

Alfred & Maurine
Hamilton

2003 - Form 1040



CERTIFIED PUBLIC
ACCOUNTANTS &
FINANCIAL CONSULTANTS

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

July 12, 2004

TAXPAYER'S COPY
DAVILA, BUSCHHORN & ASSOCIATES, P.C.
Certified Public Accountants

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

Dear Maurine:

Enclosed are your 2003 income tax return and 2004 estimated tax vouchers. The return should be signed and dated by you.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

Mail your return on or before August 15, 2004.

Mail to - Internal Revenue Service Center
P.O. Box 660308
Dallas, TX 75266-0308

Enclose your check for \$15799, payable to the United States Treasury. Include your social security number, daytime phone number and the words "2003 Form 1040" on your check.

Also enclose Form 1040-V. Do not attach Form 1040-V or your payment to your return or to each other. Please leave Form 1040-V and your payment loose in the envelope.

Your income tax return includes a penalty for underpayment of estimated tax from Form 2210 of \$9, a late payment penalty of \$305 and late payment interest of \$256.

FEDERAL ESTIMATED TAX VOUCHERS:

Separately mail voucher 2 of Form 1040-ES as soon as possible.

Mail to - Internal Revenue Service Center
P.O. Box 660406
Dallas, TX 75266-0406

Enclose your check for \$8358, payable to the United States Treasury. Include your social security number and the words "2004 Form 1040-ES" on your check.

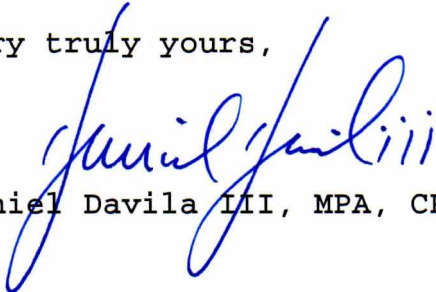
Retain vouchers 3 and 4 in your files and mail to the above address on or before the dates indicated.

For your reference we have listed all estimated tax payments and their original due dates below. Vouchers requiring no payment should not be filed.

Voucher no. 2	by 06/15/04	\$8358
Voucher no. 3	by 09/15/04	\$4179
Voucher no. 4	by 01/18/05	\$4179

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

Two-Year Comparison Worksheet

2003

Name(s) as shown on return: **ALFRED & MAURINE P. HAMILTON** Social security number: **458-24-4617**
 2002 Filing Status: **MARRIED FILING JOINT** 2003 Filing Status: **MARRIED FILING JOINT**
 2002 Tax Bracket: **28.0%** 2003 Tax Bracket: **33.0%**

Description	Tax Year 2002	Tax Year 2003	Increase (Decrease)
SCHEDULE B - TAXABLE INTEREST	5556.	2034.	-3522.
SCHEDULE D (CAPITAL GAIN/LOSS)	0.	63311.	63311.
TAXABLE IRA DISTRIBUTIONS	0.	3423.	3423.
TAXABLE PENSIONS AND ANNUITIES	116850.	133790.	16940.
SCHEDULE E (RENTAL AND PASSTHROUGH)	-1881.	-1624.	257.
TAXABLE SOCIAL SECURITY BENEFITS	27642.	28033.	391.
OTHER INCOME	-4118.	-4118.	
TOTAL INCOME	144049.	224849.	80800.
ADJUSTED GROSS INCOME	144049.	224849.	80800.
STANDARD DEDUCTION	9650.	11400.	1750.
INCOME BEFORE EXEMPTIONS	134399.	213449.	79050.
PERSONAL EXEMPTIONS	6000.	5246.	-754.
TAXABLE INCOME	128399.	208203.	79804.
TAX	28930.	44280.	15350.
TAX BEFORE CREDITS	28930.	44280.	15350.
TAX AFTER NON-REFUNDABLE CREDITS	28930.	44280.	15350.
TOTAL TAX	28930.	44280.	15350.
FEDERAL INCOME TAX WITHHELD	11100.	10471.	-629.
ESTIMATED TAX PAYMENTS	24680.	18580.	-6100.
TOTAL PAYMENTS	35780.	29051.	-6729.
TAX OVERPAID	6850.	0.	-6850.
AMOUNT REFUNDED	2390.	0.	-2390.
OVERPAYMENT APPLIED TO ESTIMATE	4460.	0.	-4460.
FORM 2210/2210F (EST. TAX PENALTY)	0.	9.	9.
BALANCE DUE (INCLUDING 2210/2210F)	0.	15238.	15238.
LATE PAYMENT/LATE FILING PEN. & INT.	0.	561.	561.
TOTAL DUE AFTER PENALTY & INTEREST	0.	15799.	15799.

Paperwork Reduction Act Notice.

We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and mail Form 1040-V will vary depending on individual circumstances. The estimated average time is 12 minutes. If you have comments about the accuracy of this time estimate or suggestions for making Form 1040-V simpler, we would be happy to hear from you. See the Instructions for Form 1040.

Form **1040-V** (2003)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

▶ Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074

2003

1 Your social security number (SSN) 458 24 4617		2 If a joint return, SSN shown second on your return 459 20 2593		3 Amount you are paying by check or money order 15799		Dollars	Cents
4 Your first name and initial ALFRED				Last name HAMILTON			
If a joint return, spouse's first name and initial MAURINE P.				Last name HAMILTON			
Home address (number and street) 9008 EAST DR.						Apt. no.	
City, town or post office, state, and ZIP code AUSTIN, TX 78753-5112							

2004 Estimated Tax Worksheet (keep for your records)

1	Adjusted gross income you expect in 2004 (see instructions)	1	161538.
2	<ul style="list-style-type: none"> • If you plan to itemize deductions, enter the estimated total of your itemized deductions. Caution: If line 1 above is over \$142,700 (\$71,350 if married filing separately), your deduction may be reduced. See Pub. 505 for details. • If you do not plan to itemize deductions, enter your standard deduction from page 2. 	2	11600.
3	Subtract line 2 from line 1	3	149938.
4	Exemptions. Multiply \$3,100 by the number of personal exemptions. If you can be claimed as a dependent on another person's 2004 return, your personal exemption is not allowed. Caution: See Pub. 505 to figure the amount to enter if line 1 above is over: \$214,050 if married filing jointly or qualifying widow(er); \$178,350 if head of household; \$142,700 if single; or \$107,025 if married filing separately	4	6200.
5	Subtract line 4 from line 3	5	143738.
6	Tax. Figure your tax on the amount on line 5 by using the 2004 Tax Rate Schedules on page 2. Caution: If you have qualified dividends or a net capital gain, see Pub. 505 to figure the tax	6	30204.
7	Alternative minimum tax from Form 6251	7	
8	Add lines 6 and 7. Also include any tax from Forms 4972 and 8814 and any recapture of education credits (see instructions)	8	30204.
9	Credits (see instructions). Do not include any income tax withholding on this line	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	30204.
11	Self-employment tax. Estimate of 2004 net earnings from self-employment \$ _____; if \$87,900 or less, multiply the amount by 15.3%; if more than \$87,900 , multiply the amount by 2.9%, add \$10,899.60 to the result, and enter the total. Caution: If you also have wages subject to social security tax, see Pub. 505 to figure the amount to enter	11	
12	Other taxes (see instructions)	12	
13a	Add lines 10 through 12	13a	30204.
	b Earned income credit, additional child tax credit, and credits from Form 4136 and Form 8885	13b	
	c Total 2004 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0-	13c	30204.
14a	Multiply line 13c by 90% (66 2/3% for farmers and fishermen)	14a	27184.
b	Enter the tax shown on your 2003 tax return (110% of that amount if you are not a farmer or fisherman and the adjusted gross income shown on line 35 of that return is more than \$150,000 or, if married filing separately for 2004, more than \$75,000)	14b	48708.
c	Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b	14c	27184.
	Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you may pay the amount shown on line 13c. For details, see Pub. 505.		
15	Income tax withheld and estimated to be withheld during 2004 (including income tax withholding on pensions, annuities, certain deferred income, etc.)	15	10471.
16	Subtract line 15 from line 14c. (Note: If zero or less or line 13c minus line 15 is less than \$1,000, stop here. You are not required to make estimated tax payments.)	16	16716.
17	If the first payment you are required to make is due April 15, 2004, enter 1/4 of line 16 (minus any 2003 overpayment that you are applying to this installment) here, and on your payment voucher(s) if you are paying by check or money order. (Note: Household employers, see instructions.)	17	

CITY OF AUSTIN

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME OF DECEASED (a) FIRST Alfred		(b) MIDDLE Hamilton		(c) LAST Hamilton		(d) MAIDEN	2 SEX Male	3 DATE OF DEATH April 8, 2004
4 DATE OF BIRTH May 12, 1914		5 AGE (IN YEARS) 89	IF UNDER 1 YR. MO DAYS HOURS MIN	6 BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Belton, Texas		7 SOCIAL SECURITY NO. 458-24-4617		
8 RACE Caucasian		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+) 17+
12 MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Maurine Pulkrabek		14a. DECEDENT'S USUAL OCCUPATION Physician		14b. KIND OF BUSINESS OR INDUSTRY Medical		
15a. RESIDENCE STREET ADDRESS 9902 Childress Dr.						15b. CITY OR TOWN Austin		
15c. COUNTY Travis		15d. STATE Texas		15e. ZIP CODE 78753-		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
16 FATHER'S NAME Ruben Hamilton				17. MOTHER'S MAIDEN NAME Lee Hattley				
18. PLACE OF DEATH (CHECK ONLY ONE)								
HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)								
19. COUNTY OF DEATH Travis				20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Austin		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) North Austin Medical Center		
22. INFORMANT — SIGNATURE & RELATIONSHIP Alan Hamilton Son				23. MAILING ADDRESS OF INFORMANT 9902 Childress Dr. Austin, Texas 78753-				
24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Onion Creek Memorial Park		25b. LOCATION (CITY, STATE) Austin, TX		25c. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i> #19207		25d. DATE OF DISPOSITION 4-13-2004
26. LOCATION (CITY, STATE)		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		28. DATE OF DISPOSITION		29. NAME & ADDRESS OF FUNERAL HOME All Faiths Funeral Service-North 8507 North IH 35 Austin, Texas 78753-		
30. CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input checked="" type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE								
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> Deputy Medical Examiner				32. DATE SIGNED MO DAY YEAR 04 12 2004		33. TIME OF DEATH 11:14 P.M.		
34. PRINTED NAME & ADDRESS OF CERTIFIER Vladimir Parungao, M.D. P.O. Box 1748 Austin, TX 78767								
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Atherosclerotic Cardiovascular Disease DUE TO (OR AS A LIKELY CONSEQUENCE OF): a. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): b. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): d. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST							Approximate Interval Between Onset and Death YEARS	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)						36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M. <input type="checkbox"/> YES <input type="checkbox"/> NO		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		41f. DESCRIBE HOW INJURY OCCURRED				
42a. REGISTRAR FILE NO. 02-01258		42b. DATE RECEIVED BY LOCAL REGISTRAR APR 13 2004		42c. SIGNATURE OF LOCAL REGISTRAR <i>Raguel Moreno</i>				

Texas Department of Health — Bureau of Vital Statistics
 WARNING: The penalty for knowingly making a false statement in this form may be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)
 CAUSE OF DEATH
 APR 14 2004
 VS-112 REV. 9/95 12556

S260148

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

APR 14 2004

Raguel Moreno
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.



Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

Header section containing personal information: Name (ALFRED HAMILTON), Social Security Number (458 24 4617), Home Address (9008 EAST DR., AUSTIN, TX 78753-5112), and Spouse information (MAURINE P. HAMILTON).

Election Campaign section: 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? [] Yes [X] No

Filing Status section: 1 [] Single, 2 [X] Married filing jointly, 3 [] Married filing separately, 4 [] Head of household, 5 [] Qualifying widow(er) with dependent child.

Exemptions section: 6a [X] Yourself, 6b [X] Spouse. Includes table for dependents with columns for first name, last name, social security number, and relationship.

Income section: 7 Wages, salaries, tips, etc. 8a Taxable interest. 8b Tax-exempt interest. 9a Ordinary dividends. 9b Qualified dividends. 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). 13a Capital gain or (loss). 13b If box on 13a is checked, enter post-May 5 capital gain distributions. 14 Other gains or (losses). 15a IRA distributions. 15b Taxable amount. 16a Pensions and annuities. 16b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss). 19 Unemployment compensation. 20a Social security benefits. 20b Taxable amount. 21 Other income. List type and amount (see page 27). SEE STATEMENT -4118.

Adjusted Gross Income section: 23 Educator expenses. 24 IRA deduction. 25 Student loan interest deduction. 26 Tuition and fees deduction. 27 Moving expenses. 28 One-half of self-employment tax. 29 Self-employed health insurance deduction. 30 Self-employed SEP, SIMPLE, and qualified plans. 31 Penalty on early withdrawal of savings. 32a Alimony paid. 32b Recipient's SSN. 33 Add lines 23 through 32a. 34 Subtract line 33 from line 22. This is your adjusted gross income 224849.

Tax and Credits

Table with 35 rows for tax and credits. Line 35: Amount from line 34 (adjusted gross income) 224849. Line 36a: Check boxes for 'You were born before January 2, 1939' and 'Spouse was born before January 2, 1939'. Line 37: Itemized deductions 11400. Line 38: Subtract line 37 from line 35 213449. Line 39: If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. Line 40: Taxable income 208203. Line 41: Tax 44280. Line 42: Alternative minimum tax 0. Line 43: Add lines 41 and 42 44280. Line 44-52: Various credits. Line 53: Add lines 44 through 52. Line 54: Subtract line 53 from line 43. Line 55: Self-employment tax. Line 56: Social security and Medicare tax on tip income. Line 57: Tax on qualified plans. Line 58: Advance earned income credit payments. Line 59: Household employment taxes. Line 60: Add lines 54 through 59. This is your total tax 44280.

Other Taxes

Table with 6 rows for other taxes. Line 55: Self-employment tax. Line 56: Social security and Medicare tax on tip income. Line 57: Tax on qualified plans. Line 58: Advance earned income credit payments. Line 59: Household employment taxes. Line 60: Add lines 54 through 59. This is your total tax 44280.

Payments

Table with 8 rows for payments. Line 61: Federal income tax withheld from Forms W-2 and 1099 10471. Line 62: 2003 estimated tax payments and amount applied from 2002 return 18580. Line 63: Earned income credit (EIC). Line 64: Excess social security and tier 1 RRTA tax withheld. Line 65: Additional child tax credit. Line 66: Amount paid with request for extension to file. Line 67: Other payments from: a Form 2439 b Form 4136 c Form 8885. Line 68: Add lines 61 through 67. These are your total payments 29051.

Refund

Table with 2 rows for refund. Line 69: If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid. Line 70a: Amount of line 69 you want refunded to you. Line 71: Amount of line 69 you want applied to your 2004 estimated tax.

Amount You Owe

Table with 2 rows for amount you owe. Line 72: Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57. Line 73: Estimated tax penalty (see page 58) 9.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? [X] Yes. Complete the following. [] No. Designee's name: PREPARER. Phone no. Personal identification number (PIN).

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature: FILING AS SURVIVING SPOUSE. Occupation: RETIRED. Spouse's signature: RETIRED. Date: Spouse's occupation: RETIRED.

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 7-12-04 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 7207 MCNEIL DR. AUSTIN, TEXAS 78729-7610 EIN: 74-2528044 Phone no: (512) 258-6637

** INTEREST NOT INCLUDED 256. ** PENALTY NOT INCLUDED 305.

**** TOTAL DUE 15799.