2002

H Maurine P. Hamilson
9902 Childress Dr
Austin, TX 78753-4332

Dorothy Milek
Tax Service

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

P.O. Box 9846
Austin, Texas 78766

2002

TAXPAYERS COPY

Form **1040** Department of the Treasury -- Internal Revenue Service
U.S. Individual Income Tax Return 2002
(99) IRS Use Only -- Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning , 2002, ending , 20 OMB No. 1545-0074

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

ALFRED HAMILTON
MAURINE P HAMILTON
9902 CHILDRESS DR
AUSTIN TX 78753-4332

Your social security number 458-24-4617

Spouse's social security no. 459-20-2593

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

Presidential Election Campaign ▶ **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 the fund? ▶ You [X] Yes [ ] No Spouse [X] Yes [ ] No

Filing Status

Check only one box.

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

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 ▶ No. of boxes checked on 6a and 6b: 2

b [X] **Spouse**

c **Dependents:** If more than five dependents, see inst.

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) √ if qualifying child for child tax credit (see inst.)

No. of children on 6c who: ● lived with you ___
● did not live with you due to divorce or separation (see inst.) ___
Dependents on 6c not entered above ___

d Total number of exemptions claimed. Add numbers on lines above ▶ 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	0
8a	**Taxable** interest. Attach Schedule B if required	8a	5,556
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	
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	IRA distributions 15a · b Taxable amount (see inst.)	15b	
16a	Pensions and annuities 16a 120,388 · b Taxable amount (see inst.)	16b	116,850
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-1,881
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a 32,520 · b Taxable amount (see inst.)	20b	27,642
21	Other income. LESS CT ORDERED PMTS FROM W2 $-4118	21	-4,118
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	144,049

Adjusted Gross Income

23	Educator expenses (see instructions)	23	
24	IRA deduction (see instructions)	24	
25	Student loan interest deduction (see instructions)	25	
26	Tuition and fees deduction (see instructions)	26	
27	Archer MSA deduction. Attach Form 8853	27	
28	Moving expenses. Attach Form 3903	28	
29	One-half of self-employment tax. Attach Schedule SE	29	
30	Self-employed health insurance deduction (see instructions)	30	
31	Self-employed SEP, SIMPLE, and qualified plans	31	
32	Penalty on early withdrawal of savings	32	
33a	Alimony paid b Recipient's SSN ▶	33a	
34	Add lines 23 through 33a	34	0
35	Subtract line 34 from line 22. This is your **adjusted gross income** ▶	35	144,049

2 104012
TWF 2756

Tax and Credits

36	Amount from line 35 (adjusted gross income)	36	144,049
37a	Check if: [X] You were 65/older, [ ] Blind; [X] Spouse was 65 or older, [ ] Blind. Add the number of boxes checked above and enter the total here ▶ 37a 2		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here ▶ 37b [ ]		
38	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	38	9,650
39	Subtract line 38 from line 36	39	134,399
40	If line 36 is $103,000 or less, multiply $3,000 by the total number of exemptions claimed on line 6d. If line 36 is over $103,000, see the worksheet in the instructions	40	6,000
41	**Taxable income.** Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	128,399
42	**Tax** (see inst.). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	42	28,930
43	**Alternative minimum tax** (see instructions). Attach Form 6251	43	
44	Add lines 42 and 43 ▶	44	28,930
45	Foreign tax credit. Attach Form 1116 if required	45	
46	Credit for child & dependent care expenses. Attach Form 2441	46	
47	Credit for the elderly or the disabled. Attach Schedule R	47	
48	Education credits. Attach Form 8863	48	
49	Retirement savings contributions credit. Attach Form 8880	49	
50	Child tax credit (see instructions)	50	
51	Adoption credit. Attach Form 8839	51	
52	Credits from: a [ ] Form 8396 b [ ] Form 8859	52	
53	Other credits. Check applicable box(es): a [ ] Form 3800 b [ ] Form 8801 c [ ] Specify	53	
54	Add lines 45 through 53. These are your **total credits**	54	
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- ▶	55	28,930

Standard Deduction for --
- People who checked any box on line 37a or 37b **or** who can be claimed as dependent, see inst.
- All others:

Single, $4,700

Head of household, $6,900

Married filing jointly or Qualifying widow(er), $7,850

Married filing separately, $3,925

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
58	Tax on qualified plans, including IRAs, & other tax-favored accts. Attach Form 5329 if required	58	
59	Advance earned income credit payments from Form(s) W-2	59	
60	Household employment taxes. Attach Schedule H	60	
61	Add lines 55 through 60. This is your **total tax** ▶	61	28,930

2 104012

TWF 1020

Payments

62	Federal income tax withheld from Forms W-2 and 1099	62	11,100		FORM 1099
63	2002 estimated tax payments & amt. applied from 2001 return	63	24,680		
64	**Earned income credit (EIC)**	64			
65	Excess social security and tier 1 RRTA tax withheld (see inst.)	65			
66	Additional child tax credit. Attach Form 8812	66			
67	Amount paid with request for extension to file (see instructions)	67			
68	Other payments from: a [ ] Form 2439 b [ ] Form 4136 c [ ] Form 8885	68			
69	Add lines 62 through 68. These are your **total payments** ▶			69	35,780

If you have a qualifying child, attach Schedule EIC.

Refund

70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you **overpaid**			70	6,850
71a	Amount of line 70 you want **refunded to you** ▶			71a	2,390
b	Routing no. ▶ c Type: [ ] Checking [ ] Savings				
d	Account no.				
72	Amt. of line 70 you want **applied to your 2003 estimated tax** ▶	72	4,460		

Direct deposit? See inst. and fill in 71b, 71c, and 71d.

Amount You Owe

73	**Amount you owe.** Subtract line 69 from line 61. For details on how to pay, see instructions ▶			73	
74	Estimated tax penalty (see instructions)	74			

Third Party Designee

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

Designee's name ▶DOROTHY MILEK Phone no. ▶(512)459-4157x Personal identification number (PIN) ▶ 10290

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.

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

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

Paid Preparer's Use Only

Preparer's signature	Date 04-13-2003	Check if self-employed [X]	Preparer's SSN or PTIN 455-66-4519
Firm's name (or yours if self-employed), address, & ZIP code	DOROTHY MILEK TAX SERVICE		EIN 74-1857284
	8100 SHOAL CREEK STE 101		Phone no.
	AUSTIN TX 78757		512-459-4157

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

Your social security no. 458-24-4617

Schedule B -- Interest and Ordinary Dividends

Attachment Sequence No. **08**

Part I Interest

(See the instructions for Schedule B and Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶		
	YOAKUM NATIONAL BANK		14
	JEFFERSON PILOT LIFE INSURANCE		14
	GUARANTY FEDERAL BANK		410
	FIRST NATIONAL BANK		4
	BANK OF AMERICA	1	3,383
	BANK OF AMERICA		53
	YOAKUM NATIONAL BANK		1,385
	USAA FEDERAL SAVINGS BANK		293
2	Add the amounts on line 1	2	5,556
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **must** attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	5,556

Note. If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See the instructions for Schedule B, and Form 1040, line 9.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ▶	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ▶	6	0

Note. If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See instructions.)

	You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; OR **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	Yes	No
7a	At any time during 2002, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 2002, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

1

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2002

Attachment Sequence No. **13**

Name(s) shown on return: ALFRED AND MAURINE P HAMILTON

Your social security no. 458-24-4617

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

1 Show the kind and location of each **rental real estate property:**			Yes	No
A	9862 CHILDRESS DRIVE AUSTIN, TEXAS 78753	A		X
B		B		
C		C		

2 For each rental real estate prop. listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days **or**
- 10% of the total days rented at fair rental value?

(See instructions.)

		Properties A	Properties B	Properties C		Totals (Add columns A, B, and C.)
Income:						
3 Rents received	3	7,715			3	7,715
4 Royalties received	4				4	
Expenses:						
5 Advertising	5					
6 Auto and travel (see instructions)	6					
7 Cleaning and maintenance	7	245				
8 Commissions	8	560				
9 Insurance	9	297				
10 Legal and other professional fees	10	965				
11 Management fees	11	450				
12 Mortgage interest paid to banks, etc. (see instructions)	12	274			12	274
13 Other interest	13					
14 Repairs	14	175				
15 Supplies	15	5				
16 Taxes	16	2,244				
17 Utilities	17	235				
18 Other (list) ▶	18					
19 Add lines 5 through 18	19	5,450			19	5,450
20 Depreciation expense or depletion (see instructions)	20	1,327			20	1,327
21 Total expenses. Add lines 19 and 20	21	6,777				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file **Form 6198**	22	938				
23 Deductible rental real estate loss. **Caution.** Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file **Form 8582**. Real estate professionals must complete line 42 on page 2	23	( )	( )	( )		

24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses	24	938
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2	26	938

Name(s) shown on return. Do not enter name and social security number if shown on page 1.
ALFRED AND MAURINE P HAMILTON

Your social security no. 458-24-4617

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

Part II Income or Loss From Partnerships and S Corps.

Note. If you report a loss from an at-risk activity, you **must** check either column **(e)** or **(f)** on line 27 to describe your investment in activity. See inst. If you check col. **(f)**, you must attach **Form 6198.**

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

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach **Form 8582** if required)	(h) Passive income from **Schedule K-1**	(i) Nonpassive loss from **Schedule K-1**	(j) Section 179 expense deduction from **Form 4562**	(k) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
E					
28a Totals					
b Totals					

29	Add columns (h) and (k) of line 28a	29	
30	Add columns (g), (i), and (j) of line 28b	30	( )
31	**Total partnership and S corporation income or (loss).** Combine lines 29 and 30. Enter the result here and include in the total on line 40 below	31	

Part III Income or Loss From Estates and Trusts

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

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
33a Totals				
b Totals				

34	Add columns (d) and (f) of line 33a	34	
35	Add columns (c) and (e) of line 33b	35	( )
36	**Total estate and trust income or (loss).** Combine lines 34 and 35. Enter the result here and include in the total on line 40 below	36	

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

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

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

Part V Summary

39	Net farm rental income or (loss) from **Form 4835.** Also, complete line 41 below	39	-2,819
40	**Total income or (loss).** Combine lines 26, 31, 36, 38, & 39. Enter the result here and on Form 1040, line 17 ▶	40	-1,881
41	**Reconciliation of Farming and Fishing Income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see instructions)	41	570
42	**Reconciliation for Real Estate Professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	

Form **4835**

Department of the Treasury
Internal Revenue Service (99)

Farm Rental Income and Expenses

(Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor))
(Income not subject to self-employment tax)
▶ Attach to Form 1040. ▶ See Instructions.

OMB No. 1545-0187
2002
Attachment Sequence No. **37**

Name(s) shown on Form 1040: MAURINE P HAMILTON

Your social security number: 459-20-2593

Employer ID number (EIN), if any:

A Did you actively participate in the operation of this farm during 2002 (see instructions)? ☒ Yes ☐ No

Part I Gross Farm Rental Income — Based on Production. Include amounts converted to cash or the equivalent.

1	Income from production of livestock, produce, grains, and other crops	1	
2a	Total cooperative distributions (Form(s) 1099-PATR) 2a ______ 2b Taxable amount	2b	
3a	Agricultural program payments. (see instructions) 3a ______ 3b Taxable amount	3b	
4	Commodity Credit Corporation (CCC) loans (see instructions):		
a	CCC loans reported under election	4a	
b	CCC loans forfeited 4b ______ 4c Taxable amount	4c	
5	Crop insurance proceeds and certain disaster payments (see instructions):		
a	Amount received in 2002 5a ______ 5b Taxable amount	5b	
c	If election to defer to 2003 is attached, check here ▶ ☐ 5d Amount deferred from 2001	5d	
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions)	6	570
7	**Gross farm rental income.** Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 41 ▶	7	570

Part II Expenses — Farm Rental Property. Do not include personal or living expenses.

8	Car and truck expenses. (see Schedule F instructions). Also attach **Form 4562**	8		21	Pension and profit-sharing plans	21	
9	Chemicals	9		22	Rent or lease (see instructions):		
10	Conservation expenses (see instructions)	10		a	Vehicles, machinery, and equipment	22a	
11	Custom hire (machine work)	11		b	Other (land, animals, etc.)	22b	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12		23	Repairs and maintenance	23	1,793
13	Employee benefit programs other than on line 21 (see Schedule F instructions)	13		24	Seeds and plants purchased	24	
14	Feed purchased	14		25	Storage and warehousing	25	
15	Fertilizers and lime	15		26	Supplies purchased	26	770
16	Freight and trucking	16		27	Taxes	27	535
17	Gasoline, fuel, and oil	17		28	Utilities	28	291
18	Insurance (other than health)	18		29	Veterinary, breeding, and medicine	29	
19	Interest:			30	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	19a		a		30a	
b	Other	19b		b		30b	
20	Labor hired (less employment credits) (see Schedule F instructions)	20		c		30c	
				d		30d	
				e		30e	
				f		30f	
				g		30g	

31	**Total expenses.** Add lines 8 through 30g ▶	31	3,389
32	**Net farm rental income or (loss).** Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 39. If the result is a loss, you **must** go on to line 33	32	-2,819
33	If line 32 is a loss, you **must** check the box that describes your investment in this activity (see instructions)	33a ☒ All investment is at risk. 33b ☐ Some investment is not at risk.	
	You may need to complete **Form 8582** to determine your deductible loss, regardless of which box you check (see instructions). However, if you checked 33b, you **must** complete **Form 6198** before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 39	33c	

Form **4562** Department of the Treasury Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate Instructions. ▶ Attach to your tax return.

OMB No. 1545-0172 **2002** Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ALFRED AND MAURINE P HAMILTON	FOR SCHEDULE E #1	458-24-4617

Part I **Election To Expense Certain Tangible Property Under Section 179**
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	$24,000
2 Total cost of section 179 property placed in service (see the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see the instructions	5	24,000

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7 Listed property. Enter the amount from line 29		7	

8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	24,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12 ▶ 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation** (**Do not** include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see the instructions)	14	
15 Property subject to section 168(f)(1) election (see the instructions)	15	
16 Other depreciation (including ACRS) (see the instructions)	16	

Part III **MACRS Depreciation** (**Do not** include listed property.) (See the instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	1,327
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B -- Assets Placed In Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental			27.5 yrs.	MM	S/L	
property			27.5 yrs.	MM	S/L	
i Nonresidential real			39 yrs.	MM	S/L	
property				MM	S/L	

Section C -- Assets Placed In Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV **Summary** (See the instructions.)

21 Listed property. Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instr	22	1,327
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008
2002
Attachment Sequence No. **88**

Name(s) shown on return: ALFRED AND MAURINE P HAMILTON
Identifying number: 458-24-4617

Part I 2002 Passive Activity Loss

Caution: See the instructions for Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	948		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(2,819)		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )		
d Combine lines 1a, 1b, and 1c			1d	-1,871

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )		
c Add lines 2a and 2b			2c	( )

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a			
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	( )		
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )		
d Combine lines 3a, 3b, and 3c			3d	
4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. **Do not** complete Form 8582. Report the losses on the forms and schedules normally used			4	-1,871

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the **smaller** of the loss on line 1d or the loss on line 4			5	1,871
6 Enter $150,000. If married filing separately, see instructions	6	150,000		
7 Enter modified adjusted gross income, but not less than zero (see inst.)	7	123,354		
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.				
8 Subtract line 7 from line 6	8	26,646		
9 Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see instructions			9	13,323
10 Enter the **smaller** of line 5 or line 9			10	1,871

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See instructions for example.

11 Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the **smallest** of line 2c (treated as a positive amount), line 11 or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	948
16 **Total losses allowed from all passive activities for 2002.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	2,819

ALFRED HAMILTON 458-24-4617

NOTES:

PAGE 1, LINE 21 – OTHER INCOME:

THE FOLLOWING PAYMENTS WERE MADE TO THE BENEFICIARIES OF THE MAURINE HAMILTON ESTATE IN ACCORDANCE WITH A COURT ORDERED SETTLEMENT. THE PAYMENTS REPRESENT ONE-HALF OF THE ANNUITY RECEIVED FROM THE GARCO – STATE OF TEXAS DEFERRED COMPENSATION PLAN, I.D. # 35-1802779

CAMERON MILZER	SS# 229-80-2822	2,059
SCOTT MILZER	SS# 003-36-8855	2,059
TOTAL DEDUCTION		4,118

PENSIONS AND ANNUITIES SUMMARY

ALFRED AND MAURINE P HAMILTON 458-24-4617

Payer Name	T or S	Pension Amount	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Local Tax Withheld
EMPLOYEES RETIRE 74-6000098	T	22,701	21,559			
DEFENSE FINANCE 34-0727612	T	71,184	71,184	11,100		
UNITED OF OMAHA 47-0322111	S	3,496	3,496			
UNITED OF OMAHA 47-0322111	S	8,000	8,000			
UNITED OF OMAHA 47-0322111	S	7,200	7,200			
GARCO STATE OF T 35-1802779	T	4,117	2,059			
JEFFERSON-PILOT 56-0359860	S	900	562			
UNITED OF OMAHA 47-0322111	S	2,790	2,790			
TOTAL		120,388	116,850	11,100		

Dorothy Milek
Tax Service

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

P.O. Box 9846
Austin, Texas 78766