

**MAURINE P. HAMILTON ESTATE**

**2005 FORM 1040**

*Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick*



**Davila Buschhorn**  
& Associates, P. C.

Your Future, Our Business

Davila, Buschhorn & Associates, P.C.  
7207 McNeil Dr.  
Austin, Texas 78729-7610  
512-258-6637 / 512-258-7699 Fax

September 2, 2008

Maurine P. Hamilton Estate  
9008 East Dr.  
Austin, TX 78753-5112

Enclosed is the decedent's 2005 income tax return. The return should be signed and dated by the executor of the estate.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

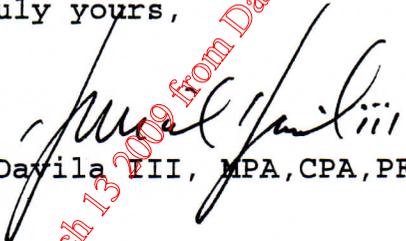
Mail your return on or before September 15, 2008.

Mail to - Internal Revenue Service Center  
Austin, TX 73301-0002

No payment is required.

Your copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

  
Daniel Davila III, MPA, CPA, PFS, CRC

Fraudulent-received March 13 2009 from Danny Davila and Sybil Hamilton - No 1041 Ks-4684s - The Disappearing Trust Trick

# Two-Year Comparison Worksheet

# 2005

Name(s) as shown on return: **MAURINE P. HAMILTON** Social security number: **459-20-2593**  
 2004 Filing Status: **MARRIED FILING JOINT** 2005 Filing Status: **SINGLE**  
 2004 Tax Bracket: **28.0%** 2005 Tax Bracket: **0.0%**

Description	Tax Year 2004	Tax Year 2005	Increase (Decrease)
SCHEDULE B - TAXABLE INTEREST	2443.	7910.	5467.
TAXABLE IRA DISTRIBUTIONS	60006.	0.	-60006.
TAXABLE PENSIONS AND ANNUITIES	101828.	0.	-101828.
SCHEDULE E (RENTAL AND PASSTHROUGH)	0.	-2480.	-2480.
TAXABLE SOCIAL SECURITY BENEFITS	22016.	0.	-22016.
TOTAL INCOME	186293.	5430.	-180863.
ADJUSTED GROSS INCOME	186293.	5430.	-180863.
STANDARD DEDUCTION	11600.	6250.	-5350.
INCOME BEFORE EXEMPTIONS	174693.	-820.	-175513.
PERSONAL EXEMPTIONS	6200.	3200.	-3000.
TAXABLE INCOME	168493.	-4020.	-172513.
TAX	37136.	0.	-37136.
TAX BEFORE CREDITS	37136.	0.	-37136.
TOTAL TAX	37136.	0.	-37136.
FEDERAL INCOME TAX WITHHELD	4538.	0.	-4538.
ESTIMATED TAX PAYMENTS	16716.	0.	-16716.
TOTAL PAYMENTS	21254.	0.	-21254.
FORM 2210/2210F (EST. TAX PENALTY)	454.	0.	-454.
BALANCE DUE (INCLUDING 2210/2210F)	16336.	0.	-16336.
LATE PAYMENT/LATE FILING PEN. & INT.	11780.	0.	-11780.
TOTAL DUE AFTER PENALTY & INTEREST	28116.	0.	-28116.

Fraudulent-received March 13 2009 from Danny D'Alva and Sylvia Hamilton NY 1041-K1s-4684s - Its Disappearing Trust Title

# CITY OF AUSTIN

CERTIFICATION OF VITAL RECORD

## STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (include M.A. if any) (First, Middle, Last)		2. DATE OF DEATH - ACTUAL OR PRESUMED	
Maurine P. Hamilton		October 6, 2006	
3. SEX	4. DATE OF BIRTH	5. AGE - Last Birthday	6. BIRTHPLACE (City & State or Foreign Country)
Female	Oct. 2, 1921	85	Yoakum, Texas
7. SOCIAL SECURITY NUMBER		8. MARRITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE (if wife, give name prior to this marriage)
459-20-2593		<input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
10. RESIDENCE STREET ADDRESS			
2908 East Drive			
10a. COUNTY	10b. STATE	10c. ZIP CODE	10d. CITY OR TOWN
Texas	Texas	78753	Austin
11. FATHER'S NAME		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
Joe Maltrabek		Stella Brode	
13. PLACE OF DEATH (CHECK ONLY ONE)		14. IF DEATH OCCURRED IN A HOSPITAL:	
<input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		15. CITY/TOWN, ZIP (if outside city limits, give precinct no)	
Texas		Austin, Texas	
17. INFORMANTS NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
Sylvia Hamilton		9008 East Drive, Austin, Texas 78753	
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		BSE #112525	
22. PLACE OF DISPOSITION (Name of cemetery, cemetery, other place)		23. LOCATION (City/Town, and State)	
Onion Creek Memorial Park		Austin, Texas	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
All Faiths Funeral Services		8507 N. IH-35, Austin, Texas 78753	
26. CERTIFIER (Check only one)			
<input type="checkbox"/> Certified Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.			
<input checked="" type="checkbox"/> Medical Examiner/Judicial Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (MM/DD/YYYY)	29. LICENSE NUMBER
David Dolinak		10/13/2006	K8123
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER	
David Dolinak, M.D. PO Box 1748 Austin, Texas 78767		Chief M.E.	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.			
IMMEDIATE CAUSE (final disease or condition) _____			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the date of onset of each condition, the date of death (if the disease or injury that initiated the events resulting in death) LAST _____			
Due to (or as a consequence of) _____			
Due to (or as a consequence of) _____			
Due to (or as a consequence of) _____			
Due to (or as a consequence of) _____			
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
37. DID TOBACCO CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 42 days to 1 year before date <input type="checkbox"/> Unknown if pregnant within the past year			
39. DATE OF INJURY (MM/DD/YYYY)		40. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
40a. LOCATION (Street and Number, City, State, Zip Code)		40b. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO. 02-03634			
42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
OCT 16 2006		Rogueso Morales	

WARNING  
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006



0 0 0 3 9 3 4 4 0

S393440

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

OCT 17 2006

Rogueso Morales

Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Duplicate received March 13 2009 from Danny Davila and Sylvia Hamilton

DECEASED

Form 1040

U.S. Individual Income Tax Return

2005

(99)

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

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning \_\_\_\_\_, 2005, ending \_\_\_\_\_, 2005

OMB No. 1545-0074

**Label** (See instructions on page 16.)

**LABEL HERE**

Your first name and initial: **MAURINE P.** Last name: **HAMILTON** (DEC. 10/06/06)

Your social security number: **459 20 2593**

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see page 16. **9008 EAST DR.** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. **AUSTIN, TX 78753-5112**

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

Checking a box below will not change your tax or refund.

**Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ...  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above \_\_\_\_\_ and full name here. ▶

4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5  Qualifying widow(er) with dependent child (see page 17)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, 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 type="checkbox"/> if qualifying child for child tax credit (see page 19)

Boxes checked on 6a and 6b: **1**

No. of 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 on lines above: **1**

d Total number of exemptions claimed: **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2: **7**

8a Taxable interest. Attach Schedule B if required: **8a 7910.**

b Tax-exempt interest. Do not include on line 8a: **8b**

9a Ordinary dividends. Attach Schedule B if required: **9a**

b Qualified dividends (see page 23): **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes: **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** Taxable amount (see page 25): **15b**

16a Pensions and annuities: **16a** Taxable amount (see page 25): **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: **17 -2480.**

18 Farm income or (loss). Attach Schedule F: **18**

19 Unemployment compensation: **19**

20a Social security benefits: **20a** Taxable amount (see page 27): **20b**

21 Other income. List type and amount (see page 29): **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income**: **22 5430.**

**Adjusted Gross Income**

23 Educator expenses (see page 29): **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ: **24**

25 Health savings account deduction. Attach Form 8889: **25**

26 Moving expenses. Attach Form 3903: **26**

27 One-half of self-employment tax. Attach Schedule SE: **27**

28 Self-employed SEP, SIMPLE, and qualified plans: **28**

29 Self-employed health insurance deduction (see page 30): **29**

30 Penalty on early withdrawal of savings: **30**

31a Alimony paid b Recipient's SSN: **31a**

32 IRA deduction (see page 31): **32**

33 Student loan interest deduction (see page 33): **33**

34 Tuition and fees deduction (see page 34): **34**

35 Domestic production activities deduction. Attach Form 8903: **35**

36 Add lines 23 through 31a and 32 through 35: **36**

37 Subtract line 36 from line 22. This is your **adjusted gross income**: **37 5430.**

<b>Tax and Credits</b>		38	Amount from line 37 (adjusted gross income) .....	38	5430.
Standard Deduction for - ● People who checked any box on line 39a or 39b or who can be claimed as a dependent.  ● All others: Single or Married filing separately, \$5,000 Married filing jointly or Qualifying widow(er), \$10,000 Head of household, \$7,300	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked ...	39a	1	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ...	39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	40		6250.
	41	Subtract line 40 from line 38 .....	41		-820.
	42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d .....	42		3200.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- .....	43		0.
	44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 .....	44		0.
	45	Alternative minimum tax. Attach Form 6251 .....	45		0.
	46	Add lines 44 and 45 .....	46		0.
	47	Foreign tax credit. Attach Form 1116 if required .....	47		
	48	Credit for child and dependent care expenses. Attach Form 2441 .....	48		
	49	Credit for the elderly or the disabled. Attach Schedule R .....	49		
	50	Education credits. Attach Form 8863 .....	50		
	51	Retirement savings contributions credit. Attach Form 8880 .....	51		
	52	Child tax credit (see page 41). Attach Form 8901 if required .....	52		
	53	Adoption credit. Attach Form 8839 .....	53		
	54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 .....	54		
	55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form .....	55		
	56	Add lines 47 through 55. These are your total credits .....	56		
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- .....	57		0.
<b>Other Taxes</b>		58	Self-employment tax. Attach Schedule SE .....	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .....	59		
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 529 if required .....	60		
	61	Advance earned income credit payments from Form(s) W-2 .....	61		
	62	Household employment taxes. Attach Schedule H .....	62		
	63	Add lines 57 through 62. This is your total tax .....	63		0.
<b>Payments</b>		64	Federal income tax withheld from Forms W-2 and 1099 .....	64	
	65	2005 estimated tax payments and amount applied from 2004 return .....	65		
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC) .....	66a		
	b	Nontaxable combat pay election .....	66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 59) .....	67		
	68	Additional child tax credit. Attach Form 8812 .....	68		
	69	Amount paid with request for extension to file (see page 59) .....	69		
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 .....	70		
	71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments .....	71		
<b>Refund</b>		72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid .....	72	0.
Direct deposit? See page 59 and fill in 73b, 73c, and 73d.	73a	Amount of line 72 you want refunded to you .....	73a		
	b	Routing number: <input type="text"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number: <input type="text"/>			
	74	Amount of line 72 you want applied to your 2006 estimated tax .....	74		0.
<b>Amount You Owe</b>		75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60 .....	75	0.
	76	Estimated tax penalty (see page 60) .....	76		
<b>Third Party Designee</b>		Do you want to allow another person to discuss this return with the IRS (see page 61)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Sign Here	Designee's name	PREPARER	Phone no.	Personal identification number (PIN)	
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	Retaxing phone number	
Joint return? See page 17. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN	
Firm's name (or yours if self-employed), address, and ZIP code	Signature: <i>Muel Spillia CPA</i> DAVILA, BUSCHORN & ASSOC., PC 7207 MCNEIL DR. AUSTIN, TEXAS 78729-7610	9-2-08	<input type="checkbox"/>	P00088773	
510002 11-05-05				EIN 74 2528044	Phone no. (512) 258-6637

No 1041-K1s-4684s - The Disappearing Trust Trick  
 2006 Form 1040 - Davila and Sylvia Hamilton

SIGN HERE

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

**MAURINE P. HAMILTON**

459 20 2593

**Schedule B - Interest and Ordinary Dividends**

Attachment Sequence No. **08**

**Part I Interest**

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

**BANK OF AMERICA**

**GUARANTY BANK**

**RANDOLPH BROOKS FCU**

**UNITED OF OMAHA**

**YOAKUM NATL BANK**

**YOAKUM NATL BANK**

**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**

150.

91.

2869.

4741.

45.

14.

2 Add the amounts on line 1

7910.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

7910.

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

**Part II Ordinary Dividends**

5 List name of payer ▶

**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**

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

6

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

**Part III Foreign Accounts and Trusts**

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 2005, 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?

X

b If "Yes," enter the name of the foreign country ▶

8 During 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

X

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

**MAURINE P. HAMILTON**

459-20-2593

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

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses?  Yes  No  
If you answered "Yes," see page E-6 before completing this section.

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

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals			
b	Totals			
30	Add columns (g) and (j) of line 29a			30
31	Add columns (f), (h), and (i) of line 29b			31 ( )
32	<b>Total partnership and S corporation income or (loss).</b> Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32

**Part III Income or Loss From Estates and Trusts**

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

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ( )
37	<b>Total estate and trust income or (loss).</b> Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	-2480.
41	<b>Total income or (loss).</b> Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17	41	-2480.
42	<b>Reconciliation of farming and fishing income.</b> Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code N; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	570.
43	<b>Reconciliation for real estate professionals.</b> If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

# Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040

Your social security number

**MAURINE P. HAMILTON**

**459 20 2593**

**Part I Alternative Minimum Taxable Income**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	5430.
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 38	2	
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	
6	If Form 1040, line 38, is over \$145,950 (over \$72,975 if married filing separately), enter the amount from line 9 of the <b>Itemized Deductions Worksheet</b> on page A-9 of the instructions for Schedules A & B (Form 1040)	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss) <b>SEE STATEMENT 2</b>	18	2480.
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions)	28	7910.

**Part II Alternative Minimum Tax**

29	Exemption. (If this form is for a child under age 14, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household ..... \$112,500 ..... \$40,250 Married filing jointly or qualifying widower ..... 150,000 ..... 58,000 Married filing separately ..... 75,000 ..... 29,000 If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.	29	40250.
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here	30	0.
31	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • <b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	0.
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

**Part III Tax Computation Using Maximum Capital Gains Rates**

36	Enter the amount from Form 6251, line 30 .....		36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see the instructions) .....	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions) .....	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) .....	39	
40	Enter the <b>smaller</b> of line 36 or line 39 .....		40
41	Subtract line 40 from line 36 .....		41
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....		42
43	Enter: <ul style="list-style-type: none"> <li>• \$59,400 if married filing jointly or qualifying widow(er),</li> <li>• \$29,700 if single or married filing separately, or</li> <li>• \$39,800 if head of household.</li> </ul> } .....	43	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0- .....	44	
45	Subtract line 44 from line 43. If zero or less, enter -0- .....	45	
46	Enter the <b>smaller</b> of line 36 or line 37 .....	46	
47	Enter the <b>smaller</b> of line 45 or line 46 .....	47	
48	Multiply line 47 by 5% (.05) .....		48
49	Subtract line 47 from line 46 .....	49	
50	Multiply line 49 by 15% (.15) .....		50
If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 46 from line 40 .....	51	
52	Multiply line 51 by 25% (.25) .....		52
53	Add lines 42, 48, 50, and 52 .....		53
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....		54
55	Enter the <b>smaller</b> of line 53 or line 54 here and on line 31 .....		55

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**ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT**

Name(s) <b>MAURINE P. HAMILTON</b>	Social Security Number <b>459-20-2593</b>
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Form Name	Description	Income	Adjustment				
			Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
4835	MAURINE P. HAMILTON (D EC. 10/06/06) * REGULAR INCOME PAL CARRYOVER FARM LOSS ADJ * AMT NET INCOME  ** TOTAL ADJ & PREF **	-1626. -854. 2480. 0.			2480. 2480.		
					2480.		

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Form **4835**

# 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.

OMB No. 1545-0074

## 2005

Attachment Sequence No. **37**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on Form 1040

Your social security number

**459-20-2593**

Employer ID number (EIN), if any

**MAURINE P. HAMILTON (DEC. 10/06/06)**

A Did you actively participate in the operation of this farm during 2005?  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	Cooperative distributions (Form(s) 1099-PATR)	2a	2b	Taxable amount	
3a	Agricultural program payments	3a	3b	Taxable amount	
4	Commodity Credit Corporation (CCC) loans:				
a	CCC loans reported under election		4a		
b	CCC loans forfeited	4b	4c	Taxable amount	
5	Crop insurance proceeds and Federal crop disaster payments:				
a	Amount received in 2005	5a	5b	Taxable amount	
c	If election to defer to 2006 is attached, check here <input type="checkbox"/>	5d	5d	Amount deferred from 2004	
6	Other income, including Federal and state gasoline or fuel tax credit or refund	SEE STATEMENT 3		6	570.
7	<b>Gross farm rental income.</b> Add amounts in the right column for lines 1 through 6. Enter the total here and on Schedule E (Form 1040), line 42			7	570.

### Part II Expenses - Farm Rental Property.

 Do not include personal or living expenses.

8	Car and truck expenses. Also attach Form 4562	8	21	Pension and profit-sharing plans	21	
9	Chemicals	9	22	Rent or lease:		
			a	Vehicles, machinery, and equipment	22a	
			b	Other (land, animals, etc.)	22b	
10	Conservation expenses	10	23	Repairs and maintenance	23	824.
11	Custom hire (machine work)	11	24	Seeds and plants	24	
12	Depreciation and section 179 expense deduction not claimed elsewhere	12	25	Storage and warehousing	25	
13	Employee benefit programs other than on line 21 (see Schedule F instructions)	13	26	Supplies	26	
14	Feed	14	27	Taxes	27	616.
15	Fertilizers and lime	15	28	Utilities	28	231.
16	Freight and trucking	16	29	Veterinary, breeding, and medicine	29	
17	Gasoline, fuel, and oil	17	30	Other expenses (specify):		
18	Insurance (other than health)	18	a		30a	
19	Interest:		b		30b	
a	Mortgage (paid to banks, etc.)	19a	c		30c	
b	Other	19b	d		30d	
20	Labor hired (less employment credits)	20	e		30e	
			f		30f	
			g		30g	

31	<b>Total expenses.</b> Add lines 8 through 30g	31	2196.
32	<b>Net farm rental income or (loss).</b> Subtract line 31 from line 7. If the result is income, enter it here and on Schedule E, line 40. If the result is a loss, you must go to line 33	32	-1626.
33	If line 32 is a loss, check the box that describes your investment in this activity (see instructions)	33a	<input checked="" type="checkbox"/> All investment is at risk.
	You may need to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 40	33b	<input type="checkbox"/> Some investment is not at risk.
		33c	-2480.

LHA For Paperwork Reduction Act Notice, see separate instructions.

\* INCLUDES CARRYOVER

Form 4835 (2005)

# Passive Activity Loss Limitations

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

Name(s) shown on return

Identifying number

**MAURINE P. HAMILTON**

**459-20-2593**

**Part I 2005 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 on page 2 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** on page 3 of the instructions.)

<b>1a</b> Activities with net income (enter the amount from Worksheet 1, column (a))	<b>1a</b>		
<b>b</b> Activities with net loss (enter the amount from Worksheet 1, column (b))	<b>1b</b>	-1626.	
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	<b>1c</b>	-854.	
<b>d</b> Combine lines 1a, 1b, and 1c	<b>1d</b>		-2480.

**Commercial Revitalization Deductions From Rental Real Estate Activities**

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

**All Other Passive Activities**

<b>3a</b> Activities with net income (enter the amount from Worksheet 3, column (a))	<b>3a</b>		
<b>b</b> Activities with net loss (enter the amount from Worksheet 3, column (b))	<b>3b</b>		
<b>c</b> Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	<b>3c</b>		
<b>d</b> Combine lines 3a, 3b, and 3c	<b>3d</b>		

<b>4</b> 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	<b>4</b>		-2480.
--	----------	--	--------

- 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 page 8 of the instructions for an example.

<b>5</b> Enter the smaller of the loss on line 1d or the loss on line 4	<b>5</b>		2480.
<b>6</b> Enter \$150,000. If married filing separately, see the instructions	<b>6</b>	150000.	
<b>7</b> Enter modified adjusted gross income, but not less than zero (see the instr.)	<b>7</b>	7910.	
<b>8</b> Subtract line 7 from line 6	<b>8</b>	142090.	
<b>9</b> Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions	<b>9</b>		25000.
<b>10</b> Enter the smaller of line 5 or line 9	<b>10</b>		2480.

STATEMENT 8

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

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

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

**Part IV Total Losses Allowed**

<b>15</b> Add the income, if any, on lines 1a and 3a and enter the total	<b>15</b>		
<b>16</b> Total losses allowed from all passive activities for 2005. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	<b>16</b>	SEE STATEMENT 7	2480.

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c		-1626.	-854.		

**Worksheet 2 - For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total.</b> Enter on Form 8582, lines 2a and 2b			

**Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c					

**Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
SEE ATTACHED STATEMENT FOR WORKSHEET 4					
<b>Total</b>		2480.	1.0000000	2480.	0.

**Worksheet 5 - Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
<b>Total</b>				

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**Worksheet 6 - Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
<b>Total</b> .....		2480.	0.	2480.

**Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....					
<b>b</b> Net income from form or schedule .....					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....					
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....					
<b>b</b> Net income from form or schedule .....					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....					
<b>Form or schedule and line number to be reported on (see instructions):</b> .....					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule .....					
<b>b</b> Net income from form or schedule .....					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- .....					
<b>Total</b> .....					

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

# Schedule A - Net Operating Loss (NOL)

# 2005

Name		Social Security Number	
MAURINE P. HAMILTON		459-20-2593	
1	Enter the amount from your 2005 Form 1040, line 41. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount	1	-820.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2	
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3	
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	0.
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	0.
6	Nonbusiness deductions (see instructions)	6	6250.
7	Nonbusiness income other than capital gains (see instructions)	7	7910.
8	Add lines 5 and 7	8	7910.
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9	0.
10	If line 8 is more than line 6, enter the difference; otherwise, enter -0-. <b>But do not enter more than line 5</b>	10	0.
11	Business capital losses before limitation. Enter as a positive number	11	
12	Business capital gains (without regard to any section 1202 exclusion)	12	
13	Add lines 10 and 12	13	
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	0.
15	Add lines 4 and 14	15	
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16	
17	Section 1202 exclusion. Enter as a positive number	17	
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	19	
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20	
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21	
22	Subtract line 20 from line 15. If zero or less, enter -0-	22	
23	Domestic production activities deduction from Form 1040, line 35 (or included on Form 1041, line 15a)	23	
24	NOL deduction for losses from other years. Enter as a positive number	24	
25	<b>NOL.</b> Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, this is your current year NOL. If the result is zero or more, you <b>do not</b> have an NOL	25	-820.

Fraudulent received March 23 2009 from Benny Davila and Sylvia Hamilton - No 1041-K1s-46893 - The Disappearing Trust Tax

NOL

Detail NOL Carryover/Carryback Worksheet

2005

Name(s)

Social Security Number

MAURINE P. HAMILTON

459-20-2593

Year Carried From	Amount Available for Carryover/Carryback	Amount Used in									
2005	820.										
<b>Totals</b>	<b>820.</b>										

Total amount available for carryover 820.  
 Less total amounts used 0.  
 Less total amounts expired 0.  
 Remaining carryover 820.

FORM 1040 SOCIAL SECURITY BENEFITS WORKSHEET STATEMENT 1

CHECK ONLY ONE BOX:

- X A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2005
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2005

1. ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. . . . .	22610.
2. ENTER ONE HALF OF LINE 1 . . . . .	11305.
3. ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 12, 13, 14, 15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099 . . . . .	5430.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED . . . . .	
5. ADD LINES 2, 3, AND 4. . . . .	16735.
6. ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32, PLUS ANY AMOUNT YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36. . . . .	0.
7. SUBTRACT LINE 6 FROM LINE 5 . . . . .	16735.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR \$32,000 IF YOU CHECKED BOX B, OR \$-0- IF YOU CHECKED BOX C. . . . .	25000.
9. IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7? [X] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE TAXABLE. YOU DO NOT HAVE TO ENTER ANY AMOUNTS ON LINES 20A OR 20B OF FORM 1040. BUT IF YOU ARE MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR SPOUSE FOR ALL OF 2005, ENTER -0- ON LINE 20B. BE SURE YOU ENTERED 'D' TO THE LEFT OF LINE 20A. [ ] YES. SUBTRACT LINE 8 FROM LINE 7 . . . . .	0.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D, \$12,000 IF YOU CHECKED BOX B \$-0- IF YOU CHECKED BOX C . . . . .	
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-. . . . .	
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 . . . . .	
13. ENTER ONE HALF OF LINE 12. . . . .	
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 . . . . .	
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-. . . . .	
16. ADD LINES 14 AND 15. . . . .	
17. MULTIPLY LINE 1 BY 85% (.85) . . . . .	
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 . . . . .	0.
* ENTER THE AMOUNT FROM LINE 1 ABOVE ON FORM 1040, LINE 20A . . . . .	
* ENTER THE AMOUNT FROM LINE 18 ABOVE ON FORM 1040, LINE 20B . . . . .	

Fraudulent Claims Being Made Via Social Security Through No 1040 Forms - The Disappearing Trust Trick

FORM 6251	PASSIVE ACTIVITIES	STATEMENT	2
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NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
MAURINE P. HAMILTON (DEC. 10/06/06)	FORM 4835		-2480.	2480.
TOTAL TO FORM 6251, LINE 18				2480.

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

FORM 4835	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
RENTS		570.	
TOTAL TO FORM 4835, PART I, LINE 6		570.	

FORM 8582	ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1			STATEMENT	4
NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS	LOSS	GAIN	LOSS
MAURINE P. HAMILTON (DEC. 10/06/06)	0.	-1626.	-854.		-2480.
TOTALS	0.	-1626.	-854.		-2480.

FORM 8582	LOSSES FROM ACTIVE RENTAL OF REAL ESTATE-WORKSHEET 4				STATEMENT	5
NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	SPECIAL ALLOWANCE	REMAINING UNALLOWED LOSS	
	MAURINE P. HAMILTON (DEC. 10/06/06)	FORM 4835	2480.	1.000000000	2480.	0.
TOTALS		2480.	1.000000000	2480.	0.	

FORM 8582	ALLOWED LOSSES - WORKSHEET 6			STATEMENT	6
NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS	
	MAURINE P. HAMILTON (DEC. 10/06/06)	FORM 4835	2480.	0.	2480.
TOTALS		2480.	0.	2480.	

Fraudulent received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684 - The Disappearing Trust Trick

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 7

R R E A	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS	
X	MAURINE P. HAMILTON (DEC. 10/06/06)	FORM 4835	-1626.	-854.	-2480.		2480.	
TOTALS			-1626.	-854.	-2480.		2480.	
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME								
TOTAL TO FORM 8582, LINE 16								2480.

Fraudulent-received March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-46847 - The Disappearing Trust Trick

FORM 8582	MODIFIED AGI	STATEMENT	8
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<b>INCOME</b>			
WAGES, SALARIES, TIPS ETC.			
DIVIDEND INCOME			
TAXABLE REFUNDS			
ALIMONY RECEIVED			
TAXABLE IRA DISTRIBUTIONS			
TAXABLE PENSIONS AND ANNUITIES			
UNEMPLOYMENT COMPENSATION			
OTHER INCOME			
INTEREST INCOME		7910.	
ADD: SERIES EE EXCLUSION			
			7910.
BUSINESS INCOME OR LOSS			
ADD: PASSIVE LOSSES			
SUBTRACT: PASSIVE INCOME			
SALE OF ASSETS			
ADD: PASSIVE/RREA PROFESSIONAL LOSSES			
SUBTRACT: PASSIVE INCOME			
RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS			
ADD: PASSIVE/RREA PROFESSIONAL LOSSES			
SUBTRACT: PASSIVE INCOME			
FARM OR FARM RENTAL INCOME OR LOSS		-2480.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		2480.	
SUBTRACT: PASSIVE INCOME			
			0.
<b>TOTAL INCOME</b>			<b>7910.</b>
<b>ADJUSTMENTS</b>			
MOVING EXPENSES			
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION			
PENALTY ON EARLY WITHDRAWAL OF SAVINGS			
ALIMONY PAID			
KEOGH/SEP DEDUCTION			
OTHER ADJUSTMENTS			
<b>TOTAL ADJUSTMENTS</b>			
<b>TOTAL TO FORM 8582, LINE 7</b>			<b>7910.</b>

Fraudulent receipt March 13 2009 from Danny Davila and Sylvia Hamilton - No 1041-K1s-4684s - The Disappearing Trust Trick

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**INTERNAL REVENUE SERVICE  
AUSTIN, TX 73301-0002**



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**Your Future, Our Business**

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