

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

ALFRED & MAURINE HAMILTON
2004 AMENDED 1040





Davila & Buschhorn
& Associates, P.C.
Your Future, Our Business

7207 McNeil Dr.
Austin, TX 78729 • 7610
(512) 258-6637
Fax 258-7699

October 29, 2008

Alfred & Maurine Hamilton
9008 East Dr.
Austin, TX 78753-5112

#3556

For Professional Services:

Prepare 2004 amended return \$250.00

A carrying charge of 1½ % per month shall be made after 30 days.

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

Davila, Buschhorn & Associates, P.C.
7207 McNeil Dr.
Austin, Texas 78729-7610
512-258-6637 / 512-258-7699 Fax

October 29, 2008

Alfred & Maurine P. Hamilton
9008 East Dr.
Austin, TX 78753-5112

Dear Alfred:

Enclosed is the decedent's 2004 amended return. The return should be signed and dated, and mailed.

Specific filing instructions are as follows:

FEDERAL AMENDED INCOME TAX RETURN:

Mail your return as soon as possible.

Mail to - Internal Revenue Service Center
Austin, TX 73301

No payment is required as you are due a refund in the amount of \$15862.

(Will be applied to PAST DUE TAXES)

Your copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,


Daniel Davila III, MPA, CPA, PFS, CRC

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

DECEASED

Department of the Treasury - Internal Revenue Service

Form 1040X

Amended U.S. Individual Income Tax Return

OMB No. 1545-0091

(Rev. November 2004)

See separate instructions.

This return is for calendar year 2004, or fiscal year ended

Personal information section including names (ALFRED HAMILTON, MAURINE P. HAMILTON), social security numbers (458 24 4617, 459 20 2593), address (9008 EAST DR., AUSTIN, TX 78753-5112), and phone number (512-894-4309).

Section A-C: Declaration and filing status. A: Name/address different? B: Original return changed? C: Filing status (Married filing jointly selected).

Main table with columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows include Income and Deductions (lines 1-5), Tax Liability (lines 6-10), and Payments (lines 11-18).

Refund or Amount You Owe section (lines 19-24). Includes calculations for overpayment, amount owed, and tax applied to past due taxes.

Sign Here section with signatures of Alfred Hamilton and Maurine P. Hamilton, dated 10-29-08. Includes preparer information for Davila, Buschhorn & Assoc., PC.

Handwritten notes and corrections in blue ink. Includes '21254 on original 2004 tax return', 'From orig 2003 return', '2003 refund applied', and 'APPLY TO PAST DUE TAXES'.

Red diagonal watermark text: 'Sylvia Hamilton - No ID#s - 4084s - The Disappearing Trust'.

Part I Exemptions. See Form 1040 or 1040A instructions. If you are not changing your exemptions , do not complete this part. If claiming more exemptions , complete lines 25-31. If claiming fewer exemptions , complete lines 25-30.	A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions															
25 Yourself and spouse Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.	25																	
26 Your dependent children who lived with you	26																	
27 Your dependent children who did not live with you due to divorce or separation	27																	
28 Other dependents	28																	
29 Total number of exemptions. Add lines 25 through 28	29																	
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">Tax year</th> <th style="text-align:center">Exemption amount</th> <th style="text-align:center">But see the instructions for line 4 on page 3 if the amount on line 1 is over:</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">2004</td> <td style="text-align:center">\$3,100</td> <td style="text-align:center">\$107,025</td> </tr> <tr> <td style="text-align:center">2003</td> <td style="text-align:center">3,050</td> <td style="text-align:center">104,625</td> </tr> <tr> <td style="text-align:center">2002</td> <td style="text-align:center">3,000</td> <td style="text-align:center">103,000</td> </tr> <tr> <td style="text-align:center">2001</td> <td style="text-align:center">2,900</td> <td style="text-align:center">99,725</td> </tr> </tbody> </table>	Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:	2004	\$3,100	\$107,025	2003	3,050	104,625	2002	3,000	103,000	2001	2,900	99,725	30		
Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:																
2004	\$3,100	\$107,025																
2003	3,050	104,625																
2002	3,000	103,000																
2001	2,900	99,725																

31 Dependents (children and other) not claimed on original (or adjusted) return:	No. of children on 31 who:																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">(a) First name</th> <th style="width:25%;">Last name</th> <th style="width:25%;">(b) Dependent's social security number</th> <th style="width:25%;">(c) Dependent's relationship to you</th> <th style="width:20%;">(d) Check if qualifying child for child tax credit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align:center"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align:center"><input type="checkbox"/></td></tr> </tbody> </table>	(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check if qualifying child for child tax credit					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation Dependents on 31 not entered above ...
(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check if qualifying child for child tax credit																																					
				<input type="checkbox"/>																																					
				<input type="checkbox"/>																																					
				<input type="checkbox"/>																																					
				<input type="checkbox"/>																																					
				<input type="checkbox"/>																																					
				<input type="checkbox"/>																																					
				<input type="checkbox"/>																																					

Part II Explanation of Changes to Income, Deductions, and Credits
Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here

TAXPAYERS RECEIVED AN IRA DISTRIBUTION FROM UNITED OF OMAHA ACCT. NO. UA7728312 FOR \$60,006. HOWEVER \$56,444 WAS ROLLED OVER WITHIN THE 60DAY GRACE PERIOD. SEE COPIES OF CHECK DATED 10/22/04 AND THE ROLLOVER DEPOSIT MADE ON 12/18/04.

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here

If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

ACCOUNT NUMBER:
UA7728312 7 1

2004

DISTRIBUTIONS FROM
PENSIONS, ANNUITIES, RETIREMENT OR
PROFIT-SHARING PLANS, IRAS,
INSURANCE CONTRACTS, ETC.

PAYER:

UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

FOR INQUIRIES CALL 1 (800) 646-7592

IDENTIFICATION NUMBERS:

PAYER'S: RECIPIENT'S:
470322111 459-20-2593

RECIPIENT:

HAMILTON MAURINE P
9008 EAST DR
AUSTIN TX787535112

1. GROSS DISTRIBUTION.....	60,005.98
2A. TAXABLE AMOUNT.....	60,005.98
2B. TOTAL DIST: NO TAX AMT NOT DET: NO	
3. LINE 2A FOR CAPITAL GAIN...	0.00
4. FEDERAL INCOME TAX WITHHELD	356.19
5. EMPLOYEE CONTRIBUTIONS OR INSURANCE PREMIUMS.....	0.00
6. NET UNREALIZED APPRECIATION IN EMPLOYER'S SECURITIES...	0.00
7. CATEGORY OF DISTRIBUTION..7	IRA/SEP/SIMP
8. OTHER..... %.....	0.00
9A. YOUR % OF TOTAL DISTRIBUTION	0%
9B. TOTAL EMPLOYEE CONTR.....	0.00
10. STATE INCOME TAX WITHHELD.	0.00
11. PAYER'S STATE NUMBER...	

COPY C
FOR RECIPIENT'S RECORDS

THIS INFORMATION
IS BEING FURNISHED
TO THE INTERNAL
REVENUE SERVICE.
1099R

ACCOUNT NUMBER:
UA7728312 7 1

2004

DISTRIBUTIONS FROM
PENSIONS, ANNUITIES, RETIREMENT OR
PROFIT-SHARING PLANS, IRAS,
INSURANCE CONTRACTS, ETC.

PAYER:

UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

FOR INQUIRIES CALL 1 (800) 646-7592

IDENTIFICATION NUMBERS:

PAYER'S: RECIPIENT'S:
470322111 459-20-2593

RECIPIENT:

HAMILTON MAURINE P
9008 EAST DR
AUSTIN TX787535112

1. GROSS DISTRIBUTION.....	60,005.98
2A. TAXABLE AMOUNT.....	60,005.98
2B. TOTAL DIST: NO TAX AMT NOT DET: NO	
3. LINE 2A FOR CAPITAL GAIN...	0.00
4. FEDERAL INCOME TAX WITHHELD	356.19
5. EMPLOYEE CONTRIBUTIONS OR INSURANCE PREMIUMS.....	0.00
6. NET UNREALIZED APPRECIATION IN EMPLOYER'S SECURITIES...	0.00
7. CATEGORY OF DISTRIBUTION..7	IRA/SEP/SIMP
8. OTHER..... %.....	0.00
9A. YOUR % OF TOTAL DISTRIBUTION	0%
9B. TOTAL EMPLOYEE CONTR.....	0.00
10. STATE INCOME TAX WITHHELD.	0.00
11. PAYER'S STATE NUMBER...	

COPY B

REPORT THIS INCOME ON YOUR
FEDERAL TAX RETURN. IF THIS
FORM SHOWS FEDERAL INCOME
TAX WITHHELD IN BOX 4,
ATTACH THIS COPY TO YOUR RETURN.

THIS INFORMATION
IS BEING FURNISHED
TO THE INTERNAL
REVENUE SERVICE.
1099R

ACCOUNT NUMBER:
UA7728312 7 1

2004

DISTRIBUTIONS FROM
PENSIONS, ANNUITIES, RETIREMENT OR
PROFIT-SHARING PLANS, IRAS,
INSURANCE CONTRACTS, ETC.

PAYER:

UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175

FOR INQUIRIES CALL 1 (800) 646-7592

IDENTIFICATION NUMBERS:

PAYER'S: RECIPIENT'S:
470322111 459-20-2593

RECIPIENT:

HAMILTON MAURINE P
9008 EAST DR
AUSTIN TX787535112

1. GROSS DISTRIBUTION.....	60,005.98
2A. TAXABLE AMOUNT.....	60,005.98
2B. TOTAL DIST: NO TAX AMT NOT DET: NO	
3. LINE 2A FOR CAPITAL GAIN...	0.00
4. FEDERAL INCOME TAX WITHHELD	356.19
5. EMPLOYEE CONTRIBUTIONS OR INSURANCE PREMIUMS.....	0.00
6. NET UNREALIZED APPRECIATION IN EMPLOYER'S SECURITIES...	0.00
7. CATEGORY OF DISTRIBUTION..7	IRA/SEP/SIMP
8. OTHER..... %.....	0.00
9A. YOUR % OF TOTAL DISTRIBUTION	0%
9B. TOTAL EMPLOYEE CONTR.....	0.00
10. STATE INCOME TAX WITHHELD.	0.00
11. PAYER'S STATE NUMBER...	

COPY 2

TO BE FILED WITH
RECIPIENT'S STATE
INCOME TAX RETURN,
WHEN REQUIRED
1099R



UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175 20
402 342 7600
mutualofomaha.com

0022

MAURINE P HAMILTON
9008 EAST DR
AUSTIN TX 78753-5112

CHECK NO.	CHECK DATE	PAYEE NO.	PAYEE NAME	CHECK AMOUNT
0011443529	10/22/2004	000000009	MAURINE P HAMILTON	\$56,444.06

DESCRIPTION	VOUCHER	AMOUNT
AB7728312 MAURINE P HAMILTON CASH SURRENDER	03217514	56,444.06

ABCAB

Fraudulent received March 13 2009 from Dolly Davis and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

JPMORGAN CHASE BANK, N.A.
FORMERLY BANK ONE, NA (TX MKT)
P O BOX 961103, TX1-0030
FT WORTH, TX 76161-0103

IRA

MAURINE P HAMILTON
9008 EAST DR
AUSTIN TX 78753-5112

Jan 1 through Dec 31, 2004

Page 1 of 3

FOR ACCOUNT INFORMATION, CALL 1-877-226-5663. TELEPHONE BANKERS
ARE THERE TO SERVICE YOU DURING EXTENDED BUSINESS HOURS. FOR TEXT
TELEPHONES (TDD/TTY), CALL 1-888-663-4833.
PARA ESPANOL, LLAME AL 1-888-BANKONE (888-226-5663).

Retirement Plan Summary

Investment number	Maturity date	Interest paid this year	Value as of Dec. 31
0500000791381	12-18-05	.00	56,444.06
		\$.00	\$56,444.06

Activity	
Rollover contribution	\$56,444.06

Traditional IRA Certificate

Investment number 0500000791381	
Balance as of December 31, 2004	\$.00
Balance as of December 31, 2004	\$56,444.06
Term	12 Months
Maturity date	12-18-05
Interest earned but not yet paid	\$40.71
Interest paid this year	\$.00
Current interest rate	1.88%

Transactions on investment number 0500000791381

Effective Date	Description	Credits / Deposits	Debits / Withdrawals
12-18-04	Rollover deposit	56,444.06	
		\$56,444.06	\$.00

continues

Fraudulent received March 2009 from Danny Davila and Sylvia Hamilton - No 1041-IRA's 4684s - The Disappearing Trust Trick

Label (See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 16.)

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, ending 20

Your first name and initial: **ALFRED** Last name (DEC. 04/08/04): **HAMILTON** Your social security number: **458 24 4617**

If a joint return, spouse's first name and initial: **MAURINE P.** Last name (DEC. 10/06/06): **HAMILTON** Spouse's social security number: **459 20 2593**

Home address (number and street). If you have a P.O. box, see page 16. Apt. no. **▲ Important! ▲**

9008 EAST DR. You must enter your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

AUSTIN, TX 78753-5112

Election Campaign (See page 16.) **Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? **You** Yes No **Spouse** Yes No

Filing Status

1 Single 4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

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

3 Married filing separately. Enter spouse's SSN above and full name here. 5 Qualifying widow(er) with dependent child (see page 17)

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) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 18)

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above: **2**

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

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2: **7**

8a Taxable interest. Attach Schedule B if required: **8a 2443.**

b Tax-exempt interest. Do not include on line 8a: **8b**

9a Ordinary dividends. Attach Schedule B if required: **9a**

b Qualified dividends (see page 20): **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes: **10**

11 Alimony received: **11**

12 Business income or (loss). Attach Schedule C or C-E: **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here : **13**

14 Other gains or (losses). Attach Form 4797: **14**

15a IRA distributions: **15a 60006.** b Taxable amount (see page 22): **15b 3562.**

16a Pensions and annuities: **16a 729396.** b Taxable amount (see page 22): **16b 101828.**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: **17 -854.**

18 Farm income or (loss). Attach Schedule F: **18**

19 Unemployment compensation: **19**

20a Social security benefits: **20a 25901.** b Taxable amount (see page 24): **20b 22016.**

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 128995.**

Adjusted Gross Income

23 Educator expenses (see page 26): **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: **24**

25 IRA deduction (see page 26): **25**

26 Student loan interest deduction (see page 28): **26**

27 Tuition and fees deduction (see page 29): **27**

28 Health savings account deduction. Attach Form 8889: **28**

29 Moving expenses. Attach Form 3903: **29**

30 One-half of self-employment tax. Attach Schedule SE: **30**

31 Self-employed health insurance deduction (see page 30): **31**

32 Self-employed SEP, SIMPLE, and qualified plans: **32**

33 Penalty on early withdrawal of savings: **33**

34a Alimony paid b Recipient's SSN: **34a**

35 Add lines 23 through 34a: **35**

36 Subtract line 35 from line 22. This is your adjusted gross income: **36 128995.**

Tax and Credits

37 Amount from line 36 (adjusted gross income) 37 128995.

38a Check You were born before January 2, 1940, Blind. Total boxes checked 38a 2
 if: Spouse was born before January 2, 1940, Blind. 38b

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here 38b

39 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 39 11600.

40 Subtract line 39 from line 37 40 117395.

41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33. *works out to same?* 41 6200.

42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- 42 111195.

43 Tax. Check if any tax is from: a Form(s) 8814 b Form 4972 43 21274.

44 Alternative minimum tax. Attach Form 6251 44 0.

45 Add lines 43 and 44 45 21274.

46 Foreign tax credit. Attach Form 1116 if required 46

47 Credit for child and dependent care expenses. Attach Form 2441 47

48 Credit for the elderly or the disabled. Attach Schedule R 48

49 Education credits. Attach Form 8863 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see page 37) 51

52 Adoption credit. Attach Form 8839 52

53 Credits from: a Form 8396 b Form 8859 53

54 Other credits. Check applicable box(es): a Form 3800 54
 b Form 8801 c Specify

55 Add lines 46 through 54. These are your total credits 55

56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- 56 21274.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60 Advance earned income credit payments from Form(s) W-2 60

61 Household employment taxes. Attach Schedule H 61

62 Add lines 56 through 61. This is your total tax 62 21274.

Payments

63 Federal income tax withheld from Forms W-2 and 1099 63 4538.

64 2004 estimated tax payments and amount applied from 2003 return 64 16716.

65a Earned income credit (EIC) 65a

b Nontaxable combat pay election 65b

66 Excess social security and tier 1 RRTA tax withheld (see page 54) 66

67 Additional child tax credit. Attach Form 8812 67

68 Amount paid with request for extension to file (see page 54) 68

69 Other payments from: a Form 2439 b Form 4136 c Form 8885 69

70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments 70 21254.

Refund

71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid 71

72a Amount of line 71 you want refunded to you 72a

b Routing number c Type: Checking Savings Account number d number

73 Amount of line 71 you want applied to your 2005 estimated tax 73

Amount You Owe

74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 74 20.

75 Estimated tax penalty (see page 55) 75

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? 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 _____ Date _____ Your occupation **RETIRED** Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **RETIRED**

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN **P00088773**

Firm's name (or yours if self-employed), address, and ZIP code **DAVILA, BUSCHHORN & ASSOC., PC** EIN **74-2528044**

7207 MCNEIL DR. Phone no. **(512) 258-6637**

AUSTIN, TEXAS 78729-7610

what's standard deduction for 2005? *11,600*

People who checked any box on line 38a or 38b or 1 who can be claimed as a dependent.

All others: Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

IRS website update 11/2005

> 107,025

3100 X2 = 6200

STATEMENT 4

3100 X2 = 6200

Fraudulent received check # 2100 from D. Davila and Sylvia Hamilton - No 1041-KIs-4684s - The Disappearing Trust

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

Your social security number

ALFRED & MAURINE P. HAMILTON

458 24 4617

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

- BANK OF AMERICA
GUARANTY BANK
YOAKUM NATL BANK
YOAKUM NATL BANK
UNITED OF OMAHA
RANDOLPH BROOKS FCU

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.

Table with 2 columns: Amount, and rows for interest amounts totaling 2443.

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

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

Part II Ordinary Dividends

5 List name of payer

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.

Table with 2 columns: Amount, and rows for dividend amounts.

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

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

Part III Foreign Accounts and Trusts

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

Table with 2 columns: Yes, No and rows for foreign account and trust questions.

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

Your social security number

458-24-4617

ALFRED & MAURINE P. HAMILTON

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; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

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 rows for Totals and summary lines 30-32.

Part III Income or Loss From Estates and Trusts. Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, 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 rows for Totals and summary lines 35-37.

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

Part V Summary. Table with 2 columns: Description, Amount. Rows 40-43.

Name(s) shown on Form 1040

Your social security number

ALFRED & MAURINE P. HAMILTON

458 24 4617

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 40, and go to line 2. Otherwise, enter the amount from Form 1040, line 37, and go to line 7. (If less than zero, enter as a negative amount.)	128995.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 37	
3	Taxes from Schedule A (Form 1040), line 9	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	
6	If Form 1040, line 37, is over \$142,700 (over \$71,350 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet on page B-1 of the instructions for Schedules A & B (Form 1040)	
7	Tax refund from Form 1040, line 10 or line 21	
8	Investment interest expense (difference between regular tax and AMT)	
9	Depletion (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	
11	Interest from specified private activity bonds exempt from the regular tax	
12	Qualified small business stock (7% of gain excluded under section 1202)	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9)	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
16	Disposition of property (difference between AMT and regular tax gain or loss)	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	
18	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 5	854.
19	Loss limitations (difference between AMT and regular tax income or loss)	
20	Circulation costs (difference between regular tax and AMT)	
21	Long-term contracts (difference between AMT and regular tax income)	
22	Mining costs (difference between regular tax and AMT)	
23	Research and experimental costs (difference between regular tax and AMT)	
24	Income from certain installment sales before January 1, 1987	
25	Intangible drilling costs preference	
26	Other adjustments, including income-based related adjustments	
27	Alternative tax net operating loss deduction	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions)	129849.

Part II Alternative Minimum Tax

29	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 Married filing jointly or qualifying widow(er) 150,000 58,000 Married filing separately 75,000 29,000 If line 28 is over the amount shown above for your filing status, see instructions.	58000.
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here	71849.
31	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	18681.
32	Alternative minimum tax foreign tax credit (see instructions)	
33	Tentative minimum tax. Subtract line 32 from line 31	18681.
34	Tax from Form 1040, line 43 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46). If you used Schedule J to figure your tax, the amounts for lines 43 and 46 of Form 1040 must be refigured without using Schedule J (see instructions)	21274.
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 44	0.

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30	36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 43, or the amount from line 13 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions)	37
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions)	38
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary)	39
40	Enter the smaller of line 36 or line 39	40
41	Subtract line 40 from line 36	41
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42
43	Enter: <ul style="list-style-type: none"> • \$58,100 if married filing jointly or qualifying widow(er), • \$29,050 if single or married filing separately, or • \$38,900 if head of household 	43
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 43, or the amount from line 14 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44
45	Subtract line 44 from line 43. If zero or less, enter -0-	45
46	Enter the smaller of line 36 or line 37	46
47	Enter the smaller of line 45 or line 46	47
48	Multiply line 47 by 5% (.05)	48
49	Subtract line 47 from line 46	49
50	Multiply line 49 by 15% (.15)	50
If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		
51	Subtract line 46 from line 40	51
52	Multiply line 51 by 25% (.25)	52
53	Add lines 42, 48, 50, and 52	53
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
55	Enter the smaller of line 53 or line 54 here and on line 31	55

Fraudulent receipt March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) **ALFRED & MAURINE P. HAMILTON** Social Security Number **458-24-4617**

Form Name	Description	Income	Adjustment				
			Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
4835	ALFRED HAMILTON (DEC. 04/08/04)						
	* REGULAR INCOME	-854.					
	FARM LOSS ADJ	854.			854.		
	* AMT NET INCOME	0.			854.		
	** TOTAL ADJ & PREF **				854.		

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

Form **4835**

Farm Rental Income and Expenses

OMB No. 1545-0187

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)

2004

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

Attachment
Sequence No. **37**

Name(s) shown on Form 1040

Your social security number

458-24-4617

Employer ID number (EIN), if any

ALFRED HAMILTON (DEC. 04/08/04)

A Did you actively participate in the operation of this farm during 2004?

Yes No

Part I Gross Farm Rental Income - Based on Production.

1	Income from production of livestock, produce, grains, and other crops		1	
2a	Cooperative distributions (Form(s) 1099-PATR)	2a	2b	Taxable amount
3a	Agricultural program payments	3a	3b	Taxable amount
4	Commodity Credit Corporation (CCC) loans:			
a	CCC loans reported under election		4a	
b	CCC loans forfeited	4b	4c	Taxable amount
5	Crop insurance proceeds and certain disaster payments:			
a	Amount received in 2004	5a	5b	Taxable amount
c	If election to defer to 2005 is attached, check here <input type="checkbox"/>	5d	5d	Amount deferred from 2003
6	Other income, including Federal and state gasoline or fuel tax credit or refund		6	570.
7	Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the total here, and on Schedule E (Form 1040), line 42		7	570.

Part II Expenses - Farm Rental Property.

8	Car and truck expenses. Also attach Form 4562	8	21	Pension and profit-sharing plans	21
9	Chemicals	9	22	Rent or lease:	
10	Conservation expenses	10	a	Vehicles, machinery, and equipment	22a
11	Custom hire (machine work)	11	b	Other (land, animals, etc.)	22b
12	Depreciation and section 179 expense deduction not claimed elsewhere	12	23	Repairs and maintenance	23
13	Employee benefit programs other than on line 21 (see Schedule F instructions)	13	24	Seeds and plants purchased	24
14	Feed purchased	14	25	Storage and warehousing	25
15	Fertilizers and lime	15	26	Supplies purchased	26
16	Freight and trucking	16	27	Taxes	27
17	Gasoline, fuel, and oil	17	28	Utilities	28
18	Insurance (other than health)	18	349.		581.
19	Interest:		29	Veterinary, breeding, and medicine	29
a	Mortgage (paid to banks, etc.)	19a	30	Other expenses (specify):	
b	Other	19b	a	PROFESSIONAL FEES	30a
20	Labor hired (less employment credits)	20	b		30b
			c		30c
			d		30d
			e		30e
			f		30f
			g		30g
31	Total expenses. Add lines 8 through 30g		31		1424.
32	Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you must go on to line 33		32		-854.
33	If line 32 is a loss, you must check the box that describes your investment in this activity (see instructions)		33a	<input checked="" type="checkbox"/> All investment is at risk.	
	You may need to complete Form 8582 to determine your deductible loss, regardless of which box you check (see instructions). However, if you checked box 33b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 40		33b	<input type="checkbox"/> Some investment is not at risk.	
			33c		-854.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4835** (2004)

Alan's Mileage TO and from farm

Passive Activity Loss Limitations

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

Name(s) shown on return

Identifying number

ALFRED & MAURINE P. HAMILTON

458-24-4617

Part I 2004 Passive Activity Loss Caution: See the instructions for Worksheets 1, 2, and 3 on pages 7 and 8 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))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	-854.	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))		
1d	Combine lines 1a, 1b, and 1c		-854.

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		

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		-854.
---	---	--	-------

- 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 for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		854.
6	Enter \$150,000. If married filing separately, see the instructions	150000.	
7	Enter modified adjusted gross income, but not less than zero (see the instr.)	107833.	
8	Subtract line 7 from line 6	42167.	
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions		21084.
10	Enter the smaller of line 5 or line 9		854.

STATEMENT 11

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.

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

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2004. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return		854.

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		- 854 .			

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
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

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)
SEE ATTACHED STATEMENT FOR WORKSHEET 4					
Total		854 .	1.0000000	854 .	0 .

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total				

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		854.	0	854.

Worksheet 7 - Activities With Losses Reported on Two or More Different 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					

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 1

UNITED OF OMAHA

AMOUNT RECEIVED THIS YEAR	106358.	
NONTAXABLE AMOUNT	102092.	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		

4266.

DEFENSE FINANCE

AMOUNT RECEIVED THIS YEAR	24564.
NONTAXABLE AMOUNT	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	

24564.

EMPLOYEES RETIREMENT SYSTEM

AMOUNT RECEIVED THIS YEAR	11350.
NONTAXABLE AMOUNT	570.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	

10780.

UNITED OF OMAHA

AMOUNT RECEIVED THIS YEAR	33669.
NONTAXABLE AMOUNT	30000.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	

3669.

UNITED OF OMAHA

AMOUNT RECEIVED THIS YEAR	102151.
NONTAXABLE AMOUNT	98152.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	

3999.

UNITED OF OMAHA

AMOUNT RECEIVED THIS YEAR	51805.
NONTAXABLE AMOUNT	50000.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	

1805.

Fraudulent received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

ST. OF TEXAS DEFERRED COMP.

AMOUNT RECEIVED THIS YEAR 4117.
NONTAXABLE AMOUNT
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

4117.

EMPLOYEES RETIREMENT SYSTEM OF TEXAS

AMOUNT RECEIVED THIS YEAR 5000.
NONTAXABLE AMOUNT
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

5000.

US MILITARY RETIREMENT PAY

AMOUNT RECEIVED THIS YEAR 819.
NONTAXABLE AMOUNT
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

819.

UNITED OF OMAHA

AMOUNT RECEIVED THIS YEAR 120879.
NONTAXABLE AMOUNT 96754.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

24125.

UNITED OF OMAHA

AMOUNT RECEIVED THIS YEAR 73722.
NONTAXABLE AMOUNT 70000.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

3722.

UNITED OF OMAHA

AMOUNT RECEIVED THIS YEAR 97481.
NONTAXABLE AMOUNT 90000.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

7481.

Fraudulent-received March 13, 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick



UNITED OF OMAHA

AMOUNT RECEIVED THIS YEAR
NONTAXABLE AMOUNT
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D

97481.
90000.

7481.

TOTAL INCLUDED IN FORM 1040, LINE 16B

101828.

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

FORM 1040

IRA DISTRIBUTIONS

STATEMENT 3

NAME OF PAYER

GROSS DISTRIBUTION	TAXABLE AMOUNT
--------------------	----------------

UNITED OF OMAHA

60006.	3562.
--------	-------

TOTAL TO FORM 1040, LINE 15

60006.	3562.
--------	-------

FORM 1040

FEDERAL INCOME TAX WITHHELD

STATEMENT 4

T
S DESCRIPTION

AMOUNT

T DEFENSE FINANCE

3245.

S UNITED OF OMAHA

356.

S EMPLOYEES RETIREMENT SYSTEM OF TEXAS

937.

TOTAL TO FORM 1040, LINE 63

4538.

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

FORM 6251	PASSIVE ACTIVITIES	STATEMENT	5
-----------	--------------------	-----------	---

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
ALFRED HAMILTON (DEC. 04/08/04)	FORM 4835		-854.	854.
TOTAL TO FORM 6251, LINE 18				854.

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

FORM 4835 OTHER INCOME STATEMENT 6

DESCRIPTION	AMOUNT
RENTS	570.
TOTAL TO FORM 4835, PART I, LINE 6	570.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 7

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
ALFRED HAMILTON (DEC. 04/08/04)	0.	-854.			-854.
TOTALS	0.	-854.			-854.

FORM 8582 LOSSES FROM ACTIVE RENTAL OF REAL ESTATE-WORKSHEET 4 STATEMENT 8

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	SPECIAL ALLOWANCE	REMAINING UNALLOWED LOSS
ALFRED HAMILTON (DEC. 04/08/04)	FORM 4835	854.	1.000000000	854.	0.
TOTALS		854.	1.000000000	854.	0.

FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 9

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
ALFRED HAMILTON (DEC. 04/08/04)	FORM 4835	854.	0.	854.
TOTALS		854.	0.	854.

Fraudulent received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-46845 - The Disappearing Trust Trick

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 10

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X ALFRED HAMILTON (DEC. 04/08/04)	FORM 4835	-854.		-854.		854.
TOTALS		-854.		-854.		854.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582, LINE 16						854.

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

FORM 8582

MODIFIED AGI

STATEMENT 11

INCOME

WAGES, SALARIES, TIPS ETC.
 DIVIDEND INCOME
 TAXABLE REFUNDS
 ALIMONY RECEIVED
 TAXABLE IRA DISTRIBUTIONS 3562.
 TAXABLE PENSIONS AND ANNUITIES 101828.
 UNEMPLOYMENT COMPENSATION
 OTHER INCOME

INTEREST INCOME 2443.
 ADD: SERIES EE EXCLUSION

2443.

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

SALE OF ASSETS
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES
 SUBTRACT: PASSIVE INCOME

FARM OR FARM RENTAL INCOME OR LOSS -854.
 ADD: PASSIVE/RREA PROFESSIONAL LOSSES 854.
 SUBTRACT: PASSIVE INCOME

0.

TOTAL INCOME 107833.

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 107833.

Fraudulent - removed March 13 2009 from Danny Devila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

**INTERNAL REVENUE SERVICE
AUSTIN, TX 73301-0002**

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick



Davila & Buschhorn
& Associates, P.C.

Daniel Davila III

MPA, CPA • PFS, CRC

512-258-6637

Fax 512-258-7699

danny@dbtxcpa.com

www.dbtxcpa.com

7207 McNeil Dr • Austin, Texas 78729-7610

Your Future, Our Business

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

7207 McNeil Dr • Austin, Texas 78729-7610 • 512-258-6637 • Fax 512-258-7699