

Alan

yr 2000

Dorothy Milek
Tax Service

8100 Shoal Creek, Suite 101
459-4157
FAX 459-0067

P.O. Box 9846
Austin, Texas 78766

Form **1040** Department of the Treasury -- Internal Revenue Service **U.S. Individual Income Tax Return** **2000** (99) IRS Use Only -- Do not write or staple in this space.

Use the IRS label. Other- **ALAN L. HAMILTON**

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning , 2000, ending , 20 OMB No. 1545-0074

Your social security number **463-76-6490**

Spouse's social security no. _____

MONEY ORDER RECEIPT - NON NEGOTIABLE

WHEREVER YOU NEED US
WESTERN UNION MONEY TRANSFER CALL 1-800-325-6000

AGT 671128 DT 040401 \$237.00 **2HUNDRED37DOLLARS AND NO CENTS

Payable to: Internal Revenue Service
Retain this purchaser's copy. It must be included with all refund requests. Be sure to read important information below and on back.
PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. need not stop payment on, or replace, or refund a lost or stolen Integrated Payment Systems Inc. Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately. Issued by Integrated Payment Systems Inc., Englewood, Colorado



▲ Important! ▲
You **must** enter your SSN(s) above.

You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

son is a child but not your dependent,

See page 19.)

n his or her ☐ No. of boxes checked on 6a and 6b 1

(4) ☒ if qualifying child for child tax credit (see p. 20) ☐ No. of your children on 6c who: ☒ lived with you ☐ did not live with you due to divorce or separation (see page 20)

☐ Dependents on 6c not entered above

Add numbers entered on lines above 1

d Total number of exemptions claimed. 1

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.	8a	Taxable interest. Attach Schedule B if required.	8a 1,421.
	8b	Tax-exempt interest. Do not include on line 8a	8b
	9	Ordinary dividends. Attach Schedule B if required.	9
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10
	11	Alimony received	11
	12	Business income or (loss). Attach Schedule C or C-EZ.	12 3,400.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
	14	Other gains or (losses). Attach Form 4797.	14
	15a	Total IRA distributions	15a
	15b	Taxable amount (see pg. 23)	15b
	16a	Total pensions and annuities	16a
	16b	Taxable amount (see pg. 23)	16b
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
	18	Farm income or (loss). Attach Schedule F	18
	19	Unemployment compensation	19
	20a	Social security benefits	20a
	20b	Taxable amount (see pg. 25)	20b
	21	Other income	21
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22 4,821.
Adjusted Gross Income	23	IRA deduction (see page 27)	23
	24	Student loan interest deduction (see page 27)	24
	25	Medical savings account deduction. Attach Form 8853	25
	26	Moving expenses. Attach Form 3903	26
	27	One-half of self-employment tax. Attach Schedule SE	27 240.
	28	Self-employed health insurance deduction (see page 29)	28
	29	Keogh and self-employed SEP and SIMPLE plans	29
	30	Penalty on early withdrawal of savings	30
	31a	Alimony paid b Recipient's SSN	31a
	32	Add lines 23 through 31a	32 240.
	33	Subtract line 32 from line 22. This is your adjusted gross income	33 4,581.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

Form **1040** (2000)

MONEY ORDER RECEIPT - NON NEGOTIABLE

WHEREVER YOU NEED US

WESTERN UNION MONEY TRANSFER CALL 1-800-325-6000

ACT 671128 DT 040401 \$237.00 **2HUNDRED37DOLLARS AND NO CENTS

Internal Revenue Service

Payable to:
and on BEHALF OF:
AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. need not stop payment on, or
replace, or refund a lost or stolen Integrated Payment Systems Inc. Money Order unless (1) you fill in a space provided
Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately.
Issued by Integrated Payment Systems Inc., Englewood, Colorado

* 0 6 2 7 8 3 2 7 9 0 3 *



← LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP →

Form **1040** U.S. Individual Income Tax Return **2000** (99) IRS Use Only -- Do not write or staple in this space.
 Department of the Treasury -- Internal Revenue Service
 For the year Jan. 1-Dec. 31, 2000, or other tax year beginning . 2000, ending , 20 OMB No. 1545-0074

Use the IRS label. Other-wise, please print or type.

ALAN L. HAMILTON
 9902 CHILDRESS DR
 AUSTIN, TX 78753

Your social security number
 463-76-6490

Spouse's social security no.

▲ Important! ▲

You must enter your SSN(s) above.

Presidential Election Campaign 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 ☐ No ☐ Yes ☐ No

Filing Status
 1 ☒ Single
 2 ☐ Married filing joint return (even if only one had income)
 3 ☐ Married filing separate return. Enter spouse's SSN above & full name here. ▶
 4 ☐ Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here. ▶
 5 ☐ Qualifying widow(er) with dependent child (yr. spouse died ▶). (See page 19.)

Exemptions
 6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. No. of boxes checked on 6a and 6b **1**
 b ☐ **Spouse.** No. of your children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see page 20)
 Dependents on 6c not entered above
 Add numbers entered on lines above **1**

c Dependents: If more than six dependents, see instructions.

(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 p. 20)

 d Total number of exemptions claimed. **1**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**
 Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.
 8a Taxable interest. Attach Schedule B if required. **8a** 1,421.
 b Tax-exempt interest. Do not include on line 8a **8b**
 9 Ordinary dividends. Attach Schedule B if required. **9**
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) **10**
 11 Alimony received **11**
 12 Business income or (loss). Attach Schedule C or C-EZ. **12** 3,400.
 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 Total IRA distributions **15a** **15b** Taxable amount (see pg. 23)
 16a Total pensions and annuities **16a** **16b** Taxable amount (see pg. 23)
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . **17**
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation. **19**
 20a Social security benefits **20a** **20b** Taxable amount (see pg. 25)
 21 Other income. **21**
 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ **22** 4,821.

Adjusted Gross Income
 23 IRA deduction (see page 27) **23**
 24 Student loan interest deduction (see page 27) **24**
 25 Medical savings account deduction. Attach Form 8853. **25**
 26 Moving expenses. Attach Form 3903. **26**
 27 One-half of self-employment tax. Attach Schedule SE. **27** 240.
 28 Self-employed health insurance deduction (see page 29) **28**
 29 Keogh and self-employed SEP and SIMPLE plans. **29**
 30 Penalty on early withdrawal of savings. **30**
 31a Alimony paid **b** Recipient's SSN ▶ **31a**
 32 Add lines 23 through 31a. **32** 240.
 33 Subtract line 32 from line 22. This is your **adjusted gross income**. **33** 4,581.

Tax and Credits

Standard Deduction for Most People

Single:
\$4,400Head of household:
\$6,450Married filing jointly or Qualifying widow(er):
\$7,350Married filing separately:
\$3,675

34	Amount from line 33 (adjusted gross income)	34	4,581.
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here 35a		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here 35b <input type="checkbox"/>		
36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36	4,400.
37	Subtract line 36 from line 34.	37	181.
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	38	2,800.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	0.
40	Tax. Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	0.
41	Alternative minimum tax. Attach Form 6251	41	0.
42	Add lines 40 and 41. 42	42	
43	Foreign tax credit. Attach Form 1116 if required. 43	43	
44	Credit for child & dependent care expenses. Attach Form 2441 44	44	
45	Credit for the elderly or the disabled. Attach Schedule R. 45	45	
46	Education credits. Attach Form 8863 46	46	
47	Child tax credit (see page 36) 47	47	
48	Adoption credit. Attach Form 8839. 48	48	
49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form 49	49	
50	Add lines 43 through 49. These are your total credits 50	50	
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-. 51	51	0.
52	Self-employment tax. Attach Schedule SE. 52	52	480.
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 53	53	
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required. 54	54	
55	Advance earned income credit payments from Form(s) W-2. 55	55	
56	Household employment taxes. Attach Schedule H. 56	56	
57	Add lines 51 through 56. This is your total tax 57	57	480.

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

58	Federal income tax withheld from Forms W-2 and 1099 58	58	
59	2000 estimated tax payments & amt. applied from 1999 return 59	59	
60a	Earned income credit (EIC). 60a	60a	243.
b	Nontaxable earned income: amt. <input type="text"/> & type <input type="text"/>		
61	Excess social security and RRTA tax withheld (see page 50) 61	61	
62	Additional child tax credit. Attach Form 8812 62	62	
63	Amount paid with request for extension to file (see page 50) 63	63	
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 64	64	
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments 65	65	243.

Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid 66	66	
67a	Amount of line 66 you want refunded to you 67a	67a	
b	Routing no. <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account no. <input type="text"/>		
68	Amt. of line 66 you want applied to your 2001 estimated tax 68	68	

Amount You Owe

69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe . For details on how to pay, see page 51. 69	69	237.
70	Estimated tax penalty. Also include on line 69 70	70	

Sign Here

Joint return? See page 19. Keep a copy for your records.

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

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

May the IRS discuss this return with the preparer shown below (see page 52)? ☒ Yes ☐ No

Your occupation PAINTER

Spouse's occupation

Paid Preparer's Use Only

Preparer's signature

Date 03/25/2001

Check if self-employed ☒

Preparer's SSN or PTIN 455-66-4519

Firm's name (or yours if self-employed), address, & ZIP code

DOROTHY MILEK TAX SERVICE
8100 SHOAL CREEK STE 101
AUSTIN, TX 78757EIN 74-1857284
Phone no. (512) 459-4157

Schedule B -- Interest and Ordinary Dividends 2000

Attachment Sequence No. 08 OMB No. 1545-0074

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

Your social security no.

ALAN L. HAMILTON

463-76-6490

**Part I
Interest**

(See the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Note. If you had over \$400 in taxable interest, you must also complete Part III.

- 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 instructions and list this interest first. Also, show that buyer's social security number and address ►

GUARANTY

Amount

1,421.

1

- 2 Add the amounts on line 1.

2

1,421.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **must** attach Form 8815.

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a. ►

4

1,421.

**Part II
Ordinary Dividends**

(See the instructions for Form 1040, line 9.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Note. If you had over \$400 in ordinary dividends, you must also complete Part III.

- 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ►

Amount

5

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

6

**Part III
Foreign Accounts and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2000, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1

X

- b If "Yes," enter the name of the foreign country ►

- 8 During 2000, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

X

If "Yes," you may have to file Form 3520. See instructions.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► **Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.**
► **Attach to Form 1040 or Form 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

2000

Attachment
Sequence No. **09**

Name of proprietor ALAN L. HAMILTON		Social security number (SSN) 463-76-6490
A Principal business or profession, including product or service (see instructions) PAINTER SERVICES		B Enter code from instructions 235500
C Business name. If no separate business name, leave blank. ALAN L HAMILTON		D Employer ID no. (EIN), if any
E Business address, City, state, ZIP		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2000? If "No," see instructions for limit on losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2000, check here <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see instructions and check here <input type="checkbox"/>	1	3,400.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1	3	3,400.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	3,400.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	3,400.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising.	8		19	
9 Bad debts from sales or services (see instructions)	9		20	Rent or lease (see instructions):
10 Car and truck expenses (see instructions)	10		a	Vehicles, machinery, and equipment
11 Commissions and fees.	11		b	Other business property
12 Depletion.	12		21	Repairs and maintenance
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		22	Supplies (not included in Part III)
14 Employee benefit programs (other than on line 19)	14		23	Taxes and licenses
15 Insurance (other than health)	15		24	Travel, meals, & entertainment:
16 Interest:			a	Travel
a Mortgage (paid to banks, etc.)	16a		b	Meals and entertainment
b Other	16b		c	Enter nondeductible amount included on line 24b (see instructions)
17 Legal and professional services	17		d	Subtract line 24c from line 24b
18 Office expense.	18		25	Utilities.
			26	Wages (less employment credits)
			27	Other expenses (from line 48 on page 2)

28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	
29 Tentative profit (loss). Subtract line 28 from line 7	29	3,400.
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12 , and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	3,400.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on Form 1040, line 12 , and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198 .		
	32a <input type="checkbox"/>	All investment is at risk.
	32b <input type="checkbox"/>	Some investment is not at risk.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 2000

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).
▶ Attach to Form 1040.

OMB No. 1545-0074

2000

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040)
ALAN L. HAMILTON

Social security number of person
with **self-employment** income ▶

463-76-6490

Who Must File Schedule SE

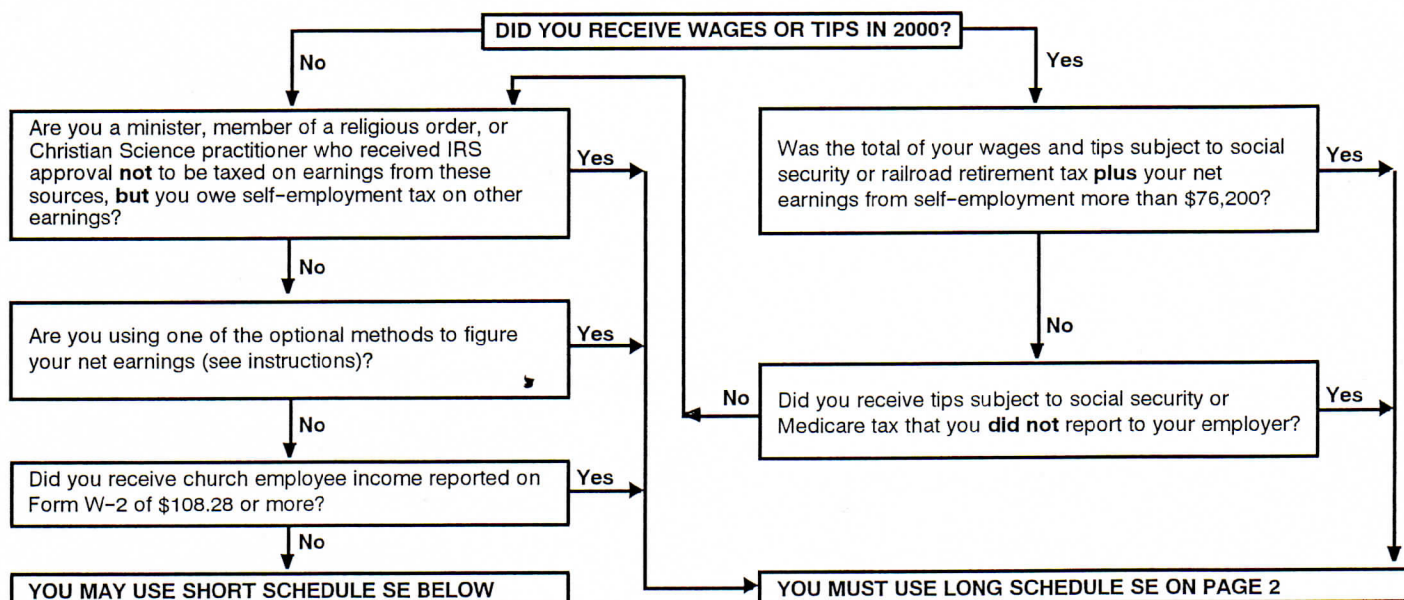
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See instructions.

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See instructions.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt -- Form 4361" on Form 1040, line 52.

May I Use Short Schedule SE or MUST I Use Long Schedule SE?



Section A -- Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report.	2	3,400.
3	Combine lines 1 and 2.	3	3,400.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	3,140.
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$76,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 52. • More than \$76,200, multiply line 4 by 2.9% (.029). Then, add \$9,448.80 to the result. Enter the total here and on Form 1040, line 52. 	5	480.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	240.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2000

Form **8867**

(Rev. November 2000)

Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-1629

Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.

- **Investment Income**
- **Qualifying Child**
- **Modified AGI**
- **Earned Income**
- **Nontaxable Earned Income**

Caution: Taxpayers who file **Form 2555** or **Form 2555-EZ** **cannot** claim the earned income credit (EIC). Taxpayers who were nonresident aliens for any part of the year **cannot** claim the EIC unless their filing status is married filing jointly.

Part I All Taxpayers1 Enter the taxpayer's name ▶ ALAN L. HAMILTONand the year for which you are completing this form. ▶ 20002 Is the taxpayer's filing status married filing jointly, head of household, qualifying widow(er), or single? ☒ **Yes** ☐ **No**3 Does the taxpayer, and the taxpayer's spouse if filing jointly, have a social security number (SSN) that allows him or her to work? See the instructions before answering. ☒ **Yes** ☐ **No****Note:** If you checked "No" on line 2 or line 3, **stop**; the taxpayer **cannot** claim the EIC. Otherwise, continue.4 Is the taxpayer's **investment income** more than the limit that applies to the year on line 1? See Pub. 596 for the limit. ☐ **Yes** ☒ **No**5 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person in the year on line 1? ☐ **Yes** ☒ **No****Note:** If you checked "Yes" on line 4 or line 5, **stop**; the taxpayer **cannot** claim the EIC. Otherwise, go to Part II or Part III, whichever applies.**Part II Taxpayers With a Qualifying Child****Caution:** If there are two children, complete lines 6–11 for one child before going to the next column.

6 Is the child--

- The taxpayer's son, daughter, or adopted child, or
- A descendant of the taxpayer's son, daughter, or adopted child, or
- The taxpayer's stepchild, or
- The taxpayer's eligible foster child?

Child 1	Child 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7 If the child is married, is the taxpayer claiming the child as a dependent?

(If the child is not married, check "Yes.")

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

8 Did the child live with the taxpayer in the United States for over half of the

year, or the full year if the child is an eligible foster child?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

9 Was the child (at the end of the year on line 1) --

- Under age 19, or
- Under age 24 and a full-time student, or
- Any age and permanently and totally disabled?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Did you check "Yes" on lines 6 through 9?

- ☐ **Yes.** The child is the taxpayer's qualifying child. But the child may also be the qualifying child of one or more other taxpayers who could check "Yes" on lines 6 through 9. Go to line 10.
- ☐ **No.** The child is not the taxpayer's qualifying child. If the taxpayer does not have a qualifying child, go to Part III on page 2 to see if the taxpayer can claim the EIC for taxpayers who do not have a qualifying child.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

10 Is the taxpayer's **modified AGI** higher than the modified AGI of all other taxpayers for whom the child is a qualifying child?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

11 Does the qualifying child have an SSN? See the instructions before answering

Did you check "Yes" on line 10 and line 11?

- ☐ **Yes.** The taxpayer can claim the EIC if the taxpayer's **earned income** and modified AGI are each less than the limit that applies to the year on line 1. See Pub. 596 for the limit. Complete **Schedule EIC** and attach it to the taxpayer's return. If there are two qualifying children with SSNs, list them on Schedule EIC in the same order as they are listed here. Also, enter any **nontaxable earned income** on the appropriate line of the taxpayer's return for the year on line 1. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must also be filed.

- ☐ **No.** The taxpayer **cannot** claim the EIC, not even the credit for taxpayers who do not have a qualifying child.

Part III Taxpayers Without a Qualifying Child

- 12** Was the taxpayer's main home, and the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) ☒ **Yes** ☐ **No**
- 13** Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1? ☒ **Yes** ☐ **No**

Note: If you checked "No" on line 12 or line 13, **stop**; the taxpayer **cannot** claim the EIC. Otherwise, continue.

- 14** Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's Federal income tax return for the year on line 1?
- ☒ **No.** The taxpayer can claim the EIC if the taxpayer's **earned income** and **modified AGI** are each less than the limit that applies to the year on line 1. See Pub. 596 for the limit. Also, any **nontaxable earned income** must be entered on the appropriate line of the taxpayer's return for the year on line 1. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must be filed.
- ☐ **Yes.** The taxpayer **cannot** claim the EIC.

SCHEDULE SE
(Form 1040) (O)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

▶ See Instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

OMB No. 1545-0074

2000

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040)

ALAN L HAMILTON

Social security number of person
with **self-employment** income ▶

463 76 6490

Who Must File Schedule SE

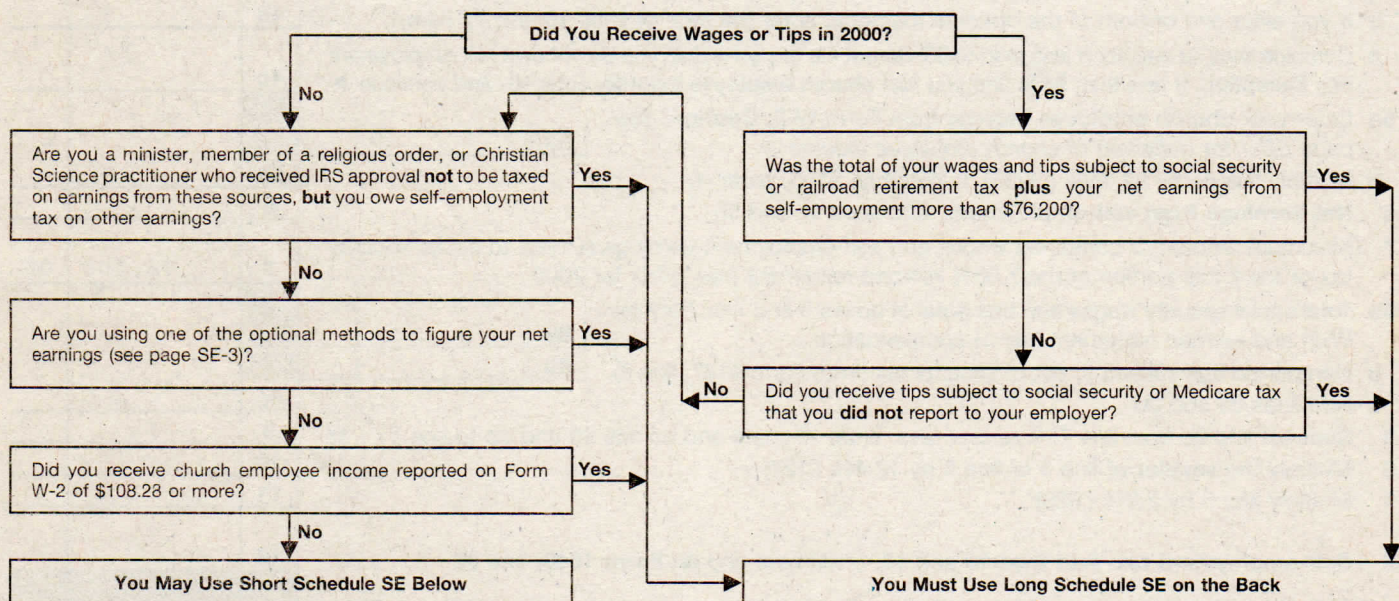
You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE. See page SE-3.

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 52.

May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A—Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

- 1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a
- 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report
- 3 Combine lines 1 and 2
- 4 **Net earnings from self-employment.** Multiply line 3 by 92.35% (.9235). If less than \$400, **do not** file this schedule; you do not owe self-employment tax ▶
- 5 **Self-employment tax.** If the amount on line 4 is:
 - \$76,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 52.**
 - More than \$76,200, multiply line 4 by 2.9% (.029). Then, add \$9,448.80 to the result. Enter the total here and on **Form 1040, line 52.**
- 6 **Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.5). Enter the result here and on **Form 1040, line 27**

1		
2		
3		
4		
5		
6		

Name of person with **self-employment** income (as shown on Form 1040)Social security number of person
with **self-employment** income ▶**Section B—Long Schedule SE****Part I Self-Employment Tax**

Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I. <input type="checkbox"/>				
1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note. Skip this line if you use the farm optional method. See page SE-3	1			
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note. Skip this line if you use the nonfarm optional method. See page SE-3.	2			
3 Combine lines 1 and 2	3			
4a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a			
4b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b			
4c Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶	4c			
5a Enter your church employee income from Form W-2. Caution: See page SE-1 for definition of church employee income	5a			
5b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b			
6 Net earnings from self-employment. Add lines 4c and 5b	6			
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2000	7		76,200	00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	8a			
8b Unreported tips subject to social security tax (from Form 4137, line 9)	8b			
8c Add lines 8a and 8b	8c			
9 Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ▶	9			
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10			
11 Multiply line 6 by 2.9% (.029)	11			
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 52	12			
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13			

Part II Optional Methods To Figure Net Earnings (See page SE-3.)**Farm Optional Method.** You may use this method **only** if:

- Your gross farm income¹ was not more than \$2,400 **or**
- Your net farm profits² were less than \$1,733.

14 Maximum income for optional methods	14		1,600	00
15 Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$1,600. Also include this amount on line 4b above	15			

Nonfarm Optional Method. You may use this method **only** if:

- Your net nonfarm profits³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income⁴ **and**
- You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

Caution: You may use this method no more than five times.

16 Subtract line 15 from line 14	16			
17 Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17			

¹From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.³From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.²From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.⁴From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.

NAME: ALAN L HAMILTON

Tel. No. Wk ↓

ADDRESS 9902 CHILDRESS DR.

Home 512-836-1930

AUSTIN, TX, 78753

Mobile —

SS # 463-76-6490

Pager —

E-Mail —

2000

Dependent Children:

NAME

SOCIAL SECURITY #

BIRTHDATE

AGE

Class in
College

BRING: TUITION INFORMATION FOR COLLEGE STUDENTS.

WAGES — Bring W-2's

PENSION — Bring 1099's

IRA or Keogh Distribution — Bring 1099's

Social Security — Bring Social Security Statement

Unemployment Compensation — Bring 1099 Any Withholding? —

Alimony Received — or **Paid** — **Ex-Spouse's SS #** —

INTEREST RECEIVED: Bring 1099's \$1,421.41 - Income \$2,011

INSTALLMENT NOTES: Bring Amortization Schedule

Principal Received: — **Interest Received:** —

Principal Received: — **Interest Received:** —

PENALTY — Withdrawal on CD? \$ —

DIVIDENDS RECEIVED: Bring 1099's

OTHER INCOME: Bring 1099's

Partnership or Trust — Bring K-1's

SALE OF REAL ESTATE - BRING CLOSING STATEMENT

STOCK SALES - BRING END-OF-YEAR BROKERAGE STATEMENT

TAX EXEMPT INTEREST - BRING END-OF-YEAR STATEMENT

QUARTERLY ESTIMATES

<u>DUE</u>	<u>Date Paid</u>	<u>Amount Paid</u>	<u>DUE</u>	<u>Date Paid</u>	<u>Amount Paid</u>
Cr App/1999	<u>—</u>	<u>—</u>	9-15-01	<u>—</u>	<u>—</u>
4-17-01	<u>—</u>	<u>—</u>	1-15-02	<u>—</u>	<u>—</u>
6-15-01	<u>—</u>	<u>—</u>			

TOTAL: —

MEDICAL & DENTAL EXPENSES

Pg. 2

	Amount
Medical Insurance Premiums Paid By You	\$
Total Amount Of Drugs And Prescriptions	
Dr.	
Dr.	
Dr.	
Dr.	
Dr.	
D.D.S.	
D.D.S.	
Glasses And Hearing Aids	
Lab Fees And X-Rays	
Hospital	

Travel Expenses Due To Illness: Miles Traveled By Car For Medical Treatment _____ Miles x 12¢ = _____

LESS INSURANCE REIMBURSEMENT	()*
------------------------------	------

DO YOU HAVE A MEDICAL SAVINGS ACCOUNT? _____ TOTAL _____

TAXES PAID

Real Estate Taxes On Your Home	\$
Other Real Estate Taxes (Do not include rental taxes here.)	

**P.O. BOX 1149
AUSTIN, TEXAS 78767
1-800-288-8982**

INTEREST INCOME

SEQ# 1
OMB NO. 1545-0112



RECIPIENT'S
IDENTIFYING NUMBER:
463-76-6490

ACCOUNT TYPE	ACCOUNT NUMBER	BOX 1 INTEREST	BOX 2 PENALTY	BOX 3 INTEREST	BOX 4 FED TAX
MARKET RATE	380-0446704	1421.41	0.00	0.00	0.00

BOX 1 - INTEREST INCOME NOT INCLUDED IN BOX 3	\$	1,421.41
BOX 2 - EARLY WITHDRAWAL PENALTY	\$	0.00
BOX 3 - INTEREST ON U.S. SAVINGS BONDS AND TREASURY OBLIGATIONS	\$	0.00
BOX 4 - FEDERAL INCOME TAX WITHHELD	\$	0.00
BOX 5 - FOREIGN TAX PAID		
BOX 6 - FOREIGN COUNTRY OR U.S. POSSESSION	\$	0.00

FORM - CESTMT

INSTRUCTIONS FOR RECIPIENT

Box 1.-- Shows interest paid to you during the calendar year by the payer. This does not include interest shown in Box 3.

If you receive a Form 1099-INT for interest paid on a tax-exempt obligation, please see the instructions for your income tax return.

Box 2.-- Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this on the "Penalty on early withdrawal of savings" line of Form 1040.

Box 3.-- Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not be all taxable. See Pub. 550, Investment Income and Expenses. This interest is exempt from state and local taxes. This interest is not included in Box 1.

Box 4.-- Shows backup withholding. For example, persons not furnishing their taxpayer identification number to the payer become subject to backup withholding at a 31% rate. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Nominees.-- If your Federal identification number is shown on this form and the form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-INT for each of the other owners showing the income allocable to each. You must also furnish a Form 1099-INT to each of the other owners. File Form(s) 1099-INT with Form 1096, Annual Summary and Transmittal of U.S. Information Returns, with the Internal Revenue Service Center for your area. On each Form 1099-INT, list yourself as the "payer" and the other owner as the "recipient." On Form 1096, list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other.

Alan

yr 2000

Dorothy Milek
Tax Service

8100 Shoal Creek, Suite 101
459-4157
FAX 459-0067

P.O. Box 9846
Austin, Texas 78766