

Department of the Treasury - Internal Revenue Service
Amended U.S. Individual Income Tax Return

OMB No. 1545-0091

(Rev. November 2000)

See separate instructions.

This return is for calendar year 2000, or fiscal year ended

PLEASE PRINT

Personal information section including names (Douglas F. Copp, Paulina E. Copp), social security numbers (046-46-1692, 560-45-0095), and address (P.O. Box 534, Sandia Park, NM 87047).

Section A: If the name or address shown above is different from that shown on the original return, check here.
Section B: Has the original return been changed or audited by the IRS or have you been notified that it will be?
Section C: Filing status. Be sure to complete this line. Note: You cannot change from joint to separate returns after the due date.

Use Part II on the Back to Explain any Changes

Table with 3 columns: Description, 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. Rows include Adjusted gross income, itemized deductions, tax withheld, and total tax.

Refund or Amount You Owe

Table with 3 columns: Description, A. Original amount, B. Net change, C. Correct amount. Rows include Overpayment, amount you owe, and amount of line 22 you want refunded to you.

Sign Here section containing signatures of the taxpayer (Douglas F. Copp) and preparer (Roger C. Nagel), date (8-1-03), and preparer information (Burt & Nagel, CPA's, LLC, 4001 Indian School Rd NE, #321, Albuquerque, NM 87110).

KFA

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	25		
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.			
26 Your dependent children who lived with you	26		
27 Your dependent children who did not live with you due to divorce/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:
2000	\$2,800	\$96,700
1999	2,750	94,375
1998	2,700	93,400
1997	2,650	90,300

31 Dependents (children and other) not claimed on original (or adjusted) return:
 Note: For tax years after 1997, do not complete column (e) below. For tax year 1997, do not complete column (d) below.

(a) First Name	Last Name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check if qualifying child for child tax credit (see page 5)	(e) No. of months lived in your home	No. of your children on line 31 who:
				<input type="checkbox"/>		<input checked="" type="radio"/> lived with you <input type="radio"/> did not live with you due to divorce or separation (see page 5)
				<input type="checkbox"/>		Dependents on line 31 not entered above
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

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.

Taxpayer misunderstood that the film proceeds reported to a Non-profit organization in the year were personal income and subject to self-employment taxes. The income tax return is being amended to recognize the income, self-employment tax, and the donation made to the non-profit organization.

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

If you did not previously want \$3 go to the fund but now want to, check here.

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

Label

See instructions on page 19.)

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

LABEL HERE

For the year Jan. 1 - Dec. 31, 2000, or other tax year beginning ... 2000, ending ... 20 OMB No. 1545-0074
Your first name and initial Douglas F. Copp Last name
If a joint return, spouse's first name and initial Paulina E. Copp Last name
Home address (number and street). If you have a P.O. box, see page 19. P.O. Box 534 Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. Sandia Park, NM 87047
Your social security number 046-46-1692
Spouse's social security number 560-45-0095
IMPORTANT! You must enter your SSN(s) above.

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 Spouse Yes No Yes No

Filing Status

Check only one box.

1 Single
2 X Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's soc. sec. no. above & full name here
4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here
5 Qualifying widow(er) with dependent child (year spouse died ...). (See page 19.)

Exemptions

6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.
6b X Spouse
6c Dependents: (1) First Name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Chk if qualifying child for child tax credit (see page 20)
No. of boxes checked on 6a and 6b 2
No. of your children on 6c who:
- lived with you
- did not live with you due to divorce or separation (see page 20)
Dependents on 6c not entered above
Add numbers entered on lines above 2

Income

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

If you did not get a W-2, see page 21.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 36,282
8a Taxable interest. Attach Schedule B if required 8a 128
8b Tax-exempt interest. Do not include on line 8a 8b
9 Ordinary dividends. Attach Schedule B if required 9
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
14 Other gains or (losses). Attach Form 4797 14
15a Total IRA distributions 15a b Taxable amount (see pg. 23) 15b
16a Total pensions and annuities 16a b Taxable amount (see pg. 23) 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see pg. 23) 20b
21 Other income. See Statement 1 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 20,373
23 IRA deduction (see page 27) 23 56,783
24 Student loan interest deduction (see page 27) 24
25 Medical savings account deduction. Attach Form 8853. 25
26 Moving expenses. Attach Form 3903 26
27 One-half of self-employment tax. Attach Schedule SE 27 1,440
28 Self-employed health insurance deduction (see page 29) 28
29 Self-employed SEP, SIMPLE, and qualified plans 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid. b Recipient's SSN 31a
32 Add lines 23 through 31a 32 1,440
33 Subtract line 32 from line 22. This is your adjusted gross income 33 55,343

Adjusted Gross Income

Tax and Credits

34 Amount from line 33 (adjusted gross income) 34 55,343

35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
Add the number of boxes checked above and enter the total here 35a

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here 35b

36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent 36 18,159

37 Subtract line 36 from line 34 37 37,184

38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter 38 5,600

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 31,584

40 Tax (see page 32). Check if any tax is from a Form(s) 8814 b Form 4972 40 4,736

41 Alternative minimum tax. Attach Form 6251 41

42 Add lines 40 and 41 42 4,736

43 Foreign tax credit. Attach Form 1116 if required 43

44 Credit for child and dependent care expenses. Att. Form 2441 44

45 Credit for the elderly or the disabled. Attach Schedule R 45

46 Education credits. Attach Form 8863 46

47 Child tax credit (see page 36) 47

48 Adoption credit. Attach Form 8839 48

49 Other. Check if from a Form 3800 b Form 8396
c Form 8801 d Form (specify) 49

50 Add lines 43 through 49. These are your total credits 50

51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- 51 4,736

Other Taxes

52 Self-employment tax. Att. Sch. SE 52 2,879

53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 53

54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 54

55 Advance earned income credit payments from Form(s) W-2 55

56 Household employment taxes. Attach Schedule H 56

57 Add lines 51 through 56. This is your total tax 57 7,615

Payments

58 Federal income tax withheld from Forms W-2 and 1099 58 4,106

59 2000 estimated tax payments and amount applied from 1999 return 59

60a Earned income credit (EIC) 60a

b Nontaxable earned income: amt. and type NO

61 Excess social security and RRTA tax withheld (see page 50) 61

62 Additional child tax credit. Attach Form 8812 62

63 Amount paid with request for extension to file (see page 50) 63

64 Other payments. Check if from a Form 2439 b Form 4136 64

65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments 65 4,106

Refund

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid 66

67a Amount of line 66 you want refunded to you 67a

b Routing number c Type: Checking Savings

d Account number

68 Amount of line 66 you want applied to your 2001 estimated tax 68

Amount You Owe

69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51 69 3,509

70 Estimated tax penalty. Also include on line 69 70

Sign Here

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

Your signature: _____ Date: _____ Your occupation: Rescue Chief Daytime phone number: _____

Spouse's signature, if a joint return, both must sign. _____ Date: _____ Spouse's occupation: Case Manager

May the IRS discuss this return with the preparer shown below? Yes No

Paid Preparer's Use Only

Preparer's signature: ROGER C. NAGEL Date: _____ Check if self-employed Preparer's SSN or PTIN: 512-70-9522

Firm's name (if yours is self-employed): Burt & Nagel, CPA's, LLC EIN: 85-0383230

4001 Indian School Rd NE, #321 Albuquerque, NM 87110 Phone no. (505) 265-6604

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions

▶ Attach to Form 1040.

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

OMB No. 1545-0074

2000

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Douglas F. and Paulina E. Copp

Your social security number
046-46-1692

Caution. Do not include expenses reimbursed or paid by others.

Medical and Dental Expenses	1	Medical and dental expenses (see page A-2)	1		
	2	Enter amount from Form 1040, line 34	2		
	3	Multiply line 2 above by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			
Taxes You Paid <small>(See page A-2.)</small>	5	State and local income taxes	5	663	0
	6	Real estate taxes (see page A-2)	6		
	7	Personal property taxes	7		
	8	Other taxes. List type and amount			
	9	Add lines 5 through 8	8		
Interest You Paid <small>(See page A-3.)</small>	10	Home mortgage interest and points reported on Form 1098	10		663
	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 & show that person's name, ID no. & address			
	12	Points not reported to you on Form 1098. See pg. A-3	11		
	13	Investment interest. Attach Form 4952, if required. (See page A-3.)	12		
Gifts <small>If you made a gift and got a benefit for it, see page A-4.</small>	14	Add lines 10 through 13	13		
	15	Gifts by cash or check. If any gift of \$250 or more, see pg. A-4	14	17,496	0
	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	15		
	17	Carryover from prior year	16		
Casualty and Theft Losses	18	Add lines 15 through 17	17		
	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	18	17,496	
Job Expenses and Most Other Miscellaneous Deductions <small>See page A-5 for expenses to deduct here.)</small>	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.)	19		0
	21	Tax preparation fees	20		
	22	Other expenses - investment, safe deposit box, etc. List type and amount	21		
	23	Add lines 20 through 22	22		
Other Miscellaneous Deductions	24	Enter amount from Form 1040, line 34	23		
	25	Multiply line 24 above by 2% (.02)	24		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	25		
	27	Other - from list on page A-6. List type and amount	26		0
Total Itemized Deductions	28	Is Form 1040, line 34, over \$128,950 (over \$64,475 if married filing separately)? <input checked="" type="checkbox"/> 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 36. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	27		0
				28	18,159

For Paperwork Reduction Act Notice, see Form 1040 instructions.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2000

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

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

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

Douglas F. Copp

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

046-46-1692

Who Must File Schedule SE

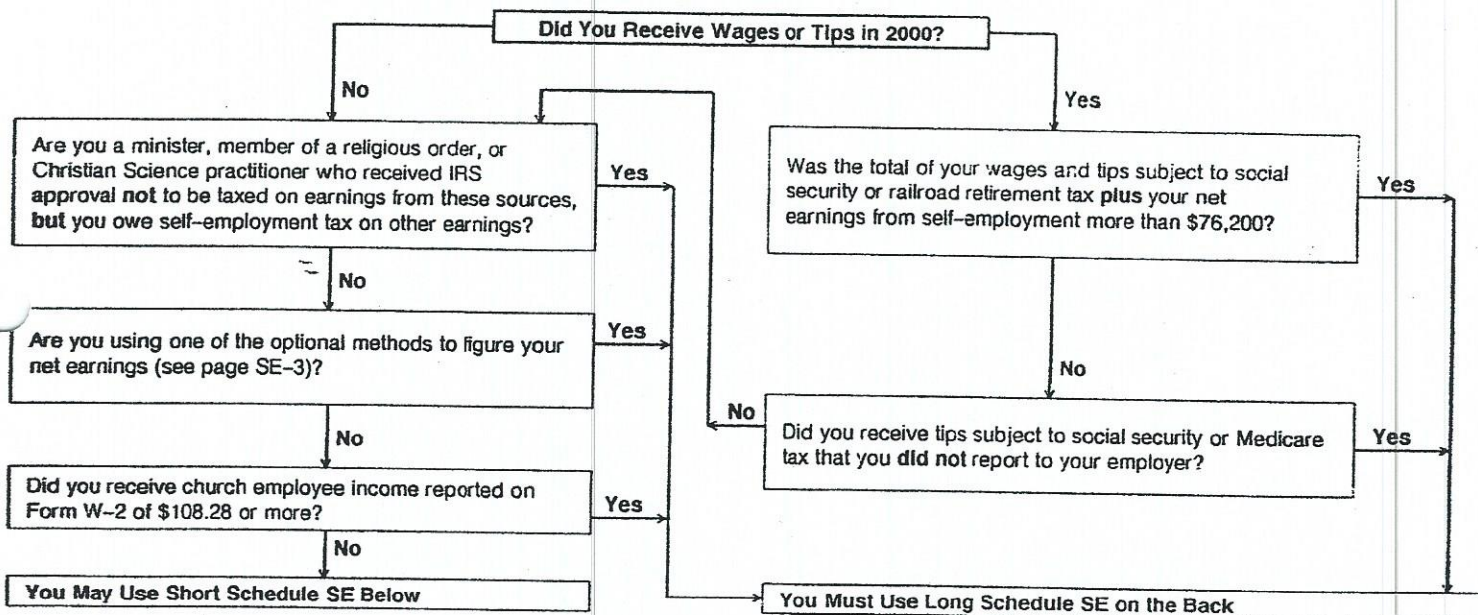
You must file Schedule SE if:

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

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

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

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	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	20,373
3	Combine lines 1 and 2	3	20,373
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	18,814
5	Self-employment tax. If the amount on line 4 is: • \$76,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 52. • More than \$76,200, multiply line 4 by 2.9% (.029). Then, add \$9,448.80 to the result. Enter the total here and on Form 1040, line 52.	5	2,879
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27.	6	1,440

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2000

2000

Federal Statements

Page 1

Client 1717

Douglas F. and Paulina E. Copp

046-46-1692

10/03

03:31PM

Statement 1
Form 1040, Line 21
Other Income

Film income	\$	10,000
Net consulting income		10,373
	Total \$	<u>20,373</u>

AS Amended

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning

2000, ending

20 CMB No. 1545-0

Label

(See instructions on page 19.)

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

Presidential Election Campaign
(See page 19.)

L
A
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L

H
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E

DD 589 90
DOUGLAS F & PAULINA E COPP
802 LINCOLN AVE APT B
ALAMEDA CA 94501-6721

I
R
S

Your social security number

046-46-169

Spouse's social security number

560-45-009

Important!

You must enter your SSN(s) above.

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 joint return (even if only one had income)
- 3 Married filing separate return. Enter spouse's social security no. above and full name here. >
- 4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent enter this child's name here. >
- 5 Qualifying widow(er) with dependent child (year spouse died >). (See page 19.)

Exemptions

If more than six dependents, see page 20.

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) <input checked="" type="checkbox"/> Qualifying child for child tax credit (see page 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above
Add numbers entered on lines above >

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 21.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	36,282
8a	Taxable interest. Attach Schedule B if required	8a	128
8b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here > <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
15b	b Taxable amount (see page 23)	15b	
16a	Total pensions and annuities	16a	
16b	b Taxable amount (see page 23)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
20b	b Taxable amount (see page 25)	20b	
21	Other income. List type and amount (see page 25)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income >	22	36,410

Adjusted Gross Income

23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 29)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN >	31a	
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your adjusted gross income >	33	36,410

Tax and Credits

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

34 Amount from line 33 (adjusted gross income) 34 36,410

35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here 35a

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here 35b

36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent 36 7,350

37 Subtract line 36 from line 34 37 29,060

38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter 38 5,100

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 23,960

40 Tax (see page 32). Check if any tax is from a Form(s) 8814 b Form 4972 40 3,521

41 Alternative minimum tax. Attach Form 6251 41 -

42 Add lines 40 and 41 42 3,521

43 Foreign tax credit. Attach Form 1116 if required 43 -

44 Credit for child and dependent care expenses. Attach Form 2441 44 -

45 Credit for the elderly or the disabled. Attach Schedule R 45 -

46 Education credits. Attach Form 8863 46 -

47 Child tax credit (see page 36) 47 -

48 Adoption credit. Attach Form 8839 48 -

49 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify) 49 -

50 Add lines 43 through 49. These are your total credits 50 0

51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- 51 3,521

Other Taxes

52 Self-employment tax. Attach Schedule SE 52

53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 53

54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 54

55 Advance earned income credit payments from Form(s) W-2 55

56 Household employment taxes. Attach Schedule H 56

57 Add lines 51 through 56. This is your total tax 57

Payments

If you have a qualifying child, attach Schedule EIC.

58 Federal income tax withheld from Forms W-2 and 1099 58 4,100

59 2000 estimated tax payments and amount applied from 1999 return 59 -

60a Earned income credit (EIC) 60a -

b Nontaxable earned income: amount and type 60b -

61 Excess social security and RRTA tax withheld (see page 50) 61 -

62 Additional child tax credit. Attach Form 8812 62 -

63 Amount paid with request for extension to file (see page 50) 63 -

64 Other payments. Check if from a Form 2439 b Form 4136 64 -

65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments 65 4,100

Refund

Have it directly deposited! See page 50 and fill in 57b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid 66 585

67a Amount of line 66 you want refunded to you 67a

b Routing number 67b

c Type: Checking Savings 67c

d Account number 67d

68 Amount of line 66 you want applied to your 2001 estimated tax 68

Amount You Owe

69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51 69

70 Estimated tax penalty. Also include on line 69 70

Sign Here

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

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

Your signature: *[Signature]* Date: *3/25/01* Your occupation: *RESCUE* Daytime phone number: *(501) 748-9257*

Spouse's signature: *[Signature]* Date: *3/25/01* Spouse's occupation: *OFFICE MGR* May the IRS discuss this return with the preparer shown below (see page 52)? Yes No

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *3/25/01* Check if self-employed: Preparer's SSN or PTIN: *[Blank]*

Firm's name (or yours if self-employed), address, and ZIP code: *[Blank]* EIN: *[Blank]* Phone no.: *[Blank]*