

Form **1040**

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 1999

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 1999, or other tax year beginning

1999, ending

OMB No. 1545-0074

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

Your First Name Phillip	MI K	Last Name Allen	Your Social Security Number 463-06-5796
If a Joint Return, Spouse's First Name Heather	MI L	Last Name Allen	Spouse's Social Security Number 450-47-9586
Home Address (number and street). If You Have a P.O. Box, See Instructions. 8855 Merlin Ct.			▲ Important! ▲ You must enter your social security number(s) above.
City, Town or Post Office. If You Have a Foreign Address, See Instructions. Houston			
State: ZIP Code TX 77055			
Do you want \$3 to go to this fund?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a joint return, does your spouse want \$3 to go to this fund?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Filing StatusCheck only
one box.

1	<input type="checkbox"/> Single
2	<input checked="" type="checkbox"/> Married filing joint return (even if only one had income)
3	<input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ...
4	<input type="checkbox"/> 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 ...
5	<input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶ 19 ..). (See instructions.)

ExemptionsIf more than
six dependents,
see instructions.

6a	<input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a	No. of boxes checked on 6a and 6b	2
b	<input checked="" type="checkbox"/> Spouse	No. of your children on 6c who: ● lived with you	3
c Dependents:		(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)	
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you
Kelsey D Allen		637-36-2279	Daughter
Justin D Allen		631-48-1144	Son
Evelyn G Allen		644-68-9860	Daughter
d Total number of exemptions claimed		Dependents on 6c not entered above	
		Add numbers entered on lines above ▶	5

Income**Attach Copy B
of your 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 staple, any
payment. Also,
please use
Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	267,824.
8a	Taxable interest. Attach Schedule B if required	8a	1,074.
b	Tax-exempt interest. Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	4,302.
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	-16,631.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ... <input type="checkbox"/>	13	-3,000.
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
b	Taxable amount (see instrs)	15b	
16a	Total pensions & annuities	16a	
b	Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0.
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. List type & amount (see instrs)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	253,569.
23	IRA deduction (see instructions)	23	
24	Student loan interest deduction (see instructions)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see instructions)	28	
29	Keogh and self-employed SEP and SIMPLE plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ... ▶	31a	
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your adjusted gross income ▶	33	253,569.

**Adjusted
Gross
Income****BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.**Form **1040** (1999)

Tax and Credits**Standard Deduction for Most People**Single:
\$4,300Head of household:
\$6,350Married filing jointly or Qualifying widow(er):
\$7,200Married filing separately:
\$3,600

34	Amount from line 33 (adjusted gross income)	34	253,569.
35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here	35b	
36	Enter your itemized deductions from Schedule A, line 28, Or standard deduction shown on the left. But see instructions 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	25,305.
37	Subtract line 36 from line 34	37	228,264.
38	If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter	38	6,600.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	221,664.
40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	63,154.
41	Credit for child and dependent care expenses. Attach Form 2441	41	
42	Credit for the elderly or the disabled. Attach Schedule R	42	
43	Child tax credit (see instructions)	43	
44	Education credits. Attach Form 8863	44	
45	Adoption credit. Attach Form 8839	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	47	
48	Add lines 41 through 47. These are your total credits	48	
49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	49	63,154.
50	Self-employment tax. Attach Schedule SE	50	
51	Alternative minimum tax. Attach Form 6251	51	
52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53	
54	Advance earned income credit payments from Form(s) W-2	54	
55	Household employment taxes. Attach Schedule H	55	
56	Add lines 49-55. This is your total tax	56	63,154.

Other Taxes**Payments**

57	Federal income tax withheld from Forms W-2 and 1099	57	72,625.
58	1999 estimated tax payments and amount applied from 1998 return	58	
59a	Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount and type	59a	
60	Additional child tax credit. Attach Form 8812	60	
61	Amount paid with request for extension to file (see instructions)	61	
62	Excess social security and RRTA tax withheld (see instrs)	62	
63	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	63	
64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64	72,625.

Refund

Have it directly deposited! See instructions and fill in 66b, 66c, and 66d.

65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid	65	9,471.
66a	Amount of line 65 you want Refunded to You	66a	9,471.
b	Routing number <u>113010547</u>	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <u>77056025</u>		
67	Amount of line 65 you want Applied to Your 2000 Estimated Tax	67	

Amount You Owe

68	If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe . For details on how to pay, see instructions	68	
69	Estimated tax penalty. Also include on line 68	69	

Sign HereJoint 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 Telephone Number (optional)
		Trader	
Spouse's Signature. If a Joint Return, Both Must Sign.	Date	Spouse's Occupation	
		Housewife	

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) and Address	Self-prepared		EIN
			ZIP Code

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U.S. Individual Income Tax Return 1998

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For the year Jan 1-Dec 31, 1998, or other tax year beginning , 1998, ending , 19 OMB No. 1545-0074

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

Your First Name Phillip		MI K	Last Name Allen		Your Social Security Number 463-06-5796	
If a Joint Return, Spouse's First Name Heather		MI L	Last Name Allen		Spouse's Social Security Number 450-47-9586	
Home Address (number and street). If You Have a P.O. Box, See Instructions. 8855 Merlin Ct.					Apartment No.	
City, Town or Post Office. If You Have a Foreign Address, See Instructions. Houston					State ZIP Code TX 77055	
Do you want \$3 to go to this fund? <input type="checkbox"/>					Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	
If a joint return, does your spouse want \$3 to go to this fund? <input type="checkbox"/>					Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	

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

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

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's SSN above & full name here ...
- 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 ...
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See instructions.)

Exemptions

If more than six dependents, see instructions.

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 ... **2**

b ☒ Spouse

No. of your children on 6c who: ☐ lived with you **2**

☐ did not live with you due to divorce or separation (see instructions)

c Dependents:

(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 instructions)
Kelsey D	Allen	637-36-2279	Daughter	<input checked="" type="checkbox"/>
Justin D	Allen	631-48-1144	Son	<input checked="" type="checkbox"/>

Dependents on 6c not entered above

Add numbers entered on lines above ▶ **4**

d Total number of exemptions claimed

Income**Attach Copy B of your Forms W-2, W-2G, and 1099-R here.**

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

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	475,188.
8a Taxable interest. Attach Schedule B if required	8a	1,917.
b Tax-exempt interest. Do not include on line 8a	8b	
9 Ordinary dividends. Attach Schedule B if required	9	2,442.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D	13	-3,000.
14 Other gains or (losses). Attach Form 4797	14	
15a Total IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Total pensions & 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. List type & amount — see instrs	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	476,547.

Adjusted Gross Income

If line 33 is under \$30,095 (under \$10,030 if a child did not live with you), see EIC in the instructions.

23 IRA deduction (see instructions)	23	
24 Student loan interest deduction (see instructions)	24	
25 Medical savings account deduction. Attach Form 8853	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed health insurance deduction (see instructions)	28	
29 Keogh and self-employed SEP and SIMPLE plans	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid. b Recipient's SSN	31a	
32 Add lines 23 through 31a	32	
33 Subtract line 32 from line 22. This is your adjusted gross income	33	476,547.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (1998)

Tax and Credits**Standard Deduction for Most People**Single:
\$4,250Head of household:
\$6,250Married filing jointly or Qualifying widow(er):
\$7,100Married filing separately:
\$3,550

34	Amount from line 33 (adjusted gross income)	34	476,547.
35a	Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
35b	If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here	35b	
36	Enter the larger of your itemized deductions from Schedule A, line 28, Or standard deduction shown on the left. But see instructions 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	58,036.
37	Subtract line 36 from line 34	37	418,511.
38	If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet in the instructions for the amount to enter	38	0.
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	418,511.
40	Tax. See instructions. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	139,334.
41	Credit for child and dependent care expenses. Attach Form 2441	41	
42	Credit for the elderly or the disabled. Attach Schedule R	42	
43	Child tax credit (see instructions)	43	
44	Education credits. Attach Form 8863	44	
45	Adoption credit. Attach Form 8839	45	
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	47	
48	Add lines 41 through 47. These are your total credits	48	
49	Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-	49	139,334.
50	Self-employment tax. Attach Schedule SE	50	
51	Alternative minimum tax. Attach Form 6251	51	
52	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	52	
53	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	53	
54	Advance earned income credit payments from Form(s) W-2	54	
55	Household employment taxes. Attach Schedule H	55	
56	Add lines 49-55. This is your total tax	56	139,334.

Other Taxes**Payments**

Attach Forms W-2 and W-2G to page 1. Also attach Form 1099-R if tax was withheld.

57	Federal income tax withheld from Forms W-2 and 1099	57	135,287.
58	1998 estimated tax payments and amount applied from 1997 return	58	
59a	Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount and type	59a	
60	Additional child tax credit. Attach Form 8812	60	
61	Amount paid with Form 4868 (request for extension)	61	
62	Excess social security and RRTA tax withheld (see instrs)	62	
63	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	63	
64	Add lines 57, 58, 59a, and 60 through 63. These are your total payments	64	135,287.

Refund

Have it directly deposited! See instructions and fill in 65b, 65c, and 65d.

65	If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid	65	
66a	Amount of line 65 you want Refunded to You	66a	
66b	Routing number	66b	
66c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	66c	
66d	Account number	66d	
67	Amount of line 65 you want Applied to Your 1999 Estimated Tax	67	

Amount You Owe

68	If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe . For details on how to pay, see instructions	68	4,047.
69	Estimated tax penalty. Also include on line 68	69	

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 <i>Phillip K Allen</i>	Date 4-14-99	Your Occupation Trader	Daytime Telephone Number (optional)
Spouse's Signature. If a Joint Return, Both Must Sign.	Date	Spouse's Occupation Housewife	

Paid Preparer's Use Only

Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Social Security No.
Firm's Name (or yours if self-employed) and Address	Self-prepared		EIN
			ZIP Code