

1996

1040

U.S. Individual Income Tax Return

1996

OMB No. 1545-0047

(See page 11.)

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

Presidential Election Campaign (See page 11.)

Your first name and initial

Last name

Your social security number

ROY E BARNES

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

Last name

Spouse's social security number

MARIE

Home address (number and street). If you have a P.O. box, see page 11.

Apt. no.

4841 BROOKWOOD

For help finding line instructions, see pages 2 and 3 in the booklet.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.

MABLETON, GA 30059

Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Filing Status

Check only one box.

1 ☐ Single2 ☒ Married filing joint return (even if only one had income)3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above and full name here. ▶4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19).

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

c Dependents:

(1) First name

Last name

(2) Dependent's social security number if born in Dec. 1996, see inst.

(3) Dependent's relationship to you

(4) No. of months lived in your home in 1996

MARTHA ALLISON BARNES

DAUGHTER

12

MARY ALYSSA BARNES

DAUGHTER

12

No. of boxes checked on 6a and 6b

2

No. of your children on 6c who:

a lived with you

2

b didn't live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

4

d Total number of exemptions claimed

Income

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

If you did not get a W-2, see the instructions for line 7.

Enclose, but do not attach, any payment. Also, please enclose Form 1048-V. (see the instructions for line 62).

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

7

11,340.

8a Taxable interest. Attach Schedule B if over \$400

8a

17,721.

b Tax-exempt interest. DO NOT include on line 8a

8b

400.

9 Dividend income. Attach Schedule B if over \$400

9

8,235.

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

13 Capital gain or (loss). If required, attach Schedule D

13

<3,000.>

14 Other gains or (losses). Attach Form 4797

14

15a Total IRA distributions

15a

b Taxable amount (see instr.)

15b

16a Total pensions and annuities

16a

b Taxable amount (see instr.)

16b

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

17

1,116,341.

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

b Taxable amount (see instr.)

20b

21 Other income. List type and amount - see instructions

DIRECTOR FEES

J. MARSHALL LAW SCHOOL

1,300.

21

1,300.

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

22

1,151,937.

Adjusted Gross Income

If line 31 is under \$28,495 (under \$9,500 if a child did not live with you), see the instructions for line 54.

23a Your IRA deduction (see instructions)

23a

b Spouse's IRA deduction (see instructions)

23b

24 Moving expenses. Attach Form 3903 or 3903-F

24

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

25

13,827.

26 Self-employed health insurance deduction (see inst.)

26

328.

27 Keogh & self-employed SEP plans. If SEP, check ☐

27

28 Penalty on early withdrawal of savings

28

29 Alimony paid. Recipient's SSN ▶

29

30 Add lines 23a through 29

30

14,155.

31 Subtract line 30 from line 22. This is your adjusted gross income

31

1,137,782.

LHA For Privacy Act and Paperwork Reduction Act Notice, see page 7.

Form 1040 (1996)

Computation

32a Check if: ☐ You were 65 or older, ☐ blind, ☐ spouse was 65 or older, ☐ blind.

Add the number of boxes checked above and enter the total here

32a

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

32b

34 Enter the larger of your:
 { **Itemized deductions** from Schedule A, line 28, OR **Standard deduction** shown below for your filing status. But see the instructions if you checked any box on line 32a or b or someone can claim you as a dependent.
 • Single - \$4,000 • Married filing jointly or Qualifying widow(er) - \$6,700
 • Head of household - \$5,900 • Married filing separately - \$3,350

34 151,576.

35 Subtract line 34 from line 32

35 986,206.

36 If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter

36 0.

37 Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-

37 986,206.

38 Tax. See instructions. Check if total includes any tax from a ☐ Form(s) 8814

b ☐ Form 4972

38 365,538.

Credits

39 Credit for child and dependent care expenses. Attach Form 2441

39

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

40

41 Foreign tax credit. Attach Form 1116

41

42 Other. Check if from a ☐ Form 3900 b ☐ Form 8396

c ☐ Form 8801 d ☐ Form (specify)

42

43 Add lines 39 through 42

43 365,538.

44 Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-

44 27,653.

Other Taxes

45 Self-employment tax. Attach Schedule SE

45 0.

46 Alternative minimum tax. Attach Form 6251

46 0.

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

47

48 Tax on qualified retirement plans, including IRAs. If required, attach Form 5329

48

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

49 901.

50 Household employment taxes. Attach Schedule H

50 394,092.

51 Add lines 44 through 50. This is your total tax

Payments

52 Federal income tax withheld from Forms W-2 and 1099

52 1,429.

53 1996 estimated tax payments and amount applied from 1995 return

53 375,000.

54 Earned income credit. Attach Schedule EIC if you have a qualifying child.

Non-taxable earned income: amount

and type

54

55 Amount paid with Form 4868 (request for extension)

55

56 Excess social security and RRTA tax withheld (see inst.)

56

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

57

58 Add lines 52 through 57. These are your total payments

58 376,429.

Refund

59 If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID

59

Have it sent directly to your bank account! See inst. and fill in 60b, c, and d.

60a Amount of line 59 you want REFUNDED TO YOU

60a

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

61 Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED TAX

61

Amount You Owe

62 If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE.

62 17,663.

For details on how to pay and use Form 1048-V, see instructions

63 Estimated tax penalty. Also include on line 62

63

Sign Here

Keep a copy of this return 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

ATTORNEY

Spouse's signature. If a joint return, BOTH must sign.

Date

Spouse's occupation

HOUSEWIFE

Preparer's signature

Date

Check if self-employed ☐

Preparer's social security no.

Paid

Preparer's Use Only

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

MOORE & CUBBEDGE, LLP
 366 POWDER SPRINGS ST
 MARIETTA, GA

ZIP code 30064

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ See instructions for Schedule A (Form 1040).

Sequence No. 07

Name(s) shown on Form 1040

Your social security number

ROY E & MARIE BARNES

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see page A-1) **SEE STATEMENT 7**
2 Enter amount from Form 1040, line 32 **21,137,782.**
3 Multiply line 2 above by 7.5% (.075) **85,334.**
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0- **0.**

Taxes You Paid
(See page A-1.)

- 5 State and local income taxes **SEE STATEMENT 4**
6 Real estate taxes (see page A-2) **6,816.**
7 Personal property taxes
8 Other taxes - List type and amount

9 Add lines 5 through 8 **97,752.**

Interest You Paid
(See page A-2.)

- 10 Home mortgage interest and points reported to you on Form 1098 **2,554.**
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-2 and show that person's name, identifying no., and address

Note: Personal interest is not deductible.

- 12 Points not reported to you on Form 1098. See page A-3.
13 Investment interest. If required, attach Form 4952. (See page A-3.) **STMT 6**
14 Add lines 10 through 13 **28,510.**

Gifts to Charity

If you made a gift and got a benefit for it, see page A-3.

- 15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-3 **SEE STATEMENT 5**
16 Other than by cash or check. If any gift of \$250 or more, see page A-3. If over \$500, you MUST attach Form 8283.
17 Carryover from prior year
18 Add lines 15 through 17 **55,909.**

Casualty and Theft Losses

- 19 Casualty or theft loss(es). Attach Form 4684. (See page A-4.)

Job Expenses and Most Other Miscellaneous Deductions

(See page A-4 for expenses to deduct here.)

- 20 Unreimbursed employee expenses - job travel, union dues, job education, etc. If required, you MUST attach Form 2106 or 2106-EZ. (See page A-4.)

- 21 Tax preparation fees
22 Other expenses - investment, safe deposit box, etc. List type and amount
▶ **IRA FEE**

23 Add lines 20 through 22

- 24 Enter amount from Form 1040, line 32 **24**
25 Multiply line 24 above by 2% (.02)
26 Subtract line 25 from line 23. If line 25 is more than line 23, enter 0-

Other Miscellaneous Deductions

- 27 Other - from list on page A-4. List type and amount

Total Itemized Deductions

- 28 Is Form 1040, line 32, over \$117,950 (over \$58,975 if married filing separately)? **STMT 8**
NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 34, the larger of this amount or your standard deduction.

YES. Your deduction may be limited. See page A-5 for the amount to enter.

151,576.

Schedule B - Interest and Dividend Income

Attachment
Sequence No 08

Part I
Interest
Income

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

	Amount
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 ▶	
U. S. TREASURY	792.
GEORGIA STATE BANK	3,419.
GEORGIA STATE BANK	2,193.
W. RAY BARNES	4,422.
FROM K-1 - EFFICIENCY LODGE	5,466.
FROM K-1 - ESTATE OF CLYDE GOVAN	2.
FROM K-1 - LAWYERS REALTY ASSOC.	1,427.
2 Add the amounts on line 1	17,721.
3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	17,721.

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.

Part II
Dividend
Income

Note: If you had over \$400 in gross dividends and/or other distributions on stock, you must also complete Part III.

	Amount
5 List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶	
ETOWAH BANK	7,290.
DEAN WITTER	34.
JBC BANCSHARES	324.
WHEAT FIRST SECURITIES	530.
WILLIAMS ALEXANDER & WALKER	113.
FROM K-1 - EFFICIENCY LODGE	35.
FROM K-1 - ESTATE OF CLYDE GOVAN	422.
SUBTOTAL FOR LINE 5	8,748.
TAX-EXEMPT DIVIDENDS SEE STATEMENT 10	<400.>
6 Add the amounts on line 5	8,348.
7 Capital gain distributions. Enter here and on Schedule D ▶	7
8 Nontaxable distributions SEE STATEMENT 9	8 113.
9 Add lines 7 and 8	113.
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9	8,235.

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 total dividends shown on that form.

If you do not need Schedule D to report any other gains or losses.

Part III
Foreign
Accounts
and
Trusts

You must complete this part if you (a) had over \$400 of interest or dividends; (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
11a At any time during 1996, 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 ▶		
12 During 1996, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?		X
If "Yes," see page B-2 for other forms you may have to file		

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

Schedule B (Form 1040) 1996

Name(s) shown on Form 1040

Your social security number

ROY E & MARIE BARNES

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	(d) Sales price (See page D-3)	(e) Cost or other basis (See page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
	(c) Date sold				
1 VALUE JET	06/18/96	57,213.	31,025.		26,188.
COMMUNITY FINANCIAL CORP	08/21/96	34,998.	63,000.	28,002.	
	10/21/96				
2 Enter your short-term totals, if any, from line 21	2				
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2	3	92,211.			
4 Short-term gain from Forms 2119 and 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				15,525.
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1995 Capital Loss Carryover Worksheet	6				
7 Add lines 1 through 6, in columns (f) and (g)	7			28,002.	41,713.
8 Net short-term capital gain or (loss). Combine columns (f) and (g) of line 7	8				13,711.

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

9 SEE STATEMENT 11		282,745.	222,603.	1,504.	61,646.
10 Enter your long-term totals, if any, from line 23	10				
11 Total long-term sales price amounts. Add column (d) of lines 9 and 10	11	282,745.			
12 Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824	12				
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	13				
14 Capital gain distributions	14				
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1995 Capital Loss Carryover Worksheet	15			332,452.	
16 Add lines 9 through 15, in columns (f) and (g)	16			333,956.	61,646.
17 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16	17				<272,310.>

Part III Summary of Parts I and II

18 Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. Note: If both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 23	18	<258,599.>
19 If line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: a The loss on line 18; or b (\$3,000) or, if married filing separately, (\$1,500)	19	3,000
Note: See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.		
SEE STATEMENT 12		

Form **4952**Department of the Treasury
Internal Revenue Service**Investment Interest Expense Deduction**

▶ Attach to your tax return.

1996Attachment
Sequence No. **12A**

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES**Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 1996.	SEE STATEMENT 13	1	36,467.
2	Disallowed investment interest expense from 1995 Form 4952, line 7		2	47,256.
3	Total investment interest expense. Add lines 1 and 2		3	83,723.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	SEE STATEMENT 14	4a	25,956.
b	Net gain from the disposition of property held for investment	4b		
c	Net capital gain from the disposition of property held for investment	4c		
d	Subtract line 4c from line 4b. If zero or less, enter -0-		4d	
e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b		4e	
f	Investment income. Add lines 4a, 4d, and 4e		4f	25,956.
5	Investment expenses		5	
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-		6	25,956.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 1997. Subtract line 6 from line 3. If zero or less, enter -0-	SEE STATEMENT 15	7	57,767.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6		8	25,956.

Form **4952**

Department of the Treasury
Internal Revenue Service

Investment Interest Expense Deduction

► Attach to your tax return.

1996

Attachment
Sequence No. **12A**

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 1996.	1	36,467.
2	Disallowed investment interest expense from 1995 Form 4952, line 7	2	47,256.
3	Total investment interest expense. Add lines 1 and 2	3	83,723.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	25,956.
b	Net gain from the disposition of property held for investment	4b	
c	Net capital gain from the disposition of property held for investment	4c	
d	Subtract line 4c from line 4b. If zero or less, enter -0-	4d	
e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b	4e	
f	Investment income. Add lines 4a, 4d, and 4e	4f	25,956.
5	Investment expenses	5	
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-	6	25,956.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 1997. Subtract line 6 from line 3. If zero or less, enter -0-	7	57,767.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6	8	25,956.

REGULAR FORM 4952, LINE 8
LESS RECOMPUTED FORM 4952, LINE 8
INTEREST ADJUSTMENT - FORM 6251 LINE 7

25,956.
25,956.

SCHEDULE E

Supplemental Income and Loss

Form 1040-E

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury
Internal Revenue Service (IRS)

▶ Attach to Form 1040 or Form 1041.

▶ See instructions for Schedule E (Form 1040).

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

ROY E & MARIE BARNES

Part I Income or Loss From Rental Real Estate and Royalties Note: Report income and expenses from your business of renting personal property on Schedule C or C-EZ. Report farm rental income or loss from Form 4835 on page 2, line 39.

1	Show the kind and location of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? (See page E-1.)	Yes	No
A	RENTAL BUILDINGS & HOUSES				X
B					
C					

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received	49,863.			3	49,863.
4 Royalties received				4	
Expenses:					
5 Advertising					
6 Auto and travel (see page E-2)					
7 Cleaning and maintenance					
8 Commissions					
9 Insurance	3,836.				
10 Legal and other professional fees					
11 Management fees					
12 Mortgage interest paid to banks, etc. (see page E-2)	7,586.			12	7,586.
13 Other interest					
14 Repairs	9,589.				
15 Supplies					
16 Taxes	5,427.				
17 Utilities	3,168.				
18 Other (list) ▶					
SEE STATEMENT 16	4,629.				
19 Add lines 5 through 18	34,235.			19	34,235.
20 Depreciation expense or depletion (see page E-2)	19,091.			20	19,091.
21 Total expenses. Add lines 19 and 20	53,326.				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-2 to find out if you must file Form 990	<3,463.>				
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	<3,463.>				
24 Income. Add positive amounts shown on line 22. Do not include any losses				24	
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter the total losses here				25	(3,463.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2				26	<3,463.>

Part I Income or Loss From Partnerships and S Corporations. Do not enter more than one number in column (b) for each partnership or S corporation.

Part I Income or Loss From Partnerships and S Corporations

Notes: 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 I 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) of 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? All or Part	At Risk? Yes or No
A	EFFICIENCY LODGE	S			X	
B	AUSTELL PTRS.	P			X	
C	LAWYERS REALTY ASSOC.	P			X	
D	BARNES BROWNING TANKSLEY & CASUR	P			X	
E	ARC ENTERPRISES	P			X	

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	329,744.		5,668.		
B					
C	6,262.				
D		8,403.	3,220.	805,060.	
E	3,971.				
28a Totals	336,006.			805,060.	
b Totals	3,971.	8,403.	8,888.		
29 Add columns (h) and (k) of line 28a				29	1,141,066.
30 Add columns (g), (i), and (j) of line 28b				30	(21,262.)
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	1,119,804.

Part II Income or Loss From Estates and Trusts

32	(a) Name		(b) Employer identification number	
A	ESTATE OF CLYDE GOVAN			
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				
B				
33a	Totals			
b	Totals			
34	Add columns (d) and (f) of line 33a			34
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

Part III 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	

Part IV Summary

39 Net farm rental income or (loss) from Form 4836. 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	1,116,341.
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 13 (see page E-4)	41	
42 Reconciliation for Real Estate Professionals. If you were a real estate professional enter the net income or (loss) you reported on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	

~~1000 Income from Passthroughs~~

EFFICIENCY LODGE

I.D. NUMBER: [REDACTED]

TYPE: S CORPORATION

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE INCOME	329,744
SECTION 179 DEDUCTION	-5,668
NET INCOME (LOSS) FOR PASSTHROUGH ENTITY	<u>324,076</u>

ACTIVITY INFORMATION:

EFFICIENCY LODGE

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)	329,744
------------------------	---------

SCHEDULE E ACTIVITY INCOME (LOSS)	<u>329,744</u>
-----------------------------------	----------------

OTHER K-1 INFORMATION:

INTEREST	5,466
DIVIDENDS	35
SHORT-TERM CAPITAL GAIN (LOSS)	15,525
CONTRIBUTIONS - 50% LIMITATION	500
INVESTMENT INCOME	5,501

~~CONFIDENTIAL - EYES ONLY~~
AUSTELL PTRS.

I.D. NUMBER: [REDACTED]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

AUSTELL PTRS.

OTHER PASSIVE ACTIVITY

~~1996 Income from Pass-throughs~~

LAWYERS REALTY ASSOC.

I.D. NUMBER: [REDACTED]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

LAWYERS REALTY ASSOC.

RENTAL REAL ESTATE - ACTIVE PARTICIPATION

RENTAL REAL ESTATE INCOME (LOSS)	6,262
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SCHEDULE E ACTIVITY INCOME (LOSS)	6,262
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TAX PREFERENCE ITEMS:

OTHER K-1 INFORMATION:

INTEREST	1,427
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BARNES BROWNING TANKSLEY & CASUR
I.D. NUMBER: [REDACTED]
TYPE: PARTNERSHIP

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE LOSS ALLOWED	-8,403
SECTION 179 DEDUCTION	-3,220
NONPASSIVE INCOME	805,060
NET INCOME (LOSS) FOR PASSTHROUGH ENTITY	<u>793,437</u>

ACTIVITY INFORMATION:

ACTIVITY NO. 1

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ACTIVITY NO. 10002

TRADE OR BUSINESS - MATERIAL PARTICIPATION

FROM STATEMENT SBE

-4,483

SCHEDULE E ACTIVITY INCOME (LOSS)

-4,483

ACTIVITY NO. 30005

TRADE OR BUSINESS - MATERIAL PARTICIPATION

DEPRECIATION/AMORTIZATION

-3,920

SCHEDULE E ACTIVITY INCOME (LOSS)

-3,920

BARNES BROWNING TANKSLEY & CASUR

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)

805,060

SCHEDULE E ACTIVITY INCOME (LOSS)

805,060

OTHER K-1 INFORMATION:

CONTRIBUTIONS - 50% LIMITATION	1,357
HEALTH INSURANCE PREMIUMS	1,092
SELF-EMPLOYMENT EARNINGS (LOSS)	805,060

ARC ENTERPRISES
I.D. NUMBER [REDACTED]
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

ARC ENTERPRISES

RENTAL REAL ESTATE - ACTIVE PARTICIPATION

RENTAL REAL ESTATE INCOME (LOSS) -3,971

SCHEDULE E ACTIVITY INCOME (LOSS) -3,971

ALLOWABLE PASSIVE LOSS FROM FORM 8582 -3,971

ESTATE OF CLYDE GOVAN

I.D. NUMBER: [REDACTED]

TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

ESTATE OF CLYDE GOVAN

OTHER K-1 INFORMATION:

INTEREST
DIVIDENDS

2
422

~~1990 Income from Passthroughs~~

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST	
DIVIDENDS	6,895
SHORT-TERM CAPITAL GAIN (LOSS)	457
SELF-EMPLOYMENT EARNINGS (LOSS) (CALCULATED)	15,525
	793,437

DEDUCTIONS:

CONTRIBUTIONS - 50% LIMITATION	
HEALTH INSURANCE PREMIUMS	1,857
	1,092

INVESTMENT INTEREST EXPENSE:

INVESTMENT INCOME

5,501

TAX PREFERENCE ITEMS:

Depreciation and Amortization Detail

Worksheet: Depreciation Detail

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	FURNACE							
	01/01/85	PRE	5.00	19	1,300.		1,300.	0.
2	FENCE							
	01/01/86	PRE	5.00	19	240.		240.	0.
3	FURN & FIX							
	01/01/86	PRE	5.00	19	363.		363.	0.
4	BLDG							
	02/01/84	PRE	15.00	19	115,000.		97,750.	5,750.
5	HOUSE (LOT 8000)							
	09/01/81	PRE	15.00	19	46,345.		44,491.	1,854.
6	HOUSE (LOT 12,000)							
	11/28/86	PRE	19.00	19	40,000.		23,400.	1,680.
7	CARPET							
	07/01/87	SL	27.50	17	1,600.		491.	58.
8	APPLIANCE							
	07/01/87	SL	27.50	17	729.		228.	27.
9	FENCE							
	07/01/87	SL	27.50	17	845.		262.	31.
10	668 BARNES DRIVE (LOT 5000)							
	01/01/88	SL	27.50	17	45,908.		13,283.	1,669.
11	HVAC							
	07/01/92	200DE	7.00	17	2,820.		1,939.	252.
12	HVAC							
	07/01/93	200DE	7.00	17	5,225.		2,940.	653.
13	HOLLY SPRINGS HOUSE							
	07/01/94	SL	27.50	17	93,089.		4,936.	3,385.
14	LOT							
		L			10,000.			0.
15	IMP MARAN LANE							
	06/01/95	SL	27.50	19	25,616.		543.	931.
17	REMODELING MABLE LAKE							
	07/01/96	SL	27.50	19	32,625.			593.
18	HV AC AUSTELL APTS							
	07/01/96	SL	27.50	19	2,256.			41.
19	CARPET MORAN LANE							
	07/04/96	SL	5.00	19	1,299.			130.
20	MABLE LAKE DRIVE							
	04/15/96	SL	27.50	19	40,000.			970.
21	MABLE LAKE DRIVE LOT							
		L			5,000.			0.
22	581 MARAN LANE							
	10/25/96	SL	27.50	19	40,000.			243.
23	581 MARAN LANE LOT							
		L			5,000.			0.
24	5342 FLOYD ROAD							
	09/01/96	SL	27.50	19	68,000.			824.
25	5342 FLOYD ROAD LOT							
		L			7,000.			0.
	TOTAL SCH E DEPRECIATION				590,260.		192,166.	19,091.

ROY E BARNES

Section B - Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/>		
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note: Skip this line if you use the farm optional method. See page SE-3	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a (other than farming). Ministers and members of religious orders see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note: Skip this line if you use the nonfarm optional method. See page SE-3	794,737.
3	Combine lines 1 and 2	794,737.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	733,940.
4b	If you elected one or both of the optional methods, enter the total of lines 15 and 17 here	
4c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue.	733,940.
5a	Enter your church employee income from Form W-2. Caution: See page SE-1 for definition of church employee income	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	
6	Net earnings from self-employment. Add lines 4c and 5b	733,940.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1996	62,700.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	11,340.
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	
8c	Add lines 8a and 8b	11,340.
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	51,360.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	6,369.
11	Multiply line 6 by 2.9% (.029)	21,284.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 45	27,653.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 25	13,827.

Part II Optional Methods To Figure Net Earnings (See page SE-3)

Farm Optional Method. You may use this method only if: • Your gross farm income ¹ was not more than \$2,400 or • Your gross farm income ¹ was more than \$2,400 and your net farm profits ² were less than \$1,733.		
14	Maximum income for optional methods	1,800.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also, include this amount on line 4b above	
Nonfarm Optional Method. You may use this method only if: • Your net nonfarm profits ³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income, ⁴ and • You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.		
16	Subtract line 15 from line 14	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	

¹ From Schedule F, line 11, and Schedule K-1 (Form 1065), line 15b.

² From Schedule F, line 36, and Schedule K-1 (Form 1065), line 15a.

³ From Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), line 15a.

⁴ From Schedule C, line 7; Schedule C-EZ, line 1; and Schedule K-1 (Form 1065), line 15c.

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

Alternative Minimum Tax - Individuals

1990

Department of the Treasury
Internal Revenue Service

► Attach to Form 1040 or Form 1040NR

Attachment
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

ROY E & MARIE BARNES

Part I Adjustments and Preferences

1 If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 34, here and go to line 6	1	
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 32	2	
3 Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	97,752.
4 Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5 Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	
6 Refund of taxes. Enter any tax refund from Form 1040, line 10 or 21	6	
7 Investment interest. Enter difference between regular tax and AMT deduction	7	
8 Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9 Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10 Incentive stock options. Enter excess of AMT income over regular tax income	10	
11 Passive activities. Enter difference between AMT and regular tax income or loss SEE STATEMENT 18	11	1,751.
12 Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 8	12	
13 Tax-exempt interest from private activity bonds issued after 8/7/86	13	
14 Other. Enter the amount, if any, for each item below and enter the total on line 14.		
a Charitable contributions		
b Circulation expenditures		
c Depletion		
d Depreciation (pre-1987)		
e Installment sales		
f Intangible drilling costs		
g Long-term contracts		
h Loss limitations		
i Mining costs		
j Patron's adjustment		
k Pollution control facilities		
l Research and experimental		
m Tax shelter farm activities		
n Related adjustments		
15 Total Adjustments and Preferences. Combine lines 1 through 14	15	99,503.

Part II Alternative Minimum Taxable Income

16 Enter the amount from Form 1040, line 35. If less than zero, enter as a (loss)	16	986,206.
17 Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18 If Form 1040, line 32, is over \$117,950 (over \$58,975 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	<30,595.>
19 Combine lines 15 through 18	19	1,055,114.
20 Alternative tax net operating loss deduction	20	
21 Alternative Minimum Taxable Income. Subtract line 20 from line 19. (If married filing separately and line 21 is more than \$165,000, see instructions.)	21	1,055,114.

Part III Exemption Amount and Alternative Minimum Tax

22 Exemption Amount. (If this form is for a child under age 14, see instructions.)		
If your filing status is: And line 21 is not over: Enter on line 22:		
Single or head of household \$112,500 \$33,750		
Married filing jointly or qualifying widow(er) 150,000 45,000		
Married filing separately 75,000 22,500		
If line 21 is over the amount shown above for your filing status, see instructions.		
23 Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28	23	1,055,114.
24 If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (26). Otherwise, multiply line 23 by 28% (28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	24	291,932.
25 Alternative minimum tax foreign tax credit	25	
26 Tentative minimum tax. Subtract line 25 from line 24	26	291,932.
27 Enter your tax from Form 1040, line 38 (excluding any amount from Form 4972), minus any foreign tax credit from Form 1040, line 41	27	365,538.
28 Alternative Minimum Tax. (If this form is for a child under age 14, see instructions.) Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 48	28	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 6251(1990)

ASSET NUMBER	DESCRIPTION	AMT METHOD	AMT LIFE	REGULAR DEPRECIATION	AMT DEPRECIATION	AMT ADJUSTMENT
	RENTAL BUILDINGS & HOUSES					
4	BLDG	SL	15.00	5,750.	5,750.	0.
5	HOUSE (LOT 8000)	SL	15.00	1,854.	1,854.	0.
	HOUSE (LOT 12,000					
6)	SL	19.00	1,680.	1,680.	0.
7	CARPET	SL	40.00	58.	40.	18.
8	APPLIANCE	SL	40.00	27.	18.	9.
9	FENCE	SL	40.00	31.	21.	10.
	668 BARNES DRIVE					
10	(LOT 5000)	SL	40.00	1,669.	1,148.	521.
11	HVAC	150DB	10.00	252.	246.	6.
12	HVAC	150DB	10.00	653.	524.	129.
13	HOLLY SPRINGS HOUSE	SL	40.00	3,385.	2,327.	1,058.
	** SUBTOTAL **			15,359.	13,608.	1,751.
	BARNES BROWNING TANKSLEY & CASUR					
16	AUTO	150DB	5.00	3,920.	3,920.	0.
	** SUBTOTAL **			3,920.	3,920.	0.
	*** GRAND TOTAL ***			19,279.	17,528.	1,751.

Name of employer

Social security number

Employer identification number

ROY E & MARIE BARNES

A Did you pay any one household employee cash wages of \$1,000 or more in 1996? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)

- ☒ Yes. Skip questions B and C and go to Part I.
☐ No. Go to question B.

B Did you withhold Federal income tax during 1996 for any household employee?

- ☐ Yes. Skip question C and go to Part I.
☐ No. Go to question C.

C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1995 or 1996 to household employees? (Do not count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or your parent.)

- ☐ No. Stop. Do not file this schedule.
☐ Yes. Skip Part I and go to Part II on page 2.

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes	1	5,600.	
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2		694.
3	Total cash wages subject to Medicare taxes	3	5,600.	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4		162.
5	Federal income tax withheld, if any	5		
6	Add lines 2, 4, and 5	6		856.
7	Advance earned income credit (EIC) payments, if any	7		
8	Total social security, Medicare, and income taxes. Subtract line 7 from line 6	8		856.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1995 or 1996 to household employees? (Do not count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or your parent.)

- ☐ No. Stop. Enter the amount from line 8 above on Form 1040, line 50, or Form 1040A, line 27. If you are not required to file Form 1040 or 1040A, see the instructions.
☒ Yes. Go to Part II on page 2.

Yes	No
X	
X	
X	

- 10 Did you pay unemployment contributions to only one state?
- 11 Did you pay all state unemployment contributions for 1996 by April 15, 1997?
- 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

Next: If you answered "Yes" to all of the questions above, complete Section A.

If you answered "No" to any of the questions above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	GA		
14 State reporting number as shown on state unemployment tax return	55451-04		
15 Contributions paid to your state unemployment fund (see page 4)	15	14.	
16 Total cash wages subject to FUTA tax (see page 4)		16	5,600.
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to Part III		17	45.

Section B

18 Complete all columns below that apply

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals								19	

20 Add columns (h) and (i) of line 19	20		
21 Total cash wages subject to FUTA tax (see line 16 instructions on page 4)		21	
22 Multiply line 21 by 6.2% (.062)		22	
23 Multiply line 21 by 5.4% (.054)	23		
24 Enter the smaller of line 20 or line 23		24	
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to Part III		25	

Part III Total Household Employment Taxes

26 Enter the amount from line 8	26	856.
27 Add line 17 (or line 25) and line 26	27	901.

28 Are you required to file Form 1040 or 1040A?
☒ Yes. Stop. Enter the amount from line 27 above on Form 1040, line 50, or Form 1040A, line 27. Do not complete Part IV below.

☐ No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See line 28 instructions on page 4.

Address (number and street) or P.O. box if mail is not delivered to street address

Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date

State of DE Supplemental Business Expenses

1996

Your name ROY E BARNES	Social security number [REDACTED]	Business in which expenses were incurred ATTORNEY
----------------------------------	---	---

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1 2,888.	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 19	4 1,595.	
5 Meals and entertainment expenses. (See instructions.)	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 4,483.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed in STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 13 of your Form W-2.	7	
--	---	--

STEP 3 Figure Expenses Subject to the 50% Limitation

8 Subtract line 7 from line 6	8 4,483.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-)	9 4,483.	
10 Add the amounts on line 9 of both columns and enter the total here. This is your supplemental business expense	▶ 10	4,483.

Section A. - General Information

	(a) Vehicle	(b) Vehicle
11 Enter the date vehicle was placed in service	11	
12 Total miles vehicle was driven during 1996	12 miles	miles
13 Business miles included on line 12	13 miles	miles
14 Percent of business use. Divide line 13 by line 12	14 75.00 %	%
15 Average daily round trip commuting distance	15 miles	miles
16 Commuting miles included on line 12	16 miles	miles
17 Other personal miles. Add lines 13 and 16 and subtract the total from line 12	17 miles	miles
18 Do you (or your spouse) have another vehicle available for personal purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19 If you are provided with a vehicle, is personal use during off-duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
20 Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21 If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (Use this section only if you own the vehicle.)

22 Multiply line 13 by 31¢ (.31). Enter the result here and on line 1. (Rural mail carriers, see instructions.)

Section C. - Actual Expenses

	(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc.	23 3,850.	
24a Vehicle rentals	24a	
b Inclusion amount	24b	
c Subtract line 24b from line 24a	24c	
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2.)	25	
26 Add lines 23, 24c, and 25	26 3,850.	
27 Multiply line 26 by the percentage on line 14	27 2,888.	
28 Depreciation. Enter amount from line 38 below	28	
29 Add lines 27 and 28. Enter total here and on line 1	29 2,888.	

Section D. - Depreciation of Vehicles (Use this section only if you own the vehicle.)

	(a) Vehicle	(b) Vehicle
30 Enter cost or other basis	30	
31 Enter amount of section 179 deduction	31	
32 Multiply line 30 by line 14	32	
33 Enter depreciation method and percentage	33	
34 Multiply line 32 by the percentage on line 33	34	
35 Add lines 31 and 34	35	
36 Enter the limitation amount from the table in the line 36 instructions	36	
37 Multiply line 36 by the percentage on line 14	37	
38 Enter the smaller of line 35 or line 37. Also, enter this amount on line 28 above	38	

4582

Depreciation and Amortization

Including Information on Listed Property

K1-30005

1996

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

▶ Attach this form to your return.

Attachment
Sequence No. 07

Identifying number

ROY E & MARIE BARNES

Business or activity to which this form relates

BARNES BROWNING TANKSLEY
& CASUR**Part I Election To Expense Certain Tangible Property (Section 179)** (Note: If you have any listed property, complete Part V before you complete Part I.)

- 1 Maximum dollar limitation. If an enterprise zone business, see instructions 1 17,500.
- 2 Total cost of section 179 property placed in service 2
- 3 Threshold cost of section 179 property before reduction in limitation 3 \$200,000
- 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4
- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5

6	(a) Description of property	(b) Cost (business only)	(c) Elected cost

- 7 Listed property. Enter amount from line 27 7
- 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8
- 9 Tentative deduction. Enter the smaller of line 5 or line 8 9
- 10 Carryover of disallowed deduction from 1995 10
- 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11
- 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12
- 13 Carryover of disallowed deduction to 1997. Add lines 9 and 10, less line 12 13

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1996 Tax Year (Do Not Include Listed Property.)**Section A - General Asset Account Election**

- 14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions. ☐

Section B - General Depreciation System (GDS) (See instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/			MM	S/L	
	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property)

- 17 GDS and ADS deductions for assets placed in service in tax years beginning before 1996 17
- 18 Property subject to section 168(f)(1) election 18
- 19 ACRS and other depreciation 19

Part IV Summary

- 20 Listed property. Enter amount from line 26 20 3,920.
- 21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 21 3,920.
- 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 203A costs 22

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 4582 (1996)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expenses, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limitations for automobiles.)

23a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No 23b If "Yes," is the evidence written? ☒ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use:

AUTO	05/09/95	80.00 %	29,757.	23,806.5	5.00	200DB-HY	3,920.	
		%						
		%						
		%						

25 Property used 50% or less in a qualified business use:

		%				SL		
		%				SL		
		%				SL		
		%				SL		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 **26 3,920.**

27 Add amounts in column (i). Enter the total here and on line 7, page 1 **27**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
28 Total business/investment miles driven during the year (DO NOT include commuting miles)						
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven						
31 Total miles driven during the year. Add lines 28 through 30						
	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off-duty hours?						
33 Was the vehicle used primarily by a more than 5% owner or related person?						
34 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part III Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during year 1996 tax year:					
41 Amortization of costs that began before 1996				41	
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return				42	

8582

Passive Activity Loss Limitations

1996

Attachment
Sequence No. 68Department of the Treasury
Internal Revenue Service▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES

Part I 1996 Passive Activity Loss

Caution: See the instructions for Worksheets 1 and 2 on page 8 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Active Participation in a Rental Real Estate Activity in the instructions.)

1a Activities with net income (from Worksheet 1, column (a))	1a	6,262.	
1b Activities with net loss (from Worksheet 1, column (b))	1b	<7,434.>	
1c Prior year unallowed losses (from Worksheet 1, column (c))	1c		
1d Combine lines 1a, 1b, and 1c	1d		<1,172.>
All Other Passive Activities			
2a Activities with net income (from Worksheet 2, column (a))	2a	329,744.	
2b Activities with net loss (from Worksheet 2, column (b))	2b		
2c Prior year unallowed losses (from Worksheet 2, column (c))	2c		
2d Combine lines 2a, 2b, and 2c	2d		329,744.
3 Combine lines 1d and 2d. If the result is net income or zero, see the instructions for line 3. If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10	3		328,572.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 9 of the instructions for examples.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see the instructions	5	
6 Enter modified adjusted gross income, but not less than zero	6	
Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a, and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 1996. Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return	11	7,434.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (1996)

Passive Activity Loss Limitations

Form 8582

1996

Department of the Treasury
Internal Revenue Service

See separate instructions.
Attach to Form 1040 or Form 1041.

Attachment
Sequence No. 88

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES

Part I 1996 Passive Activity Loss

Caution: See the instructions for Worksheets 1 and 2 on page 8 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Active Participation in a Rental Real Estate Activity in the instructions.)

1a Activities with net income (from Worksheet 1, column (a))	1a	6,262.	
b Activities with net loss (from Worksheet 1, column (b))	1b	<5,683.>	
c Prior year unallowed losses (from Worksheet 1, column (c))	1c		
d Combine lines 1a, 1b, and 1c	1d		579.
All Other Passive Activities			
2a Activities with net income (from Worksheet 2, column (a))	2a	329,744.	
b Activities with net loss (from Worksheet 2, column (b))	2b		
c Prior year unallowed losses (from Worksheet 2, column (c))	2c		
d Combine lines 2a, 2b, and 2c	2d		329,744.
3 Combine lines 1d and 2d. If the result is net income or zero, see the instructions for line 3. If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10	3		330,323.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 9 of the instructions for examples.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see the instructions	5	
6 Enter modified adjusted gross income, but not less than zero	6	
Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a, and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 1996. Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return	11	5,683.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (1996)

FORM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT 1

1. IS THE AMOUNT ON FORM 1040, LINE 32, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$2,550 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 36.
 YES. GO TO LINE 2.
2. MULTIPLY \$2,550 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 10,200.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 32 1,137,782.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 176,950.
 MARRIED FILING SEPARATE \$ 88,475
 SINGLE \$117,950
 HEAD OF HOUSEHOLD \$147,450
 MARRIED FILING JOINT OR WIDOW(ER) \$176,950
5. SUBTRACT LINE 4 FROM LINE 3 960,832.
 IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 36.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 36. 0.

FORM 1040

TAX-EXEMPT INTEREST

STATEMENT 2

NAME OF PAYER

AMOUNT

WHEAT FIRST SECURITIES

400.

TOTAL TO FORM 1040, LINE 8B

400.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 3

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T GENERAL ASSY. OF GA	8,980.	957.	214.		557.	130.
T GENERAL ASSY. OF GA	2,360.	472.	94.		146.	34.
TOTALS	11,340.	1,429.	308.		703.	164.

SCHEDULE A

STATE AND LOCAL INCOME TAXES

STATEMENT 4

DESCRIPTION

AMOUNT

GENERAL ASSY. OF GA	214.
GENERAL ASSY. OF GA	94.
GEORGIA TAX PAYMENTS	90,628.
TOTAL TO SCHEDULE A, LINE 5	90,936.

SCHEDULE A

CASH CONTRIBUTIONS

STATEMENT 5

DESCRIPTION

AMOUNT
50% LIMITAMOUNT
30% LIMIT

UNION HILL UNITED METHODIST	500.	
CANDLER SCHOOL OF THEOLOGY	5,000.	
CASTLEWOOD CHAPEL	2,500.	
FIRST UNITED METH. CHURCH	35,000.	
YOUNG LIFE	1,000.	
MISCELLANEOUS ORGANIZED CHARITIES	640.	
MUST MINISTRIES	5,000.	
UNIV OF GEORGIA FOUNDATION	1,000.	
GEORGIA STUDENT EDUCATION FOUNDATION	3,412.	
FROM K-1 - EFFICIENCY LODGE	500.	
FROM K-1 - BARNES BROWNING TANKSLEY & CASUR	1,357.	
SUBTOTALS	55,909.	
TOTAL TO SCHEDULE A, LINE 15		55,909.

SCHEDULE A

INVESTMENT INTEREST

STATEMENT 6

DESCRIPTION

AMOUNT

GEORGIA BANKERS	23,706.
COLUMBUS BANK	5,155.
GEORGIA STATE BANK	566.
DISALLOWED INVESTMENT INTEREST PRIOR YEARS	47,256.
DOUGLAS COUNTY BANK	7,040.
DISALLOWED INVESTMENT INTEREST	<10,511.>
DISALLOWED INVESTMENT INTEREST C/O	<47,256.>
TOTAL TO SCHEDULE A, LINE 13	25,956.

SCHEDULE A

MEDICAL AND DENTAL EXPENSES

STATEMENT 7

DESCRIPTION

AMOUNT

SELF-EMPLOYED HEALTH INSURANCE

764.

TOTAL TO SCHEDULE A, LINE 1

764.

SCHEDULE A ITEMIZED DEDUCTIONS WORKSHEET STATEMENT 8

1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	182,171.
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING LOSSES INCLUDED ON LINE 27	25,956.
3.	SUBTRACT LINE 2 FROM LINE 1. IF THE RESULT IS ZERO, STOP HERE; ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28	156,215.
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	124,972.
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 32.	1,137,782.
6.	ENTER \$117,950 (\$58,975 IF MARRIED FILING SEPARATELY)	117,950.
7.	SUBTRACT LINE 6 FROM LINE 5. IF THE RESULT IS ZERO OR LESS, STOP HERE; ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28	1,019,832.
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	30,595.
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	30,595.
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	151,576.

SCHEDULE B NONTAXABLE DISTRIBUTIONS STATEMENT 9

NAME OF PAYER	AMOUNT
WILLIAMS ALEXANDER & WALKER	113.
TOTAL TO SCHEDULE B, LINE 8	113.

SCHEDULE B TAX-EXEMPT INTEREST FROM 1099-DIV STATEMENT 10

NAME OF PAYER	AMOUNT
WHEAT FIRST SECURITIES	400.
TOTAL TAX-EXEMPT INTEREST FROM 1099-DIV TO SCHEDULE B, LINE 5	400.

SCHEDULE D LONG-TERM CAPITAL GAINS AND LOSSES STATEMENT 11

DESCRIPTION	ACQUIRED	SOLD	PRICE	COST	LOSS	GAIN
SPCA ELEC SYS EXP	/ /95	07/09/96	10,300.	10,300.		
REV						
GREENVILLE	/ /95	07/01/96	5,100.	5,100.		
SPARTANBURG SC						
AIRPORT						
CCT HOLDING	07/24/95	09/20/96	126,800.	100,000.		26,800.
K MART	11/28/95	12/20/96	110,546.	75,700.		34,846.
COMMUNITY	03/17/89	10/21/96	29,999.	31,503.	1,504.	
FINANCIAL CORP						
TOTAL TO SCH. D, PART II, LINE 9			282,745.	222,603.	1,504.	61,646.

SCHEDULE D CAPITAL LOSS CARRYOVER STATEMENT 12

1. ENTER THE AMOUNT FROM FORM 1040, LINE 35	986,206.
2. ENTER THE LOSS FROM SCHEDULE D, LINE 19, AS A POSITIVE AMOUNT.	3,000.
3. COMBINE LINES 1 AND 2. IF ZERO OR LESS, ENTER -0-	989,206.
4. ENTER THE SMALLER OF LINE 2 OR LINE 3	3,000.
5. ENTER THE LOSS FROM SCHEDULE D, LINE 8, AS A POSITIVE AMOUNT	
6. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 17	
7. ENTER THE AMOUNT FROM LINE 4	
8. ADD LINES 6 AND 7	
9. SHORT-TERM CAPITAL LOSS CARRYOVER TO 1997. SUBTRACT LINE 8 FROM LINE 5. IF ZERO OR LESS, ENTER -0-	
10. ENTER THE LOSS FROM SCHEDULE D, LINE 17, AS A POSITIVE AMOUNT.	272,310.
11. ENTER THE GAIN, IF ANY, FROM SCHEDULE D, LINE 8	13,711.
12. SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-	3,000.
13. ADD LINES 11 AND 12	16,711.
14. LONG-TERM CAPITAL LOSS CARRYOVER TO 1997. SUBTRACT LINE 13 FROM LINE 10. IF ZERO OR LESS, ENTER -0-	255,599.

FORM 4952 INVESTMENT INTEREST EXPENSE STATEMENT 13

DESCRIPTION	CURRENT	CARRYOVER
GEORGIA BANKERS	23,706.	
COLUMBUS BANK	5,155.	
GEORGIA STATE BANK	566.	
DISALLOWED INVESTMENT INTEREST PRIOR YEARS		47,256.
DOUGLAS COUNTY BANK	7,040.	
TOTALS TO FORM 4952	36,467.	47,256.

FORM 4952 INCOME FROM PROPERTY HELD FOR INVESTMENT STATEMENT 14

DESCRIPTION	AMOUNT
INTEREST INCOME	17,721.
DIVIDEND INCOME	8,235.
TOTAL TO FORM 4952, LINE 4A	25,956.

FORM 4952

DISALLOWED INVESTMENT INTEREST EXPENSE

STATEMENT 15

DESCRIPTION

AMOUNT

SCHEDULE A - C/O

47,256.

SCHEDULE A

10,511.

TOTAL TO FORM 4952, LINE 7

57,767.

SCHEDULE E

OTHER EXPENSES

STATEMENT 16

RENTAL BUILDINGS & HOUSES

DESCRIPTION

AMOUNT

PEST CONTROL

695.

LAWN CARE

2,273.

GARBAGE SERVICE

1,661.

TOTAL TO SCHEDULE E, PAGE 1, LINE 18

4,629.

SCHEDULE SE

NON-FARM INCOME

STATEMENT 17

DESCRIPTION

AMOUNT

FROM K-1

793,437.

J. MARSHALL LAW SCHOOL

1,300.

TOTAL TO SCHEDULE SE, LINE 2

794,737.

FORM 6251

PASSIVE ACTIVITIES

STATEMENT 18

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
EFFICIENCY LODGE	SCH E	329,744.	329,744.	
LAWYERS REALTY ASSOC.	SCH E	6,262.	6,262.	
ARC ENTERPRISES	SCH E	<3,971.>	<3,971.>	
RENTAL BUILDINGS & HOUSES	SCH E	<1,712.>	<3,463.>	1,751.
TOTAL TO FORM 6251, LINE 11				1,751.

FORM 2106/SBE

OTHER BUSINESS EXPENSES

STATEMENT 19

ATTORNEY

DESCRIPTION

AMOUNT

LEGAL & ACCOUNTING
POSTAGE
PARKING
MISC
INSURANCE
OFFICE SUPPLIES

1,555.

40.

TOTAL TO FORM 2106/SBE, PART I, LINE 4

1,595.

FORM 8582

ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 20

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
LAWYERS REALTY ASSOC.	6,262.	0.		6,262.	
ARC ENTERPRISES	0.	<3,971.>			<3,971.>
RENTAL BUILDINGS & HOUSES	0.	<3,463.>			<3,463.>
TOTALS	6,262.	<7,434.>		6,262.	<7,434.>

FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 2

STATEMENT 21

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
EFFICIENCY LODGE	329,744.	0.		329,744.	
TOTALS	329,744.	0.		329,744.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 22

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
EFFICIENCY LODGE	SCH E	329,744.		329,744.		
X LAWYERS REALTY ASSOC.	SCH E	6,262.		6,262.		
X ARC ENTERPRISES	SCH E	<3,971.>		<3,971.>		3,971.
X RENTAL BUILDINGS & HOUSES	SCH E	<3,463.>		<3,463.>		3,463.
TOTALS		328,572.		328,572.		7,434.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582, LINE 11						7,434.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 23

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
LAWYERS REALTY ASSOC.	6,262.	0.		6,262.	
ARC ENTERPRISES	0.	<3,971.>			<3,971.>
RENTAL BUILDINGS & HOUSES	0.	<1,712.>			<1,712.>
TOTALS	6,262.	<5,683.>		6,262.	<5,683.>

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 2

STATEMENT 24

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
EFFICIENCY LODGE	329,744.	0.		329,744.	
TOTALS	329,744.	0.		329,744.	

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 25

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
EFFICIENCY LODGE	SCH E	329,744.		329,744.		
X LAWYERS REALTY ASSOC.	SCH E	6,262.		6,262.		
X ARC ENTERPRISES	SCH E	<3,971.>		<3,971.>		3,971.
X RENTAL BUILDINGS & HOUSES	SCH E	<1,712.>		<1,712.>		1,712.
TOTALS		330,323.		330,323.		5,683.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582AMT, LINE 11						5,683.

SCHEDULE FOR ESTIMATING GEORGIA INCOME TAXES

1. Adjusted gross income reported during the current year	\$	
2. Less: Deductions		
3. Balance (Line 1 less line 2)	\$	
4. Less: Personal exemption and credit for dependents		
5. Taxable income (Line 3 less line 4)	\$	
6. Tax on amount line 5 (See tax rate schedule)	\$	
7. Less: Withholding tax and other credits		
8. Your estimated tax (Line 6 less line 7)	\$	
9. Credit from prior year's return to be credited to this estimate	\$	
10. Estimated tax due this year	\$	

PAYMENTS TO BE MADE:

4/15/97	
6/16/97	
9/15/97	
1/15/98	

**NOTE: ESTIMATE VOUCHER INFORMATION
SHOULD BE TRANSFERRED TO THE
OFFICIAL VOUCHERS.**

1996

Page 1

ATTACH GEORGIA COPY OF WITHHOLDING STATEMENT(S) HERE
ALSO, IF TAX IS DUE, ATTACH CHECK ON TOP OF W-2 FORM(S)

STEP 1
USE GEORGIA LABEL IF CORRECT
OTHERWISE PRINT OR TYPE

Calendar year or fiscal year beginning 19 and ending 19

YOUR FIRST NAME INITIAL DEPARTMENT USE ONLY YOUR SOCIAL SECURITY NUMBER

1. ROY E

L YOUR LAST NAME SUFFIX Del

BARNES

SPOUSE'S FIRST NAME INITIAL Ext

MARIE

SPOUSE'S LAST NAME SUFFIX

BARNES

2. ADDRESS LINE 1

4841 BROOKWOOD

3. CITY STATE ZIP CODE COUNTRY IF FOREIGN

MABLETON GA 30059

USE BLACK INK

CHECK IF
FOREIGN ADDRESS
ADDRESS LINE 2

STEP 2
EXEMPTIONS
AND DEPENDENTS

4. Use one number only and enter in the Residency Code box. PART YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 8 THROUGH 14 OF STEPS 3 AND 4 AND USE SCHEDULE 3 ON FORM 500 SCHEDULE, PAGE 4.

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM TO 3. NON-RESIDENT

RESIDENCY CODE 1

5. Fill in Filing Status Block with appropriate letter.

A. SINGLE C. MARRIED FILING SEPARATE SPOUSE'S SOCIAL SECURITY NO. MUST BE ENTERED ABOVE

B. MARRIED FILING JOINT D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOWER

FILING STATUS B

6a. Yourself 6a 1,500.

6b. Spouse if B married filing jointly is used enter 1500 6b 1,500.

6c. Enter number of dependents listed on Federal return 2 X 2500 DO NOT INCLUDE SELF AND SPOUSE = 6c 5,000.

7. Total of Lines 6a, 6b, and 6c. Enter here and on Line 14 7 8,000.

STEP 3
INCOME

If the amount on line 8 is \$40,000 or more, or your adjusted gross income is less than your W-2s, you are required to attach a copy of your Federal 1040 pages 1 and 2. Do not attach other Federal Schedules.

8. Federal adjusted gross income (From Federal Forms 1040 or 1040A or 1040EZ) 8 1,137,782.

9. Adjustments from Schedule 1. (See instructions on page 6, Line 9) 9 417.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9) 10 1,138,199.

STEP 4
DEDUCTIONS

11. STANDARD Deduction (SEE INSTRUCTIONS-Line 11) 11a

b. Are YOU 65 or over blind SPOUSE 65 or over blind X 700 = 11b

c. TOTAL STANDARD deduction (Line 11a + Line 11b) 11c

12. TOTAL ITEMIZED deductions used in computing federal taxable income

Schedule A - form 1040 151,576. Less: See Line 12 instructions Page 6 12= 151,576.

13. Subtract either Line 11c or Line 12 from Line 10; enter balance 13 986,623.

14. Enter exemption Total from Line 7 14 8,000.

15. Georgia taxable income (Line 13 less Line 14 or Line 14, Schedule 3) 15 978,623.

Use EITHER
Line 11c or Line 12
(DO NOT WRITE ON BOTH)

Social Security Number

Georgia Taxable Income (Amount from Line 15)

978,623.

STEP 5
TAX COMPUTATIONS

16. Tax (Use Tax Table on page 7)	▶ 16	58,457.
17. Credits (Enter total but not more than the amount shown on Line 16) From Schedule 2 page 3	▶ 17	
18. Balance (Line 16 less Line 17) If zero or less than zero enter zero	18	58,457.
19. GEORGIA INCOME TAX WITHHELD (attach withholding statements)	▶ 19	308.
20. Payments and credits on estimated tax for 1996 and Form 560	▶ 20	55,000.
21c. Low Income Credit (See worksheet after page 8) ▶ 21a ____ X 21b ____	▶ 21c	
22. Department use only	▶ 22	
23. Total prepayment credits (Add Lines 19, 20, and 21c)	▶ 23	55,308.
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE	▶ 24	3,149.
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount	▶ 25	
26. Amount to be credited to 1997 ESTIMATED TAX	▶ 26	
27. Georgia Nongame-Endangered Wildlife Conservation Fund (No gift of less than \$1.00 can be processed)	▶ 27	
28. Georgia Children and Elderly Fund (No gift of less than \$1.00 can be processed)	▶ 28	
29. Form 500 UET (Estimated Tax Penalty)	▶ 29	
30. Add Lines 24, 27, 28, and 29 (Balance due) Make check payable for this amount to GEORGIA INCOME TAX DIVISION	30	3,149.
31. Amount to be refunded. Line 25 minus Lines 26, 27, 28, and 29 if applicable	31	

Under penalty of perjury, I declare that I 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 the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

YOUR SIGNATURE

X _____

DATE

HOME PHONE NUMBER

SPOUSE'S SIGNATURE

X _____

DATE

SIGNATURE OF PREPARER IF OTHER THAN TAXPAYER

X _____

DATE

SSN OR FEI NUMBER OF PREPARER

MOORE & CUBBEDGE, LLP
MARIETTA, GA 30064

Name: **BARNES, ROY E & MARIE**

Social Security Number: [REDACTED]

SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (see page 5 of instructions)**ADDITIONS TO INCOME**

1. Interest on Non-Georgia Municipal and State Bonds \$ 400.
2. Lump Sum Distributions \$ _____
3. Other (specify) FIDUCIARY ADDITION \$ 17.
4. Total Additions (enter sum of lines 1-3 here) \$ 417.

SUBTRACTIONS FROM INCOME

5. Retirement Income Exclusion
- A. Self: Date of Birth _____ Type of Disability: _____ Date of Disability: _____ \$ _____
- B. Spouse: Date of Birth _____ Type of Disability: _____ Date of Disability: _____ \$ _____
6. Social Security Benefits (Taxable Portion) \$ _____
7. Railroad Retirement Benefits (Taxable Portion) \$ _____
8. Interest on United States Obligations \$ _____
9. Other (specify) \$ _____
10. Total Subtractions (enter sum on Lines 5-9 here) \$ _____
11. Net Adjustments (Line 4 less Line 10, enter net total here on Line 9 of Page 1) (+ or -) \$ 417.

SCHEDULE 2 CREDITS FOR LINE 17 PAGE 2

1. Other State Credit \$ _____
2. Employer's Credit for Basic Skills Education \$ _____
3. Employer's Credit for Approved Employee Retraining \$ _____
4. Employer's New Jobs Credit \$ _____
5. Employer's Credit for Providing or Sponsoring Child Care for Employees \$ _____
6. Manufacturer's Investment Tax Credit \$ _____
7. Rural Physicians Credit \$ _____
8. Enter the Total of Lines 1 through 7 here and on Line 17 page 2 \$ _____

Social Security Number: [REDACTED]
SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS
DO NOT USE LINES 8 THROUGH 14-PAGE 1, FORM 500

	Federal Income as shown on Return COLUMN A	Income Not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, Etc.			
2. Interest and Dividends			
3. Business Income or (loss)			
4. Other Income or (loss)			
5. Total Income: Total Lines 1 through 4			
Adjustments to Income:			
6. Total from Federal Form 1040			
7. Total from Form 500 Schedule 1 page 3 (see instructions Line 9, page 5)			
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7			
9. RATIO: Divide Line 8, Column C by Line 8 Column A Enter percentage			Not to exceed 100%
10. Itemized or Standard Deduction (see instructions for Line 10, page 9)			
11. Personal Exemption from form 500 page 1, line 7			
12. Total Deductions and Exemptions: Add Lines 10 and 11			
13. Multiply Line 12 by Ratio on Line 9 and enter result			
14. Georgia Taxable Income: Subtract Line 13 from Line 8. Enter here and on Line 15, Page 1 of Form 500			

OVERPAYMENTS

 GEORGIA INCOME TAX DIVISION
 P.O. BOX 740380
 ATLANTA, GEORGIA 30374-0380

PAYMENTS AND OTHER

 GEORGIA INCOME TAX DIVISION
 P.O. BOX 740399
 ATLANTA, GEORGIA 30374-0399

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

Form **8582**Department of the Treasury
Internal Revenue Service**Passive Activity Loss Limitations**▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

GA

OMB No. 1545-0047

1996Attachment
Sequence No. 88

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES

Part I 1996 Passive Activity Loss

Caution: See the instructions for Worksheets 1 and 2 on page 8 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Active Participation in a Rental Real Estate Activity in the instructions.)

1a	Activities with net income (from Worksheet 1, column (a))	6,262.	
1b	Activities with net loss (from Worksheet 1, column (b))	<7,434.>	
1c	Prior year unallowed losses (from Worksheet 1, column (c))		
1d	Combine lines 1a, 1b, and 1c		<1,172.>
All Other Passive Activities			
2a	Activities with net income (from Worksheet 2, column (a))	329,744.	
2b	Activities with net loss (from Worksheet 2, column (b))		
2c	Prior year unallowed losses (from Worksheet 2, column (c))		
2d	Combine lines 2a, 2b, and 2c		329,744.
3	Combine lines 1d and 2d. If the result is net income or zero, see the instructions for line 3. If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10		328,572.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 9 of the instructions for examples.

4	Enter the smaller of the loss on line 1d or the loss on line 3		4
5	Enter \$150,000. If married filing separately, see the instructions		
6	Enter modified adjusted gross income, but not less than zero		
7	Subtract line 6 from line 5		
8	Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions		
9	Enter the smaller of line 4 or line 8		

Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a, and 2a and enter the total		10
11	Total losses allowed from all passive activities for 1996. Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return		7,434.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (1996)

FORM 8582

ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 1

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
LAWYERS REALTY ASSOC.	6,262.	0.		6,262.	
ARC ENTERPRISES	0.	<3,971.>			<3,971.>
RENTAL BUILDINGS & HOUSES	0.	<3,463.>			<3,463.>
TOTALS	6,262.	<7,434.>		6,262.	<7,434.>

FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 2

STATEMENT 2

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
EFFICIENCY LODGE	329,744.	0.		329,744.	
TOTALS	329,744.	0.		329,744.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 3

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
EFFICIENCY LODGE	SCH E	329,744.		329,744.		
X LAWYERS REALTY ASSOC.	SCH E	6,262.		6,262.		
X ARC ENTERPRISES	SCH E	<3,971.>		<3,971.>		3,971.
X RENTAL BUILDINGS & HOUSES	SCH E	<3,463.>		<3,463.>		3,463.
TOTALS		328,572.		328,572.		7,434.

Label (See page 11.)
Use the IRS label. Otherwise, please print or type.
Presidential Election Campaign (See page 11.)

For the year Jan. 1-Dec. 31, 1996, or other tax year beginning _____, Year ending _____, SSN _____

Do you want \$3 to go to this fund?
If a joint return, does your spouse want \$3 to go to this fund?

Yes ☐ No ☐ Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (Check only one box.)

1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above and full name here.
4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.
5 ☐ Qualifying widow(er) with dependent child (year spouse died ☐ 19 _____).

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: 2

c Dependents:

(1) First name	Last name	(2) Dependent's social security number if born in Dec. 1996, see inst.	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1996	No. of your children on 6c who:
MARTHA ALLISON BARNES			DAUGHTER	12	2
MARY ALYSSA BARNES			DAUGHTER	12	

Dependents on 6c not entered above: 4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 11,340.
8a Taxable interest. Attach Schedule B if over \$400 17,721.
b Tax-exempt interest. DO NOT include on line 8a 400.
9 Dividend income. Attach Schedule B if over \$400 8,235.
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). If required, attach Schedule D <3,000.>
14 Other gains or (losses). Attach Form 4797
15a Total IRA distributions 15a Taxable amount (see instr.) 15b
16a Total pensions and annuities 16a Taxable amount (see instr.) 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 1,116,341.
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits 20a Taxable amount (see instr.) 20b
21 Other income. List type and amount - see instructions
DIRECTOR FEES
J. MARSHALL LAW SCHOOL 1,300.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 1,151,937.

Adjusted Gross Income

23a Your IRA deduction (see instructions) 23a
b Spouse's IRA deduction (see instructions) 23b
24 Moving expenses. Attach Form 3903 or 3903-F 24
25 One-half of self-employment tax. Attach Schedule SE 13,827.
26 Self-employed health insurance deduction (see inst.) 328.
27 Keogh & self-employed SEP plans. If SEP, check ☐
28 Penalty on early withdrawal of savings
29 Alimony paid. Recipient's SSN
30 Add lines 23a through 29
31 Subtract line 30 from line 22. This is your adjusted gross income. 1,137,762.

