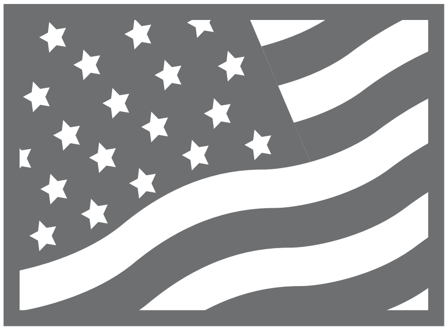
# 2003

**Publication 3194**

# Laminated Tax Forms



### *The IRS Mission*

Provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all.

Department of the Treasury
**Internal Revenue Service**
Catalog Number 26674W

www.irs.gov

# Reproducible Copies of Federal Tax Forms

Publication 3194 contains reproducible copies of tax forms. These forms may be reproduced and filed with the Internal Revenue Service.

The following forms are included in this publication:

*Form 1040,* U.S. Individual Income Tax Return
*Form 1040A,* U.S. Individual Income Tax Return
*Form 1040EZ,* Income Tax Return for Single and Joint Filers With No Dependents
*Form 1040 Sch. A&B,* Itemized Deductions/Interest and Ordinary Dividends
*Form 1040 Sch. C,* Profit or Loss From Business
*Form 1040 Sch. D,* Capital Gains and Losses
*Form 1040 Sch. E,* Supplemental Income and Loss
*Form 1040 Sch. EIC,* Earned Income Credit
*Form 1040 Sch. SE,* Self-Employment Tax
*Form 1040X,* Amended U.S. Individual Income Tax Return
*Form 2106,* Employee Business Expenses
*Form 2441,* Child and Dependent Care Expenses
*Form 4868,* Application for Automatic Extension of Time to File U.S. Individual Income Tax Return
*Form 8283,* Noncash Charitable Contributions
*Form 8812,* Additional Child Tax Credit
*Form 8863,* Education Credits (Hope and Lifetime Learning Credits)

### *Helpful Hints*

- To obtain clean, clear copies, follow the machine instructions completely.
- Do not tear or destroy the original copy.
- Handle all originals with care.
- Do not remove the publication or original from this location.

### *Quick and Easy Access To Tax Products*

To obtain products that are not included in this publication, see inside for additional information about other sources for tax material and assistance.

## The Earned Income Tax Credit. You've earned it. Why not claim it?

If you're working hard just to make ends meet and have one or more children living with you, you may qualify for the EITC. Think of it as a reward for doing one of life's most beautiful, most important and most loving jobs. Visit our Web site or ask your tax preparer if you qualify.

A message from the Internal Revenue Service.
**www.irs.gov**

**The Internal Revenue Service**
**Working to put service first**

# Quick and Easy Access to IRS Tax Help and Tax Products

## Personal Computer

You can access the IRS website 24 hours a day, 7 days a week, at ***www.irs.gov*** to:

- Access commercial tax preparation and *e-file* services available for FREE to eligible taxpayers
- Find out the amount of advance child tax credit payments you received in 2003
- Check the status of your 2003 refund
- Download forms, instructions, and publications
- Order IRS products online
- See answers to frequently asked tax questions
- Search publications online by topic or keyword
- Figure your withholding allowances using our Withholding Calculator
- Send us comments or request help by email
- Sign up to receive local and national tax news by email

## IRS TaxFax Service

*Dial **703-368-9694** from your fax machine to get up to 3 items per call. Long-distance charges may apply. Follow the directions of the prompts and your items will be immediately faxed back to you.*

For help with transmission problems, call the FedWorld Help Desk at **(703) 487-4608.**

## Phone

*Obtain forms, instructions, and publications 24 hours a day, 7 days a week, by calling:*

**1-800-829-3676** to order current year forms, instructions, and publications and prior year forms and instructions. You should receive your order within 10 days.

## Walk-In

*Pick up certain forms, instructions and publications at many post offices, libraries and IRS offices. Some grocery stores, copy centers, city and county government offices, credit unions and office supply stores have a collection of reproducible tax forms available to photocopy or print from a CD-ROM.*

## Mail

*Send your order for tax products to the Distribution Center nearest you. You should receive your products within 10 days after we receive your order.*

- **Western part of U.S.**
  Western Area Distribution Center
  Rancho Cordova, CA 95743-0001
- **Central part of U.S.**
  Central Area Distribution Center
  P.O. Box 8903
  Bloomington, IL 61702-8903
- **Eastern part of U.S. and foreign addresses:**
  Eastern Area Distribution Center
  P.O. Box 85074
  Richmond, VA 23261-5074

## CD-ROM

*Order IRS Publication 1796, Federal Tax Products on CD-ROM, and obtain:*

- Current tax forms, instructions, and publications
- Prior-year tax forms and instructions
- Popular tax forms which may be filled-in electronically, printed out for submission, and saved for recordkeeping
- Internal Revenue Bulletin

Purchase the CD-ROM via Internet at **http://www.irs.gov/cdorders** from the National Technical Information Service (NTIS) for $22 (no handling fee). Order by phone at 1-877-CDFORMS (1-877-233-6767) for $22 (plus $5 handling fee).

**Availability:** First release-early January
Final release-late February

**Minimum System Requirements:**

Microsoft Windows 98SE, ME, NT, 2000 (Pentium class processor)
- 32 MB RAM (64 MB Recommended)
- 115 MB of available hard disk space

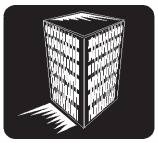
# Join In The Programs

## Community Based Outlet Programs

The Internal Revenue Service and local community businesses and government across the United States are working together to increase accessibility of tax materials to the public.

### Copy Center Program

Through this program, copy centers can offer taxpayers a wide variety of IRS forms with instructions for photocopying.



### Credit Union Program

The IRS provides credit unions with a variety of reproducible tax materials to make available to their members.


### Grocery Store/Pharmacy Program

Grocery stores and pharmacies are provided laminated tax forms, which they may attach to a self-service photocopy machine.

### City and County Governments Program

City and County government agencies are provided a variety of tax products so that the community will have easy access to federal tax materials and information.

### Corporate Partnership Program

This program provides employers, of 100 or more employees, with a free copy of the **Publication 1796**, *Federal Tax Products* on CD-ROM. The employer can load this information on their Intranet or local area network so employees can access information.

- *For further information on any of the above programs contact our Customer Service Representative at* ***1-916-636-7705.***

### Post Office Program

The IRS supplies various tax materials to over 25,000 post offices nationwide. These include individual forms, schedules and instructions.

### Library Program

Participating libraries make available forms, schedules and instructions in either reproducible format, or bulk forms. Currently over 14,000 libraries participate in this program.

- *Post offices and libraries may contact the IRS at* ***1-800-829-2765.***

## General Assistance Information

### Earned Income Tax Credit

Find out if you're eligible. **Call 1-800-829-3676** for our free IRS **Publication 596**, *Earned Income Credit*, or visit our web site at **www.irs.gov.**

IRS e-file
consider it done

### 53 Million People Know the Quick, Easy, Smart Way to Get Their Taxes DONE!

IRS *e-file* is the fastest, easiest and most convenient way to file your income tax return. So easy, millions of people prefer to *e-file* over filing a paper tax return. You can *e-file* through a tax professional, a personal computer, or if you receive a TeleFile Tax Package, over the telephone. With IRS *e-file*, your return is quickly checked for errors or other missing information and you receive a receipt that your return was accepted for processing within 48 hours. You also get your refund in half the time as paper filers do, in as few as 10 days with Direct Deposit. Sign your return electronically and file a completely paperless return. And if you have a balance due, you can file early and authorize an electronic funds withdrawl from your checking or savings account or pay by credit card up to and including April 15, 2004. For the second year, **FREE FILE** is available on irs.gov. If eligible, **FREE FILE** allows you to use free commercial tax preparation software and *e-file* services to file your income tax return on line at no cost. Other free or low-cost electronic filing options are available on our Partners Page located on irs.gov. With free filing options now available, why wouldn't you try *e-file*?

For more information about this fast, convenient filing method, visit www.irs.gov.

**Do more than surf the web with your computer. Do your taxes that way too.**

### Taxpayer Advocacy Panel (TAP)

The IRS Taxpayer Advocacy Panel is an independent volunteer advisory group appointed by the Secretary of the Treasury. The TAP assists the IRS in identifying ways and methodologies of improving customer Service. For more information, visit their web site at **www.improveIRS.org.**

### Taxpayer Advocate Service

If you have an ongoing issue with the IRS that has not been resolved through normal channels, or are about to suffer a significant hardship as a result of the application of the tax laws, contact the Taxpayer Advocate Service for assistance at **1-877-777-4778.**

Form **1040** Department of the Treasury—Internal Revenue Service

# U.S. Individual Income Tax Return 2003

(J) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2003, or other tax year beginning , 2003, ending , 20

OMB No. 1545-0074

## Label

(See instructions on page 19.)

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

LABEL HERE

| | | |
|---|---|---|
| Your first name and initial | Last name | **Your social security number** |
| If a joint return, spouse's first name and initial | Last name | **Spouse's social security number** |
| Home address (number and street). If you have a P.O. box, see page 19. | Apt. no. | ▲ **Important!** ▲ You **must** enter your SSN(s) above. |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. | | |

**Presidential Election Campaign** (See page 19.)

**Note.** Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want $3 to go to this fund? . . . ▶ You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

## Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

## 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

b ☐ **Spouse**

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4)✓ if qualifying child for child tax credit (see page 21) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

If more than five dependents, see page 21.

d Total number of exemptions claimed

**No. of boxes checked on 6a and 6b** ____
**No. of children on 6c who:**
- **lived with you** ____
- **did not live with you due to divorce or separation (see page 21)** ____

**Dependents on 6c not entered above** ____
**Add numbers on lines above ▶** ☐

## Income

**Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | 7 |
| 8a | **Taxable** interest. Attach Schedule B if required | | 8a |
| b | **Tax-exempt** interest. **Do not** include on line 8a | 8b | |
| 9a | Ordinary dividends. Attach Schedule B if required | | 9a |
| b | Qualified dividends (see page 23) | 9b | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 23) | | 10 |
| 11 | Alimony received | | 11 |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | | 12 |
| 13a | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | | 13a |
| b | If box on 13a is checked, enter post-May 5 capital gain distributions | 13b | |
| 14 | Other gains or (losses). Attach Form 4797 | | 14 |
| 15a | IRA distributions 15a | b Taxable amount (see page 25) | 15b |
| 16a | Pensions and annuities 16a | b Taxable amount (see page 25) | 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 | b Taxable amount (see page 27) | 20b |
| 21 | Other income. List type and amount (see page 27) | | 21 |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | | 22 |

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | Educator expenses (see page 29) | 23 | |
| 24 | IRA deduction (see page 29) | 24 | |
| 25 | Student loan interest deduction (see page 31) | 25 | |
| 26 | Tuition and fees deduction (see page 32) | 26 | |
| 27 | Moving expenses. Attach Form 3903 | 27 | |
| 28 | One-half of self-employment tax. Attach Schedule SE | 28 | |
| 29 | Self-employed health insurance deduction (see page 33) | 29 | |
| 30 | Self-employed SEP, SIMPLE, and qualified plans | 30 | |
| 31 | Penalty on early withdrawal of savings | 31 | |
| 32a | Alimony paid **b** Recipient's SSN ▶ | 32a | |
| 33 | Add lines 23 through 32a | | 33 |
| 34 | Subtract line 33 from line 22. This is your **adjusted gross income** ▶ | | 34 |

## Tax and Credits

**Standard Deduction for—**

- People who checked any box on line 36a or 36b **or** who can be claimed as a dependent, see page 34.
- All others:

Single or Married filing separately, $4,750

Married filing jointly or Qualifying widow(er), $9,500

Head of household, $7,000

| | | | |
|---|---|---|---|
| 35 | Amount from line 34 (adjusted gross income) | | 35 |
| 36a | Check if: ☐ **You** were born before January 2, 1939, ☐ Blind. ☐ **Spouse** was born before January 2, 1939, ☐ Blind. **Total boxes checked** ▶ 36a ☐ | | |
| b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 36b ☐ | | |
| 37 | **Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin) | | 37 |
| 38 | Subtract line 37 from line 35 | | 38 |
| 39 | If line 35 is $104,625 or less, multiply $3,050 by the total number of exemptions claimed on line 6d. If line 35 is over $104,625, see the worksheet on page 35 | | 39 |
| 40 | **Taxable income.** Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- | | 40 |
| 41 | **Tax** (see page 36). Check if any tax is from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 | | 41 |
| 42 | **Alternative minimum tax** (see page 38). Attach Form 6251 | | 42 |
| 43 | Add lines 41 and 42 ▶ | | 43 |
| 44 | Foreign tax credit. Attach Form 1116 if required | 44 | |
| 45 | Credit for child and dependent care expenses. Attach Form 2441 | 45 | |
| 46 | Credit for the elderly or the disabled. Attach Schedule R | 46 | |
| 47 | Education credits. Attach Form 8863 | 47 | |
| 48 | Retirement savings contributions credit. Attach Form 8880 | 48 | |
| 49 | Child tax credit (see page 40) | 49 | |
| 50 | Adoption credit. Attach Form 8839 | 50 | |
| 51 | Credits from: **a** ☐ Form 8396 **b** ☐ Form 8859 | 51 | |
| 52 | Other credits. Check applicable box(es): **a** ☐ Form 3800 **b** ☐ Form 8801 **c** ☐ Specify ______ | 52 | |
| 53 | Add lines 44 through 52. These are your **total credits** | | 53 |
| 54 | Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- ▶ | | 54 |

## Other Taxes

| | | | |
|---|---|---|---|
| 55 | Self-employment tax. Attach Schedule SE | | 55 |
| 56 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | | 56 |
| 57 | Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required | | 57 |
| 58 | Advance earned income credit payments from Form(s) W-2 | | 58 |
| 59 | Household employment taxes. Attach Schedule H | | 59 |
| 60 | Add lines 54 through 59. This is your **total tax** ▶ | | 60 |

## Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|---|---|---|---|
| 61 | Federal income tax withheld from Forms W-2 and 1099 | 61 | |
| 62 | 2003 estimated tax payments and amount applied from 2002 return | 62 | |
| 63 | **Earned income credit (EIC)** | 63 | |
| 64 | Excess social security and tier 1 RRTA tax withheld (see page 56) | 64 | |
| 65 | Additional child tax credit. Attach Form 8812 | 65 | |
| 66 | Amount paid with request for extension to file (see page 56) | 66 | |
| 67 | Other payments from: **a** ☐ Form 2439 **b** ☐ Form 4136 **c** ☐ Form 8885 | 67 | |
| 68 | Add lines 61 through 67. These are your **total payments** ▶ | | 68 |

## Refund

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

| | | | |
|---|---|---|---|
| 69 | If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you **overpaid** | | 69 |
| 70a | Amount of line 69 you want **refunded to you** ▶ | | 70a |
| ▶ b | Routing number ☐☐☐☐☐☐☐☐☐ ▶ **c** Type: ☐ Checking ☐ Savings | | |
| ▶ d | Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | | |
| 71 | Amount of line 69 you want **applied to your 2004 estimated tax** ▶ | 71 | |

## Amount You Owe

| | | | |
|---|---|---|---|
| 72 | **Amount you owe.** Subtract line 68 from line 60. For details on how to pay, see page 57 ▶ | | 72 |
| 73 | Estimated tax penalty (see page 58) | 73 | |

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ (  ) Personal identification number (PIN) ▶ ☐☐☐☐☐

## Sign Here

Joint return? See page 20.

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 | Your occupation | Daytime phone number ( ) |
|---|---|---|---|
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | |

## Paid Preparer's Use Only

| Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's SSN or PTIN |
|---|---|---|---|
| Firm's name (or yours if self-employed), address, and ZIP code ▶ | | EIN | |
| | | Phone no. | ( ) |

Form **1040A** Department of the Treasury—Internal Revenue Service

# U.S. Individual Income Tax Return (J) 2003

IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0085

## Label

(See page 19.)

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

LABEL HERE

| Your first name and initial | Last name | Your social security number |
|---|---|---|
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see page 20. | Apt. no. | |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. | | |

▲ **Important!** ▲

You **must** enter your SSN(s) above.

**Presidential Election Campaign** (See page 20.)

**Note.** Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want $3 to go to this fund? . . . ▶

| You | | Spouse | |
|---|---|---|---|
| ☐ **Yes** | ☐ **No** | ☐ **Yes** | ☐ **No** |

## Filing status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (See page 21.)

## 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.
**b** ☐ **Spouse**
**c Dependents:**

If more than six dependents, see page 21.

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifying child for child tax credit (see page 23) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

**d** Total number of exemptions claimed.

**No. of boxes checked on 6a and 6b** ____
**No. of children on 6c who:**
- **lived with you** ____
- **did not live with you due to divorce or separation (see page 23)** ____

**Dependents on 6c not entered above** ____
**Add numbers on lines above** ☐

## Income

**Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.**

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

| | | | |
|---|---|---|---|
| **7** | Wages, salaries, tips, etc. Attach Form(s) W-2. | | 7 |
| **8a** | **Taxable** interest. Attach Schedule 1 if required. | | 8a |
| **b** | **Tax-exempt** interest. **Do not** include on line 8a. | 8b | |
| **9a** | Ordinary dividends. Attach Schedule 1 if required. | | 9a |
| **b** | Qualified dividends (see page 25). | 9b | |
| **10a** | Capital gain distributions (see page 25). | | 10a |
| **b** | Post-May 5 capital gain distributions (see page 25). | 10b | |
| **11a** | IRA distributions. 11a | **11b** Taxable amount (see page 25). | 11b |
| **12a** | Pensions and annuities. 12a | **12b** Taxable amount (see page 26). | 12b |
| **13** | Unemployment compensation and Alaska Permanent Fund dividends. | | 13 |
| **14a** | Social security benefits. 14a | **14b** Taxable amount (see page 28). | 14b |
| **15** | Add lines 7 through 14b (far right column). This is your **total income.** ▶ | | 15 |

## Adjusted gross income

| | | | |
|---|---|---|---|
| **16** | Educator expenses (see page 28). | 16 | |
| **17** | IRA deduction (see page 28). | 17 | |
| **18** | Student loan interest deduction (see page 31). | 18 | |
| **19** | Tuition and fees deduction (see page 31). | 19 | |
| **20** | Add lines 16 through 19. These are your **total adjustments.** | | 20 |
| **21** | Subtract line 20 from line 15. This is your **adjusted gross income.** ▶ | | 21 |

## Tax, credits, and payments

**Standard Deduction for—**

- People who checked any box on line 23a or 23b **or** who can be claimed as a dependent, see page 32.
- All others:

Single or Married filing separately, $4,750

Married filing jointly or Qualifying widow(er), $9,500

Head of household, $7,000

**22** Enter the amount from line 21 (adjusted gross income). 22

**23a** Check if: ☐ **You** were born before January 2, 1939, ☐ Blind; ☐ **Spouse** was born before January 2, 1939, ☐ Blind } **Total boxes checked** ▶ 23a ☐

**b** If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 23b ☐

**24** Enter your **standard deduction** (see left margin). 24

**25** Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25

**26** Multiply $3,050 by the total number of exemptions claimed on line 6d. 26

**27** Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income.** ▶ 27

**28** **Tax,** including any alternative minimum tax (see page 33). 28

**29** Credit for child and dependent care expenses. Attach Schedule 2. 29

**30** Credit for the elderly or the disabled. Attach Schedule 3. 30

**31** Education credits. Attach Form 8863. 31

**32** Retirement savings contributions credit. Attach Form 8880. 32

**33** Child tax credit (see page 37). 33

**34** Adoption credit. Attach Form 8839. 34

**35** Add lines 29 through 34. These are your **total credits.** 35

**36** Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-. 36

**37** Advance earned income credit payments from Form(s) W-2. 37

**38** Add lines 36 and 37. This is your **total tax.** ▶ 38

**39** Federal income tax withheld from Forms W-2 and 1099. 39

**40** 2003 estimated tax payments and amount applied from 2002 return. 40

If you have a qualifying child, attach Schedule EIC.

**41** **Earned income credit (EIC).** 41

**42** Additional child tax credit. Attach Form 8812. 42

**43** Add lines 39 through 42. These are your **total payments.** ▶ 43

## Refund

Direct deposit? See page 50 and fill in 45b, 45c, and 45d.

**44** If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you **overpaid.** 44

**45a** Amount of line 44 you want **refunded to you.** ▶ 45a

▶ **b** Routing number ☐☐☐☐☐☐☐☐☐ ▶ **c** Type: ☐ Checking ☐ Savings

▶ **d** Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**46** Amount of line 44 you want **applied to your 2004 estimated tax.** 46

## Amount you owe

**47** **Amount you owe.** Subtract line 43 from line 38. For details on how to pay, see page 51. ▶ 47

**48** Estimated tax penalty (see page 52). 48

## Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 52)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶ ☐☐☐☐☐

## Sign here

Joint return? See page 20.

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| Your signature | Date | Your occupation | Daytime phone number ( ) |
|---|---|---|---|
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | |

## Paid preparer's use only

| Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's SSN or PTIN |
|---|---|---|---|
| Firm's name (or yours if self-employed), address, and ZIP code ▶ | | EIN | |
| | | Phone no. ( ) | |

Form **1040EZ**

Department of the Treasury—Internal Revenue Service

# Income Tax Return for Single and Joint Filers With No Dependents (J) 2003

OMB No. 1545-0675

## Label

(See page 12.)

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

LABEL HERE

| | | |
|---|---|---|
| Your first name and initial | Last name | Your social security number |
| If a joint return, spouse's first name and initial | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see page 12. | Apt. no. | |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. | | |

**▲ Important! ▲**

You **must** enter your SSN(s) above.

**Presidential Election Campaign** (page 12)

**Note.** Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if a joint return, want $3 to go to this fund? . . . . . . ▶

**You** ☐ **Yes** ☐ **No** **Spouse** ☐ **Yes** ☐ **No**

## Income

**Attach Form(s) W-2 here.** Enclose, but do not attach, any payment.

| | | | |
|---|---|---|---|
| 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | |
| 2 | Taxable interest. If the total is over $1,500, you cannot use Form 1040EZ. | 2 | |
| 3 | Unemployment compensation and Alaska Permanent Fund dividends (see page 14). | 3 | |
| 4 | Add lines 1, 2, and 3. This is your **adjusted gross income.** | 4 | |
| 5 | Can your parents (or someone else) claim you on their return? **Yes.** ☐ Enter amount from worksheet on back. **No.** ☐ If **single,** enter $7,800. If **married filing jointly,** enter $15,600. See back for explanation. | 5 | |
| 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your **taxable income.** ▶ | 6 | |

**Note.** You **must** check Yes or No.

## Payments and tax

| | | | |
|---|---|---|---|
| 7 | Federal income tax withheld from box 2 of your Form(s) W-2. | 7 | |
| 8 | **Earned income credit (EIC).** | 8 | |
| 9 | Add lines 7 and 8. These are your **total payments.** ▶ | 9 | |
| 10 | **Tax.** Use the amount on **line 6 above** to find your tax in the tax table on pages 24–28 of the booklet. Then, enter the tax from the table on this line. | 10 | |

## Refund

Have it directly deposited! See page 19 and fill in 11b, 11c, and 11d.

| | | | |
|---|---|---|---|
| 11a | If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund.** ▶ | 11a | |

▶ **b** Routing number ☐☐☐☐☐☐☐☐☐ ▶ **c** Type: ☐ Checking ☐ Savings

**d** Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## Amount you owe

| | | | |
|---|---|---|---|
| 12 | If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe.** For details on how to pay, see page 20. ▶ | 12 | |

## Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 20)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶ ☐☐☐☐☐

## Sign here

Joint return? See page 11.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| | | | |
|---|---|---|---|
| Your signature | Date | Your occupation | Daytime phone number ( ) |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | |

## Paid preparer's use only

| | | | |
|---|---|---|---|
| Preparer's signature ▶ | Date | Check if self-employed ☐ | Preparer's SSN or PTIN |
| Firm's name (or yours if self-employed), address, and ZIP code ▶ | | EIN | |
| | | Phone no. ( ) | |

## Use this form if

- Your filing status is single or married filing jointly.
- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2003. If you were born on January 1, 1939, you are considered to be age 65 at the end of 2003.
- You do not claim any dependents.
- Your taxable income (line 6) is less than $50,000.
- You do not claim a deduction for educator expenses, the student loan interest deduction, or the tuition and fees deduction.
- You do not claim an education credit, the retirement savings contributions credit, or the health coverage tax credit.
- You had **only** wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over $1,500. **But** if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your W-2, you may not be able to use Form 1040EZ (see page 13). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see page 14.
- You did not receive any advance earned income credit payments.

If you are not sure about your filing status, see page 11. If you have questions about dependents, use TeleTax topic 354 (see page 6). If you **cannot use this form,** use TeleTax topic 352 (see page 6).

## Filling in your return

For tips on how to avoid common mistakes, see page 21.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing Federal income tax withheld or if Federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

**Remember,** you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

## Worksheet for dependents who checked "Yes" on line 5

(keep a copy for your records)

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see page 6).

| | | |
|---|---|---|
| **A.** Amount, if any, from line 1 on front ______ + 250.00 Enter total ▶ | **A.** | |
| **B.** Minimum standard deduction | **B.** | 750.00 |
| **C.** Enter the **larger** of line A or line B here | **C.** | |
| **D.** Maximum standard deduction. If **single,** enter $4,750; if **married filing jointly,** enter $9,500 | **D.** | |
| **E.** Enter the **smaller** of line C or line D here. This is your standard deduction | **E.** | |
| **F.** Exemption amount.<br>• If single, enter -0-.<br>• If married filing jointly and—<br>—both you and your spouse can be claimed as dependents, enter -0-.<br>—only one of you can be claimed as a dependent, enter $3,050. | **F.** | |
| **G.** Add lines E and F. Enter the total here and on line 5 on the front | **G.** | |

**If you checked "No" on line 5** because no one can claim you (or your spouse if married filing jointly) as a dependent, enter on line 5 the amount shown below that applies to you.

- Single, enter $7,800. This is the total of your standard deduction ($4,750) and your exemption ($3,050).
- Married filing jointly, enter $15,600. This is the total of your standard deduction ($9,500), your exemption ($3,050), and your spouse's exemption ($3,050).

## Mailing return

Mail your return by **April 15, 2004.** Use the envelope that came with your booklet. If you do not have that envelope or if you moved during the year, see the back cover for the address to use.

**SCHEDULES A&B (Form 1040)**

Department of the Treasury Internal Revenue Service (J)

# 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

**2003**

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) . . . | 1 | |
| | 2 | Enter amount from Form 1040, line 35 \| 2 \| | | |
| | 3 | Multiply line 2 by 7.5% (.075). . . . . . . . . . | 3 | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . . . | | 4 |
| **Taxes You Paid** (See page A-2.) | 5 | State and local income taxes . . . . . . . . . | 5 | |
| | 6 | Real estate taxes (see page A-2) . . . . . . . . | 6 | |
| | 7 | Personal property taxes . . . . . . . . . | 7 | |
| | 8 | Other taxes. List type and amount ► | 8 | |
| | 9 | Add lines 5 through 8 . . . . . . . . . . . . . . . . . . . . . . | | 9 |
| **Interest You Paid** (See page A-3.) | 10 | Home mortgage interest and points reported to you on Form 1098 | 10 | |
| | 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 ► | 11 | |
| **Note.** Personal interest is not deductible. | 12 | Points not reported to you on Form 1098. See page A-3 for special rules . . . . . . . . . . . . . . . | 12 | |
| | 13 | Investment interest. Attach Form 4952 if required. (See page A-4.) . . . . . . . . . . . . . . . . | 13 | |
| | 14 | Add lines 10 through 13 . . . . . . . . . . . . . . . . . . . . | | 14 |
| **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 . . . . . . . . . . . . . | 15 | |
| | 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 | 16 | |
| | 17 | Carryover from prior year . . . . . . . . . . | 17 | |
| | 18 | Add lines 15 through 17 . . . . . . . . . . . . . . . . . . . . | | 18 |
| **Casualty and Theft Losses** | 19 | Casualty or theft loss(es). Attach Form 4684. (See page A-5.) . . . . . . . . | | 19 |
| **Job Expenses and Most Other Miscellaneous Deductions** | 20 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.) ► | 20 | |
| | 21 | Tax preparation fees. . . . . . . . . . . . . | 21 | |
| (See page A-5.) | 22 | Other expenses—investment, safe deposit box, etc. List type and amount ► | 22 | |
| | 23 | Add lines 20 through 22 . . . . . . . . . . | 23 | |
| | 24 | Enter amount from Form 1040, line 35 \| 24 \| | | |
| | 25 | Multiply line 24 by 2% (.02) . . . . . . . . . . | 25 | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . . . . | | 26 |
| **Other Miscellaneous Deductions** | 27 | Other—from list on page A-6. List type and amount ► | | 27 |
| **Total Itemized Deductions** | 28 | Is Form 1040, line 35, over $139,500 (over $69,750 if ied 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 37. ☐ **Yes.** Your deduction may be limited. See page A-6 for the amount to enter. ► | | 28 |

**For Paperwork Reduction Act Notice, see Form 1040 instructions.** Cat. No. 11330X **Schedule A (Form 1040) 2003**

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 Dividends

Attachment Sequence No. **08**

## Part I Interest

(See page B-1 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 page B-1 and list this interest first. Also, show that buyer's social security number and address ▶ | **1** | |
| **2** | Add the amounts on line 1 | **2** | |
| **3** | Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 | **3** | |
| **4** | Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ | **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 9a.)

**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 ▶ | **5** | |
| **6** | Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶ | **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 2003, 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 2003, 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 | | |

# SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (J)

# Profit or Loss From Business

**(Sole Proprietorship)**

**▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.**

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

OMB No. 1545-0074

**2003**

Attachment Sequence No. **09**

Name of proprietor

**Social security number (SSN)**

**A** Principal business or profession, including product or service (see page C-2 of the instructions)

**B Enter code from pages C-7, 8, & 9** ▶

**C** Business name. If no separate business name, leave blank.

**D Employer ID number (EIN), if any**

**E** Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

**F** Accounting method: **(1)** ☐ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2003? If "No," see page C-3 for limit on losses . ☐ **Yes** ☐ **No**

**H** If you started or acquired this business during 2003, 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 page C-3 and check here ▶ ☐ | 1 | |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |
| 4 | Cost of goods sold (from line 42 on page 2) | 4 | |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | |
| 6 | Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) | 6 | |
| 7 | **Gross income.** Add lines 5 and 6 ▶ | 7 | |

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Advertising | 8 | | 19 | Pension and profit-sharing plans | 19 | |
| 9 | Car and truck expenses (see page C-3) | 9 | | 20 | Rent or lease (see page C-5): | | |
| | | | | a | Vehicles, machinery, and equipment | 20a | |
| 10 | Commissions and fees | 10 | | b | Other business property | 20b | |
| 11 | Contract labor (see page C-4) | 11 | | 21 | Repairs and maintenance | 21 | |
| | | | | 22 | Supplies (not included in Part III) | 22 | |
| 12 | Depletion | 12 | | 23 | Taxes and licenses | 23 | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see page C-4) | 13 | | 24 | Travel, meals, and entertainment: | | |
| | | | | a | Travel | 24a | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | b | Meals and entertainment | | |
| 15 | Insurance (other than health) | 15 | | c | Enter nondeductible amount included on line 24b (see page C-5) | | |
| 16 | Interest: | | | | | | |
| a | Mortgage (paid to banks, etc.) | 16a | | d | Subtract line 24c from line 24b | 24d | |
| b | Other | 16b | | 25 | Utilities | 25 | |
| 17 | Legal and professional services | 17 | | 26 | Wages (less employment credits) | 26 | |
| 18 | Office expense | 18 | | 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 | |
| 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 page C-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you **must** go to line 32. | 31 | |

**32** If you have a loss, check the box that describes your investment in this activity (see page C-6).

- If you checked 32a, enter the loss on **Form 1040, line 12,** and **also** on **Schedule SE, line 2** (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.
- If you chec 32b, you **must** attach **Form 6198.**

**32a** ☐ All investment is at risk.
**32b** ☐ Some investment is not at risk.

## Part III Cost of Goods Sold (see page C-6)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

| | | |
|---|---|---|
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 Purchases less cost of items withdrawn for personal use | 36 | |
| 37 Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 Materials and supplies | 38 | |
| 39 Other costs | 39 | |
| 40 Add lines 35 through 39 | 40 | |
| 41 Inventory at end of year | 41 | |
| 42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | 42 | |

## Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► ____/____/____ .

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:

a Business ______ b Commuting ______ c Other ______

45 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

## Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 48 **Total other expenses.** Enter here and on page 1, line 27 | 48 | |

**SCHEDULE D (Form 1040)**

Department of the Treasury
Internal Revenue Service (J)

# Capital Gains and Losses

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2003**

Attachment Sequence No. **12**

Name(s) shown on Form 1040 | **Your social security number**

## Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

| | **(a)** Description of property (Example: 100 sh. XYZ Co.) | **(b)** Date acquired (Mo., day, yr.) | **(c)** Date sold (Mo., day, yr.) | **(d)** Sales price (see page D-6 of the instructions) | **(e)** Cost or other basis (see page D-6 of the instructions) | **(f) Gain or (loss) for the entire year** Subtract (e) from (d) | **(g) Post-May 5 gain or (loss)*** (see below) |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Enter your short-term totals, if any, from Schedule D-1, line 2 | 2 | | | |
| 3 | **Total short-term sales price amounts.** Add lines 1 and 2 in column (d) | 3 | | | |
| 4 | Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | 4 | | |
| 5 | Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | 5 | | |
| 6 | Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet | | 6 | ( ) | |
| 7a | Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0-. **Do not** enter more than zero | | 7a | | ( ) |
| b | **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f) | | 7b | | |

## Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

| | **(a)** Description of property (Example: 100 sh. XYZ Co.) | **(b)** Date acquired (Mo., day, yr.) | **(c)** Date sold (Mo., day, yr.) | **(d)** Sales price (see page D-6 of the instructions) | **(e)** Cost or other basis (see page D-6 of the instructions) | **(f) Gain or (loss) for the entire year** Subtract (e) from (d) | **(g) Post-May 5 gain or (loss)*** (see below) |
|---|---|---|---|---|---|---|---|
| 8 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 9 | Enter your long-term totals, if any, from Schedule D-1, line 9 | 9 | | | |
| 10 | **Total long-term sales price amounts.** Add lines 8 and 9 in column (d) | 10 | | | |
| 11 | Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | 11 | | |
| 12 | Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | 12 | | |
| 13 | Capital gain distributions. See page D-2 of the instructions | | 13 | | |
| 14 | Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet | | 14 | ( ) | |
| 15 | Combine lines 8 through 13 in column (g). If zero or less, enter -0- | | 15 | | |
| 16 | **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f) **Next:** Go to Part III on the back. | | 16 | | |

*Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) **after** May 5, 2003. However, **do not** include gain attributable to unrecaptured section 1250 gain, "collectibles gains and losses" (as defined on page D-8 of the instructions) or eligible gain on qualified small business stock (see page D-4 of the instructions).

## Part III Taxable Gain or Deductible Loss

**17a** Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below . . . . . . . . **17a**

**b** Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40 . **17b**

**Next:**
- If line 16 of Schedule D is a gain **or** you have qualified dividends on Form 1040, line 9b, complete **Part IV** below.
- Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.

**18** If line 17a is a loss, enter here and on Form 1040, line 13a, the **smaller** of **(a)** that loss or **(b)** ($3,000) (or, if married filing separately, ($1,500)) (see page D-7 of the instructions) . . . **18** ( )

**Next:**
- If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete **Part IV** below (but skip lines 19 and 20).
- Otherwise, skip **Part IV** below and complete the rest of Form 1040.

## Part IV Tax Computation Using Maximum Capital Gains Rates

**If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.**

**19** Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet on page D-7 . . **19**

**20** Enter your 28% rate gain, if any, from line 7 of the worksheet on page D-8 of the instructions . . **20**

**If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet on page D-11 of the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.**

**21** Enter your taxable income from Form 1040, line 40 . . . . . . . . . . . . . . . . . **21**

**22** Enter the **smaller** of line 16 or line 17a, but not less than zero . . **22**

**23** Enter your qualified dividends from Form 1040, line 9b . . . . . **23**

**24** Add lines 22 and 23 . . . . . . . . . . . . . . . . . . **24**

**25** Amount from line 4g of Form 4952 (investment interest expense) . **25**

**26** Subtract line 25 from line 24. If zero or less, enter -0- . . . . . . . . . . . . . . . **26**

**27** Subtract line 26 from line 21. If zero or less, enter -0- . . . . . . . . . . . . . . . **27**

**28** Enter the **smaller** of line 21 **or:**
- $56,800 if married filing jointly or qualifying widow(er);
- $28,400 if single or married filing separately; or
- $38,050 if head of household

. . . . **28**

**If line 27 is more than line 28, skip lines 29-39 and go to line 40.**

**29** Enter the amount from line 27 . . . . . . . . . . . . . . **29**

**30** Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40 **30**

**31** Add lines 17b and 23* . . . . . . . **31**

**32** Enter the **smaller** of line 30 or line 31 . . . . . . . . . . . . **32**

**33** Multiply line 32 by 5% (.05) . . . . . . . . . . . . . . . . . . . . . . . . **33**

**If lines 30 and 32 are the same, skip lines 34-39 and go to line 40.**

**34** Subtract line 32 from line 30 . . . . . . . . . . . . . . . **34**

**35** Enter your qualified 5-year gain, if any, from line 8 of the worksheet on page D-10 . . **35**

**36** Enter the **smaller** of line 34 or line 35 . . . . . . . . . . . . **36**

**37** Multiply line 36 by 8% (.08) . . . . . . . . . . . . . . . . . . . . . . . . **37**

**38** Subtract line 36 from line 34 . . . . . . . . . . . . . . . **38**

**39** Multiply line 38 by 10% (.10) . . . . . . . . . . . . . . . . . . . . . . . . **39**

**If lines 26 and 30 are the same, skip lines 40-49 and go to line 50.**

**40** Enter the **smaller** of line 21 or line 26 . . . . . . . . . . . . **40**

**41** Enter the amount from line 30 (if line 30 is blank, enter -0-) . . . **41**

**42** Subtract line 41 from line 40 . . . . . . . . . . . . . . . **42**

**43** Add lines 17b and 23* . . . . . . . **43**

**44** Enter the amount from line 32 (if line 32 is blank, enter -0-) **44**

**45** Subtract line 44 from line 43 . . . . . **45**

**46** Enter the **smaller** of line 42 or line 45 . . . . . . . . . . . . **46**

**47** Multiply line 46 by 15% (.15) . . . . . . . . . . . . . . . . . . . . . . . . **47**

**48** Subtract line 46 from line 42 . . . . . . . . . . . . . . . **48**

**49** Multiply line 48 by 20% (.20) . . . . . . . . . . . . . . . . . . . . . . . . **49**

**50** Figure the tax on the amount on **line 27.** Use the Tax Table or Tax Rate Schedules, whichever applies **50**

**51** Add lines 33, 37, 39, 47, 49, and 50 . . . . . . . . . . . . . . . . . . . . . **51**

**52** Figure the tax on the amount on **line 21.** Use the Tax Table or Tax Rate Schedules, whichever applies **52**

**53** **Tax on all taxable income.** Enter the **smaller** of line 51 or line 52 here and on Form 1040, line 41 **53**

*If lines 23 and 25 are more than zero, see **Lines 31 and 43** on page D-9 for the amount to enter.

**SCHEDULE E**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (J)

# Supplemental Income and Loss

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

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

OMB No. 1545-0074
2003
Attachment Sequence No. **13**

Name(s) shown on return | **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-2). Report farm rental income or loss from **Form 4835** on page 2, line 40.

| 1 | Show the kind and location of each **rental real estate property:** |
|---|---|
| A | |
| B | |
| C | |

**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 | | |
| B | | |
| C | | |

| **Income:** | | Properties A | Properties B | Properties C | | Totals (Add columns A, B, and C.) |
|---|---|---|---|---|---|---|
| **3** Rents received | 3 | | | | 3 | |
| **4** Royalties received | 4 | | | | 4 | |
| **Expenses:** | | | | | | |
| **5** Advertising | 5 | | | | | |
| **6** Auto and travel (see page E-4) | 6 | | | | | |
| **7** Cleaning and maintenance | 7 | | | | | |
| **8** Commissions | 8 | | | | | |
| **9** Insurance | 9 | | | | | |
| **10** Legal and other professional fees | 10 | | | | | |
| **11** M ement fees | 11 | | | | | |
| **12** Mortgage interest paid to banks, etc. (see page E-4) | 12 | | | | 12 | |
| **13** Other interest | 13 | | | | | |
| **14** Repairs | 14 | | | | | |
| **15** Supplies | 15 | | | | | |
| **16** Taxes | 16 | | | | | |
| **17** Utilities | 17 | | | | | |
| **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-4 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-4 to find out if you must file **Form 8582.** Real estate professionals must complete line 43 on page 2 | 23 | ( ) | ( ) | ( ) | | |

| | | |
|---|---|---|
| **24** **Income.** Add positive amounts shown on line 22. **Do not** include any losses | 24 | |
| **25** **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | 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 40 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 41 on page 2 | 26 | |

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

**Your social security number**

## Part II Income or Loss From Partnerships and S Corporations

**Note.** If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check column **(e)** on line 28 and attach **Form 6198.** See page E-1.

**27** Are you reporting losses not allowed in prior years due to the at-risk or basis limitations, passive losses not reported on Form 8582, or unreimbursed partnership expenses?. . . . . ☐ **Yes** ☐ **No**

If you answered "Yes," see page E-5 before completing this section.

**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

| 28 | **(a)** Name | **(b)** Enter **P** for partnership; **S** for S corporation | **(c)** Check if foreign partnership | **(d)** Employer identification number | **(e)** Check if any amount is not at risk |
|---|---|---|---|---|---|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |

| | Passive Income and Loss | | Nonpassive Income and Loss | | |
|---|---|---|---|---|---|
| | **(f)** Passive loss allowed (attach **Form 8582** if required) | **(g)** Passive income from **Schedule K-1** | **(h)** Nonpassive loss from **Schedule K-1** | **(i)** Section 179 expense deduction from **Form 4562** | **(j)** Nonpassive income from **Schedule K-1** |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| **29a** Totals | | | | | |
| **b** Totals | | | | | |

| | | | |
|---|---|---|---|
| **30** | Add columns (g) and (j) of line 29a . . . . . | **30** | |
| **31** | Add columns (f), (h), and (i) of line 29b . . . . . | **31** | ( ) |
| **32** | **Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below . . . . . | **32** | |

## Part III Income or Loss From Estates and Trusts

| 33 | **(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 | | | | |
| **34a** Totals | | | | |
| **b** Totals | | | | |

| | | | |
|---|---|---|---|
| **35** | Add columns (d) and (f) of line 34a . . . . . | **35** | |
| **36** | Add columns (c) and (e) of line 34b . . . . . | **36** | ( ) |
| **37** | **Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below . . . . . | **37** | |

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

| **38** **(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 |
|---|---|---|---|---|
| | | | | |

| | | | |
|---|---|---|---|
| **39** | Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below | **39** | |

## Part V Summary

| | | | |
|---|---|---|---|
| **40** | Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below . . . . . | **40** | |
| **41** | **Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17 ▶ | **41** | |
| **42** | **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) . . . . . | **42** | |
| **43** | **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 . . . | **43** | |

**SCHEDULE EIC**
**(Form 1040A or 1040)**

Department of the Treasury
Internal Revenue Service (J)

# Earned Income Credit

## Qualifying Child Information

1040A 1040 EIC

*Complete and attach to Form 1040A or 1040 only if you have a qualifying child.*

OMB No. 1545-0074

**2003**

Attachment Sequence No. **43**

Name(s) shown on return

**Your social security ber**

***Before you begin:*** See the instructions for Form 1040A, line 41, or Form 1040, line 63, to make sure that **(a)** you can take the EIC and **(b)** you have a qualifying child.

CAUTION

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2a agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

| **Qualifying Child Information** | **Child 1** | | **Child 2** | |
|---|---|---|---|---|
| **1 Child's name** If you have more than two qualifying children, you only have to list two to get the maximum credit. | First name | Last name | First name | Last name |
| **2a Child's SSN** The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 47 of the Form 1040 instructions unless the child was born and died in 2003. If your child was born and died in 2003 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate. | | | | |
| **b Child's year of birth** | Year ____ ____ ____ ____ *If born after 1984, skip lines 3a and 3b; go to line 4.* | | Year ____ ____ ____ ____ *If born after 1984, skip lines 3a and 3b; go to line 4.* | |
| **3 If the child was born before 1985—** **a** Was the child under age 24 at the end of 2003 and a student? | ☐ **Yes.** ***Go to line 4.*** | ☐ **No.** ***Continue*** | ☐ **Yes.** ***Go to line 4.*** | ☐ **No.** ***Continue*** |
| **b** Was the child permanently and totally disabled during any part of 2003? | ☐ **Yes.** ***Continue*** | ☐ **No.** The child is not a qualifying child. | ☐ **Yes.** ***Continue*** | ☐ **No.** The child is not a qualifying child. |
| **4 Child's relationship to you** (for example, son, daughter, grandchild, niece, nephew, foster child, etc.) | | | | |
| **5 Number of months child lived with you in the United States during 2003** • If the child lived with you for more than half of 2003 but less than 7 months, enter "7". • If the child was born or died in 2003 and your home was the child's home for the entire time he or she was alive during 2003, enter "12". | ________ months *Do not enter more than 12 months.* | | ________ months *Do not enter more than 12 months.* | |

TIP

You may also be able to take the additional child tax credit if your child **(a)** was under age 17 at the end of 2003, **(b)** is claimed as your dependent on line 6c of Form 1040A or Form 1040, **and (c)** is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 65 of Form 1040.

# Purpose of Schedule

The purpose of this schedule is to give the IRS information about your qualifying child after you have figured your earned income credit (EIC).

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040A, line 41, or Form 1040, line 63.

**Taking the EIC When Not Eligible.** If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

# Qualifying Child

**A qualifying child is a child who is your . . .**

Son, daughter, adopted child, stepchild, or a descendant of any of them (for example, your grandchild)

**or**

Brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your niece or nephew) whom you cared for as you would your own child

**or**

Foster child (any child placed with you by an authorized placement agency whom you cared for as you would your own child)

**AND**

**was at the end of 2003 . . .**

Under age 19

**or**

Under age 24 and a student

**or**

Any age and permanently and totally disabled

**AND**

**who . . .**

Lived with you in the United States for more than half of 2003. If the child did not live with you for the required time, see Exception to “Time Lived With You” Condition on page 42 of the Form 1040A instructions or page 46 of the Form 1040 instructions.

**Note.** If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse if filing a joint return), special rules apply. For details, see page 43 of the Form 1040A instructions or page 47 of the Form 1040 instructions.


Do you want part of the EIC added to your take-home pay in 2004? To see if you qualify, get Form W-5 from your employer, call the IRS at 1-800-TAX-FORM (1-800-829-3676), or go to www.irs.gov.

**SCHEDULE SE**
**(Form 1040)**

Department of the Treasury
Internal Revenue Service (J)

# Self-Employment Tax

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

OMB No. 1545-0074

**2003**

Attachment
Sequence No. **17**

| Name of person with **self-employment** income (as shown on Form 1040) | Social security number of person with **self-employment** income ▶ | |
|---|---|---|
| | | |

## Who Must File Schedule SE

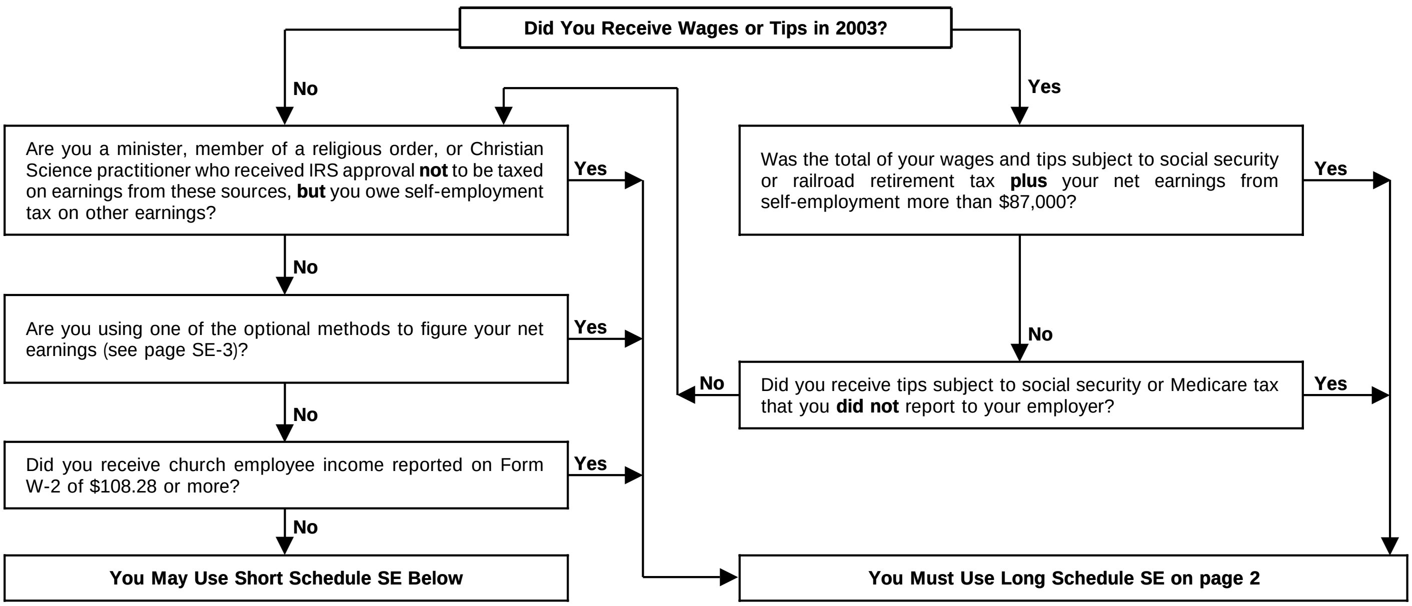
You must file Schedule SE if:

- 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 (se ge 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 55.

## 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 page SE-1 for amounts to report on this line. See page SE-2 for other income to report . . . . . | 2 | |
| **3** | Combine lines 1 and 2 . . . . . | 3 | |
| **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 | |
| **5** | **Self-employment tax.** If the amount on line 4 is:<br>• $87,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 55.**<br>• More than $87,000, multiply line 4 by 2.9% (.029). Then, add $10,788.00 to the result. Enter the total here and on **Form 1040, line 55.** . . . | 5 | |
| **6** | **Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.5). Enter the result here and on **Form 1040, line 28** . . . . 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 . . . . . . . ▶ ☐

| | | | | | |
|---|---|---|---|---|---|
| 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-4) | | | 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-4) | | | 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 | |
| b | If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | | | 4b | |
| c | 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. See page SE-1 for definition of church employee income | 5a | | | |
| b | 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 2003 | | | 7 | 87,000 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. If $87,000 or more, skip lines 8b through 10, and go to line 11 | 8a | | | |
| b | Unreported tips subject to social security tax (from Form 4137, line 9) | 8b | | | |
| c | 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 55** | | | 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 28** | 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 income[1] was not more than $2,400 **or**
- Your net farm profits[2] were less than $1,733.

| | | | |
|---|---|---|---|
| 14 | Maximum income for optional methods | 14 | 1,600 00 |
| 15 | Enter the **smaller** of: two-thirds (⅔) 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 profits[3] were less than $1,733 and also less than 72.189% of your gross nonfarm income[4] **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 (⅔) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above | 17 | |

[1]From Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.
[2]From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.
[3]From 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.
[4]From 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.

Form **1040X** (Rev. November 2003) (J)

Department of the Treasury—Internal Revenue Service

# Amended U.S. Individual Income Tax Return

► See separate instructions.

OMB No. 1545-0091

**This return is for calendar year ► , or fiscal year ended ► , .**

Please print or type

| | | | |
|---|---|---|---|
| Your first name and initial | Last name | | **Your social security number** |
| If a joint return, spouse's first name and initial | Last name | | **Spouse's social security number** |
| Home address (no. and street) or P.O. box if mail is not delivered to your home | | Apt. no. | Phone number ( ) |
| City, town or post office, state, and ZIP code. If you have a foreign address, see page 2 of the instructions. | | | **For Paperwork Reduction Act Notice, see page 6.** |

**A** If the name or address shown above is different from that shown on the original return, check here . . . . . . . ► ☐

**B** Has the original return been changed or audited by the IRS or have you been notified that it will be? . . ☐ **Yes** ☐ **No**

**C** Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.

On original return ► ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

On this return ► ☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)

* If the qualifying person is a child but not your dependent, see page 2.

| Use Part II on the back to explain any changes | | A. Original amount or as previously adjusted (see page 2) | B. Net change—amount of increase or (decrease)—explain in Part II | C. Correct amount |
|---|---|---|---|---|
| **Income and Deductions (see pages 2-6)** | | | | |
| 1 Adjusted gross income (see page 3) | 1 | | | |
| 2 Itemized deductions or standard deduction (see page 3) | 2 | | | |
| 3 Subtract line 2 from line 1 | 3 | | | |
| 4 Exemptions. If changing, fill in Parts I and II on the back | 4 | | | |
| 5 Taxable income. Subtract line 4 from line 3 | 5 | | | |
| **Tax Liability** | | | | |
| 6 Tax (see page 4). Method used in col. C.................... | 6 | | | |
| 7 Credits (see page 4) | 7 | | | |
| 8 Subtract line 7 from line 6. Enter the result but not less than zero | 8 | | | |
| 9 Other taxes (see page 4) | 9 | | | |
| 10 Total tax. Add lines 8 and 9 | 10 | | | |
| **Payments** | | | | |
| 11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 4 | 11 | | | |
| 12 Estimated tax payments, including amount applied from prior year's return | 12 | | | |
| 13 Earned income credit (EIC) | 13 | | | |
| 14 Additional child tax credit from Form 8812 | 14 | | | |
| 15 Credits from Form 2439, Form 4136, or Form 8885 | 15 | | | |

| | | |
|---|---|---|
| 16 Amount paid with request for extension of time to file (see page 4) | 16 | |
| 17 Amount of tax paid with original return plus additional tax paid after it was filed | 17 | |
| 18 Total payments. Add lines 11 through 17 in column C | 18 | |
| **Refund or Amount You Owe** | | |
| 19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS | 19 | |
| 20 Subtract line 19 from line 18 (see page 5) | 20 | |
| 21 **Amount you owe.** If line 10, column C, is more than line 20, enter the difference and see page 5 | 21 | |
| 22 If line 10, column C, is less than line 20, enter the difference | 22 | |
| 23 Amount of line 22 you want **refunded to you** | 23 | |
| 24 Amount of line 22 you want **applied to your** estimated tax 24 | | |

**Sign Here**

Joint return? See page 2. Keep a copy for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

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

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► | Date | Check if self-employed ☐ | Preparer's SSN or PTIN |
| Firm's name (or yours if self-employed), address, and ZIP code ► | | EIN | |
| | | Phone no. ( ) | |

## Part I Exemptions. See Form 1040 or 1040A instructions.

If you are **not changing your exemptions,** do not complete this part.
If claiming **more exemptions,** complete lines 25–31.
If claiming **fewer exemptions,** complete lines 25–30.

| | | A. Original number of exemptions reported or as previously adjusted | B. Net change | C. Correct number of exemptions |
|---|---|---|---|---|
| 25 Yourself and spouse . . . . . . . . . . . . . . . . . . **Caution.** If your parents (or someone else) can claim you as a dependent (even if they chose not to), you cannot claim an exemption for yourself. | 25 | | | |
| 26 Your dependent children who lived with you . . . . . . . . | 26 | | | |
| 27 Your dependent children who did not live with you due to divorce or separation . . . . . . . . . . . . . . . . . . . . . | 27 | | | |
| 28 Other dependents . . . . . . . . . . . . . . . . . | 28 | | | |
| 29 Total number of exemptions. Add lines 25 through 28 . . . . . | 29 | | | |
| 30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4. | 30 | | | |

| Tax year | Exemption amount | But see the instructions for line 4 on page 3 if the amount on line 1 is over: |
|---|---|---|
| 2003 | $3,050 | $104,625 |
| 2002 | 3,000 | 103,000 |
| 2001 | 2,900 | 99,725 |
| 2000 | 2,800 | 96,700 |

31 Dependents (children and other) not claimed on original (or adjusted) return:

| (a) First name Last name | (b) Dependent's social security number | (c) Dependent's relationship to you | (d) ✓ if qualifying child for child tax credit (see page 5) |
|---|---|---|---|
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |
| | | | ☐ |

No. of your children on line 31 who:
- lived with you . . ▶ ☐
- **did not** live with you due to divorce or separation (see page 5) . . ▶ ☐

Dependents on line 31 not entered above ▶ ☐

## Part II Explanation of Changes to Income, Deductions, and Credits

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

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

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

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

Form **2106**

Department of the Treasury
Internal Revenue Service (J)

# Employee Business Expenses

▶ **See separate instructions.**

▶ **Attach to Form 1040.**

OMB No. 1545-0139

**2003**

Attachment Sequence No. **54**

| Your name | Occupation in which you incurred expenses | **Social security number** |
|---|---|---|
| | | |

## Part I Employee Business Expenses and Reimbursements

| **Step 1 Enter Your Expenses** | | **Column A** Other Than Meals and Entertainment | **Column B** Meals and Entertainment |
|---|---|---|---|
| **1** Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) | 1 | | |
| **2** Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel or commuting to and from work | 2 | | |
| **3** Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment | 3 | | |
| **4** Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment | 4 | | |
| **5** Meals and entertainment expenses (see instructions) | 5 | | |
| **6** **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 | 6 | | |

**Note:** *If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.*

### Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

| | | | |
|---|---|---|---|
| **7** Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) | 7 | | |

### Step 3 Figure Expenses To Deduct on Schedule A (Form 1040)

| | | | |
|---|---|---|---|
| **8** Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 | 8 | | |
| **Note:** *If **both columns** of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.* | | | |
| **9** In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses by 65% (.65) instead of 50%. For details, see instructions.) | 9 | | |

**10** Add the amounts on line 9 of both columns and enter the total here. **Also, enter the total on Schedule A (Form 1040), line 20.** (Fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ▶ **10**

## Part II Vehicle Expenses

### Section A—General Information (You must complete this section if you are claiming vehicle expenses.)

| | | | (a) Vehicle 1 | (b) Vehicle 2 |
|---|---|---|---|---|
| 11 | Enter the date the vehicle was placed in service | 11 | / / | / / |
| 12 | Total miles the vehicle was driven during 2003 | 12 | miles | miles |
| 13 | Business miles included on line 12 | 13 | miles | miles |
| 14 | Percent of business use. Divide line 13 by line 12 | 14 | % | % |
| 15 | Average daily roundtrip commuting distance | 15 | miles | miles |
| 16 | Commuting miles included on line 12 | 16 | miles | miles |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 | 17 | miles | miles |

18 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

19 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

### Section B—Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

| | | | |
|---|---|---|---|
| 22 | Multiply line 13 by 36¢ (.36) | 22 | |

### Section C—Actual Expenses

| | | | (a) Vehicle 1 | (b) Vehicle 2 |
|---|---|---|---|---|
| 23 | Gasoline, oil, repairs, vehicle insurance, etc. | 23 | | |
| 24a | Vehicle rentals | 24a | | |
| b | Inclusion amount (see instructions) | 24b | | |
| c | Subtract line 24b from line 24a | 24c | | |
| 25 | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions) | 25 | | |
| 26 | Add lines 23, 24c, and 25 | 26 | | |
| 27 | Multiply line 26 by the percentage on line 14 | 27 | | |
| 28 | Depreciation. Enter amount from line 38 below | 28 | | |
| 29 | Add lines 27 and 28. Enter total here and on line 1 | 29 | | |

### Section D—Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

| | | | (a) Vehicle 1 | (b) Vehicle 2 |
|---|---|---|---|---|
| 30 | Enter cost or other basis (see instructions) | 30 | | |
| 31 | Enter section 179 deduction and special allowance (see instructions) | 31 | | |
| 32 | Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) | 32 | | |
| 33 | Enter depreciation method and percentage (see instructions) | 33 | | |
| 34 | Multiply line 32 by the percentage on line 33 (see instructions) | 34 | | |
| 35 | Add lines 31 and 34 | 35 | | |
| 36 | Enter the applicable limit explained in the line 36 instructions | 36 | | |
| 37 | Multiply line 36 by the percentage on line 14 | 37 | | |
| 38 | Enter the **smaller** of line 35 or line 37. Also enter this amount on line 28 above | 38 | | |

Form **2441**

Department of the Treasury
Internal Revenue Service (J)

# Child and Dependent Care Expenses

▶ **Attach to Form 1040.**

▶ **See separate instructions.**

OMB No. 1545-0068

**2003**

Attachment Sequence No. **21**

Name(s) shown on Form 1040 | **Your social security number**

***Before you begin:*** You need to understand the following terms. See **Definitions** on page 1 of the instructions.

- **Dependent Care Benefits**
- **Qualifying Person(s)**
- **Qualified Expenses**
- **Earned Income**

## Part I Persons or Organizations Who Provided the Care—You **must** complete this part.
(If you need more space, use the bottom of page 2.)

| 1 (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|---|---|---|---|
| | | | |
| | | | |

Did you receive **dependent care benefits?**

**No** ▶ Complete only Part II below.

**Yes** ▶ Complete Part III on the back next.

**Caution.** If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line

## Part II Credit for Child and Dependent Care Expenses

**2** Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name — First | Last | (b) Qualifying person's social security number | (c) **Qualified expenses** you incurred and paid in 2003 for the person listed in column (a) |
|---|---|---|---|
| | | | |
| | | | |

**3** Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 26 . . . **3**

**4** Enter your **earned income** . . . **4**

**5** If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4 . . . **5**

**6** Enter the **smallest** of line 3, 4, or 5 . . . **6**

**7** Enter the amount from Form 1040, line 35 . . . **7**

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

| If line 7 is: Over—But not over | Decimal amount is | If line 7 is: Over—But not over | Decimal amount is |
|---|---|---|---|
| $0—15,000 | .35 | $29,000—31,000 | .27 |
| 15,000—17,000 | .34 | 31,000—33,000 | .26 |
| 17,000—19,000 | .33 | 33,000—35,000 | .25 |
| 19,000—21,000 | .32 | 35,000—37,000 | .24 |
| 21,000—23,000 | .31 | 37,000—39,000 | .23 |
| 23,000—25,000 | .30 | 39,000—41,000 | .22 |
| 25,000—27,000 | .29 | 41,000—43,000 | .21 |
| 27,000—29,000 | .28 | 43,000—No limit | .20 |

**8** X .

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2002 expenses in 2003, see the instructions . . . **9**

**10** Enter the amount from Form 1040, line 43, minus any amount on Form 1040, line 44 . **10**

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 45 . . . **11**

## Part III Dependent Care Benefits

| | | | |
|---|---|---|---|
| **12** | Enter the total amount of **dependent care benefits** you received for 2003. This amount should be shown in box 10 of your W-2 form(s). **Do not** include amounts that were reported to you as wages in box 1 of Form(s) W-2 | 12 | |
| **13** | Enter the amount forfeited, if any (see the instructions) | 13 | |
| **14** | Subtract line 13 from line 12 | 14 | |
| **15** | Enter the total amount of **qualified expenses** incurred in 2003 for the care of the **qualifying person(s)** . . . **15** | | |
| **16** | Enter the **smaller** of line 14 or 15 . . . **16** | | |
| **17** | Enter your **earned income** . . . **17** | | |
| **18** | Enter the amount shown below that applies to you.<br>• If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).<br>• If married filing separately, see the instructions for the amount to enter.<br>• All others, enter the amount from line 17. . . . **18** | | |
| **19** | Enter the **smallest** of line 16, 17, or 18 . . . **19** | | |
| **20** | **Excluded benefits.** Enter here the **smaller** of the following:<br>• The amount from line 19 or<br>• $5,000 ($2,500 if married filing separately **and** you were required to enter your spouse's earned income on line 18). | 20 | |
| **21** | **Taxable benefits.** Subtract line 20 from line 14. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB" | 21 | |

To claim the child and dependent care credit, complete lines 22–26 below.

| | | | |
|---|---|---|---|
| **22** | Enter $3,000 ($6,000 if two or more qualifying persons) | 22 | |
| **23** | Enter the amount from line 20 | 23 | |
| **24** | Subtract line 23 from line 22. If zero or less, **stop.** You cannot take the credit. **Exception.** If you paid 2002 expenses in 2003, see the instructions for line 9 | 24 | |
| **25** | Complete line 2 on the front of this form. **Do not** include in column (c) any benefits shown on line 20 above. Then, add the amounts in column (c) and enter the total here | 25 | |
| **26** | Enter the **smaller** of line 24 or 25. Also, enter this amount on line 3 on the front of this form and complete lines 4–11 | 26 | |

Form **4868**
Department of the Treasury
Internal Revenue Service (J)

# Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0188

**2003**

## It's Convenient, Safe, and Secure

IRS *e-file* is the IRS's electronic filing program. Now you can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You will receive an electronic acknowledgment or confirmation number once you complete the transaction. Keep it with your records. **Do not** send in Form 4868 if you file electronically.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you will need to estimate your total tax liability and subtract how much you have already paid (lines 4, 5, and 6 below).

If you think you may owe tax and wish to make a payment, you may pay by electronic funds withdrawal using option 1 or 2 below or you may pay by credit card using option 3.

## 1 *E-file* by Phone—February 2–April 15

Call toll free **1-888-796-1074**

Anyone who filed a tax return for 2002 can file Form 4868 by phone. The telephone system will accept extensions any time from February 2 through April 15, 2004, and your extension will be good through August 16, 2004. Filing by telephone is advantageous because it is free and you get a confirmation number.

If you wish to make a payment by electronic funds withdrawal, you will be asked for the adjusted gross income (AGI) from your 2002 tax return. Your AGI for that year is located on line 35 of your Form 1040; line 21 of your 1040A; line 4 of your 1040EZ; line 34 of your 1040NR; line 10 of your 1040NR-EZ; or line I of your TeleFile Tax Record. If you choose, you may also file your extension by phone and mail a payment to the address shown in the middle column on page 4.

## 2 *E-file* Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of last year's tax return — you will be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal (see page 4) or send your payment to the address shown in the middle column on page 4.

## 3 *E-file* and Pay by Credit Card

You can get an extension if you pay part or all of your estimate of income tax due by using a credit card (American Express® Card, Discover® Card, MasterCard® card, or Visa® card). Your payment must be at least $1. You may pay by phone or over the Internet through one of the service providers listed below.

Each service provider will charge a convenience fee based on the amount of the tax payment you are making. Fees may vary between service providers. You will be told what the fee is during the transaction and will have the option to continue or cancel the transaction. You may also obtain the convenience fee by calling the providers' toll-free automated customer service numbers or visiting their websites. Do not add the convenience fee to your tax payment.

| **Link2Gov Corporation** | **Official Payments Corporation** |
|---|---|
| 1-888-PAY-1040sm | 1-800-2PAY-TAXsm |
| (1-888-729-1040) | (1-800-272-9829) |
| 1-888-658-5465 (Customer Service) | 1-877-754-4413 (Customer Service) |
| **www.PAY1040.com** | **www.officialpayments.com** |

**Form 709 or 709-A.** Although an extension of time to file your income tax return also extends the time to file Form 709 or 709-A, you cannot make payments of the gift or GST tax with a credit card. To make a payment of the gift or GST tax, send a check or money order to the Internal Revenue Service Center where the donor's gift tax return will be filed. Enter "2003 Form 709" and the donor's name and social security number on the payment.

## File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

▼ DETACH HERE ▼

Form **4868**
Department of the Treasury
Internal Revenue Service (J)

# Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

**For calendar year 2003, or other tax year beginning , 2003, ending , .**

OMB No. 1545-0188

**2003**

**Part I Identification**

1 Your name(s) (see instructions)

Address (see instructions)

City, town or post office, state, and ZIP code

| **2 Your social security number** | **3 Spouse's social security number** |
|---|---|
| | |

**Part II Complete ONLY If Filing Gift/GST Tax Return**

**Caution:** *Only for gift/GST tax extension! Checking box(es) may result in correspondence if Form 709 or 709-A is not filed.*

This form also extends the time for filing a gift or generation-skipping transfer (GST) tax return if you file a calendar (not fiscal) year income tax return. Enter your gift or GST tax payment(s) in Part IV and:

If **you** are requesting a **Gift or GST tax** return extension, check this box . . . . . . . . . . . . . . . . . ▶ ☐

If **your spouse** is requesting a **Gift or GST tax** return extension, check this box . . . . . . . . . . . . . . . . . ▶ ☐

**Part III Individual Income Tax**

4 Estimate of total tax liability for 2003 $

5 Total 2003 payments . . . . . .

6 **Balance due.** Subtract 5 from 4 . .

**Part IV Gift/GST Tax—**If you are **not filing** a gift or GST tax return, go to Part V now. See the instructions.

7 Your gift or GST tax payment . $

8 **Your spouse's** gift/GST tax payment

**Part V Total**

9 **Total liability.** Add lines 6, 7, and 8 $

10 Amount you are paying . . . . . ▶

**Confirmation Number**

If you file electronically, you will receive a confirmation number telling you that your Form 4868 has been accepted. Enter the confirmation number here and keep it for your records . . . . . . ▶

# General Instructions

## Purpose of Form

Use Form 4868 to apply for 4 more months to file **Form 1040, 1040A, 1040EZ, 1040NR,** or **1040NR-EZ.**

To get the extra time you **must:**

- Properly estimate your 2003 tax liability using the information available to you,
- Enter your tax liability on line 9 of Form 4868, **and**
- File Form 4868 by the regular due date of your return.

**Caution:** *Although you are not required to make a payment of the tax you estimate as due, Form 4868 does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest. You may also be charged penalties. For more details, see **Interest** on this page and **Late Payment Penalty** on page 3. Any remittance you make with your application for extension will be treated as a payment of tax.*

You do not have to explain why you are asking for the extension. We will contact you only if your request is denied.

**Do not** file Form 4868 if you want the IRS to figure your tax or you are under a court order to file your return by the regular due date.

If you need an additional extension, see **If You Need Additional Time** on this page.

**Form 709 or 709-A.** Generally, an extension of time to file your 2003 **calendar year** income tax return also extends the time to file a gift or generation-skipping transfer (GST) tax return for 2003. Special rules apply if the donor dies during the year in which the gifts were made. See the Instructions for Form 709.

## When To File Form 4868

File Form 4868 by April 15, 2004. Fiscal year taxpayers, file Form 4868 by the regular due date of the return.

If you are a U.S. citizen or resident "out of the country" (defined on this page) on the regular due date of your return, you are allowed 2 extra months to file your return. For a calendar year return, this is June 15, 2004. File this form if you need an additional 2 months to file your return. Write "Taxpayer Abroad" across the top of Form 4868.

**Out of the country** means either:

**1.** You live outside the United States and Puerto Rico **and** your main place of work is outside the United States and Puerto Rico **or**

**2.** You are in military or naval service outside the United States and Puerto Rico.

If you qualify as being "out of the country," you will still be eligible for the extension, even if you are physically present in the United States or Puerto Rico on the regular due date of the return.

## If You Need Additional Time

If the automatic 4-month extension (until August 16, 2004, for most calendar year taxpayers) does not give you enough time, you can ask for additional time later. But you will have to give a good reason, and it must be approved by the IRS. To ask for the additional time, you must **either:**

**1.** File **Form 2688,** Application for Additional Extension of Time To File U.S. Individual Income Tax Return or

**2.** Explain your reason in a letter. Mail it to the address in the right column under **Where To File a Paper Form 4868** on page 4.

File Form 4868 **before** you file Form 2688 or write a letter asking for more time. Only in cases of undue hardship will the IRS approve your request for an additional extension without receiving Form 4868 first. Ask early for this extra time. Then, you can still file your return on time if your request is not approved.

## Filing Your Tax Return

You may file your tax return any time before the extension expires.

**Do not** attach a copy of Form 4868 to your return.

### Interest

You will owe interest on any tax not paid by the regular due date of your return. The interest runs until you pay the tax. Even if you had a good reason for not paying on time, you will still owe interest.

**Late Payment Penalty**

The penalty is usually ½ of 1% of any tax (other than estimated tax) not paid by the regular due date. It is charged for each month or part of a month the tax is unpaid. The maximum penalty is 25%.

The late payment penalty will not be charged if you can show reasonable cause for not paying on time. Attach a statement to your return fully explaining the reason. **Do not** attach the statement to Form 4868.

You are considered to have "reasonable cause" for the period covered by this automatic extension if at least 90% of your actual 2003 tax liability is paid before the regular due date of your return through withholding, estimated tax payments, or with Form 4868.

**Late Filing Penalty**

A penalty is usually charged if your return is filed after the due date (including extensions). The penalty is usually 5% of the amount due for each month or part of a month your return is late. Generally, the maximum penalty is 25%. If your return is more than 60 days late, the minimum penalty is $100 or the balance of the tax due on your return, whichever is smaller. You might not owe the penalty if you have a good reason for filing late. Attach a statement to your return fully explaining the reason. **Do not** attach the statement to Form 4868.

**How To Claim Credit for Payment Made With This Form**

When you file your return, include the amount of any payment you made with Form 4868 on the appropriate line of your tax return.

The instructions for the following line of your tax return will tell you how to report the payment:

- Form 1040, line 66.
- Form 1040A, line 43.
- Form 1040EZ, line 9.
- Form 1040NR, line 61.
- Form 1040NR-EZ, line 21.

If you and your spouse each filed a separate Form 4868 but later file a joint return for 2003, enter the total paid with both Forms 4868 on the appropriate line of your joint return.

If you and your spouse jointly file Form 4868 but later file separate returns for 2003, you may enter the total amount paid with Form 4868 on either of your separate returns. Or you and your spouse may divide the payment in any agreed amounts. Be sure each separate return has the social security numbers of both spouses.

# Specific Instructions

## How To Complete Form 4868

**Caution:** *Skip Parts II and IV unless you are requesting an extension of time to file a gift or GST tax return.*

**Part I—Identification**

Enter your name(s) and address. If you plan to file a joint return, include both spouses' names in the order in which they will appear on the return.

If you want correspondence regarding this extension to be sent to you at an address other than your own or to an agent acting for you, include the agent's name, if any, and enter that address instead.

If you changed your name after you filed your last return because of marriage, divorce, etc., be sure to report this to your local Social Security Administration office before filing Form 4868. This prevents delays in processing your extension request.

If you changed your mailing address after you filed your last return, you should use **Form 8822,** Change of Address, to notify the IRS of the change. Showing a new address on Form 4868 will not update your record. You can get IRS forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also download forms from the IRS website at **www.irs.gov.**

If you plan to file jointly, enter on line 2 the social security number (SSN) that you will show first on your return. Enter your spouse's SSN on line 3.

If you are filing Form 1040NR or 1040NR-EZ, and do not have (and are not eligible to obtain) an SSN, enter your IRS-issued individual taxpayer identification number (ITIN). For information on obtaining an ITIN, get **Form W-7,** Application for IRS Individual Taxpayer Identification Number.

**Part III—Individual Income Tax**

**Line 4—Estimate of Total Tax Liability for 2003**

Enter on line 4 the total tax liability you expect to report on your 2003:

- Form 1040, line 60.
- Form 1040A, line 38.
- Form 1040EZ, line 10.
- Form 1040NR, line 56.
- Form 1040NR-EZ, line 17.

If you expect this amount to be zero, enter zero.

**Caution:** *Make your estimate as accurate as you can with the information you have. If we later find that the estimate was not reasonable, the extension will be null and void.*

**Line 5—Total 2003 Payments**

Enter on line 5 the total payments from:

- Form 1040, line 68 (excluding line 66).
- Form 1040A, line 43.
- Form 1040EZ, line 9.
- Form 1040NR, line 67 (excluding line 61).
- Form 1040NR-EZ, line 21.

**Note:** *For Forms 1040A, 1040EZ, and 1040NR-EZ, do not include on line 5 the amount you are paying with this Form 4868.*

**Line 6—Balance Due**

Subtract line 5 from line 4. If line 5 is more than line 4, enter zero.

If you find you cannot pay the amount shown on line 6, you can still get the extension. But you should pay as much as you can to limit the amount of interest you will owe. Also, you may be charged the late payment penalty on the unpaid tax from the regular due date of your return. See **Late Payment Penalty** on this page.

**Part IV—Gift/GST Tax**

Fill in this part **only** if you or your spouse plan to file Form 709 or 709-A **and** you are also using Form 4868 to apply for an extension of time to file your 2003 **calendar year** income tax return. **Do not** include income tax on lines 7 and 8.

Enter the amount of gift and GST tax you (or your spouse) are paying on these lines. If your spouse files a **separate** Form 4868, **do not** check the box in Part II for your spouse; enter on your form only the total gift and GST tax **you** are paying. Pay in full with this form to avoid interest and penalties.

**Part V—Total**

Enter the total of line 6 (and 7 and 8, if applicable) on line 9. If you are paying your entire estimate of tax liability, lines 9 and 10 should both be the same.

# How To Make a Payment With Your Extension

## Paying by Electronic Funds Withdrawal

You can *e-file* Form 4868 using IRS *e-file* option 1 or 2 on page 1 and make a payment by authorizing an electronic funds withdrawal from your checking or savings account. You can authorize an electronic funds withdrawal for your extension tax payment and/or for payment of your gift or GST tax. Check with your financial institution to make sure that an electronic funds withdrawal is allowed and to get the correct routing and account numbers.

If you owe tax and wish to have the money electronically withdrawn from your account, you will be asked to make the following declaration:

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated for payment of my Federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**Note:** *This is your written copy of the electronic funds withdrawal authorization you made to have the amount you owe withdrawn.* ***Keep it for your records.***

## Paying by Credit Card

You can *e-file* Form 4868 using IRS *e-file* option 3 on page 1 and pay by credit card.

## Paying by Check or Money Order

- When paying by check or money order with Form 4868, use the addresses in the middle column under **Where To File a Paper Form 4868** below.
- Make your check or money order payable to the **"United States Treasury."** Do not send cash.
- Write your social security number, daytime phone number, and "2003 Form 4868" on your check or money order.
- Do not staple or attach your payment to the form.

## Where To File a Paper Form 4868

| If you live in: | And you are making a payment, send Form 4868 with your payment to IRS: | And you are not making a payment, send Form 4868 to Internal Revenue Service Center: |
|---|---|---|
| Alabama, Florida, Georgia, Mississippi, North Carolina, Rhode Island, South Carolina, West Virginia | P.O. Box 105073 Atlanta, GA 30348-5073 | Atlanta, GA 39901 |
| Maine, Massachusetts, New Hampshire, New York, Vermont | P.O. Box 37003 Hartford, CT 06176-0003 | Andover, MA 05501 |
| Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania | P.O. Box 80109 Cincinnati, OH 45280-0009 | Philadelphia, PA 19255 |
| Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas | P.O. Box 660575 Dallas, TX 75266-0575 | Austin, TX 73301 |
| Alaska, California, Hawaii, Idaho, Montana, Nevada, Oregon, Washington, Wyoming | P.O. Box 7122 San Francisco, CA 94120-7122 | Fresno, CA 93888 |
| Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin | P.O. Box 970028 St. Louis, MO 63197-0028 | Kansas City, MO 64999 |
| Ohio, Virginia | P.O. Box 105050 Atlanta, GA 30348-5050 | Memphis, TN 37501 |
| Arizona, Utah | P.O. Box 1236 Charlotte, NC 28201-1236 | Fresno, CA 93888 |
| American Samoa or Puerto Rico *(or if excluding income under Internal Revenue Code section 933);* are a nonpermanent resident of Guam or the Virgin Islands; have an APO, FPO, or foreign address; are a dual-status alien; or file Form 2555, 2555-EZ, or 4563 | P.O. Box 80109 Cincinnati, OH 45280-0009 | Philadelphia, PA 19255-0215 |
| Guam: Permanent residents | Send Form 4868 and payments to: | Department of Revenue and Taxation<br>Government of Guam<br>P.O. Box 23607 GMF, GU 96921 |
| Virgin Islands: Permanent residents | Send Form 4868 and payments to: | V.I. Bureau of Internal Revenue<br>9601 Estate Thomas<br>Charlotte Amalie, St. Thomas, VI 00802 |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need this information so that our records will reflect your intention to file your individual income tax return within 4 months after the regular due date. If you choose to apply for an automatic extension of time to file, you are required by Internal Revenue Code section 6081 to provide the information requested on this form. Under section 6109, you must disclose your social security number (SSN) or individual taxpayer identification number (ITIN). Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. If you fail to provide this information in a timely manner or provide incomplete or false information, you may be liable for penalties and interest.

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

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping,** 26 min.; **Learning about the law or the form,** 13 min.; **Preparing the form,** 18 min.; and **Copying, assembling, and sending the form to the IRS,** 10 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where To File a Paper Form 4868** above.

Form **8283**
(Rev. October 1998)
Department of the Treasury
Internal Revenue Service (J)

# Noncash Charitable Contributions

▶ **Attach to your tax return if you claimed a total deduction of over $500 for all contributed property.**

▶ **See separate instructions.**

OMB No. 1545-0908

Attachment Sequence No. **55**

Name(s) shown on your income tax return | **Identifying number**

**Note:** *Figure the amount of your contribution deduction before completing this form. See your tax return instructions.*

**Section A—**List in this section **only** items (or groups of similar items) for which you claimed a deduction of $5,000 or less. Also, list certain publicly traded securities even if the deduction is over $5,000 (see instructions).

**Part I** **Information on Donated Property—**If you need more space, attach a statement.

| 1 | **(a)** Name and address of the donee organization | **(b)** Description of donated property |
|---|---|---|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |

**Note:** *If the amount you claimed as a deduction for an item is $500 or less, you do not have to complete columns (d), (e), and (f).*

| | **(c)** Date of the contribution | **(d)** Date acquired by donor (mo., yr.) | **(e)** How acquired by donor | **(f)** Donor's cost or adjusted basis | **(g)** Fair market value | **(h)** Method used to determine the fair market value |
|---|---|---|---|---|---|---|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

**Part II** **Other Information—**Complete line 2 if you gave less than an entire interest in property listed in Part I. Complete line 3 if conditions were attached to a contribution listed in Part I.

**2** If, during the year, you contributed less than the entire interest in the property, complete lines a–e.

**a** Enter the letter from Part I that identifies the property ▶ ________. If Part II applies to more than one property, attach a separate statement.

**b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ ____________________.
**(2)** For any prior tax years ▶ ____________________.

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

**d** For tangible property, enter the place where the property is located or kept ▶ ____________________

**e** Name of any person, other than the donee organization, having actual possession of the property ▶ ____________________

**3** If conditions were attached to any contribution listed in Part I, answer questions a – c and attach the required statement (see instructions).

| | | Yes | No |
|---|---|---|---|
| **a** | Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | |
| **b** | Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . . . . . . . | | |
| **c** | Is there a restriction limiting the donated property for a particular use? . . . . . . . . . . . . . . | | |

| Name(s) shown on your income tax return | **Identifying number** |
|---|---|
| | |

**Section B—Appraisal Summary—**List in this section only items (or groups of similar items) for which you claimed a deduction of more than $5,000 per item or group. **Exception.** Report contributions of certain publicly traded securities only in Section A.

If you donated art, you may have to attach the complete appraisal. See the **Note** in Part I below.

## Part I Information on Donated Property—To be completed by the taxpayer and/or appraiser.

**4** Check type of property:

☐ Art* (contribution of $20,000 or more) ☐ Real Estate ☐ Gems/Jewelry ☐ Stamp Collections
☐ Art* (contribution of less than $20,000) ☐ Coin Collections ☐ Books ☐ Other

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antique furniture, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Note:** *If your total art contribution deduction was $20,000 or more, you must attach a complete copy of the signed appraisal. See instructions.*

| 5 | **(a)** Description of donated property (if you need more space, attach a separate statement) | **(b)** If tangible property was donated, give a brief summary of the overall physical condition at the time of the gift | **(c)** Appraised fair market value |
|---|---|---|---|
| A | | | |
| B | | | |
| C | | | |
| D | | | |

| | **(d)** Date acquired by donor (mo., yr.) | **(e)** How acquired by donor | **(f)** Donor's cost or adjusted basis | **(g)** For bargain sales, enter amount received | See instructions: **(h)** Amount claimed as a deduction | See instructions: **(i)** Average trading price of securities |
|---|---|---|---|---|---|---|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |

## Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as having a value of $500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than $500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ► ____________

Signature of taxpayer (donor) ► Date ►

## Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this appraisal summary may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I affirm that I have not been barred from presenting evidence or testimony by the Director of Practice.

**Sign Here** Signature ► Title ► Date of appraisal ►

| Business address (including room or suite no.) | **Identifying number** |
|---|---|
| | |

City or town, state, and ZIP code

## Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on ► ____________ (Date)

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 2 years after the date of receipt, it will file **Form 8282,** Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? . . . . . . . . . . . . . . ► ☐ Yes ☐ No

| Name of charitable organization (donee) | **Employer identification number** | |
|---|---|---|
| Address (number, street, and room or suite no.) | City or town, state, and ZIP code | |
| Authorized signature | Title | Date |

Form **8812**

Department of the Treasury
Internal Revenue Service (J)

# Additional Child Tax Credit

*Complete and attach to Form 1040 or Form 1040A.*

OMB No. 1545-1620

**2003**

Attachment Sequence No. **47**

Name(s) shown on return | **Your social security number**

## Part I All Filers

| | | | |
|---|---|---|---|
| **1** | Enter the amount from line 3 of your Child Tax Credit Worksheet on page 41 of the Form 1040 instructions or page 38 of the Form 1040A instructions. If you used Pub. 972, enter the amount from line 10 of the worksheet on page 4 of the publication | **1** | |
| **2** | Enter the amount from Form 1040, line 49, or Form 1040A, line 33 | **2** | |
| **3** | Subtract line 2 from line 1. If zero, **stop**; you cannot take this credit | **3** | |
| **4** | Enter your total taxable earned income. See the instructions on back | **4** | |
| **5** | Is the amount on line 4 more than $10,500?<br>☐ **No.** Leave line 5 blank and enter -0- on line 6.<br>☐ **Yes.** Subtract $10,500 from the amount on line 4. Enter the result | **5** | |
| **6** | Multiply the amount on line 5 by 10% (.10) and enter the result | **6** | |

**Next.** Do you have three or more qualifying children?

☐ **No.** If line 6 is zero, **stop;** you cannot take this credit. Otherwise, skip Part II and enter the **smaller** of line 3 or line 6 on line 13.

☐ **Yes.** If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.

## Part II Certain Filers Who Have Three or More Qualifying Children

| | | | |
|---|---|---|---|
| **7** | Enter the total of the withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions on back | **7** | |
| **8** | **1040 filers:** Enter the total of the amounts from Form 1040, lines 28 and 56, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 60.<br>**1040A filers:** Enter -0-. | **8** | |
| **9** | Add lines 7 and 8 | **9** | |
| **10** | **1040 filers:** Enter the total of the amounts from Form 1040, lines 63 and 64.<br>**1040A filers:** Enter the total of the amount from Form 1040A, line 41, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see the instructions on back). | **10** | |
| **11** | Subtract line 10 from line 9. If zero or less, enter -0- | **11** | |
| **12** | Enter the **larger** of line 6 or line 11 here | **12** | |

**Next,** enter the **smaller** of line 3 or line 12 on line 13.

## Part III Your Additional Child Tax Credit

| | | | |
|---|---|---|---|
| **13** | **This is your additional child tax credit** | **13** | |

*Enter this amount on Form 1040, line 65, or Form 1040A, line 42.*

# Instructions

## Purpose of Form

Use Form 8812 to figure your additional child tax credit.

**TIP** The additional child tax credit may give you a refund even if you do not owe any tax.

## Who Should Use Form 8812

First, complete the Child Tax Credit Worksheet that applies to you. See the instructions for Form 1040, line 49, or Form 1040A, line 33. If you meet the condition given in the **TIP** at the end of your Child Tax Credit Worksheet, use Form 8812 to see if you can take the additional child tax credit.

## Effect of Credit on Welfare Benefits

Any refund you receive as a result of taking the additional child tax credit will not be used to determine if you are eligible for the following programs, or how much you can receive from them.

- Temporary Assistance for Needy Families (TANF).
- Medicaid and supplemental security income (SSI).
- Food stamps and low-income housing.

## Taxable Earned Income

**1.** Did you, or your spouse if filing a joint return, have net earnings from self-employment and use either optional method to figure those net earnings?

☐ **No.** Go to question 2.

☐ **Yes.** Use Pub. 972 to figure the amount to enter on Form 8812, line 4.

**2.** Are you claiming the earned income credit (EIC) on Form 1040, line 63, or Form 1040A, line 41?

☐ **Yes.** Use the following chart to find the amount to enter on Form 8812, line 4.

| IF you are filing Form . . . | AND you completed . . . | THEN enter on Form 8812, line 4, the amount from . . . |
|---|---|---|
| 1040 | Worksheet B on page 49 of your 1040 instructions | Worksheet B, line 4b.* |
| 1040 | Step 5 on page 46 of your 1040 instructions (but not Worksheet B) | Step 5, Earned Income |
| 1040A | Step 5 on page 42 of your 1040A instructions | Step 5, Earned Income |

* If you were a member of the clergy, subtract the following from the amount on line 4b: **(a)** the rental value of a home or the nontaxable portion of an allowance for a home furnished to you (including payments for utilities) and **(b)** the value of meals and lodging provided to you, your spouse, and your dependents for your employer's convenience.

☐ **No.** **1040 filers:** Go to question 3.
**1040A filers:** Skip question 3 and go to question 4.

**3.** Were you, or your spouse if filing a joint return, self-employed, or are you filing Schedule SE because you were a member of the clergy or you had church employee income, or are you filing Schedule C or C-EZ as a statutory employee?

☐ **No.** Go to question 4.

☐ **Yes.** Use Pub. 972 to figure the amount to enter on Form 8812, line 4.

**4.** Does the amount on line 7 of Form 1040 or Form 1040A include any of the following amounts?

- Taxable scholarship or fellowship grants not reported on a Form W-2.
- Amounts paid to an inmate in a penal institution for work (put "PRI" and the amount paid in the space next to line 7 of Form 1040 or 1040A).
- Amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan (put "DFC" and the amount received in the space next to line 7 of Form 1040 or 1040A). This amount may be reported in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity.
- Amounts from Form 2555, line 41, or Form 2555-EZ, line 18.

☐ **No.** Enter the amount from line 7 of Form 1040 or Form 1040A on Form 8812, line 4.

☐ **Yes.** Subtract the total of those amounts from the amount on line 7 of Form 1040 or Form 1040A. (If an amount is included in more than one of the above categories, include it only once in figuring the total amount to subtract.) Enter the result on Form 8812, line 4.

## Railroad Employees

If you worked for a railroad, include the following taxes in the total on Form 8812, line 7.

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your Form(s) W-2 and identified as "Tier 1 tax."
- If you were an employee representative, 50% of the total tier 1 tax and tier 1 Medicare tax you paid for 2003.

## 1040A Filers

If you, or your spouse if filing a joint return, had more than one employer for 2003 and total wages of over $87,000, figure any excess social security and tier 1 railroad retirement (RRTA) taxes withheld. See the instructions for Form 1040A, line 43. Include any excess on Form 8812, line 10.

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

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

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping,** 6 min.; **Learning about the law or the form,** 5 min.; **Preparing the form,** 28 min.; **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the Instructions for Form 1040 or Form 1040A.

Form **8863**

Department of the Treasury
Internal Revenue Service (J)

# Education Credits (Hope and Lifetime Learning Credits)

▶ See instructions.
▶ Attach to Form 1040 or Form 1040A.

OMB No. 1545-1618
**2003**
Attachment Sequence No. **50**

Name(s) shown on return | **Your social security number**

**Caution:** *You **cannot** take both an education credit and the tuition and fees deduction (Form 1040, line 26, or Form 1040A, line 19) for the **same student** in the same year.*

## Part I Hope Credit. Caution: *You **cannot** take the Hope credit for more than **2** tax years for the **same student.***

| 1 | **(a)** Student's name (as shown on page 1 of your tax return) First name / Last name | **(b)** Student's social security number (as shown on page 1 of your tax return) | **(c)** Qualified expenses (see instructions). **Do not** enter more than $2,000 for each student. | **(d)** Enter the **smaller** of the amount in column (c) or $1,000 | **(e)** Subtract column (d) from column (c) | **(f)** Enter one-half of the amount in column (e) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 | Add the amounts in columns (d) and (f) | | 2 | | | |

3 Tentative Hope credit. Add the amounts on line 2, columns (d) and (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III ▶ **3**

## Part II Lifetime Learning Credit

| 4 | **(a)** Student's name (as shown on page 1 of your tax return) First name / Last name | **(b)** Student's social security number (as shown on page 1 of your tax return) | **(c)** Qualified expenses (see instructions) |
|---|---|---|---|
| **Caution:** *You **cannot** take the Hope credit and the lifetime learning credit for the **same student** in the same year.* | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5 Add the amounts on line 4, column (c), and enter the total . . . **5**

6 Enter the **smaller** of line 5 or $10,000 . . . **6**

7 Tentative lifetime learning credit. Multiply line 6 by 20% (.20) and go to Part III ▶ **7**

## Part III Allowable Education Credits

8 Tentative education credits. Add lines 3 and 7 . . . **8**

9 Enter: $103,000 if married filing jointly; $51,000 if single, head of household, or qualifying widow(er) . . . **9**

10 Enter the amount from Form 1040, line 35*, or Form 1040A, line 22 . **10**

11 Subtract line 10 from line 9. If zero or less, **stop;** you cannot take any education credits . . . **11**

12 Enter: $20,000 if married filing jointly; $10,000 if single, head of household, or qualifying widow(er) . . . **12**

13 If line 11 is equal to or more than line 12, enter the amount from line 8 on line 14 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as a decimal (rounded to at least three places) . . . **13** × .

14 Multiply line 8 by line 13 . . . ▶ **14**

15 Enter the amount from Form 1040, line 43, or Form 1040A, line 28 . . . **15**

16 Enter the total, if any, of your credits from Form 1040, lines 44 through 46, or Form 1040A, lines 29 and 30 . . . **16**

17 Subtract line 16 from line 15. If zero or less, **stop;** you cannot take any education credits . . . ▶ **17**

18 **Education credits.** Enter the **smaller** of line 14 or line 17 here and on Form 1040, line 47, or Form 1040A, line 31 . . . ▶ **18**

*See Pub. 970 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

# General Instructions

## A Change To Note

The maximum lifetime learning credit has increased to $2,000.

## Purpose of Form

Use Form 8863 to figure and claim your education credits. The education credits are:

- The Hope credit and
- The lifetime learning credit.

## Who Can Take the Credits

You may be able to take the credits if you, your spouse, or a dependent you claim on your tax return was a student enrolled at or attending an eligible educational institution. The credits are based on the amount of **qualified expenses** paid for the student in 2003 for academic periods beginning in 2003 and the first 3 months of 2004.

CAUTION Qualified expenses must be reduced by any expenses paid directly or indirectly using tax-free educational assistance. See **Tax-Free Educational Assistance and Refunds of Qualified Expenses** on this page.

**Note:** *If a student is claimed as a dependent on another person's tax return, only the person who claims the student as a dependent may claim the credits for the student's qualified expenses. If a student is not claimed as a dependent on another person's tax return, only the student may claim the credits.*

Generally, qualified expenses paid on behalf of the student by someone other than the student (such as a relative) are treated as paid by the student. Also, qualified expenses paid (or treated as paid) by a student who is claimed as a dependent on your tax return are treated as paid by you. Therefore, you are treated as having paid expenses that were paid from your dependent student's earnings, gifts, inheritances, savings, etc.

You **cannot** take the education credits if **any** of the following apply.

- You are claimed as a dependent on another person's tax return, such as your parent's return (but see the **Note** above).
- Your filing status is married filing separately.
- Your adjusted gross income on Form 1040, line 35, or Form 1040A, line 22, is **(a)** $103,000 or more if married filing jointly or **(b)** $51,000 or more if single, head of household, or qualifying widow(er).
- You are taking a deduction for tuition and fees on Form 1040, line 26, or Form 1040A, line 19, for the same student.
- You (or your spouse) were a nonresident alien for any part of 2003 and the nonresident alien did not elect to be treated as a resident alien.

## Additional Information

See **Pub. 970,** Tax Benefits for Education, for more information about these credits.

# Rules That Apply to Both Credits

## What Expenses Qualify?

Generally, **qualified expenses** are amounts paid in 2003 for tuition and fees **required** for the student's enrollment or attendance at an eligible educational institution. It does not matter whether the expenses were paid in cash, by check, by credit card, or with borrowed funds.

Qualified expenses **do not** include amounts paid for:

- Room and board, insurance, medical expenses (including student health fees), transportation, or other similar personal, living, or family expenses.
- Course-related books, supplies, equipment, and nonacademic activities, except for fees **required** to be paid to the institution as a condition of enrollment or attendance.
- Any course or other education involving sports, games, or hobbies, unless such course or other education is part of the student's degree program or (for the lifetime learning credit only) helps the student to acquire or improve job skills.

If you or the student take a deduction for higher education expenses, such as on Schedule A or Schedule C (Form 1040), you **cannot** use those expenses when figuring your education credits.

CAUTION Any qualified expenses used to figure the education credits may not be taken into account in determining the amount of a distribution from a Coverdell ESA or a qualified state tuition program that is excluded from gross income.

### Tax-Free Educational Assistance and Refunds of Qualified Expenses

Tax-free educational assistance includes a tax-free scholarship or Pell grant or tax-free employer-provided educational assistance.

You must reduce the total of your qualified expenses by any tax-free educational assistance and by any refunds of qualified expenses. If the refund or tax-free assistance is received in the same year in which the expenses were paid or in the following year before you file your tax return, reduce your qualified expenses by the amount received and figure your education credits using the reduced amount of qualified expenses. If the refund or tax-free assistance is received after you file your return for the year in which the expenses were paid, you must figure the amount by which your education credits would have been reduced if the refund or tax-free assistance had been received in the year for which you claimed the education credits. Include that amount as an additional tax for the year the refund or tax-free assistance was received on the tax line of your tax return (line 41 of the 2003 Form 1040 or line 28 of the 2003 Form 1040A). Enter the amount and "ECR" next to that line.

**Example.** You paid $2,250 tuition on December 26, 2002, and your child began college on January 29, 2003. You filed your 2002 tax return on February 1, 2003, and claimed a Hope credit of $1,500. After you filed your return, your child dropped two courses (but maintained one-half of a full-time workload), and you received a refund of $750. You must refigure your 2002 Hope credit using $1,500 of qualified expenses instead of $2,250. The refigured credit is $1,250. You must include the difference of $250 on line 41 of your 2003 Form 1040 or line 28 of your 2003 Form 1040A.

## Prepaid Expenses

Qualified expenses paid in 2003 for an academic period that **begins** in the first 3 months of 2004 can be used in figuring your 2003 education credits. For example, if you pay $2,000 in December 2003 for qualified tuition for the 2004 winter quarter that begins in January 2004, you can use that $2,000 in figuring your 2003 education credits (if you meet all the other requirements).

CAUTION You **cannot** use any amount paid in 2002 or 2004 to figure your 2003 education credits.

### What Is an Eligible Educational Institution?

An **eligible educational institution** is generally any accredited public, nonprofit, or proprietary (private) college, university, vocational school, or other postsecondary institution. Also, the institution must be eligible to participate in a student aid program administered by the Department of Education. Virtually all accredited postsecondary institutions meet this definition.

# Specific Instructions

## Part I
## Hope Credit

You may be able to take a credit of up to $1,500 for qualified expenses (defined earlier) paid for **each** student who qualifies for the Hope credit. You can take the Hope credit for a student if **all** of the following apply.

- As of the beginning of 2003, the student had not completed the first 2 years of postsecondary education (generally, the freshman and sophomore years of college), as determined by the eligible educational institution. For this purpose, **do not** include academic credit awarded solely because of the student's performance on proficiency examinations.
- The student was enrolled in 2003 in a program that leads to a degree, certificate, or other recognized educational credential.
- The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2003.
- The Hope credit was **not** claimed for that student's expenses in more than one prior tax year.
- The student has not been convicted of a felony for possessing or distributing a controlled substance.

TIP If a student does not meet **all** of the above conditions, you may be able to take the lifetime learning credit for part or all of that student's qualified expenses instead.

### Line 1

Complete columns (a) through (f) on line 1 for each student who qualifies for and for whom you elect to take the Hope credit.

### Column (c)

Enter **only** qualified expenses paid for the student in 2003 for academic periods beginning after 2002 but before April 1, 2004, as explained earlier. If the student's expenses are more than $2,000, enter $2,000.

**Note:** *If you have more than three students who qualify for the Hope credit, write "See attached" next to line 1 and attach a statement with the required information for each additional student. Include the totals from line 1, columns (d) and (f), for all students in the amount you enter in columns (d) and (f) on line 2.*

## Part II
## Lifetime Learning Credit

The maximum lifetime learning credit for 2003 is $2,000, regardless of the number of students.

CAUTION You **cannot** take the lifetime learning credit for any student for whom you are taking the Hope credit.

### Line 4

Complete columns (a) through (c) for each student for whom you are taking the lifetime learning credit.

### Column (c)

Enter **only** qualified expenses paid for the student in 2003 for academic periods beginning after 2002 but before April 1, 2004, as explained earlier.

**Note:** *If you are taking the lifetime learning credit for more than five students, write "See attached" next to line 4 and attach a statement with the required information for each additional student. Include the totals from line 4, column (c), in the amount you enter on line 5.*

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