

## **2003 Tax Return(s)**

**Prepared for** ALEXANDER W. KRAGIE  
CLIENT CODE: KRAGIEALEX

**Account Number** 769234  
**Release Number** 2003.05000

**Prepared by** DYER & ASSOCIATES, P.C.  
7201 WISCONSIN AVENUE  
BETHESDA, MARYLAND  
20814

**Processing** Date: 04/10/2004  
Time: 16:26:41

**Special  
Instructions**

**Messages**

## Return Information

### CAUTION

Form: Form 8863

- Form 8863. An education credit has been claimed by a taxpayer who is filing as a dependent of another. A taxpayer filing as a dependent of another can only claim the credit if the taxpayer's personal exemption is not claimed by another taxpayer. If the taxpayer is being claimed by another taxpayer, remove the applicable input on federal Interview Form P-15 and rerun the return. (20191)

### INFORMATIONAL

Form: 1 Sheet: 1 Box: 54

- Form 1040. Taxpayer filing as a dependent of another is over age 18 and additional restrictions apply for being claimed as a dependent. Review exemption qualifying tests and revise input and rerun the return if the taxpayer is not required to file as a dependent of another. (32245)

Form: Form 2210 P1

- Form 2210. Form 2210 has not been prepared because the tax after allowable credits and withholding is less than \$ 1,000, and estimated tax payments would not have been required. (30665)

Form: MD 502

- Maryland. If you are a first time estimate filer, the state of Maryland requests that your first estimate voucher be mailed to Annapolis and the next three to Baltimore. This will not be shown in the standard filing instructions; however, the transmittal letter and custom filing instructions will reflect the filing addresses. If you are not a first time estimate filer, all four vouchers will be mailed to Baltimore. To alter this treatment, on Interview Form MD3, Box 39, enter a code of 1 if all four vouchers should be sent to Annapolis, or enter a code of 2 if all four vouchers should be sent to Baltimore. (31857)
- Maryland. The optimized standard deduction method produced a greater deduction than the alternate method of itemized deductions by \$ 2,000.00. (35561)

## **2003 Input Overrides Used**

NAME: ALEXANDER W. KRAGIE

ID Number: 230-51-8048

300971 05-01-03

16240410 769234 KRAFTKRAFT,EX

2003.05000 Kragte Alexander W.

KRAGTEA1

## 2003 Return Summary

ALEXANDER W. KRAGIE

230-51-8048

	FEDERAL	MARYLAND
ADJUSTED GROSS INCOME	21,191.	21,191.
ITEMIZED OR STANDARD DEDUCTION	<1,915.>	<2,000.>
EXEMPTIONS	0.	0.
TAXABLE INCOME	19,276.	19,191.
TAX	2,466.	858.
FOREIGN TAX CREDIT	<20.>	0.
EDUCATION CREDIT	<2,000.>	
OTHER TAXES	0.	566.
INCOME TAX WITHHELD	<35.>	<31.>
ESTIMATED TAX PAID	<3,200.>	<1,884.>
AMOUNT OVERPAID	2,789.	491.
AMOUNT DUE <REFUND>	<1,989.>	0.
AMOUNT OF REFUND CREDITED TO NEXT YEAR	800.	491.

### ADDITIONAL INFORMATION:

#### FEDERAL TAX BRACKET

AVERAGE TAX RATE - 12.79%

MARGINAL RATE OF ORDINARY INCOME - 15%

MARGINAL RATE OF LT CAPITAL GAIN - 5%

#### MARYLAND TAX BRACKET - 4.75%

STATE REFUND TAXABLE NEXT YEAR

491.

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1, Sheet #1, Entity 1                  Box Cnt 12

30: "MD", 40: "ALEXANDER W.", 41: "KRAGIE", 42: "230-51-8048"  
50: "STUDENT", 51: " / 1984", 54: "X", 61: "4713 DRUMMOND AVE."  
63: "CHEVY CHASE", 64: "MD", 65: "20815", 70: "1"

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2, Sheet #1, Entity 1                  Box Cnt 2

43: "Y", 56: "Y"

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3, Sheet #1, Entity 1                  Box Cnt 2

38: "MAUREEN R. GEIMER", 39: "331-30-3598"

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4, Sheet #1, Entity 1                  Box Cnt 1

81: "2"

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7, Sheet #1, Entity 1                  Box Cnt 11

30: "1", 31: 15.0000%, 37: 1419, 38: 501, 42: 2700, 46: 20869, 51: 25489  
69: 25489, 76: 1983, 82: 1983, 86: 23506

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8, Sheet #1, Entity 1                  Box Cnt 13

30: 3079, 40: 24, 81: 3055, 86: 3600, 97: 3600, 98: 545, 100: 545  
110: "MD", 111: 22957, 112: 1039, 114: 677, 115: 2000, 116: -284

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12, Sheet #1, Entity 1                  Box Cnt 2

30: "Y", 64: "DEAR ALEXANDER:"

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14, Sheet #1, Entity 1                  Box Cnt 2

33: "X", 43: "X"

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15, Sheet #1, Entity 1                  Box Cnt 3

30: "Y", 36: "3", 49: 12/31/04

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18, Sheet #1, Entity 1                  Box Cnt 1

36: 20

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B-1, Sheet #1, Entity 1                  Box Cnt 18

30: "WACHOVIA SECURITIES O.I.D.", 31: 21, 150: "GNMA FUND INV. SHRS."  
151: 17, 158: "SHORT-TERM FED. INV.", 159: 408  
166: "HEALTH CARE FUND INV.", 167: 414, 168: 414  
174: "INTERNATIONAL FUND INV.", 175: 180, 176: 131  
182: "STRATEGIC EQUITY FUND", 183: 234, 184: 201, 199: 10, 208: 47  
209: 47

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D-1, Sheet #1, Entity 1                  Box Cnt 45

30: "44.456 SHS. HEALTH CARE FUND", 32: "P"  
37: "362.845 SHS. INTERNATIONAL GROWTH INV.", 39: "P"  
44: "1031.637 SHS. INTERNATIONAL GROWTH INC.", 46: "P"  
51: "328.947 SHS. STRATEGIC EQUITY FUND", 53: "P"  
58: "282.965 SHS. STRATEGIC EQUITY FUND", 60: "P"  
65: "47.373 SHS. SHORT-TERM FEDERAL INV.", 67: "L"  
72: "1826.711 SHS. SHORT-TERM FEDERAL INV.", 74: "P"  
79: "1000 GOVERN. TRUST CERT. REDEMPTION", 81: "P"  
86: "2000 RESOLUTION FUNDING CORPORATION", 88: "P", 101: "10/21/03"  
102: 5000, 103: 4355, 110: "07/14/03", 111: 5000, 112: 6317  
119: "09/23/03", 120: 15000, 121: 17962, 128: "06/09/03", 129: 5000  
130: 4964, 137: "10/21/03", 138: 5000, 139: 4270, 146: "04/22/03"  
147: 505, 148: 498, 155: "07/30/03", 156: 18878, 157: 18800  
164: "05/15/03", 165: 1000, 166: 1000, 173: "11/14/03", 174: 1911  
175: 2000

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K-1, Sheet #1, Entity 1                  Box Cnt 6

30: "E", 31: "JOHN & MARGARET KRAGIE GRANDCHILDRENS TR.", 32: "52-6861040"  
38: "1", 50: 1, 68: 21800

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P-15, Sheet #1, Entity 1                  Box Cnt 6

30: "ALEXANDER W. ", 31: "KRAGIE", 32: "230-51-8048", 33: "T", 71: 28615  
72: "2"

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T-1, Sheet #1, Entity 1                  Box Cnt 3

30: "2", 40: "2", 63: 100

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T-2, Sheet #1, Entity 1                  Box Cnt 5

30: 255, 31: 800, 32: 800, 33: 800, 40: 545

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W-2, Sheet #1, Entity 1              Box Cnt 6

30: "RITE AID OF MARYLAND INC.", 70: 932, 71: 35, 72: 58, 73: 14  
100: 31.00

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MD1, Sheet #1, Entity 1              Box Cnt 2

36: "MON", 37: "CHEVY CHASE"

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MD3, Sheet #1, Entity 1              Box Cnt 3

30: "2", 35: "2", 59: 50

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MD4, Sheet #1, Entity 1              Box Cnt 6

30: 250, 31: 450, 32: 450, 33: 450, 38: 12/20/03, 40: 284

# Two-Year Comparison Worksheet

**2003**

Name(s) as shown on return

ALEXANDER W. KRAGIE

Social security number  
230-51-8048

2002 Filing Status **SINGLE**

2003 Filing Status **SINGLE**

2002 Tax Bracket **15.0%**

2003 Tax Bracket **15.0%**

Description	Tax Year 2002	Tax Year 2003	Increase (Decrease)
WAGES, SALARIES, AND TIPS	0.	932.	932.
SCHEDULE B - TAXABLE INTEREST	0.	21.	21.
SCHEDULE B - DIVIDENDS	1,419.	1,253.	<166.>
TAXABLE REFUNDS OF STATE/LOCAL TAX	501.	0.	<501.>
SCHEDULE D (CAPITAL GAIN/LOSS)	2,700.	<2,815.>	<5,515.>
SCHEDULE E (RENTAL AND PASSTHROUGH)	20,869.	21,800.	931.
TOTAL INCOME	25,489.	21,191.	<4,298.>
ADJUSTED GROSS INCOME	25,489.	21,191.	<4,298.>
TAXES	1,983.	1,915.	<68.>
TOTAL ITEMIZED DEDUCTIONS	1,983.	1,915.	<68.>
INCOME BEFORE EXEMPTIONS	23,506.	19,276.	<4,230.>
TAXABLE INCOME	23,506.	19,276.	<4,230.>
TAX	3,079.	2,466.	<613.>
TAX BEFORE CREDITS	3,079.	2,466.	<613.>
FORM 1116 (FOREIGN TAX CREDIT)	24.	20.	<4.>
FORM 8863 (EDUCATION CREDITS)	0.	2,000.	2,000.
TAX AFTER NON-REFUNDABLE CREDITS	3,055.	446.	<2,609.>
TOTAL TAX	3,055.	446.	<2,609.>
FEDERAL INCOME TAX WITHHELD	0.	35.	35.
ESTIMATED TAX PAYMENTS	3,600.	3,200.	<400.>
TOTAL PAYMENTS	3,600.	3,235.	<365.>
TAX OVERPAID	545.	2,789.	2,244.
AMOUNT REFUNDED	0.	1,989.	1,989.
OVERPAYMENT APPLIED TO ESTIMATE	545.	800.	255.
MARYLAND STATE RETURN			
TAXABLE INCOME	22,957.	19,191.	<3,766.>
TAX	1,039.	858.	<181.>
OTHER TAXES	677.	566.	<111.>
PAYMENTS	2,000.	1,915.	<85.>
AMOUNT REFUNDED	284.	0.	<284.>

APRIL 10, 2004

ALEXANDER W. KRAGIE  
4713 DRUMMOND AVE.  
CHEVY CHASE, MD 20815

DEAR ALEXANDER:

ENCLOSED ARE YOUR 2003 INCOME TAX RETURNS AND 2004 ESTIMATED TAX VOUCHERS. THE RETURNS SHOULD BE SIGNED AND DATED BY YOU.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FEDERAL INCOME TAX RETURN:

MAIL YOUR FEDERAL RETURN ON OR BEFORE APRIL 15, 2004.

MAIL TO - INTERNAL REVENUE SERVICE CENTER  
PHILADELPHIA, PA 19255-0002

A PORTION OF YOUR OVERPAYMENT IN THE AMOUNT OF \$800 HAS BEEN APPLIED TO YOUR FEDERAL DECLARATION OF ESTIMATED TAX. YOU WILL ALSO RECEIVE A REFUND IN THE AMOUNT OF \$1,989.

MARYLAND INCOME TAX RETURN:

MAIL YOUR STATE RETURN ON OR BEFORE APRIL 15, 2004.

MAIL TO - COMPTROLLER OF MARYLAND  
REVENUE ADMINISTRATION DIV.  
ANNAPOLIS, MD 21411-0001

YOUR OVERPAYMENT IN THE AMOUNT OF \$491 HAS BEEN APPLIED TO YOUR STATE DECLARATION OF ESTIMATED TAX.

NO PAYMENT IS REQUIRED.

MARYLAND ESTIMATED TAX VOUCHERS:

ENCLOSE THE DECLARATION OF ESTIMATED TAX FORM BY JUNE 15, 2004. ENCLOSE YOUR CHECK FOR \$309, PAYABLE TO COMPTROLLER OF MARYLAND. INCLUDE YOUR SOCIAL SECURITY NUMBER AND DAYTIME PHONE NUMBER ON YOUR CHECK.

ADDITIONAL ESTIMATED TAX PAYMENTS WILL ALSO BE DUE. PAYMENTS SHOULD BE MAILED TO THE FOLLOWING ADDRESS ON OR BEFORE THE DATES INDICATED.

MAIL TO - STATE OF MARYLAND  
REVENUE ADMINISTRATION DIV.  
P.O. BOX 17251  
BALTIMORE, MD 21297-0502

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS AND THEIR ORIGINAL DUE DATES BELOW.

VOUCHER NO. 2 BY 06/15/04 .....	\$309
VOUCHER NO. 3 BY 09/15/04 .....	\$400
VOUCHER NO. 4 BY 12/31/04 .....	\$400

YOUR COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

MAUREEN R. GEIMER

**2004 Estimated Tax Worksheet (keep for your records)**

1 Adjusted gross income you expect in 2004 (see instructions) .....	1	
2 • If you plan to itemize deductions, enter the estimated total of your itemized deductions. <i>Caution: If line 1 above is over \$142,700 (\$71,350 if married filing separately), your deduction may be reduced. See Pub. 505 for details.</i> • If you do not plan to itemize deductions, enter your standard deduction from page 2. } .....	2	
3 Subtract line 2 from line 1 .....	3	
4 Exemptions. Multiply \$3,100 by the number of personal exemptions. If you can be claimed as a dependent on another person's 2004 return, your personal exemption is not allowed. <i>Caution: See Pub. 505 to figure the amount to enter if line 1 above is over: \$214,050 if married filing jointly or qualifying widow(er); \$178,350 if head of household; \$142,700 if single; or \$107,025 if married filing separately</i> .....	4	
5 Subtract line 4 from line 3 .....	5	
6 Tax. Figure your tax on the amount on line 5 by using the <b>2004 Tax Rate Schedules</b> on page 2. <i>Caution: If you have qualified dividends or a net capital gain, see Pub. 505 to figure the tax</i> .....	6	
7 Alternative minimum tax from Form 6251 .....	7	
8 Add lines 6 and 7. Also include any tax from Forms 4972 and 8814 and any recapture of education credits (see instructions) .....	8	
9 Credits (see instructions). <b>Do not</b> include any income tax withholding on this line .....	9	
10 Subtract line 9 from line 8. If zero or less, enter -0- .....	10	
11 Self-employment tax. Estimate of 2004 net earnings from self-employment \$ ..... ; if \$87,900 or less, multiply the amount by 15.3%; if more than \$87,900, multiply the amount by 2.9%, add \$10,899.60 to the result, and enter the total. <i>Caution: If you also have wages subject to social security tax, see Pub. 505 to figure the amount to enter</i> .....	11	
12 Other taxes (see instructions) .....	12	
13a Add lines 10 through 12 .....	13a	
b Earned income credit, additional child tax credit, and credits from <b>Form 4136</b> and <b>Form 8885</b> .....	13b	
c Total 2004 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0- ►	13c	
14a Multiply line 13c by 90% (66 2/3% for farmers and fishermen) .....	14a	
b Enter the tax shown on your 2003 tax return (110% of that amount if you are not a farmer or fisherman and the adjusted gross income shown on line 35 of that return is more than \$150,000 or, if married filing separately for 2004, more than \$75,000) .....	14b	
c Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b. ► <i>Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you may pay the amount shown on line 13c. For details, see Pub. 505.</i>	14c	
15 Income tax withheld and estimated to be withheld during 2004 (including income tax withholding on pensions, annuities, certain deferred income, etc.) .....	15	
16 Subtract line 15 from line 14c. ( <i>Note: If zero or less or line 13c minus line 15 is less than \$1,000, stop here. You are not required to make estimated tax payments.</i> ) .....	16	<b>ADJUSTED TO:</b>
17 If the first payment you are required to make is due April 15, 2004, enter 1/4 of line 16 (minus any 2003 overpayment that you are applying to this installment) here, and on your payment voucher(s) if you are paying by check or money order. ( <i>Note: Household employers, see instructions.</i> ) .....	17	<b>800.</b>

**OVERPAYMENT APPLIED**

**800.**

CUT HERE

Form **1040-ES**

Department of the Treasury  
Internal Revenue Service

**2004 Payment Voucher 1**

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. "Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

**Calendar year - Due April 15, 2004**

Amount of estimated tax you are paying  
by check or  
money order. **\$**

Your first name and initial <b>ALEXANDER W.</b>	Your last name <b>KRAGIE</b>	Your social security number <b>230-51-8048</b>
If joint payment, complete for spouse		
Spouse's first name and initial	Spouse's last name	Spouse's social security number
Address (number, street, and apt. no.) <b>4713 DRUMMOND AVE.</b>		
City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) <b>CHEVY CHASE, MD 20815</b>		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

CUT HERE

Form **1040-ES**

Department of the Treasury  
Internal Revenue Service

**2004 Payment Voucher 2**

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. "Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

**Calendar year - Due June 15, 2004**

Amount of estimated tax you are paying  
by check or  
money order. **\$**

Your first name and initial <b>ALEXANDER W.</b>	Your last name <b>KRAGIE</b>	Your social security number <b>230-51-8048</b>
If joint payment, complete for spouse		
Spouse's first name and initial	Spouse's last name	Spouse's social security number
Address (number, street, and apt. no.) <b>4713 DRUMMOND AVE.</b>		
City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) <b>CHEVY CHASE, MD 20815</b>		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

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Form 1040-ES  
Department of the Treasury  
Internal Revenue Service

**2004 Payment Voucher 3**

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 2004

Amount of estimated tax you are paying  
by check or  
money order. \$

Type or print	Your first name and initial <b>ALEXANDER W.</b>	Your last name <b>KRAGIE</b>	Your social security number <b>230-51-8048</b>
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) <b>4713 DRUMMOND AVE.</b>		
	City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) <b>CHEVY CHASE, MD 20815</b>		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

CUT HERE

Form 1040-ES  
Department of the Treasury  
Internal Revenue Service

**2004 Payment Voucher 4**

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 18, 2005

Amount of estimated tax you are paying  
by check or  
money order. \$

Type or print	Your first name and initial <b>ALEXANDER W.</b>	Your last name <b>KRAGIE</b>	Your social security number <b>230-51-8048</b>
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) <b>4713 DRUMMOND AVE.</b>		
	City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) <b>CHEVY CHASE, MD 20815</b>		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

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**Label**  
 (See instructions on page 19.)

<b>L A B E L  H E R E</b>	For the year Jan. 1-Dec. 31, 2003, or other tax year beginning _____, 2003, ending _____, 20_____, (99)		OMB No. 1545-0074
	Your first name and initial <b>ALEXANDER W.</b>	Last name <b>KRAGIE</b>	Your social security number <b>230 51 8048</b>
	If a joint return, spouse's first name and initial <b>ALEXANDER W.</b>	Last name _____	Spouse's social security number _____
	Home address (number and street). If you have a P.O. box, see page 19. <b>4713 DRUMMOND AVE.</b>		Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. <b>CHEVY CHASE, MD 20815</b>			

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

**Presidential**

**Election Campaign** ► Note. Checking "Yes" will not change your tax or reduce your refund.  
 (See page 19.)

You Spouse  
 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 page 20.) If

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

the qualifying person is a child but not your dependent, enter

3  Married filing separately. Enter spouse's SSN above

this child's name here. ►

and full name here. ►

5  Qualifying widow(er) with dependent child. (See page 20.)

**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 \_\_\_\_\_

b  Spouse \_\_\_\_\_

No. of children on 6c who:

● lived with you \_\_\_\_\_

● did not live with you due to divorce or separation (see page 21) \_\_\_\_\_

If more than five dependents, see page 21.

c Dependents:  
 (1) First name \_\_\_\_\_ Last name \_\_\_\_\_  
 : :  
 : :  
 : :  
 : :  
 : :  
 d Total number of exemptions claimed. \_\_\_\_\_

Dependents on 6c not entered above

Add numbers on lines above ►

**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 page 22.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	932.
8a	Taxable interest. Attach Schedule B if required	8a	21.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	1,253.
b	Qualified dividends (see page 23)	9b	746.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13a	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13a	<2,815.>
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 page 25)
16a	Pensions and annuities	16a	b Taxable amount (see page 25)
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	21,800.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	b Taxable amount (see page 27)
21	Other income. List type and amount (see page 27)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22	21,191.

**Adjusted Gross Income**

23	Educator expenses (see page 29)	23	
24	IRA deduction (see page 29)	24	
25	Student loan interest deduction (see page 31)	25	
26	Tuition and fees deduction (see page 32)	26	
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 page 33)	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	
34	Subtract line 33 from line 22. This is your adjusted gross income ►	34	21,191.

**Tax and Credits**

Standard Deduction for -

• People who checked any box on line 36a or 36b OR who can be claimed as a dependent:

• 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	21,191.
36a	Check if: <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked ► 36a <input type="checkbox"/>	35	
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	1,915.
38	Subtract line 37 from line 35	38	19,276.
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 on page 35	39	0.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	19,276.
41	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	2,466.
42	Alternative minimum tax. Attach Form 6251	42	0.
43	Add lines 41 and 42 ►	43	2,466.
44	Foreign tax credit. Attach Form 1116 if required	44	20.
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	2,000.
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see page 40)	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	2,020.
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	446.

**Other Taxes**

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 through 59. This is your total tax ►	60	446.

**Payments**

61	Federal income tax withheld from Forms W-2 and 1099	61	35.
62	2003 estimated tax payments and amount applied from 2002 return	62	3,200.
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see page 56)	66	
67	Other payments 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	3,235.

**Refund**

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	1,989.
b	Routing number ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d number		
71	Amount of line 69 you want applied to your 2004 estimated tax ►	71	800.

**Amount You Owe**

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57	72	
73	Estimated tax penalty (see page 58)	73	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 58)?	<input checked="" type="checkbox"/> Yes. Complete the following.	<input type="checkbox"/> No
Designee's name ► PREPARER	Phone no. ►	Personal identification number (PIN) ►

**Sign Here**

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
DYER & ASSOCIATES, P.C.			331-30-3598
7201 WISCONSIN AVENUE		EIN	52 1548054
BETHESDA, MARYLAND 20814		Phone no.	

**SCHEDULES A&B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

**Schedule A - Itemized Deductions  
(Schedule B is on page 2)**

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

**2003**

Attachment  
Sequence No. 07

Your social security number

**ALEXANDER W. KRAGIE**

230 51 8048

<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 35.....	2	
	3 Multiply line 2 by 7.5% (.075) .....	3	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....	4	
<b>Taxes You Paid</b> (See page A-2.)	5 State and local income taxes ..... <b>SEE STATEMENT 3</b>	5	1,915.
	6 Real estate taxes (see page A-2).....	6	
	7 Personal property taxes.....	7	
	8 Other taxes. List type and amount ►----- ----- ----- ----- 9 Add lines 5 through 8.....	8	1,915.
<b>Interest You Paid</b> (See page A-3.)	10 Home mortgage interest and points reported to you on Form 1098..... 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 and show that person's name, identifying no., and address ►----- ----- ----- 12 Points not reported to you on Form 1098. (See page A-3). 13 Investment interest. Attach Form 4952 if required. (See page A-4). 14 Add lines 10 through 13.....	10 11 12 13 14	
<b>Gifts to Charity</b> If you made a gift and got a benefit for it, see page A-4.	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4..... 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..... 17 Carryover from prior year..... 18 Add lines 15 through 17.....	15 16 17 18	
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5).....	19	
<b>Job Expenses and Most Other Miscellaneous Deductions</b> (See page A-5.)	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5). ►----- ----- ----- 21 Tax preparation fees..... 22 Other expenses - investment, safe deposit box, etc. List type and amount ►----- ----- ----- ----- 23 Add lines 20 through 22..... 24 Enter amount from Form 1040, line 35..... 25 Multiply line 24 by 2% (.02) .....	20 21 22 23 24 25	
<b>Other Miscellaneous Deductions</b>	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-..... 27 Other - from list on page A-6. List type and amount ►----- ----- ----- ----- 28 Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)? [X] 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 37. _____ Yes. Your deduction may be limited. See page A-6 for the amount to enter.	26 27 28	1,915.

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

Your social security number

**ALEXANDER W. KRAGIE**

230 51 8048

**Schedule B - Interest and Ordinary Dividends**Attachment  
Sequence No. 08**Part I  
Interest**

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

**WACHOVIA SECURITIES O.I.D.**

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

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

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

**Part II  
Ordinary  
Dividends**

- 5 List name of payer ►
- GNMA FUND INV. SHRS.**
- SHORT-TERM FED. INV.**
- HEALTH CARE FUND INV.**
- INTERNATIONAL FUND INV.**
- STRATEGIC EQUITY FUND**

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

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

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

**Part III  
Foreign  
Accounts  
and  
Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes

No

- 7a At any time during 2003, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?.....  X
- b If "Yes," enter the name of the foreign country ►
- 8 During 2003, 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

327501  
10-15-03

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

Schedule B (Form 1040) 2003

**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040**Capital Gains and Losses**

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

**2003**Attachment  
Sequence No. 12

Your social security number

**ALEXANDER W. KRAGIE****230 51 8048****Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1						
2 Enter your short-term totals .....	2					
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) .....	3					
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	( )				
7a 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.....	7a	( )				
b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f),.....	7b					

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8 SEE STATEMENT 4			57,294.	60,166.	<2,872.>	<2,879.>
9 Enter your long-term totals .....	9					
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d).....	10	57,294.				
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 STATEMENT 5					
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet.....	13	57.	47.			
15 Combine lines 8 through 13 in column (g). If zero or less, enter -0.....	14	( )				
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f),.....	15		0.			
Next: Go to Part III on page 2.	16	<2,815.>				

\* 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 on page D-8 of the instructions) or eligible gain on qualified small business stock (see page D-4 of the instructions).

**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	<2,815. >
17b	b Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40.....  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.	17b	0.
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 page D-7 of the instructions).....  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.	18	( 2,815.)

**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.....	19	
20	Enter your 28% rate gain, if any, from line 7 of the worksheet.....	20	
If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet on page D-11 of 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	19,276.
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	746.
24	Add lines 22 and 23 .....	24	746.
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	746.
27	Subtract line 26 from line 21. If zero or less, enter -0-.....	27	18,530.
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 • \$38,050 if head of household } .....	28	19,276.
If line 27 is more than line 28, skip lines 29-39 and go to line 40.			
29	Enter the amount from line 27 .....	29	18,530.
30	Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40 .....	30	746.
31	Add lines 17b and 23*.....	31	746.
32	Enter the smaller of line 30 or line 31 .....	32	746.
33	Multiply line 32 by 5% (.05) .....	33	37.
If lines 30 and 32 are the same, skip lines 34-39 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 .....	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 40-49 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	2,429.
51	Add lines 33, 37, 39, 47, 49, and 50 .....	51	2,466.
52	Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies .....	52	2,541.
53	<b>Tax on all taxable income.</b> Enter the smaller of line 51 or line 52 here and on Form 1040, line 41 .....	53	2,466.

320512 10-21-03 \*If lines 23 and 25 are more than zero, see Lines 31 and 43 on page D-9 for the amount to enter.

Schedule D (Form 1040) 2003

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

Your social security number

**ALEXANDER W. KRAGIE****230-51-8048**
**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

- 27 Are you reporting losses not allowed in prior years due to the at-risk or basis limitations, passive losses not reported on Form 8582, or unreimbursed partnership expenses?  Yes  No  
If you answered "Yes," see page E-5 before completing this section.

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

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

Passive Income and Loss		Nonpassive Income and Loss		
		(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1
A				
B				
C				
D				

  

29a	Totals .....			
b	Totals .....			
30	Add columns (g) and (j) of line 29a .....			30
31	Add columns (f), (h), and (i) of line 29b .....			31 ( )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below .....			32

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

33	(a) Name	(b) Employer identification number
A	JOHN & MARGARET KRAGIE GRANDCHILDRENS TR.	52-6861040
B		

Passive Income and Loss		Nonpassive Income and Loss		
		(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A				21,800.
B				

  

34a	Totals .....			21,800.
b	Totals .....			
35	Add columns (d) and (f) of line 34a .....			35 21,800.
36	Add columns (c) and (e) of line 34b .....			36 ( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below .....			37 21,800.

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below .....

39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below .....	40
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17. ►	41 21,800.
42	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6) .....	42
43	Reconciliation for Real Estate Professionals. If you were a real estate professional, (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	43

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## **2003 Income from Passthroughs**

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JOHN & MARGARET KRAGIE GRANDCHILDRENS TR.  
I.D. NUMBER: 52-6861040  
TYPE: ESTATE OR TRUST

**ACTIVITY INFORMATION:**

JOHN & MARGARET KRAGIE GRANDCHILDRENS TR.

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	<b>21,800</b>
------------------------	---------------

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SCHEDULE E ACTIVITY INCOME (LOSS)	<b>21,800</b>
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Form 6251

DOES NOT APPLY

Department of the Treasury  
Internal Revenue Service (99)

## Alternative Minimum Tax - Individuals

OMB No. 1545-0227

2003

Attachment Sequence No. 32

Name(s) shown on Form 1040

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

## Part I Alternative Minimum Taxable Income

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 38, and go to line 2. Otherwise, enter the amount from Form 1040, line 35, and go to line 7. (If zero or less, enter as a negative amount.).....	1 19,276.
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 35.....	2
3 Taxes from Schedule A (Form 1040), line 9.....	3 1,915.
4 Certain interest on a home mortgage not used to buy, build, or improve your home .....	4
5 Miscellaneous deductions from Schedule A (Form 1040), line 26.....	5
6 If Form 1040, line 35, is over \$139,500 (over \$69,750 if married filing separately), enter the amount from line 9 of the worksheet for Schedule A (Form 1040), line 28 .....	6
7 Tax refund from Form 1040, line 10 or line 21 .....	7
8 Investment interest expense (difference between regular tax and AMT) .....	8
9 Depletion (difference between regular tax and AMT).....	9
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount.....	10
11 Interest from specified private activity bonds exempt from the regular tax .....	11
12 Qualified small business stock (see instructions).....	12
13 Exercise of incentive stock options (excess of AMT income over regular tax income).....	13
14 Estates and trusts (amount from Schedule K-1 (Form 1041), line 9).....	14
15 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) .....	15
16 Disposition of property (difference between AMT and regular tax gain or loss).....	16
17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).....	17
18 Passive activities (difference between AMT and regular tax income or loss) .....	18
19 Loss limitations (difference between AMT and regular tax income or loss) .....	19
20 Circulation costs (difference between regular tax and AMT) .....	20
21 Long-term contracts (difference between AMT and regular tax income) .....	21
22 Mining costs (difference between regular tax and AMT) .....	22
23 Research and experimental costs (difference between regular tax and AMT).....	23
24 Income from certain installment sales before January 1, 1987 .....	24
25 Intangible drilling costs preference .....	25
26 Other adjustments, including income-based related adjustments.....	26
27 Alternative tax net operating loss deduction.....	27
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions).....	28 21,191.

## Part II Alternative Minimum Tax

29 Exemption. (If this form is for a child under age 14, see instructions.) IF your filing status is ... AND line 28 is not over ... THEN enter on line 29 ... Single or head of household ..... \$112,500 ..... \$40,250 } Married filing jointly or qualifying widow(er) ..... 150,000 ..... 58,000 } Married filing separately ..... 75,000 ..... 29,000 }	29 40,250.
If line 28 is over the amount shown above for your filing status, see instructions.	
30 Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here.....	30 0.
31 • If you reported capital gain distributions directly on Form 1040, line 13a; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 16 and 17a of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 65 here. ....	31
• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	
32 Alternative minimum tax foreign tax credit (see instructions).....	32
33 Tentative minimum tax. Subtract line 32 from line 31.....	33 0.
34 Tax from Form 1040, line 41 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 44) .....	34 2,446.
35 Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 42 .....	35 0.

319481  
12-03-03 LHA For Paperwork Reduction Act Notice, see instructions.

Form 6251 (2003)

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

<b>Caution:</b> If you did not complete Part IV of Schedule D (Form 1040), see the instructions before you complete this part.	
36 Enter the amount from Form 6251, line 30 .....	36
37 Enter the amount from Schedule D (Form 1040), line 26, or line 13 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions) .....	37
38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions) .....	38
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). .....	39
40 Enter the <b>smaller</b> of line 36 or line 39 .....	40
41 Subtract line 40 from line 36 .....	41
42 If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....	42
43 Enter the amount from Schedule D (Form 1040), line 30, or line 19 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax) (see instructions) .....	43
44 Enter the <b>smaller</b> of line 36 or line 37 .....	44
45 Enter the <b>smaller</b> of line 43 or line 44 .....	45
46 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from Schedule D (Form 1040), line 43 (or if that line is blank, the amount from Schedule D (Form 1040), line 31). Otherwise, enter the amount from line 32 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040) (or if that line is blank, the amount from line 20 of that worksheet). Refigure all amounts for the AMT, if necessary (see instructions) .....	46
47 Enter the <b>smaller</b> of line 45 or line 46. If line 45 is zero, go to line 55 .....	47
48 Multiply line 47 by 5% (.05) .....	48
49 Subtract line 47 from line 45. If zero or less, enter -0- and go to line 55 .....	49
50 Enter your qualified 5-year gain, if any, from Schedule D (Form 1040), line 35 (as refigured for the AMT, if necessary) (see instructions) .....	50
51 Enter the <b>smaller</b> of line 49 or line 50 .....	51
52 Multiply line 51 by 8% (.08) .....	52
53 Subtract line 51 from line 49 .....	53
54 Multiply line 53 by 10% (.10) .....	54
55 Subtract line 47 from line 46 .....	55
56 Subtract line 45 from line 44 .....	56
57 Enter the <b>smaller</b> of line 55 or line 56 .....	57
58 Multiply line 57 by 15% (.15) .....	58
59 Subtract line 57 from line 56 .....	59
60 Multiply line 59 by 20% (.20) .....	60
If line 38 is zero or blank, skip lines 61 and 62 and go to line 63. Otherwise, go to line 61.	
61 Subtract line 44 from line 40 .....	61
62 Multiply line 61 by 25% (.25) .....	62
63 Add lines 42, 48, 52, 54, 58, 60, and 62 .....	63
64 If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result .....	64
65 Enter the <b>smaller</b> of line 63 or line 64 here and on line 31 .....	65

**Education Credits  
(Hope and Lifetime Learning Credits)****2003**  
Attachment  
Sequence No. 50

► Attach to Form 1040 or Form 1040A.

Name(s) shown on return

Your social security number

**ALEXANDER W. KRAGIE****230-51-8048**

Caution: You cannot take both an education credit and the tuition and fees deduction (Form 1040, line 26, or Form 1040A, line 19) for the same student in the same year.

**Part I Hope Credit. Caution:** You cannot take the Hope credit for more than 2 tax years for the same student.

1	(a) Student's name (as shown on page 1 of your tax return)  First, Last	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses. Do not enter more than \$2,000 for each student.	(d) Enter the smaller of the amount in column (c) or \$1,000	(e) Subtract column (d) from column (c)	(f) Enter one-half of the amount in column (e)
2	Add the amounts in columns (d) and (f) .....			2		
3	Tentative Hope credit. Add the amounts on line 2, columns (d) and (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III.....					► 3

**Part II Lifetime Learning Credit**

4	(a) Student's name (as shown on page 1 of your tax return)  First name _____ Last name _____	(b) Student's social security number (as shown on page 1 of your tax return)  230-51-8048	(c) Qualified expenses  28,615.
<b>Caution: You cannot take the Hope credit and the lifetime learning credit for the same student in the same year.</b>			
5	Add the amounts on line 4, column (c), and enter the total.....	5	28,615.
6	Enter the smaller of line 5 or \$10,000 .....	6	10,000.
7	Tentative lifetime learning credit. Multiply line 6 by 20% (.20) and go to Part III.....	7	2,000.

**Part III Allowable Education Credits**

8	Tentative education credits. Add lines 3 and 7.....	8	2,000.
9	Enter: \$103,000 if married filing jointly; \$51,000 if single, head of household, or qualifying widow(er) .....	9	51,000.
10	Enter the amount from Form 1040, line 35 *, or Form 1040A, line 22 .....	10	21,191.
11	Subtract line 10 from line 9. If zero or less, stop; you cannot take any education credits .....	11	29,809.
12	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) .....	12	10,000.
13	If line 11 is equal to or more than line 12, enter the amount from line 8 on line 14 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as a decimal (rounded to at least three places).....	13	
14	Multiply line 8 by line 13.....	14	2,000.
15	Enter the amount from Form 1040, line 43, or Form 1040A, line 28 .....	15	2,466.
16	Enter the total, if any, of your credits from Form 1040, lines 44 through 46, or Form 1040A, lines 29 and 30.....	16	20.
17	Subtract line 16 from line 15. If zero or less, stop; you cannot take any education credits .....	17	2,446.
18	<b>Education credits.</b> Enter the smaller of line 14 or line 17 here and on Form 1040, line 47, or Form 1040A, line 31 .....	18	2,000.

\*See Pub. 970 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8863 (2003)

ALEXANDER W. KRAGIE

230-51-8048

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT	1
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T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
RITE AID OF MARYLAND INC.	932.	35.	31.		58.	14.
TOTALS	932.	35.	31.		58.	14.

FORM 1040	QUALIFIED DIVIDENDS	STATEMENT	2
-----------	---------------------	-----------	---

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
HEALTH CARE FUND INV.	414.	414.
INTERNATIONAL FUND INV.	180.	131.
STRATEGIC EQUITY FUND	234.	201.
TOTAL INCLUDED IN FORM 1040, LINE 9B		746.

SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	3
------------	------------------------------	-----------	---

DESCRIPTION	AMOUNT
RITE AID OF MARYLAND INC.	31.
MARYLAND 1ST QTR ESTIMATE PAYMENTS	250.
MARYLAND 2ND QTR ESTIMATE PAYMENTS	450.
MARYLAND 3RD QTR ESTIMATE PAYMENTS	450.
MARYLAND 4TH QTR ESTIMATE PAYMENTS	450.
MARYLAND PRIOR YEAR OVERPAYMENT APPLIED	284.
TOTAL TO SCHEDULE A, LINE 5	1,915.

ALEXANDER W. KRAGIE

230-51-8048

SCHEDULE D	LONG-TERM CAPITAL GAINS AND LOSSES					STATEMENT	4
DESCRIPTION	ACQUIRED	SOLD	PRICE	COST	GAIN OR LOSS	POST MAY 5 GAIN/LOSS	
44.456 SHS. HEALTH CARE FUND		10/21/03	5,000.	4,355.	645.	645.	
362.845 SHS. INTERNATIONAL GROWTH INV.		07/14/03	5,000.	6,317.	(1,317.)	(1,317.)	
1031.637 SHS. INTERNATIONAL GROWTH INC.		09/23/03	15,000.	17,962.	(2,962.)	(2,962.)	
328.947 SHS. STRATEGIC EQUITY FUND		06/09/03	5,000.	4,964.	36.	36.	
282.965 SHS. STRATEGIC EQUITY FUND		10/21/03	5,000.	4,270.	730.	730.	
47.373 SHS. SHORT-TERM FEDERAL INV.		04/22/03	505.	498.	7.		
1826.711 SHS. SHORT-TERM FEDERAL INV.		07/30/03	18,878.	18,800.	78.	78.	
1000 GOVERN. TRUST CERT. REDEMPTION		05/15/03	1,000.	1,000.	0.		
2000 RESOLUTION FUNDING CORPORATION		11/14/03	1,911.	2,000.	(89.)	(89.)	
TOTAL TO SCH. D, PART II, LINE 8			57,294.	60,166.	<2,872.>	<2,879.>	

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS			STATEMENT	5
NAME OF PAYER	TOTAL CAPITAL GAIN	POST MAY 5 GAIN OR LOSS	28% GAIN		
SHORT-TERM FED. INV.	10.				
HEALTH CARE FUND INV.	47.	47.			
TOTALS TO SCHEDULE D, LINE 13	57.	47.			

FORM  
**502D**

# DECLARATION OF ESTIMATED MARYLAND AND LOCAL INCOME TAX

**2004**

**IMPORTANT:** Please review the instructions before completing this form.

TAXPAYERS WHO FILED A 2003 DECLARATION OF ESTIMATED TAX WILL BE SENT A 2004 DECLARATION PACKET CONSISTING OF A WORKSHEET AND FOUR VOUCHERS FOR SUBMITTING QUARTERLY INSTALLMENTS. IF YOU RECEIVE THE DECLARATION PACKET, PLEASE USE THE VOUCHERS INSTEAD OF THIS FORM.

## ESTIMATED TAX WORKSHEET

1. Total income expected in 2004 (federal adjusted gross income)..... 1. \_\_\_\_\_
2. Net modifications ..... 2. \_\_\_\_\_
3. Maryland adjusted gross income (line 1 above, plus or minus line 2)..... 3. \_\_\_\_\_
4. Deductions:
  - a. If standard deduction is used, see instructions for amount to enter.
  - b. If deductions are itemized, enter total of federal itemized deductions less state and local income taxes. .... 4. \_\_\_\_\_
5. Maryland net income (Subtract line 4 from line 3)..... 5. \_\_\_\_\_
6. Personal exemptions ..... 6. \_\_\_\_\_
7. Taxable net income (Subtract line 6 from line 5)..... 7. \_\_\_\_\_
8. Maryland income tax ..... 8. \_\_\_\_\_
9. Personal and business income tax credits ..... 9. \_\_\_\_\_
10. Subtract line 9 from line 8 (If less than 0 enter 0). .... 10. \_\_\_\_\_
11. Local income tax: multiply line 7 by ..... 11. \_\_\_\_\_
12. Total 2004 Maryland and local income tax (Add line 10 and line 11) ..... 12. \_\_\_\_\_
13. Maryland income tax to be withheld during the year 2004 ..... 13. \_\_\_\_\_
14. Total estimated tax to be paid by declaration (Subtract line 13 from line 12). .... **ADJUSTED TO** 14. **1600**
15. Amount to be submitted with declaration (Divide line 14 by 4). .... 15. \_\_\_\_\_

For payment by credit card see payment instructions.

## RECORD OF INSTALLMENT PAYMENTS

This is your record of the estimated tax paid, which is to be claimed as a credit on your 2004 Maryland income tax return.

2003 OVERPAYMENT APPLIED AS A CREDIT TO ESTIMATED TAX			<b>AMOUNT</b>
<b>DATE DUE</b>	<b>DATE PAID</b>	<b>CHECK NO.</b>	<b>491</b>
April 15, 2004	_____	_____	_____
June 15, 2004	_____	_____	309
September 15, 2004	_____	_____	400
January 18, 2005	_____	_____	400

TOTAL OF PAYMENTS ABOVE SHOULD BE CLAIMED AS ESTIMATED PAYMENTS ON FORM 502 OR FORM 505 FOR TAX YEAR 2004

CUT ALONG THIS LINE AND FILE WITH COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION, ANNAPOLIS, MARYLAND 21411-0001

**FORM 502 D  
2004**

COMPTROLLER OF MARYLAND  
REVENUE ADMINISTRATION DIVISION  
ANNAPOLIS, MD 21411-0001

**DECLARATION OF ESTIMATED  
MARYLAND AND LOCAL INCOME TAX  
FOR THE YEAR 2004**

CHECK HERE IF THIS IS  
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS  
A JOINT DECLARATION

CHECK HERE IF YOU NEED VOUCHERS  
FOR REMAINING PAYMENTS

(OR FISCAL YEAR BEGINNING , 2004 and ENDING )

Your first name <b>ALEXANDER</b>	Initial <b>W</b>	Last name <b>KRAGIE</b>	Social security number <b>230518048</b>
Spouse's first name	Initial	Last name	Social security number
Present address (no. and street) <b>4713 DRUMMOND AVE.</b>		City or town <b>CHEVY CHASE</b>	State <b>MD</b> ZIP code <b>20815</b>
TOTAL ESTIMATED TAX PAID FOR 2004 WITH THIS DECLARATION (If filing and paying electronically or by credit card do not submit this form) ► \$			

CUT ALONG THIS LINE AND FILE WITH COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION, ANNAPOLIS, MARYLAND 21411-0001

**FORM 502 D  
2004**

COMPTROLLER OF MARYLAND  
REVENUE ADMINISTRATION DIVISION  
ANNAPOLIS, MD 21411-0001

**DECLARATION OF ESTIMATED  
MARYLAND AND LOCAL INCOME TAX  
FOR THE YEAR 2004**

(OR FISCAL YEAR BEGINNING , 2004 and ENDING)

CHECK HERE IF THIS IS  
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS  
A JOINT DECLARATION

CHECK HERE IF YOU NEED VOUCHERS  
FOR REMAINING PAYMENTS

Your first name <b>ALEXANDER</b>	Initial <b>W</b>	Last name <b>KRAGIE</b>	Social security number <b>230518048</b>
Spouse's first name	Initial	Last name	Social security number
Present address (no. and street) <b>4713 DRUMMOND AVE.</b>		City or town <b>CHEVY CHASE</b>	State <b>MD</b> ZIP code <b>20815</b>
TOTAL ESTIMATED TAX PAID FOR 2004 WITH THIS DECLARATION (If filing and paying electronically or by credit card do not submit this form)..... ► \$ <b>309</b>			

CUT ALONG THIS LINE AND FILE WITH COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION, ANNAPOLIS, MARYLAND 21411-0001

**FORM 502 D  
2004**

COMPTROLLER OF MARYLAND  
REVENUE ADMINISTRATION DIVISION  
ANNAPOLIS, MD 21411-0001

**DECLARATION OF ESTIMATED  
MARYLAND AND LOCAL INCOME TAX  
FOR THE YEAR 2004**

(OR FISCAL YEAR BEGINNING , 2004 and ENDING )

CHECK HERE IF THIS IS  
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS  
A JOINT DECLARATION

CHECK HERE IF YOU NEED VOUCHERS  
FOR REMAINING PAYMENTS

Your first name <b>ALEXANDER</b>	Initial <b>W</b>	Last name <b>KRAGIE</b>	Social security number <b>230518048</b>
Spouse's first name	Initial	Last name	Social security number
Present address (no. and street) <b>4713 DRUMMOND AVE.</b>		City or town <b>CHEVY CHASE</b>	State <b>MD</b> ZIP code <b>20815</b>
TOTAL ESTIMATED TAX PAID FOR 2004 WITH THIS DECLARATION (If filing and paying electronically or by credit card do not submit this form)			\$ <b>400</b>

CUT ALONG THIS LINE AND FILE WITH COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION, ANNAPOLIS, MARYLAND 21411-0001

**FORM 502 D  
2004**

COMPTROLLER OF MARYLAND  
REVENUE ADMINISTRATION DIVISION  
ANNAPOLIS, MD 21411-0001

**DECLARATION OF ESTIMATED  
MARYLAND AND LOCAL INCOME TAX  
FOR THE YEAR 2004**

(OR FISCAL YEAR BEGINNING

, 2004 and ENDING

)

CHECK HERE IF THIS IS  
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS  
A JOINT DECLARATION

CHECK HERE IF YOU NEED VOUCHERS  
FOR REMAINING PAYMENTS

Your first name <b>ALEXANDER</b>	Initial <b>W</b>	Last name <b>KRAGIE</b>	Social security number <b>230518048</b>
Spouse's first name	Initial	Last name	Social security number
Present address (no. and street) <b>4713 DRUMMOND AVE.</b>		City or town <b>CHEVY CHASE</b>	State <b>MD</b> ZIP code <b>20815</b>
TOTAL ESTIMATED TAX PAID FOR 2004 WITH THIS DECLARATION (If filing and paying electronically or by credit card do not submit this form)			\$ <b>400</b>

FORM  
502  
RESIDENT

# MARYLAND TAX RETURN

(OR FISCAL YEAR BEGINNING

2003, ENDING



2003  
\$

SOCIAL SECURITY # <b>230518048</b>	SPOUSE'S SOCIAL SECURITY #	
Your First Name <b>ALEXANDER</b>	Initial <b>W</b>	Last Name <b>KRAGIE</b>
Spouse's First Name	Initial	Last Name
PRESENT ADDRESS (No. and Street) <b>4713 DRUMMOND AVE.</b>		
City or Town <b>CHEVY CHASE</b>	State <b>MD</b>	ZIP Code <b>20815</b>
Name of county and incorporated city, town or special taxing area in which you were a resident on the last day of the tax period. Maryland county <b>MONTGOMERY</b> City, town or taxing area <b>CHEVY CHASE</b>		

YOUR FILING STATUS - See instructions to determine if you are required to file.

- 1  Single (if you can be claimed on another person's tax return, use Filing Status 6)
- 2  Married filing joint return or spouse had no income
- 3  Married filing separately
- 4  Head of household SPOUSE'S SOCIAL SECURITY NO.
- 5  Qualifying widow(er) with dependent child
- 6  Dependent taxpayer (Enter 0 in Exemption Box (A)- See Instructions)

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2003 place a P in the box (see Instructions). Give dates of Maryland Residence

MO DAY YR MO DAY YR

FROM \_\_\_\_\_ TO \_\_\_\_\_ ◀

Other state of residence \_\_\_\_\_

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. Enter amount here (See inst.).

INCOME Print your numbers like this - 0 1 2 3 4 5 6 7 8 9

1. Adjusted gross income from your federal return (See Instructions).

1a. How much of line 1 represents wages, salaries and/or tips? ..... 1a **932**

#### ADDITIONS TO INCOME (See Instructions)

- Place your check or money order on top of your wage and tax statements and attach here with ONE Staple.
- 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland .....
  - 3. State retirement pickup .....
  - 4. Lump sum distributions .....
  - 5. Other additions (Enter code letter(s) from Instructions) .....
  - 6. Total additions to Maryland income (Add lines 2 through 5) .....
  - 7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6) .....

2	
3	
4	
5	
6	
7	<b>21191</b>

#### SUBTRACTIONS FROM INCOME (See Instructions)

- and tax statements and attach here with ONE Staple.
- 8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above .....
  - 9. Child and dependent care expenses .....
  - 10. Income from U.S. obligations .....
  - 11. Pension exclusion from worksheet in Instructions .....
  - 12. Taxable social security and RR benefits (Tier I, II and supplemental) included in line 1 above .....
  - 13. Income received during period of nonresidence (See Instructions) .....
  - 14. Other subtractions (Enter code letter(s) from Instructions) .....
  - 15. Subtotal (Add lines 8 through 14) .....
  - 16. Two-income subtraction from worksheet in Instructions .....
  - 17. Total subtractions from Maryland income (Add lines 15 and 16) .....
  - 18. Maryland adjusted gross income (Subtract line 17 from line 7) .....

8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	<b>21191</b>

#### DEDUCTION METHOD (All taxpayers must select one method and check the appropriate box) ▶

STANDARD DEDUCTION METHOD See Instructions and worksheet. (Enter amount on line 19)

ITEMIZED DEDUCTION METHOD Complete lines 19a and 19b

Total federal itemized deductions (from line 28, federal Schedule A)

State and local income taxes included in federal Schedule A, line 5 (or from worksheet in Instructions)

Subtract line 19b from line 19a and enter amount on line 19.

- 03-05 19a. \_\_\_\_\_ 19b. \_\_\_\_\_
- 19. Deduction amount (Part-year residents see Instructions and military personnel see Instructions) ..... ▶ 19 **2000**
  - 20. Net income (Subtract line 19 from line 18) ..... 20 **19191**
  - 21. Exemption amount from Exemptions area above (See Instructions) ..... 21
  - 22. Taxable net income (Subtract line 21 from line 20) ..... 22 **19191**

**Label**

(See instructions on page 21.)

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

## Presidential

Election Campaign  
(See page 21.)

<b>L A B E L  H E R E</b>	For the year Jan. 1-Dec. 31, 2002, or other tax year beginning		, 2002, ending	20	OMB No. 1545-0074	
	Your first name and initial		Last name		Your social security number	
	<b>ALEXANDER W.</b>		<b>KRAGIE</b>		<b>230 51 8048</b>	
	If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see page 21. <b>4713 DRUMMOND AVENUE</b>				Apt. no.	<b>Important!</b> ▲ You must enter your SSN(s) above.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21. <b>CHEVY CHASE, MD 20815</b>						

**CLIENT COPY**

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

You

Spouse

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  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above

4  Head of household (with qualifying person). (See page 21.) 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 ►). (See page 21.)

Check only one box.

**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  
 b  Spouse

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 22)

Dependents on 6c not entered above

Add numbers on lines above ►

- d Total number of exemptions claimed

If more than five dependents, see page 22.

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 page 23.

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

- 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 ..... **8b**  
 9 Ordinary dividends. Attach Schedule B if required .....  
 10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 1** **STMT 2**  
 11 Alimony received **STMT 3**  
 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 IRA distributions **15a** b Taxable amount (see page 25)  
 16a Pensions and annuities **16a** b Taxable amount (see page 25)  
 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 **20a** b Taxable amount (see page 27)  
 21 Other income. List type and amount (see page 29)

<b>7</b>	
<b>8a</b>	
<b>9</b>	<b>1,419.</b>
<b>10</b>	<b>501.</b>
<b>11</b>	
<b>12</b>	
<b>13</b>	<b>2,700.</b>
<b>14</b>	
<b>15b</b>	
<b>16b</b>	
<b>17</b>	<b>20,869.</b>
<b>18</b>	
<b>19</b>	
<b>20b</b>	
<b>21</b>	
<b>22</b>	<b>25,489.</b>

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

**Adjusted Gross Income**

- 23 Educator expenses (see page 29) .....  
 24 IRA deduction (see page 29) .....  
 25 Student loan interest deduction (see page 31) .....  
 26 Tuition and fees deduction (see page 32) .....  
 27 Archer MSA deduction. Attach Form 8853 .....  
 28 Moving expenses. Attach Form 3903 .....  
 29 One-half of self-employment tax. Attach Schedule SE .....  
 30 Self-employed health insurance deduction (see page 33) .....  
 31 Self-employed SEP, SIMPLE, and qualified plans .....  
 32 Penalty on early withdrawal of savings .....  
 33a Alimony paid b Recipient's SSN ► : :  
 34 Add lines 23 through 33a .....  
 35 Subtract line 34 from line 22. This is your adjusted gross income ►

<b>23</b>	
<b>24</b>	
<b>25</b>	
<b>26</b>	
<b>27</b>	
<b>28</b>	
<b>29</b>	
<b>30</b>	
<b>31</b>	
<b>32</b>	
<b>33a</b>	

<b>34</b>	
<b>35</b>	<b>25,489.</b>

**Tax and Credits**

**Standard Deduction for -**  
 • People who checked any box on line 37a or 37b OR who can be claimed as a dependent.

• All others:  
Single, \$4,700

Head of household, \$8,900

Married filing Jointly or Qualifying widow(er), \$7,850

Married filing separately, \$3,925

36 Amount from line 35 (adjusted gross income)	36	25,489.
37a Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	37a	25,489.
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien	37b	
38 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	38	1,983.
39 Subtract line 38 from line 36	39	23,506.
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	40	0.
41 Taxable Income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	23,506.
42 Tax. Check if any tax from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	3,079.
43 Alternative minimum tax. Attach Form 6251	43	
44 Add lines 42 and 43	44	3,079.
45 Foreign tax credit. Attach Form 1116 if required	45	24.
46 Credit for child and dependent care expenses. Attach Form 2441	46	
47 Credit for the elderly or the disabled. Attach Schedule R	47	
48 Education credits. Attach Form 8863	48	
49 Retirement savings contributions credit. Attach Form 8880	49	
50 Child tax credit (see page 39)	50	
51 Adoption credit. Attach Form 8839	51	
52 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52	
53 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53	
54 Add lines 45 through 53. These are your total credits	54	24.
55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-	55	3,055.

**Other Taxes**

56 Self-employment tax. Attach Schedule SE	56	
57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required	58	
59 Advance earned income credit payments from Form(s) W-2	59	
60 Household employment taxes. Attach Schedule H	60	
61 Add lines 55 through 60. This is your total tax	61	3,055.

**Payments**

62 Federal income tax withheld from Forms W-2 and 1099	62	
63 2002 estimated tax payments and amount applied from 2001 return	63	3,600.
64 Earned income credit (EIC)	64	
65 Excess social security and tier 1 RRTA tax withheld (see page 56)	65	
66 Additional child tax credit. Attach Form 8812	66	
67 Amount paid with request for extension to file (see page 56)	67	
68 Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68	
69 Add lines 62 through 68. These are your total payments	69	3,600.

**Refund**

70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	545.
71a Amount of line 70 you want refunded to you	71a	
b Routing number ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number		

72 Amount of line 70 you want applied to your 2003 estimated tax ► 72 545.

**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 ► PREPARER Phone no. ► Personal identification number (PIN) ►

**Sign Here**

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 Daytime phone number

**Paid Preparer's Use Only**

Preparer's signature ► Date Check if self-employed ► Preparer's SSN or PTIN 331-30-3598

Firm's name (or yours if self-employed), address, and ZIP code GEIMER, EHRLICH & ASSOCIATES, P.A. EIN 52 2008740

7514 WISCONSIN AVENUE #400 Phone no. (301) 654-5800

BETHESDA, MD 20814

**SCHEDULES A&B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

**Schedule A - Itemized Deductions**

(Schedule B is on page 2)

► Attach to Form 1040.

► See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

**2002**

Attachment  
Sequence No. 07

Your social security number

**ALEXANDER W. KRAGIE**

230 51 8048

**Medical  
and  
Dental  
Expenses**

**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 36 .....                                 | 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 |

**Taxes You  
Paid**

(See  
page A-2.)

- |   |  |                 |   |        |
|---|--|-----------------|---|--------|
| 5 | State and local income taxes .....     | SEE STATEMENT 4 | 5 | 1,983. |
| 6 | Real estate taxes (see page A-2) ..... |                 | 6 |        |

- |   |   |  |   |  |
|---|---|--|---|--|
| 7 | Personal property taxes .....           |  | 7 |  |
| 8 | Other taxes. List type and amount ..... |  | 8 |  |

- |   |                             |  |   |  |
|---|-----------------------------|--|---|--|
| 9 | Add lines 5 through 8 ..... |  | 9 |  |
|---|-----------------------------|--|---|--|

1,983.

**Interest  
You Paid**  
(See  
page A-3.)

- |    |  |    |  |
|----|--|----|--|
| 10 | Home mortgage interest and points reported to you on Form 1098 ..... | 10 |  |
|----|--|----|--|

- |    |  |    |  |
|----|--|----|--|
| 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 and show that person's name, identifying no., and address ..... | 11 |  |
|----|--|----|--|

- |    |   |    |  |
|----|---|----|--|
| 12 | Points not reported to you on Form 1098. (See page A-3) ..... | 12 |  |
|----|---|----|--|

- |    |   |    |  |
|----|---|----|--|
| 13 | Investment interest. Attach Form 4952 if required. (See page A-3) ..... | 13 |  |
|----|---|----|--|

- |    |                               |    |  |
|----|-------------------------------|----|--|
| 14 | Add lines 10 through 13 ..... | 14 |  |
|----|-------------------------------|----|--|

**Note:  
Personal  
interest is  
not  
deductible.**

- |    |   |    |  |
|----|---|----|--|
| 15 | Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 ..... | 15 |  |
|----|---|----|--|

- |    |   |    |  |
|----|---|----|--|
| 16 | Other than by cash or check. If any gift of \$250 or more, see page A-4.<br>You must attach Form 8283 if over \$500 ..... | 16 |  |
|----|---|----|--|

- |    |                                 |    |  |
|----|---------------------------------|----|--|
| 17 | Carryover from prior year ..... | 17 |  |
|----|---------------------------------|----|--|

- |    |                               |    |  |
|----|-------------------------------|----|--|
| 18 | Add lines 15 through 17 ..... | 18 |  |
|----|-------------------------------|----|--|

**Casualty and  
Theft Losses**

- |    |  |    |  |
|----|--|----|--|
| 19 | Casualty or theft loss(es). Attach Form 4684. (See page A-5) ..... | 19 |  |
|----|--|----|--|

**Job Expenses  
and Most  
Other  
Miscellaneous  
Deductions**

- |    |   |    |  |
|----|---|----|--|
| 20 | Unreimbursed employee expenses - job travel, union dues, job education, etc.<br>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 36 ..... | 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 |  |
|----|--|----|--|

**Other  
Miscellaneous  
Deductions**

- |    |   |    |  |
|----|---|----|--|
| 27 | Other - from list on page A-6. List type and amount ..... | 27 |  |
|----|---|----|--|

- |    |   |    |  |
|----|---|----|--|
| 28 | Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)? | 28 |  |
|----|---|----|--|

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 38. } .....

Yes. Your deduction may be limited. See page A-6 for the amount to enter. }

1,983.

ALEXANDER W. KRAGIE

230 51 8048

**Schedule B - Interest and Ordinary Dividends**Attachment  
Sequence No. 08**Part I  
Interest**

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

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1 .....  
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815 .....  
 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►

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

**Part II  
Ordinary  
Dividends**

- 5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13, ►
- VANGUARD - GNMA FD  
 VANGUARD - SHORT TERM FED FD  
 VANGUARD HEALTHCARE FD  
 VANGUARD INT'L GROWTH  
 VANGUARD STRAT. EQ.

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

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

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

**Part III  
Foreign  
Accounts  
and  
Trusts**

- You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; OR (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.
- 7a At any time during 2002, 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? .....  
 b If "Yes," enter the name of the foreign country ►
- 8 During 2002, 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

 Yes No X X

227501

10-25-02

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

Schedule B (Form 1040) 2002

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

**Capital Gains and Losses**

OMB No. 1545-0074

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

**2002**Attachment  
Sequence No. **12**

Your social security number

**ALEXANDER W. KRAGIE****230 51 8048****Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	
1						
<b>2 Enter your short-term totals</b>		<b>2</b>				
<b>3 Total short-term sales price amounts.</b> Add lines 1 and 2 in column (d)		<b>3</b>				
<b>4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824</b>				<b>4</b>		
<b>5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1</b>				<b>5</b>		
<b>6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2001 Capital Loss Carryover Worksheet</b>				<b>6</b> ( )		
<b>7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).</b>				<b>7</b>		

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
8						
<b>9 Enter your long-term totals</b>		<b>9</b>				
<b>10 Total long-term sales price amounts.</b> Add lines 8 and 9 in column (d)		<b>10</b>				
<b>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</b>				<b>11</b>		
<b>12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1</b>				<b>12</b>		
<b>13 Capital gain distributions.</b>				<b>13</b> 2,700.		
<b>14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2001 Capital Loss Carryover Worksheet</b>				<b>14</b> ( ) ( )		
<b>15 Combine lines 8 through 14 in column (g)</b>				<b>15</b>		
<b>16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)</b>				<b>16</b> 2,700.		

\* 28% rate gain or loss includes all "collectibles gains and losses" and up to 50% of the eligible gain on qualified small business stock. See instructions.

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.  
220511/10-25-02

Schedule D (Form 1040) 2002

**Taxable Gain or Deductible Loss**

17 Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 41.....	17	2,700.
Next: • If both lines 16 and 17 are gains and Form 1040, line 41, is more than zero, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete Form 1040.		
18 If line 17 is a loss, enter here and on Form 1040, line 13, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)). Then complete Form 1040 through line 39.....	18	( )
Next: • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 39, is less than zero, skip Part IV below and complete the Capital Loss Carryover Worksheet on page D-6 of the instructions before completing the rest of Form 1040. • Otherwise, skip Part IV below and complete the rest of Form 1040.		

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

19 Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-7 of the instructions .....	19	
If line 15 or line 19 is more than zero, complete the worksheet on page D-9 of the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.		
20 Enter your taxable income from Form 1040, line 41 .....	20	23,506.
21 Enter the smaller of line 16 or line 17 of Schedule D.....	21	2,700.
22 If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0- .....	22	0.
23 Subtract line 22 from line 21. If zero or less, enter -0- .....	23	2,700.
24 Subtract line 23 from line 20. If zero or less, enter -0- .....	24	20,806.
25 Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies .....	25	2,824.
26 Enter the smaller of: • The amount on line 20 or • \$46,700 if married filing jointly or qualifying widow(er); \$27,950 if single; \$37,450 if head of household; or \$23,350 if married filing separately	26	23,506.
If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.		
27 Enter the amount from line 24 .....	27	20,806.
28 Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34 .....	28	2,700.
29 Enter your qualified 5-year gain, if any, from line 8 of the worksheet on page D-8 STMT 6 .....	29	716.
30 Enter the smaller of line 28 or line 29 .....	30	716.
31 Multiply line 30 by 8% (.08) .....	31	57.
32 Subtract line 30 from line 28 .....	32	1,984.
33 Multiply line 32 by 10% (.10) .....	33	198.
If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.		
34 Enter the smaller of line 20 or line 23 .....	34	
35 Enter the amount from line 28 (if line 28 is blank, enter -0-) .....	35	
36 Subtract line 35 from line 34 .....	36	
37 Multiply line 36 by 20% (.20) .....	37	
38 Add lines 25, 31, 33, and 37 .....	38	3,079.
39 Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies .....	39	3,229.
40 Tax on all taxable income (including capital gains). Enter the smaller of line 38 or line 39 here and on Form 1040, line 42 .....	40	3,079.

**ALEXANDER W. KRAGIE**

Your social security number

**230-51-8048**

**Note:** If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk?
A					
B					
C					
D					
E					

Passive Income and Loss		Nonpassive Income and Loss				
		(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A						
B						
C						
D						
E						
28a	Totals .....					
b	Totals .....					
29	Add columns (h) and (k) of line 28a .....					29
30	Add columns (g), (i), and (j) of line 28b .....					30 ( )
31	Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below .....					31

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

32	(a) Name	(b) Employer identification number
A	KRAGIE GRANDCHILDREN'S TRUST	52-6861040
B		

Passive Income and Loss		Nonpassive Income and Loss			
		(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A					20,869.
B					
33a	Totals .....				20,869.
b	Totals .....				
34	Add columns (d) and (f) of line 33a .....				34 20,869.
35	Add columns (c) and (e) of line 33b .....				35 ( )
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below .....				36 20,869.

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

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below .....	38	
----	---	----	--

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below .....	39	
40	Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17 .....	40	20,869.
41	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6) .....	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional, enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules .....	42	

## **2002 Income from Passthroughs**

**KRAGIE GRANDCHILDREN'S TRUST  
I.D. NUMBER: 52-6861040  
TYPE: ESTATE OR TRUST**

### **ACTIVITY INFORMATION:**

**KRAGIE GRANDCHILDREN'S TRUST**

**TRADE OR BUSINESS - MATERIAL PARTICIPATION**

<b>ORDINARY INCOME (LOSS)</b>	<b>20,869</b>
<b>SCHEDULE E ACTIVITY INCOME (LOSS)</b>	<b>20,869</b>

## Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

Name

ALEXANDER W. KRAGIE

Identifying number as shown on page 1 of your tax return

230-51-8048

Use a separate Form 1116 for each category of income listed below. See Categories of Income on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- |  |   |  |
|--|---|--|
| a <input checked="" type="checkbox"/> Passive income     | d <input type="checkbox"/> Shipping income  | g <input type="checkbox"/> Lump-sum distributions              |
| b <input type="checkbox"/> High withholding tax interest | e <input type="checkbox"/> Dividends from a DISC or former DISC                                       | h <input type="checkbox"/> Section 901(j) income               |
| c <input type="checkbox"/> Financial services income     | f <input type="checkbox"/> Certain distributions from a foreign sales corporation (FSC) or former FSC | i <input type="checkbox"/> Certain income re-sourced by treaty |
|  |   | j <input type="checkbox"/> General limitation income           |

k Resident of (name of country) ► USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

## Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
I Enter the name of the foreign country or U.S. possession	► VARIOUS			
1 Gross income from sources within country shown above and of the type checked above:		399.		1 399.
Deductions and losses (Caution: See pages 9, 12, and 13 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	1,983.			
b Other deductions (attach statement)	1,983.			
c Add lines 3a and 3b	399.			
d Gross foreign source income	25,489.			
e Gross income from all sources	.015654			
f Divide line 3d by line 3e	31.			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 12 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	31.			6 31.
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2				► 7 368.

## Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued							
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:			(s) Other foreign taxes paid or accrued	Taxes withheld at source on:			(w) Other foreign taxes paid or accrued
(m) <input checked="" type="checkbox"/> Paid	(n) <input type="checkbox"/> Accrued	(p) Dividends	(q) Rents, and royalties	(r) Interest		(t) Dividends	(u) Rents, and royalties	(v) Interest	
(o) Date paid or accrued		24.							(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
A 12/31/02									24.
B									
C									

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2

► 8 24.

I.H.A. For Paperwork Reduction Act Notice, see separate instructions.  
211501  
11-11-02

Form 1116 (2002)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	9	24.	
10 Carryback or carryover (attach detailed computation) .....	10		
11 Add lines 9 and 10 .....	11	24.	
12 Reduction in foreign taxes .....	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit .....	13		24.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. ....	14	368.	
15 Adjustments to line 14 .....	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) .....	16	368.	
17 Individuals: Enter the amount from Form 1040, line 39. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption <b>SEE STATEMENT 7</b> Caution: If you figured your tax using the special rates on capital gains, see instructions. ....	17	21,468.	
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" ....	18	.017142	
19 Individuals: Enter the amount from Form 1040, line 42. If you are a nonresident alien, enter the amount from Form 1040NR, line 40. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 ....	19	3,079.	
Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 15 of the instructions			
20 Multiply line 19 by line 18 (maximum amount of credit) ....	20	53.	
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV. .... ►	21	24.	

**Part IV Summary of Credits From Separate Parts III**

22 Credit for taxes on passive income .....	22	24.	
23 Credit for taxes on high withholding tax interest .....	23		
24 Credit for taxes on financial services income .....	24		
25 Credit for taxes on shipping income .....	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC .....	26		
27 Credit for taxes on lump-sum distributions .....	27		
28 Credit for taxes on certain income re-sourced by treaty .....	28		
29 Credit for taxes on general limitation income .....	29		
30 Add lines 22 through 29 .....	30	24.	
31 Enter the smaller of line 19 or line 30 .....	31	24.	
32 Reduction of credit for international boycott operations. ....	32		
33 Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 45; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a .... ►	33	24.	

Form 1116 (2002)

211511  
11-11-02

ALTERNATIVE MINIMUM TAX  
Foreign Tax Credit(Individual, Estate, or Trust)  
► Attach to Form 1040, 1040NR, 1041, or 990-T.

Name

ALEXANDER W. KRAGIE

Identifying number as shown on page 1 of your tax return

230-51-8048

Use a separate Form 1116 for each category of income listed below. See Categories of Income on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- |  |   |  |
|--|---|--|
| a <input checked="" type="checkbox"/> Passive income     | d <input type="checkbox"/> Shipping income  | g <input type="checkbox"/> Lump-sum distributions              |
| b <input type="checkbox"/> High withholding tax interest | e <input type="checkbox"/> Dividends from a DISC or former DISC                                       | h <input type="checkbox"/> Section 901(j) income               |
| c <input type="checkbox"/> Financial services income     | f <input type="checkbox"/> Certain distributions from a foreign sales corporation (FSC) or former FSC | i <input type="checkbox"/> Certain income re-sourced by treaty |
|  |   | j <input type="checkbox"/> General limitation income           |

k Resident of (name of country) ► USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

## Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession .....	► VARIOUS			
1 Gross income from sources within country shown above and of the type checked above:		399 .		1 399 .
Deductions and losses (Caution: See pages 9, 12, and 13 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement) .....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction .....				
b Other deductions (attach statement) .....				
c Add lines 3a and 3b .....				
d Gross foreign source income .....	399 .			
e Gross income from all sources .....	24,988 .			
f Divide line 3d by line 3e .....	.015968			
g Multiply line 3c by line 3f .....				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 12 of the instructions) .....				
b Other interest expense .....				
5 Losses from foreign sources .....				
6 Add lines 2, 3g, 4a, 4b, and 5 .....				6
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 .....				7 399 .

## Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued					
		In foreign currency			In U.S. dollars		
		Taxes withheld at source on:		(s) Other foreign taxes paid or accrued	Taxes withheld at source on:		(w) Other foreign taxes paid or accrued
		(p) Dividends	(q) Rents and royalties		(t) Dividends	(u) Rents and royalties	
A	12/31/02	(p) Dividends	(q) Rents and royalties	(r) Interest	24 .	(v) Interest	24 .
B							
C							

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ► 8 24 .

LHA For Paperwork Reduction Act Notice, see separate instructions.  
211501  
11-11-02

Form 1116 (2002)

## ALTERNATIVE MINIMUM TAX

Form 1116 (2002) ALEXANDER W. KRAGIE

230-51-8048 Page 2

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	9	24.	
10 Carryback or carryover (attach detailed computation) SEE STATEMENT 8 .....	10	102.	
11 Add lines 9 and 10 .....	11	126.	
12 Reduction in foreign taxes .....	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit .....	13	126.	
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I .....	14	399.	
15 Adjustments to line 14 .....	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) .....	16	399.	
17 Individuals: Enter the amount from Form 1040, line 39. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption .....	17	24,988.	
Caution: If you figured your tax using the special rates on capital gains, see instructions.			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" .....	18	.015968	
19 Individuals: Enter the amount from Form 1040, line 42. If you are a nonresident alien, enter the amount from Form 1040NR, line 40.	19		
Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 .....	19		
Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 15 of the instructions			
20 Multiply line 19 by line 18 (maximum amount of credit) .....	20		
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV: ►	21	0.	

**Part IV Summary of Credits From Separate Parts III**

22 Credit for taxes on passive income .....	22		
23 Credit for taxes on high withholding tax interest .....	23		
24 Credit for taxes on financial services income .....	24		
25 Credit for taxes on shipping income .....	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC .....	26		
27 Credit for taxes on lump-sum distributions .....	27		
28 Credit for taxes on certain income re-sourced by treaty .....	28		
29 Credit for taxes on general limitation income .....	29		
30 Add lines 22 through 29 .....	30	0.	
31 Enter the smaller of line 19 or line 30 .....	31	0.	
32 Reduction of credit for international boycott operations .....	32		
33 Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 45; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a .....	33	0.	

Form 1116 (2002)

211511  
11-11-02

8110401 759254 KRAGA

2002.05000 KRAGIE, ALEXANDER W.

KRAGA\_1

## Form 1116

## U.S. and Foreign Source Income Summary

NAME

ALEXANDER W. KRAGIE

230-51-8048

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation			
Dividends/Distributions	1,419.	1,419.	
Interest			
Capital Gains	2,700.	2,700.	
Business/Profession			
Rent/Royalty			
State/Local Refunds	501.	501.	
Partnership/S Corporation			
Trust/Estate	20,869.	20,869.	
Other Income		-399.	399.
Nontaxable Income			
Gross Income	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>

Less:

Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Nontaxable Income			
Total Income - Form 1116	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>

Deductions:

Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions			
Adjusted Gross Income	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>

Less Itemized Deductions:

Specifically Allocated			
Home Mortgage Interest			
Other Interest			
Ratably Allocated	1,983.	1,952.	31.
Total Adjustments to Adjusted Gross Income	<u>1,983.</u>	<u>1,952.</u>	<u>31.</u>
Taxable Income Before Exemptions	<u>23,506.</u>	<u>23,138.</u>	<u>368.</u>

227931  
05-01-02

**Label**

(See instructions on page 21.)

<b>L A B E L  H E R E</b>	For the year Jan. 1-Dec. 31, 2002, or other tax year beginning		2002, ending	20	OMB No. 1545-0074
	Your first name and initial	Last name			Your social security number
	ALEXANDER W.	KRAGIE			230 51 8048
	If a joint return, spouse's first name and initial	Last name			Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 21:		Apt. no.	<b>Important!</b> You must enter your SSN(s) above.		
4713 DRUMMOND AVENUE					
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.					
CHEVY CHASE, MD 20815					

**CLIENT COPY****Use the IRS label.**  
Otherwise, please print or type.**Presidential****Election Campaign** ► Note. Checking "Yes" will not change your tax or reduce your refund.  
(See page 21.)**You**      **Spouse**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 page 21.) 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 and full name here. ►
- 5  Qualifying widow(er) with dependent child (year spouse died ►). (See page 21.)

Check only one box.

**Exemptions**

6a <input type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, <b>do not</b> check box 6a	No. of boxes checked on 6a and 6b			
b <input type="checkbox"/> Spouse	No. of your children on 6c who:			
c Dependents:	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 22)			
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	
⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮
⋮	⋮	⋮	⋮	⋮
d Total number of exemptions claimed	Add numbers on lines above ►			

**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 page 23.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7
8a Taxable interest. Attach Schedule B if required	8a
b Tax-exempt interest. Do not include on line 8a	8b
9 Ordinary dividends. Attach Schedule B if required	9
10 Taxable refunds, credits, or offsets of state and local income taxes	10
STMT 1	501.
11 Alimony received	11
STMT 3	12
12 Business income or (loss). Attach Schedule C or C-EZ	13
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	2,700.
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions	15b
16a Pensions and annuities	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	20b
21 Other income. List type and amount (see page 29)	21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22
23 Educator expenses (see page 29)	23
24 IRA deduction (see page 29)	24
25 Student loan interest deduction (see page 31)	25
26 Tuition and fees deduction (see page 32)	26
27 Archer MSA deduction. Attach Form 8853	27
28 Moving expenses. Attach Form 3903	28
29 One-half of self-employment tax. Attach Schedule SE	29
30 Self-employed health insurance deduction (see page 33)	30
31 Self-employed SEP, SIMPLE, and qualified plans	31
32 Penalty on early withdrawal of savings	32
33a Alimony paid b Recipient's SSN ►	33a
34 Add lines 23 through 33a	34
35 Subtract line 34 from line 22. This is your adjusted gross income ►	35

**Tax and Credits**

## Standard Deduction for -

• People who checked any box on line 37a or 37b or who can be claimed as a dependent.

• 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) .....	36	25,489.
37a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here .....	37a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien.....	37b	
38	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .....	38	1,983.
39	Subtract line 38 from line 36 .....	39	23,506.
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 .....	40	0.
41	Taxable Income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- .....	41	23,506.
42	Tax. Check if any tax from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 .....	42	3,079.
43	Alternative minimum tax. Attach Form 6251 .....	43	
44	Add lines 42 and 43 .....	44	3,079.
45	Foreign tax credit. Attach Form 1116 if required .....	45	24.
46	Credit for child and dependent care expenses. Attach Form 2441 .....	46	
47	Credit for the elderly or the disabled. Attach Schedule R .....	47	
48	Education credits. Attach Form 8863 .....	48	
49	Retirement savings contributions credit. Attach Form 8880 .....	49	
50	Child tax credit (see page 39) .....	50	
51	Adoption credit. Attach Form 8839 .....	51	
52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 .....	52	
53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify .....	53	
54	Add lines 45 through 53. These are your total credits .....	54	24.
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- .....	55	3,055.

**Other Taxes**

56	Self-employment tax. Attach Schedule SE .....	56	
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .....	57	
58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required .....	58	
59	Advance earned income credit payments from Form(s) W-2 .....	59	
60	Household employment taxes. Attach Schedule H .....	60	
61	Add lines 55 through 60. This is your total tax .....	61	3,055.

**Payments**

62	Federal income tax withheld from Forms W-2 and 1099 .....	62	
63	2002 estimated tax payments and amount applied from 2001 return .....	63	3,600.
64	Earned income credit (EIC) .....	64	
65	Excess social security and tier 1 RRTA tax withheld (see page 56) .....	65	
66	Additional child tax credit. Attach Form 8812 .....	66	
67	Amount paid with request for extension to file (see page 56) .....	67	
68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 .....	68	
69	Add lines 62 through 68. These are your total payments .....	69	3,600.

**Refund**

Direct deposit?  
See page 56 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 .....	70	
71a	Amount of line 70 you want refunded to you Routing number _____ ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number _____	71a	
72	Amount of line 70 you want applied to your 2003 estimated tax .....	72	545.

**Amount You Owe**

73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57	73	
----	---	----	--

**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 ► PREPARER Phone \_\_\_\_\_ 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
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

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

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
GEIMER, EHRLICH & ASSOCIATES, P.A.		EIN	52-2008740

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

7514 WISCONSIN AVENUE #400	Phone no. (301) 654-5800
BETHESDA, MD 20814	

210002  
01-31-03

**SCHEDULES A&B  
(Form 1040)**

## Schedule A - Itemized Deductions

**Department of the Treasury  
Internal Revenue Service (99)**

**(Schedule B is on page 2)**

**► Attach to Form 1040.**

► See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

2002

Attachment Sequence No. 07

Your social security number

## ALEXANDER W. KRAGIE

230 51 8048

<b>Medical and Dental Expenses</b>	<b>Caution.</b> 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 36 .....	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	
<b>Taxes You Paid (See page A-2.)</b>	<b>SEE STATEMENT 4</b>	<b>1,983.</b>
5 State and local income taxes .....	5	
6 Real estate taxes (see page A-2) .....	6	
7 Personal property taxes .....	7	
8 Other taxes. List type and amount ►	8	
9 Add lines 5 through 8 .....	9	
		<b>1,983.</b>
<b>Interest You Paid (See page A-3.)</b>	10 Home mortgage interest and points reported to you on Form 1098 .....	10
	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 and show that person's name, identifying no., and address ►	11
<b>Note:</b> Personal interest is not deductible.	12 Points not reported to you on Form 1098. (See page A-3.) .....	12
	13 Investment interest. Attach Form 4952 if required. (See page A-3.) .....	13
	14 Add lines 10 through 13 .....	14
<b>Gifts to Charity</b>	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 .....	15
If you made a gift and got a benefit for it, see page A-4.	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 .....	18
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.) .....	19
<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
(See page A-5 for expenses to deduct here.)	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 36 .....	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
<b>Other Miscellaneous Deductions</b>	27 Other - from list on page A-6. List type and amount ►	27
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)? <input checked="" 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 38. } <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter. ►	28 <b>1,983.</b>

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

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

**Schedule B - Interest and Ordinary Dividends**Attachment  
Sequence No. 08**Part I  
Interest**

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

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2** Add the amounts on line 1 .....  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815 .....  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ► \_\_\_\_\_

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

**Part II  
Ordinary  
Dividends**

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

VANGUARD - GNMA FD

VANGUARD - SHORT TERM FED FD

VANGUARD HEALTHCARE FD

VANGUARD INT'L GROWTH

VANGUARD STRAT. EQ.

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**Amount**

159.

175.

397.

389.

299.

- 6** Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ..... ► \_\_\_\_\_

**6****1,419.**

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

**Part III  
Foreign  
Accounts  
and  
Trusts**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; OR **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes****No**

- 7a** At any time during 2002, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? ..... X

**b** If "Yes," enter the name of the foreign country ► \_\_\_\_\_

- 8** During 2002, 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

227501  
10-25-02

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

Schedule B (Form 1040) 2002

**SCHEDULE D  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on Form 1040

**Capital Gains and Losses**

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

**2002**Attachment  
Sequence No. 12**ALEXANDER W. KRAGIE**Your social security number **230 51 8048****Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	
1						
2 Enter your short-term totals .....		2				
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) .....		3				
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 2001 Capital Loss Carryover Worksheet .....				6 ( )		
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) .....				7		

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
8						
9 Enter your long-term totals .....		9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d) .....		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 STATEMENT 5	13	2,700.	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2001 Capital Loss Carryover Worksheet .....				14 ( ) ( )		
15 Combine lines 8 through 14 in column (g) .....				15		
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f) .....				16	2,700.	

\* 28% rate gain or loss includes all "collectibles gains and losses" and up to 50% of the eligible gain on qualified small business stock. See instructions.

**Part III Taxable Gain or Deductible Loss**

17 Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 41.....	17	2,700.
<b>Next:</b>		● If both lines 16 and 17 are gains and Form 1040, line 41, is more than zero, complete Part IV below.
		● Otherwise, skip the rest of Schedule D and complete Form 1040.
18 If line 17 is a loss, enter here and on Form 1040, line 13, the <b>smaller</b> of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)). Then complete Form 1040 through line 39.....	18	( )
<b>Next:</b>		● If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 39, is less than zero, skip Part IV below and complete the <b>Capital Loss Carryover Worksheet</b> on page D-6 of the instructions before completing the rest of Form 1040.
		● Otherwise, skip Part IV below and complete the rest of Form 1040.

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

19 Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-7 of the instructions .....	19	
<b>If line 15 or line 19 is more than zero, complete the worksheet on page D-9 of the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.</b>		
20 Enter your taxable income from Form 1040, line 41 .....	20	23,506.
21 Enter the <b>smaller</b> of line 16 or line 17 of Schedule D.....	21	2,700.
22 If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0- .....	22	0.
23 Subtract line 22 from line 21. If zero or less, enter -0- .....	23	2,700.
24 Subtract line 23 from line 20. If zero or less, enter -0- .....	24	20,806.
25 Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies .....	25	2,824.
26 Enter the <b>smaller</b> of:		
● The amount on line 20 or		
● \$46,700 if married filing jointly or qualifying widow(er);		
\$27,950 if single;		
\$37,450 if head of household; or		
\$23,350 if married filing separately		
<b>If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.</b>		
27 Enter the amount from line 24 .....	27	20,806.
28 Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34 .....	28	2,700.
29 Enter your qualified 5-year gain, if any, from line 8 of the worksheet on page D-8 STMT 6 .....	29	716.
30 Enter the <b>smaller</b> of line 28 or line 29 .....	30	716.
31 Multiply line 30 by 8% (.08) .....	31	57.
32 Subtract line 30 from line 28 .....	32	1,984.
33 Multiply line 32 by 10% (.10) .....	33	198.
<b>If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.</b>		
34 Enter the <b>smaller</b> of line 20 or line 23 .....	34	
35 Enter the amount from line 28 (if line 28 is blank, enter -0-) .....	35	
36 Subtract line 35 from line 34 .....	36	
37 Multiply line 36 by 20% (.20) .....	37	
38 Add lines 25, 31, 33, and 37 .....	38	3,079.
39 Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies .....	39	3,229.
40 <b>Tax on all taxable income (including capital gains).</b> Enter the <b>smaller</b> of line 38 or line 39 here and on Form 1040, line 42 .....	40	3,079.

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

Your social security number

**ALEXANDER W. KRAGIE**

230-51-8048

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below.

Real estate professionals must complete line 42 below.

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk?
					(e) All is at risk      (f) Some is not at risk
A					
B					
C					
D					
E					

Passive Income and Loss		Nonpassive Income and Loss		
		(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562
	(g) Passive loss allowed (attach Form 8582 if required)			
A				
B				
C				
D				
E				
28a	Totals .....			
b	Totals .....			
29	Add columns (h) and (k) of line 28a .....			29
30	Add columns (g), (i), and (j) of line 28b .....			30 ( )
31	Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below .....			31

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

32	(a) Name	(b) Employer identification number
A	KRAGIE GRANDCHILDREN'S TRUST	52-6861040
B		

Passive Income and Loss		Nonpassive Income and Loss		
		(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
	(c) Passive deduction or loss allowed (attach Form 8582 if required)			
A				20,869.
B				
33a	Totals .....			20,869.
b	Totals .....			
34	Add columns (d) and (f) of line 33a .....			34 20,869.
35	Add columns (c) and (e) of line 33b .....			35 ( )
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below .....			36 20,869.

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

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below .....			38	

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below .....	39
40	Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17. ►	40 20,869.
41	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6) .....	41
42	Reconciliation for Real Estate Professionals. If you were a real estate professional, enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules .....	42

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## 2002 Income from Passthroughs

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KRAGIE GRANDCHILDREN'S TRUST  
I.D. NUMBER: 52-6861040  
TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

KRAGIE GRANDCHILDREN'S TRUST

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	20,869
SCHEDULE E ACTIVITY INCOME (LOSS)	20,869

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Form 1116

Department of the Treasury  
Internal Revenue Service (99)

OMB No. 1545-0121

2002

Attachment  
Sequence No. 19

## Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

Name **ALEXANDER W. KRAGIE** Identifying number as shown on page 1 of your tax return **230-51-8048**

Use a separate Form 1116 for each category of income listed below. See Categories of Income on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- |  |   |  |
|--|---|--|
| a <input checked="" type="checkbox"/> Passive income     | d <input type="checkbox"/> Shipping income  | g <input type="checkbox"/> Lump-sum distributions              |
| b <input type="checkbox"/> High withholding tax interest | e <input type="checkbox"/> Dividends from a DISC or former DISC                                       | h <input type="checkbox"/> Section 901(j) income               |
| c <input type="checkbox"/> Financial services income     | f <input type="checkbox"/> Certain distributions from a foreign sales corporation (FSC) or former FSC | i <input type="checkbox"/> Certain income re-sourced by treaty |
|  |   | j <input type="checkbox"/> General limitation income           |

k Resident of (name of country) ► USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
I Enter the name of the foreign country or U.S. possession .....	► VARIOUS			
1 Gross income from sources within country shown above and of the type checked above:		399.		1 399.
Deductions and losses (Caution: See pages 9, 12, and 13 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement) .....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction .....	1,983.			
b Other deductions (attach statement) .....	1,983.			
c Add lines 3a and 3b .....	399.			
d Gross foreign source income .....	25,489.			
e Gross income from all sources .....	.015654			
f Divide line 3d by line 3e .....	31.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 12 of the instructions) .....				
b Other interest expense .....				
5 Losses from foreign sources .....				
6 Add lines 2, 3g, 4a, 4b, and 5 .....	31.			6 31.
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 .....				► 7 368.

**Part II Foreign Taxes Paid or Accrued**

Country	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued													
		In foreign currency				In U.S. dollars				(s) Other foreign taxes paid or accrued	(t) Dividends 24.	(u) Rents and royalties	(v) Interest	(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w)) 24.
		Taxes withheld at source on:				Taxes withheld at source on:									
A 12/31/02	(o) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest											
B															
C															
8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 .....										► 8				24.	

LHA For Paperwork Reduction Act Notice, see separate instructions.

211501  
11-11-02

Form 1116 (2002)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	9	24.	
10 Carryback or carryover (attach detailed computation) .....	10		
11 Add lines 9 and 10 .....	11	24.	
12 Reduction in foreign taxes .....	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit .....	13	24.	
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. ....	14	368.	
15 Adjustments to line 14 .....	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) .....	16	368.	
17 Individuals: Enter the amount from Form 1040, line 39. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 7 .....	17	21,468.	
<i>Caution: If you figured your tax using the special rates on capital gains, see instructions.</i>			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" .....	18	.017142	
19 Individuals: Enter the amount from Form 1040, line 42. If you are a nonresident alien, enter the amount from Form 1040NR, line 40.			
Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 .....	19	3,079.	
<i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 15 of the instructions.</i>			
20 Multiply line 19 by line 18 (maximum amount of credit) .....	20	53.	
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV. ►	21	24.	

**Part IV Summary of Credits From Separate Parts III**

22 Credit for taxes on passive income .....	22	24.	
23 Credit for taxes on high withholding tax interest .....	23		
24 Credit for taxes on financial services income .....	24		
25 Credit for taxes on shipping income .....	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC .....	26		
27 Credit for taxes on lump-sum distributions .....	27		
28 Credit for taxes on certain income re-sourced by treaty .....	28		
29 Credit for taxes on general limitation income .....	29		
30 Add lines 22 through 29 .....	30	24.	
31 Enter the smaller of line 19 or line 30 .....	31	24.	
32 Reduction of credit for international boycott operations .....	32		
33 Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 45; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ►	33	24.	

Form 1116

Department of the Treasury  
Internal Revenue Service (99)ALTERNATIVE MINIMUM TAX  
Foreign Tax Credit(Individual, Estate, or Trust)  
► Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2002

Attachment  
Sequence No. 19Name Identifying number as shown on page 1 of your tax return

ALEXANDER W. KRAGIE

230-51-8048

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116.  
Report all amounts in U.S. dollars except where specified in Part II below.

- |  |   |  |
|--|---|--|
| a <input checked="" type="checkbox"/> Passive income     | d <input type="checkbox"/> Shipping income  | g <input type="checkbox"/> Lump-sum distributions              |
| b <input type="checkbox"/> High withholding tax interest | e <input type="checkbox"/> Dividends from a DISC or former DISC                                       | h <input type="checkbox"/> Section 901(j) income               |
| c <input type="checkbox"/> Financial services income     | f <input type="checkbox"/> Certain distributions from a foreign sales corporation (FSC) or former FSC | i <input type="checkbox"/> Certain income re-sourced by treaty |
|  |   | j <input type="checkbox"/> General limitation income           |

k Resident of (name of country) ► USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession .....	► VARIOUS			
1 Gross income from sources within country shown above and of the type checked above:		399 .		1 399 .
Deductions and losses (Caution: See pages 9, 12, and 13 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement) .....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction .....				
b Other deductions (attach statement) .....				
c Add lines 3a and 3b .....				
d Gross foreign source income .....	399 .			
e Gross income from all sources .....	24 , 988 .			
f Divide line 3d by line 3e .....	.015968			
g Multiply line 3c by line 3f .....				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 12 of the instructions) .....				
b Other interest expense .....				
5 Losses from foreign sources .....				
6 Add lines 2, 3g, 4a, 4b, and 5 .....				6
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 .....			► 7	399 .

**Part II Foreign Taxes Paid or Accrued**

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars				(x) Total foreign taxes paid or accrued (add cols. (t) through (w))	
		Taxes withheld at source on:				Taxes withheld at source on:					
		(m) <input checked="" type="checkbox"/> Paid	(n) <input type="checkbox"/> Accrued	(o) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties	(v) Interest
A	12/31/02							24 .			24 .
B											
C											

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ► 8 24 .

LHA For Paperwork Reduction Act Notice, see separate instructions.  
211501  
11-11-02

Form 1116 (2002)

## ALTERNATIVE MINIMUM TAX

Form 1116 (2002) ALEXANDER W. KRAGIE

230-51-8048 Page 2

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	9	24.	
10 Carryback or carryover (attach detailed computation) SEE STATEMENT 8	10	102.	
11 Add lines 9 and 10 .....	11	126.	
12 Reduction in foreign taxes .....	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit .....	13	126.	
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. ....	14	399.	
15 Adjustments to line 14 .....	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) .....	16	399.	
17 Individuals: Enter the amount from Form 1040, line 39. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption .....	17	24,988.	
<i>Caution: If you figured your tax using the special rates on capital gains, see instructions.</i>			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" .....	18	.015968	
19 Individuals: Enter the amount from Form 1040, line 42. If you are a nonresident alien, enter the amount from Form 1040NR, line 40.	19		
Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 .....	19		
<i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 15 of the instructions.</i>			
20 Multiply line 19 by line 18 (maximum amount of credit) .....	20		
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV. ►	21	0.	

**Part IV Summary of Credits From Separate Parts III**

22 Credit for taxes on passive income .....	22		
23 Credit for taxes on high withholding tax interest .....	23		
24 Credit for taxes on financial services income .....	24		
25 Credit for taxes on shipping income .....	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC .....	26		
27 Credit for taxes on lump-sum distributions .....	27		
28 Credit for taxes on certain income re-sourced by treaty .....	28		
29 Credit for taxes on general limitation income .....	29		
30 Add lines 22 through 29 .....	30	0.	
31 Enter the smaller of line 19 or line 30 .....	31	0.	
32 Reduction of credit for international boycott operations .....	32		
33 Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 45; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ►	33	0.	

Form 1116 (2002)

211511  
11-11-02

**Form 1116****U.S. and Foreign Source Income Summary**

NAME	TOTAL	U.S.	FOREIGN PASSIVE
ALEXANDER W. KRAGIE			230-51-8048
INCOME TYPE			
Compensation	1,419.	1,419.	
Dividends/Distributions			
Interest			
Capital Gains	2,700.	2,700.	
Business/Profession			
Rent/Royalty			
State/Local Refunds	501.	501.	
Partnership/S Corporation			
Trust/Estate	20,869.	20,869.	
Other Income		-399.	399.
Nontaxable Income			
Gross Income	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Nontaxable Income			
Total Income - Form 1116	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions			
Adjusted Gross Income	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest			
Other Interest			
Ratably Allocated	1,983.	1,952.	31.
Total Adjustments to Adjusted Gross Income	<u>1,983.</u>	<u>1,952.</u>	<u>31.</u>
Taxable Income Before Exemptions	<u>23,506.</u>	<u>23,138.</u>	<u>368.</u>

NAME

ALEXANDER W. KRAGIE

230-51-8048

## Foreign Income Category

## PASSIVE INCOME

Regular

1. Foreign tax paid/accrued .....
2. FTC Carryback to 2002 for amended returns .....
3. Red alloc to excl inc. ....
4. Foreign tax available .....
5. Maximum credit allowable .....
6. Unused foreign tax (+) or excess of limit (-) ...
7. Foreign tax c/b .....
8. Foreign tax c/f .....
9. Less Treaty Adj .....
10. Frgn tx or excess limit rem .....

	1997	1998	1999	2000	2001	2002
1.						24.
2.						
3.						
4.						24.
5.						53.
6.					-31.	-29.
7.						
8.						
9.						
10.					-31.	-29.
Total foreign taxes from all available years to be carried to next year .....						

Alternative Minimum

1. Foreign tax paid/accrued .....
2. FTC Carryback to 2002 for amended returns .....
3. Red alloc to excl inc. ....
4. Foreign tax available .....
5. Maximum credit allowable .....
6. Unused foreign tax (+) or excess of limit (-) ...
7. Foreign tax c/b .....
8. Foreign tax c/f .....
9. Less Treaty Adj .....
10. Frgn tx or excess limit rem .....

						24.
						24.
						0.
		23.	21.	30.	28.	24.
		23.	21.	30.	28.	24.
Total foreign taxes from all available years to be carried to next year .....						126.

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2001

2000

1999

## MARYLAND

GROSS STATE/LOCAL INC TAX REFUNDS                    668.  
LESS: TAX PAID IN FOLLOWING YEAR                    167.

NET TAX REFUNDS MARYLAND                            501.

TOTAL NET TAX REFUNDS                            501.

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

2

2001

2000

1999

NET TAX REFUNDS FROM STATE AND  
LOCAL INCOME TAX REFUNDS STMT. 501.

LESS:REFUNDS-NO BENEFIT DUE TO AMT

1	NET REFUNDS FOR RECALCULATION	501.
2	TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	2,665.
3	DEDUCTION NOT SUBJ TO PHASEOUT	
4	NET REFUNDS FROM LINE 1	501.
5	LINE 2 MINUS LINES 3 AND 4	2,164.
6	MULTIPLY LINE 5 BY 80% (.80)	1,731.
7	PRIOR YEAR AGI	27,720.
8	ITEM. DED. PHASEOUT THRESHOLD	132,950.
9	SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-105,230.
10	MULTIPLY LINE 9 BY 3% (.03)	
11	ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	
12	ITEM DED. NOT SUBJ TO PHASEOUT	
13A	TOTAL ADJ. ITEMIZED DEDUCTIONS	
13B	PRIOR YR. STD. DED. AVAILABLE	
14	PRIOR YR. ALLOWABLE ITEM. DED.	
15	SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	
16	TAXABLE REFUNDS	501.
17	(LESSER OF LINE 15 OR LINE 1)	
18	ALLOWABLE PRIOR YR. ITEM. DED.	2,665.
18	PRIOR YEAR STD. DED. AVAILABLE	1,123.
19	SUBTRACT LINE 18 FROM LINE 17	1,542.
20	LESSER OF LINE 16 OR LINE 19	501.
21	PRIOR YEAR TAXABLE INCOME	25,055.
22	AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21	501.
	STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 1999	
	TOTAL TO FORM 1040, LINE 10	501.

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 FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 3
 

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2001	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
<b>MARYLAND</b>		
STATE TAX PAID IN FOLLOW YEAR	650.	668. =
TOTAL STATE TAX PAID 2001	2,600.	<u>167.</u>

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SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT
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DESCRIPTION	AMOUNT
MARYLAND ESTIMATE PAYMENTS	832.
MARYLAND PRIOR YEAR OVERPAYMENT APPLIED	668.
MARYLAND PRIOR YEAR ESTIMATE PAYMENTS	650.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-167.
 TOTAL TO SCHEDULE A, LINE 5	 <u>1,983.</u>

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SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT
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NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
VANGUARD HEALTHCARE FD	2,700.	<u>2,700.</u>
 TOTALS TO SCHEDULE D, LINE 13	 <u>2,700.</u>	<u>2,700.</u>

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SCHEDULE D	QUALIFIED 5-YEAR GAIN WORKSHEET	STATEMENT	6
1. ENTER THE TOTAL OF ALL GAINS THAT YOU REPORTED ON LINE 8, COLUMN (F), OF SCHEDULE D FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . .			
2. ENTER THE TOTAL OF ALL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 4797, PART I, BUT ONLY IF FORM 4797, LINE 7, IS MORE THAN ZERO. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . . . .			
3. ENTER THE TOTAL OF ALL CAPITAL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 4684, LINE 4, BUT ONLY IF FORM 4684, LINE 15, IS MORE THAN ZERO. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . . . .			
4. ENTER THE TOTAL OF ALL CAPITAL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 6252; FORM 6781, PART II; AND FORM 8824. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . . . .			
5. ENTER THE TOTAL OF ANY QUALIFIED 5-YR GAIN REPORTED TO YOU ON: * FORM 1099-DIV, BOX 2C; * FORM 2439, BOX 1C; AND * SCHEDULE K-1 FROM A PARTNERSHIP, S CORPORATION, ESTATE, OR TRUST . . . . .			716.
6. ADD LINES 1 THROUGH 5 . . . . .			716.
7. ENTER THE PART, IF ANY, OF THE GAIN ON LINE 6 THAT IS: * ATTRIBUTABLE TO 28% RATE GAIN OR * INCLUDED ON LINE 6, 10, 11, OR 12 OF THE UNRECAPTURED SECTION 1250 GAIN WORKSHEET . . . . .			
8. QUALIFIED 5-YEAR GAIN. SUBTRACT LINE 7 FROM LINE 6 . . . . .			716.

FORM 1116

WORLDWIDE CAPITAL GAINS  
WORKSHEET FOR LINE 17

STATEMENT 7

1	ENTER THE AMOUNT FROM FORM 1040, LINE 39	23,506.
2	ENTER THE AMOUNT FROM SCHEDULE D, LINE 17 NOTE: IF THE AMOUNT ON SCHEDULE D, LINE 16 IS ZERO OR A LOSS, ENTER THE AMOUNT FROM LINE 2 ON LINE 14 AND ENTER THE AMOUNT FROM LINE 1 ON LINE 15	2,700.
3	ENTER THE AMOUNT FROM SCH D TAX WORKSHEET, LINE 30	0.
4	MULTIPLY LINE 3 BY .3523	
5	ENTER THE AMOUNT FROM SCH D TAX WORKSHEET, LINE 33	0.
6	MULTIPLY LINE 5 BY .2746	
7	ENTER WORLDWIDE 8% GAINS	716.
8	MULTIPLY LINE 7 BY .7927	568.
9	ENTER WORLDWIDE 10% GAINS	1,984.
10	MULTIPLY LINE 9 BY .7409	1,470.
11	ENTER WORLDWIDE 20% GAINS	0.
12	MULTIPLY LINE 11 BY .4819	
13	ADD LINES 4, 6, 8, 10, AND 12	2,038.
14	SUBTRACT LINE 13 FROM LINE 2	662.
15	SUBTRACT LINE 13 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17	21,468.

FORM 1116

ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT  
CARRYOVER/CARRYBACK

STATEMENT

8

## PASSIVE INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2001 ALT. MIN. TAX CREDIT	28.	28.	28.
2000 ALT. MIN. TAX CREDIT	32.	2.	30.
1999 ALT. MIN. TAX CREDIT	21.	0.	21.
1998 ALT. MIN. TAX CREDIT	23.	0.	23.
1997 ALT. MIN. TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2002			0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			102.

FORM  
502  
RESIDENT

## MARYLAND TAX RETURN

(OR FISCAL YEAR BEGINNING

2002, ENDING



2002

\$

SOCIAL SECURITY # <b>230-51-8048</b>	SPOUSE'S SOCIAL SECURITY #	
FIRST NAME <b>ALEXANDER</b>	MI	LAST NAME <b>W KRAGIE</b>
SPOUSE'S FIRST NAME	MI	LAST NAME
PRESENT ADDRESS (No. and Street) <b>4713 DRUMMOND AVENUE</b>		
CITY OR TOWN <b>CHEVY CHASE</b>	STATE <b>MD</b>	ZIP <b>20815</b>
Name of county and incorporated city, town or special taxing area in which you were a resident on the last day of the taxable period. County <b>MONTGOMERY</b> City, town or taxing area <b>DRUMMOND</b>		

YOUR FILING STATUS - SEE INSTRUCTIONS TO DETERMINE IF YOU ARE REQUIRED TO FILE

- Single (If you can be claimed on another person's tax return, use Filing Status 6)
- Married filing joint return or spouse had no income
- Married filing separately
- Head of household spouse's social security no.
- Qualifying widow(er) with dependent child
- Dep. Taxpayer (Enter 0 in Exemption Box (A)- See Instructions)

PART-YEAR RESIDENTS AND MILITARY: Check here if you began or ended legal residence in Maryland in 2002 (See Instructions) or if you have non-Maryland military income (See Instructions).

Give dates of Maryland Residence  
MO DAY YR MO DAY YR

FROM \_\_\_\_\_ TO \_\_\_\_\_

Other state of residence \_\_\_\_\_

EXEMPTIONS - See Instructions		Exemption Amount
(A) Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>	Enter No. Checked (A) <b>0</b> x \$2,400 \$ _____
Check here if you are: 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>		Spouse Is: 65 or over <input type="checkbox"/> Blind <input type="checkbox"/>
(B) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Enter No. Checked (B) <input type="checkbox"/> x \$1,000 \$ _____
(C) Dependent Children: Name(s) _____		Enter Total (C) <input type="checkbox"/> x \$2,400 \$ _____ Social Security number(s) _____
(D) Other Dependents: <input type="checkbox"/> <input type="checkbox"/> Name(s) and Relationship(s) _____ Regular 65 or over		Enter Total (D) <input type="checkbox"/> x \$2,400 \$ _____ Social Security number(s) _____
(E) Enter Total Exemptions (Add A, B, C and D)		► (E) <input type="checkbox"/> Total Amount \$ _____

## INCOME

Place your check or money order on top of your wage and tax statement and attach here with ONE staple.	1. Adjusted gross income from your federal return (See Instructions) .....	► 1	25489
	1a. How much of line 1 represents wages, salaries and/or tips? .....	1a <input type="checkbox"/>	
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland .....	2 <input type="checkbox"/>	
	3. Taxable tax preference items (Attach Form 502TP) .....	3 <input type="checkbox"/>	
	4. Lump sum distributions .....	4 <input type="checkbox"/>	
	5. Other additions (Enter code letter(s) from Instructions) .....	5 <input type="checkbox"/>	
	6. Total additions to Maryland income (Add lines 2 through 5) .....	6 <input type="checkbox"/>	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6) .....	7 <input type="checkbox"/>	25489

## SUBTRACTIONS FROM INCOME

ments and attach here with ONE staple.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above .....	8 <input type="checkbox"/>	501
	9. Child and dependent care expenses .....	9 <input type="checkbox"/>	
	10. Income from U.S. obligations .....	10 <input type="checkbox"/>	31
	11. Pension exclusion from worksheet .....	11 <input type="checkbox"/>	
	12. Taxable social security and RR benefits (Tier I, II and supplemental) included in line 1 above .....	12 <input type="checkbox"/>	
	13. Income received from period of nonresidence (See Instructions) .....	13 <input type="checkbox"/>	
	14. Other subtractions (Enter code letter(s) from Instructions) .....	14 <input type="checkbox"/>	
	15. Subtotal (Add lines 8 through 14) .....	15 <input type="checkbox"/>	532
	16. Two-income subtraction from worksheet .....	16 <input type="checkbox"/>	
	17. Total subtractions from Maryland income (Add lines 15 and 16) .....	17 <input type="checkbox"/>	532
	18. Maryland adjusted gross income (Subtract line 17 from line 7) .....	18 <input type="checkbox"/>	24957

CONRAD-009 02-05 25601 10-29-02	DEDUCTION METHOD      STANDARD DEDUCTION METHOD      See Instructions and worksheet. (Enter amount on line 19)	<input checked="" type="checkbox"/> All taxpayers must select one method and check the appropriate box.
	ITEMIZED DEDUCTION METHOD      Complete lines 19a and b	<input type="checkbox"/>
	Total federal itemized deductions (from line 28, federal Schedule A) .....	19a. <input type="checkbox"/>
	State and local income taxes included in federal Schedule A, line 5 (or from worksheet) .....	19b. <input type="checkbox"/>
	19. Deduction amount (Part-year residents see Instructions (l and m) and military personnel see Instructions) .....	► 19 <input type="checkbox"/> 2000
	20. Net income (Subtract line 19 from line 18) .....	20 <input type="checkbox"/> 22957
	21. Exemption amount (from Exemptions area above) (See Instructions) .....	21 <input type="checkbox"/>
	22. Taxable net income (Subtract line 21 from line 20) .....	22 <input type="checkbox"/> 22957

**2002 MARYLAND FORM 502**  
**PAGE 2**



**MARYLAND TAX COMPUTATION**

23.	Amount from line 22 (taxable net income) GO TO TAX TABLE. Enter the tax on line 24 .....	23	22957
24.	<b>Maryland tax</b> (from Tax Table or Computation Worksheet) .....	24	1039
25.	Earned income credit (1/2 of federal earned income credit. See instructions) .....	25	
26.	Poverty level credit (See instructions) .....	26	
27.	Personal income tax credits from Part H, line 9 of Form 502CR (Attach Form 502CR).....	27	
28.	Business tax credits (Attach Form 500CR) .....	28	
29.	Total credits (Add lines 25 through 28) .....	29	
30.	<b>Maryland tax after credits</b> (Subtract line 29 from line 24) If less than 0, enter 0 .....	30	1039

**LOCAL TAX COMPUTATION**

31.	Local tax (See instructions for tax rates and worksheet.) Multiply line 23 by your local tax rate <b>.0295</b> or use the Local Tax Worksheet .....	31	677
32.	Local earned income credit (from Local Earned Income Credit Worksheet) .....	32	
33.	Local poverty level credit (from Local Poverty Level Credit Worksheet) .....	33	
34.	Total credits (Add lines 32 and 33) .....	34	
35.	<b>Local tax after credits</b> (Subtract line 34 from line 31) If less than 0, enter 0 .....	35	677

36.	Total Maryland and local tax (Add lines 30 and 35).....	36	1716
37.	Contribution to Chesapeake Bay and Endangered Species Fund (See instructions) .....	37	
38.	Contribution to Fair Campaign Financing Fund (See instructions) .....	38	
39.	<b>Total Maryland income tax, local income tax and contributions (Add lines 36, 37, and 38)</b> .....	39	1716

40.	Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld).....	40	
41.	2002 estimated tax payments, amount applied from 2001 return and payment made with an extension request Form 502E	41	2000
42.	Refundable earned income credit (from worksheet) .....	42	
43.	Refundable personal income tax credits from Part J, line 4 of Form 502CR (Attach Form 502CR. See instructions) .....	43	
44.	Total payments and credits (Add lines 40 through 43) .....	44	2000

45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39).....	45	
46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44).....	46	284

47.	Amount of overpayment TO BE APPLIED TO 2003 ESTIMATED TAX .....	47	284
48.	Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46) See line 51 .....	48	
49.	Interest charges from Form 502UP ► [ ] or for late filing [ ] (See instructions) Total ► [ ]	49	
50.	TOTAL AMOUNT DUE (Add lines 45 and 49) .....	50	

For credit card payment check here  and see instructions. Direct debit is available only if you file electronically.

DIRECT DEPOSIT OF REFUND (See instructions) Please be sure the account information is correct.

51. To choose the direct deposit option, complete the following information: 51a. Type of account: ►  Checking  Savings

51b. Routing number ► \_\_\_\_\_ 51c. Account number ► \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

Home telephone no. \_\_\_\_\_

►  CODE NUMBER FOR OFFICE USE ONLY

Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.

Under penalties 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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here  if you authorize your preparer to discuss this return with us.

Make checks payable to: **COMPTROLLER OF MARYLAND**. Write social security no. on check using blue or black ink. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

Your signature	Date	Signature of preparer other than taxpayer <b>GEIMER, EHRLICH &amp; ASSOCIAT</b> 7514 WISCONSIN AVENUE #400 BETHESDA, MD 20814	331303598
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Spouse's signature	Date	Address and telephone number of preparer <b>(301) 654-5800</b>	Preparer's SSN or PTIN
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NAME

ALEXANDER W. KRAGIE

230-51-8048

## Foreign Income Category

**PASSIVE INCOME**Regular

	1997	1998	1999	2000	2001	2002
1. Foreign tax paid/accrued						24.
2. FTC Carryback to 2002 for amended returns .....						
3. Red alloc to excl inc. ....						
4. Foreign tax available						24.
5. Maximum credit allowable						53.
6. Unused foreign tax (+) or excess of limit (-) ...					-31.	-29.
7. Foreign tax c/b .....						
8. Foreign tax c/f .....						
9. Less Treaty Adj .....						
10. Frgn tx or excess limit rem					-31.	-29.
Total foreign taxes from all available years to be carried to next year .....						

Alternative Minimum

1. Foreign tax paid/accrued						24.
2. FTC Carryback to 2002 for amended returns .....						
3. Red alloc to excl inc. ....						
4. Foreign tax available .....						24.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-) ...		23.	21.	30.	28.	24.
7. Foreign tax c/b .....						
8. Foreign tax c/f .....						
9. Less Treaty Adj .....						
10. Frgn tx or excess limit rem		23.	21.	30.	28.	24.
Total foreign taxes from all available years to be carried to next year .....						126.

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2001

2000

1999

MARYLAND

GROSS STATE/LOCAL INC TAX REFUNDS                    668.  
LESS: TAX PAID IN FOLLOWING YEAR                    167.

NET TAX REFUNDS MARYLAND

501.

TOTAL NET TAX REFUNDS

501.

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

2

2001

2000

1999

NET TAX REFUNDS FROM STATE AND  
LOCAL INCOME TAX REFUNDS STMT. 501.

LESS:REFUNDS-NO BENEFIT DUE TO AMT

1 NET REFUNDS FOR RECALCULATION 501.

2 TOTAL ITEMIZED DEDUCTIONS  
BEFORE PHASEOUT 2,665.

3 DEDUCTION NOT SUBJ TO PHASEOUT

4 NET REFUNDS FROM LINE 1 501.

5 LINE 2 MINUS LINES 3 AND 4 2,164.

6 MULTIPLY LINE 5 BY 80% (.80) 1,731.

7 PRIOR YEAR AGI 27,720.

8 ITEM. DED. PHASEOUT THRESHOLD 132,950.

9 SUBTRACT LINE 8 FROM LINE 7 -105,230.

(IF ZERO OR LESS, SKIP LINES  
10 THROUGH 15, AND ENTER  
AMOUNT FROM LINE 1 ON LINE 16)

10 MULTIPLY LINE 9 BY 3% (.03)

11 ALLOWABLE ITEMIZED DEDUCTIONS  
(LINE 5 LESS THE LESSER OF  
LINE 6 OR LINE 10)

12 ITEM DED. NOT SUBJ TO PHASEOUT

13A TOTAL ADJ. ITEMIZED DEDUCTIONS

13B PRIOR YR. STD. DED. AVAILABLE

14 PRIOR YR. ALLOWABLE ITEM. DED.

15 SUBTRACT THE GREATER OF LINE  
13A OR LINE 13B FROM LINE 14

16 TAXABLE REFUNDS 501.  
(LESSER OF LINE 15 OR LINE 1)

17 ALLOWABLE PRIOR YR. ITEM. DED. 2,665.

18 PRIOR YEAR STD. DED. AVAILABLE 1,123.

19 SUBTRACT LINE 18 FROM LINE 17 1,542.

20 LESSER OF LINE 16 OR LINE 19 501.

21 PRIOR YEAR TAXABLE INCOME 25,055.

22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10

\* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20

\* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21

501.

STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 1999

TOTAL TO FORM 1040, LINE 10

501.

ALEXANDER W. KRAGIE

230-51-8048

## FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 3

	2001	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
<b>MARYLAND</b>			
STATE TAX PAID IN FOLLOW YEAR	650.	668. =	167.
TOTAL STATE TAX PAID 2001	2,600.		

## SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 4

DESCRIPTION	AMOUNT
MARYLAND ESTIMATE PAYMENTS	832.
MARYLAND PRIOR YEAR OVERPAYMENT APPLIED	668.
MARYLAND PRIOR YEAR ESTIMATE PAYMENTS	650.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-167.
TOTAL TO SCHEDULE A, LINE 5	1,983.

## SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 5

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
VANGUARD HEALTHCARE FD	2,700.	
TOTALS TO SCHEDULE D, LINE 13	2,700.	

SCHEDULE D	QUALIFIED 5-YEAR GAIN WORKSHEET	STATEMENT	6
1. ENTER THE TOTAL OF ALL GAINS THAT YOU REPORTED ON LINE 8, COLUMN (F), OF SCHEDULE D FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . .			
2. ENTER THE TOTAL OF ALL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 4797, PART I, BUT ONLY IF FORM 4797, LINE 7, IS MORE THAN ZERO. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . . . .			
3. ENTER THE TOTAL OF ALL CAPITAL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 4684, LINE 4, BUT ONLY IF FORM 4684, LINE 15, IS MORE THAN ZERO. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . . . .			
4. ENTER THE TOTAL OF ALL CAPITAL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 6252; FORM 6781, PART II; AND FORM 8824. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . . . .			
5. ENTER THE TOTAL OF ANY QUALIFIED 5-YR GAIN REPORTED TO YOU ON: * FORM 1099-DIV, BOX 2C; * FORM 2439, BOX 1C; AND * SCHEDULE K-1 FROM A PARTNERSHIP, S CORPORATION, ESTATE, OR TRUST . . . . .		716.	
6. ADD LINES 1 THROUGH 5 . . . . .		716.	
7. ENTER THE PART, IF ANY, OF THE GAIN ON LINE 6 THAT IS: * ATTRIBUTABLE TO 28% RATE GAIN OR * INCLUDED ON LINE 6, 10, 11, OR 12 OF THE UNRECAPTURED SECTION 1250 GAIN WORKSHEET . . . . .			
8. QUALIFIED 5-YEAR GAIN. SUBTRACT LINE 7 FROM LINE 6 . . . . .		716.	

FORM 1116

WORLDWIDE CAPITAL GAINS  
WORKSHEET FOR LINE 17

STATEMENT 7

1	ENTER THE AMOUNT FROM FORM 1040, LINE 39	23,506.
2	ENTER THE AMOUNT FROM SCHEDULE D, LINE 17 NOTE: IF THE AMOUNT ON SCHEDULE D, LINE 16 IS ZERO OR A LOSS, ENTER THE AMOUNT FROM LINE 2 ON LINE 14 AND ENTER THE AMOUNT FROM LINE 1 ON LINE 15	2,700.
3	ENTER THE AMOUNT FROM SCH D TAX WORKSHEET, LINE 30	0.
4	MULTIPLY LINE 3 BY .3523	
5	ENTER THE AMOUNT FROM SCH D TAX WORKSHEET, LINE 33	0.
6	MULTIPLY LINE 5 BY .2746	
7	ENTER WORLDWIDE 8% GAINS	716.
8	MULTIPLY LINE 7 BY .7927	568.
9	ENTER WORLDWIDE 10% GAINS	1,984.
10	MULTIPLY LINE 9 BY .7409	1,470.
11	ENTER WORLDWIDE 20% GAINS	0.
12	MULTIPLY LINE 11 BY .4819	
13	ADD LINES 4, 6, 8, 10, AND 12	2,038.
14	SUBTRACT LINE 13 FROM LINE 2	662.
15	SUBTRACT LINE 13 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17	21,468.

FORM 1116

ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT  
CARRYOVER/CARRYBACK

STATEMENT

8

## PASSIVE INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2001 ALT. MIN. TAX CREDIT	28.	28.	28.
2000 ALT. MIN. TAX CREDIT	32.	2.	30.
1999 ALT. MIN. TAX CREDIT	21.	0.	21.
1998 ALT. MIN. TAX CREDIT	23.	0.	23.
1997 ALT. MIN. TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2002			0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			102.

**2002 MARYLAND FORM 502**  
**PAGE 2**



**MARYLAND TAX COMPUTATION**

23. Amount from line 22 (taxable net income) GO TO TAX TABLE. Enter the tax on line 24 .....	23	22957
24. Maryland tax (from Tax Table or Computation Worksheet) .....	24	1039
25. Earned income credit (1/2 of federal earned income credit. See instructions) .....	25	
26. Poverty level credit (See instructions) .....	26	
27. Personal income tax credits from Part H, line 9 of Form 502CR (Attach Form 502CR) .....	27	
28. Business tax credits (Attach Form 500CR) .....	28	
29. Total credits (Add lines 25 through 28) .....	29	
30. Maryland tax after credits (Subtract line 29 from line 24) If less than 0, enter 0 .....	30	1039

**LOCAL TAX COMPUTATION**

31. Local tax (See instructions for tax rates and worksheet.) Multiply line 23 by your local tax rate .....	.0295	31	677
32. Local earned income credit (from Local Earned Income Credit Worksheet) .....	►	32	
33. Local poverty level credit (from Local Poverty Level Credit Worksheet) .....	►	33	
34. Total credits (Add lines 32 and 33) .....	►	34	
35. Local tax after credits (Subtract line 34 from line 31) If less than 0, enter 0 .....	►	35	677
36. Total Maryland and local tax (Add lines 30 and 35) .....	36	1716	
37. Contribution to Chesapeake Bay and Endangered Species Fund (See instructions) .....	►	37	
38. Contribution to Fair Campaign Financing Fund (See instructions) .....	►	38	
39. Total Maryland income tax, local income tax and contributions (Add lines 36, 37, and 38) .....	39	1716	
40. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld) .....	►	40	
41. 2002 estimated tax payments, amount applied from 2001 return and payment made with an extension request Form 502E .....	►	41	2000
42. Refundable earned income credit (from worksheet) .....	►	42	
43. Refundable personal income tax credits from Part J, line 4 of Form 502CR (Attach Form 502CR. See instructions) .....	►	43	
44. Total payments and credits (Add lines 40 through 43) .....	►	44	2000
45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39) .....	►	45	
46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44) .....	►	46	284
47. Amount of overpayment TO BE APPLIED TO 2003 ESTIMATED TAX .....	►	47	284
48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46) See line 51 .....	REFUND	48	
49. Interest charges from Form 502UP ► [ ] or for late filing [ ] (See instructions) Total ► [ ]	►	49	
50. TOTAL AMOUNT DUE (Add lines 45 and 49) .....	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN	50	

For credit card payment check here  and see instructions. Direct debit is available only if you file electronically.

DIRECT DEPOSIT OF REFUND (See instructions) Please be sure the account information is correct.

51. To choose the direct deposit option, complete the following information: 51a. Type of account: ►  Checking  Savings

51b. Routing number ► \_\_\_\_\_ 51c. Account number ► \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

Home telephone no. \_\_\_\_\_

[ ]  
CODE NUMBER

[ ]  
FOR OFFICE USE ONLY

►  Check here if you  
use a paid preparer and do  
not want Maryland forms  
mailed to you next year.

Under penalties 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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here  if you authorize your preparer to discuss this return with us.

Make checks payable to: COMPTROLLER OF MARYLAND.  
Write social security no. on check using blue or black ink.  
Mail to: Comptroller of Maryland, Revenue Administration  
Division, Annapolis, Maryland 21411-0001

Your signature	Date	Signature of preparer other than taxpayer <b>GEIMER, EHRLICH &amp; ASSOCIAT</b> 7514 WISCONSIN AVENUE #400 BETHESDA, MD 20814	Preparer's SSN or PTIN 331303598
Spouse's signature	Date	Address and telephone number of preparer (301) 654-5800	
256011/11-22-02 02-05		Preparer's SSN or PTIN	

## 2003 FORM 1099-B

## Proceeds From Broker and Barter Exchange Transactions

T Vanguard GROUP.

P.O. BOX 2600 · VALLEY FORGE, PA 19482-2600

PAGE 1 OF 1

1-800-284-7245

SCOTT T KRAGIE CUST  
 ALEXANDER W KRAGIE  
 MD UNIF TRANS MIN ACT  
 4713 DRUMMOND AVE  
 CHEVY CHASE MD 20815-5430

**Recipient's Taxpayer Identification Number**  
**230-51-8048**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.  
 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

Box 1a: Trade Date	Box 5: Description	Box 1b: Fund's Fed. ID No.	Box 1c: Cust IP No.	Recipient's Account No.	Box 2: Gross Proceeds	Box 4: Federal Income Tax Withheld
04/22/2003	SHORT-TERM FEDERAL INV CK-WRITING REDEMPTION 1021	23-2483049	922031604	09910810242	10.66 23.921 255.00	0.00
04/22/2003	CK-WRITING REDEMPTION 1022				10.66 23.452 250.00	0.00
06/23/2003	CK-WRITING REDEMPTION 1023				10.76 74.349 800.00	0.00
06/27/2003	CK-WRITING REDEMPTION 1024				10.71 42.017 450.00	0.00
07/30/2003	CK-WRITING REDEMPTION 1025				10.60 1,662.972 17,627.50	0.00
10/21/2003	HEALTH CARE FUND INV PHONE EXCH TO ST FED INV	23-2439149	921908307	09910810242	112.47 44.456 ✓ 5,000.00	0.00
07/14/2003	INTERNATIONAL GROWTH INV PHONE EXCH TO ST FED INV	23-2471346	921910204	09910810242	13.78 362.845 ✓ 5,000.00	0.00
09/23/2003	PHONE EXCH TO ST FED INV				14.54 1,031.637 ✓ 15,000.00	0.00
10/21/2003	✓ STRATEGIC EQUITY FUND PHONE EXCH TO ST FED INV	23-2787277	922038104	09910810242	15.20 328.947 ✓ 5,000.00	0.00
					17.67 282.965 ✓ 5,000.00	0.00



SCHEDULE K-1  
(Form 1041)

## Beneficiary's Share of Income, Deductions, Credits, etc.

OMB No. 1545-0092

for the calendar year 2003, or fiscal year

beginning \_\_\_\_\_, 2003, ending \_\_\_\_\_, 20\_\_\_\_\_

► Complete a separate Schedule K-1 for each beneficiary.

6611  
2003Department of the Treasury  
Internal Revenue Service Amended K-1  
 Final K-1

Name of trust or decedent's estate

John and Margaret Kragie Grandchildrens Trust

Beneficiary's identifying number ► 230518048

Estate's or trust's EIN ► 52 6861040

Beneficiary's name, address, and ZIP code

Alexander W. Kragie  
4713 Drummond Avenue  
Chevy Chase, MD 20815

Fiduciary's name, address, and ZIP code

George de Garmo, Trustee  
4713 Drummond Avenue  
Chevy Chase, MD 20815

(a) Allocable share item	(b) Amount	(c) Calendar year 2003 Form 1040 filers enter the amounts in column (b) on:
1 Interest . . . . .	1	Form 1040, line 8a
2a Qualified dividends . . . . .	2a	Form 1040, line 9b
b Total ordinary dividends . . . . .	2b	Form 1040, line 9a
3a Net short-term capital gain (entire year) . . . . .	3a	Schedule D, line 5, column (f)
b Net short-term capital gain (post 5/5/2003) . . . . .	3b	Schedule D, line 5, column (g)
4a Net long-term capital gain (entire year) . . . . .	4a	Schedule D, line 12, column (f)
b Net long-term capital gain (post 5/5/2003) . . . . .	4b	Schedule D, line 12, column (g)
c Qualified 5-year gain . . . . .	4c	Line 5 of the worksheet for Schedule D, line 35
d Unrecaptured section 1250 gain . . . . .	4d	Line 11 of the worksheet for Schedule D, line 19
e 28% rate gain . . . . .	4e	Line 4 of the worksheet for Schedule D, line 20
5a Annuities, royalties, and other nonpassive income before directly apportioned deductions . . . . .	5a ✓ 21,800	Schedule E, Part III, column (f)
b Depreciation . . . . .	5b	} Include on the applicable line of the appropriate tax form
c Depletion . . . . .	5c	
d Amortization . . . . .	5d	
6a Trade or business, rental real estate, and other rental income before directly apportioned deductions (see instructions) . . . . .	6a	Schedule E, Part III
b Depreciation . . . . .	6b	} Include on the applicable line of the appropriate tax form
c Depletion . . . . .	6c	
d Amortization . . . . .	6d	
7 Income for minimum tax purposes . . . . .	7 21,800	
8 Income for regular tax purposes (add lines 1, 2b, 3a, 4a, 5a, and 6a) . . . . .	8 21,800	
9 Adjustment for minimum tax purposes (subtract line 8 from line 7) . . . . .	9 0	Form 6251, line 14
10 Estate tax deduction (including certain generation-skipping transfer taxes) . . . . .	10	Schedule A, line 27
11 Foreign taxes . . . . .	11	Form 1040, line 44 or Schedule A, line 8
12 Adjustments and tax preference items (itemize):		
a Accelerated depreciation . . . . .	12a	} Include on the applicable line of Form 6251
b Depletion . . . . .	12b	
c Amortization . . . . .	12c	
d Exclusion items . . . . .	12d	
13 Deductions in the final year of trust or decedent's estate:		
a Excess deductions on termination (see instructions) . . . . .	13a	Schedule A, line 22
b Short-term capital loss carryover . . . . .	13b	Schedule D, line 5, columns (f) and (g)
c Long-term capital loss carryover . . . . .	13c	Sch. D, line 12, col. (f); line 5 of the wksht. for Sch. D, line 20; and line 16 of the wksht. for Sch. D, line 19
d Net operating loss (NOL) carryover for regular tax purposes . . . . .	13d	Form 1040, line 21
e NOL carryover for minimum tax purposes . . . . .	13e	See the instructions for Form 6251, line 27
f . . . . .	13f	} Include on the applicable line of the appropriate tax form
g . . . . .	13g	
14 Other (itemize):		
a Payments of estimated taxes credited to you . . . . .	14a	Form 1040, line 62
b Tax-exempt interest . . . . .	14b	Form 1040, line 8b
c . . . . .	14c	} Include on the applicable line of the appropriate tax form
d . . . . .	14d	
e . . . . .	14e	

# AVERAGE COST SUMMARY

## Single Category Method

THE VANGUARD GROUP

P.O. BOX 2600 · VALLEY FORGE, PA 19482-2600

2003 Tax Year

PAGE 1 OF 1

SCOTT T KRAGIE CUST  
ALEXANDER W KRAGIE  
MD UNIF TRANS MIN ACT  
4713 DRUMMOND AVE  
CHEVY CHASE MD 20815-5430

1-800-284-7245  
[www.vanguard.com](http://www.vanguard.com) Website

This Summary is not a tax document and information is not reported to the IRS. Vanguard provides cost basis information using the Average Cost Single Category method. You may want to consult a tax advisor to determine if this method is appropriate for you. Once you select the Average Cost Single Category method, you are not permitted to change without IRS approval. See IRS Publication 564, Mutual Fund Distributions, and IRS Publication 550, Investment Income and Expenses, for more information.

## DUPLICATE COPY

### HEALTH CARE FUND INV

Holding period	Date sold	Shares redeemed	Redemption proceeds	Average cost basis	Fund/Account number: 0052/09910810242		
					Total gain or (loss)	Disallowed loss amount	Total gain or (Allowable loss)
Short-term	10/21	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	10/21	✓ 44.456	✓ 5,000.00	✓ 4,354.77	645.23	0.00	645.23

### INTERNATIONAL GROWTH INV

Holding period	Date sold	Shares redeemed	Redemption proceeds	Average cost basis	Fund/Account number: 0081/09910810242		
					Total gain or (loss)	Disallowed loss amount	Total gain or (Allowable loss)
Short-term	07/14	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	07/14	✓ 362.845	✓ 5,000.00	✓ 6,317.49	(1,317.49)	0.00	(1,317.49)
Short-term	09/23	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	09/23	✓ 1,031.637	✓ 15,000.00	✓ 17,961.83	(2,961.83)	0.00	(2,961.83)

### Account Summary

Total ST	various	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pst 5/5 ST	various	.000	0.00	0.00	0.00	0.00	0.00
Total LT	various	1,394.482	20,000.00	24,279.32	(4,279.32)	0.00	(4,279.32)
Pst 5/5 LT	various	1,394.482	20,000.00	24,279.32	(4,279.32)	0.00	(4,279.32)

### STRATEGIC EQUITY FUND

Holding period	Date sold	Shares redeemed	Redemption proceeds	Average cost basis	Fund/Account number: 0114/09910810242		
					Total gain or (loss)	Disallowed loss amount	Total gain or (Allowable loss)
Short-term	06/09	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	✓ 06/09	✓ 328.947	✓ 5,000.00	✓ 4,963.51	36.49	0.00	36.49
Short-term	10/21	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	✓ 10/21	✓ 282.965	✓ 5,000.00	✓ 4,269.69	730.31	0.00	730.31

### Account Summary

Total ST	various	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pst 5/5 ST	various	.000	0.00	0.00	0.00	0.00	0.00
Total LT	various	611.912	10,000.00	9,233.20	766.80	0.00	766.80
Pst 5/5 LT	various	611.912	10,000.00	9,233.20	766.80	0.00	766.80

The summary provides a breakdown of post-May 5th short-term and long-term gains and losses. Post-May 5th net long-term gains are eligible for reduced tax rates. The qualified 5-year gain rule is eliminated for sales post-May 5, 2003. For sales before May 6, 2003, the qualified 5-year gain rule applies to gains only; losses are included in long-term losses. We will provide an adjusted Average Cost Summary if a purchase occurs within 30 days of a redemption at a loss.





SCOTT T KRAGIE CUST  
ALEXANDER W KRAGIE  
MD UNIF TRANS MIN ACT  
4713 DRUMMOND AVE  
CHEVY CHASE MD 20815-5430



3048

## FOREIGN TAX PAID

INTERNATIONAL GROWTH INV

FORM 1099-DIV BOX 6 AMOUNT

FUND 81 ACCT NBR 09910810242 \$19.71

COUNTRY	1 FOREIGN TAX \$	2 FOREIGN INCOME \$	3 QDI ELIGIBLE FOREIGN INCOME \$	4 FOREIGN INCOME \$ AFTER QDI ADJUSTMENT
AUSTRALIA	0.30	4.14	3.01	2.43
BELGIUM	0.07	0.90	0.65	0.53
BRAZIL	0.64	2.31	1.67	1.35
DENMARK	0.12	1.78	1.29	1.04
FINLAND	0.17	1.32	0.95	0.77
FRANCE	1.20	31.16	22.61	18.25
GERMANY	0.01	0.86	0.63	0.51
GREECE	0.00	0.29	0.21	0.17
HONG KONG	0.00	0.00	0.00	0.00
INDIA	0.00	0.00	0.00	0.00
INDONESIA	0.16	0.94	0.68	0.55
IRELAND	0.01	10.03	7.28	5.87
ISRAEL	0.02	0.09	0.07	0.05
ITALY	0.95	6.38	4.63	3.73
JAPAN	1.97	15.20	11.03	8.90
MEXICO	0.00	1.12	0.81	0.65
NETHERLANDS	1.71	11.38	8.26	6.67
NEW ZEALAND	0.01	0.14	0.10	0.08
PORTUGAL	0.06	0.29	0.21	0.17
RUSSIA	0.00	0.43	0.31	0.25
CONTINUED				

See Instructions on Reverse

1-2

00066404



SCOTT T KRAGIE CUST  
 ALEXANDER W KRAGIE  
 MD UNIF TRANS MIN ACT  
 4713 DRUMMOND AVE  
 CHEVY CHASE MD 20815-5430

## FOREIGN TAX PAID

INTERNATIONAL GROWTH INV

FORM 1099-DIV BOX 6 AMOUNT

FUND 81 ACCT NBR 09910810242 \$19.71

COUNTRY	1 FOREIGN TAX \$	2 FOREIGN INCOME \$	3 QDI ELLIGIBLE FOREIGN INCOME \$	4 FOREIGN INCOME \$ AFTER QDI ADJUSTMENT
SINGAPORE	1.77	0.00	0.00	0.00
SOUTH AFRICA	0.00	0.70	0.51	0.41
SOUTH KOREA	2.11	10.18	7.38	5.96
SPAIN	0.11	3.71	2.69	2.17
SWEDEN	0.00	6.58	4.77	3.85
SWITZERLAND	0.32	8.18	5.93	4.79
TAIWAN	1.01	0.00	0.00	0.00
UNITED KINGDOM	6.99	62.03	44.99	36.32
<b>TOTAL</b>	<b>19.71</b>	<b>180.14</b>	<b>130.67</b>	<b>105.47</b>

COLUMN 1 REPRESENTS YOUR PORTION OF THE FOREIGN TAX PAID BY THE FUND TO EACH COUNTRY. THE TOTAL IN COLUMN 1 WILL MATCH THE AMOUNT REPORTED ON THE FORM 1099-DIV, BOX 6, FOREIGN TAX PAID.

COLUMN 2 REPRESENTS YOUR PORTION OF THE TOTAL FOREIGN INCOME EARNED BY THE FUND WITHIN EACH COUNTRY. THE TOTAL IN COLUMN 2 WILL NOT MATCH FORM 1099-DIV, BOX 1A, TOTAL ORDINARY DIVIDENDS, OR BOX 1B, QUALIFIED DIVIDENDS. IN ADDITION TO FOREIGN INCOME, THE AMOUNT REPORTED IN BOX 1A INCLUDES YOUR PORTION OF FOREIGN TAX PAID AND DOMESTIC (US) INCOME AND NET SHORT-TERM CAPITAL GAIN, IF ANY, EARNED BY THE FUND. THE AMOUNT REPORTED IN BOX 1B REPRESENTS THE TOTAL ORDINARY DIVIDENDS REPORTED IN BOX 1A THAT ARE ELIGIBLE TO BE TREATED AS QUALIFIED DIVIDEND INCOME (QDI) BY THE SHAREHOLDER, INCLUDING DIVIDENDS PAID BY QUALIFIED FOREIGN CORPORATIONS.

COLUMN 3 REPRESENTS YOUR PORTION OF THE TOTAL QDI-ELIGIBLE FOREIGN INCOME EARNED BY THE FUND WITHIN EACH COUNTRY. THE TOTAL IN COLUMN 3 WILL NOT MATCH FORM 1099-DIV, BOX 1B, QUALIFIED DIVIDENDS. IN ADDITION TO QDI-ELIGIBLE FOREIGN INCOME, THE AMOUNT REPORTED IN BOX 1B INCLUDES YOUR PORTION OF FOREIGN TAX PAID ON QDI-ELIGIBLE FOREIGN INCOME AND DOMESTIC (US) QDI-ELIGIBLE INCOME.

COLUMN 4 REPRESENTS YOUR PORTION OF THE TOTAL FOREIGN INCOME EARNED BY THE FUND WITHIN EACH COUNTRY, WITH THE QDI-ELIGIBLE FOREIGN INCOME ADJUSTED AS REQUIRED TO COMPLETE FORM 1116, FOREIGN TAX CREDIT.

See Instructions on Reverse

2-2

00066405



## 2003 Consolidated Statement

## Securities Account

**IMPORTANT TAX INFORMATION:**  
Please Retain



**WACHOVIA SECURITIES**

**For the Period:** Jan 1 - Dec 31, 2003

**Account Number:** ORF-149336-11

**Page 1 of 3**

**Important Tax Information.** This is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

**Wachovia Securities, LLC, Federal ID Number: 27-005864**  
**One New York Plaza, New York, NY 10292-2010**

**1099-OID Original Issue Discount - Summary**

1 Original Issue Discount for 2003	✓	21.43	5 Description (see below)
2 Other periodic interest		0.00	6 Original issue discount on U.S. Treasury obligations
3 Early withdrawal penalty		0.00	7 Investment expenses
<b>4 Federal income tax withheld</b>		<b>0.00</b>	

The figure on line 1 is composed of the items reported on the FORM 1099-OID below. Each item is reported to the Internal Revenue Service individually.

**1099-B Proceeds From Broker and Barter Exchange Transactions - Summary**

1a Date of sale .....	see below	5 Description .....	see below
1b CUSIP Number .....	see below	6a Profit or (loss) realized in 2003 .....	0.00
2 Stocks, bonds, etc.		7 Unrealized profit or (loss) on open contracts - 12/31/02 .....	0.00
Reported to IRS gross proceeds		8 Unrealized profit or (loss) on open contracts - 12/31/03 .....	0.00
less commissions .....	2,911.31	9a Aggregate profit or (loss) .....	0.00
3 Bartering .....	0.00		
<b>4 Federal income tax withheld</b>	<b>0.00</b>		

The figure on line 2 is composed of the item(s) reported on FORM 1099-B below. Each item is reported to the Internal Revenue Service individually.

**1099-OID Original Issue Discount - 2003**

DESCRIPTION (LINE 5)	QUANTITY	CUSIP	AMOUNT	COMMENTS	LINE(S) REPORTED ON
GTC CTF CL 2-F RO XX 0.00 05/15/2003	1,000	383752DR0R	0.47		1 * 1099-OID
<b>REFINANCING CORP CP XX 0.00 10/15/2005</b>	<b>2,000</b>	<b>76116EBH2C</b>	<b>20.96</b>		<b>1 * 1099-OID</b>

**Total Original Issue Discount**

**\$21.43**

\* This may not be the correct figure to be reported on your income tax return. Please see instructions on back.

**IMPORTANT TAX INFORMATION:**  
This document contains information you will need to file your 2003 tax returns. We suggest that you retain this material in your permanent files.

**MR. ALEXANDER WOODALL KRAGIE**  
**4713 DRUMMOND AVE**  
**CHEVY CHASE MD 20815-5430**

**MR. ALEXANDER WOODALL KRAGIE**  
**4713 DRUMMOND AVE**  
**CHEVY CHASE MD 20815-5430**

Proceeds Transactions	<b>1099-B Proceeds From Broker and Barter Exchange Transactions - 2003</b>				OMB NO.1545-0117
DESCRIPTION (LINE 5)	TRADE DATE	AMOUNT WITHHELD	NET PROCEEDS	EXPLANATION	REPORTED ON
GOVERNMENT TRUST CERTIFICATES ZERO COUPON CERTIFICATES CLASS 2-F	05/15/2003	1,000	1,000.00	MATURITY	1099-B

## 2003 Consolidated Statement

**Securities Account**

**IMPORTANT TAX INFORMATION:**  
Please Retain



**WACHOVIA SECURITIES**

MR ALEXANDER WOODALL KRAGIE      Jan 1 - Dec 31, 2003      Account Number: ORF-149336-11

Page 2 of 3

Proceeds Transactions (CONTINUED)	<b>1099-B Proceeds From Broker and Barter Exchange Transactions - 2003</b>				OMB NO. 1545-0715	
DESCRIPTION (LINE 5)	CUSIP (LINE 1b)	QUANTITY (LINE 1a)	TRADE DATE (LINE 4)	AMOUNT WITHHELD PROCEEDS (LINE 2)	NET PROCEEDS EXPLANATION (LINE 2)	REPORTED ON CP
RESOLUTION FUNDING CORPORATION CP	76116EBH2C	2,000	11/14/2003	1,911.31	SOLD	1099-B
<b>Totals</b>				\$0.00	\$2,911.31	

Only the information above the dotted line will be reported, as required, to the Internal Revenue Service (IRS). Nothing contained on the following pages will be reported to the IRS and is for informational purposes only.

## 2003 Consolidated Statement

**Securities Account**

**IMPORTANT TAX INFORMATION:**  
Please Retain



**WACHOVIA SECURITIES**

MR ALEXANDER WOODALL KRAGIE

Jan 1 - Dec 31, 2003

Account Number: ORF-149336-11

Page 3 of 3

## Trading Activity

DESCRIPTION  
RESOLUTION FUNDING CORPORATION  
CP XX 0.000 10/15/2005 DTD 00/00/00

DATE	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	ACCRUED INTEREST
07/03	11/14/2003	11/19/2003	—	1,911.31	SOLD

## Fees and Other Charges

DESCRIPTION  
BASIC SECURITIES ACCOUNT FEE

DATE	AMOUNT	EXPLANATION	REPORTED ON
—	75.00	—	—

**Total Fees and Other Charges**

## Redemptions, Exchanges &amp; Other Activity

DESCRIPTION  
GOVERNMENT TRUST CERTIFICATES  
ZERO COUPON CERTIFICATES CLASS 2-F

QUANTITY	RECEIVED/ CHARGED	DELIVERED/ CREDITED	AMOUNT CHARGED	AMOUNT CREDITED	EXPLANATION
1,000	—	05/15	—	1,000.00	MATURITY

\$1,000.00

**Total Redemptions, Exchanges & Other Activity**

6611

**SCHEDULE K-1  
(Form 1041)**
**Beneficiary's Share of Income, Deductions, Credits, etc.**

OMB No. 1545-0092

for the calendar year 2003, or fiscal year

beginning \_\_\_\_\_, 2003, ending \_\_\_\_\_, 20\_\_\_\_\_

► Complete a separate Schedule K-1 for each beneficiary.

**2003**Department of the Treasury  
Internal Revenue Service

Name of trust or decedent's estate

**John and Margaret Kragie Grandchildrens Trust**
 Amended K-1  
 Final K-1
**Beneficiary's identifying number ► 230518048****Estate's or trust's EIN ► 52 6861040**

Beneficiary's name, address, and ZIP code

**Alexander W. Kragie  
4713 Drummond Avenue  
Chevy Chase, MD 20815**

Fiduciary's name, address, and ZIP code

**George de Garmo, Trustee  
4713 Drummond Avenue  
Chevy Chase, MD 20815**

(a) Allocable share item	(b) Amount	(c) Calendar year 2003 Form 1040 filers enter the amounts in column (b) on:
1 Interest . . . . .	1	Form 1040, line 8a
2a Qualified dividends . . . . .	2a	Form 1040, line 9b
b Total ordinary dividends . . . . .	2b	Form 1040, line 9a
3a Net short-term capital gain (entire year) . . . . .	3a	Schedule D, line 5, column (f)
b Net short-term capital gain (post 5/5/2003) . . . . .	3b	Schedule D, line 5, column (g)
4a Net long-term capital gain (entire year) . . . . .	4a	Schedule D, line 12, column (f)
b Net long-term capital gain (post 5/5/2003) . . . . .	4b	Schedule D, line 12, column (g)
c Qualified 5-year gain . . . . .	4c	Line 5 of the worksheet for Schedule D, line 35
d Unrecaptured section 1250 gain . . . . .	4d	Line 11 of the worksheet for Schedule D, line 19
e 28% rate gain . . . . .	4e	Line 4 of the worksheet for Schedule D, line 20
5a Annuities, royalties, and other nonpassive income before directly apportioned deductions . . . . .	5a	21,800 Schedule E, Part III, column (f)
b Depreciation . . . . .	5b	
c Depletion . . . . .	5c	
d Amortization . . . . .	5d	
6a Trade or business, rental real estate, and other rental income before directly apportioned deductions (see instructions) . . . . .	6a	
b Depreciation . . . . .	6b	Schedule E, Part III
c Depletion . . . . .	6c	
d Amortization . . . . .	6d	
7 Income for minimum tax purposes . . . . .	7	21,800
8 Income for regular tax purposes (add lines 1, 2b, 3a, 4a, 5a, and 6a) . . . . .	8	21,800
9 Adjustment for minimum tax purposes (subtract line 8 from line 7) . . . . .	9	0
10 Estate tax deduction (including certain generation-skipping transfer taxes) . . . . .	10	
11 Foreign taxes . . . . .	11	
12 Adjustments and tax preference items (itemize):		
a Accelerated depreciation . . . . .	12a	
b Depletion . . . . .	12b	
c Amortization . . . . .	12c	
d Exclusion items . . . . .	12d	
13 Deductions in the final year of trust or decedent's estate:		
a Excess deductions on termination (see instructions) . . . . .	13a	
b Short-term capital loss carryover . . . . .	13b	
c Long-term capital loss carryover . . . . .	13c	
d Net operating loss (NOL) carryover for regular tax purposes . . . . .	13d	Sch. D, line 12, col. (f); line 5 of the wksht. for Sch. D, line 20; and line 16 of the wksht. for Sch. D, line 19
e NOL carryover for minimum tax purposes . . . . .	13e	Form 1040, line 21
f . . . . .	13f	See the instructions for Form 6251, line 27
g . . . . .	13g	
14 Other (itemize):		
a Payments of estimated taxes credited to you . . . . .	14a	
b Tax-exempt interest . . . . .	14b	
c . . . . .	14c	
d . . . . .	14d	
e . . . . .	14e	

RITE AID CORPORATION P.O. BOX 3165 HARRISBURG, PA 17105	Pay Period Begin Date <b>1/19/2003</b>	Pay Period End Date <b>2/01/2003</b>	ALEXANDER W KRAGIE 4713 DRUMMOND AVE CHEVY CHASE, MD 20815-5430	Employee Number <b>1104113</b>	Check No. <b>104506</b>
	Pay Rate <b>7.5000</b>	Social Security Number <b>230-51-8048</b>			Issue Date <b>2/06/20</b>
<b>DEDUCTIONS</b>					
DESCRIPTION <b>REGULAR</b>	RATE <b>29.00</b>	HOURS <b>217.50</b>	CURRENT <b>217.50</b>	YEAR-TO-DATE <b>932.25</b>	DESCRIPTION <b>FEDERAL TAX</b> <b>FICA-SOC SEC TAX</b> <b>FICA-MEDICARE TX</b> <b>MD STATE TAX</b>
<b>YEAR-TO-DATE</b>					
TOTAL EARNINGS	29.00	217.50	932.25		TOTAL DEDUCTIONS <b>20.29</b>
					NET PAY <b>197.21</b>
					13

**2003 FORM 1099-D**  
**Dividends and Distributions**

T **Vanguard** GROUP.

P.O. BOX 2600 · VALLEY FORGE, PA 19482-2600

PAGE 1 OF 1

1-800-284-7245

SCOTT T KRAGIE CUST  
 ALEXANDER W KRAGIE  
 MD UNIF TRANS MIN ACT  
 4713 DRUMMOND AVE  
 CHEVY CHASE MD 20815-5430



1589

**Recipient's Taxpayer Identification Number**  
**230-51-8048**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.  
 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

Fund Name	Fund's Fed. I.D. No.	Recipient's Acct. No.	Box 1a: Total Ordinary Dividends	Box 1b: Qualified Dividends	Box 2a: Total Capital Gain Distr.  Box 2b: Post-May 5 Capital Gain Distr.	Box 2c: Qualified 5-Year Gain	Box 2d: Unrecap. Sec. 1250 Gain	Box 3: Nontaxable Distributions	Box 4: Federal Income Tax Withheld	Box 6: Foreign Tax Paid
GNMA FUND INVESTOR SHARES	23-2439154	09910810242	✓ 16.52	0.00	a) 0.00 b) 0.00	0.00	0.00	0.00	0.00	0.00
SHORT-TERM FEDERAL INV	23-2483049	09910810242	✓ 407.61	0.00	a) ✓ 9.96 b) 9.96	0.00	0.00	0.00	0.00	0.00
HEALTH CARE FUND INV	23-2439149	09910810242	✓ 414.37	414.37	a) ✓ 47.30 b) 0.00	✓ 47.30	0.00	0.00	0.00	0.00
INTERNATIONAL GROWTH INV	23-2471346	09910810242	✓ 180.17	✓ 130.70	a) 0.00 b) 0.00	0.00	0.00	0.00	0.00	✓ 19.71
STRATEGIC EQUITY FUND	23-2787277	09910810242	✓ 233.93	✓ 200.81	a) 0.00 b) 0.00	0.00	0.00	0.00	0.00	0.00

FORM 1099-DIV  
 OMB NO. 1545-0110

See Instructions on Reverse  
 Copy B For Recipient

1589

135

1-3

(keep for your records)

00124620



2003 MARYLAND FORM 502  
PAGE 2



Name **ALEXANDER W. KRAGIE** Social Security # **230518048**

**MARYLAND TAX COMPUTATION**

Dollars	
23	<b>19191</b>
24	<b>858</b>
25	
26	
27	
28	
29	
30	<b>858</b>

**LOCAL TAX COMPUTATION**

31. Local tax (See instructions for tax rates and worksheet.) Multiply line 23 by your local tax rate <b>.0295</b> or use the Local Tax Worksheet	31	<b>566</b>
32. Local earned income credit (from Local Earned Income Credit Worksheet)	32	
33. Local poverty level credit (from Local Poverty Level Credit Worksheet)	33	
34. Total credits (Add lines 32 and 33)	34	
35. Local tax after credits (Subtract line 34 from line 31) If less than 0, enter 0	35	<b>566</b>
36. Total Maryland and local tax (Add lines 30 and 35)	36	<b>1424</b>
37. Contribution to Chesapeake Bay and Endangered Species Fund (See instructions)	37	
38. Contribution to Fair Campaign Financing Fund (See instructions)	38	
39. Total Maryland income tax, local income tax and contributions (Add lines 36, 37 and 38)	39	<b>1424</b>
40. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	40	<b>31</b>
41. 2003 estimated tax payments, amount applied from 2002 return and payment made with an extension request Form 502E	41	<b>1884</b>
42. Refundable earned income credit (from worksheet in Instructions)	42	
43. Refundable personal income tax credits from Part J, line 4 of Form 502CR (Attach Form 502CR. See instructions)	43	
44. Total payments and credits (Add lines 40 through 43)	44	<b>1915</b>
45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39)	45	
46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44)	46	<b>491</b>
47. Amount of overpayment TO BE APPLIED TO 2004 ESTIMATED TAX	47	<b>491</b>
48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46) See line 51	48	
49. Interest charges from Form 502UP _____ or for late filing _____ (See instructions) Total	49	
50. TOTAL AMOUNT DUE (Add lines 45 and 49) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN	50	

For credit card payment check here  and see instructions. Direct debit is available only if you file electronically.

DIRECT DEPOSIT OF REFUND (See instructions) Please be sure the account information is correct.

51. To choose the direct deposit option, complete the following information: 51a. Type of account: ►  Checking  Savings

51b. Routing number ► \_\_\_\_\_ 51c. Account number ► \_\_\_\_\_

Daytime telephone no. \_\_\_\_\_

Home telephone no. \_\_\_\_\_

\_\_\_\_\_

CODE NUMBER

FOR OFFICE USE ONLY

Under penalties 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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here  if you authorize your preparer to discuss this return with us.

Make checks payable to: COMPTROLLER OF MARYLAND.  
Write social security no. on check using blue or black ink.  
Mail to: Comptroller of Maryland, Revenue Administration  
Division, Annapolis, Maryland 21411-0001

► **331303598**

Signature of preparer other than taxpayer

Preparer's SSN or PTIN

**DYER & ASSOCIATES, P.C.**

**7201 WISCONSIN AVENUE**

**BETHESDA, MARYLAND 20814**

Address and telephone number of preparer

Your signature

Date

Spouse's signature

Date

Alex Kragin

✓ 1. 2000 - Rev. Fund - use 2,000

✓ 2. 1826.71 Short Term Fed - This was a money market  
✓ 47.373 " " "

- ✓ Fund so very little gain or loss  
✓ 3. Estimated the:

Fed	Adv.
Credit 545	Credit 284
✓ 255	250
✓ 800	450
✓ 800	450
✓ 800	12/82 - 450
2400	1884