

Tax and Credits

Standard Deduction for—
• People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 34.
• All others:
Single, \$4,700
Head of household, \$6,900
Married filing jointly or Qualifying widow(er), \$7,850
Married filing separately, \$3,925

36 Amount from line 35 (adjusted gross income) 27174.89
37a Check if: [] You were 65 or older, [] Blind, [] Spouse was 65-or-older, [] Blind. 2
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 34 and check here.
38 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 25389.56
39 Subtract line 38 from line 36 1845.33
40 If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35. 6000
41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- 0
42 Tax (see page 36). Check if any tax is from: a [] Form(s) 8814 b [] Form 4972
43 Alternative minimum tax (see page 37). Attach Form 6251
44 Add lines 42 and 43
45 Foreign tax credit. Attach Form 1116 if required
46 Credit for child and dependent care expenses. Attach Form 2441
47 Credit for the elderly or the disabled. Attach Schedule R.
48 Education credits. Attach Form 8863
49 Retirement savings contributions credit. Attach Form 8880
50 Child tax credit (see page 39).
51 Adoption credit. Attach Form 8839
52 Credits from: a [] Form 8396 b [] Form 8859
53 Other credits. Check applicable box(es). a [] Form 3800 b [] Form 8801 c [] Specify
54 Add lines 45 through 53. These are your total credits
55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-

Other Taxes

56 Self-employment tax. Attach Schedule SE
57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required
59 Advance earned income credit payments from Form(s) W-2
60 Household employment taxes. Attach Schedule H
61 Add lines 55 through 60. This is your total tax 0

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 1992.45
63 2002 estimated tax payments and amount applied from 2001 return
64 Earned income credit (EIC)
65 Excess social security and tier 1 RRTA tax withheld (see page 56)
66 Additional child tax credit. Attach Form 8812
67 Amount paid with request for extension to file (see page 56)
68 Other payments from: a [] Form 2439 b [] Form 4136 c [] Form 8885
69 Add lines 62 through 68. These are your total payments 1992.45

Refund

Direct deposit? See page 58 and fill in 71b, 71c, and 71d.

70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid 1992.45
71a Amount of line 70 you want refunded to you 1992.45
b Routing number
c Type: [] Checking [] Savings
d Account number
72 Amount of line 70 you want applied to your 2003 estimated tax 72

Amount You Owe

73 Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57 73
74 Estimated tax penalty (see page 57) 74

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? [] Yes. Complete the following. [] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See page 21. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature Date Your occupation Daytime phone number
Raymond W. Brown 4/12/03 RETIRED (815) 462-1794
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation
Cedric K. Brown 4/12/03 RETIRED

Paid Preparer's Use Only

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 EIN Phone no.