2003 FEDERAL TAX RETURN FILING INSTRUCTIONS

Kurt H. Edelmann & Dawna L. Dennis 4790 Diane Ave San Diego, CA 92117

What is the return result?	You have a refund of \$4.			
Who is the check payable to?	Not applicable			
Where do I mail the return? Internal Revenue Service Attn: Shipping & Receiving, 0254 Receipt & Control Branch Austin, TX 73344-0254				
When do I mail the return?	This return has been prepared for electronic filing. Please sign, date and mail Form 8453-OL only to the address above.			
Special Instructions	Your refund will be deposited directly into your bank account.			

2004 FEDERAL ESTIMATED TAX FILING INSTRUCTIONS

How much estimated tax is due?	Total Estimated Tax			\$ 3,244		
What are my payments and	Payable in full or in installments as follows:		ents as follows:			
when are they due?	Voucher	А	mount	Due Date		
	No. 1	\$	811	April 15, 2004		
	No. 2	\$	811	June 15, 2004		
	No. 3	\$	811	September 15, 2004		
	No. 4	\$	811	January 18, 2005		
Who is the check payable to?	Make your check payable to United States Treasury. Include your social security number and the words "2004 Form 1040-ES" on your check.					
Where do I mail the voucher and check?	Internal Revenue Service P.O. Box 510000 San Francisco, CA 94151-5100					

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2003 STATE TAX RETURN FILING INSTRUCTIONS

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CALIFORNIA INCOME TAX RETURN

Kurt H. Edelmann & Dawna L. Dennis 4790 Diane Ave San Diego, CA 92117

What is the return result?	You have a balance due of \$452.					
Who is the check payable to?	Make your check payable to Franchise Tax Board. Include your social security number and "2003 California Taxes" on your check.					
Where do I mail the return? Franchise Tax Board P.O. Box 942867 Sacramento, CA 94267-0009						
When do I mail the return?	Ticase sign, date and mail your recard by April 15, 2004.					
Special Instructions						

2004 STATE ESTIMATED TAX FILING INSTRUCTIONS

How much estimated tax is due?	Total Estimated Tax \$ 1,324				
What are my payments and	Payable in full or in installments as follows:				
when are they due?	Voucher Amount Due Date				
	No.1 \$ 331 April 15, 2004				
	No. 2 \$ 331 June 15, 2004				
	No.3 \$ 331 September 15, 2004				
	No.4 \$ 331 January 18, 2005				
Who is the check payable to?	Make your check payable to Franchise Tax Board. Include your social security number and the words "2004 State Estimated Taxes" on your check.				
Where do I mail the voucher and check?	Franchise Tax Board P.O. Box 942867 Sacramento, CA 94267-0031				
Special Instructions	Mail each voucher by the date indicated above. Enclose your check for the specified amount. Include your SSN on your check				

Authorize Your Return for the Regular On-Line Filing Program

Before you can transmit your return to our Electronic Filing Center, you must read and authorize the following IRS 'Consent to Disclosure,' a legal statement authorizing us to process your return electronically.

Consent to Disclosure

"I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: 1) acknowledgment of receipt or reason for rejection of transmission; 2) refund offset; 3) reason for any delay in processing or refund; and, 4) date of any refund

I am transmitting this tax return by entering my Date of Birth (DOB) below."

Taxpayer's Date of Birth	03/27/1970
Today's date	04/15/2004
If you're filing a joint return:	
Spouse's Date of Birth	07/25/1976

Authorize Your Return for the On-Line Self Select PIN Program

When you participate in the On-Line Self Select PIN program, you are not required to mail Form 8453-OL after your return is accepted. Filing electronically this way makes it completely paperless.

Before you can transmit your return to our Electronic Filing Center using the self select PIN, you must read and authorize the following IRS Perjury Statement/Consent to Disclosure legal statement. This legal statement authorizes us to process your return electronically without requiring your signature on Form 8453-OL.

Perjury Statement

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Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

"I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: 1) acknowledgment of receipt or reason for rejection of transmission; 2) refund offset; 3) reason for any delay in processing or refund; and, 4) date of any refund

I am signing this Tax Return by entering my Self Select PIN below."

Taxpayer's PIN	
Taxpayer's Date of Birth (all numeric)	
Taxpayer's Prior Year Adjusted Gross Income (Dollars Only)	
Today's Date (all numeric)	
you're filing a joint return:	
Spouse's PIN	
Spouse's Date of Birth (all numeric)	
Spouse's Prior Year Adjusted Gross Income (Dollars Only)	

Authorize Your Balance Due Return to be Paid by Electronic Funds Withdrawal

If you want to pay your balance due return by debiting your bank account (Electronic Withdrawal), you must read and authorize the 'Electronic Funds Withdrawal Consent' legal statement. This legal statement authorizes the U.S. Treasury and its designated Financial Agents to process your electronic tax payment.

Electronic Funds Withdrawal Consent

"I authorize the U.S. Treasury and its designated Financial Agents to initiate an ACH debit (electronic withdrawal) entry to the financial institution account indicated for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. 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 my payment.

I am signing this Electronic Funds Withdrawal Consent by entering my Date of Birth below."

Taxpayer's Date of Birth (all numeric)	
Today's Date (all numeric)	
If you're filing a joint return:	
Spouse's Date of Birth (all numeric)	

Electronic Filing Checklist
wing information is presented to assist you in electronically filing your return. Make sure you follow these easy ensure that processing of your federal and/or state return is not delayed.
1) Your return is not ready to be filed electronically until you have carefully reviewed your return, and cleared up all electronic filing errors as indicated on the return information sheet. Once these errors have been corrected, your return is ready to be submitted to the federal and state taxing authority.
 2) To submit the return, select the Review/Print/File link located at the bottom of any data entry page, select "Electronically file your return" and follow the steps listed. Note: You cannot change your return while it is en route to the federal and/or state taxing authority.
 3) The return will be sent to the federal and state taxing authority and information will be available within 72 hours from us stating whether your return was accepted or rejected by the taxing authority. You may check the status of your electronically filed return by doing the following: Click the "Start Now" button on our home page then click the "View E-file Status" button to see the latest status of your electronic return. OR We will e-mail the acceptance or rejection message from the taxing authority to the e-mail address you provided on the address tab in the Personal section of the data entry.
4) If the e-mail or status page for your return indicates your return has been rejected by the taxing authority, you can go back into the return and make the necessary revisions to fix the rejection. You can then resubmit the return.
5) If the e-mail or status page for your return indicates your return has been accepted by the taxing authority, and you selected to use the paperless filing method by entering PIN information, no additional forms need to be filed; however if you have a balance due on your return and have decided to pay it with a credit card, be sure to link to the Official Payments website from the e-mail or Electronic Filing Status page to pay your bill.
 If you did not select paperless filing, you need to do the following: Sign and date the federal Form 8453-OL and the applicable state form. Follow the filing instructions that were produced with the return telling you where to mail the federal Form 8453-OL and any applicable state form. If any of the following forms have been produced, include them with your federal Form 8453-OL when mailed: Form 8283 Form 2848 Form 8332 Your balance due will <u>not</u> be paid until you enter your credit card information at the Official Payments website. To get to the Official Payments website after you have reviewed your return, printed a copy and electronically filed it, go to the website you used to access the tax preparation program. Select
"Paying Taxes by Credit Card" from the "Tax Services" or "Additional Services" menu. Click on the Official Payments link and follow the instructions given.Note: Once the return has been accepted by the taxing authority, we prevent you from resubmitting the return
electronically. If additional information necessitates a change to your federal or state return after it has been electronically filed and accepted, you must complete and file federal Form 1040X, Amended return along with the applicable state amended return. Since the IRS does not accept Form 1040X electronically, this form and the state equivalent form are not available in our service.

Return Information

INFORMATIONAL

The following notes contain information provided for your use.

- Miscellaneous. If filing a paper copy of your return by mail, please be sure to attach a copy of your entire federal return to your state return.
- CompleteTax. Thank you for using CompleteTax. Our website can be accessed at: www.CompleteTax.com and your user ID / user name is: edelmann2003.
- Electronic Filing. Your return is currently eligible to be submitted for electronic filing.

TO ELECTRONICALLY FILE YOUR RETURN, if you are on the Return Information page, please click "Continue" through this page and the next page.

If you are on any other page, select the "Review/Print/File" link from the bottom of that page. From the "Steps To File" page, select "Electronic Filing" and follow the links to SUBMIT your return to the taxing authority.

Once your return has been accepted by the IRS, you should mail the Form 8453-OL using the address provided in the filing instructions. Please be sure to print a copy of your return for your records.

Tax Return Carryovers to 2004

NAME: Kurt	H. Edelmann & Dawna L. Dennis	Dennis			r: 110-62-1054
Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
1116амт	Passive Inc Excess Limit from 2003	1116 AMT			-37.

Itemized or Standard Deduction -9,500. -6,140. Exemptions -6,100. 0. Taxable Income 69,057. 78,661. Tax 10,870. 3,486. Exemption Tax Credit 0. -164. Foreign Tax Credit -8. 0. Income Tax Withheld -7,618. -1,998. Estimated Tax Paid -3,248. -872.	2003 Return Summary	ý	
Adjusted Gross Income84,657.84,801.Itemized or Standard Deduction-9,5006,140.Exemptions-6,100.0.Taxable Income69,057.78,661.Tax10,870.3,486.Exemption Tax Credit0164.Foreign Tax Credit-8.0.Income Tax Withheld-7,6181,998.Estimated Tax Paid-3,248872.Amount Due <refund>-4.452.Additional Information:-4.452.Federal Tax Bracket Average tax rate - 15.74% Marginal rate of ordinary income - 25% Marginal rate of LT capital gain - 15%-84,801.</refund>	Kurt H. Edelmann & Dawna L. Dennis		110-62-1054
Itemized or Standard Deduction-9,5006,140.Exemptions-6,100.0.Taxable Income69,057.78,661.Tax10,870.3,486.Exemption Tax Credit0164.Foreign Tax Credit-8.0.Income Tax Withheld-7,6181,998.Estimated Tax Paid-3,248872.Amount Due <refund>-4.452.Additional Information:-4.452.Federal Tax BracketAverage tax rate - 15.74%Marginal rate of ordinary income - 25%Marginal rate of LT capital gain - 15%-15%</refund>		Federal	California
	<pre>Itemized or Standard Deduction Exemptions Taxable Income Tax Exemption Tax Credit Foreign Tax Credit Income Tax Withheld Estimated Tax Paid Amount Due <refund> Additional Information: Federal Tax Bracket Average tax rate - 15.74% Marginal rate of ordinary income - 25% Marginal rate of LT capital gain - 15%</refund></pre>	-9,500. -6,100. 69,057. 10,870. 0. -8. -7,618. -3,248.	78,661. 3,486. -164. 0.

Tax Pro	jector		
Kurt H. Edelmann & Dawna L. Dennis			110-62-1054
_	2003	Projected 2004	Increase (Decrease)
Nages, salaries and tips	45,868.	45,868.	
Schedule B - interest	30.	30.	
Schedule B – dividends	608.	608.	
Schedule D (capital gain or loss)	602.	602.	
Other income	37,693.	37,693.	
Total income	84,801.	84,801.	
uition and fees deduction	144.	144.	
Total adjustments	144.	144.	
Adjusted gross income	84,657.	84,657.	
Deductions	9,500.	9,700.	200.
Income before exemptions	75,157.	74,957.	-200.
Personal exemptions	6,100.	6,200.	100.
Taxable income	69,057.	68,757.	-300.
Tax	10,870.	10,651.	-219.
Tax before credits	10,870.	10,651.	-219.
Form 1116 (foreign tax credit)	8.	8.	-219.
Tax after non-refundable credits	10,862.	10,643.	
Total tax	10,862.	10,643.	-219.
Federal income tax withheld	7,618.	7,618.	
Estimated tax payments	3,248.	3,248.	
Total payments	10,866.	10,866.	
Tax overpaid	4.	223.	219.

C R D R C J Г) V D J R Ρ C S E S O N L Y

For	m 1040 Alternative Minimum Tax Projected Capital Gain Tax Worksheet		2004	
Kur	t H. Edelmann & Dawna L. Dennis	110-62-1054	Page 1 of 2	D 0
1	Alternative minimum taxable income	·····	26,657.	N
2	Enter the amount from Capital Gains Tax Worksheet, line 13 (as refigured for the AMT, if necessary)	129.		T
3	Enter the amount from Schedule D, line 19 (as refigured for the AMT, if necessary)			
4	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 2. Otherwise, add lines 2 and 3, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured			
	for the AMT, if necessary)	129.		E
5	Enter the smaller of line 1 or line 4		129.	
6	Subtract line 5 from line 1. If zero or less, enter -0-		26,528.	
7	If line 6 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 6 by 26%. Otherwise			
	multiply line 6 by 28% and subtract \$3,500 (\$1,750 if married filing separately), from the result	·····	6,897.	
8	Enter the amount from Capital Gains Tax Worksheet, line 19			
	(as figured for the regular tax)			
9	Enter the smaller of line 1 or line 2	129.		
10	Enter the smaller of line 8 or line 9. If zero, go to line 12			F
11	Multiply line 10 by 5%			
12	Subtract line 10 from line 9			B
13	Multiply line 12 by 15%		19.	
14	Subtract line 9 from line 5			
15	Multiply line 14 by 25%		<u> </u>	F
16	Add lines 7,11, 13 and 15		6,916.	F
17	If line 1 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 1 by 26%. Otherwis		6 0 2 1	
1.0	multiply line 1 by 28% and subtract \$3,500 (\$1,750 if married filing separately), from the result		6,931.	
18	Enter the smaller of line 16 or line 17		6,916.	

Form 1040	Alternative Minimum T Projected Capital Gain Tax W		2004
Kurt H. Edelmann	& Dawna L. Dennis	110-62-1054	Page 2 of 2
	Schedule D Workshe	et	
1 Alternative minimum taxable i	ncome		26,657.
2 Enter qualified dividends		129.	
3 If filing Form 4952, enter the a	amount from Form 4952, line 4g		
4 If filing Form 4952, enter the a	amount from Form 4952, line 4e		
6 Subtract line 5 from line 2		129.	
7 Enter the smaller of long-term	gains or long-term plus short-term gains/losses		
8 Enter the smaller of line 3 or li	ne 4		
11 Enter unrecaptured Section 12	250 gain		
12 Enter the smaller of line 9 or li			
13 Subtract line 12 from line 10			129.

Caution: Forms printed in Adobe Acrobat Reader with the "Fit to page" print option checked (in Reader (5.0) the option is "Shrink oversized pages to paper size"), may not meet IRS or state taxing agency specifications. If you plan to file a copy of the return printed from a PDF file, please uncheck the applicable option on the Adobe Acrobat Reader "Print" dialog.

FEDERAL INFORMATIONAL FORMS

Caution: Forms printed in Adobe Acrobat Reader with the "Fit to page" print option checked (in Reader (5.0) the option is "Shrink oversized pages to paper size"), may not meet IRS or state taxing agency specifications. If you plan to file a copy of the return printed from a PDF file, please uncheck the applicable option on the Adobe Acrobat Reader "Print" dialog.

CALIFORNIA INFORMATIONAL FORMS

20	U4 Estimated Tax Worksheet Keep this worksheet for your records.		
1	Residents: Enter your estimated 2004 California AGI.		
•	Nonresidents and part-year residents: Enter your estimated 2004 total AGI from all sources	1	
2	a If you plan to itemize deductions, enter the estimated total of your itemized deductions 2a	·	
-	 b If you do not plan to itemize deductions, enter the standard deduction for your filing status: 		
	\$3,070 if you are single or married filing a separate return		
	\$6,140 if you are married filing a joint return, head of household, or a qualifying widow(er) 2b		
	c Enter the amount from line 2a or line 2b, whichever applies	2c	
3	Subtract line 2c from line 1	3	
	Tax. Figure your tax on the amount on line 3 using the 2003 tax table or tax rate schedules in the instructions for Form 540,	°	
•	Form 540A, or Long Form 540NR. Also include any tax from form FTB 3800, Tax Computation for Children with Investment Income;		
	or form FTB 3803, Parents' Election to Report Child's Interest and Dividends	4	
5	Residents: Skip to line 6a. Nonresidents and part-year residents:	·	
·	a Enter your estimated California taxable income from Schedule CA (540NR), Part IV, line 46	5a	
	 b Compute the CA Tax Rate: Tax on total taxable income from line 4 	5b	
	Total taxable income from line 3		
	c Multiply the amount on line 5a by the CA Tax Rate on line 5b	5c	
6	a Residents: Enter the exemption credit amount from the 2003 instructions for Form 540 or Form 540A	6a	
·	 b Nonresidents or part-year residents: Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000 		
7	Nonresidents: CA prorated Exemption credits. Multiply the total exemption credit amount by line 6b	7	
8	Residents: Subtract line 6a from line 4. Nonresidents or part-year residents subtract line 7 from line 5c		
9	Tax on accumulation distribution of trusts. See instructions for form FTB 5870A		
10	Add line 8 and line 9	10	
	Credits for joint custody head of household, dependent parent, senior head of household, child and dependent care expenses, and		
	long-term care	11	
	Nonresidents and part-year residents: For the child and dependent care expenses credit, use the amount from your 2003 Long Form		
	540NR, line 54. For the other credits listed on line 11, multiply the total 2003 credit amount by the ratio on line 6b.		
12	Subtract line 11 from line 10	12	
13	Other credits (such as other state tax credit). See the 2003 instructions for Form 540, Form 540A, or Long Form 540NR	13	
14	Subtract line 13 from line 12		
15	Interest on deferred tax from installment obligations under IRC Sections 453 or 453A	15	
16	2004 Estimated Tax. Add line 14 and line 15. Enter the result, but not less than zero		
17	a Multiply line 16 by 90% (.90). Farmers and fishermen multiply line 16 by 66 2/3% (.6667) 17a		
	b Enter 100% of the tax shown on your 2003 Form 540, line 34; Form 540A, line 23;		
	or Long Form 540NR, line 43 17b		
	c Enter the amount from your 2003 Form 540, line 17; Form 540A, line 14; or Long Form 540NR, line 21	17c	
	d Is the amount on line 17c more than \$150,000 (\$75,000 if married filing a separate return)?		
	Yes. Go to line 17e. No. Enter the lesser of line 17a or line 17b. Skip line 17e and 17f and go to line 18	17d	
	e Multiply 110% (1.10) by the tax shown on your 2003 Form 540, line 34; Form 540A, line 23; or Long Form 540NR, line 43.		
	Go to line 17f	17e	
	f Enter the lesser of line 17a or line 17e and go to line 18	17f	
	Caution: Generally, if you do not prepay at least the amount on line 17d (or 17f if no amount on line 17d), you may owe a penalty		
	for not paying enough estimated tax. To avoid a penalty, make sure your estimated tax on line 16 is as accurate as possible. If you		
	prefer, you may pay 100% of your 2004 estimated tax (line 16).		
18	California income tax withheld and estimated to be withheld during 2004 (include withholding on pensions, annuities, etc)	18	
19			
	filing separately), you do not have to make a payment at this time	19	1,324.
20	Installment amount. Divide the amount on line 19 by 4. Enter the result here and on each of your Forms 540-ES. If you will earn		
	your income at an uneven rate during the year, see Annualization Option in the instructions under paragraph D	20	331.

Record of Estimated Tax Payments

Payment voucher number	(a) Date	(b) Amount paid	(c)2003 overpayment applied	(d) Total amount paid and credited add (b) and (c)	
1	04/15/04	\$ 331.	\$	\$	331.
2	06/15/04	331.			331.
3	09/15/04	331.			331.
4	01/18/05	331.			331.
Total		\$ 1,324.	\$	\$ 1	.,324.

	2003		
		Nonrefundable Renter's Credit Qualification Record	
		ions below will determine if you qualify to claim the nonrefundable renter's credit. ur Records. DO NOT MAIL IT TO FTB.	
1	X YES. Go	ent of California for at least 6 full months in 2003? 8 Were you single in 2003? to the next question. YES. Go to question 11. p here. You do not qualify for this credit. NO. Go to question 9.	
2	Is the amount on or \$58,108 if main or \$58,108 of main of the second sec	line 17 more than \$29,054 if single or married filing separate 9 Did your spouse claim the homeowner's prop anytime during 2003? to question 3. NO. Go to question 11. p here. You do not qualify for this credit. YES. Go to question 10.	erty tax exemption
3	that you owned o	for at least half of 2003, on property (including a mobile home n rented land) in California which was your principal residence?10Did you and your spouse maintain separate re entire year in 2003?p here. You do not qualify for this credit.Image: State of the second seco	
4	in 2003?	ed as a dependent by a parent, foster parent, or legal guardian to question 6. to question 5.	
5	or legal guardian	lf the year did you live in the home of a parent, foster parent in 2003? to question 6. p here. You do not qualify for this credit.	
6	NO. Go	you rented exempt from property tax in 2003? to the next question. p here. You do not qualify for this credit.	
7	anytime during 2	homeowner's property tax exemption 003? to question 8. p here. You do not qualify for this credit.	
11	List the street add Street Address	dress(es) of residence(s) you rented in California during 2003 which qualified you for this credit. Do not list post office boxes City, State and ZIP Code Dates Rented (From	
	a <u>4790 D</u> i		<u>)3 12/31/03</u>
12	Name	4726 Mt. St. San Diego, CA,	hone Number
	a Barton	Mroz Helens Way 92117 858-	-541-0851
	b		
13		ng chart to find the amount of your credit based on the number of full months you nia in 2003. Enter the amounts here and follow the instructions below	
		ull months you resided in California in 2003 If this credit is the only special credit you are claiming, also enter this amount	it on Form 540,
	Single or married fi separate		6" of the
	Married filing joint, head of household qualifying widow(e		

For	m 1040 Alternative Minimum Tax Projected Capital Gain Tax Worksheet		2004	
Kur	t H. Edelmann & Dawna L. Dennis	110-62-1054	Page 1 of 2	D 0
1	Alternative minimum taxable income	·····	26,657.	N
2	Enter the amount from Capital Gains Tax Worksheet, line 13 (as refigured for the AMT, if necessary)	129.		T
3	Enter the amount from Schedule D, line 19 (as refigured for the AMT, if necessary)			
4	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 2. Otherwise, add lines 2 and 3, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured			
	for the AMT, if necessary)	129.		E
5	Enter the smaller of line 1 or line 4		129.	
6	Subtract line 5 from line 1. If zero or less, enter -0-		26,528.	
7	If line 6 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 6 by 26%. Otherwise			
	multiply line 6 by 28% and subtract \$3,500 (\$1,750 if married filing separately), from the result	·····	6,897.	
8	Enter the amount from Capital Gains Tax Worksheet, line 19			
	(as figured for the regular tax)			
9	Enter the smaller of line 1 or line 2	129.		
10	Enter the smaller of line 8 or line 9. If zero, go to line 12			F
11	Multiply line 10 by 5%			
12	Subtract line 10 from line 9			B
13	Multiply line 12 by 15%		19.	
14	Subtract line 9 from line 5			
15	Multiply line 14 by 25%		<u> </u>	F
16	Add lines 7,11, 13 and 15		6,916.	F
17	If line 1 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 1 by 26%. Otherwis		6 0 2 1	
	multiply line 1 by 28% and subtract \$3,500 (\$1,750 if married filing separately), from the result		6,931.	
18	Enter the smaller of line 16 or line 17		6,916.	

Form 1040	Alternative Minimum T Projected Capital Gain Tax W		2004
Kurt H. Edelmann	& Dawna L. Dennis	110-62-1054	Page 2 of 2
	Schedule D Workshe	et	
1 Alternative minimum taxable i	ncome		26,657.
2 Enter qualified dividends		129.	
3 If filing Form 4952, enter the a	amount from Form 4952, line 4g		
4 If filing Form 4952, enter the a	amount from Form 4952, line 4e		
6 Subtract line 5 from line 2		129.	
7 Enter the smaller of long-term	gains or long-term plus short-term gains/losses		
8 Enter the smaller of line 3 or li	ne 4		
11 Enter unrecaptured Section 12	250 gain		
12 Enter the smaller of line 9 or li			
13 Subtract line 12 from line 10			129.

FILEABLE FORMS

Declaration 00-	Control Number		ole in this space		
5 8/ 5	53-0L	U.S. Individual Income Tax Declaration	n	OMB No. 1545-1397	
Department of Internal Reven	f the Treasury	for an IRS e-file Online Return For the year January 1 - December 31, 2003 ► See instructions.		2003	
Use the	A Kur	ar first name and initial Last name	11	social security number 0 – 6 2 – 1 0 5 4	
IRS label. Otherwise.	E Daw	joint return, spouse's first name and initial Last name vna L. Dennis		Spouse's social security number $518 - 08 - 5791$	
please print or type.	Home address (number and street). If you have a P.O. box, see instructions. Apt. no.		ot. no. 🔺	▲ Important! ▲ You must enter your SSN(s) above.	
		v, town or post office, state, and ZIP code Diego, CA 92117		time phone number 8 – 7 8 4 – 9 4 6 1	
Part I	Tax Retu	urn Information (Whole dollars only)			
1 Adjust	ed gross incom	ne (Form 1040, line 35; Form 1040A, line 22; Form 1040EZ, line 4)	1	84,657.	
2 Total t	ax (Form 1040,	line 60; Form 1040A, line 38; Form 1040EZ, line 10)	2	10,862.	
3 Federa	al income tax wi	rithheld (Form 1040, line 61; Form 1040A, line 39; Form 1040EZ, line 7)	3	7,618.	
4 Refund	d (Form 1040, li	ine 70a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	4.	
5 Amour	nt you owe (For	rm 1040, line 72; Form 1040A, line 47; Form 1040EZ, line 12). (see instructions)	5		
Part II	Declarati	ion of Taxpayer. Be sure to keep a copy of your tax return.			
6a	consent that m	ny refund be directly deposited as designated in the electronic portion of my 2003 F	ederal incom	e tax return. If I have filed	

a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I do not want direct deposit of my refund **or** I am not receiving a refund.

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 in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. 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.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my intermediate service provider and/or transmitter and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2003 Federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete.

Sign				
Here	Your signature	Date	Spouse's signature. If a joint return, both must sign. Da	te

For Paperwork Reduction Act Notice, see instructions.

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2004 Estimated Tax Worksheet (keep for your records)

	Adjusted gross income you expect in 2004 (see instructions)	1	
2	 If you plan to itemize deductions, enter the estimated total of your itemized deductions. Caution: If line 1 above is over \$142,700 (\$71,350 if married filing separately), 		
	your deduction may be reduced. See Pub. 505 for details.	2	
	• If you do not plan to itemize deductions, enter your standard deduction from page 2.		
-			
3	Subtract line 2 from line 1 Exemptions. Multiply \$3,100 by the number of personal exemptions. If you can be claimed as a dependent on another person's	3	
4	2004 return, your personal exemption is not allowed. Caution: See Pub. 505 to figure the amount to enter if line 1 above		
	is over: \$214.050 if married filing jointly or qualifying widow(er); \$178.350 if head of household; \$142,700 if single;		
	or \$107,025 if married filing separately	4	
_			
	Subtract line 4 from line 3	5	
6	Tax. Figure your tax on the amount on line 5 by using the 2004 Tax Rate Schedules on page 2. Caution: If you have qualified dividends or a net capital gain, see Pub. 505 to figure the tax		
	underlos or a nel capital gain, see Pub. 505 to ligure the tax	6	
-			
1	Alternative minimum tax from Form 6251	7	
0	Add lines 6 and 7. Also include any tay from Forms 4070 and 0014 and any resenture of education gradity (ass instructions)		
ö	Add lines 6 and 7. Also include any tax from Forms 4972 and 8814 and any recapture of education credits (see instructions)	8	
0	Credits (see instructions). Do not include any income tax withholding on this line	9	
9		9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Self-employment tax. Estimate of 2004 net earnings from self-employment \$; if \$87,900		
•••	or less, multiply the amount by 15.3%; if more than \$87,900, multiply the amount by 2.9%, add \$10,899.60 to the result, and		
	enter the total. Caution: If you also have wages subject to social security tax, see Pub. 505 to figure the		
	amount to enter	11	
		<u> </u>	
12	Other taxes (see instructions)	12	
13a	Add lines 10 through 12	13a	
b	Earned income credit, additional child tax credit, and credits from Form 4136 and Form 8885	13b	
C	Total 2004 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0-	13c	
	Multiply line 13c by 90% (66 2/3% for farmers and fishermen) 14a	-	
b	Enter the tax shown on your 2003 tax return (110% of that amount if you are not a farmer or		
	fisherman and the adjusted gross income shown on line 35 of that return is more than \$150,000		
	or, if married filing separately for 2004, more than \$75,000) 14b Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b	140	
C	Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the	14c	
	amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure		
	your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still		
	owe tax when you file your return. If you prefer, you may pay the amount shown on line 13c. For details, see Pub. 505.		
15			
10	Income tax withheld and estimated to be withheld during 2004 (including income tax withholding on pensions,	15	
16	annuities, certain deferred income, etc.) Subtract line 15 from line 14c. (Note: If zero or less or line 13c minus line 15 is less than \$1,000, stop here. You are	10	
10	not required to make estimated tax payments.)	16	3,244.
17	If the first payment you are required to make is due April 15, 2004, enter 1/4 of line 16 (minus any 2003 overpayment that		5,274.
	you are applying to this installment) here, and on your payment voucher(s) if you are paying by check or money order.		
	(Note: Household employers, see instructions.)	17	811.

Form 1040-ES (OCR) Department of the Treasury Internal Revenue Service	2004 OMB No. 1545-0087	Estima	ated Tax	Payment - Voucher	Calendar Due Apr	year - i l 15, 2004	
Write your social security no Send your payment and this	order payable to "United States Treas umber and "2004 Form 1040-ES" on y s voucher to the P.O. box address belo tion and print the correct information.	our payment. ow.	paying by che	timated tax you are eck or money order.	\$	811.]
		Gel FUIII 6622 10		110 - 62 - 1054			
	P.0. Box 5100 San Francisco		74151-510	0	4790 Dian	delmann & Da e Ave , CA 92117	awna L. D
1	10621054 OO ED	EL 30 (200475	430			
			CUT HERE				
			CUT HERE				
Form 1040-ES (OCR) Department of the Treasury Internal Revenue Service	2004 OMB No. 1545-0087	Estima	ated Tax	Payment Voucher 2	Calendar Due Jun	year - e 15, 2004	
Write your social security no Send your payment and this	order payable to "United States Treas umber and "2004 Form 1040-ES" on y s voucher to the P.O. box address belo	our payment. ow.	paying by che	timated tax you are eck or money order.	\$	811.	
Cross out any incorrect informa	tion and print the correct information.	Get Form 8822 to		see instructions). For Privacy A 110-62-1054			
	P.0. Box 5100 San Francisco		74151-510	0	4790 Dian	delmann & Da e Ave , CA 92117	awna L. D
1	10621054 OO ED	EL 30 (200475	430			

| | |

Form 1040-ES (OCR) Department of the Treasury Internal Revenue Service	2004 OMB No. 1545-0087	Estima	ated Tax	Payment Voucher	Calenda Due Se p	r year - o t. 15, 2004	
Write your social security nu Send your payment and this	order payable to "United States Treasu imber and "2004 Form 1040-ES" on ye voucher to the P.O. box address belo	our payment.	paying by che	imated tax you are ck or money order.	\$	811.]
Cross out any incorrect informat	ion and print the correct information. (aet Form 8822 to		110 - 62 - 1054			
	P.O. Box 5100 San Francisco		14151-510	נ	4790 Dian	Edelmann & I ne Ave o, CA 92117	Dawna L. D
Ţ	10621054 OO ED	EL 30 C) 200475	+30			
Form 1040-ES (OCR) Department of the Treasury Internal Revenue Service	2004 OMB No. 1545-0087	Estima	ated Tax	Payment Voucher	Calenda Due Ja r	r year - 1. 18, 2005	
Write your social security nu Send your payment and this	order payable to "United States Trease Imber and "2004 Form 1040-ES" on ye s voucher to the P.O. box address belo	our payment. ww.	paying by che	imated tax you are ck or money order.	\$	811.	
Cross out any incorrect informat	ion and print the correct information. (Get Form 8822 to I		ee instructions). For Privacy Ar 110-62-1054	-		
	P.0. Box 5100 San Francisco		14151-5101]	4790 Dian	Edelmann & H ne Ave o, CA 92117	Dawna L. D
ľ	10621054 OO ED	EL 30 C) 200412	+30			
					· ·		

| | |

104) (J.S. Individual Income Tax Retu	m 200 3	3 (99) IF	S Use Only - Do no	t write or s	stanle in this snace	
		year Jan. 1-Dec. 31, 2003, or other tax year beginning		3, ending	, 20		OMB No. 1545-0074	
Label (See L	You	ir first name and initial	Last name		, 20	Yo	our social security numb	ber
instructions	A Ku	ırt H.	Edelman	n			110 62 10	54
on page 19.)	lfa	joint return, spouse's first name and initial	Last name				oouse's social security r	
Use the IRS	. Da	awna L.	Dennis				518 08 57	
label.	11	ne address (number and street). If you have a F	P.O. box, see page 19.		Apt. no	•	Important!	
Otherwise, please print		90 Diane Ave					You must enter	
or type.		, town or post office, state, and ZIP code. If you have a t	foreign address, see page 19.				your SSN(s) abov	ve.
Presidential		an Diego, CA 92117			V		Creasures	
Election Camp	aign	Note. Checking "Yes" will not chang				ou TT	Spouse	a
(See page 19.)		Do you, or your spouse if filing a join	t return, want \$3 to go t		-	s X I		
Filing Status	3	Single X Married filing jointly (even if only one had	in come)		· · ·	, ,	person). (See page	,
	2	3 , , , , , ,	,				not your dependent	., enter
Check only one box.	3	Married filing separately. Enter spouse's S and full name here. ►			s name here. 🕨		nt child. (See page 2	20.1
UTIE DUX.	62	X Yourself. If your parent (or someone else) can d					No. of boxes	20.)
Exemptions		X Spouse					checked on 6a	2
		Dependents:	(2) Dependent's social	(3) Depe	ndent's	4)√ if qualify ing child for	And 6b No. of children	
		(1) First name Last name	security number	relation: yo	31110 10	hild tax cred (see page 21		
	-		: :			(*** **9* = *	 did not live with 	
	-						 you due to divorce or separation (see page 21))
If more than five	-						(000 puge 2 1)	
dependents, see page 21.	-						 Dependents on 6c not entered above 	
1 0	-		: :				Add numbers	
	d	Total number of exemptions claimed					on lines above	2
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7	45,8	
Attach	8a	Taxable interest. Attach Schedule B if required				8a		30.
Forms W-2 and	b	Tax-exempt interest. Do not include on line 8a					_	
W-2G here.	9a	Ordinary dividends. Attach Schedule B if requi	red			9a	6	08.
Also attach Form(s)	b	Qualified dividends (see page 23)			129.			
1099-R [°] if tax	10	Taxable refunds, credits, or offsets of state an				10		
was withheld.	11	Alimony received				11		
lf you did not	12	Business income or (loss). Attach Schedule C				12	C	00
get a W-2,	13a	Capital gain or (loss). Attach Schedule D if req			🕨 📖	13a	0	02.
see page 22.	b	If box on 13a is checked, enter post-May 5 ca		13b				
Enclose, but do	14	Other gains or (losses). Attach Form 4797		b Tayabla amayo	t (aaa paga 95)	14		
not attach, any	15a 16a	IRA distributions15aPensions and annuities16a		 b Taxable amoun b Taxable amoun 		15b 16b		
payment. Also, please use	17	Rental real estate, royalties, partnerships, S co	propriations trusts atc Atta		,	17		
Form 1040-V.	18	Farm income or (loss). Attach Schedule F				18		
	19	Unemployment compensation				19		
	20a	Social security benefits	I	b Taxable amoun		20b		
	21	Other income. List type and amount (see page	27)		- (
		scholarship/grant	,		37,693.	21	37,6	93.
	22	Add the amounts in the far right column for lin	es 7 through 21. This is yo	ur total income		22	84,8	
Adjusted	23	Educator expenses (see page 29)		23				
Gross	24	IRA deduction (see page 29)		24				
Income	25	Student loan interest deduction (see page 31)						
	26	Tuition and fees deduction (see page 32) \ldots			144.	<u> </u>		
	27	Moving expenses. Attach Form 3903						
	28	One-half of self-employment tax. Attach Sched						
	29	Self-employed health insurance deduction (se						
	30	Self-employed SEP, SIMPLE, and qualified pla						
	31	Penalty on early withdrawal of savings		. 31				
	32a	Alimony paid b Recipient's SSN b					1	44.
310001	33	Add lines 23 through 32a Subtract line 33 from line 22. This is your adj i	ustad aross income			33	84,6	
11-18-03	34	Subtract line 33 from line 22. This is your adj			· · · · ·	34		0.0000

Form 1040 (2003)	к	urt H. Edelmann & Dawna L. Dennis	110	0-62-105	54		Page 2
Tax and		Amount from line 34 (adjusted gross income)				35	84,657.
Credits		Check f You were born before January 2, 1939, Blind					
Standard Deduction for -		if: Spouse was born before January 2, 1939, Blind	. Checked	► 36a			
People who	b	If you are married filing separately and your spouse itemizes deductions, or you were a d	lual-status alien	► 36b			
checked any box on line 36a	37	Itemized deductions (from Schedule A) or your standard deduction (see	left margin)			37	9,500.
or 36b 0f who can be claimed	38	Subtract line 37 from line 35				38	75,157.
as a dependent.	39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemp	otions claimed on li	ne 6d. If line 35			
		is over \$104,625, see the worksheet on page 35				39	6,100.
		Taxable income. Subtract line 39 from line 38. If line 39 is more than line 3	38, enter -0		[40	69,057.
All others:	41	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972			[41	10,870.
Single, or Married filing		Alternative minimum tax. Attach Form 6251				42	
separately, \$4,750		Add lines 41 and 42				43	10,870.
Married filing	44	Foreign tax credit. Attach Form 1116 if required	44		8.		
jointly or	45	Credit for child and dependent care expenses. Attach Form 2441	45				
Qualifying widow(er),	46	Credit for the elderly or the disabled. Attach Schedule R	46				
\$9,500	47	Education credits. Attach Form 8863	47				
Head of household.	48	Retirement savings contributions credit. Attach Form 8880					
\$7,000	49	Child tax credit (see page 40)	49				
	50	Adoption credit. Attach Form 8839	50				
L	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	8.
	54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0				54	10,862.
Other	55	Self-employment tax. Attach Schedule SE		55			
Taxes	56	Social security and Medicare tax on tip income not reported to employer. A	[56			
Taxes	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Atta	ach Form 5329 if re	quired		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	10,862.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	7,61			
	62	2003 estimated tax payments and amount applied from 2002 return	62	3,24	18.		
If you have a qualifying	63	Earned income credit (EIC)	63				
child, attach	64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64				
Schedule EIC.	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 88	85 67				
	68	Add lines 61 through 67. These are your total payments				68	10,866.
Refund	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amo	unt you overpaid .			69	4.
Direct deposit?	70a	Amount of line 69 you want refunded to you	1 			70a	4.
See page 56 and fill in 70b,	► b		r ^t 09230940)49			
70c, and 70d.	71	Amount of line 69 you want applied to your 2004 estimated tax					
Amount	72	Amount you owe. Subtract line 68 from line 60. For details on how to pay,	see page 57			72	
You Owe		Estimated tax penalty (see page 58)	73				
Third Part	v	o you want to allow another person to discuss this return with the IRS (see	page 58)?	Yes. Complete	the fo	-	
Designee	- D	5	Phone				nal identification
		AME penalties of perjury, I declare that I have examined this return and accompanying schedu	10.	nd to the best of m	v know		er (PIN)
Sign	and c	omplete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer has any know	wledge.	y KIIOW	-	· - · · ·
Here Joint return?		Your signature Date Your occu	· .				time phone number
See page 20. Keep a copy			ntist occupation			85	8-784-9461
for your records.	•	· · · · · · · · · · · · · · · · · · ·					
			arch Tech			Bron	
Paid	Prepa signa		Date	Check if self- employed		Prepare	r's SSN or PTIN
Preparer's	5.grid				EIN		
Use Only		name(or if self-prepared			Phone	no	:
310002 12-12-03	ploye	d), address,					
12 12-00	and 7	P code					

Name(s) shown on Form 1040

Attach to Form 1040.

See Instructions for Schedule D (Form 1040).

Your social security number

_	rt H. Edelmann &							110	62 1054
Pa	art I Short-Term Capital		osses -	Asse	ts Held One Ye	ar or Less			
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(C) Date (Mo., day		(d) Sales price	(e) Cost of other basis		(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1 S	ee Statement 4				16,122.	14,9	43.	1,179.	1,179.
2	Enter your short-term totals		<u> </u>	2					
3	Total short-term sales price a	mounts.							
	Add lines 1 and 2 in column (d)			3	16,122.				
4	Short-term gain from Form 6252	2 and short-term	gain or (lo	-			4		
5	from Forms 4684, 6781, and 88 Net short-term gain or (loss) from								
5	from Schedule(s) K-1	-	-				5		
6	Short-term capital loss carryove	er. Enter the amo	unt, if any	, from l	ine 8 of your			(
7a	2002 Capital Loss Carryover W Combine lines 1 through 5 in co						6	()	
	enter -0 Do not enter more that	in zero					7a		(0)
b	Net short-term capital gain or	(loss). Combine	lines 1 thr	ough 6	in column (f).		7b	1,179.	
Pa	art II Long-Term Capital (Gains and Lo	osses - /	Asset	s Held More Th	an One Ye	ear		•
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(C)Date (Mo., day		(d) Sales price	(e) Cost of other bas		(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8								oublinder (of ironn (d)	(555 5516W)
9	Enter your long-term totals	I	I	9					
10	Total long-term sales price am								
	Add lines 8 and 9 in column (d) .			10					
11	Gain from Form 4797, Part I; long						44		
10	long-term gain or (loss) from Forr Net long-term gain or (loss) from						11		
12	from Schedule(s) K-1						12		
13	Capital gain distributions.			Se	e Statemen	t 5	13	222.	170.
14	Long-term capital loss carryover								
	line 13 of your 2002 Capital Loss	Carryover Work	sheet				14	(799.)	
15	Combine lines 8 through 13 in co	olumn (g). If zero	or less, er	nter -0-			15		170.
16	Net long-term capital gain or (I	oss). Combine li	nes 8 thro	uah 14	in column (f)		16	-577.	
	Next: Go to Part III on page 2.				5,71				

* 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).



Schedule D (Form 1040) 2003 Kurt H. Edelmann & Dawna L. Dennis Part III | Taxable Gain or Deductible Loss

17 a	Combine lines 7b and 16 and enter the r	esult. If a loss, ent	er -0- on line 17t	b and g	go to line 18.		
	If a gain, enter the gain on Form 1040, lir				•	17a	602.
b	Combine lines 7a and 15. If zero or less,					17b	170.
	Next: • If line 16 of Schedule D is a ga		•		•		
	line 9b, complete Part IV below						
	 Otherwise, skip the rest of Sch 	edule D and comp	plete the rest of	Form 1	040.		
18	If line 17a is a loss, enter here and on Fo	rm 1040, line 13a,	the smaller of ((a) that	loss or		
	(b) (\$3,000) (or, if married filing separatel	y, (\$1,500)) (see pa	age D-7 of the in	structi	ons)	18	()
	Next: • If you have qualified dividends						
	line 40, and then complete Par	t IV below (but ski	p lines 19 and 2	20).	-		
	• Otherwise, skip Part IV below	and complete the	rest of Form 104	40.			
Par	t IV Tax Computation Using N	laximum Cap	ital Gains Ra	ates			
	If line 16 or line 17a is zero or less, ski	p lines 19 and 20	and go to line 2	21. Otł	nerwise, go to line 19.		
19	Enter your unrecaptured section 1250 ga	ain, if any, from line	e 18 of the work	sheet		19	
20	Enter your 28% rate gain, if any, from line	e 7 of the workshe	et			20	
	If lines 19 and 20 are zero, go to line 2	1. Otherwise, con	plete the work	sheet	on page D-11 of the instru	uctions	s to figure
	the amount to enter on lines 35 and 53	below, and skip	all other lines b	oelow.			
21	Enter your taxable income from Form 10	40, line 40				21	69,057.
22	Enter the smaller of line 16 or line 17a, b	out not less than ze	ero	22			
23	Enter your qualified dividends from Form	1040, line 9b		23	129.		
24	Add lines 22 and 23			24	129.		
25	Amount from line 4g of Form 4952 (invest			25			
26	Subtract line 25 from line 24. If zero or le	ss, enter -0				26	129.
27	Subtract line 26 from line 21. If zero or le	ss, enter -0				27	68,928.
28	Enter the smaller of line 21 or:						
	• \$56,800 if married filing jointly or qualif	ying widow(er);)					
	• \$28,400 if single or married filing separ	ately; or		28	56,800.		
	 \$38,050 if head of household 	J					
	If line 27 is more than line 28, skip line	s 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 le	ss, enter -0- and g	o 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 lin	nes 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	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 lin	-			100		
40	Enter the smaller of line 21 or line 26			40	129.		
41	Enter the amount from line 30 (if line 30 i			41	0.		
42	Subtract line 41 from line 40		200	42	129.		
43	Add lines 17b and 23*		299.				
44	Enter the amount from line 32 (if line 32 is blank, enter -0-)		0.				
45	Subtract line 44 from line 43		299.		100		
46	Enter the smaller of line 42 or line 45			46	129.		10
47	Multiply line 46 by 15% (.15)			ا ما ا		47	19.
48	Subtract line 46 from line 42						
49 50	Multiply line 48 by 20% (.20)					49	10 051
50	Figure the tax on the amount on line 27.					50	10,851.
51 50	Add lines 33, 37, 39, 47, 49, and 50					51	<u> 10,870.</u> 10,889.
52 52	Figure the tax on the amount on line 21.					52	10,889.
53	Tax on all taxable income. Enter the sn	53	IU,0/U.				

320512 10-21-03 *If lines 23 and 25 are more than zero, see **Lines 31 and 43** on page D-9 for the amount to enter.

Schedule D (Form 1040) 2003

Kurt H. Edelmann & Dawna L. Dennis

For	m 1040	Tuition an	ld Fees Dedu	iction		Stater	nent	1	
1.	Enter the amount fr	om Form 104	0, line 22.				84,8	01.	
2.	Enter the total of through line 25, li entered on the dott	nes 27 thro	ough 32a, pl	lus any am	ount				
3.		84,8	01.						
4.	4. Tuition and fees deduction. Enter the total qualified tuition and fees you paid in 2003. Do not enter more than \$3,000. Also enter this amount on Form 1040, line 26. Do not include this amount in figuring any other deduction								
	on your return (suc				••••		1	44.	
For	m 1040	Wages Recei	ved and Tax	kes Withhe	ld	Stater	nent	2	
T S E	mployer's Name	Amount Paid	Federal Tax Withheld	State Tax Withheld	City SDI Tax W/H	FICA 1 Tax	Medica Ta:		
s G	emini Science, Inc	45,868.	7,618.	1,998.		2,920.	6	83.	
Tot	als	45,868.	7,618.	1,998.		2,920.	6	83.	
For	m 1040	Qua	lified Divi	dends		Stater	ment	3	

Name of Payer	Ordinary Dividends	Qualified Dividends
Charles Schwab Accessor 1 Accessor 2	507. 22. 79.	113. 4. 12.
Total included in Form 1040, line 9b	-	129.

Kurt H. Edelmann & Dawna L. Dennis

1	1	0 -	- 6	2	-:	1(0	5	4

Schedule D	Shor	rt-Term Ca	pital Gains	and Lo	sses	St	atement	4
Description Ac	cquired	Sold	Price	Cost	:	Gain Or Loss	Post Mag Gain/Log	-
279.7930 Fidelity11 Adv Growth	1/14/02	07/17/03	7,036.	6,4	32.	604.	6	04.
10.336 11 Oppenheimer Global Fund	1/14/02	07/17/03	424.	3	882.	42.		42.
	1/14/02	07/17/03	1,957.	1,6	29.	328.	3	28.
	1/14/02	07/17/03	2,536.	2,3	861.	175.	1	75.
	7/21/03	08/01/03	4,169.	4,1	.39.	30.	:	30.
Total to Sch. D, Pa	age 1, I	Line 1	16,122.	14,9	43.	1,179.	1,1	79.
Schedule D		Capital G	ain Distrik	outions		St	atement	5
Name of Payer				tal 1 Gain		t May 5 or Loss	28% Gai	n
Charles Schwab Accessor 1 Accessor 2				210. 12.		170. 0.		0. 0.
Totals to Schedule	D, line	e 13		222.		170.		

CALIFORNIA FORM TAXABLE YEAR **Estimated Tax for Individuals** 2004 Due April 15, 2004 540-ES 0 110-62-1054 EDEL ** 518-08-5791 04 APE KURT EDELMANN н DAWNA DENNIS \mathbf{L} Payment Voucher 4790 DIANE AVE 1 SAN DIEGO CA 92117 331. File only if you are making a payment of estimated tax. Mail this voucher and your check or money order to: Amount of payment FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031 110621054EDEL57914791700000000003314 ³³⁹⁰⁸¹ 11-11-03 For Privacy Act Notice, get form FTB 1131. 540ES04106022 Form 540-ES (REV. 2003)

CALIFORNIA FORM TAXABLE YEAR **Estimated Tax for Individuals** 2004 Due June 15, 2004 540-ES 0 110-62-1054 EDEL ** 518-08-5791 04 APE KURT EDELMANN н DAWNA DENNIS \mathbf{L} Payment Voucher 4790 DIANE AVE 2 SAN DIEGO CA 92117 331. File only if you are making a payment of estimated tax. Mail this voucher and your check or money order to: Amount of payment FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031 110621054EDEL57914791700000000003314 11-11-03 For Privacy Act Notice, get form FTB 1131. 540ES04106022 Form 540-ES (REV. 2003)

CALIFORNIA FORM TAXABLE YEAR **Estimated Tax for Individuals** 2004 Due Sept. 15, 2004 540-ES 0 110-62-1054 EDEL ** 518-08-5791 04 APE KURT EDELMANN н DAWNA DENNIS \mathbf{L} Payment Voucher 4790 DIANE AVE 3 SAN DIEGO CA 92117 331. File only if you are making a payment of estimated tax. Mail this voucher and your check or money order to: Amount of payment FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031 110621054EDEL57914791700000000003314 ³³⁹⁰⁸³ 11-11-03 For Privacy Act Notice, get form FTB 1131. 540ES04106022 Form 540-ES (REV. 2003)

CALIFORNIA FORM TAXABLE YEAR **Estimated Tax for Individuals** 2004 Due Jan. 18, 2005 540-ES 0 110-62-1054 EDEL ** 518-08-5791 04 APE KURT EDELMANN н DAWNA DENNIS \mathbf{L} Payment Voucher 4790 DIANE AVE 4 SAN DIEGO CA 92117 331. File only if you are making a payment of estimated tax. Mail this voucher and your check or money order to: Amount of payment FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031 110621054EDEL57914791700000000003314 ³³⁹⁰⁸⁴₁₁₋₁₁₋₀₃ For Privacy Act Notice, get form FTB 1131. 540ES04106022 Form 540-ES (REV. 2003)

Californi Income	а	, get form FTB 1131. Resident k Return 2003					540 C1 Side 1
APE					FEDERAL R	ETURN ATTACHMENT F	REQUIRED:
DO NOT ATTACH LABEL		KURT	EDEL ** 518- H EDELMANN L DENNIS	-08-5791	03		AC A
Step 1 Name and Address		4790 DIANE AV SAN DIEGO	E CA 921	L17			R RP
Address			FOR COMPU	TERIZED USE ONL	ſ		
01 06 09 10 12 14 16 17 18 20 23 28 29 30 31 35 36		$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$3322 \\ 1998 \\ 872 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ $	55 56 57 58 59 60 61 62 64 65 68	0 0 0 0 0 0 0 452 0	APE 3800 3803 SCHG1 5870A 5805 5805	0 0 0 0 5F 0
Step 2 Filing Status Check only one.	1 2 3 4	Married filing separatel	ven if only one spouse had in Y. Enter spouse's social security alifying person). STOP. See instru	number above and full		pendent child. Enter year sp	ouse died .
Step 3		If someone can claim you (or Personal: If you checked bo					
Exemptions	'	in the box. If you checked the					\$82 = \$ 164
Enclose, but do not	8	Blind: If you (or if married, y					\$82 = \$
staple any payment.	9	Senior: If you (or if married,					\$82 = \$
Dependent	10	Dependents: Enter name and	d relationship. Do not includ	-			
Exemptions					otal dependent exempt		\$257 = \$
01	11	Exemption amount: Add line	(a) W(2, hey 12	this amount to line	21		\$164
Step 4	12 13	State wages from your Form Enter adjusted gross income	(S) W-2, DOX 10		• 12	45,868. 13	84,657.
Taxable	13 14	California adjustments - subt					04,007.
Income	15	Subtract line 14 from line 13		,			84,657.
Do not attach any withholding forms	16	California adjustments - addi					144.
here. Use Schedule W,	17	California adjusted gross inc		•			84,801.
CA W-2 Attachment.	18	Enter the larger of your CA s					6,140.
		Subtract line 18 from line 17					78,661.
Step 5	20	Tax. Check if from:					3,486.
Tax		Exemption credits. If line 13				<u> </u>	164.
		Subtract line 21 from line 20					3,322.
	23	Other Taxes. Check if from:	Schedule G-1 and		4	• 23	-
339001 12-10-03		Add line 22 and line 23. Cont					3,322.
12-10-03				13106022			

L

Your name:	urt H. Edelmann Your SSN: 110-62-1054		
Step 6			-
-	25 Amount from Side 1, line 24	25	3,322.
Special Credits	28 Credit name code and amount ▶ 28		
and	28 Enter credit name code no and amount ▶ 28 29 Enter credit name code no and amount ▶ 29		
Nonrefundable	30 To claim more than two credits, see instructions		
Renter's Credit	31 Nonrefundable renter's credit. See instructions for "Step 6"		
	33 Add line 28 through line 31. These are your total credits	33	
	34 Subtract line 33 from line 25. If less than zero, enter -0-		3,322.
Step 7	35 Alternative minimum tax. Attach Schedule P (540)	• 35	
Other Taxes	36 Other taxes and credit recapture. See instructions	• 36	
	37 Add line 34 through line 36. This is your total tax		3,322.
Step 8	38 California income tax withheld. See instructions ■ 38 1 , 99		
Payments	39 2003 CA estimated tax and other payments. See instructions 39 87	2.	
	40 Real estate withholding. (Form(s) 592-B, 594, and 597) See instructions ■ 40		
To view your 2003 estimated	41 Excess SDI. See instructions 41		
payments, go to	Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506		
www.ftb.ca.gov	42 • 43		
	46 Add line 38, line 39, line 40, line 41, and line 45. These are your total payments	46	2,870.
Step 9	47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46	47	
	48 Amount of line 47 you want applied to your 2004 estimated tax	■ 48	
Tax Due/ Use Tax	49 Overpaid tax available this year. Subtract line 48 from line 47		
USCIAX	50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions		452.
	51 Use Tax. See instructions	• 51	
Step 10	CA Seniors Special Fund. CA Breast Cancer Research Fund • 57	.00	
Contributions	See instructions • 52 CA Firefighters' Memorial Fund • 58	.00	
	Alzheimer's Disease/Related Emergency Food Assistance		
	Disorders Fund	.00	
	CA Fund for Senior Citizens	.00	
	Rare and Endangered Species		
	Preservation Program	.00	
	State Children's Trust Fund for the CA Missions Foundation Fund	.00	
	Prevention of Child Abuse		
	64 Add line 52 through line 62. These are your total contributions	• 64	
Step 11	65 REFUND OR NO AMOUNT DUE. See instructions. Mail to:		
Refund	FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009	6 5	
or Amount You	66 AMOUNT YOU OWE. See instructions. Mail to:		
Owe	FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009		452.
Step 12	67 Interest, late return penalties, and late payment penalties	67	
Interest and			
Penalties	69 Total amount due. See instructions. Enclose, but do not staple, any payment		452.
		● 70 4	
Step 13	Do not attach a voided check or a deposit slip. See instructions.		
	Complete this section to have your refund directly deposited. Routing number		
(Refund Only)			
	Checking • Savings • number		
Sign	IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury,	I declare that I	
Here	have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, c Your signature (if filing jointly, both must sign) Da		6
It is unlawful to	Your signature (if filing jointly, both must sign) Da	ytime phone number (opti	
forge a spouse's	X X Da		<u>84-9461</u>
signature.	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	Paid preparer's	5517/1111
Joint return?			
See instructions.	Firm's name (or yours if self-employed) Firm's address	FEIN	
	Self-prepared	-	
339002 12-10-03			
.2 .0 00		I	

TAXABLE YEAR

2003 California W-2 Attachment

Attach this schedule directly behind scannable Forms 540 or 540A, Side 2

Name(s) shown on tax return Kurt H. Edelmann & Dawna L. Dennis Social Security Number shown on tax return 110-62-1054

Staple copy of your Form(s) W-2, and W-2G. Also, staple any Form(s) 1099 showing California tax withheld. Note: For scannable Form 540, attach Forms 592-B, 594, and 597.

	003 California Adjustments - F	lesi	dents			CA (540)
Impo	tant: Attach this schedule directly behind Form 540, Side 2.					
Name	(s) as shown on return					Social security number
	t H. Edelmann & Dawna L. Dennis		Federal Americate			110-62-1054
	Income Adjustment Schedule	A	(taxable amounts from	В	Subtractions	C Additions
	n A - Income Warsa, salarias tina, etc. Cas instructions hefers making		` your federal return)			l
7	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7	45,868.			1
8			<u>4</u> 5,000. 30.			
0 9	Taxable interest income Ordinary dividends. See instructions. (b)	0 (a)				1
9 10	Taxable refunds, credits, offsets of state and local income taxes	(a) 10	000.			
11	Alimony received	11 -				
12	Business income or (loss)	12 -				
13	Capital gain or (loss). See instructions. (b)	(a)	602.			l.
14	Other gains or (losses)	14				
15	Total IRA distributions. See instructions. (a)	(b) _				<u>,</u>
16	Total pensions and annuities. See inst. (a)	(b)				1
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17				
18	Farm income or (loss)	18				
19	Unemployment compensation. Enter the same amount in column A and column B	40				
20	Social security benefits (a)	(b)				
21	Other income. e NOL from FTB 3805D, 3805Z, 3806,		C	a		a
	a California lottery winnings 3805, or 3809			b		¦b
	b Disaster loss carryover from FTB 3805V f Other (describe)	21 _	37,693.	C		10
	c Federal NOL (Form 1040, line 21)			d	SUSPENDED	d
	d NOL carryover from FTB 3805V			e	SUSPENDED	e
22	Total. Combine line 7 through line 21 in column A. Add line 7 through		04.004	f		f
0	line 21f in column B and column C. Go to Section B	22	84,801.			I
	n B - Adjustments to Income					
23	Educator expense					
24	IRA deduction					
25 26	Student loan interest deduction		144.		144.	
20 27	Tuition and fees deduction		144•		144.	
28	Moving expenses One-half of self-employment tax					1
29	Self-employed health insurance deduction					1
30	Self-employed SEP, SIMPLE, and qualified plans	20 -				
31	Penalty on early withdrawal of savings					
	Alimony paid. (b) Recipient's: SSN	• -				
		32a				i
33	Last name Add line 23 through line 32a in columns A, B, and C	33	144.		144.	
34	Total. Subtract line 33 from line 22 in columns A, B, and C. See instructions	34	84,657.		-144.	:
Part	II Adjustments to Federal Itemized Deductions					
35	Federal itemized deductions. Add the amounts on federal Schedule A (Form	n 1 040), lines 4, 9, 14, 18, 19, 26, a	nd 27	35	2,917.
36	Enter total of federal Schedule A (Form 1040), line 5 (state and local income tax and Sta	ite Disab	ility Insurance) and line 8 (foreign	taxes	only) 36	2,917.
37	Subtract line 36 from line 35					
38	Other adjustments including California lottery losses. Specify					
39	Combine line 37 and line 38					
40	Is your federal AGI (Form 540, line 13) more than the amount shown be					
	Single or married filing separately - \$135,714 Head of household - \$203	,574	Married filing jointly or qual	ifying	widow(er) - \$271,43	2
	No. Transfer the amount on line 39 to line 40				. 1	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for S				40	
41	Enter the larger of the amount on line 40 or your standard deduction list			* -	140	
	Single or married filing separately - \$3,070 Married filing jointly, head of					£ 110
	Transfer the amount on line 41 to Form 540, line 18					6,140.
339011	/11-20-03	0021	04022			

SCHEDULE

TAXABLE YEAR	
2003	(

104) (J.S. Individual Income Tax Retu	m 200 3	3 (99) IF	S Use Only - Do no	t write or s	stanle in this snace	
		year Jan. 1-Dec. 31, 2003, or other tax year beginning		3, ending	, 20		OMB No. 1545-0074	
Label (See L	You	ir first name and initial	Last name		,20	Yo	our social security numb	ber
instructions	A Ku	irt H.	Edelman	n			110 62 1054	
on page 19.)	lfa	joint return, spouse's first name and initial	Last name				oouse's social security r	
Use the IRS	. Da	awna L.	Dennis				518 08 57	
label.	11	ne address (number and street). If you have a F	P.O. box, see page 19.		Apt. no	•	Important!	
Otherwise, please print		90 Diane Ave					You must enter	
or type.		, town or post office, state, and ZIP code. If you have a t	foreign address, see page 19.				your SSN(s) abov	ve.
Presidential		an Diego, CA 92117			V		Creasures	
Election Camp	aign	Note. Checking "Yes" will not chang				ou TT	Spouse	a
(See page 19.)		Do you, or your spouse if filing a join	t return, want \$3 to go t		-	s X I		
Filing Status	3	Single X Married filing jointly (even if only one had	:= = = = =)		· · ·	, ,	person). (See page	,
	2	3 , , , , , ,	,				not your dependent	., enter
Check only one box.	3	Married filing separately. Enter spouse's S and full name here. ►			s name here. 🕨		nt child. (See page 2	20.1
UTIE DUX.	62	X Yourself. If your parent (or someone else) can d					No. of boxes	20.)
Exemptions		X Spouse					checked on 6a	2
		Dependents:	(2) Dependent's social	(3) Depe	ndent's	4)√ if qualify ing child for	And 6b No. of children	
		(1) First name Last name	security number	relation: yo	31110 10	hild tax cred (see page 21		
	-		: :			(*** **9* = *	 did not live with 	
	-						 you due to divorce or separation (see page 21))
If more than five	-						(000 puge 2 1)	
dependents, see page 21.	-						 Dependents on 6c not entered above 	
1 0	-		: :				Add numbers	
	d	Total number of exemptions claimed					on lines above	2
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7	45,8	
Attach	8a	Taxable interest. Attach Schedule B if required				8a		30.
Forms W-2 and	b	Tax-exempt interest. Do not include on line 8a					_	
W-2G here.	9a	· · · · · · · · · · · · · · · · · · ·					6	08.
Also attach Form(s)	b	Qualified dividends (see page 23)			129.			
1099-R [°] if tax	10	Taxable refunds, credits, or offsets of state an				10		
was withheld.	11	Alimony received				11		
lf you did not	12	Business income or (loss). Attach Schedule C				12	C	00
get a W-2,	13a	Capital gain or (loss). Attach Schedule D if req			🕨 📖	13a	0	02.
see page 22.	b	If box on 13a is checked, enter post-May 5 ca		13b				
Enclose, but do	14	Other gains or (losses). Attach Form 4797		b Tayabla amayo	t (aaa paga 95)	14		
not attach, any	15a 16a	IRA distributions15aPensions and annuities16a		 b Taxable amoun b Taxable amoun 		15b 16b		
payment. Also, please use	17	Rental real estate, royalties, partnerships, S co	propriations trusts atc Atta			17		
Form 1040-V.	18	Farm income or (loss). Attach Schedule F				18		
	19	Unemployment compensation				19		
	20a	Social security benefits		b Taxable amoun		20b		
	21	Other income. List type and amount (see page	27)		- (
		scholarship/grant	,		37,693.	21	37,6	93.
	22	Add the amounts in the far right column for lin	es 7 through 21. This is yo	ur total income		22	84,8	
Adjusted	23	Educator expenses (see page 29)		23				
Gross	24	IRA deduction (see page 29)		24				
Income	25	Student loan interest deduction (see page 31)						
	26	Tuition and fees deduction (see page 32) \ldots			144.	<u> </u>		
	27	Moving expenses. Attach Form 3903						
	28	One-half of self-employment tax. Attach Sched						
	29	Self-employed health insurance deduction (se						
	30	Self-employed SEP, SIMPLE, and qualified pla						
	31	Penalty on early withdrawal of savings		. 31				
	32a	Alimony paid b Recipient's SSN b					1	44.
310001	33	Add lines 23 through 32a Subtract line 33 from line 22. This is your adj i	ustad aross income			33	84,6	
11-18-03	34	Subtract line 33 from line 22. This is your adj			· · · · ·	34		0.0000

Form 1040 (2003)	к	urt H. Edelmann & Dawna L. Dennis	110	0-62-105	54		Page 2
Tax and		Amount from line 34 (adjusted gross income)				35	84,657.
Credits		Check f You were born before January 2, 1939, Blind					
Standard Deduction for -		if: Spouse was born before January 2, 1939, Blind	. Checked	► 36a			
People who	b	If you are married filing separately and your spouse itemizes deductions, or you were a d	lual-status alien	► 36b			
checked any box on line 36a	37	Itemized deductions (from Schedule A) or your standard deduction (see	left margin)			37	9,500.
or 36b 0f who can be claimed	38	Subtract line 37 from line 35				38	75,157.
as a dependent.	39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemp	otions claimed on li	ne 6d. If line 35			
		is over \$104,625, see the worksheet on page 35				39	6,100.
		Taxable income. Subtract line 39 from line 38. If line 39 is more than line 3	38, enter -0		[40	69,057.
All others:	41	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972			[41	10,870.
Single, or Married filing		Alternative minimum tax. Attach Form 6251				42	
separately, \$4,750		Add lines 41 and 42				43	10,870.
Married filing	44	Foreign tax credit. Attach Form 1116 if required	44		8.		
jointly or	45	Credit for child and dependent care expenses. Attach Form 2441	45				
Qualifying widow(er),	46	Credit for the elderly or the disabled. Attach Schedule R	46				
\$9,500	47	Education credits. Attach Form 8863	47				
Head of household.	48	Retirement savings contributions credit. Attach Form 8880					
\$7,000	49	Child tax credit (see page 40)	49				
	50	Adoption credit. Attach Form 8839					
	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	8.
		Subtract line 53 from line 43. If line 53 is more than line 43, enter -0				54	10,862.
Other	55	Self-employment tax. Attach Schedule SE				55	
Taxes	56	Social security and Medicare tax on tip income not reported to employer. A				56	
Taxes	57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Atta	ach Form 5329 if re	quired	[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	10,862.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	7,61			
	62	2003 estimated tax payments and amount applied from 2002 return	62	3,24	18.		
If you have a qualifying	63	Earned income credit (EIC)	63				
child, attach	64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64				
Schedule EIC.	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 88	85 67				
	68	Add lines 61 through 67. These are your total payments				68	10,866.
Refund	69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amo	unt you overpaid .			69	4.
Direct deposit?	70a	Amount of line 69 you want refunded to you	1 			70a	4.
See page 56 and fill in 70b,	► b		r ^t 09230940)49			
70c, and 70d.	71	Amount of line 69 you want applied to your 2004 estimated tax					
Amount	72	Amount you owe. Subtract line 68 from line 60. For details on how to pay,	see page 57			72	
You Owe		Estimated tax penalty (see page 58)	73				
Third Part	v	o you want to allow another person to discuss this return with the IRS (see	page 58)?	Yes. Complete	the fo	-	
Designee	- D	5	Phone				nal identification
		AME penalties of perjury, I declare that I have examined this return and accompanying schedu	10.	nd to the best of m	v know		er (PIN)
Sign	and c	omplete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer has any know	wledge.	y KIIOW	-	· · · · · · · · · · · · · · · · · · ·
Here Joint return?		Your signature Date Your occu	· .				ime phone number
See page 20. Keep a copy			ntist occupation			85	8-784-9461
for your records.	•	· · · · · · · · · · · · · · · · · · ·					
	Preparer's Check if self-					Bron	
Paid			Duit	Check if self- employed		repare	r's SSN or PTIN
Preparer's					EIN		
Use Only		name(or if self-prepared			Phone	no.	<u> </u>
310002 12-12-03	ploye	d), address,					
12 12-00	and 7	P code					

Name(s) shown on Form 1040

Attach to Form 1040.

See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074 2003 Attachment Sequence No. 12 Your social security number

	rt H. Edelmann &							110	62 1054
Pa	art I Short-Term Capital	Gains and Lo	1		ts Held One Ye			(f) o : //) /	
	(a) Description of property (Example: 100 sh. XYZ Co.)	acquired (Mo., day, yr.)	(C) Date (Mo., day		(d) Sales price	(e) Cost o other basis		(†) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1 S	ee Statement 4				16,122.	14,9	943.	1,179.	1,179.
2	Enter your short-term totals			2					
3	Total short-term sales price a								
	Add lines 1 and 2 in column (d)			3	16,122.				
4	Short-term gain from Form 6252			-					
_	from Forms 4684, 6781, and 88	\$24					4		
5	Net short-term gain or (loss) from		-						
6	from Schedule(s) K-1 Short-term capital loss carryove						5		
Ū	2002 Capital Loss Carryover W				•		6	()	
7a									
	enter -0 Do not enter more that	an zero					7a		(0)
	Net short-term capital gain or	(loss). Combine	lines 1 thre	ough 6	in column (f).		7b	1,179.	
Pa	art II Long-Term Capital	(b) Date	1		S Held More Tr			(f) o : //) /	
	(a) Description of property (Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(C)Date (Mo., day		(d) Sales price	(e) Cost of other bas		(1) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8									
		1							
						ļ			
9	Enter your long-term totals			9					
10	Total long-term sales price am	nounts.							
	Add lines 8 and 9 in column (d) $_{\rm \cdot}$			-			-		
11	Gain from Form 4797, Part I; lon								
10	long-term gain or (loss) from Forr Net long-term gain or (loss) from						11		
12	from Schedule(s) K-1						12		
13	Capital gain distributions.			Se	e Statemen	t 5	13	222.	170.
14	Long-term capital loss carryover								
	line 13 of your 2002 Capital Loss	s Carryover Work	ksheet				14	(799.)	
15	Combine lines & through 10 in a	olump (a) If zero	or loca	ator O			15		170.
15	Combine lines 8 through 13 in co	Junin (g). II zero	or less, er	iter -0-			13		170.
16	Net long-term capital gain or (loss). Combine li	nes 8 thro	ugh 14	in column (f)		16	-577.	

Next: Go to Part III on page 2.

* 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).

Schedule D (Form 1040) 2003 Kurt H. Edelmann & Dawna L. Dennis Part III Taxable Gain or Deductible Loss

17 a	Combine lines 7b and 16 and enter the r	esult. If a loss, enter -0- on line 17	b and	go to line 18.		
	If a gain, enter the gain on Form 1040, lir	ne 13a, and go to line 17b below $_{}$			17a	602.
b	Combine lines 7a and 15. If zero or less,	enter -0 Then complete Form 10	40 thre	ough line 40	17b	170.
	Next: • If line 16 of Schedule D is a ga	in or you have qualified dividends	on Fo	rm 1040,		
	line 9b, complete Part IV below	N.				
	 Otherwise, skip the rest of Sch 	edule D and complete the rest of	Form	1040.		
18	If line 17a is a loss, enter here and on Fo	t loss or				
	(b) (\$3,000) (or, if married filing separatel	y, (\$1,500)) (see page D-7 of the ir	nstruct	ions)	18	()
	Next: • If you have qualified dividends	on Form 1040, line 9b, complete	Form	1040 through		
	line 40, and then complete Pa	r t IV below (but skip lines 19 and 2	20).			
	Otherwise, skip Part IV below	and complete the rest of Form 10	40.			
Par	t IV Tax Computation Using N	•				
	If line 16 or line 17a is zero or less, ski	p lines 19 and 20 and go to line	21. Ot	herwise, go to line 19.		
19	Enter your unrecaptured section 1250 ga				19	
20	Enter your 28% rate gain, if any, from line				20	
	If lines 19 and 20 are zero, go to line 2				ictions	to figure
	the amount to enter on lines 35 and 53	· ·				
21	Enter your taxable income from Form 10		1		21	69,057.
22	Enter the smaller of line 16 or line 17a, b		22	100		
23	Enter your qualified dividends from Form	1040, line 9b	23	129.		
24			24	129.		
25	Amount from line 4g of Form 4952 (invest		-			100
26	Subtract line 25 from line 24. If zero or le				26	129.
27	Subtract line 26 from line 21. If zero or le	ss, enter -0-			27	68,928.
28	Enter the smaller of line 21 or:					
	• \$56,800 if married filing jointly or qualif					
	• \$28,400 if single or married filing separ	rately; or	28	56,800.		
	• \$38,050 if head of household) - 00 00				
00	If line 27 is more than line 28, skip line					
29	Enter the amount from line 27		29			
30	Subtract line 29 from line 28. If zero or le		30			
31	Add lines 17b and 23*	31	00			
32	Enter the smaller of line 30 or line 31		32		22	
33	Multiply line 32 by 5% (.05)		1	l	33	
24	If lines 30 and 32 are the same, skip lin		24			
34 25			34			
35	Enter your qualified 5-year gain, if any, from line 8 of the worksheet	25				
26			36			
36 27	Enter the smaller of line 34 or line 35				37	
37 38	Multiply line 36 by 8% (.08)		38		3/	
39	Subtract line 36 from line 34 Multiply line 38 by 10% (.10)				39	
39	If lines 26 and 30 are the same, skip lin				39	
40	Enter the smaller of line 21 or line 26	-	40	129.		
41	Enter the amount from line 30 (if line 30 i		41	0.		
42	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	42	129.		
43	Add lines 17b and 23*	43 299.		1250		
44	Enter the amount from line 32 (if line 32 is blank, enter -0-)					
45	Subtract line 44 from line 43		-			
46	Enter the smaller of line 42 or line 45		46	129.		
47	Multiply line 46 by 15% (.15)				47	19.
48	Subtract line 46 from line 42		48			
49				1	49	
50	Figure the tax on the amount on line 27.				50	10,851.
51	Add lines 33, 37, 39, 47, 49, and 50				51	10,870.
52	Figure the tax on the amount on line 21.				52	10,889.
53	Tax on all taxable income. Enter the sn				53	10,870.

320512 10-21-03 *If lines 23 and 25 are more than zero, see Lines 31 and 43 on page D-9 for the amount to enter.

Schedule D (Form 1040) 2003

Kurt H. Edelmann & Dawna L. Dennis

For	m 1040	Tuition an	ld Fees Dedu	iction		Statem	nent	1	
1.	Enter the amount fr			84,80	01.				
2.	Enter the total of through line 25, li entered on the dott	ount							
3. Subtract line 2 from line 1. If the result is more than \$65,000 (\$130,000 if married filing jointly), you cannot take the deduction for tuition and fees									
4.	4. Tuition and fees deduction. Enter the total qualified tuition and fees you paid in 2003. Do not enter more than \$3,000. Also enter this amount on Form 1040, line 26. Do not include this amount in figuring any other deduction								
	on your return (suc	••••		14	44.				
For	m 1040	Wages Recei	ved and Tay	kes Withhe	ld	Staten	nent	2	
T S E	mployer's Name	Amount Paid	Federal Tax Withheld	State Tax Withheld	City SDI Tax W/H	FICA M Tax	ledica Taz		
s G	emini Science, Inc	45,868.	7,618.	1,998.		2,920.	68	83.	
Tot	als	45,868.	7,618.	1,998.		2,920.	68	83.	
 For	m 1040	Qua	lified Divi	dends		Staten	nent	3	

Name of Payer	Ordinary Dividends	Qualified Dividends
Charles Schwab Accessor 1 Accessor 2	507. 22. 79.	113. 4. 12.
Total included in Form 1040, line 9b	-	129.

Kurt H. Edelmann & Dawna L. Dennis

11	L 0	-6	2-	10	54

Schedule D Sho	ort-Term Ca	pital Gains	and Lo	sses St	atement 4
Description Acquired	l Sold	Price	Cost	Gain Or Loss	Post May 5 Gain/Loss
279.7930 Fidelity11/14/02 Adv Growth	07/17/03	7,036.	6,4	32. 604.	604.
10.336 11/14/02 Oppenheimer Global Fund	07/17/03	424.	3	82. 42.	42.
	07/17/03	1,957.	1,6	29. 328.	328.
	07/17/03	2,536.	2,3	61. 175.	175.
	08/01/03	4,169.	4,1	39. 30.	30.
Total to Sch. D, Page 1,	Line 1	16,122.	14,9	43. 1,179.	1,179.
Schedule D	Capital G	ain Distrib	utions	St	atement 5
Name of Payer				Post May 5 Gain or Loss	28% Gain
Charles Schwab Accessor 1 Accessor 2			210.	170. 0.	0. 0.
Totals to Schedule D, lir	le 13		222.	170.	