267 1,157.  MASSACHUSETTS SUMMER HOME - SCH E 56,697966733733 33,622.  TOTALS 58,648. 1.000000000 34,779.  FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  MAME OF ACTIVITY SCHEDULE LOSS LOSS  LOSS LOSS  LRS COMPANY, L.L.C. SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 1,951. 1,157. 794.	FORM 8582	OTHER	PASSIVE	E ACTIVITIES	S - WORKSHEET	3 STA	TEMENT 25
NAME OF ACTIVITY NET INCOME NET LOSS LOSS GAIN LOSS  LRS COMPANY, L.L.C. 01,1847671,951.  LEVINSON-LEVIN PROPERTIES, LLC 23,869. 0. 23,869.  TOTALS 23,869. 1,184767. 23,869. 1,951.  FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 26  FORM OR UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 26  FORM OR SCHEDULE LOSS RATIO LOSS  LRS COMPANY, L.L.C. SCH E 1,951. 0.33266267 1,157.  MASSACHUSETTS SUMMER HOME - SCH E 56,697966733733 33,622.  TOTALS 58,648. 1.000000000 34,779.  FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  NAME OF ACTIVITY SCHEDULE LOSS LOSS LOSS  LRS COMPANY, L.L.C. SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 56,697. 33,622. 23,075.			CURRENT	YEAR		OVERALL GA	IN OR LOSS
LEVINSON-LEVIN PROPERTIES, LLC 23,869. 0. 23,869.  TOTALS 23,8691,184767. 23,8691,951.  FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 26  NAME OF ACTIVITY SCHEDULE LOSS RATIO LOSS  LRS COMPANY, L.L.C. SCH E 1,951. 0.33266267 1,157.  MASSACHUSETTS SUMMER HOME - SCH E 56,697966733733 33,622.  TOTALS 58,648. 1.000000000 34,779.  FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  NAME OF ACTIVITY SCHEDULE LOSS LOSS LOSS  LRS COMPANY, L.L.C. SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 56,697. 33,622. 23,075.	NAME OF ACTIVITY	NET	INCOME	NET LOSS		GAIN	LOSS
TOTALS 23,8691,184767. 23,8691,951.  FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 26  FORM OR OR SCHEDULE LOSS RATIO LOSS  LRS COMPANY, L.L.C. SCH E 1,951033266267 1,157.  MASSACHUSETTS SUMMER HOME - SCH E 56,697966733733 33,622.  TOTALS 58,648. 1.000000000 34,779.  FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  MAME OF ACTIVITY SCHEDULE LOSS UNALLOWED ALLOWED OR SCHEDULE LOSS LOSS  LRS COMPANY, L.L.C. SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 56,697. 33,622. 23,075.	LRS COMPANY, L.L.C. LEVINSON-LEVIN	(Second Automobile Control of Con	0.	-1,184.	-767.	Water 18 19 19 19 19 19 19 19 19 19 19 19 19 19	-1,951.
FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 26    FORM	PROPERTIES, LLC	2	3,869.	0.		23,869.	
FORM OR SCHEDULE LOSS RATIO LOSS  LRS COMPANY, L.L.C. SCH E 1,951033266267 1,157.  MASSACHUSETTS SUMMER HOME - SCH E 56,697966733733 33,622.  TOTALS 58,648. 1.000000000 34,779.  FORM OR UNALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  FORM OR UNALLOWED LOSS  LOSS  LRS COMPANY, L.L.C. SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 56,697. 33,622. 23,075.	TOTALS						
NAME OF ACTIVITY  SCHEDULE  SCHEDULE  LOSS  RATIO  LOSS  LRS COMPANY, L.L.C.  MASSACHUSETTS SUMMER HOME - SCH E 1,951033266267 1,157.  SCH E 56,697966733733 33,622.  TOTALS  58,648. 1.000000000 34,779.  FORM 8582  ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  FORM OR OR UNALLOWED LOSS  LOSS  LRS COMPANY, L.L.C.  MASSACHUSETTS SUMMER HOME - SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 56,697. 33,622. 23,075.	FORM 8582 AI	LOCATI	ON OF UN	IALLOWED LOS	SSES - WORKSH	EET 5 STA	TEMENT 26
NAME OF ACTIVITY  SCHEDULE  LOSS  RATIO  LOSS  LRS COMPANY, L.L.C.  MASSACHUSETTS SUMMER HOME - SCH E 1,951033266267 1,157.  SCH E 56,697966733733 33,622.  TOTALS  58,648. 1.000000000 34,779.  FORM 8582  ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  FORM OR UNALLOWED ALLOWED ALLOWED SCHEDULE LOSS LOSS  LRS COMPANY, L.L.C.  MASSACHUSETTS SUMMER HOME - SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E 56,697. 33,622. 23,075.							
MASSACHUSETTS SUMMER HOME - SCH E  MASSACHUSETTS SUMMER HOME - SCH E  TOTALS 58,648. 1.000000000 34,779.  FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 27  FORM OR OR UNALLOWED LOSS  NAME OF ACTIVITY SCHEDULE LOSS LOSS LOSS  LRS COMPANY, L.L.C. SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E	NAME OF ACTIVITY				LOSS	RATIO	
### TOTALS   58,648.   1.000000000   34,779.    FORM 8582   ALLOWED LOSSES - WORKSHEET 6   STATEMENT 27    FORM OR		HOME	<b>!</b>		•		,
FORM 8582  ALLOWED LOSSES - WORKSHEET 6  STATEMENT 27  FORM OR OR UNALLOWED ALLOWED  ALLOWED  SCHEDULE LOSS LOSS  LOSS  LRS COMPANY, L.L.C. MASSACHUSETTS SUMMER HOME - MASSACHUSETTS  SCH E MASSACHUSETTS  56,697. 33,622. 23,075.	MASSACHUSETTS				56,697.	.966733733	33,622.
FORM OR NAME OF ACTIVITY  SCHEDULE  LOSS  LOSS  LOSS  LOSS  LOSS  LOSS  LOSS  LOSS  LOSS  ALLOWED LOSS  LOSS  LOSS  LOSS  SCH E MASSACHUSETTS SUMMER HOME - MASSACHUSETTS  SCH E MASSACHUSETTS  SCH E MASSACHUSETTS	TOTALS				·		•
NAME OF ACTIVITY  OR SCHEDULE  LOSS  LOSS  LOSS  LOSS  LOSS  LOSS  LOSS  LOSS  LOSS  ALLOWED LOSS  LOSS  LOSS  SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E MASSACHUSETTS  MASSACHUSETTS  56,697. 33,622. 23,075.	FORM 8582		ALLOWED	LOSSES - WO	ORKSHEET 6	STA	TEMENT 27
LRS COMPANY, L.L.C. SCH E 1,951. 1,157. 794.  MASSACHUSETTS SUMMER HOME - SCH E  MASSACHUSETTS 56,697. 33,622. 23,075.	NAME OF ACTIVITY			OR	220.1		
MASSACHUSETTS SUMMER HOME - SCH E MASSACHUSETTS 56,697. 33,622. 23,075.				THE RESIDENCE OF THE PARTY OF T	***************************************		
TOTALS 58,648. 34,779. 23,869.		НОМЕ					
	TOTALS				58,648.	34,779.	23,869.



FORM 8582	SUI	MMARY OF PA	ASSIVE ACT	IVITIES	STAT	EMENT 28
R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
LRS COMPANY, L.L.C. LEVINSON-LEVIN	SCH E	-1,184.	-767.	-1,951.	1,157.	794.
PROPERTIES, LLC X MASSACHUSETTS SUMMER HOME -	SCH E	23,869.		23,869.		
MASSACHUSETTS		-20,256.	-36,441.	-56,697.	33,622.	23,075.
TOTALS		2,429.	-37,208.	-34,779.	34,779.	23,869.
PRIOR YEAR CARRYOV	ERS ALLOW	ED DUE TO	CURRENT YE	AR NET ACTI	VITY INCOME	
TOTAL TO FORM 8582	, LINE 16				, w	23,869.



FORM 8582	MODIFIED AGI		STATEMENT	29
INCOME				
WAGES, SALARIES, TIPS ETC. DIVIDEND INCOME TAXABLE REFUNDS			252,8 5,6	
ALIMONY RECEIVED TAXABLE IRA DISTRIBUTIONS TAXABLE PENSIONS AND ANNUIT UNEMPLOYMENT COMPENSATION OTHER INCOME	PIES		3,2	77.
INTEREST INCOME ADD: SERIES EE EXCLUSION		355.		
BUSINESS INCOME OR LOSS ADD: PASSIVE LOSSES SUBTRACT: PASSIVE INCOME				55.
SALE OF ASSETS (BEFORE CAPI ADD: PASSIVE/RREA PROFESS SUBTRACT: PASSIVE INCOME		-4,214.		
RENTAL, ROYALTY OR PASSTHROAD: PASSIVE/RREA PROFESS SUBTRACT: PASSIVE INCOME		LIMITED 10,904. 23,869. -23,869.	-3,0	00.
FARM OR FARM RENTAL INCOME ADD: PASSIVE/RREA PROFESS SUBTRACT: PASSIVE INCOME			10,9	04.
TOTAL INCOME			270,0	03.
ADJUSTMENTS				
MOVING EXPENSES SELF-EMPLOYED HEALTH INSURA PENALTY ON EARLY WITHDRAWAI ALIMONY PAID KEOGH/SEP DEDUCTION OTHER ADJUSTMENTS				
TOTAL ADJUSTMENTS				



E ANNE DE LE SE					***	************************************
FORM 8582	CTIVE		ATIVE MINI F REAL EST.	MUM TAX ATE WORKSH		ATEMENT 30
		CURRENT	YEAR	PRIOR YEAR UNALLOWED	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET	INCOME	NET LOSS	LOSS	GAIN	LOSS
MASSACHUSETTS SUMMER HOME - MASSACHUSETTS		0.	-20,256.	-19,444.		-39,700.
TOTALS		0.	-20,256.	-19,444.		-39,700.
FORM 8582	OTHER		ATIVE MINI ACTIVITIE	MUM TAX S - WORKSHEE		ATEMENT 31
	CURRENT  NET INCOME			PRIOR YEAR	OVERALL G	AIN OR LOSS
NAME OF ACTIVITY				UNALLOWED LOSS	GAIN	LOSS
LRS COMPANY, L.L.C. LEVINSON-LEVIN	wise new Virginian control of calls			-529.		1,713.
PROPERTIES, LLC	23,941.		0.		23,941.	
TOTALS	23,941.		-1,184.	-529.	23,941.	-1,713.
FORM 8582	LOCATI		ATIVE MINI	MUM TAX SSES - WORKS		ATEMENT 32
			FORM OR			UNALLOWED
NAME OF ACTIVITY		SCHEDULE	LOSS	RATIO	LOSS	
LRS COMPANY, L.L.C. MASSACHUSETTS SUMMER	HOME		SCH E SCH E		.041363823	
- MASSACHUSETTS				a harmonia and afficient for the state of th	.958636177	***************************************
TOTALS				41,413.	1.000000000	17,472.



FORM 8582	AI	ALTERNATI	STATEMENT 3		3 3		
NAME OF ACTIVITY		S	FORM OR CHEDULE	LOSS	UNALLOWED LOSS		
LRS COMPANY, L.L.C		SCH E		723.	990.		
MASSACHUSETTS SUMM MASSACHUSETTS	ER HOME -	5	SCH E	39,700.	16,749.	22,9	51.
TOTALS				41,413.	17,472.	23,9	41.
R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR S YEAR C/O		UNALLOWED LOSS	ALLOW LOSS	
LRS COMPANY, L.L.C. LEVINSON-LEVIN PROPERTIES, LLC X MASSACHUSETTS	SCH E SCH E	-1,184. 23,941.		-1,713 23,941	723.	9	90
SUMMER HOME - MASSACHUSETTS		-20,256.	19,444.	-39,700	16,749.	22,9	)51.
TOTALS		2,501.	-19,973.	-17,472	17,472.	23,9	41
PRIOR YEAR CARRYOV	ERS ALLOWI	ED DUE TO	CURRENT YE	AR NET ACT	'IVITY INCOM	Ξ	
TOTAL TO FORM 8582	AMT, LINE	16				23,9	41.