

Alan

Dorothy Milek
Tax Service

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

P.O. Box 9846
Austin, Texas 78766

Department of the Treasury -- Internal Revenue Service
For the year Jan. 1-Dec. 31, 2001, or other tax year beginning 2001, ending 20 OMB No. 1545-0074
ALAN HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753
Your social security number 463-76-6490
Spouse's social security no.
You must enter your SSN(s) above.

MONEY ORDER RECEIPT - NON NEGOTIABLE

ACT 601621 DT 041002 \$257.00 **2HUNDRED57DOLLARS AND NO CENTS

Payable to: Release 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



You Spouse
Yes No Yes No
Yes No

Person is a child but not your dependent,
See instructions.)
on his or her
No. of boxes checked on 6a and 6b 1
No. of your children on 6c who:
(4) if qualifying child for child tax credit (see inst.)
lived with you
did not live with you due to divorce or separation (see inst.)
Dependents on 6c not entered above
Add numbers entered on lines above 1

d Total number of exemptions claimed. 1

Table with columns for line numbers, descriptions, and amounts. Includes sections for Income (lines 7-22), Adjusted Gross Income (lines 23-33), and Total (lines 32-33). Total income is 5,114 and adjusted gross income is 4,854.

1 104012
NTF 2554184
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MONEY ORDER RECEIPT - NON NEGOTIABLE

ACT 601621 DT 041002 \$257.00 **ZHUNDREDS7DOLLARS AND NO CENTS

Payable to 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 cash, or cash out, any money order issued by Integrated Payment Systems Inc. in writing immediately after 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 9 0 1 5 4 3 3 9 *



← **LOAD THIS DIRECTION, THIS SIDE UP**

LOAD THIS DIRECTION, THIS SIDE UP →

Use the IRS label. Other-wise, please print or type. For the year Jan. 1-Dec. 31, 2001, or other tax year beginning 2001, ending , 20 OMB No. 1545-0074

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

ALAN HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753

Your social security number 463-76-6490
Spouse's social security no.
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

Filing Status 1 Single (checked)
2 Married filing joint return
3 Married filing separate return
4 Head of household
5 Qualifying widow(er)

Exemptions 6a Yourself (checked)
6b Spouse
C Dependents table with columns for name, SSN, relationship, and child tax credit.

d Total number of exemptions claimed 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 0
8a Taxable interest 1,439
8b Tax-exempt interest
9 Ordinary dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss) 3,675
13 Capital gain or (loss)
14 Other gains or (losses)
15a Total IRA distributions
15b Taxable amount
16a Total pensions and annuities
16b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
20b Taxable amount
21 Other income
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 5,114

Adjusted Gross Income 23 IRA deduction
24 Student loan interest deduction
25 Archer MSA deduction
26 Moving expenses
27 One-half of self-employment tax. Attach Schedule SE 260
28 Self-employed health insurance deduction
29 Self-employed SEP, SIMPLE, and qualified plans
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 Add lines 23 through 31a. 260
33 Subtract line 32 from line 22. This is your adjusted gross income 4,854

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Tax and Credits	34 Amount from line 33 (adjusted gross income)	34	4,854
	35a Check if: <input type="checkbox"/> You were 65/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 <input type="checkbox"/>		
	b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ▶ 35b <input type="checkbox"/>		
	36 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	4,550
	37 Subtract line 36 from line 34.	37	304
	38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions.	38	2,900
	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	0
	40 Tax (see inst.). 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 (see instructions). Attach Form 6251	41	
	42 Add lines 40 and 41. ▶	42	
	43 Foreign tax credit. Attach Form 1116 if required.	43	
	44 Credit for child & dependent care expenses. Attach Form 2441	44	
	45 Credit for the elderly or the disabled. Attach Schedule R.	45	
	46 Education credits. Attach Form 8863	46	
	47 Rate reduction credit. See the worksheet in the instructions	47	
	48 Child tax credit (see instructions).	48	
	49 Adoption credit. Attach Form 8839.	49	
	50 Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form	50	
	51 Add lines 43 through 50. These are your total credits	51	
	52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ▶	52	0
Other Taxes	53 Self-employment tax. Attach Schedule SE.	53	519
	54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
	55 Tax on qualified plans, including IRAs, & other tax-favored accts. Attach Form 5329 if required	55	
	56 Advance earned income credit payments from Form(s) W-2.	56	
	57 Household employment taxes. Attach Schedule H.	57	
	58 Add lines 52 through 57. This is your total tax ▶	58	519
Payments	59 Federal income tax withheld from Forms W-2 and 1099	59	
	60 2001 estimated tax payments & amt. applied from 2000 return	60	
	61a Earned income credit (EIC)	61a	262
	b Nontaxable earned income . 61b <input type="checkbox"/>		
	62 Excess social security and RRTA tax withheld (see instructions)	62	
	63 Additional child tax credit. Attach Form 8812	63	
	64 Amount paid with request for extension to file (see instructions)	64	
	65 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
	66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments ▶	66	262
	67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
	68a Amount of line 67 you want refunded to you ▶	68a	0
	▶ b Routing no. <input type="checkbox"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account no. <input type="checkbox"/>		
	69 Amt. of line 67 you want applied to your 2002 estimated tax ▶ 69 <input type="checkbox"/>		
Amount You Owe	70 Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions. ▶	70	257
	71 Estimated tax penalty. Also include on line 70	71	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . **Yes.** Complete the following. **No**

Designee's name ▶ **DOROTHY MILEK** Phone no. ▶ **512-459-4157** Personal identification number (PIN) ▶ **10290**

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	Daytime phone number
<input type="checkbox"/>	<input type="checkbox"/>	PAINTER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<input type="checkbox"/>	<input type="checkbox"/>		

Preparer's Use Only

Preparer's signature ▶ Date **03-27-2002** 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** EIN **74-1857284**
8100 SHOAL CREEK STE 101 Phone no. **512-459-4157**
AUSTIN TX 78757

Schedule B -- Interest and Ordinary Dividends 2001

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 HAMILTON

463-76-6490

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Part I Interest

(See the instructions for Schedule B, and 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.

		Amount
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 ► <u>GUARANTY</u>	1,439
1		
2	Add the amounts on line 1.	1,439
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.	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►	1,439

Note. If line 4 is over \$400, you must complete Part III.

Part II Ordinary Dividends

(See the instructions for Schedule B, and 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.

		Amount
5	List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ►	
5		
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9. ►	

Note. If line 6 is over \$400, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions.)

		Yes	No
You must complete this part if you (a) had over \$400 of taxable 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.			
7a	At any time during 2001, 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country ►		
8	During 2001, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2001

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ **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).**

Name of proprietor
ALAN HAMILTON

Social security number (SSN)
463-76-6490

A Principal business or profession, including product or service (see the instructions)
PAINTER SERVICES

B Enter code from instructions ▶
23500

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) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2001? If "No," see instructions for limit on losses. Yes No

H If you started or acquired this business during 2001, check here ▶

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 3,675
2 Returns and allowances.	2
3 Subtract line 2 from line 1	3 3,675
4 Cost of goods sold (from line 42 on page 2)	4
5 Gross profit. Subtract line 4 from line 3	5 3,675
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 3,675

Part II Expenses. Enter expenses for business use of your home only on line 30.	
8 Advertising	8
9 Bad debts from sales or services (see instructions)	9
10 Car and truck expenses (see instructions)	10
11 Commissions and fees.	11
12 Depletion	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13
14 Employee benefit programs (other than on line 19)	14
15 Insurance (other than health)	15
16 Interest:	
a Mortgage (paid to banks, etc.)	16a
b Other	16b
17 Legal and professional services	17
18 Office expense.	18
19 Pension & profit-sharing plans	19
20 Rent or lease (see instructions):	
a Vehicles, machinery, and equipment	20a
b Other business property	20b
21 Repairs and maintenance	21
22 Supplies (not included in Part III)	22
23 Taxes and licenses	23
24 Travel, meals, & entertainment:	
a Travel	24a
b Meals and entertainment	
c Enter nondeductible amount included on line 24b (see instructions)	
d Subtract line 24c from line 24b	24d
25 Utilities	25
26 Wages (less employment credits)	26
27 Other expenses (from line 48 on page 2)	27
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 3,675
30 Expenses for business use of your home. Attach Form 8829	30 0
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 3,675
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.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ See Instructions for Schedule SE (Form 1040).

2001

Attachment
Sequence No. 17

▶ Attach to Form 1040.

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

ALAN HAMILTON

Social security number of person

with self-employment income ▶ 463-76-6490

Who Must File Schedule SE

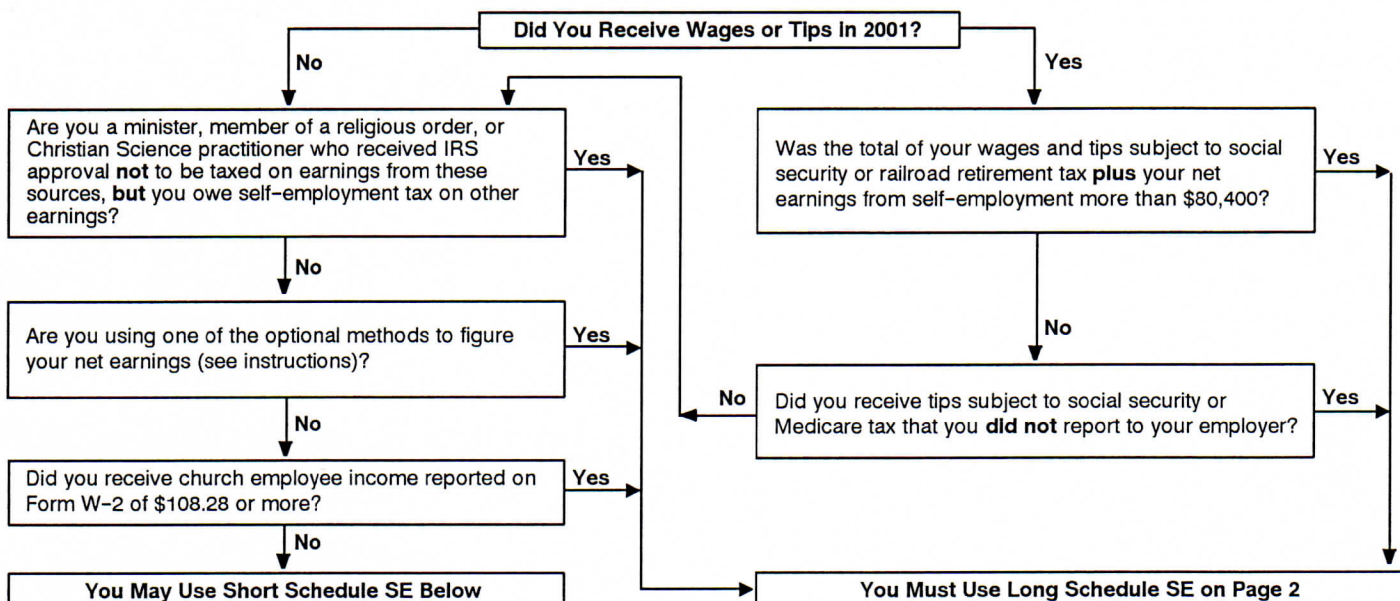
You must file Schedule SE if:

- 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 53.

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	3,675
3	Combine lines 1 and 2.	3	3,675
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	3,394
5	Self-employment tax. If the amount on line 4 is: • \$80,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 53. • More than \$80,400, multiply line 4 by 2.9% (.029). Then, add \$9,969.60 to the result. Enter the total here and on Form 1040, line 53.	5	519
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	260

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 2001

GUARANTY BANK

P.O. BOX 1149
AUSTIN, TEXAS 78767
1-800-288-8822

INTEREST INCOME

PAYER EIN - 74-2511478

FORM 1099-INT, INTEREST INCOME
FOR CALENDAR YEAR 2001

SEQ# 1
OMB NO. 1545-0112



ALAN L HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753-4332

RECIPIENT'S
IDENTIFYING NUMBER:

463-76-6490

NOTE: THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

ACCOUNT TYPE	ACCOUNT NUMBER	BOX 1 INTEREST	BOX 2 PENALTY	BOX 3 INTEREST	BOX 4 FED TAX
MARKET RATE	380-0446704	1438.79	0.00	0.00	0.00
TOTALS : (THE FOLLOWING TOTALS ARE BEING FURNISHED TO THE IRS.)					
BOX 1 - INTEREST INCOME NOT INCLUDED IN BOX 3				\$	1,438.79
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
----- COPY B OF FORM 1099-INT - FOR RECIPIENT ----- DEPARTMENT OF TREASURY - INTERNAL REVENUE SERVICE					

BOX 1 and BOX 2 totals include forfeited interest.



CITY drug store
 223 W. GRAND • YOAKUM, TEXAS

AC0926672

PHONE
293-2181

185.00

190.00

30.00

205.00 ²¹

75.00

2685.00

100.00

50.00

50.00

120.00

30.00

40.00

1075.00

80.00

40.00

100.00

60.00

20.00

200.00

1575.00 Labor

1439.00 Interest (Bank)

3014.00 Total

Alan

Dorothy Milek
Tax Service

8100 Shoal Creek, Suite 101
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FAX 459-0067

P.O. Box 9846
Austin, Texas 78766