

CHRISTOPHER N. and SYLVIA TARNOWSKY

INCOME TAX RETURNS

2000

Thomas E. Lecours

Chartered Public Accountant

6600 N. San Diego Avenue, Suite 200  
San Diego, California 92178

619-574-7781

HIGHLY CONFIDENTIAL  
ATTORNEYS' EYES ONLY

CASE NO.

SA CV 03-950 DOC (JTL)

ECHOSTAR SATELLITE CORP., et al.

vs.

NDS GROUP PLC, et al

PLAINTIFF'S EXHIBIT 782

DATE \_\_\_\_\_ IDEN. \_\_\_\_\_

DATE \_\_\_\_\_ EVID. \_\_\_\_\_

BY \_\_\_\_\_  
Deputy Clerk

CHRISTOPHER R. and SYLVIE TARNOVSKY

INCOME TAX RETURNS

2000

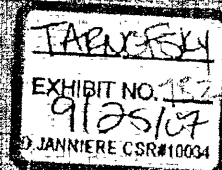
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CTFJ 0001

THOMAS E. LECOURS, CPA; APC  
8885 RIO SAN DIEGO DR. #215  
SAN DIEGO, CA 92108  
(619) 574-7731

March 29, 2001

CHRISTOPHER G and SYLVIE TARNOVSKY  
737 POPPY ROAD  
SAN MARCOS, CA 92078

Dear Chris and Sylvie,

Enclosed is your 2000 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of \$2,645.

Make your check payable to the "United States Treasury" and mail your Federal return with Form 1040-V payment voucher on or before April 16, 2001 to:

INTERNAL REVENUE SERVICE  
P.O. BOX 60000  
LOS ANGELES, CA 90060-6000

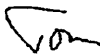
Enclosed is your 2000 California Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of \$914.

Mail your California return on or before April 16, 2001 and make your check payable to:

FRANCHISE TAX BOARD  
P.O. BOX 942867  
SACRAMENTO, CA 94267-0001

Please be sure to call if you have any questions.

Sincerely,



Thomas E. Lecours

*Chris,*

*Sorry this didn't work out  
better. The \$12,500 was too  
much for you w/o withholding  
to carry.*

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CTFJ 0002

1040

Department of the Treasury - Internal Revenue Service

## U.S. Individual Income Tax Return

2000

(99)

IRS Use Or

Do not write or staple in this space.

## Label

(See instructions on page 18.)

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

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

2000, ending

Your first name and initial

Last name

CHRISTOPHER G TARNOVSKY

If a joint return, spouse's first name and initial

Last name

SYLVIE TARNOVSKY

Home address (number and street). If you have a P.O. box, see page 18.

737 POPPY ROAD

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.

SAN MARCOS, CA 92078

## Presidential

## Election Campaign

(See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? .....

## Filing Status

Check only one box.

1

Single

2

X Married filing joint return (even if only one had income)

3

Married filing separate return. Enter spouse's soc. sec. no. above &amp; full name here

4

Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent,

5

Qualifying widow(er) with dependent child (year spouse died &gt; .....

## Exemptions

If more than six dependents, see page 20.

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.

b

X Spouse

c

Dependents:

(1) First Name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

COURTNEY TARNOVSKY

057-86-7512

DAUGHTER

STACEY TARNOVSKY

105-80-8477

DAUGHTER

## Income

Attach Forms W-2 and W-3G here. Also attach Form 1099-R if box was withheld.

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

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

## Adjusted Gross Income

d Total number of exemptions claimed

7

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

8a

Taxable interest. Attach Schedule B if required

b

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

9

Ordinary dividends. Attach Schedule B if required

10

Taxable refunds, credits, or offsets of state and local income taxes (see page 22)

11

Alimony received

12

Business income or (loss). Attach Schedule C or C-EZ

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here

14

Other gains or (losses). Attach Form 4797

15a

Total IRA distributions

16a

Total pensions and annuities

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18

Farm income or (loss). Attach Schedule F

19

Unemployment compensation

20a

Social security benefits

21

Other income. VARIOUS

22

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

23

IRA deduction (see page 27)

24

Student loan interest deduction (see page 27)

25

Medical savings account deduction. Attach Form 8853

26

Moving expenses. Attach Form 3903

27

One-half of self-employment tax. Attach Schedule SE

28

Self-employed health insurance deduction (see page 29)

29

Self-employed SEP, SIMPLE, and qualified plans

30

Penalty on early withdrawal of savings

31a

Alimony paid. b Recipient's SSN

32

Add lines 23 through 31a

33

Subtract line 32 from line 22. This is your adjusted gross income

OMB No. 1545-0074

Your social security number

121-66-0354

Spouse's social security number

217-37-7919

IMPORTANT! You must enter your SSN(s) above.

You

Spouse

Yes No

Yes No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

# Tax and credits

Standard Deduction for Most People  
Single: \$4,400  
Head of household: \$5,450  
Married filing jointly or Qualifying widow(er): \$7,250  
Married filing separately: \$3,675

34 Amount from line 33 (adjusted gross income) ..... 34 141,128  
35a Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind.  
Add the number of boxes checked above and enter the total here .....>

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

36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent ..... 36 22,363

37 Subtract line 36 from line 34 ..... 37 118,765

38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 34. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter. .... 38 11,200

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- ..... 39 107,565

40 Tax (see page 32). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 ..... 40 24,466

41 Alternative minimum tax. Attach Form 6251 ..... 41

42 Add lines 40 and 41 .....> 42 24,466

43 Foreign tax credit. Attach Form 1118 if required ..... 43

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

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

46 Education credits. Attach Form 8863 ..... 46

47 Child tax credit (see page 36) ..... 47

48 Adoption credit. Attach Form 8839 ..... 48

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

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

51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- .....> 51 24,466

## Other taxes

52 Self-employment tax. Att. Sch. SE ..... 52 1,766

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

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

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

56 Household employment taxes. Attach Schedule H ..... 56

57 Add lines 51 through 56. This is your total tax .....> 57 26,232

## Payments

If you have a qualifying child, attach Schedule EIC.

58 Federal income tax withheld from Forms W-2 and 1099 ..... 58 23

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

60a Earned income credit (EIC) ..... 60a

b Nontaxable earned income: amt. ☐ NO and type> ..... 61

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

62 Additional child tax credit. Attach Form 8812 ..... 62

63 Amount paid with request for extension to file (see page 54) ..... 63

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

65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments .....> 65 23,587

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

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

## Refund

Have it directly deposited (see page 50 and 181 in 67b, 67c, and 67d).

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

d Account number ..... 68

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

## Amount you owe

69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51 .....> 69 2,645

70 Estimated tax penalty. Also include on line 69 ..... 70

## Sign here

Joint return? See page 18. Keep a copy of 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 ..... Date ..... Your occupation ..... PROGRAMMER

Spouse's signature. If a joint return, both must sign. .... Date ..... Spouse's occupation ..... HOUSEWIFE

Preparer's signature ..... Date 3/29/01 ..... Check self-employment tax ☒ ..... EIN ..... P00167930

## Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

THOMAS E. LECOURS, CPA; APC

8885 RIO SAN DIEGO DR. #215

SAN DIEGO, CA 92108

IF-951A 11/22/00

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Page 4

34 141,128

36 22,363

37 118,765

38 11,200

39 107,565

40 24,466

42 24,466

51 24,466

52 1,766

57 26,232

65 23,587

69 2,645

Preparer's SSN or PTIN P00167930

Phone no. (619) 574-7731

Form 1040 (2000)

TFJ 0004



**SCHEDULES A&B**  
**Form 1040**

**Schedule A - Itemized Deductions**

Department of the Treasury  
Internal Revenue Service (IRS)  
Name(s) shown on Form 1040

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (For 1040).

OMB No. 1545-0074

**2000**  
Attachment  
Sequence No. **07**

Your social security number  
**121-66-0354**

**CHRISTOPHER G AND SYLVIE TARNOVSKY**

<b>Medical and Dental Expenses</b>	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-2) .....	1	
2	Enter amount from Form 1040, line 34 ....	2	
3	Multiply line 2 above by 7.5% (.075) .....	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....		4
5	State and local income taxes .....	5	6,831
6	Real estate taxes (see page A-2) .....	6	3,405
7	Personal property taxes .....	7	307
8	Other taxes. List type and amount .....	8	
9	Add lines 5 through 8. ....		10,543
<b>Interest You Paid</b>	10 Home mortgage interest and points reported on Form 1098 <b>STMT</b> 2..	10	12,185
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 & show that person's name, ID no. & address .....	11	
	12 Points not reported to you on Form 1098. See pg. A-3 .....	12	
	13 Investment interest. Attach Form 4952, if required. (See page A-3.) .....	13	
	14 Add lines 10 through 13. ....		12,185
	15 Gifts by cash or check. If any gift of \$250 or more, see pg. A-4 .....	15	
	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500 .....	16	
	17 Carryover from prior year .....	17	
	18 Add lines 15 through 17. ....		0
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.) .....	19	0
<b>Job Expenses and Most Other Miscellaneous Deductions</b>	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) .....	20	
	21 Tax preparation fees. ....	21	
	22 Other expenses - investment, safe deposit box, etc. List type and amount .....	22	
	23 Add lines 20 through 22. ....	23	
	24 Enter amount from Form 1040, line 34 ....	24	
	25 Multiply line 24 above by 2% (.02) .....	25	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- .....	26	0
<b>Other Miscellaneous Deductions</b>	27 Other - from list on page A-6. List type and amount .....	27	0
<b>Itemized Deductions</b>	28 Is Form 1040, line 34, over \$128,950 (over \$64,475 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	RE. ACTION -365	22,363

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

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CTFJ 0005

in 1040) 2000

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

CHRISTOPHER G AND SYLVIE TARNOVSKY

Your social security number  
121-66-0354

Schedule B - Interest and Ordinary Dividend

Attachment  
Sequence No. 03

Note. If you had over \$400 in taxable interest, you must also complete Part III.

Part I  
Interest

See page B-1  
and the  
instructions for  
Form 1040,  
page 8a.

Note. If you  
received a Form  
99-BIT, Form  
99-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.

- 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 ▶

MERRILL LYNCH  
PENTAGON FCU

Amount	
	45
	893
1	
2	938
3	
4	938

- 2 Add the amounts on line 1. . . . . 2 938
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 10. You must attach Form 8815. . . . . 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a. . . . . 4 938

Part II  
Ordinary Dividends

See page B-1  
and the  
instructions for  
Form 1040,  
page 8a.

Note. If you  
received a Form  
99-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.

- 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13. ▶

NATIONAL FINANCE SERVICE

Amount	
	783
6	
7	783

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9. . . . . 7 783

Part III  
Foreign Accounts and Trusts

See page B-2.

- You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2000, 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 page B-2 for requirements for Form TD F 90-22.1 . . . . . X

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

- 8 During 2000, 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

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule B (Form 1040) 2000

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (IRS)  
Examples shown on Form 1040

**Capital Gains and Losses**

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).  
▶ Use Schedule D-1 for more space to list transactions for lines 1 and 2.

OMB No 1545-0074

**2000**

Attachment  
Sequence No. **12**

Your social security number  
**121-66-0354**

**CHRISTOPHER G AND SYLVIE TARNOVSKY**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

1 (a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) Gain or (loss) Subtract (e) from (d)
MERRILL LYNCH	VARIOUS	VARIOUS	259,250	264,363	-5,113
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2			3	259,250	
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1999 Capital Loss Carryover Worksheet					6
7 Net short-term capital gain or (loss). Combine column (f) of lines 1 through 6					7

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

8 (a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instructions below)
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9			
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9			10			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12	
13 Capital gain distributions. See page D-1					13	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1999 Capital Loss Carryover Worksheet					14	
15 Combine column (g) of lines 8 through 14					15	
16 Net long-term capital gain or (loss). Combine column (f) of lines 8 through 14					16	

8% rate gain or loss includes all "collectibles gains and losses" (as defined on page D-6) and up to 50% of the net long-term capital gain or loss (see page D-4).

eligible gain on qualified small business

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2000

CTFJ 0007

150555 12/07/00

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**Part III** Summary of Parts I and II

Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13.

Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if:

- Both lines 16 and 17 are gains and
  - Form 1040, line 39, is more than zero.
- Otherwise, stop here.

18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:

- The loss on line 17 or
- (\$3,000) or, if married filing separately, (\$1,500)

Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if:

- The loss on line 17 exceeds the loss on line 18 or
- Form 1040, line 37, is a loss.

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

Enter your taxable income from Form 1040, line 39.

20 Enter the smaller of line 16 or line 17 of Schedule D.

21 If you are filing Form 4952, enter the amount from Form 4952, line 4e.

Subtract line 21 from line 20. If zero or less, enter -0-

Combine lines 7 and 15. If zero or less, enter -0-

24 Enter the smaller of line 15 or line 23, but not less than zero.

Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-8.

Add lines 24 and 25.

27 Subtract line 26 from line 22. If zero or less, enter -0-

28 Subtract line 27 from line 19. If zero or less, enter -0-

Enter the smaller of:

- The amount on line 19 or
- \$28,250 if single; \$43,850 if married filing jointly or qualifying widow(er);  
\$21,925 if married filing separately; or \$35,150 if head of household

Enter the smaller of line 28 or line 29.

31 Subtract line 22 from line 19. If zero or less, enter -0-

Enter the larger of line 30 or line 31.

32 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies.

Note: If the amounts on lines 29 and 30 are the same, skip lines 34 through 37 and go to line 38.

34 Enter the amount from line 29.

35 Enter the amount from line 30.

Subtract line 35 from line 34.

37 Multiply line 36 by 10% (.10).

Note: If the amounts on lines 19 and 29 are the same, skip lines 38 through 51 and go to line 52.

Enter the smaller of line 19 or line 27.

39 Enter the amount from line 36.

40 Subtract line 39 from line 38.

Multiply line 40 by 20% (.20).

Note: If line 26 is zero or blank, skip lines 42 through 51 and go to line 52.

42 Enter the smaller of line 22 or line 25.

Add lines 22 and 32.

43 Enter the amount from line 19.

45 Subtract line 44 from line 43. If zero or less, enter -0-

46 Subtract line 45 from line 42. If zero or less, enter -0-

Multiply line 46 by 25% (.25).

Note: If line 24 is zero or blank, skip lines 48 through 51 and go to line 52.

48 Enter the amount from line 19.

Add lines 32, 36, 40, and 46.

49 Subtract line 49 from line 48.

51 Multiply line 50 by 28% (.28).

Add lines 33, 37, 41, 47, and 51.

53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies.

54 Tax on all taxable income (including capital gains). Enter the smaller of line 52 or line 53 here and on Form 1040

line 40. 54

SCHEDULE SE  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (991)

Self-Employment Tax

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

CMB No. 1545-0074

2000

Attachment  
Sequence No. 17

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

CHRISTOPHER G TARNOVSKY

Social security number  
with self-employment

of person  
income . . . ▶

121-66-0354

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 member of a religious order is not church employee income. See page SE-1.

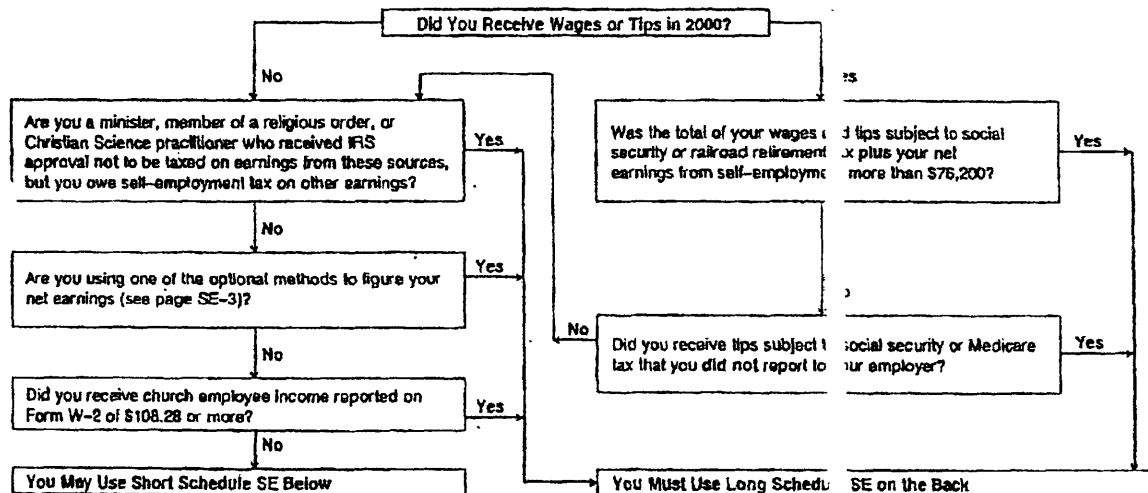
Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file "optional method" in Part II of Long Schedule SE. See page SE-3.

Schedule SE and use either

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, 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, file line 52.

Christian Science practitioner, and you file "Exempt-Form 4361" on Form 1040.

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 15
- 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report
- 3 Combine lines 1 and 2.
- 4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; if you do not owe self-employment tax
- 5 Self-employment tax. If the amount on line 4 is:
  - \$76,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 52.
  - More than \$76,200, multiply line 4 by 2.9% (.029). Then, add \$9,448.80 to the result. Enter the total here and on Form 1040, line 52.
- 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.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

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1	
2	12,500
3	12,500
4	11,544
5	1,766
6	
883	

Schedule SE (Form 1040) 2000

CTFJ 0009

2000

## FEDERAL STATEMENTS

PAGE 1

CHRISTOPHER G AND SYLVIE TARNOVSKY

121-66-0354

STATEMENT 1  
FORM 1040  
WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MED CAR	STATE W/H	SDI
HARPERCOLLINS PUBLISHERS	128,961	23,587			6,559	272
TOTAL	128,961	23,587	0	0	6,559	272

SPOUSE - EMPLOYER	WAGES	FEDERAL W/H	FICA	MED CAR	STATE W/H	SDI
SAN MARCOS UNIFIED SCHOOL	1,353					
TOTAL	1,353					0
GRAND TOTAL	130,314	23,587	0	0	6,559	272

STATEMENT 2  
SCHEDULE A, LINE 10  
HOME MORTGAGE INTEREST REPORTED ON FORM 1098

PNC MORTGAGE .....	.....	\$	12,185
	OTAL	\$	12,185

CTFJ 0010

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California Resident  
Income Tax Return 2000

APE

540

FEDERAL  
☒ YES

RETURN ATTACHMENT REQUIRED:  
NO

DO NOT  
ATTACH  
LABEL

121-66-0354 TARN \*\* 217-37-7919 00  
CHRISTOPHER G TARNOVSKY  
SYLVIE TARNOVSKY

Step 1

Name  
and  
Address

737 POPPY RD  
SAN MARCOS CA 92078

P

AC

A

R

RP

FOR COMPUTERIZED USE ONLY

01	2	37	7473	56	0
06	0	38	6559	57	0
09	0	39	0	58	0
11	2	41	0	59	0
12	130314	42	0	60	0
14	476	43	0	61	0
16	0	44	0	62	0
17	140652	45	0	63	0
18	15897	47	0	64	0
20	8093	48	0	65	0
23	0	49	0	66	914
28	0	50	914	68	0
29	0	51	0		
30	0	52	0		
31	0	53	0		
35	0	54	0		
36	0	55	0		

APE	0
3800	0
3803	0
SCHG1	0
5870A	0
5805 5805F	0
P 00167930	

Step 2 1 ☐ Single 2 ☒ Married filing joint return (even if only one spouse had income)

Filing 3 ☐ Married filing separate return. Enter spouse's SSN above and full name here

Status 4 ☐ Head of household (with qualifying person). STOP. See instructions.

chk only one 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died

6 If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here. .... 6 ☐

Step 3 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or enter 2 in the box. If you checked the box on line 6, see instructions

Exemptions 8 Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2

Attach check 9 Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2

or money 10 Add line 7 thru line 9. This is your total exemption credit before dependent exemption credit

order here. 11 Dependents: Enter name and relationship. Do not include yourself or your spouse.

Dependent 12 State wages from your Form(s) W-2, box 17

Exemptions SEE STATEMENT 1 Total dependent exemption credit

Step 4 13 Enter adjusted gross income from your 2000 federal return

Taxable 14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 33, column 1

Income 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions

All copy of 16 California adjustments - additions. Enter the amount from Schedule CA (540), line 33, column 1

your Form(s) 17 California adjusted gross income. Combine line 15 and line 16

W-2, W-2G, 18 Enter the larger of your CA standard deduction OR your CA itemized deductions

& other Forms 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-

1099 with CA 20 Tax. Check if from ☐ Tax Table ☒ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3801

tax withheld. 21 Exemption credits. If line 13 is over \$124,246, see Insl. Otherwise, add line 10 and line 11

Step 5 22 Subtract line 21 from line 20. If less than zero, enter -0-

tax 23 Tax. Check if from ☐ Schedule G-1 and ☐ form FTB 5870A

24 Add line 22 and line 23. Continue to Side 2.

7 2 X \$76 = \$ 150.

8 X \$75 = \$

9 X \$75 = \$

0 Total \$ 150.

1 2 X \$235 = \$ 470.

13 141,128.

14 476.

15 140,652.

16 140,652.

17 15,897.

18 124,755.

19 8,093.

20 620.

21 7,473.

22 7,473.

23 7,473.

24 7,473.

Your Name: CHRISTOPHER G TARNOVSKY

Your SSN: 1-66-0354

<b>Step 6</b>	25	Amount from Side 1, line 24 .....	25	7,473.	
<b>Special Credits and Non-refundable Renter's Credit</b>	28	Credit name ..... code no. ▶ 28			
	29	Credit name ..... code no. ▶ 29			
	30	To claim more than two credits, see instructions ..... • 30			
	31	Nonrefundable renter's credit. See instructions for "Step 6" ..... • 31			
	33	Add line 28 through line 31. These are your total credits .....	33		
	34	Subtract line 33 from line 25. If less than zero, enter -0- .....	34	7,473.	
<b>Step 7</b>	35	Alternative minimum tax. Attach Schedule P (540) .....	• 35	0.	
<b>Other Taxes</b>	36	Other taxes and credit recapture. See instructions .....	• 36		
	37	Add line 34 through line 36. This is your total tax .....	• 37	7,473.	
<b>Step 8</b>	38	California income tax withheld. See instructions. ....	38	6,59.	
<b>Payments</b>	39	2000 CA estimated tax and amount applied from 1999 return ....	39		
	41	Excess SDI. See instructions .....	41		
		Child and Dependent Care Expenses Credit. See instructions			
	42	..... • 43			
	44	..... • 45			
	46	Add line 38, line 39, line 41, and line 45. These are your total payments. ....	46	6,559.	
<b>Step 9</b>	47	Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 .....	47		
<b>Overpaid Tax or Tax Due</b>	48	Amount of line 47 you want applied to your 2001 estimated tax .....	48		
	49	Overpaid tax available this year. Subtract line 48 from line 47 .....	49		
	50	Tax due. If line 46 is less than line 37, subtract line 46 from line 37 .....	50	914.	
<b>Step 10</b>		CA Seniors Special Fund. .... • 51	CA Firefighters' Memorial Fund .... • 57		
<b>Contributions</b>		See instructions .....	CA Mexican American Veterans' Memorial Fund .... • 58		
		Alzheimer's Disease/Related Disorders Fund ..... • 52	Emergency Food Assistance Program Fund ..... • 59		
		CA Fund for Senior Citizens ..... • 53	CA Peace Officer Mem. Foundation Fund ..... • 60		
		Rare and Endangered Species Preservation Program ..... • 54	Birth Defects Research Fund ..... • 61		
		State Children's Trust Fund for the Prevention of Child Abuse ..... • 55	National World War II Veterans Memorial Trust Fund ..... • 62		
		CA Breast Cancer Research Fund ..... • 56	CA Lung Disease and Asthma Research Fund ..... • 63		
	64	Add line 51 through line 63. These are your total contributions .....	64	0.	
	<b>Step 11</b>	65	REFUND OR NO AMOUNT DUE. Subtract line 64 from line 49. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0008 .....	65	0.
	<b>Refund or Amount You Owe</b>	66	AMOUNT YOU OWE. Add line 50 and line 64. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. ....	66	914.
		67	Interest, late return penalties, and late payment penalties .....	67	
<b>Step 12</b>	68	Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached .....	68		
	69	Total amount due. See instructions .....	69	914.	
		..... • 70 4			
<b>Step 13</b>		Do not attach a voided check or a deposit slip. Complete this section to have your refund directly deposited. Routing no. ....			
<b>Direct Deposit Information</b>		Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number .....			
		.....			
<b>Sign Here</b>	IMPORTANT: See "Sign Your Return" in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, and belief, it is true, correct & complete. 6				
It is unlawful to forge a spouse's signature.	Your signature	Daytime phone number			
	Spouse's signature (if filing joint, both must sign)	Date			
Joint return? See instructions.	X				
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)				
	Thomas E. Lecours	3/25	Paid preparer's SSN/PTIN		
	Firm's name (or yours if self-employed)	Firm's address	01 • P00167930		
	THOMAS E. LECOURS, CPA; APC	HIGHLY CONFIDENTIAL	FEIN		
	8885 RIO SAN DIEGO DR. #215	ATTORNEYS' EYES ONLY			
	SAN DIEGO, CA 92108				

TAXABLE YEAR

2000

## California Adjustments - Residents

SCHEDULE

CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

CHRISTOPHER G AND SYLVIE TARNOVSKY

Social security number

121-66-0354

## Part I Income Adjustment Schedule

## Section A - Income

	A		C
	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions.	Additions See instructions.
7 Wages, salaries, tips, etc. See inst. before making an entry in col B or C	130,314.		
8 Taxable interest income	938.		
9 Ordinary dividends	783.		
10 State tax refund. Enter the same amount in col A and col B	476.	476.	
11 Alimony received			
12 Business income or (loss)			
13 Capital gain or (loss)	-3,000.		
14 Other gains or (losses)			
15 Total IRA distributions. See inst (a)	(b)		
16 Total pensions & annuities. See inst (a)	(b)		
17 Rental real estate, royalties, pschips, S corp. trusts, etc			
18 Farm income or (loss)			
19 Unemployment compensation. Enter same amount in col A and col B			
20 Soc. security benefits (a)	(b)		
21 Other income.			
a California lottery winnings			
b Disaster loss c/over from FTB 3805V f Other (describe)	12,500.		
c Federal NOL (Form 1040, line 21)			
d NOL carryover from FTB 3805V			
e NOL from FTB 3805Z, 3806, or 3807			
Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B	142,011.	476.	

## Section B - Adjustments to Income

23 IRA deduction			
24 Student loan interest deduction			
25 Medical savings account deduction			
26 Moving expenses			
27 One-half of self-employment tax	883.		
28 Self-employed health insurance deduction			
29 Keogh and self-employed SEP and SIMPLE plans			
30 Penalty on early withdrawal of savings			
31 Alimony paid. (b) Recipient's SSN			
Last name	31a		
32 Add line 23 through line 31a in columns A, B, and C	883.		
33 Total. Subtract line 32 from line 22 in columns A, B, and C. See the inst. for how to transfer the total to Form 540.	141,128.	476.	

## Part II Adjustments To Federal Itemized Deductions

35 Federal itemized deductions. Add the amounts on federal Sch. A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27	22,728.
36 Enter total of federal Sch. A, line 5 (state and local income tax and State Disability Insurance) and line 8 (foreign taxes on income)	6,831.
37 Subtract line 36 from line 35	15,897.
38 Other adjustments including Calif lottery losses. See inst. Specify	
39 Combine line 37 and line 38	15,897.
40 Is the amount on Form 540, line 13 more than the amount shown below for your filing status?	
Single or married filing separate	\$124,246
Married filing joint or qualifying widow(er)	\$248,494
Head of household	\$186,370
NO. Transfer the amount on line 39 to line 40.	
YES. Complete the Itemized Deductions Worksheet in the instructions for Sch. CA (540), line 40.	
Is the amount you entered on line 40 more than your standard deduction below?	
Single or married filing separate	2,811
Married filing joint, head of household, or qualifying widow(er)	5,622
YES. Transfer the amount on line 40 to Form 540, line 18.	
NO. Enter your standard deduction on Form 540, line 18.	
40	15,897.

CA54000104059

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CTF. 1013

Schedule CA (540) 2000 Side 1



## California Capital Gain or Loss Adjustment

**Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).**

**SCHEDULE**  
**D**

**Name(s) as shown on return**

CHRISTOPHER G AND SYLVIE TARNOVSKY

Social Se

city number

121

66-0354

[illegible]

- |     |  |     |         |
|-----|--|-----|---------|
| 2   | Net gain or (loss) shown on California Schedule(s) K-1 (541, 565, 568, and 100S) .....   | 2   |         |
| 3   | Capital gain distributions (federal Form 1099-DIV, box 2a minus box 2d) .....  | 3   |         |
| 4   | Total 2000 gains from all sources. Add column (e) amounts of line 1a, line 1b, line 2, and line 3 .....  | 4   |         |
| 5   | 2000 loss. Add column (d) amounts of line 1 and line 2 .....   | 5   | 5,113.  |
| 6   | California capital loss carryover from 1999, if any. See instructions .....  | 6   |         |
| 7   | Total 2000 loss. Add line 5 and line 6 .....   | 7   | 5,113.  |
| 8   | Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10 .....   | 8   | -5,113. |
| 9   | If line 8 is a loss, enter the smaller of: (a) the loss on line 8; or<br>(b) \$3,000 (\$1,500 if married filing a separate return). See instructions ..... | 9   | 3,000.  |
| 10  | Enter the amount from federal Form 1040, line 13 .....   | 10  | -3,000. |
| 11  | Enter the California gain from line 8 or loss from line 9 .....  | 11  | -3,000. |
| 12a | If line 10 is more than line 11, enter the difference here and on Sch. CA (540 or 540NR) line 13, col. B .....   | 12a |         |
| 12b | If line 10 is less than line 11, enter the difference here and on Sch. CA (540 or 540NR) line 13, col. C .....   | 12b |         |

JO

## CALIFORNIA STATEMENTS

PAGE 1

CHRISTOPHER G AND SYLVIE TARNOVSKY

121-66-0354

STATEMENT 1  
FORM 540, LINE 11  
DEPENDENTS

<u>DEPENDENT'S NAME</u>	<u>SOC SEC #</u>	<u>RELATION: HIP</u>	<u>MONTHS</u>
COURTNEY TARNOVSKY	057-86-7512	DAUGHTER	12
STACEY TARNOVSKY	105-80-8477	DAUGHTER	12

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CTFJ 0015

2000 1040 US/CA Client Information

1

THOMAS E. LECOURS, CPA; APC  
 8885 RIO SAN DIEGO DR. #215  
 SAN DIEGO, CA 92108  
 (619) 574-7731

Tax Return Appointment

Date:  
 Time:

This tax organizer will assist you in gathering information necessary to the preparation  
 of your 2000 tax return. Please add, change, or delete information as appropriate.

## CLIENT INFORMATION

Filing Status	Filing status (table) .....	2
	1=married filing separate and lived with spouse .....	
	Year spouse died, if qualifying widow(er) (1998 or 1999) .....	
Taxpayer	First name and initial .....	CHRISTOPHER G.
	Last name .....	TARNOZSKY TARNOVSKY
	Title/suffix .....	
	Social security number .....	121-66-0354
	Occupation .....	PROGRAMMER
	Date of birth (m/d/y) .....	4/20/1971
Spouse	1=blind .....	
	First name and initial .....	SYLVIE
	Last name .....	TARNOZSKY TARNOVSKY
	Title/suffix .....	
	Social security number .....	217-37-7919
	Occupation .....	Housewife / Student
Address	Date of birth (m/d/y) .....	12/01/1970
	1=blind .....	
	Street address .....	737 POPPY ROAD
	Apartment number .....	
Foreign Address	City .....	SAN MARCOS
	State .....	CA
	ZIP code .....	92078
	Region .....	
Telephone	Postal code .....	
	Country .....	
	Home phone .....	760-510-9447
	Work phone .....	760-510-9487
	Work extension .....	
	Daytime phone (table) .....	1
Misc.	Fax number .....	760-510-9488
	E-mail address .....	GLE@TEB.COM
	Preparer number .....	3
	Staff preparer number .....	3
	State return .....	CA
	County .....	SAN DIEGO
	1=PMB no. in address .....	

## Filing Status

- 1 = Single  
 ② = Married filing joint  
 3 = Married filing separate  
 4 = Head of household  
 5 = Qualifying widow(er)

## Daytime Phone

- 1 = Work  
 2 = Home

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CTFJ 0016

2000	1040	US	Dependents	2																																	
Please add, change or delete dependent information for 2000.																																					
<table border="1"><thead><tr><th></th><th>Dependent</th><th>Dependent</th></tr></thead><tbody><tr><td>First name.....</td><td>STACEY</td><td>COURTESY</td></tr><tr><td>Last name.....</td><td>TARNOWSKI</td><td>TARNOWSKI</td></tr><tr><td>Title/suffix.....</td><td></td><td></td></tr><tr><td>Date of birth (m/d/y).....</td><td>7/16/1992</td><td>4/10/1996</td></tr><tr><td>Social security number.....</td><td></td><td></td></tr><tr><td>Relationship.....</td><td>Daughter</td><td>Daughter</td></tr><tr><td>Months lived at home.....</td><td>12</td><td>12</td></tr><tr><td>Type of dependent (see table).....</td><td>1</td><td>1</td></tr><tr><td>Earned income credit (see table).....</td><td></td><td></td></tr><tr><td>Claimed by: 1=taxpayer, 2=spouse.....</td><td></td><td></td></tr></tbody></table>						Dependent	Dependent	First name.....	STACEY	COURTESY	Last name.....	TARNOWSKI	TARNOWSKI	Title/suffix.....			Date of birth (m/d/y).....	7/16/1992	4/10/1996	Social security number.....			Relationship.....	Daughter	Daughter	Months lived at home.....	12	12	Type of dependent (see table).....	1	1	Earned income credit (see table).....			Claimed by: 1=taxpayer, 2=spouse.....		
	Dependent	Dependent																																			
First name.....	STACEY	COURTESY																																			
Last name.....	TARNOWSKI	TARNOWSKI																																			
Title/suffix.....																																					
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Months lived at home.....	12	12																																			
Type of dependent (see table).....	1	1																																			
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	Dependent	Dependent																																			
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Earned income credit (see table).....																																					
Claimed by: 1=taxpayer, 2=spouse.....																																					

**Type of Dependent**

1 = Child at home (default)  
2 = Child not at home  
3 = Dependent other than child  
4 = HH only, not a dependent  
5 = EIC only, not a dependent

**Earned Income Credit**

1 = When applicable (default)  
2 = Student age 19 to 23  
3 = Disabled age 19 or older  
4 = Force  
5 = Suppress

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CTFJ 0017

2

2000 1040 US/CA Direct Deposit & Estimates (Form 1040 ES) 3, 6, 7.1

Please enter all pertinent 2000 information.

### DIRECT DEPOSIT OF REFUND (3)

1=direct deposit of federal tax refund into bank account	18	
Name of bank	19	
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32)	20	
Depositor account number (up to 17 characters)	21	
Type of account: 1=savings, 2=checking	22	
1=direct deposit of state tax refund (EF only)	103	

### 2000 ESTIMATED TAX (6)

	Federal			Amot	State		
	Amount Paid	Date Paid	TS		Paid	Date Paid	TS
Overpayment applied from 1999	1			101			
1st quarter payment (due 4/17/00)	2	3		102	103		
2nd quarter payment (due 6/15/00)	4	5		104	105		
3rd quarter payment (due 9/15/00)	6	7		106	107		
4th quarter payment (due 1/16/01)	8	9		108	109		
Additional Estimated Tax Payments	38	39		138	139		
	40	41		140	141		
	42	43		142	143		
	44	45		144	145		

### APPLICATION OF 2000 OVERPAYMENT (7.1)

If you have an overpayment of 2000 taxes, do you want the excess refunded? ☒ or applied to 2001 estimate? ☐

Other (please explain): \_\_\_\_\_

### 2001 ESTIMATED TAX INFORMATION

Do you expect your 2001 taxable income to be generally the same as 2000? Yes ☒ No ☐

If "no" explain any differences in income, deductions, dependents, etc: \_\_\_\_\_

Do you expect your 2001 withholding to be generally the same as 2000? Yes ☒ No ☐

If "no" explain any differences: \_\_\_\_\_

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ATTORNEYS' EYES ONLY

CTFJ 0018

3, 6, 7.1







000 1040 US Miscellaneous Income

14

Please enter all pertinent 2000 amounts and attach all 1099-G, 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

## MISCELLANEOUS INCOME

	2000 Amount		1999 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
State tax refund if you itemized last year .....	1	51		
Social security benefits (SSA-1099, box 5) .....	2	52		
Medicare premiums paid (SSA-1099) .....	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5) .....	3	53		
1-lump-sum election for SS benefits .....	12	62		
Alimony received .....	5	55		
Unemployment compensation received .....	6	56		
Unemployment compensation repaid .....	7	57		
Taxable scholarships and fellowships .....	8	58		
Household employee income not on W-2 .....	9	59		
Alaska permanent fund dividends .....	21	71		
Qualified state tuition program earnings:				
Federal .....	22	72		
State, if different (-1 if none) .....	25	75		
Income from rental of personal property .....	23	73		
Income subject to S/E tax:				
.....	10	60		
.....	10	60		
.....	10	60		
.....	10	60		
.....	10	60		
.....	10	60		
Other income:				
.....	11	61		
.....	11	61		
.....	11	61		
.....	11	61		
.....	11	61		
.....	11	61		

## TAX-WITHHELD (only from above sources)

Federal income tax withheld .....	14	64		
State income tax withheld .....	15	65		

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CTFJ 0021

14

2000 1040 US/CA Business Income (Schedule C)

No. 16

Please enter all pertinent 2000 amounts. Last year's amounts are provided for your reference.

## GENERAL INFORMATION

Principal business/profession.....	800	
Principal business code.....	801	
Business name.....	802	
Business address.....	803	
Business city, state, ZIP code.....	804	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7	
Inventory method: 1=cost, 2=lower c/m, 3=other.....	6	
1=change of inventory method.....	8	
1=spouse, 2=joint.....	10	
1=first Schedule C filed for this business.....	44	
1=W-2 earnings as statutory employee (O).....	13	
1=not subject to self-employment tax.....	39	
1=did not "materially participate".....	22	
1=investment.....	37	
1=eligible small business (FTB 3805V).....	114	
Qualified new business year: 1=1st, 2=2nd, 3=3rd (3805V).....	117	

## INCOME

	2000 Amount	1999 Amount
Gross receipts or sales.....	51	
Returns and allowances.....	52	
Other income:		
	54	
	54	
	54	
	54	
	54	
	54	
	54	

## COST OF GOODS SOLD

Inventory at beginning of the year.....	14	
Purchases.....	15	
Cost of items for personal use.....	16	
Cost of labor.....	17	
Materials and supplies.....	18	
Other costs:		
	19	
	19	
	19	
	19	
	19	
	19	
	19	
Inventory at end of the year.....	20	

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ATTORNEYS' EYES ONLY

TFJ 0022

16

2000 1040 US Business Income (Schedule C) (cont)

No. 

16 p2

Please enter all pertinent 2000 amounts. Last year's amounts are provided for your reference.

## EXPENSES

	2000 Amount	1999 Amount
Accounting .....	201	
Advertising .....	56	
Answering service .....	202	
Bad debts from sales or service .....	57	
Bank charges .....	203	
Car and truck expenses [A] .....	59	
Commissions .....	60	
Delivery and freight .....	204	
Dues and subscriptions .....	205	
Employee benefit programs .....	64	
Insurance (other than health) .....	66	
Mortgage interest (paid to banks, etc.) .....	12	
Other interest [A] .....	67	
Janitorial .....	206	
Laundry and cleaning .....	207	
Legal and professional .....	69	
Miscellaneous .....	208	
Office expense .....	70	
Outside services .....	209	
Parking and tolls .....	210	
Pension and profit sharing plans .....	71	
Postage .....	211	
Printing .....	212	
Rent - vehicles, machinery, and equipment [A] .....	58	
Rent - other business property .....	72	
Repairs .....	73	
Security .....	213	
Supplies .....	74	
Taxes - real estate .....	45	
Taxes - other [A] .....	75	
Telephone .....	214	
Tools .....	216	
Travel .....	76	
Total meals and entertainment in full (50%) .....	81	
Department of Transportation meals in full (60%) .....	86	
Disallowed meals and entertainment [O] .....	82	
Uniforms .....	215	
Utilities .....	77	
Wages .....	78	
Less: employment credits (enter as positive) [O] .....	79	
Other expenses:		
	90	
	90	
	90	
	90	
	90	
	90	
	90	
	90	

CTFJ 0023

NOTE: If you purchased or disposed of any business assets, please complete sheet 22 and 22 p2.

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ATTORNEYS' EYES ONLY

16 p2

2000	1040	US	Capital Gains & Losses (Schedule D)					17
<p>If you sold any stocks, bonds, or other investment property in 2000, please list the pertinent information for each sale below. Be sure to attach all 1099-B forms and brokerage statements.</p>								
No.	Description of Property	Date Acquired	Date Sold	Sales Price (gross of commission)	Cost or Basis	Expenses of Sale (if gross sales price entered)		
	800	25	26	27	29	28		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24				HIGHLY CONFIDENTIAL ATTORNEYS' EYES ONLY		CTFJ 0 24		
							17	





2000	1040	US	Asset Acquisition List	22 p2
------	------	----	------------------------	-------

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2000, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method
			18	19	1			2	3
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
4									

HIGHLY CONFIDENTIAL  
ATTORNEYS' EYES ONLY

C FJ 0026

22 p2

2000 1040 US Adjustments to Income

24

Please enter all pertinent 2000 information. Last year's amounts are provided for your reference.

## TRADITIONAL IRA CONTRIBUTIONS

Were you an active participant in an employer/self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year? (yes/no)

Taxpayer

Spouse

Would you like to contribute the maximum Traditional IRA amount that can be deducted? (yes/no)

Enter the amount contributed to your Traditional IRA.

(Date paid: )

If you received a distribution from a Traditional IRA, or converted a Traditional IRA to a Roth IRA; enter the total value of all Traditional IRAs at 12/31/00.

## ROTH IRA CONTRIBUTIONS

Would you like to contribute the maximum Roth IRA? (yes/no)

Enter the amount contributed to your Roth IRA.

(Date paid: )

Enter the amount of recharacterizations of contributions to or from Roth IRAs

## EDUCATION IRA CONTRIBUTIONS

Would you like to contribute the maximum Education IRA? (yes/no)

Enter the amount contributed to an Education IRA.

(Date paid: )

If you received a distribution from an Education IRA, enter any qualified higher education expenses \*

If you received a distribution from an Education IRA, enter the total value of the account at 12/31/00 \*

## FOR PREPARER USE ONLY

## TRADITIONAL IRA CONTRIBUTIONS

	2000 Amount	
	Taxpayer	Spouse
IRA contributions (1=maximum deduction).....	1	51
Contributions made (letter use only).....	3	53
Other earned income [A] .....	4	54
1=covered by plan, 2=not covered [O] .....	5	55

1999 Amount	
Taxpayer	Spouse

## ROTH IRA CONTRIBUTIONS

Roth IRA contributions (1=maximum deduction).....	27	77
Recharacterizations .....	28	78
Contributions made (letter use only).....	30	80


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ATTORNEYS' EYES ONLY

CT J 0027

24

2000 1040 US Adjustments to Income (continued)

24 p2

Please enter all pertinent 2000 information. Last year's amounts are provided for your reference.

## ADJUSTMENTS TO INCOME

	2000 Amount		1999 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care) . . . . .	15	66		
Long-term care premiums . . . . .	26	76		
Student loan interest paid (enclose Forms 1098-E) . . . . .	23	73		
Expenses from rental of personal property . . . . .	37	87		
Other adjustments to income:				
	19	69		
	19	69		
	19	69		
	19	69		
	19	69		

	Taxpayer		Spouse	
Alimony paid:				
Recipient's first name . . . . .	39		89	
Recipient's last name . . . . .	40		90	
Recipient's SSN . . . . .	41		91	
Amount paid . . . . .	18	1999 amt:	68	1999 amt:

## KEOGH, SELF-EMPLOYED SEP AND SIMPLE CONTRIBUTIONS

Would you like to contribute the maximum allowable amount? (yes/no)

(Type of plan: \_\_\_\_\_; Plan contribution rate: \_\_\_\_\_) . . . . .

Enter the amount contributed to your plan.

(Date paid: \_\_\_\_\_) . . . . .

## FOR PREPARER USE ONLY

## KEOGH, SEP, SIMPLE

	2000 Amount		1999 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (15%/1.15) (1=maximum) . . . . .	10	60		
Money purchase (25%/1.25) (1=maximum) . . . . .	11	61		
Defined benefit (no limitation applied) . . . . .	13	63		
Self-employed SEP (15%/1.15) (1=maximum) . . . . .	12	62		
Plan contribution rate (.0000) [O] . . . . .	501	651		
SIMPLE contributions:				
Self-employed SIMPLE (1=maximum) . . . . .	22	72		
Employer matching rate (.0000) [O] . . . . .	502	552		
1=nonselective contributions (2%) . . . . .	24	74		
Self-employed SIMPLE [O] . . . . .	25	75		
Contributions made (letter use only) . . . . .	14	64		
Net earnings (A) . . . . .	15	65		

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ATTORNEYS' EYES ONLY

CTFJ 0028

24 p2

2000	1040	US	Itemized Deductions	25
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Please enter all pertinent 2000 amounts and attach all 108 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 p2 and  
Medicare insurance premiums on Sheet 14.

	2000 Amount	TS	1999 Amount
Prescription medicines and drugs .....	4		
Doctors, dentists and nurses .....	5		
Hospitals and nursing homes .....	6		
Insurance premiums (excluding long-term care) [A] .....	7		
Long-term care premiums [A] .....	17		
Insurance reimbursement (enter as a positive number) .....	8		
Lodging and transportation:			
Out-of-pocket expenses .....	9		
Number of medical miles .....	52		
Other medical and dental expenses:			
.....	10		
.....	10		
.....	10		

**TAXES PAID** (State and local withholding and 2000 estimates are automatic.)

State and local income taxes - 1/00 payment on 1999 state estimate .....	11		
State and local income taxes - paid with 1999 state extension .....	12		
State and local income taxes - paid with 1999 state return .....	13		
State and local income taxes - paid for prior years and/or to other state .....	14		
Real estate taxes - principal residence .....	15		
Real estate taxes - property held for investment .....	16		
Personal property taxes (including automobile fees) .....	18	412	
Foreign income taxes .....	19		
Other taxes:			
.....	20		
.....	20		

**INTEREST PAID**

Home mortgage interest and points reported on Form 1098:

.....	21	12185		
.....	21			
.....	21			

Home mortgage interest not reported on Form 1098:

Payee's name .....	85			
Payee's SSN or FEIN .....	86			
Payee's address .....	87			
Amount paid .....	22			

Points not reported on Form 1098:

.....	23			
.....	23			

Investment interest (interest on margin accounts):

.....	24			
.....	24			

Passive interest .....

.....	27			
-------	----	--	--	--

Certain home mortgage interest included above (6251) .....

.....	30			
-------	----	--	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage.  
For these types of loans also provide the dates and lives of the loans.

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ATTORNEYS' EYES ONLY

FFJ 0029

25

2000 1040 US Itemized Deductions (continued)

25 p2

Please enter all pertinent 2000 amounts. Last year's amounts are provided for your reference.

**CASH CONTRIBUTIONS**

50% Limitation (churches, schools, hospitals, and other charitable organizations):

Contributions by cash or check:

	2000 Amount	TS	1999 Amount
	32		
	32		
	32		
	32		
	32		
	32		
	32		
	32		
Volunteer expenses (out-of-pocket).....	31		
Number of charitable miles .....	53		

30% limitation (veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations):

Contributions by cash or check:

	2000 Amount	TS	1999 Amount
	41		
	41		
	41		
	41		
	41		
	41		
	41		
	41		
Volunteer expenses (out-of-pocket).....	40		
Number of charitable miles .....	54		

**NONCASH CONTRIBUTIONS** (Use Sheet 26 if total noncash contributions are over \$500)

50% limitation (see above):

	2000 Amount	TS	1999 Amount
	33		
	33		
	33		
	33		

30% limitation (see above):

	2000 Amount	TS	1999 Amount
	34		
	34		
	34		
	34		

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

	2000 Amount	TS	1999 Amount
	35		
	35		
	35		
	35		

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

	2000 Amount	TS	1999 Amount
	36		
	36		
	36		
	36		

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C FJ 0030

25 p2

2000	1040	US	Itemized Deductions (continued)
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25 p3

Please enter all pertinent 2000 amounts. Last year's amounts are provided for your reference.

**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

2000 Amount

TS

1999 Amount

Union and professional dues.....	42			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):				

	43			
	43			
	43			
	43			
	43			
	43			

Investment expense:

	44			
	44			
	44			
	44			

Tax return preparation fee.....

45

Safe deposit box rental.....

45

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

	47			
	47			
	47			
	47			

Federal only:

	109			
	109			

State only:

	110			
	110			

**OTHER MISCELLANEOUS DEDUCTIONS**

Gambling losses to extent of winnings.....	48			
--	----	--	--	--

Estate tax, section 691(c).....	49			
---------------------------------	----	--	--	--

Other miscellaneous deductions:

	50			
	50			
	50			
	50			

Federal only:

	112			
	112			

State only:

	113			
	113			

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ATTORNEYS' EYES ONLY

CTFJ 0031

25 p3



2000 1040 US Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2000,  
please complete the information below for each donee.

## DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee).....	800	
	Street address.....	801	
	City, state, ZIP code.....	802	
	1=spouse, 2=joint.....	1	
	Property description.....	803	
	How acquired by donor (Table 1 or describe).....	804	
	Method used to determine FMV (Table 2 or describe).....	805	
	Date of contribution (m/d/y) *.....	5	
	Date acquired by donor (m/y) *.....	6	
	Donor's cost or basis.....	7	
Fair market value.....	8		
Contribution deduction (defaults to FMV) [O].....	9		
AGI limitation (Table 3).....	10		

No. <input type="text"/>	Name of charitable organization (donee).....	800	
	Street address.....	801	
	City, state, ZIP code.....	802	
	1=spouse, 2=joint.....	1	
	Property description.....	803	
	How acquired by donor (Table 1 or describe).....	804	
	Method used to determine FMV (Table 2 or describe).....	805	
	Date of contribution (m/d/y) *.....	5	
	Date acquired by donor (m/y) *.....	6	
	Donor's cost or basis.....	7	
Fair market value.....	8		
Contribution deduction (defaults to FMV) [O].....	9		
AGI limitation (Table 3).....	10		

No. <input type="text"/>	Name of charitable organization (donee).....	800	
	Street address.....	801	
	City, state, ZIP code.....	802	
	1=spouse, 2=joint.....	1	
	Property description.....	803	
	How acquired by donor (Table 1 or describe).....	804	
	Method used to determine FMV (Table 2 or describe).....	805	
	Date of contribution (m/d/y) *.....	5	
	Date acquired by donor (m/y) *.....	6	
	Donor's cost or basis.....	7	
Fair market value.....	8		
Contribution deduction (defaults to FMV) [O].....	9		
AGI limitation (Table 3).....	10		

<b>1</b> <u>How Property was Acquired</u> 1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange	<b>2</b> <u>Method Used to Determine FMV</u> 1 = Appraisal 2 = Thrift shop value 3 = Catalog 4 = Comparable sales For other methods, see IRS Pub. 561.	<b>3</b> <u>AGI Limitation</u> 1 = 30% limitation (default) 2 = 50% limitation 3 = 30% capital gain property 4 = 50% capital gain property
---	--	---

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ATTORNEYS' EYES ONLY

C FJ 0032

26

2000 1040 US Business Use of Home (Form 8829)

No. 29

Please enter 2000 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.

### BUSINESS USE OF HOME

	2000 Amount	1999 Amount
Form .....	45	
Number of form (e.g., enter 2 for Schedule C number 2) .....	46	
Business use area (square footage) .....	2	
Total area of home (square footage) .....	1	
Total hours facility used (for daycare facilities only) .....	3	
Total hours available (if not 8,784) [O] .....	9	
Business percentage (.xxxx) [O] .....	501	
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....	502	
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....	503	

### INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home.  
They benefit both the business and personal parts of your home.

Mortgage interest .....	11	
Real estate taxes .....	12	
Casualty losses .....	13	
Insurance .....	14	
Miscellaneous .....	15	
Rent .....	16	
Repairs and maintenance .....	17	
Utilities .....	18	
Excess mortgage interest .....	19	
Other indirect expenses:		
	20	
	20	
	20	
	20	
	20	

### DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include  
painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....	21	
Real estate taxes .....	22	
Casualty losses .....	23	
Insurance .....	24	
Miscellaneous .....	25	
Rent .....	26	
Repairs and maintenance .....	27	
Utilities .....	28	
Excess mortgage interest .....	29	
Excess casualty losses .....	30	
Allowable casualty losses .....	31	
Other direct expenses:		
	32	
	32	
	32	
	32	
	32	

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ATTORNEYS' EYES ONLY

CTF 0033

29

2000	1040	US	Vehicle/Employee Bus. Exp. (Form 2106)	No. <input type="text"/>	30
------	------	----	--	--------------------------	----

Please enter all pertinent 2000 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....	800	
Form .....	13	
Number of form (1=first Schedule C, 2=second, etc.) .....	14	
1=spouse.....	1	
1=performance artist, 2=handicapped, 3=fee-basis government official .....	8	

**EMPLOYEE BUSINESS EXPENSES**

	2000 Amount	1999 Amount
Meal and entertainment expenses .....	44	
Reimbursements for meals and entertainment not on W-2, box 1 .....	45	
1=Department of Transportation (60% meal allowance).....	50	
Local transportation (bus, taxi, train, etc.) .....	7	
Travel expenses while away from home overnight .....	9	
Reimbursements not included on Form W-2, box 1 .....	12	
Other business expenses:		
	10	
	10	
	10	

**VEHICLE INFORMATION**

1=your employer provided you with a vehicle .....	3	
1=vehicle used primarily by more than 5% owner .....	11	
1=vehicle is available for off-duty personal use .....	4	
1=no other vehicle is available for personal use .....	2	
1=no evidence to support your deduction .....	5	
1=no written evidence to support your deduction .....	6	
Number of months your job required a vehicle (if not 12 months) .....	80	

**VEHICLE 1**

Description of vehicle .....	801	
Date placed in service (m/d/y).....	15	
Total mileage .....	16	
Business mileage .....	17	
Commuting mileage .....	19	
Average daily round-trip commute .....	18	
Parking fees and tolls (business portion only) .....	70	
1=for actual expenses, 2=for standard mileage rate .....	21	
Actual expenses:		
Gasoline, lube, oil .....	51	
Repairs .....	52	
Tires .....	53	
Insurance .....	54	
Miscellaneous .....	22	
Auto license (other than personal property taxes) .....	55	
Personal property taxes (based on car's value) .....	56	
Interest (car loan) .....	57	
Vehicle rent or lease payments .....	23	
Inclusion amount (enter as positive) .....	20	
Value of employer-provided vehicle on Form W-2 .....	24	

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ATTORNEYS' EYES ONLY

C FJ 0034

30

0000 1040 US Vehicle Expenses (Form 2106) (cont.)

No. 

30 p2

Please enter all pertinent 2000 amounts. Last year's amounts are provided for your reference.

## VEHICLE 2

	2000 Amount	1999 Amount
Description of vehicle .....	802	
Date placed in service (m/d/y) .....	29	
Total mileage .....	30	
Business mileage .....	31	
Commuting mileage .....	33	
Average daily round-trip commute .....	32	
Parking fees and tolls (business portion only) .....	71	
1=force actual expenses, 2=force standard mileage rate .....	35	
Actual expenses:		
Gasoline, lube, oil .....	61	
Repairs .....	62	
Tires .....	63	
Insurance .....	64	
Miscellaneous .....	36	
Auto license (other than personal property taxes) .....	65	
Personal property taxes (based on car's value) .....	66	
Interest (car loan) .....	67	
Vehicle rent or lease payments .....	37	
Inclusion amount (enter as positive) .....	34	
Value of employer-provided vehicle on Form W-2 .....	38	

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ATTORNEYS' EYES ONLY

CTFJ 0035

30 p2

2000	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2000 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2000 Amount		1999 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2000 .....	3	53		
Other earned income (A) .....	4	54		
Employer-provided benefits received (W-2 box 10) (O) .....	5	55		
Employer-provided benefits forfeited in 2000 .....	6	56		

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width: 40px;" type="text"/>	First name .....	17	
	Last name .....	18	
	Date of birth (m/d/y) .....	22	
	Social security number .....	19	
	Qualified dependent care expenses incurred and paid in 2000 .....	20	1999 amt:
	1=spouse, 2=joint .....	21	

No. <input style="width: 40px;" type="text"/>	First name .....	17	
	Last name .....	18	
	Date of birth (m/d/y) .....	22	
	Social security number .....	19	
	Qualified dependent care expenses incurred and paid in 2000 .....	20	1999 amt:
	1=spouse, 2=joint .....	21	

No. <input style="width: 40px;" type="text"/>	First name .....	17	
	Last name .....	18	
	Date of birth (m/d/y) .....	22	
	Social security number .....	19	
	Qualified dependent care expenses incurred and paid in 2000 .....	20	1999 amt:
	1=spouse, 2=joint .....	21	

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width: 40px;" type="text"/>	Name of provider .....	10	
	Street address .....	11	
	City, state, ZIP code .....	12	
	Identification number (SSN or EIN) .....	13	
	Amount paid to care provider in 2000 .....	14	1999 amt:
	1=spouse, 2=joint .....	15	

No. <input style="width: 40px;" type="text"/>	Name of provider .....	10	
	Street address .....	11	
	City, state, ZIP code .....	12	
	Identification number (SSN or EIN) .....	13	
	Amount paid to care provider in 2000 .....	14	1999 amt:
	1=spouse, 2=joint .....	15	

HIGHLY CONFIDENTIAL  
ATTORNEYS' EYES ONLY

CTFJ 0036

33.1,33.2

2000	1040	US	Additional Information
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Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.

Must pay tax on cash received \$7,500.00 + \$1,000 Bonus. (2000)

Rec'd \$20,000 from colleague 1998. ?

HIGHLY CONFIDENTIAL  
ATTORNEYS' EYES ONLY

CTFJ 0037