

Department of the Treasury — Internal Revenue Service  
**Amended U.S. Individual Income Tax Return**  
▶ See separate instructions.

CMB No. 1545-0091

This return is for calendar year ▶ 2001, or fiscal year ended ▶

Please print or type	Your First Name <b>DOUGLAS F. COPP</b>	MI	Last Name	Your Social Security Number <b>046-46-1592</b>
	If a Joint Return, Spouse's First Name <b>PAULINA E. COPP</b>	MI	Last Name	Spouse's Social Security Number <b>560-45-0095</b>
	Home Address (number and street) or P.O. Box if Mail is Not Delivered to Your Home <b>P.O. BOX 534</b>			Phone Number
	City, Town or Post Office. If You Have a Foreign Address, See Instructions. <b>SANDIA PARK, NM 87047</b>			State ZIP Code

For Paperwork Reduction Act Notice, see instructions.

- A** If the name or address shown above is different from that shown on the original return, check here
- B** Has the original return been changed or audited by the IRS or have you been notified that it will be?
- C** Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.  Yes  No
- On original return ▶  Single  Married filing joint return  Married filing separate return  Head of household  Qualifying widow(er)
- On this return ▶  Single  Married filing joint return  Married filing separate return  Head of household\*  Qualifying widow(er)
- \* If the qualifying person is a child but not your dependent, see instructions.

Use Part II on Page 2 to Explain any Changes

Income and Deductions (see instructions)		A Original amount or as previously adjusted (see instructions)	B Net change — Amount of increase or (decrease) — explain in Part II	C Correct amount
1	Adjusted gross income (see instructions)	13,802.	10,567.	24,369.
2	Itemized deductions or standard deduction (see instructions)	7,600.	4,971.	12,571.
3	Subtract line 2 from line 1	6,202.	5,596.	11,798.
4	Exemptions. If changing, fill in Parts I and II on page 2	5,800.		5,800.
5	Taxable income. Subtract line 4 from line 3	402.	5,596.	5,998.
6	Tax (see instructions). Method used in column C: <b>TAX TABLE</b>	62.	834.	896.
7	Credits (see instructions)		300.	300.
8	Subtract line 7 from line 6. Enter the result but not less than zero	62.	534.	596.
9	Other taxes (see instructions)	190.	1,607.	1,797.
10	Total tax. Add lines 8 and 9	252.	2,141.	2,393.
11	Federal income tax withheld and excess social security and RRTA tax withheld. If changing, see instructions	2,394.		2,394.
12	Estimated tax payments, including amount applied from prior year's return	896.		896.
13	Earned income credit (EIC)			
14	Additional child tax credit from Form 8812			
15	Credits from Form 2439 or Form 4136			
16	Amount paid with request for extension of time to file (see instructions)			
17	Amount of tax paid with original return plus additional tax paid after it was filed			
18	Total payments. Add lines 11 through 17 in column C			3,290.

Refund or Amount You Owe

19	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	19	3,038.
20	Subtract line 19 from line 18 (see instructions)	20	252.
21	Amount you owe. If line 10, column C, is more than line 20, enter the difference and see instructions	21	2,141.
22	If line 10, column C, is less than line 20, enter the difference	22	
23	Amount of line 22 you want refunded to you	23	
24	Amount of line 22 you want applied to your estimated tax	24	

Sign Here

Joint return? See instr. Keep a copy for your records.

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

Your Signature

Date

Spouse's Signature. If a Joint Return, Both Must Sign

Date

Paid Preparer's Use Only

Preparer's Signature

Firm's Name (or yours if self-employed), Address, and ZIP Code

**BURT & NAGEL, CPAs, LLC**  
**4001 INDIAN SCHOOL RD NE. #321**  
**ALBUQUERQUE, NM 87110**

Date

**8-1-03**

Check if self-employed

Preparer's SSN or PTIN

**512-70-9522**

EIN

**85-0383230**

Phone No.

**(505) 265-6604**

**Part II 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 <b>Caution.</b> If your parents (or someone else) can claim you as a dependent (even if they chose not to), you cannot claim an exemption for yourself.	25		
26 Your dependent children who lived with you	26		
27 Your dependent children who did not live with you due to divorce or separation	27		
28 Other dependents	28		
29 Total number of exemptions. Add lines 25 through 28.	29		
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.	30		

Tax year	Exemption amount	But see the instructions for line 4 if the amount on line 1 is over:
2001	\$2,900	\$99,725
2000	2,800	96,700
1999	2,750	94,975
1998	2,700	93,400

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

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) <input type="checkbox"/> if qualifying child for child tax credit	Number of your children on line 31 who:
					<ul style="list-style-type: none"> <li>lived with you <input type="checkbox"/></li> <li>did not live with you due to divorce or separation (see instructions) <input type="checkbox"/></li> <li>Dependents on line 31 not entered above <input type="checkbox"/></li> </ul>

**Part III Explanation of Changes to Income, Deductions, and Credits**

Enter the line number from page 1 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 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. TAX RETURN IS BEING AMENDED TO REFLECT THE ADDITIONAL INCOME, SELF-EMPLOYMENT TAX, AND THE DONATION 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 to go to the fund but now want to, check here   
 If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

BAA

**Label**  
(See instructions.)

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

**Presidential Election Campaign**  
(See instructions.)

For the year Jan 1 - Dec 31, 2001, or other tax year beginning , 2001, ending , 20

Your First Name **DOUGLAS F. COPP** MI Last Name

If a Joint Return, Spouse's First Name **PAULINA E. COPP** MI Last Name

Home Address (number and street). If You Have a P.O. Box, See Instructions. **P.O. BOX 534** Apartment No.

City, Town or Post Office. If You Have a Foreign Address, See Instructions. **SANDIA PARK, NM 87047** State ZIP Code

OMB No. 1545-0074  
Your Social Security Number **046-46-1692**  
Spouse's Social Security Number **550-45-0095**

**▲ Important! ▲**  
You must enter your social security number(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 SSN above & full name here
- 4  Head of household (with qualifying person). (See instructions.) 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 instructions.)

**Exemptions**

If more than six dependents, see instructions.

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.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)

d Total number of exemptions claimed **2**

**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 instructions.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	19,541.
8a	Taxable interest. Attach Schedule B if required	8a	86.
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 instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	880.
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	
15b	Taxable amount (see instrs)	15b	
16a	Total pensions & annuities	16a	
16b	Taxable amount (see instrs)	16b	660.
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	Taxable amount (see instrs)	20b	
21	Other income SEE STATEMENT	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income.	22	32,538.
23	IRA deduction (see instructions)	23	
24	Student loan interest deduction (see instructions)	24	
25	Archer MSA deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	6,955.
27	One-half of self-employment tax. Attach Schedule SE	27	866.
28	Self-employed health insurance deduction (see instructions)	28	348.
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	8,169.
33	Subtract line 32 from line 22. This is your adjusted gross income	33	24,369.

**Adjusted Gross Income**

As Amended

Tax and Credits

34	Amount from line 33 (adjusted gross income)	34	24,369.
35 a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35 a	
35 b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here	35 b	
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	12,571.
37	Subtract line 36 from line 34	37	11,798.
38	If line 34 is \$99,725 or less, multiply \$2,000 by the total number of exemptions claimed on line 5d. If line 34 is over \$99,725, see the worksheet in the instructions	38	5,800.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	5,998.
40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	896.
41	Alternative minimum tax (see instructions). Attach Form 6251	41	
42	Add lines 40 and 41	42	896.
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	Rate reduction credit. See the worksheet	47	300.
48	Child tax credit (see instructions)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 50. These are your total credits	51	300.
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	596.
53	Self-employment tax. Attach Schedule SE	53	1,731.
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	66.
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	
58	Add lines 52-57. This is your total tax	58	2,393.

**Standard Deduction for -**

- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions.
- All others: Single: \$4,550
- Head of household, \$6,650
- Married filing jointly or Qualifying widow(er), \$7,600
- Married filing separately, \$3,800

Other Taxes

59	Federal income tax withheld from Forms W-2 and 1099	59	2,394.
60	2001 estimated tax payments and amount applied from 2000 return	60	896.
61 a	Earned income credit (EIC)	61 a	
61 b	Nontaxable earned income	61 b	
62	Excess social security and RRTA tax withheld (see instrs)	62	
63	Additional child tax credit. Attach Form 8812	63	
64	Amount paid with request for extension to file (see instructions)	64	
65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	3,290.

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

FDIA0112L 12/10/01

Direct deposit? See instructions and fill in 68b, 68c, and 68d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	897.
68 a	Amount of line 67 you want refunded to you	68 a	897.
	b Routing number		
	d Account number		
	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
69	Amount of line 67 you want applied to your 2002 estimated tax	69	

Amount You Owe

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions	70	
71	Estimated tax penalty. Also include on line 70	71	

Third Party Designee

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

Designee's Name: **PREPARER** Personal Identification Number (PIN):

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**

Paid Preparer's Use Only

Preparer's Signature: *Burt Nagel* Date: **8-1-01** Preparer's SSN or PTIN: **512-70-9522**

Firm's Name (or yours if self-employed): **BURT & NAGEL, CPA'S, LLC** Check if self-employed

Address, and ZIP Code: **4000 INDIAN SCHOOL RD NE, #321 ALBUQUERQUE, NM 87110** EIN: **85-0383230**

Phone No.: **(505) 265-6604**

*As Amended*

Schedule A  
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2001

07

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) Shown on Form 1040

Your Social Security Number

DOUGLAS F. AND PAULINA E. COPP

046-46-1692

Caution. Do not include expenses reimbursed or paid by others.				
<b>Medical and Dental Expenses</b>	1 Medical and dental expenses (see instructions) .....	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- .....	4		0.
<b>Taxes You Paid</b>  (See instructions.)	5 State and local income taxes .....	5	386.	
	6 Real estate taxes (see instructions) .....	6		
	7 Personal property taxes .....	7		
	8 Other taxes. List type and amount ▶ .....	8		
	9 Add lines 5 through 8 .....	9		386.
<b>Interest You Paid</b>  (See instructions.)	10 Home mtg interest and points reported to you on Form 1098 .....	10		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶ .....			
	12 Points not reported to you on Form 1098. See instrs for spll rules .....	11		
	13 Investment interest. Attach Form 4952 if required. (See instrs.) .....	12		
<b>Note.</b> Personal interest is not deductible.	14 Add lines 10 through 13 .....	13		
		14		0.
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see instructions.	15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	15	22,007.	
	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. ....	16		
	17 Carryover from prior year .....	17		
	18 Add lines 15 through 17. .... <b>DISALLOWED CONTRIBUTIONS</b> .....	18	-9,822.	12,185.
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	19		0.
<b>Job Expenses and Most Other Miscellaneous Deductions</b>  (See instructions for expenses to deduct here.)	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ .....			
	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		
	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		
<b>Other Miscellaneous Deductions</b>	27 Other — from list in the instructions. List type and amount ▶ .....	26		0.
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 34, over \$132,950 (over \$66,475 if MFS)?	27		0.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amts in the far right col for lines 4 through 27. Also, enter this amt on Form 1040, line 36.			
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			
		28		12,571.

*As Amended*

**Schedule C**  
**(Form 1040)**

**Profit or Loss from Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2001**  
09

Department of the Treasury  
Internal Revenue Service (99)

Partnerships, joint ventures, etc. must file Form 1065 or Form 1065-B.  
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

**PAULINA E. COPP**

Social Security Number (SSN)

**560-45-0095**

**A** Principal Business or Profession, including Product or Service (see instructions)

**CASE MANAGEMENT**

**B** Enter Code from Instructions

**624100**

**C** Business Name. If No Separate Business Name, Leave Blank.

**PROFESSIONAL CASE MANAGEMENT**

**D** Employer ID Number (EIN), if Any

**E** Business Address (including suite or room no.)  
City, Town or Post Office, State, and ZIP Code

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

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

**H** If you started or acquired this business during 2001, check here  Yes  No

**Part I Income**

1	Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here. ▶ <input type="checkbox"/>	1	14,795.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	14,795.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	14,795.
6	Other income, including federal and state gasoline or fuel tax credit or refund	6	
7	Gross income. Add lines 5 and 6	7	14,795.

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

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Bad debts from sales or services (see instructions)	9		20	Rent or lease (see instructions):		
10	Car and truck expenses (see instrs)	10	2,469.	20a	a Vehicles, machinery, and equipment		
11	Commissions and fees	11		20b	b Other business property		6,300.
12	Depletion	12		21	Repairs and maintenance	21	
13	Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	40.
15	Insurance (other than health)	15	158.	24	Travel, meals, and entertainment:		
16	Interest:			24a	a Travel	24a	
16a	a Mortgage (paid to banks, etc)	16a			b Meals and entertainment		
16b	b Other	16b			c Enter nondeductible amount included on line 24b (see instrs)		
17	Legal & professional services	17		24d	d Subtract line 24c from line 24b	24d	
18	Office expense	18	3,797.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns. ▶	28		26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	1,151.
				28		28	13,915.

29	Tentative profit (loss). Subtract line 28 from line 7	29	
30	Expenses for business use of your home. Attach Form 8829	30	380.
31	Net profit or (loss). Subtract line 30 from line 29.	31	880.

- If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.
- If a loss, you must go to line 32.

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

- If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

- If you checked 32b, you must attach Form 6198.

- 32 a  All investment is at risk.
- 32 b  Some investment is not at risk.

**BAA** For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2001

*Handwritten signature/initials*

**Part III Cost of Goods Sold** (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation  Yes  No

35		
36		
37		
38		
39		
40		
41		
42		

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 7/01/01

44 Of the total number of miles you drove your vehicle during 2001, enter the number of miles you used your vehicle for:  
 a Business 7,109 b Commuting \_\_\_\_\_ c Other 3,782

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

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

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

b If 'Yes,' is the evidence written?  Yes  No

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

BANK SERVICES	27.
TELEPHONE	1,124.
48 Total other expenses. Enter here and on page 1, line 27.	48 1,151.

*Ab Am...*

**Schedule SE**  
(Form 1040)

**Self-Employment Tax**

CMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ See instructions for Schedule SE (Form 1040).

**2001**

▶ Attach to Form 1040.

17

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**

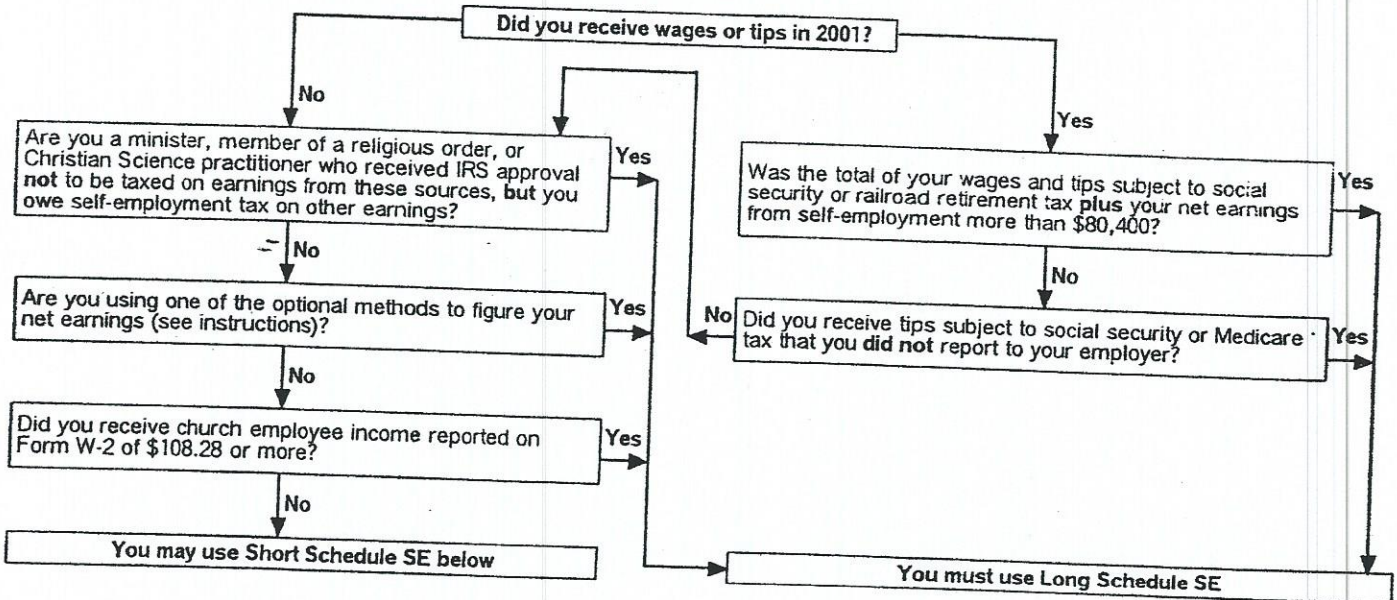
You must file Schedule SE if:

- 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 instructions.

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

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 53.

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report.		
3	Combine lines 1 and 2	11,371.	
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.	11,371.	
5	Self-employment tax. If the amount on line 4 is: • \$80,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 53. • More than \$80,400, multiply line 4 by 2.9% (.029). Then, add \$9,969.60 to the result. Enter the total here and on Form 1040, line 53.	1,607.	
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		804.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2001

*Handwritten signature: D.F. Copp*



**Schedule SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2001**

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)

PAULINA E. COPP

Social Security Number of Person with Self-Employment Income ▶

560-45-0095

**Who Must File Schedule SE**

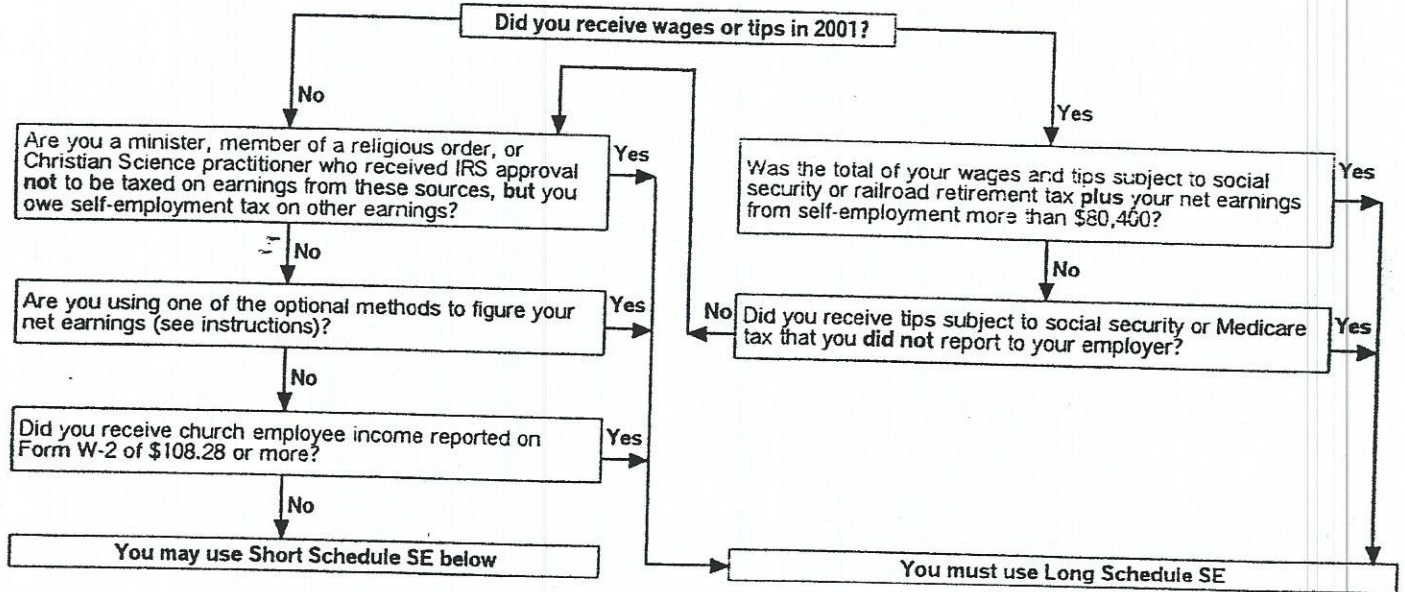
You must file Schedule SE if:

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

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

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 53.

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a.	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box B. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report.	2	880.
3	Combine lines 1 and 2.	3	880.
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	813.
5	Self-employment tax. If the amount on line 4 is: • \$80,400 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 53. • More than \$80,400, multiply line 4 by 2.9% (.029). Then, add \$9,969.50 to the result. Enter the total here and on Form 1040, line 53.	5	124.
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	62.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2001

*ASB...*

## Additional Taxes on Qualified Plans (Including IRAs), and Other Tax-Favored Accounts

OMB No. 1545-0203

2001

29

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040.  
▶ See separate instructions.

Name of Individual Subject to Additional Tax. If married filing jointly, see the instructions.

**PAULINA E. COPP**

Your Social Security Number

**560-45-0095**

Apartment Number

Fill in your address only if you are filing this form by itself and not with your tax return ▶

Home Address (number and street), or P. O. Box if Mail is Not Delivered to Your Home

City, Town or Post Office

State ZIP Code

If this is an amended return, check here.

If you only owe the 10% tax on early distributions and distribution code 1 is correctly shown on Form 1099-R, you may be able to report this tax directly on Form 1040, line 55, without filing Form 5329. See the instructions for Form 1040, line 55.

### Part I Tax on Early Distributions

Complete this part if a taxable distribution was made from your qualified retirement plan, including an IRA, or modified endowment contract before you reached age 59-1/2. If you received a Form 1099-R that incorrectly indicates an early distribution or you received a Roth IRA distribution, you also may have to complete this part. See the instructions.

**Note:** You must include the taxable amount of the distribution on Form 1040, line 15b or 16b.

1 Early distributions included in gross income. For Roth IRA distributions, see the instructions.	1	
2 Early distributions not subject to additional tax. Enter the appropriate exception number from the instructions: _____		660.
3 Amount subject to additional tax. Subtract line 2 from line 1	2	
4 Tax due. Enter 10% (.10) of line 3. Also include this amount on Form 1040, line 55.	3	660.
<b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. (see the instructions.)	4	66.

### Part II Tax on Certain Taxable Distributions from Coverdell Education Savings Accounts (ESAs)

Complete this part if you had a taxable amount on Form 8606, line 30.

**Note:** You must include the taxable amount of the distribution on Form 1040, line 15b.

5 Taxable distributions from your Coverdell ESAs, from Form 8606, line 30	5	
6 Taxable distributions not subject to additional tax. (see the instructions)	6	
7 Amount subject to additional tax. Subtract line 6 from line 5	7	
8 Tax due. Enter 10% (.10) of line 7. Also include this amount on Form 1040, line 55.	8	

### Part III Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2001 than is allowable or you had an excess contribution on line 16 of your 2000 Form 5329.

9 Enter your excess contributions from line 16 of your 2000 Form 5329. If zero, go to line 15	9	
10 If your traditional IRA contributions for 2001 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11 Taxable 2001 distributions from your traditional IRAs	11	
12 2001 withdrawals of prior year excess contributions included on line 9. (see instructions)	12	
13 Add lines 10, 11, and 12	13	
14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15 Excess contributions for 2001. (see instructions). Do not include this amount on Form 1040, line 23	15	
16 Total excess contributions. Add lines 14 and 15	16	
17 Tax due. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2001 (including contributions for 2001 made in 2002). Also include this amount on Form 1040, line 55.	17	

**BAA** For Paperwork Reduction Act Notice, see separate instructions.

As Amended

Moving Expenses

▶ Attach to Form 1040.

62

Name(s) Shown on Form 1040

DOUGLAS F. AND PAULINA E. COPP

Your Social Security Number

046-46-1692

**Before you begin:** See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses. If you are a member of the armed forces, see the instructions to find out how to complete this form.

1	Enter the amount you paid for transportation and storage of household goods and personal effects (see instructions).....	1	
2	Enter the amount you paid for travel and lodging expenses in moving from your old home to your new home. Do not include the cost of meals (see instructions).....	2	6,955.
3	Add lines 1 and 2.....	3	6,955.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in the wages box (box 1) of your W-2 form. This amount should be identified with code P in box 12 of your W-2 form.....	4	
5	Is line 3 more than line 4?  <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on the 'Wages, salaries, tips, etc' line of Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on the 'Moving expenses' line of Form 1040. This is your moving expense deduction.....	5	6,955.

BAA For Paperwork Reduction Act Notice, see separate instructions.

AS Amended  
FDIA 2701L 11/15/01

2001

FEDERAL STATEMENTS

PAGE 1

CLIENT 1717

DOUGLAS F. AND PAULINA E. COPP

046-46-1692

7/30/03

04:19PM

STATEMENT 1  
FORM 1040, LINE 21  
OTHER INCOME

FILM INCOME.....	\$	3,500.
NET CONSULTING INCOME.....		7,871.
TOTAL	\$	<u>11,371.</u>

*As Attached*

Form **1040** U.S. Individual Income Tax Return **2001**

Department of the Treasury - Internal Revenue Service

(99) *IFC use only - Do not write or staple in this space.*

**Label**  
(See instructions.)

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

**Presidential Election Campaign**  
(See instructions.)

For the year Jan 1 - Dec 31, 2001, or other tax year beginning \_\_\_\_\_, 2001, ending \_\_\_\_\_, 20

Your First Name: **Douglas** MI Last Name: **F Copp** CMB No. 1545-0074

Your Social Security Number: **046-46-1692**

If a Joint Return, Spouse's First Name: **Paulina** MI Last Name: **E Copp** Spouse's Social Security Number: **560-45-0095**

Home Address (number and street), if You Have a P.O. Box, See Instructions. Apartment No. \_\_\_\_\_

**Po Box 534** Apartment No. \_\_\_\_\_

City, Town or Post Office, if You Have a Foreign Address, See Instructions. State ZIP Code: **NM 87047**

**Sandia Park** NM 87047

**Important!**  
You must enter your social security number(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?  Yes  No  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 SSN above & full name here \_\_\_\_\_
- 4  Head of household (with qualifying person). (See instructions.) 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 instructions.)

**Exemptions**

6a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b  Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)

d Total number of exemptions claimed **2**

**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 instructions.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	19,541.
8a	Taxable interest. Attach Schedule B if required	8a	86.
b	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 instructions)	10	0.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	880.
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	
b	Taxable amount (see instrs)	15b	
16a	Total pensions & annuities	16a	
b	Taxable amount (see instrs)	16b	660.
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 instrs)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income.	22	21,167.
23	IRA deduction (see instructions)	23	
24	Student loan interest deduction (see instructions)	24	
25	Archer MSA deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	6,955.
27	One-half of self-employment tax. Attach Schedule SE	27	62.
28	Self-employed health insurance deduction (see instructions)	28	348.
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	7,365.
33	Subtract line 32 from line 22. This is your adjusted gross income	33	13,802.

**Adjusted Gross Income**

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

**Tax and Credits**

**Standard Deduction for -**

• People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions.

• All others:  
Single: \$4,550

Head of household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,800

34 Amount from line 33 (adjusted gross income) ..... 34  
35a Check if:  You were 65/older,  Blind,  Spouse was 65/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 instructions and check here ..... 35b

36 Itemized deductions (from Schedule A) or your standard deduction (see left margin) ..... 36

37 Subtract line 36 from line 34 ..... 37

38 If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions ..... 38

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

40 Tax (see instrs). Check if any tax is from a  Form(s) 8814 b  Form 4972 ..... 40

41 Alternative minimum tax (see instructions). Attach Form 6251 ..... 41

42 Add lines 40 and 41 ..... 42

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

44 Credit for child 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 Rate reduction credit. See the worksheet ..... 47

48 Child tax credit (see instructions) ..... 48

49 Adoption credit. Attach Form 8839 ..... 49

50 Other credits from a  Form 3800 b  Form 8336  
c  Form 8801 d  Form (specify) ..... 50

51 Add lines 43 through 50. These are your total credits ..... 51

52 Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ..... 52

53 Self-employment tax. Attach Schedule SE ..... 53

54 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 ..... 54

55 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required ..... No 55

56 Advance earned income credit payments from Form(s) W-2 ..... 56

57 Household employment taxes. Attach Schedule H ..... 57

58 Add lines 52-57. This is your total tax ..... 58

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

59 Federal income tax withheld from Forms W-2 and 1099 ..... 59 2,394.

60 2001 estimated tax payments and amount applied from 2000 return ..... 60 896.

61 a Earned income credit (EIC) ..... 61 a

b Nontaxable earned income ..... 61 b

62 Excess social security and RRTA tax withheld (see instrs) ..... 62

63 Additional child tax credit. Attach Form 8812 ..... 63

64 Amount paid with request for extension to file (see instructions) ..... 64

65 Other payments. Check if from ..... a  Form 2439  
b  Form 4-136 ..... 65

66 Add lines 59, 60, 61a, and 62 through 65. These are your total payments ..... 66

FDIA0112 12/10/01

**Refund**

Direct deposit? See instructions and fill in 68b, 68c, and 68d.

67 If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid ..... 67 3,290.

68a Amount of line 67 you want refunded to you ..... 68a 3,038.

b Routing number ..... c Type:  Checking  Savings

d Account number ..... 68a 3,038.

69 Amount of line 67 you want applied to your 2002 estimated tax ..... 69

**Amount You Owe**

70 Amount you owe. Subtract line 69 from line 68. For details on how to pay, see instructions ..... 70

71 Estimated tax penalty. Also include on line 70 ..... 71

**Third Party Designee**

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

**Sign Here**

Joint return? See instructions.

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: *Douglas F Copp* Date: 7/13/02 Your Occupation: Rescue Chief Daytime Phone Number: (505) 281-7977  
Spouse's Signature: *Paulina E Copp* Date: 7/12/02 Spouse's Occupation: Case Manager

**Preparer's Use Only**

Preparer's Signature: .....  
Firm's Name (or yours if self-employed): Self-Prepared Check if self-employed:   
Address and ZIP Code: .....  
EIN: .....  
Phone No.: .....