

Dorothy Milek Tax Service
 8100 Shoal Creek, Suite 101, P.O. Box 9846
 Austin, Texas 78766
 459-4157

For your 2002 ESTIMATE, may we suggest:

Credit applied from 2001

\$ 2315 cr. left in

04/15/2002

\$ 1805 > ☒

1805
 5120
 7720
 7720
 22365
 16480

06/17/2002

\$ 4120 + 1805
5120 ✓

09/16/2002

\$ 4120 + 3600
4120
7720

01/15/2003

\$ 4120 7720.00
 7465.00

TOTAL

\$ 16480 (24380) 7865.00

***YOU MAY NEED TO ADJUST THESE AMOUNTS DURING THE YEAR, BASED ON ACTUAL INCOME.**

7720
 7720
 2315
 1805
 5120
 24380

22365
 16480
 38845

NAME Maurine P Hamilton 459-20-2593

Tel. # Wk. _____

2002ADDRESS 9902 Childress Dr

Home _____

Cell _____

Pager _____

e-mail _____

Austin, Tex. 78753

DEPENDENTS:

NAMESOCIAL SECURITY #BIRTHDATECollege classTuition exp.

BRING WITH YOU:

~~AB~~ 7728312 3,496.17

AB 7728307 8,000.00

WA 7762551 7,200.00

HA 7728306 2990.00

INCOME:

W-2's

Do you have Dependent Care Benefits? _____

1099's Pension

Unemployment Compensation; W/H? _____

Dividends received; W/H? _____

IRA/ Keogh distribution

Interest received; W/H? _____

Penalty for early withdrawal? _____

Installment payments: Principal received _____ Interest received _____

Principal received _____ Interest received _____

Business, Farm, Rental and any OTHER INCOME you received.

Social Security

Bring Statement

K-1's Partnership or Trust income

Alimony - Received _____ or Paid _____ Ex-Spouse's SS # _____

REAL ESTATE SALES Bring CLOSING STMTS from PURCHASE and SALE + improvements

STOCK SALES Bring 1099B, 12/31/02 Brokerage Statement and Cost info on securities sold.

Tax-exempt Interest Bring 12/31/02 Statement.

ADJUSTMENTS:

IRA/SEP CONTRIBUTIONS: Traditional _____ Non-ded? _____; ROTH Contrib _____

Spouse: Traditional _____ Non-ded? _____; ROTH Contrib _____

SELF-EMPLOYED HEALTH INSURANCE PREMIUMS _____ (70% may be deductible)

STUDENT LOAN INTEREST Bring Statement

TEACHER EXPENSES _____ (\$250 max)

TP/SPOUSE EDUCATION EXPENSE: Hope _____ Lifetime Learning _____

Fr-Soph _____ All Other Ed _____

QUARTERLY ESTIMATE PAYMENTS MADE:

| | <u>Date Paid</u> | <u>Amt Paid</u> | | <u>Date Paid</u> | <u>Amt Paid</u> |
|----------------------|------------------|---------------------|---------|------------------|-----------------|
| 2001 Refund Credited | | <u>235.15</u> 2315. | 9-16-02 | | <u>7720</u> |
| 4-15-02 | <u>1805</u> | | 1-15-03 | | <u>7720</u> |
| 6-17-02 | <u>5120</u> | | TOTAL: | | _____ |

MEDICAL & DENTAL EXPENSES

Pg. 2

Amount

| | |
|--|-----------|
| Medical Insurance Premiums Paid By You (not Self Employed) | \$ |
| 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 13cents= _____ | |
| LESS INSURANCE REIMBURSEMENT | (_____) |

TOTAL

DO YOU HAVE A MEDICAL SAVINGS ACCOUNT? _____

TAXES PAID

DO YOU HAVE A HOME OFFICE? _____

| | |
|--|----|
| Real Estate Taxes On Your Home | \$ |
| Other Real Estate Taxes (except Rental property) | |
| State Income Tax paid | |
| | |
| | |

INTEREST PAID

DO YOU HAVE A HOME OFFICE? _____

Pg. 3

| | |
|---|----|
| HOME MORTGAGE -- Bring 1098 | \$ |
| 2nd Lien on Home. List Name and Address: | |
| Deductible Points on Home Loan (Bring Closing statement.) | |

INVESTMENT INTEREST (As on Land- Not rental) (Form 4952)

| | |
|----------------|--|
| TOTAL INTEREST | |
|----------------|--|

CHARITABLE CONTRIBUTIONS MADE

| | |
|------------|----|
| CASH/CHECK | \$ |
| | |

Number of Miles Auto Used in Charity Work _____ miles x 14 cents = _____

PROPERTY CONTRIBUTED

Including clothing, furniture and other items donated. (The value is what you would have sold these items for at a garage sale.) If property contributed is valued at more than \$500, please have a list.

TOTAL

\$ _____

OTHER DEDUCTIONS

| | |
|--|----------------------|
| Moving Expenses | \$ |
| Tax Preparation Fee | |
| Union Dues | |
| Dues to Professional Organization | |
| Casualty Loss (must be over 10% of adj gross income) | |
| Safety Deposit Box | |
| Safety Equipment - Required in Employment | |
| Job Tools and Supplies - Required in Employment - or Education | |
| Uniforms | Job Hunting Expense: |
| 2nd Job Mileage: _____ miles x 36.5¢ = | |

CHILD CARE:

| Care Provider's Name | Street Address and ZIP | SSN or EIN | Amt/Child Child's name | Amt/Child Child's name |
|----------------------|------------------------|------------|---------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SELF-EMPLOYED

Pg. 4

BUSINESS NAME: _____ OWNER: TP / SP
 BUSINESS ACTIVITY: _____ BUSINESS CODE _____

AUTOMOBILE MILEAGE:

| Vehicle | Date put in svc |
|---|-----------------|
| Business _____ mi. x 36.5 cents = _____ | |
| Commuting _____ | |
| Personal _____ | |
| Total _____ | |

| | |
|------------------------------|----------|
| INCOME (w/o Sales Tax) | \$ _____ |
| Plus Other Income | _____ |
| Minus Returns and Allowances | _____ |
| Beginning Inventory | _____ |
| Purchases (For Resale) | _____ |
| Contract Labor | _____ |
| Materials & Supplies | _____ |
| Ending Inventory | _____ |

ASSETS PURCHASED: New or Used?

| Date | Item | N/U | \$Amt | Sec179/ Dep |
|-------|-------|-------|-------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

TAXES:

| | |
|-----------------|----------------|
| FICA _____ | FUTA _____ |
| MED _____ | Bus Prop _____ |
| TWC _____ | Licenses _____ |
| Total: \$ _____ | |

| Total _____ Sec. 179 | Total _____ Dep |
|----------------------|-----------------|
|----------------------|-----------------|

| | |
|--------------------------------|--|
| Advertising | |
| Insurance | |
| Interest: Mortgage _____ | |
| Other _____ | |
| Legal & Professional | |
| Office Supplies & Post. | |
| Rent on Bus Prop. Equip: _____ | |
| Other _____ | |
| Repairs | |
| Supplies/Hand Tools | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Travel:

| | |
|----------------------------------|----------|
| Out-of-Town Lodging _____ | |
| Airfare, Rental Car, etc. _____ | \$ _____ |
| Total Meals _____ & Enter. _____ | |
| Utilities _____ Tel. _____ | |
| W-2 Wages Paid | |

Other Expenses:

| | |
|--------------|--|
| Bus. LD | |
| Bank Chgs | |
| Dues & Pubs | |
| Yellow Pages | |
| | |
| | |
| | |
| | |

Home Office:

Date Purchased: _____ Amt Pd: \$ _____
 Total Sq. Ft. _____ Bus. Use Sq. Ft. _____
 Hours used per day for Business _____

| | |
|-----------------|-----------------|
| Interest _____ | Elec _____ |
| Taxes _____ | Gas _____ |
| Insurance _____ | Garbage _____ |
| Repairs _____ | Water _____ |
| | Tot Util. _____ |

Improvements _____

Property # 1 Address _____

Property # 2 Address _____

Property # 3 Address _____

Property # 4 Address _____

Property # 5 Address _____

Property # 6 Address _____

| | #1 | #2 | #3 | #4 | #5 | #6 |
|----------------------|----|----|----|----|----|----|
| TOTAL RENTS RECEIVED | | | | | | |
| ROYALTIES | | | | | | |

[illegible]

EMPLOYEE BUSINESS EXPENSES

Pg. 6

This form is for EMPLOYEES who can claim expenses in excess of Employer reimbursement.

REIMBURSEMENT RECEIVED \$ _____

Amount of Reimbursement in W-2 _____

AUTOMOBILE EXPENSES:

Total miles on auto for year _____

Business miles _____

Business use % _____

Actual Expenses

Gas, Oil, Lube _____

Repairs _____

Tires, supplies _____

Insurance _____

Miscellaneous _____

Lease payments _____

STD Mileage allowance

x 36.5cents = _____

TRAVEL EXPENSES:

Airfare, taxi, etc. _____

Lodging _____

Total Meals while away from home _____ x 50% = _____

Other exp. while away from home _____

SALESPERSON'S EXPENSES

Office rent _____

Telephone _____

Supplies _____

Printing _____

Parking Fees _____

Advertising _____

Dues & Subscriptions _____

Promotions & Gifts _____

Entertainment _____

Other _____

Total Expense _____

Less Reimbursement (_____)

SCHEDULES A&B
(Form 1040)

 Department of the Treasury
Internal Revenue Service (U)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

2002

 Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses
Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-2)
- 2 Enter amount from Form 1040, line 36 **2**
- 3 Multiply line 2 by 7.5% (.075)
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

Taxes You Paid

(See page A-2.)

- 5 State and local income taxes
- 6 Real estate taxes (see page A-2)
- 7 Personal property taxes
- 8 Other taxes. List type and amount ▶

- 9 Add lines 5 through 8

Interest You Paid

(See page A-3.)

- 10 Home mortgage interest and points reported to you on Form 1098
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶

Note. Personal interest is not deductible.

- 12 Points not reported to you on Form 1098. See page A-3 for special rules
- 13 Investment interest. Attach Form 4952 if required. (See page A-3.)
- 14 Add lines 10 through 13

Gifts to Charity

If you made a gift and got a benefit for it, see page A-4.

- 15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4
- 16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You **must** attach Form 8283 if over \$500
- 17 Carryover from prior year
- 18 Add lines 15 through 17

Casualty and Theft Losses

- 19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)

Job Expenses and Most Other Miscellaneous Deductions

(See page A-5 for expenses to deduct here.)

- 20 Unreimbursed employee expenses—job travel, union dues, job education, etc. You **must** attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶
- 21 Tax preparation fees
- 22 Other expenses—investment, safe deposit box, etc. List type and amount ▶
- 23 Add lines 20 through 22
- 24 Enter amount from Form 1040, line 36 **24**
- 25 Multiply line 24 by 2% (.02)
- 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-

Other Miscellaneous Deductions

- 27 Other—from list on page A-6. List type and amount ▶

Total Itemized Deductions

- 28 Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)?
- ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38. } ▶
- ☐ **Yes.** Your deduction may be limited. See page A-6 for the amount to enter. }

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

Your social security number

Schedule B—Interest and Ordinary DividendsAttachment
Sequence No. **08****Part I
Interest**(See page B-1
and the
instructions for
Form 1040,
line 8a.)

- 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 ►

*Yakum National Bank**Guaranty Bank**Jefferson-Pilot Life Ins. Co.***Amount**

| | |
|-----|----|
| 14 | 26 |
| 409 | 75 |

1

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.

- 2** Add the amounts on line 1
- 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 ►

2**3****4****Note.** If line 4 is over \$1,500, you must complete Part III.**Part II
Ordinary Dividends**(See page B-1
and the
instructions for
Form 1040,
line 9.)

- 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**

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.

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

6**Note.** If line 6 is over \$1,500, you must complete Part III.**Part III
Foreign Accounts and Trusts**(See
page B-2.)

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.

Yes No

- 7a** At any time during 2002, 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 page B-2 for exceptions and filing requirements for Form TD F 90-22.1

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

- 8** During 2002, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2



BANK OF AMERICA, N.A.
TEFRA CONTROL TX1-945-03-06
PO BOX 830040
DALLAS TX 75283-0040

Bank of America



BANK# 0099

DB01-300224657 0577

*****AUTO**3-DIGIT779

ALFRED OR MAURINE HAMILTON AS TTEES
OF THE ALFRED HAMILTON & MAURINE P
HAMILTON REVOCABLE LIVING TRUST
580 COUNTY ROAD 329
YOAKUM, TX 77995-6449

COMBINED TAX STATEMENT FOR YEAR 2002

THIS STATEMENT REPORTS 1099-DIV (OMB No. 1545-0110), 1099-INT (OMB No. 1545-0112), 1099-OID (OMB No. 1545-0117), 1098 (OMB No. 1545-0901), 5498 (OMB No. 1545-0747), 1099-MISC (OMB No. 1545-0115), 1099-B (OMB No. 1545-0715), 1099-S (OMB No. 1545-0997), 1099-A (OMB No. 1545-0877), 1099-C (OMB No. 1545-1424), 1098-E (OMB No. 1545-1576).
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

PAYERS E.I.N.
94-1687665

CUST SERV PH #
1-877-520-1099

TAXPAYERS IDENTIFICATION NUMBER

458-24-4617

"For Form 1099-B, DIV, INT, MISC and OID: 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 NUMBER | ACCOUNT TYPE | IRS DESCRIPTION | IRS BOX # | AMOUNT |
|--|--------------|-----------------|-----------|--------|
| 0089-3583-9725 | INTEREST CKG | INTEREST INCOME | 1 | 52.85 |
| ALFRED OR MAURINE HAMILTON AS TTEES OF THE ALFRED HAMILTON & MAURINE P HAMILTON REVOCABLE LIVING TRUST | | | | |

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-800-288-4408

*FORM 1099 OID: THIS MAY NOT BE THE CORRECT FIGURE TO REPORT ON YOUR INCOME TAX RETURN. SEE INSTRUCTIONS ON BACK.

ACCOUNT SUMMARY

TOTAL EARNINGS INT.
ORD. DIV AND OID'S

52.85

OMB No. 1545-0112

(Keep for your records.)

Interest Income

Copy B - For Recipient

Form **1099-INT**

| | | | | | |
|--|--------------------------------------|--|---------------------------------|--|-------------------------------------|
| BANK OF AMERICA N.A. 1422 E. GRAYSON P.O. BOX 8000 SAN ANTONIO, TX 78286-8000 | | The amount of interest paid has been consolidated under one Social Security number. Please keep this form for your records. Do not attach it to your income tax return. See instructions for recipient printed on back of this form. | | | |
| PAYER'S FEDERAL IDENTIFICATION NUMBER 94-1687665 | CODE 00 | ACCOUNT NUMBER 7475838198 | INTEREST INCOME 3,382.52 | FEDERAL INCOME TAX WITHHELD .00 | EARLY WITHDRAWAL PENALTY .00 |
| 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. | | | | | |
| 3 Interest on U.S. Savings Bonds and Treas. obligations | 5 Investment expenses | | | | |
| 6 Foreign tax paid | 7 Foreign country or U.S. possession | | | | |
| RECIPIENT'S IDENTIFICATION NUMBER 458244617 | | | | | |
| TOTALS | | 1 3,382.52 | | 4 .00 2 .00 | |
| ALFRED HAMILTON CO-TRUSTEE ALFRED/MAURINE P HAMILTON TRUST 12-13-96 580 COUNTRY RD NO 329 YOAKUM TX 77995 | | C O D E S DD - DEMAND DEPOSIT - CHECKING SV - SAVINGS CD - CERTIFICATE OF DEPOSIT PHONE 210-978-5000 PAGE 1 OF 1 | | | |

Form **1099-INT**INTEREST INCOME ☐ CORRECTED (if checked) 2002

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0112

PAYER'S name, street address, city, state, ZIP code, and telephone no.

YOKUM NATIONAL BANK
301 W GRAND AVE
P O BOX 777
YOKUM, TX 77995
(361) 293-5225

Calendar
year

2002

5 Investment expenses

PAYER'S ID
74-0997077

Interest Income

Copy B For Recipient
(Keep for your records.)

Form 1099-INT

All accounts shown below are for the
Recipient identification number shown at
left.

This is important tax information and is being furnished to the Internal Revenue Service and appropriate
State officials. If you are required to file a return, a negligence penalty or other sanction will be imposed
on you if this income is taxable and the IRS determines that it has not been reported.

| | | | | | |
|--|--------------------------------------|--------------------------------------|--|----------------------------|----------------------------|
| Recipient's identification number 458-24-4617 | 6 Foreign tax paid | Account Number / Type 1617513 DDA | 1 Interest income not included in box 3 1384.81 | 2 Early withdrawal penalty | 4 Fed. income tax withheld |
| 3 Interest on U.S. Savings Bonds and Treas. obligations | 7 Foreign country or U.S. possession | | | | |
| Recipient's name, address and ZIP code ALFRED HAMILTON OR MAURINE HAM REVOCABLE LIVING TRUST 580 CR 329 YOKUM TX 77995 | | | | | |
| | | TOTALS ► | 1384.81 | | |

☐ CORRECTED (if checked)

Form 1099-INT

Department of the Treasury Internal Revenue Service

OMB No. 1545-0112

PAYER'S name, street address, city, state, ZIP code, and telephone no.

YDAKUM NATIONAL BANK
301 W GRAND AVE
P O BOX 777
YDAKUM, TX 77995
(361) 293-5225

Calendar
year

2002

5 Investment expenses

PAYER'S ID
74-0997077

Interest Income

Copy B For Recipient
(Keep for your records.)

Form 1099-INT

All accounts shown below are for the
Recipient identification number shown at
left.

This is important tax information and is being furnished to the Internal Revenue Service and appropriate
State officials. If you are required to file a return, a negligence penalty or other sanction will be imposed
on you if this income is taxable and the IRS determines that it has not been reported.

Recipient's identification number

6 Foreign tax paid

Account Number / Type

1 Interest income not included in box 3

2 Early withdrawal penalty

4 Fed. income tax withheld

459-20-2593

3 Interest on U.S. Savings Bonds and Treas. obligations

7 Foreign country or U.S. possession

1624535 DDA

14.26

Recipient's name, address and ZIP code

MAURINE OR ALFRED HAMILTON REV
MAURINE OR ALFRED HAMILTON TRU
9902 CHILDRESS DR
AUSTIN TX 78753-4332

TOTALS ►

14.26

☐ CORRECTED (if checked)

Form 1099-INT

Department of the Treasury - Internal Revenue Service

FIRST NATIONAL BANK - SHINER
P O BOX 607
SHINER TX 77984

OMB NO. 1545-0112

2002 1099-INT

DIRECT INQUIRIES TO 361-594-3317

PAYERS FEDERAL
IDENTIFICATION NO.

ALFRED HAMILTON
AND MAURINE P HAMILTON
REVOCABLE LIVING TRUST
MMF ACCOUNT
580 COUNTY RD 329
YOAKUM TX

740896848

CUSTOMER NO.
07034113-00

77995

* * * 2002 INTEREST INCOME * * *

* * * THIS IS YOUR 1099-INT * * *
COPY B FOR RECIPIENT

INTEREST EARNED BY CUSTOMER:

(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.)

| RECIPIENT'S NAME/ IRS BOX NUMBER AND DESCRIPTION | SOCIAL SECURITY NO. | ACCOUNT TYPE | IRS NUMBER | ACCOUNT/CD NUMBER |
|---|------------------------|----------------------|---------------|----------------------|
| ALFRED HAMILTON | 458-24-4617 | 01-MONEY MARKET FUND | 703411301 | 7034113 |

| | | | |
|-------|-------------------------------------|----|------|
| BOX-1 | INTEREST INCOME.....(1) | \$ | 4.41 |
| BOX-2 | EARLY WITHDRAWAL PENALTY.....(2) | \$ | .00 |
| BOX-4 | FEDERAL INCOME TAX WITHHELD.....(4) | \$ | .00 |

SEE INSTRUCTIONS ON BACK

INSTRUCTIONS TO 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, 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 INCOME TAXES. THIS INTEREST IS NOT INCLUDED IN BOX 1.

BOX 4.-SHOWS BACKUP WITHHOLDING. GENERALLY, A PAYER MUST BACKUP WITHHOLD AT A 30 PERCENT RATE IF YOU DID NOT FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO THE PAYER. SEE FORM W-9, REQUEST OF TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION, FOR INFORMATION ON BACKUP WITHHOLDING. INCLUDE THIS AMOUNT ON YOUR INCOME TAX RETURN AS TAX WITHHELD.

NOMINEES.- IF THIS FORM INCLUDES AMOUNTS BELONGING TO ANOTHER PERSON, YOU ARE CONSIDERED A NOMINEE RECIPIENT. COMPLETE A FORM 1099-INT FOR EACH OF THE OTHER OWNERS SHOWING THE INCOME ALLOCABLE TO EACH, FILE COPY A OF THE FORM WITH THE IRS. FURNISH COPY B TO EACH OWNER. LIST YOURSELF AS THE 'PAYER' AND THE OTHER OWNER AS THE 'RECIPIENT'. 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 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.

RETIREE ACCOUNT STATEMENT

STATEMENT EFFECTIVE DATE

DEC 03, 2002

NEW PAY DUE AS OF

JAN 02, 2003

SSN

458 24 4617

PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES

COL ALFRED HAMILTON USAF RET
580 CO RD 329
YOAKUM TX 77995-0000

003557

DFAS-CL POINTS OF CONTACT

DEFENSE FINANCE AND ACCOUNTING SERVICE
US MILITARY RETIREMENT PAY
PO BOX 7130
LONDON KY 40742-7130

COMMERCIAL (216) 522-5955
TOLL FREE 1-800-321-1080
TOLL FREE FAX 1-800-469-6559

myPay

<https://myPay.dfas.mil>
1-877-363-3677

PAY ITEM DESCRIPTION

| ITEM | OLD | NEW | ITEM | OLD | NEW |
|----------------|----------|----------|-----------|----------|----------|
| GROSS PAY | 5,932.00 | 6,015.00 | FITW | 752.92 | 763.91 |
| TAXABLE INCOME | 5,932.00 | 6,015.00 | ADDL FITW | 166.00 | 166.00 |
| | | | NET PAY | 5,013.08 | 5,085.09 |

PAYMENT ADDRESS

DIRECT DEPOSIT

YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)

TAXABLE INCOME: 71,184.00
FEDERAL INCOME TAX WITHHELD: 11,100.35

TAXES

FEDERAL WITHHOLDING STATUS: MARRIED
TOTAL EXEMPTIONS: 03
FEDERAL INCOME TAX WITHHELD: 763.91
ADDITIONAL FITW: 166.00

SURVIVOR BENEFIT PLAN (SBP) COVERAGE

NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.



ARREARS OF PAY BENEFICIARY INFORMATION

THE FOLLOWING BENEFICIARIES ARE ON RECORD:

| NAME | SHARE | RELATIONSHIP |
|--------------------|--------|--------------|
| MAURINE P HAMILTON | 50.00% | WIFE |
| ALAN L HAMILTON | 25.00% | SON |
| SYLVIA L HAMILTON | 25.00% | DAUGHTER |

MESSAGE SECTION

YOUR NEW PAY INCLUDES A 1.4% COST OF LIVING INCREASE.

DUE TO RECENT LEGISLATION YOUR FEDERAL WITHHOLDING TAX HAS CHANGED.

PLEASE NOTE OUR NEW MAILING ADDRESS, LISTED UNDER DFAS POINTS OF CONTACT ON THE OTHER SIDE OF THIS STATEMENT.

YOUR 2002 TAX STATEMENT (1099R) WILL BE MAILED NO LATER THAN JANUARY 15, 2003.

WANT TO VIEW AND MAKE PAY ACCOUNT CHANGES? VISIT MYPAY (FORMERLY E/MSS). DISCOVER THE NEW LOGO AND WEBSITE AT [HTTPS://MYPAY.DFAS.MIL](https://mypay.dfas.mil)

NEED A MYPAY PIN? REQUEST IT ONLINE AT [HTTPS://MYPAY.DFAS.MIL](https://mypay.dfas.mil)



USAA FEDERAL SAVINGS BANK
10750 MCDERMOTT FREEWAY
SAN ANTONIO TX 78288-0544

00376894L

PAYER ID NUMBER

74-6393739

376887

01701

ALFRED HAMILTON OR
MAURINE P HAMILTON
580 COUNTY ROAD 329
YOAKUM TX 77995-6449

1099-INT

OMB No. 1545-0112

FOR CALENDAR YEAR

2002

TAXPAYER ID NUMBER

458-24-4617

FOR INFO. ON THIS FORM, CALL:
CUST. SVC. 1-800-531-2265

REPORTED TO THE INTERNAL REVENUE SERVICE

2002 - 1099-INT, INTEREST INCOME

| | ACCOUNT NUMBER | |
|------------------------------|-----------------|--------|
| INTEREST | 0016671988 | |
| BOX 1 | INTEREST INCOME | 293.14 |
| FORM 1099-INT TOTAL INTEREST | | 293.14 |

HAMILTON, ALFRED
580 COUNTRY RD 329
YOAKUM, TX 77995

Member SSN: 458-24-4617 - S

This letter is a statement of your monthly annuity from the Employees Retirement System of Texas. You will automatically receive this information each September for your records. You will also receive an updated version of this letter whenever your Net Annuity amount changes.

Outlined below is your annuity as of September 30, 2002

Gross Annuity : \$1,891.72

Withholding : \$ 0.00

Insurance : \$ 0.00

Net Annuity : \$1,891.72

Tax Withholding Status : None
Tax Withholding Exemptions : 00

If you have any questions concerning this notice, please contact us at:

EMPLOYEES RETIREMENT SYSTEM OF TEXAS
P.O. BOX 13207
AUSTIN, TEXAS 78711-3207

(512)867-7711 OR (877)275-4377 (TOLL FREE)
www.ers.state.tx.us

RETIREES**2003 PERSONAL ENROLLMENT STATEMENT - SUMMER ENROLLMENT**

This statement lists your benefit options for Summer Enrollment. Use this to select your coverages for Plan Year 2003. Please note that these choices will remain in effect from 09/01/2002 to 08/31/2003 unless you experience a Qualified Life Event. Some employers pay a portion of the premiums for their employees. The options in bold reflect your 9/1 coverage if no changes are made. Proof may be required for options that are led by an asterisk (*).

ERS Online is available for you to make your changes online at www.ers.state.tx.us using your UserId (Social Security Number) and the Password listed below. Confirmation of your changes will be sent to you at the end of the Summer Enrollment Period.

HAMILTON,ALFRED
580 COUNTRY RD 329
YOAKUM, TX 77995

Benefit Pgm: RET
Effective Date: 09/01/2002
ERSA Eligibility County: DEWITT

Online/IVR Password: 99914
Date of Birth: 05/12/1914

YOUR OPTIONS

| Employee Only | | Employee+Spouse | | Employee+Children | | Employee+Family | |
|----------------------|------|------------------------|------|--------------------------|------|------------------------|------|
| State - Employee | | State - Employee | | State - Employee | | State - Employee | |
| Pays | Pays | Pays | Pays | Pays | Pays | Pays | Pays |

Medical

| | | | | | | | |
|---------------------------------------|---------------|-------------|--------|--------|--------|--------|---------------|
| Waive | 0.00 | 0.00 | | | | | |
| Health Select Age 65 Secondary | 306.61 | 0.00 | 482.91 | 176.30 | 424.66 | 118.04 | 600.96 294.34 |

You are currently covered under Health Select Age 65 Secondary with Member Only coverage.

Dental

| | | | | | | |
|-----------------------------|-------------|-------|--|-------|--|-------|
| Waive | 0.00 | | | | | |
| Cigna Dental Indemnity Plan | 19.58 | 37.00 | | 44.25 | | 61.66 |
| Aetna Dental, Inc. DMO | 6.13 | 11.04 | | 13.30 | | 16.37 |

You are not currently participating in the Dental plan.

Life

| | <u>Coverage Amount</u> | |
|---------------------------|------------------------|-------------|
| Retiree Basic Life | \$ 2,500 | 0.00 |

You are currently covered under the Retiree Basic Life option.

*** Supplemental Life**

| | <u>Coverage Amount</u> | |
|-----------------------------|------------------------|-------------|
| Waive | \$ 0 | 0.00 |
| Retiree Optional Life/Fixed | \$ 10,000 | 23.40 |

You are not currently participating in the Supplemental Life plan.

You are eligible to decrease your level of Supplemental Life, or, if you are not currently covered, you may apply for the Retiree Fixed Amount of \$10,000.00 through Evidence of Insurability.

*** Dependent Life**

| | <u>Coverage Amount</u> | |
|------------------------|------------------------|-------------|
| Waive | \$ 0 | 0.00 |
| Retiree Dependent Life | \$ 2,500 | 3.42 |

You are not currently participating in the Dependent Life plan.



JEFFERSON PILOT
FINANCIAL

202

Policy Number
0523940

Due Date
10-06-2002

Payable

MAURINE P HAMILTON

0

For Service Please contact

LIFE

TOTAL DUE

.00

JEFFERSON-PILOT LIFE INS. CO.
P O BOX 21008
GREENSBORO NC 27420

THIS IS NOT A BILL
AND REQUIRES NO PAYMENT

PHONE (336) 691-3000

*Cashed in Policy
2002*

| | | |
|----------------------------|----------|--------|
| DIVIDEND DUE | 10-06-02 | 6.17 |
| DEPOSITED AT INTEREST | | 6.17 |
| PRIOR ACCUMULATED DIVIDEND | | 369.76 |
| INTEREST EARNED | | 14.01 |
| ACCUM. DIVIDEND | 10-06-02 | 389.94 |

Your Life, your needs and your financial security goals are constantly changing. Jefferson-Pilot offers a broad variety of insurance products to help you meet your needs and achieve your goals. Your representative, whose name and number are listed above, would be pleased to provide you with information about how our services may benefit you.

Note: If a representative is not shown, please contact us (see information below) and we will have a representative contact you.

Telephone: (800) 487-1485

MAURINE P HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753

Please make check or money order payable to Jefferson-Pilot Life Insurance Company

BJ-8325

Please Detach and Keep This Part for Your Records

See Information on Reverse Side



JEFFERSON PILOT
FINANCIAL

202

Policy Number
0523940

Due Date
10-06-2002

Payable

MAURINE P HAMILTON

0

Important! Please Return This
Part With Your Payment

Note: This is the only
Notice you will receive

Enter Address Change Below

19810 LIFE

TOTAL DUE

.00

THIS IS NOT A BILL
AND REQUIRES NO PAYMENT

MAURINE P HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753

Jefferson-Pilot
Life Insurance Company
PO Box 25500
Greensboro, NC 27420-1008

Jefferson-Pilot
Life Insurance Company
PO Box 21008
Greensboro NC 27420
Telephone 1 336 691-3000
www.jpfinancial.com



JEFFERSON PILOT
FINANCIAL

October 26, 2002

Agency 19810

MAURINE P HAMILTON
9902 CHILDRRESS DR
AUSTIN TX 78753

Policy No. 0523940
MAURINE P HAMILTON

As requested, this policy has been cancelled, and our check for the amount shown below is enclosed as final settlement.

| | | |
|----|----------|--------------------------|
| \$ | 899.63 | Cash value |
| | 389.94 | Dividend accumulation |
| \$ | 1,289.57 | Amount of check enclosed |

Payee: MAURINE P HAMILTON

Thank you for selecting Jefferson-Pilot. If you need assistance with your insurance program, please contact your Jefferson-Pilot representative or this office.

Client Services - 4560
79SQJ

00037624L
JEFFERSON-PILOT LIFE INSUR CO
P. O. BOX 21008
GREENSBORO, NC 27420

00037624L

E.I.N. 56-0359860

CLIENT SERVICES DEPT
IF QUESTIONS CALL 800-487-1485

This Statement is Issued in Lieu of a 1099 US Information Return
or 1098 Mortgage Interest Statement

MAURINE P HAMILTON 4560
9902 CHILDRESS DR
AUSTIN TX 78753

For Calendar Year
2002

Taxpayer ID Number
459-20-2593

2002 - 1099-INT, INTEREST INCOME

| | ACCOUNT NUMBER | |
|--------------|-----------------|-------|
| DIVIDEND INT | 4560 0523940 | |
| BOX 1 | INTEREST INCOME | 14.01 |
| | TOTAL INTEREST | 14.01 |

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 will be imposed on you if this income is taxable and the IRS determines that it has not been reported and/or if the IRS determines that an underpayment of tax results because you overstated a deduction for the mortgage interest on your return. 1099-INT(OMB No.1545-0112), 1099-MISC(OMB No.1545-0115), 1098(OMB No.1545-0901).

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

INTEREST INCOME

FORM 1099-INT, INTEREST INCOME
FOR CALENDAR YEAR 2002

SEQ# 1
OMB NO. 1545-0112



MAURINE P HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753-4332

RECIPIENT'S
IDENTIFYING NUMBER:
459-20-2593

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 | 380-1371133 | 397.97 | 0.00 | 0.00 | 0.00 |
| CHECKING ACCOUNT | 3-8054700 | 11.78 | 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 | \$ | 409.75 |
| 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 - INVESTMENT EXPENSES | | |
| BOX 6 - FOREIGN TAX PAID | \$ | 0.00 |
| BOX 7 - FOREIGN COUNTRY OR U.S. POSSESSION | | |

----- COPY B OF FORM 1099-INT - FOR RECIPIENT -----
DEPARTMENT OF TREASURY - INTERNAL REVENUE SERVICE

BOX 1 and BOX 2 totals include forfeited interest.



UNITED OF OMAHA
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175

0023

MAURINE P HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753-4332

| | | | | |
|---|--------------------------|-------------------------|----------------------------------|----------------------------|
| CHECK NO. 0010362157 | CHECK DATE 05/24/2002 | PAYEE NO. 0000000009 | PAYEE NAME MAURINE P HAMILTON | CHECK AMOUNT \$8,000.00 |
| DESCRIPTION | | | VOUCHER | AMOUNT |
| AB7728307 MAURINE P HAMILTON PARTIAL WITHDRAWAL | | | | |

ABCAB

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|------------|-------------|---------|---------|
| 1900-01-01 | Balance | 1000.00 | 1000.00 |
| 1900-01-15 | Payment | 500.00 | 500.00 |
| 1900-02-01 | Receipt | 200.00 | 700.00 |
| 1900-02-15 | Payment | 100.00 | 600.00 |
| 1900-03-01 | Receipt | 300.00 | 900.00 |
| 1900-03-15 | Payment | 150.00 | 750.00 |
| 1900-04-01 | Receipt | 400.00 | 1150.00 |
| 1900-04-15 | Payment | 250.00 | 900.00 |
| 1900-05-01 | Receipt | 500.00 | 1400.00 |
| 1900-05-15 | Payment | 300.00 | 1100.00 |
| 1900-06-01 | Receipt | 600.00 | 1700.00 |
| 1900-06-15 | Payment | 400.00 | 1300.00 |
| 1900-07-01 | Receipt | 700.00 | 2000.00 |
| 1900-07-15 | Payment | 500.00 | 1500.00 |
| 1900-08-01 | Receipt | 800.00 | 2300.00 |
| 1900-08-15 | Payment | 600.00 | 1700.00 |
| 1900-09-01 | Receipt | 900.00 | 2600.00 |
| 1900-09-15 | Payment | 700.00 | 1900.00 |
| 1900-10-01 | Receipt | 1000.00 | 2900.00 |
| 1900-10-15 | Payment | 800.00 | 2100.00 |
| 1900-11-01 | Receipt | 1100.00 | 3200.00 |
| 1900-11-15 | Payment | 900.00 | 2300.00 |
| 1900-12-01 | Receipt | 1200.00 | 3500.00 |
| 1900-12-15 | Payment | 1000.00 | 2500.00 |
| 1901-01-01 | Balance | 2500.00 | 2500.00 |

| | |
|---------|----------|
| 3999.90 | 4400.00 |
| 785.17 | 785.17 |
| 3214.83 | |
| 800.00 | |
| 884.00 | |
| 8000.00 | 79684.00 |



Mutual of Omaha

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

0027

MAURINE P HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753-4332

| | | | | |
|---|--------------------------|-------------------------|---|----------------------------|
| CHECK NO. 0010585611 | CHECK DATE 11/18/2002 | PAYEE NO. 0000000009 | PAYEE NAME MAURINE P HAMILTON | CHECK AMOUNT \$3,496.17 |
| DESCRIPTION | | | VOUCHER | AMOUNT |
| AB7728312 MAURINE P HAMILTON 2002 RMD | | | 01720124 < | |

ABCAB

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (U)

Name(s) shown on return

Supplemental Income and Loss

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

OMB No. 1545-0074

2002

Attachment
Sequence No. **13**

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

Your social security number

Part I **Income or Loss From Rental Real Estate and Royalties** **Note.** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see page E-3). Report farm rental income or loss from **Form 4835** on page 2, line 39.

| | | | |
|--|--|------------|-----------|
| 1 Show the kind and location of each rental real estate property : | 2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: • 14 days or • 10% of the total days rented at fair rental value? (See page E-3.) | Yes | No |
| A 4862 Childress Dr Austin TX 78753 SFR | | A | |
| B | | B | |
| C | | C | |

| Income: | Properties | | | Totals 7715. ⁰⁰ (Add columns A, B, and C.) |
|---|---------------------------|---|---|--|
| | A | B | C | |
| 3 Rents received | 3 7715 ✓ | | | 3 |
| 4 Royalties received | 4 | | | 4 |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see page E-4) | 6 | | | |
| 7 Cleaning and maintenance | 7 245 ✓ | | | |
| 8 Commissions | 8 560 ✓ | | | |
| 9 Insurance | 9 287 ✓ | | | |
| 10 Legal and other professional fees | 10 965 ✓ | | | |
| 11 Management fees | 11 450 ✓ | | | |
| 12 Mortgage interest paid to banks, etc. (see page E-4) | 12 274 ✓ | | | 12 |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 175 ✓ | | | |
| 15 Supplies | 15 5 ✓ | | | |
| 16 Taxes | 16 2,244 ✓ | | | |
| 17 Utilities | 17 235 ✓ | | | |
| 18 Other (list) ▶ | 18 | | | |
| 19 Add lines 5 through 18 | 19 | | | 19 |
| 20 Depreciation expense or depletion (see page E-4) | 20 | | | 20 |
| 21 Total expenses. Add lines 19 and 20 | 21 | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198 | 22 | | | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582 . Real estate professionals must complete line 42 on page 2 | 23 () () () () | | | |
| 24 Income. Add positive amounts shown on line 22. Do not include any losses. | 24 | | | 24 |
| 25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | 25 () () | | | 25 |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2 | 26 | | | 26 |

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

Your social security number

Note. If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations **Note.** If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. See page E-1. If you check column (f), you must attach Form 6198.

| 27 | (a) Name | (b) Enter P for partnership; S for S corporation | (c) Check if foreign partnership | (d) Employer identification number | Investment At Risk? (e) All is at risk (f) Some is not at risk |
|----|----------|--|----------------------------------|------------------------------------|---|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

| Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|--------------------------------------|---------------------------------------|--|---|
| (g) Passive loss allowed (attach Form 8582 if required) | (h) Passive income from Schedule K-1 | (i) Nonpassive loss from Schedule K-1 | (j) Section 179 expense deduction from Form 4562 | (k) Nonpassive income from Schedule K-1 |
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| 28a Totals | | | | |
| 28b Totals | | | | |
| 29 Add columns (h) and (k) of line 28a | | | 29 | |
| 30 Add columns (g), (i), and (j) of line 28b | | | 30 () | |
| 31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below | | | 31 | |

Part III Income or Loss From Estates and Trusts

| 32 | (a) Name | (b) Employer identification number |
|----|----------|------------------------------------|
| A | | |
| B | | |

| Passive Income and Loss | | Nonpassive Income and Loss | |
|--|--------------------------------------|---|------------------------------------|
| (c) Passive deduction or loss allowed (attach Form 8582 if required) | (d) Passive income from Schedule K-1 | (e) Deduction or loss from Schedule K-1 | (f) Other income from Schedule K-1 |
| A | | | |
| B | | | |
| 33a Totals | | | |
| 33b Totals | | | |
| 34 Add columns (d) and (f) of line 33a | | | 34 |
| 35 Add columns (c) and (e) of line 33b | | | 35 () |
| 36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below | | | 36 |

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

| 37 | (a) Name | (b) Employer identification number | (c) Excess inclusion from Schedules Q, line 2c (see page E-6) | (d) Taxable income (net loss) from Schedules Q, line 1b | (e) Income from Schedules Q, line 3b |
|----|----------|------------------------------------|---|---|--------------------------------------|
| | | | | | |

38 Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below 38

Part V Summary

| | | |
|--|----|--|
| 39 Net farm rental income or (loss) from Form 4835. Also, complete line 41 below | 39 | |
| 40 Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17 | 40 | |
| 41 Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6) | 41 | |
| 42 Reconciliation for Real Estate Professionals. If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules. | 42 | |



FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

076602

2002

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

| | | | |
|---|--|--|--|
| Box 1. Name ALFRED HAMILTON | | Box 2. Beneficiary's Social Security Number 458-24-4617 | |
| Box 3. Benefits Paid in 2002 \$21,264.00 | Box 4. Benefits Repaid to SSA in 2002 NONE | Box 5. Net Benefits for 2002 (Box 3 minus Box 4) \$21,264.00 | |
| DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$20,616.00 Medicare premiums deducted from your benefit \$648.00 Total Additions \$21,264.00 Benefits for 2002 \$21,264.00 | | DESCRIPTION OF AMOUNT IN BOX 4 NONE | |
| | | Box 6. Voluntary Federal Income Tax Withheld NONE | |
| | | Box 7. Address ALFRED HAMILTON 9902 CHILDRESS DR AUSTIN TX 78753-4332 | |
| | | Box 8. Claim Number (Use this number if you need to contact SSA.) 458-24-4617A | |

Read This To See If Your Social Security Benefits May Be Taxable

If your social security and/or SSI (supplemental security income) benefits were your only source of income for 2002, you probably

will not have to file a Federal income tax return.

Fill in lines A through E below to see if any of your benefits may be taxable for 2002.

Note: If you plan to file a joint income tax return, include your spouse's amounts, if any, on lines A, C, and D below.

- A** Enter the total amount from **box 5** of all your Forms SSA-1099 . . . **A** _____
- B** Enter one-half of the amount on line A **B** _____
- C** Enter your **total income** that is taxable, such as pensions, wages, interest, ordinary dividends, and capital gain distributions. **Do not** reduce your income by any student loan interest deduction, tuition and fees deduction, the standard deduction (or itemized deductions), or exemptions **C** _____
- D** Enter any tax-exempt interest such as interest on municipal bonds **D** _____
- E** Add lines B, C, and D, and enter the total here. **Then, read the information below** . **E** _____

Part of your social security benefits may be taxable if, for 2002, you were:

1. Single, and **line E** above is more than \$25,000.

2. Married, and

• You would file jointly, and **line E** above is more than \$32,000; **or**

• You would file separately, and **line E** above is more than

zero (more than \$25,000 if you lived apart from your spouse for all of 2002).

If your figures show that part of your benefits may be taxable, see **Social Security Benefits** in your Federal income tax return instructions. If they do not, none of your benefits are taxable this year unless you exclude income from sources outside the United States, interest income from series EE or I U.S. savings

bonds issued after 1989, or employer-provided adoption benefits. For more details, see **IRS Pub. 915** or contact the IRS as explained below.

Note: If your figures show that part of your benefits may be taxable and you received benefits in 2002 that were for a prior year, see **Pub. 915** for rules on a special election you can make that may reduce the amount of your taxable benefits.

Get More Information From the IRS

If you still have questions about whether your social security benefits are taxable, see the 2002 Federal income tax return instructions for ways to get help from the IRS. If you do not have

the instructions, you can get your questions answered by:

- Calling the IRS at **1-800-829-1040**.
- Sending written tax questions to the IRS. To get the address,

call 1-800-829-1040.

- E-mailing your tax question through the IRS Web Site at www.irs.gov and then clicking on "Help" at the top of the page.
- Using TTY/TDD equipment. Call 1-800-829-4059.

Do Not Return This Notice to the SSA or the IRS

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

076785

2002

- PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
- SEE THE REVERSE FOR MORE INFORMATION.

| | | | |
|---|--|--|--|
| Box 1. Name MAURINE P HAMILTON | | Box 2. Beneficiary's Social Security Number 459-20-2593 | |
| Box 3. Benefits Paid in 2002 \$11,256.00 | Box 4. Benefits Repaid to SSA in 2002 NONE | Box 5. Net Benefits for 2002 (Box 3 minus Box 4) \$11,256.00 | |
| DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$10,608.00 Medicare premiums deducted from your benefit \$648.00 Total Additions \$11,256.00 Benefits for 2002 \$11,256.00 | | DESCRIPTION OF AMOUNT IN BOX 4 NONE | |
| | | Box 6. Voluntary Federal Income Tax Withheld NONE | |
| | | Box 7. Address MAURINE P HAMILTON 9902 CHILDRESS DR AUSTIN TX 78753-4332 | |
| | | Box 8. Claim Number (Use this number if you need to contact SSA.) 459-20-2593A | |

Your New Benefit Amount

262874

BENEFICIARY'S NAME:

ALFRED HAMILTON

SOCIAL SECURITY CLAIM NUMBER

(only the last 4 digits are shown to help prevent identity theft): XXX-XX-4617 A

Your Social Security benefits will increase by 1.4 percent in 2003, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is \$1,796.70
 - The amount we're deducting for Medicare is \$58.70
(If you did not have Medicare as of Nov. 22, 2002,
or if someone else pays your premium, we show \$0.00.)
 - The amount we're deducting for voluntary federal tax withholding is \$0.00
(If you did not elect voluntary federal tax withholding as of
Nov. 22, 2002, we show \$0.00.)
 - After taking any other deductions, we will deposit \$1,738.00
into your bank account on Jan. 3, 2003.
- If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

What If I Have Questions?

We invite you to visit our website at www.ssa.gov on the Internet to find general information about Social Security. You also can call us at **1-800-772-1213**, 24 hours a day. We can answer specific questions by phone from 7 a.m. until 7 p.m. on business days. Our lines are busiest early in the week and early in the month so, if your business can wait, it's best to call at other times. Please have your full nine-digit Social Security number available when you call or visit and include it on any letter you send to the Social Security Administration. If you are deaf or hard of hearing, you may call our TTY number, **1-800-325-0778**. You also can visit your local office.

SUITE 102
903 SAN JACINTO BLVD
AUSTIN TX

BNC#: 02B1972F25303

Over ►

SOCIAL SECURITY ADMINISTRATION
MID-AMERICA PROGRAM SERVICE CENTER
601 EAST 12TH ST
KANSAS CITY MO 64106-2859

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

**Be sure to check out
our website: www.ssa.gov**

*****AUTO** 5-DIGIT 78753
ALFRED HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753-4332



262874*COLA*SM*J60281D*L004

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FIRST-CLASS MAIL
POSTAGE AND FEES PAID
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ADMINISTRATION
PERMIT NO. G-11

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AUSTIN TX 78753-4332



IMPORTANT SOCIAL SECURITY INFORMATION



www.ssa.gov

LIFT TO OPEN

1,738.00

Your New Benefit Amount

262875

BENEFICIARY'S NAME:

MAURINE P HAMILTON

SOCIAL SECURITY CLAIM NUMBER

(only the last 4 digits are shown to help prevent
identity theft): XXX-XX-2593 A

Your Social Security benefits will increase by 1.4 percent in 2003, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is \$951.70
- The amount we're deducting for Medicare is \$58.70
(If you did not have Medicare as of Nov. 22, 2002,
or if someone else pays your premium, we show \$0.00.)
- The amount we're deducting for voluntary federal tax withholding is \$0.00
(If you did not elect voluntary federal tax withholding as of
Nov. 22, 2002, we show \$0.00.)
- After taking any other deductions, we will deposit \$893.00
into your bank account on Jan. 3, 2003.

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

What If I Have Questions?

We invite you to visit our website at www.ssa.gov on the Internet to find general information about Social Security. You also can call us at **1-800-772-1213**, 24 hours a day. We can answer specific questions by phone from 7 a.m. until 7 p.m. on business days. Our lines are busiest early in the week and early in the month so, if your business can wait, it's best to call at other times. Please have your full nine-digit Social Security number available when you call or visit and include it on any letter you send to the Social Security Administration. If you are deaf or hard of hearing, you may call our TTY number, **1-800-325-0778**. You also can visit your local office.

SUITE 102
903 SAN JACINTO BLVD
AUSTIN TX

BNC#: 02B1973F83289

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AUSTIN TX 78753-4332



893.00 / mo

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893.00 / mo

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www.ssa.gov



IMPORTANT SOCIAL SECURITY INFORMATION

LIFT TO OPEN



03 Tax

IMPORTANT INFORMATION

What If I Work?

If you are "full" retirement age (age 65 in 2002) or older, you may keep all of your benefits no matter how much you earn. But if you were under age 65 all year, there is a limit to how much you can earn before your benefits are reduced.

- **If you were under age 65 all year in 2002**, the earnings limit was \$11,280. We must deduct \$1 from your benefits for each \$2 you earned over \$11,280.
- **If you turned 65 during 2002**, the earnings limit was \$30,000. We must deduct \$1 from your benefits for each \$3 you earned over \$30,000 until the month you turned 65.

We paid you benefits in 2002 based on the amount of money you estimated you would make. When your employer(s) reports your actual earnings for 2002 to us, we will adjust your benefits if necessary. The earnings your employer reports are the amount that will be on the W-2(s) you will receive. If the earnings on your W-2(s) for 2002 include money you earned in another year, you should contact us before April 15 to let us know. We'll also ask you to estimate your earnings for 2003, so we can pay you correctly.

What Are The Earnings Limits In 2003?

The earnings limit for workers who are under "full" retirement age (65 and 2 months in 2003) is \$11,520. The earnings limit for people turning 65 and 2 months in 2003 is \$30,720. If you earn more than the earnings limit, your benefits will be reduced.

What If I Also Get Supplemental Security Income (SSI)?

If you get SSI, you must report all of your earnings to us.

A Rule About Stepchildren

If a stepchild receives benefits based on your work and you and the stepchild's parent divorce, the law requires you to report this information to us. We must stop the stepchild's benefits the month after the divorce becomes final.

Health Insurance For Children

If you have children or grandchildren under age 19 who are not covered by health insurance, the Children's Health Insurance Program may help. To find out more, you can look on the Internet at www.insurekidsnow.gov or call, toll-free, **1-877-KIDS-NOW (1-877-543-7669)**. The number connects you to your state's program.

Medicare Information

The Centers for Medicare and Medicaid Services recently sent the *Medicare & You 2003* handbook to all beneficiaries. In 2003, the Hospital Insurance (Part A) deductible for the first 60 days of a hospital stay is \$840.

Your state may help pay for Medicare expenses through the Medicare Savings Programs if:

- you have Medicare Hospital Insurance (Part A);
- your monthly income is no more than \$1,313 for an individual or \$1,762 for a couple (higher in Hawaii and Alaska); and
- the things you own (but not your home or one car) are worth no more than \$4,000 for an individual or \$6,000 for a couple (higher in some states).

To find out more, contact your state or local Medicaid, social services or welfare office.

If you have any questions about Medicare, other than eligibility and enrollment, you can visit www.medicare.gov on the Internet or call **1-800-MEDICARE (1-800-633-4227)** or TTY **1-877-486-2048**, if you are deaf or hard of hearing, 24 hours a day.

A Rule About Stepchildren

If a stepchild receives benefits based on your work and you and the stepchild's parent divorce, the law requires you to report this information to us. We must stop the stepchild's benefits the month after the divorce becomes final.

Health Insurance For Children

If you have children or grandchildren under age 19 who are not covered by health insurance, the Children's Health Insurance Program may help. To find out more, you can look on the Internet at www.insurekidsnow.gov or call, toll-free, **1-877-KIDS-NOW (1-877-543-7669)**. The number connects you to your state's program.

Medicare Information

The Centers for Medicare and Medicaid Services recently sent the *Medicare & You 2003* handbook to all beneficiaries. In 2003, the Hospital Insurance (Part A) deductible for the first 60 days of a hospital stay is \$840.

Your state may help pay for Medicare expenses through the Medicare Savings Programs if:

- you have Medicare Hospital Insurance (Part A);
- your monthly income is no more than \$1,313 for an individual or \$1,762 for a couple (higher in Hawaii and Alaska); and
- the things you own (but not your home or one car) are worth no more than \$4,000 for an individual or \$6,000 for a couple (higher in some states).

To find out more, contact your state or local Medicaid, social services or welfare office.

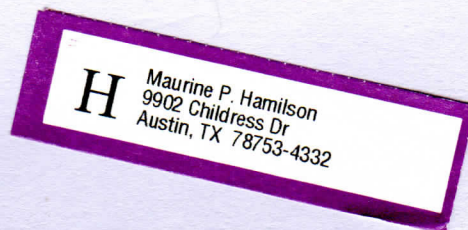
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Jo Anne B. Barnhart

Jo Anne B. Barnhart
Commissioner



2002



Dorothy Milek
Tax Service

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

P.O. Box 9846
Austin, Texas 78766

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