

CHRISTOPHER D KELLY
333646 GEORGIA TECH STATION
ATLANTA, GA 30332-1510

2003 U.S. INDIVIDUAL INCOME TAX RETURN SUMMARY

Adjusted Gross Income	\$	-103
Taxable Income	\$	0
Total Tax	\$	0
Total Payments	\$	0
Effective Tax Rate		0.00 %

INSTRUCTIONS FOR FILING YOUR RETURN ELECTRONICALLY

If you file electronically, make sure to follow the Electronic Filing Instructions to complete your tax return.

Come back to TurboTax in 24 to 48 hours to check the status of your return. TurboTax will let you know if your return has been accepted or rejected by the IRS.

If the IRS accepts your tax return, TurboTax will walk you through the final steps of electronic filing. It may involve printing and mailing some electronic filing forms. (DO NOT mail a printed copy of your tax return to the IRS. They already received an electronic copy of your tax return.)

If your return is rejected due to an error, you have two options. You must fix the error and retransmit your return electronically, or you can mail a printed copy of your return to the IRS. To mail your printed return, follow the mailing instructions below.

INSTRUCTIONS FOR FILING YOUR RETURN BY MAIL

Your federal Form 1040 shows neither a refund nor balance due.

Please mail your return to the following IRS address postmarked by Thursday, April 15, 2004.

Internal Revenue Service Center
Atlanta, GA 39901-0002

Be sure to sign and date your return and include the proper amount of postage on the envelope.

ATTACHMENTS

Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040.

Form **1040****U.S. Individual Income Tax Return 2003**

(99)

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

Label
(See instructions.)**Use the IRS label.**
Otherwise, please print or type.**Presidential Election Campaign**
(See instructions.)

For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20		OMB No. 1545-0074
Your first name CHRISTOPHER	MI D	Last name KELLY
If a joint return, spouse's first name CHRISTOPHER		MI D
Last name KELLY		
Home address (number and street). If you have a P.O. box, see instructions. 333646 GEORGIA TECH STATION		Apartment no.
City, town or post office. If you have a foreign address, see instructions. ATLANTA		State ZIP code GA 30332-1510

▲ Important! ▲
You **must** enter your social security number(s) above.

Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? **Yes** ☐ **No** ☒ **Yes** ☐ **No** ☐

Filing Status

- 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here 5 ☐ Qualifying widow(er) with dependent child. (See instructions.)

Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a **No. of boxes checked on 6a and 6b. 1**

b ☐ **Spouse** **No. of children on 6c who:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	<input type="checkbox"/> lived with you . . . <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) . . <input type="checkbox"/> Dependents on 6c not entered above .
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed **1**

Income**Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.**

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

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	3,009.
8a Taxable interest. Attach Schedule B if required	8a	25.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	104.
b Qualif divs (see instrs)	9b	104.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received.	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13a	-241.
b If box on 13a is checked, enter post-May 5 capital gain distributions	13b	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	2,897.
23 Educator expenses (see instructions)	23	
24 IRA deduction (see instructions)	24	
25 Student loan interest deduction (see instructions)	25	
26 Tuition and fees deduction (see instructions)	26	3,000.
27 Moving expenses. Attach Form 3903	27	
28 One-half of self-employment tax. Attach Schedule SE	28	
29 Self-employed health insurance deduction (see instrs)	29	
30 Self-employed SEP, SIMPLE, and qualified plans	30	
31 Penalty on early withdrawal of savings	31	
32a Alimony paid b Recipient's SSN	32a	
33 Add lines 23 through 32a	33	3,000.
34 Subtract line 33 from line 22. This is your adjusted gross income	34	-103.

Adjusted Gross Income

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	-103.
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind.		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 36b <input type="checkbox"/>		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	4,750.
38	Subtract line 37 from line 35	38	-4,853.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet in the instructions	39	3,050.
40	Taxable income. Subtract line 39 from line 38.	40	0.
41	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	0.
42	Alternative minimum tax (see instructions). Attach Form 6251	42	0.
43	Add lines 41 and 42	43	0.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see instructions)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	0.
55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54-59. This is your total tax	60	0.
61	Federal income tax withheld from Forms W-2 and 1099	61	
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see instructions)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see instructions)	66	
67	Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	
69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	
70a	Amount of line 69 you want refunded to you	70a	
	► b Routing number <input type="text"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	► d Account number <input type="text"/>		
71	Amount of line 69 you want applied to your 2004 estimated tax	71	
72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions	72	0.
73	Estimated tax penalty (see instructions)	73	

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

Amount You Owe**Third Party Designee**

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

Designee's name	Phone no.	Personal identification number (PIN)
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Sign Here

Joint return? See instructions.

Keep a copy for your records.

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

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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Self-Prepared		EIN
			Phone no.

SCHEDULE D
(Form 1040)

 Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

- ▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
 ▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2003
12

Name(s) shown on Form 1040

Your social security number

CHRISTOPHER D KELLY

258-49-7552

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1 4.39 JANUS WORLDWIDE	12/13/02	10/29/03	164.87	145.35	19.52	19.52
1.33 JANUS TWENTY	12/13/02	12/10/03	45.06	73.07	-28.01	-28.01
2 Enter your short-term totals, if any, from Schedule D-1, line 2.	2					
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3	210.				
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 2002 Capital Loss Carryover Worksheet	6					
7 a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0-. Do not enter more than zero.	7 a					-8.
b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	b				-8.	

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8 461.25 JANUS WORLDWIDE	Various	10/29/03	17,342.86	15,287.68	2,055.18	2,055.18
181.48 JANUS TWENTY	Various	12/10/03	6,172.17	10,007.74	-3,835.57	-3,835.57
19,000.00 U S TREAS SEC STRIPPED INT PMT 0	01/03/95	08/15/03	19,000.00	17,453.02	1,546.98	1,546.98
9 Enter your long-term totals, if any, from Schedule D-1, line 9.	9					
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10	42,515.				
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 instrs.	13					
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet	14					
15 Combine lines 8 through 13 in column (g). If zero or less, enter -0-	15					0.
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)	16				-233.	

Next: Go to Part III on page 2.

*Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, 'collectibles gains and losses' (as defined in the instructions) or eligible gain on qualified small business stock (see instrs).

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

Schedule D (Form 1040) 2003

Part III Taxable Gain or Deductible Loss

17a Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below	17a	-241.
b Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40	17b	0.
Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete Part IV below.		
• Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.		
18 If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see instructions)	18	-241.
Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete Part IV below (but skip lines 19 and 20).		
• Otherwise, skip Part IV below and complete the rest of Form 1040.		

Part IV Tax Computation Using Maximum Capital Gains Rates

If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.

19 Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet in the instructions	19	
20 Enter your 28% rate gain, if any, from line 7 of the worksheet in the instructions	20	
If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet in the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.		
21 Enter your taxable income from Form 1040, line 40	21	
22 Enter the smaller of line 16 or line 17a, but not less than zero	22	
23 Enter your qualified dividends from Form 1040, line 9b	23	
24 Add lines 22 and 23	24	
25 Amount from line 4g of Form 4952 (investment interest expense)	25	
26 Subtract line 25 from line 24. If zero or less, enter -0-	26	
27 Subtract line 26 from line 21. If zero or less, enter -0-	27	
28 Enter the smaller of line 21 or:		
• \$56,800 if married filing jointly or qualifying widow(er);		
• \$28,400 if single or married filing separately; or	28	
• \$38,050 if head of household		
If line 27 is greater than line 28, skip lines 29 through 39 and go to line 40.		
29 Enter the amount from line 27	29	
30 Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40	30	
31 Add lines 17b and 23*	31	
32 Enter the smaller of line 30 or line 31	32	
33 Multiply line 32 by 5% (.05)	33	
If lines 30 and 32 are the same, skip lines 34 through 39 and go to line 40.		
34 Subtract line 32 from line 30	34	
35 Enter your qualified 5-year gain, if any, from line 8 of the worksheet in the instructions	35	
36 Enter the smaller of line 34 or line 35	36	
37 Multiply line 36 by 8% (.08)	37	
38 Subtract line 36 from line 34	38	
39 Multiply line 38 by 10% (.10)	39	
If lines 26 and 30 are the same, skip lines 40 through 49 and go to line 50.		
40 Enter the smaller of line 21 or line 26	40	
41 Enter the amount from line 30 (if line 30 is blank, enter -0-)	41	
42 Subtract line 41 from line 40	42	
43 Add lines 17b and 23*	43	
44 Enter the amount from line 32 (if line 32 is blank, enter -0-)	44	
45 Subtract line 44 from line 43	45	
46 Enter the smaller of line 42 or line 45	46	
47 Multiply line 46 by 15% (.15)	47	
48 Subtract line 46 from line 42	48	
49 Multiply line 48 by 20% (.20)	49	
50 Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies	50	
51 Add lines 33, 37, 39, 47, 49, and 50	51	
52 Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies	52	
53 Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41	53	

*If lines 23 and 25 are more than zero, see instructions for the amount to enter.

Schedule D (Form 1040) 2003

CHRISTOPHER D KELLY
333646 GEORGIA TECH STATION
ATLANTA, GA 30332-1510

2003 GEORGIA INDIVIDUAL INCOME TAX RETURN SUMMARY

Taxable Income	\$	0.00
Total Tax	\$	0.00
Total Payments/Credits	\$	26.00
Amount to be Refunded	\$	26.00

INSTRUCTIONS FOR ELECTRONICALLY FILING YOUR RETURN

If you are filing your return electronically, make sure you come back to TurboTax in 24 to 48 hours to check the status of your return. You will receive instructions at that time on how to complete the electronic filing process. Follow those instructions.

IMPORTANT: DO NOT mail a copy of your tax return to the state taxing authority. They already received an electronic copy of your tax return.

INSTRUCTIONS FOR MAILING YOUR RETURN (NOT FOR USERS WHO FILE ELECTRONICALLY)

Your Georgia Form 500 shows a refund of \$26.00.

Please mail your return to the following address by April 15, 2004:

GEORGIA INCOME TAX DIVISION
P.O. BOX 105597
ATLANTA, GEORGIA 30348-5597

Be sure to sign and date your return and include the proper amount of postage on the envelope.

INSTRUCTIONS FOR SPECIAL FORMATTING

Your printed state tax forms may look different than what you're used to seeing. Some states require us to include special formatting, such as bar codes, on computer-printed tax forms. This special formatting allows your state to process your return much more quickly and efficiently.

If your state return has this special formatting, don't worry. Your forms are completely approved by your state taxing authority.

Simply mail your state return to the address shown above.



0400407413

**Georgia Form 500** (Rev 6/03)Individual Income Tax Return
Georgia Department of Revenue**2003** (Approved software version)

DEPARTMENT USE ONLY

DEL ☐ EXT ☐

Fiscal Year Beginning

Check if you **DO NOT** want a booklet next year

Fiscal Year Ending

1 Your First Name
CHRISTOPHER**Initial**
D**Your Social Security Number**
258497552**Your Last Name**
KELLY**Suffix****Spouse's First Name****Initial****Spouse's Social Security Number****Spouse's Last Name****Suffix**

DEPARTMENT USE ONLY

2 Address (Check if Address has Changed)

(Use 2nd address line for Apt, Suite, Unit or Bldg number)

333646 GEORGIA TECH STATION

GAIA0112 12/19/03

3 City ATLANTA
Country (if Foreign)**State** GA**Zip Code** 303321510**4** Enter your Residency Status with the appropriate number **4** 1
1 Full-Year Resident 2 Part-Year Resident from to 3 Nonresident

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 4

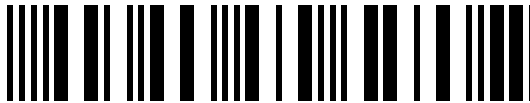
5 Enter Filing Status with appropriate letter (Must be the same status used on your Federal Return) **5** A**A** Single **C** Married filing separate (Spouse's social security number must be entered above)
B Married filing joint **D** Head of Household or Qualifying Widow(er)**6** Number of exemptions (Check appropriate box(es) and enter total in 6c.) **6a** Yourself ☒ **6b** Spouse **6c** 1

Dependents — (If you have more than 3 dependents, attach a list of additional dependents)

First Name **Last Name** **Dependent's SSN** **Relationship to You****7a** Number of Dependents (DO NOT include yourself or your spouse) **7a****7b** Add Lines 6c and 7a. Enter total **7b** 1**8** Federal adjusted gross income **8** -103

If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s, you must enclose a copy of your Federal Form 1040 Pages 1 and 2. Do not enclose other Federal Schedules from Federal Form 1040, 1040A or 1040EZ (Do not use FEDERAL TAXABLE INCOME)

9 Adjustments from Schedule 1 (See instructions for Line 9) **9****10** Georgia adjusted gross income (Net total of Line 8 and Line 9) **10** -103**11** Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) see instructions for Line 11. **11a** 2300**b** Self: 65 or over? Blind? Spouse: 65 or over? Blind?
Total of Boxes x 1,300 = **11b****c** Total Standard Deduction (Line 11a + Line 11b) **11c** 2300**Use EITHER Line 11c OR Line 12 (Do not write on both lines)****12** Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A**Itemized Deductions (Schedule A-Form 1040)** **Less: see instructions for Line 11**. **12**



0400407423

2003

CHRISTOPHER D KELLY

258497552

Your Social Security Number

13	Subtract either Line 11c or Line 12 from Line 10; enter balance	▶	13	-2403
14a	Number on Line 6c 1 multiplied by \$2,700	14a	2700	
14b	Number on Line 7a multiplied by \$3,000	14b		
14c	Add Lines 14a and 14b. Enter total	▶	14c	2700
15	Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶	15	0
16	Tax (Use Tax Table in the instructions)	▶	16	0
17	Credits from Schedule 2, Page 3 (Enter total but not more than the amount on Line 16)	▶	17	
18	Balance (Line 16 less Line 17) if zero or less than zero, enter zero	▶	18	0
19	Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose withholding statements)	▶	19	
20	Estimated Tax for 2003 and Form IT-560	▶	20	
21	Low Income Credit (See worksheet on page 7) 21a ▶ 1 21b ▶ 26	▶	21c	26
22	Department Use Only	▶	22	
23	Total prepayment credits (Add Lines 19, 20, and 21c)	▶	23	26
24	If Line 18 exceeds Line 23 enter BALANCE DUE STATE	▶	24	
25	If Line 23 exceeds Line 18 enter OVERPAYMENT amount	▶	25	26
26	Amount to be credited to 2004 ESTIMATED TAX.	▶	26	0
27	Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	▶	27	
28	Georgia Children and Elderly Fund (No gift of less than \$1.00)	▶	28	
29	Georgia Cancer Research Fund (No gift of less than \$1.00)	▶	29	
30	Form 500 UET (Estimated tax penalty)	▶	30	
31	Add Lines 24, 27, 28, 29, and 30 (Balance Due)	▶	31	

MAKE CHECK PAYABLE FOR THE AMOUNT ON LINE 31 TO: **GEORGIA INCOME TAX DIVISION**

DO NOT USE STAPLES OR PAPER CLIPS ON YOUR CHECK, W-2'S OR TAX RETURN, ENCLOSE ALL ITEMS IN THE RETURN ENVELOPE.

32	Amount to be Refunded (Line 25 minus Line 26 through Line 30 if applicable)	▶	32	26
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REFUNDS TO:

Georgia Income Tax Division
P.O. Box 105597
Atlanta, GA 30348-5597

PAYMENTS AND TAX RETURNS TO:

Georgia Income Tax Division
P.O. Box 105613
Atlanta, GA 30348-5613

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

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

Taxpayer's Signature (Check box if deceased ☐)

Date

Daytime Phone Number

☐ Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the preparer named below.

Spouse's Signature (Check box if deceased ☐)

Date

Self-Prepared

Signature of Preparer if other than taxpayer

ID Number of Preparer

Phone Number

Date

Form **1040****U.S. Individual Income Tax Return 2003**

(99)

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

Label
(See instructions.)**Use the IRS label.**
Otherwise, please print or type.**Presidential Election Campaign**
(See instructions.)

For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20		OMB No. 1545-0074
Your first name CHRISTOPHER	MI D	Last name KELLY
If a joint return, spouse's first name MI Last name		Your social security number 258-49-7552
Home address (number and street). If you have a P.O. box, see instructions. 333646 GEORGIA TECH STATION		▲ Important! ▲ You must enter your social security number(s) above.
City, town or post office. If you have a foreign address, see instructions. ATLANTA		
Apartment no.		
State ZIP code GA 30332-1510		

Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☐ No

Filing Status

- 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here 5 ☐ Qualifying widow(er) with dependent child. (See instructions.)

Exemptions

6a ☒ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a **No. of boxes checked on 6a and 6b. 1**

b ☐ **Spouse** **No. of children on 6c who:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	<input type="checkbox"/> lived with you . . . <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) . . Dependents on 6c not entered above .
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed **Add numbers on lines above 1**

Income**Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.**

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

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	3,009.
8a Taxable interest. Attach Schedule B if required	8a	25.
b Tax-exempt interest. Do not include on line 8a 8b		
9a Ordinary dividends. Attach Schedule B if required	9a	104.
b Qualif divs (see instrs) 9b		104.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received.	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input type="checkbox"/>	13a	-241.
b If box on 13a is checked, enter post-May 5 capital gain distributions 13b		
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions 15a	b Taxable amount (see instrs) 15b	
16a Pensions and annuities 16a	b Taxable amount (see instrs) 16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits 20a	b Taxable amount (see instrs) 20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	2,897.
23 Educator expenses (see instructions)	23	
24 IRA deduction (see instructions)	24	
25 Student loan interest deduction (see instructions)	25	
26 Tuition and fees deduction (see instructions)	26	3,000.
27 Moving expenses. Attach Form 3903	27	
28 One-half of self-employment tax. Attach Schedule SE	28	
29 Self-employed health insurance deduction (see instrs)	29	
30 Self-employed SEP, SIMPLE, and qualified plans	30	
31 Penalty on early withdrawal of savings	31	
32a Alimony paid b Recipient's SSN 32a		
33 Add lines 23 through 32a	33	3,000.
34 Subtract line 33 from line 22. This is your adjusted gross income	34	-103.

Adjusted Gross Income

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	-103.
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind.		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 36b <input type="checkbox"/>		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	4,750.
38	Subtract line 37 from line 35	38	-4,853.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet in the instructions	39	3,050.
40	Taxable income. Subtract line 39 from line 38.	40	0.
41	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	0.
42	Alternative minimum tax (see instructions). Attach Form 6251	42	0.
43	Add lines 41 and 42	43	0.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see instructions)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	0.
55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54-59. This is your total tax	60	0.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see instructions)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see instructions)	66	
67	Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	

Refund

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	
70a	Amount of line 69 you want refunded to you	70a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
71	Amount of line 69 you want applied to your 2004 estimated tax	71	

Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions	72	0.
73	Estimated tax penalty (see instructions)	73	

Third Party Designee

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

Designee's name	Phone no.	Personal identification number (PIN)
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Sign Here

Joint return? See instructions.

Keep a copy for your records.

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

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

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Self-Prepared		EIN
			Phone no.