				And the second of the		OB	Th. 1848-4074
4.4	You	g first pages and initial	Last name			Year sec	id secully sunbar
See	RC	DY E BARNES		414			
age 11.)	Ħ a	joint return, spouse's first name and initial	Last name			Spouse	s social security number
	MZ	ARIE		(4			
ise the IRS abel.	Hor	me address (number and street). If you have a	P.O. box, see page 11.		Apt. no.	For hi	elp finding line
Otherwise,	therwise, 4841 BROOKWOOD						
Hease print er type,	City	, town or post office, state, and ZIP code. If yo		2 379	3 in the booklet.		
	MZ	ABLETON, GA 30059	,daq			Yes N	- rest. Crackly
residential Jection Campaign		Do you want \$3 to go to this fund?	• •				"Yes" will not change your tax or
See page 11.)		If a joint return, does your spouse want \$3 to g	jo to th i s fund?				reduce your refund
	1	Single					
Filing Status	2	X Married filing joint return (even if only on	e had income)				
	3	Married filing separate return. Enter spec					
	4	Head of household (with qualifying perso	in). If the qualifying person is	a child but not your deper	ndent, enter ti	nis child	S
check only		name here.					
one box.	5	Qualifying widow(er) with dependent chil	d (year spouse died 🕨 19).			
	fq	X Yourself. If your parent (or someone else) can	n claim you as a dependent on his	or her tax return, do not check	box \$4		of bases aired on Se 2
Exemptions	•	X Sporse	•••••				
	ε_	Dependents:	(2) Dependent's social security number if born	(3) Dependent's relationship to	months I	# Mag	of your tren on Sc
		(1) First name Last name	in Dec. 1996, see inst.	you	m Fried	who:	_
		ARTHA ALLISON BARNES		DAUGHTER	12	• iv	red with you2_
	1	ARY ALYSSA BARNES		DAUGHTER	12		dn't live with due to divorce
f more than six	_					or se	peration
lependents, see the instructions	_		<u> </u>			_ ====	instructions)
or line 6c.			: :				endents on 6c
	_						intered above
	_					en ter	numbers red on
	•	Total number of exemptions claimed					11 240
ncome	7	Wages, salaries, tips, etc. Attach Form(s) W-2	,,		7		11,340.
	84	Taxable interest. Attach Schedule B if over \$4	100		400		17,721.
lttach	b	Tax-exampt interest . DO NOT include on line	& <u></u>	50	400.	2	0 225
apy B of your arms W-2.	•	Dividend income. Attach Schedule B if over \$4		·	1		8,235.
V-26, and	18	Taxable refunds, credits, or offsets of state an	d local income taxes	***************************************			
1999-R here.	11	Alimony received	•••••		11	 	
	12	Business income or (loss). Attach Schedule C		•	12	+	<2 000
f vou did not			1 44				
ot a W-2, see	13	Capital gain or (loss). If required, attach Sche				+	<3,000.
pet a WF-2, see he instructions	14	Other gains or (losses). Attach Form 4797			14	#	<3,000.
pet a WF-2, see he instructions	14 15a	Other gains or (losses). Attach Form 4797		Taxable amount (see ins	tr.) 151	-}	<3,000.
pet a W-2, see the instructions for line 7.	14 15a	Other gains or (losses). Attach Form 4797 Total IRA distributions 188 Total pensions and annulies 188		Taxable amount (see ins	14 tr.) 151 tr.) 161		
yet a W-2, see the instructions for line 7. Enclose, but do	14 15a	Other gains or (losses). Attach Form 4797 Total IRA distributions 188 Total pensions and annulties 188 Rental real estate, royalties, partnerships, S co	orporations, trusts, etc. Attack	Taxable amount (see ins Taxable amount (see ins Schedule E	14 (tr.) 151 (tr.) 161 17		
yet a WF-2, see the instructions for fine 7. Enclose, but do not attach, any payment. Also,	14 15a 16a	Other gains or (losses). Attach Form 4797 Total IRA distributions Total pensions and annulties Rental real estate, royalties, partnerships, S or Farm income or (loss). Attach Schedule F	orporations, trusts, etc. Attack	Taxable amount (see ins Taxable amount (see ins Schedule E	14 tr.) 159 tr.) 160 17 18		
pet a WF-2, see the instructions for fine 7. Enclose, but do not attach, any payment. Also, please enclose	14 15a 16a 17	Other gains or (losses). Attach Form 4797 Total IRA distributions Total pensions and annulties Rental real estate, royalties, partnershipe, S co Farm income or (loss). Attach Schedule F Unemployment compensation	orporations, trusts, etc. Attact	Taxable amount (see ins Taxable amount (see ins Schedule E	14 tr.) 159 tr.) 160 17 18 18 19	1	
if you did not get a WF-2, see the instructions for line 7. Enclose, but do not attach, any payment. Also, please enclose Ferm 1848-V. see the instructions	14 15a 16a 17 18	Other gains or (losses). Attach Form 4797 Total IRA distributions 186 Total pensions and annulties 186 Rental real estate, royalties, partnerships, S or Farm income or (loss). Attach Schedule F Unemployment compensation Secial security benefits 288	orporations, trusts, etc. Attach	Taxable amount (see ins Taxable amount (see ins Schedule E Taxable amount (see ins) Taxable amount (see ins)	14 tr.) 159 tr.) 160 17 18 18 19	1	<3,000. ,116,341.
pet a WF-2, see the instructions for fine 7. Enclose, but do not attach, any payment. Also, please enclose	14 15a 16a 17 18 19	Other gains or (losses). Attach Form 4797 Total IRA distributions 186 Total pensions and annuities 186 Rental real estate, royalties, partnerships, S conform income or (loss). Attach Schedule F Unemployment compensation Secial security benefits 282 Other income. List type and amount – see inst	orporations, trusts, etc. Attach	Taxable amount (see ins Taxable amount (see ins Schedule E Taxable amount (see ins) Taxable amount (see ins)	14 tr.) 159 tr.) 160 17 18 18 19	1	
pet a WF-2, see the instructions for line 7. Enclose, but do not attach, any payment. Also, please enclose Ferrar 1848-W. see the instructions	14 15a 16a 17 18 19 28e	Other gains or (losses). Attach Form 4797 Total IRA distributions 188 Total pensions and annuties 188 Rental real estate, royalties, partnerships, S conformation 189 Unemployment compensation Secial security benefits 288 Other income. List type and amount - see inst	orporations, trusts, etc. Attact	Taxable amount (see ins Taxable amount (see ins Schedule E	14 (15) (15) (17) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	1	,116,341.
pet a WF-2, see he instructions or line 7. Enclose, but do not attach, any nayment. Also, please enclose Ferm 1848-W. see the natructions	14 15a 16a 17 18 19 28a 21	Other gains or (losses). Attach Form 4797 Total IRA distributions 158 Total pensions and annulties 168 Rental real estate, royalties, partnershipe, S or Farm income or (loss). Attach Schedule F Unemployment compensation Secial security benefits 288 Other income. List type and amount - see inst DIRECTOR FEES J. MARSHALL LAW SCHO	orporations, trusts, etc. Attach	Taxable amount (see ins Taxable amount (see ins Schedule E	14 (15) (15) (15) (15) (15) (15) (15) (15)		1,300.
pet a WF-2, see he instructions or line 7. Enclose, but do not attach, any nayment. Also, please enclose Ferm 1848-W. see the natructions	14 15a 16a 17 18 19 28a 21	Other gains or (losses). Attach Form 4797 Total IRA distributions 188 Total pensions and annulties 189 Rental real estate, royalties, partnerships, S or Farm income or (loss). Attach Schedule F Unemployment compensation Secial security benefits 282 Other income. List type and amount - see inst DIRECTOR FEES J. MARSHALL LAW SCHO Add the amounts is the far right column for fire	prporations, trusts, etc. Attact muctions OL mes 7 through 21. This is your	Taxable amount (see ins Taxable amount (see ins Schedule E Taxable amount (see ins 1,	14 (15) (15) (15) (15) (15) (15) (15) (15)		1,300.
pet a W-2, see the instructions for fine 7. Enclose, but do not attach, any payment. Also, please enclose Ferm 1848-V. see the nstructions or line 62).	14 15a 16a 17 18 19 28a 21 22 23 a	Other gains or (losses). Attach Form 4797 Total IRA distributions 188 Total pensions and annulties 189 Rental real estate, royalties, partnerships, S or Farm income or (loss). Attach Schedule F Unemployment compensation Secial security benefits 288 Unemployment List type and amount - see inst DIRECTOR FEES J. MARSHALL LAW SCHO Add the amounts is the far right column for in	orporations, trusts, etc. Attack muctions OL mes 7 through 21. This is your	Taxable amount (see ins Taxable amount (see ins Schedule E Taxable amount (see ins 1,	14 (15) (15) (15) (15) (15) (15) (15) (15)		1,300.
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net a W-2, see the instructions for line 7. Enclose, but do not attach, any payment. Also, please enclose forms 1848-W. see the instructions for line 62). Adjusted. Adjusted.	14 15a 16a 17 18 19 28a 21 22 23 a	Other gains or (losses). Attach Form 4797 Total IRA distributions Total pensions and annulties Rental real estate, royalties, partnershipe, S or Farm income or (loss). Attach Schedule F Unemployment compensation Secial security benefits Other income. List type and amount - see inst DIRECTOR FEES J. MARSHALL LAW SCHO Add the amounts in the far right column for fir Your IRA deduction (see instructions) Spouse's IRA deduction (see instructions) Moving expenses. Attach Form 3903 or 3903	orporations, trusts, etc. Attact ructions OL nes 7 through 21. This is your	Taxable amount (see ins Taxable amount (see ins Schedule E Taxable amount (see ins Taxable amount (see ins 1, total income	14 (15) (15) (17) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		1,300.
net a W-2, see the instructions for line 7. Enclose, but do not attach, any payment. Also, please enclose forms 1848-W. see the instructions for line 62). Adjusted. Adjusted.	14 15a 16a 17 18 19 28a 21 22 23 a	Other gains or (losses). Attach Form 4797 Total IRA distributions Total pensions and annulties Rental real estate, royalties, partnershipe, S conform income or (loss). Attach Schedule F Unemployment compensation Secial security benefits: Quer income. List type and amount - see inst DIRECTOR FEES J. MARSHALL LAW SCHO Add the amounts in the far right column for in Your IRA deduction (see instructions) Spouse's IRA deduction (see instructions) Moving expenses. Attach Form 3903 or 3903- One-half of self-employment tax. Attach Sched	orporations, trusts, etc. Attact ructions OL nes 7 through 21. This is your	Taxable amount (see ins Taxable amount (see ins Schedule E Taxable amount (see ins Taxable amount (see ins Taxable amount (see ins Taxable income 23a 23b 24 26 13,	14 151 151 17 18 19 28 300 21 P 22		1,300.
net a W-2, see the instructions for line 7. Enclose, but do not attach, any payment. Also, please enclose from 1848-V. see the instructions for line 62). Adjusted Stross recorns	14 15a 16a 17 18 19 29a 21 22 23 a b	Other gains or (losses). Attach Form 4797 Total IRA distributions Total pensions and annulties Rental real estate, royalties, partnershipe, S conform income or (loss). Attach Schedule F Unemployment compensation Secial security benefits: Other income. List type and amount - see inst DIRECTOR FEES J. MARSHALL LAW SCHO Add the amounts in the far right column for in Your IRA deduction (see instructions) Spouser's IRA deduction (see instructions) Moving expenses. Attach Form 3903 or 3903- One-tail of self-employment tax. Attach Scheduler insurance deduction (see	orporations, trusts, etc. Attact ructions OL nes 7 through 21. This is your fulle SE	Taxable amount (see ins Taxable amount (see ins Schedule E Taxable amount (see ins	14 (15) (15) (17) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		1,300.
yet a W-2, see the instructions for line 7. Enclose, but do not attach, any payment. Also, please enclose Free 1848-V. see the instructions for line 62). Adjusted Gross Income Fien 31 is	14 15a 16a 17 18 19 29a 21 22 23 a 24 25	Other gains or (losses). Attach Form 4797 Total IRA distributions Total pensions and annulties Rental real estate, royalties, partnerships, S or Farm income or (loss). Attach Schedule F Unemployment compensation Secial security benefits: 282 Other income. List type and amount - see inst DIRECTOR FEES J. MARSHALL LAW SCHO Add the amounts in the far right column for in Your IRA deduction (see instructions) Spouse's IRA deduction (see instructions) Moving expenses. Attach Form 3903 or 3903- One-half of self-employment tax. Attach Sched Self-employed health insurance deduction (see Keegh & self-employed SEP plans. If SEP, che	orporations, trusts, etc. Attact muctions OL mes 7 through 21. This is your fulle SE me inst.)	Taxable amount (see ins a Taxable amount (see ins a Schedule E Taxable amount (see ins a Taxable	14 151 151 17 18 19 28 300 21 P 22		1,300.
net a W-2, see he instructions for fine 7. Enclose, but do not attach, any payment. Also, please enclose frame 1848-V. see the restructions for line 62). Adjusted Gaross Fine 31 is under \$28,495 under \$9,500 if a child did not	14 15a 16a 17 18 19 29a 21 22 23 a b 24 25 25	Other gains or (losses). Attach Form 4797 Total IRA distributions Total pensions and annulties Rental real estate, royalties, partnerships, S or Farm income or (loss). Attach Schedule F Unemployment compensation Secial security benefits: 28a Other income. List type and amount - see inst DIRECTOR FEES J. MARSHALL LAW SCHO Add the amounts is the far right column for in Your IRA deduction (see instructions) Spouse's IRA deduction (see instructions) Moving expenses. Attach Form 3903 or 3903 One-half of self-employment tax. Attach Sched Self-employed health insurance deduction (see Keegh & self-employed SEP plans. If SEP, che Penalty on early withdrawal of savings	orporations, trusts, etc. Attack muctions OL mes 7 through 21. This is your fulle SE me inst.)	Taxable amount (see ins a Schedule E Taxable amount (see ins a schedu	14 151 151 17 18 19 28 300 21 P 22		
net a W-2, see the instructions for line 7. Enclose, but do not attach, any payment. Also, please enclose from 1848-V. see the instructions for line 62). Adjusted Stross recorns	14 15a 16a 17 18 19 28a 21 22 23 a b 24 25 27 28	Other gains or (losses). Attach Form 4797 Total IRA distributions Total pensions and annulties Rental real estate, royalties, partnerships, S or Farm income or (loss). Attach Schedule F Unemployment compensation Secial security benefits DIRECTOR FEES J. MARSHALL LAW SCHO Add the amounts in the far right column for in Your IRA deduction (see instructions) Spouse's IRA deduction (see instructions) Moving expenses. Attach Form 3903 or 3903- One-half of self-employment tax. Attach Sched Self-employed health insurance deduction (see Keegh & self-employed SEP plans. If SEP, che Pentally on early withdrawal of savings	orporations, trusts, etc. Attack muctions OL mes 7 through 21. This is your full set leading to the set le	Taxable amount (see ins a Taxable amount (see ins a Schedule E Taxable amount (see ins a Taxable	300 · 21 827 · 328 · 3328 · 34		1,300.

	W-WHITE	The St. Indiana, has proud.				-
Compa	DOS CHICK I.	You were so or older,		Bland.	3383	
tation	Add the mu	mber of boxes checked above and either the total her	•	L		E \$1
		narried filing separately and your spouse itemizes de			788	-
	•	a dual-status alien, see instructions and check here		▶ 33b		MIN W
	or you war	Remized deductions from Schedule A. line 28, 0)		**
	34 Enter the	Standard deduction shown below for your filing		ons		
	larger	if you checked any box on line 33a or b or sor	meone can claim you as a	(151,
	of [©]	dependent. Single - \$4,000 Married filing jointly or	Oualibring widow(er) - \$6.70	n {	34	1311
	your:	Head of household - \$5,900	ig separately - \$3,350	٠)		
	35 Subtract lin	ne 34 from line 32			35	986,
	36 If line 32 is	\$88,475 or less, multiply \$2,550 by the total number	er of exemptions claimed on			
		ne 32 is over \$88,475, see the worksheet in the inst.			36	
		come. Subtract line 36 from line 35. If line 36 is mor			37	986,
		structions. Check if total includes any tax from a				
				•	38	365,
		m 4972				
Credits		hild and dependent care expenses. Attach Form 244			-[
	49 Credit for t	he elderly or the disabled. Attach Schedule R	40		-	
		credit. Attach Form 1116			4	
	42 Other, Chec	ck if from a Form 3800 to Form 8				
	• □ F	form 8801 🌓 🔛 Form (specify)	42			
	43 Add lines 3	9 through 42	de F. F.		43	
	44 Subtract lin	e 43 from line 38. If line 43 is more than line 38, ent	er-0- 6		44	365,
Other		yment tax. Attach Schedule SE			45	27,
Taxes		minimum tax. Attach Form 6251			48	
					<u> </u>	
		rity and Medicare tax on tip income not reported to a				
		lified retirement plans, including IRA s. If required, att			48	
	49 Advance ea	med income credit payments from Form(s) W-2				
	50 Household	employment taxes. Attach Schedule H			50	
	51 Add lines 4	4 through 50. This is your total tax)	51	394,
Payments		orne tax withheld from Forms W-2 and 1099		1,429		
•	53 1996 estim	ated tax payments and amount applied from 1995 re	otum 53	375,000.		
		eme credit. Attach Schedule EIC if you have a qualify	2000			
Attach			yang cilat.			
Forms W-2,	_	earned income: amount >				
W-26, and	and type		54	······································		
1099-R on the front.	55 Amount pa	id with Form 4868 (request for extension)				
une iruse.		ial security and RRTA tax withheld (see inst.)				
	57 Other paym	ents. Check if from a 🔲 Form 2439 it 🔲 F	form 4136 57			
		2 through 57. These are your total payments		.	58	376,
		more than line 51, subtract line 51 from line 58. This			59	
		To CO BEELMACH TO VOIL		>	60:2	
Have it sent directly to your		-	Checking Savings			
bank account!	•		CHANNE TO SAME			
See inst. and fill	d Account nu					
in 60b, c, and d.		ine 59 you want APPLIED TO YOUR 1987 ESTIMATI				
A		more than line 58, subtract line 58 from line 51. This				17
Amount	For details	on how to pay and use Ferm 1848-V, see instruction	\$ <u></u>	>	E	17,
You Owe	63 Estimated t	ax penalty. Also include on line 62	C3			
Sign	Under penalties of p	erjury, I declare that I have examined this return and accompa- correct, and complete. Declaration of preparer joiler than temp	nying schedules and statements, a	and to the best of my last f which preparer has see i	electro end proviecion.	
Here	Your signature	man' ain mishaar namanan a bahas bas aun aun	Date	Your occupation	. , , ,	
Keep a copy	·			ATTORNEY	•	
of this return	Spouss's slope	sture. If a joint return, BOTH must sign.	Date	Spouse's occupation		eta ej
for your		-		HOUSEWIF	E	***
records.	<u> </u>		Date	Check if self-		ocial security no.
	Preparer's signature			Check if sem-		
raru	•			I BN		
Preparer's		MOORE & CUBBEDGE, LLI			•	a de la companya della companya della companya de la companya della companya dell
Use Only	rours if self-em-	366 POWDER SPRINGS ST	<u> </u>	25P c	× 300	64
,	oloyed) and address	MARIETTA, GA				

CHEDULES AAB

Schedule A - Hemined Deductions

Internal Revenue Service Attach to Form 1040. See Instructions for Schedule A Form 1040.

Name(s) shown on Form 1040

Sequence No. 07

ROY E &	MA	RIE BARNES			4		
Medical		Caution: Do not include expenses reimbursed or paid by others.					
and	1	Medical and dental expenses (see page A-1) SEE STATEMENT 7	. 1		7	<u>64.</u>	
Dental	2		•				
Expenses	3			85	, 3	34.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0-				4	0
Taxes You	5	State and local income taxes SEE STATEMENT 4	5		9		
Paid	6		6	(5,8	16.	
(See	7	Personal property taxes	7				
page A-1.)	8	Other taxes - List type and amount					
		>					
			8				
	9	Add lines 5 through 8					97,752
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	2	,5	54.	
You Paid	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,					
(See		identifying no., and address					
page A-2.)							
Note:			11				
Personal interest is	12	Points not reported to you on Form 1098. See page A-3.					
not	13				, 9	7	20 510
deductible.	14	Add lines 10 through 13				14	28,510
Gifts to	15	Gifts by cash or check. If you made any gift of \$250 or more,			•		
Charity		see page A-3 SEE STATEMENT 5	15	55	,90	99.	
If you made a	16	Other than by cash or check. If any gift of \$250 or more, see page A3.					
off and got a		If over \$500, you MUST attach Form 8283					
benefit for it,	17	Carryover from prior year	17			,	55 000
see page A-3.	18	Add lines 15 through 17				18	55,9 09 .
Casualty and Theft Losses							
I NEW COSSES	19					19	
Job Expenses and Mont	20						
Cilinar Cilinar		If required, you MUST attach Form 2106 or 2106-EZ. (See page A-4.)					
Miscellaneous	İ						
Deductions	_		20				
	21		21			\dashv	
		Other expenses - investment, safe deposit box, etc. List type and amount					
See		►IRA FEE					
page A-4 for							
expenses to deduct here.)							
ORGOCK HOLD.						- 1	
			22			-	
		Add thes 20 through 22	23				
	24		25				
	25	Multiply line 24 above by 2% (.02)	20			28	
	26						
Other Miscellaneous Deductions	27	Other - from list on page A-4. List type and amount				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

						27	
Total	28	Is Form 1040, line 32, over \$117,950 (over \$58,975 if married filing separately)?		STMT	8		
Itemized		NO. Your deduction is not limited. Add the amounts in the far right column for lines)			151 555
Deductions		through 27. Also, enter on Form 1040, line 34, the larger of this amount or you	ur 	7-1169		2	151,576.
色麗/孝吉尼	4.7	standard deduction.	. :	1 00003	T.		\$ 000 m

Part I Note: If you had over \$400 in taxable interest income, you must also complete Part III. Interest Income Income In List name of payer. If any interest is from a selle-firanced 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 buyer's statement from that statement from that set the farth interest from the statement from that set the farth interest from the statement from that set the farth interest from the statement from that form. 2 Add the amounts on line 1 2 Add the amounts on line 1 3 Excludable interest on series EU.S. savings bonds issued after 1989 from Form 8815, fine 14 You had over \$400 in gross dividends and/or other distributions on stock you must also complete Part III. 5 List name of payer include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions on stock here. Any capital gain distributions and nontaxable distributions on stock here. Any capital gain distributions and for				
Part I Interest In Journal over \$400 in taxable interest income, you must also complete Part III. Interest Interest Income Income 1 List name of payer. If any interest is from a select-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 P U. S. TREASURY GEORGIA STATE BANK GEORGIA STAT	ROY-E & M	ARIE BARNES		-
Interest income				Attachment Sequence No 00
property as a personal residence, see page B-1 and list this interest first. Also show that buyer's social security number and address social security number and number number security number and address social security number and number number security number number number security number number number number number security number n				
boyer's social security number and activess IP U. S. TREASURY GEORGIA STATE BANK GEORGIA STATE BANK GEORGIA STATE BANK W. RAY BARNES FROM K-1 - EFFICIENCY LODGE FROM K-1 - LAWYERS REALTY ASSOC. It is the firm's parker and enter he fortal interest on series EE U.S. savings bonds issued after 1989 from Form 8815, in 14. You MUST attach Form 8815 to Form 1040. Part II Secundable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, in 14. You MUST attach Form 8815 to Form 1040. Part II Secundable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, in 14. You MuST attach Form 8815 to Form 1040. Part II Secundable interest on series EE U.S. savings bonds issued after 1989 from Form 8815. In 14. You MuST attach Form 8815 to Form 1040, ine 8a				Amount
U. S. TREASURY GEORGIA STATE BANK GEORGIA STATE BANK GEORGIA STATE BANK 3, GEORGIA STATE BANK 4, RAY BARNES FROM K-1 - EFFICIENCY LODGE FROM K-1 - LAWYERS REALTY ASSOC. 1, Letters and enter the total 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 4 17, 7 Amount on that Stributions and nontaxable distributions will be deducted on lines 7 and 8 ETOWAH BANK DEAN WITTER JOURNAM BANK DEAN WILLIAMS ALEXANDER & WALKER FROM K-1 - ESTATE OF CLYDE GOVAN 4 SUBTOTAL FOR LINE 5 TAX-EXEMPT DIVIDENDS SEE STATEMENT 10 8 Add the amounts on line 5 7 Capital gain distributions. Enter here and on Schedule D 7 Add line 7 and 8 8 Nontaxable distributions SEE STATEMENT 9 8 113- 9 Add line 7 and 8 10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 10 8 Add the amounts on line 5 10 8 Nontaxable distributions. SEE STATEMENT 9 8 113- 9 Add line 7 and 8 1	Income			
GEORGIA STATE BANK QEORGIA STATE BANK PROM K-1 - ESTATE OF CLYDE GOVAN QUITE STATE ENT TO QUITE STAT				
Second Companies				792
W. RAY BARNES FROM K-1 - EFFICIENCY LODGE FROM K-1 - ESTATE OF CLYDE GOVAN FROM K-1 - LAWYERS REALTY ASSOC. 1 1 statement from brokerage firms statement from a brokerage firms firms firms a brokerage firms fir				3,419
Second of a Form Second of a		GEORGIA STATE BANK		2,193
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Million, de automat Cabalida D.A. and A. and	1	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9	10	8,235.
H YOU OO NOT NEED SCHEDURE LIED REPORT BY OTHER DEINS OF losses.		"If you do not need Schedule D to report any other gains or losses.		

LHA Fer Paperwork Reduction Act Notice, see Form 1946 instructions.

Schedule B (Form 1040) 1986

Department of the Yeasury Internal Planetons Service (88)

Name(s) shown on Form 1040

Your social security number

	(a) Description of (b) Data Property Example: acquired		ite .	(d) Sales price	(e) Cost or	5 \$	(f) Loss		(g) GAIN
	100 sh. XYZ Co.)	(C) Date	soid	(See page D-3)	Other basis (See page D-	39	If (e) is more the subtract (d) fro		If (cf) is more than as subtract (e) from idi
		06/18							
V	ALUE JET	07/08		57,213.	31,02	25.			26,18
С	OMMUNITY FINANCIAL COR	08/21 P10/21		34,998.	63,00	00.	28,	002.	
		:							
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.					- 1 - 1
•	Short-term gain from Forms 2119 and 6252, rom Forms 4684, 6781, and 8824	and short-te	rm gain	or loss		4			
5	Net short-term gain or loss from partnerships rom Schedule(s) K-1	s, S corporati	ions, es	states, and trusts	-	5			15,525
5	Short-term capital loss carryover. Enter the a 1995 Capital Loss Carryover Worksheet	mount, if any	y, from !	line 9 of your	1	6	<u>-</u>		10/32
						7 (28 (002	41,713
	Add lines 1 through 6, in columns (f) and (g)	••••••••••••••••••	•••••		L	1 1	20,	1	41,71.
	iet short-term capital gain or (loss). Comb						>	8	13,711
a	Long-Term Capital Gains and	d Losses	- Ass	ets Held More	Than One 1	ear			
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5	EE STATEMENT 11			282,745.	222,60	3.	1,5	504.	61,646
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_	Foter your locatem totals if any form line 2	,]	10		***				
	Enter your long-term totals, if any, from line 2	23	10		99 4				
l	Total long-term sales price amounts. Add column (d) of lines 9 and 10		11	282,745.			4		
l	Total long-term sales price amounts. Add column (d) of lines 9 and 10	orms 2119, 2	11			12			
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2	Total long-term sales price amounts. Add column (d) of lines 9 and 10 Gain from Form 4797; long-term gain from Fogain or loss from Forms 4684, 6781, and 882 Net long-term gain or loss from partnerships, from Schedule(s) K-1 Capital gain distributions Long-term capital loss carryover. Enter the ar 1995 Capital Loss Carryover Worksheet Add lines 9 through 15, in columns (f) and (g) Net long-term capital gain or (loss). Combine lines 8 and 17. If a loss, go to line 19 Note: If both lines 17 and 18 are gains, see the	orms 2119, 2 24 . S corporation mount, if any ine columns 9. If a gain, e	2439, ar ons, es (f) and (nd 6252; and long- states, and trusts ine 14 of your (g) of line 16	10, line 13.	14	333,9	56	
2	Total long-term sales price amounts. Add column (d) of lines 9 and 10 Gain from Form 4797; long-term gain from Forms 4884, 8781, and 882 Net long-term gain or loss from partnerships, from Schedule(s) K-1 Capital gain distributions Long-term capital loss carryover. Enter the ar 1995 Capital Loss Carryover Worksheet Add lines 9 through 15, in columns (f) and (g) Net long-term capital gain or (toss). Combine lines 8 and 17. If a loss, go to line 18 loss; for the loss on line 18 is a loss, enter here and as a (loss) of the loss on line 18 is a loss, enter here and as a (loss) of the loss on line 18 is a loss, enter here and as a (loss) of the loss on line 18 is a loss, enter here and as a (loss) of the loss on line 18 is a loss, enter here and as a (loss) of the loss on line 18 is a loss, enter here and as a (loss) of the loss on line 18 is a loss, enter here and as a (loss) of the loss on line 18 is a loss, enter here and as a (loss) of the loss on line 18 is a loss, enter here and as a (loss) of the loss o	mount, if any	2439, ar ons, es (f) and (nd 6252; and long- states, and trusts ine 14 of your (g) of line 16	10, line 13.	14	333,9	56.	<272,310
	Total long-term sales price amounts. Add column (d) of lines 9 and 10 Gain from Form 4797; long-term gain from Fogain or loss from Forms 4684, 6781, and 882 Net long-term gain or loss from partnerships, from Schedule(s) K-1 Capital gain distributions Long-term capital loss carryover. Enter the ar 1995 Capital Loss Carryover Worksheet Add lines 9 through 15, in columns (f) and (g) Net long-term capital gain or (loss). Combine lines 8 and 17. If a loss, go to line 19 Note: If both lines 17 and 18 are gains, see the	mount, if any ine columns 9. If a gain, e	2439, ar ons, es (f) and (nd 6252; and long- states, and trusts ine 14 of your (g) of line 16	10, line 13.	14	333,9	56.	<272,310

Form 4952

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

Pa	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.
Pa	Net Investment income		
40	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) SEE STATEMENT 14	40	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		
đ	Subtract line 4c from line 4b. If zero or less, enter -0-	4 d	
•	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	40	
f	Investment income. Add lines 4a, 4d, and 4e	41	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.
Par	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.

THE EN

Form 4952

Investment Interest Expense Deduction

1996

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Attachment Sequence No. 12A

Name(s) shown on return

de la companya de la

Identifying number

ROY E & MARIE BARNES		
Part I Total Investment Interest Expense		
Investment interest expense paid or accrued in 1996.		36,467
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	·····	and the second s
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		
e Net capital gain from the disposition of property held for investment4c		
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	> 40	
f Investment income. Add lines 4a, 4d, and 4e	41	25,956.
8 Investment expenses	5	
Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-		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 ,7 67.
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		25,956. 25,956.

LHA For Paperwork Redection Act Notice, see separate instructions

Form 4002 (1900)

La Barrel Margin March So

(From realts) real estate, I S corporations, estates, trasts, REMICs, etc.)

Attach to Form 1840 or Form 1841.

> See Instructions for Schedule E (Form 1048).

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 achieves of or a			HOIN FUIII	4000 Un pa	76 Z, MIG 33.				
1	Show the kind and location of each rental real				2 For each rental real estate property listed				Yes	16
A	RENTAL BUILDINGS & H	OUSES	3		on line 1, did you or your family use it for					
							-	A		X
					-	purposes for mo				į
					-	f 14 days or 10%		3		i
C					-	ed at fair rental v	sine anuud me		İ	
					tax year?	(See page E-1.)		C_		
_	come:		,	Properties				Totals		
# 1	Come.	Γ	A	В		C	(Add col			
3	Rents received	3	49,863.				3	4	9,8	63.
4	Royalties received	F=					4			
E	penses:									
	Advertising	5			ł					
	Auto and travel (see page E-2)									
	Cleaning and maintenance	F								
	Commissions									
•	Insurance		3,836.							
18	Legal and other professional fees	f								
	Management fees				1					
	Mortgage interest paid to banks, etc. (see page E-2)		7,586.		- $+$		12		7,58	86.
	Other interest	•								
14			9,589.							
	Supplies									
	Taxes	·	5,427.							
	Utilities		3,168.							
	Other (list)	·								
•	Other (ast)	- -								
	SEE STATEMENT 16	· 	4,629.	· · · · · · · · · · · · · · · · · · ·						
	Data Daniel IV	·								
		18	3.,			······································				
		· -				· · · · · · · · · · · · · · · · · · ·				
		· -								
		· -								
10	Add lines 5 through 18	19	34,235.	<u>,</u>			19	3	4,23	35.
	-		19,091.				29		9,09	
	Depreciation expense or depletion (see page 6-2)	21	53,326.							
4 1	1 QZI EXPENSES. AND WHOS 13 AND 20	-								
22	income or (loss) from rental real estate		* *							
	or royally properties. Subtract line 21	1 1								
	from line 3 (reals) or line 4 (royallies).									
	If the result is a (loss), see page E-2 to		<3,463.>						- 0	
	find out if you must the Ferm 8198	22	\3/203.							
23	Deductible rental real estate less. Coulies:		-							
	Your rental real estate loss on line 22 may				1					
	be limited. See page E-3 to find out if you									
	must file Ferm 8582. Real estate professionals must complete line 42 on page 2	***	<3,463.>							
	***************************************	23					24			
	Income. Add positive amounts shown on line 2		•	Cha belot to			25 (3,46	37
	Louses. Add royally losses from in 22 and not	A	and the state of t			· · · · · · · · · · · · · · · · · · ·			. , 1 0	
-	Total control with such and such from or he	To the state of th	CONCOME MARCHANIA CONTRACTOR	Aug. 6 V Days	The second second	70.77.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		7.0	18 TH
	If Parks E. M. IV, and Say 35 on page 240 and a			PAR 1640, **				e :	3,46	3.5
	line 17. Otherwise, include this amount in the tot				*****		. 25		, , 20	

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reliana ma	es and entire passes, and assisting	ء است بانت	maket.	*******		11			15			7
	TE PARTIE	1977 - Hander March Parks of States	*****	- 4	1	Market (10.00	***	- providence	F- 1074			======================================
otas Il you report a	mounts from farming	r felting on Sch	edule E you	must enter your o	7025	ncome i	nom thous	acate (C		1 210 41 bek	· ·	-
ed Estate professio	nals must complete lir	10 42 below.										
aft Incom	e or Loss From	Partnership:	s and S Co	rporations N	lote: /	f you rep	ort a loss	from an	et-n	isk activity, y	rou MUS	7
check a	ither column (8) or (1)	of line 27 to des	cribe your inv	estment in the ac				700 (1) ye	ou m	ust attach F	AND THE PROPERTY.	
		(a) Name			(D) Enter Piter gyverskip: \$	(6) Check if foreign pertnership			ployer tion number	imasim (a) Al	MAR ASOT BA
EFFICIEN	CY LODGE				lo	S comporation S	pertnership	7		domingraper	9 (4)	37
AUSTELL			-		_	P	-		-:		X	-
LAWYERS	REALTY ASS	OC.			+	P		-			$\frac{\Lambda}{X}$	-
	BROWNING TAI	NKSLEY &	CASUR			P					$+\frac{x}{x}$	-
ARC ENTE	ERPRISES					P					X	
	Passive Income ar	nd Loss				Nonp	essive Inc	some a	nd L	065		
	ve loss allowed n 8582 if required)		ive income bedule K-1	(i) Nonpassive from Schedule		"	ction 179 of deduction on Form 4			(k) Nonpassi from School		8
		32	29,744.				5.	668.	-			
						1 -						
			6,262.									
ļ				8,4	103	•	3,	220.		80	5,06	0.
	3,97											
Totals	3,97		36,006.							80	5,060	0.
Totals	·	1.		8,4	103.	<u></u>	8,1	888.				
	and (k) of line 28a (i), and (j) of line 28b	•••••••	·····	***************************************	••••••		••••••		23	1,14		
	and S corporation income	a or /loce\ Combi		20 Estartha		• • • • • • • • • • • • • • • • • • • •			30	Z.	1,262	2 .)
	dude in the total on line 4		## ## <i>C7 #</i> N	30. ENGT (188					31	1,119	3 80/	(
income	or Loss From Es	states and T	rusts	***************************************		•••••			31	1 1/11/	7004	•
									T	(b) Emp	niover	
7071		•) Name							identificatio		r
ESTATE O	F CLYDE GOV	AN										D
	<u> </u>			·····								
4.5		come and Los						sive Inc	COLEM	and Loes		
	e deduction or loss allow a Form 8682 if required)	●ď	(d) Passiv	e income hadule K-1	(4	(e) Deduction or loss (f) Other income from Schedule K-1 Schedule K-1						
	,		10100			11011						
								 -}-				
Tetals												
Tetals							•					
Add columns (d) as	nd (f) of line 332								34			en en en en
Add columns (c) as	nd (e) of line 33b	•••••••	••••••	• • • • • • • • • • • • • • • • • • • •		•••••			35	()
include in the total			*****************						36			
EL SICUIDO	or Loss From Re	[]							Ual	Holder		
(a) A	Т агте	(b) Employ identification) Excess inclusion Schedules Q, line		loss) fro	de income m Schedel line 1b	es Q,		(a) Income in Schedules (),	om line 3b	
1 de 1 1 de 1		1			-	. #						
Cambine columns (Surmmer	d) and (e) only. Enter the	result here and in	chade in the tota	on line 40 below	1							
	me or (loss) from Ferm 4	ISS Alea	lada Kan da tir									
		-			4044					1 112	241	
Becognitistion of F	oss). Combine lines 26, 3 prining and Fishing Inco	11, 30, 35, 276 35. 286 - Fater Many	CHIEF THE PISCE 	i mere and on Form	1040.	me 17			10	1,116,	, 341.	
	Form 4835, line 7; Sched											#64?
	ine 23; and Schedule K-1				41					963 2343		
,,		· ····	/ }		** 1			gc.3002			water the control of the	200000

42 Reconciliation for Real Estate Professionals. If you were a real estate professional solute the set income or pass) yes assemble acquired anything all Figure 1949 from all restat real estate activities in which you restatefully participated under the passion activity loss rules

1900 Income from Passtirroughs

EFFICIENCY LODGE

I.D. NUMBER:

TYPE: S CORPORATION

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE	INC	OME
SECTION	179	DEDUCTION

329,744

-5,668

NET INCOME (LOSS) FOR PASSTHROUGH ENTITY

324,076

ACTIVITY INFORMATION:

EFFICIENCY LODGE

OTHER PASSIVE ACTIVITY

ORDINARY INCOME (LOSS)

329,744

SCHEDULE E ACTIVITY INCOME (LOSS)

329,744

the second of th

OTHER K-1 INFORMATION:

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

the regime in the Procedure agin

3. J. 72.

AUSTELL PTRS.
I.D. NUMBER:
TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

AUSTELL PTRS.

OTHER PASSIVE ACTIVITY

400 Income from Passtigotights

LAWYERS REALTY ASSOC. I.D. NUMBER:

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

LAWYERS REALTY ASSOC.

RENTAL REAL ESTATE - ACTIVE PARTICIPATION

RENTAL REAL ESTATE INCOME (LOSS)

6,262

SCHEDULE E ACTIVITY INCOME (LOSS)

6,262

TAX PREFERENCE ITEMS:

OTHER K-1 INFORMATION:

INTEREST

18.00 6 2 1

1,427

1985 Income from Jacknow

BARNES BROWNING TANKSLEY & CASUR

I.D. NUMBER:		1.34
TYPE: PARTNERSHIP		
TAXABLE INCOME (LOSS) SUMMARY:		
NONPASSIVE LOSS ALLOWED		-8,403
SECTION 179 DEDUCTION NONPASSIVE INCOME		-3,220 805,060
NET INCOME (LOSS) FOR PASSTHROUGH ENTITY		793,437
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		THERE'S
ORDINARY INCOME (LOSS)	805,060	
SCHEDULE E ACTIVITY INCOME (LOSS)	805,060	
•		

The second of

9350 - 1 A -

OTHER K-1 INFORMATION:

CONTRIBUTIONS - 50% LIMITATION HEALTH INSURANCE PREMIUMS SELF-EMPLOYMENT EARNINGS (LOSS)

1,357 1,092 805,060

1990 Income from Francisco Control

ARC ENTERPRISES

I.D. NUMBER

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

_		_
אסת	ENTERPRISE	C
ARL	CHICKERISE	Э.

DENIMAT	DEAT	PCMAMP		ACM TYP	PARTICIPATION
RENTAL	REAL	ESTATE	-	AUTIVE	PARTICIPATION

-3,971

SCHEDULE E ACTIVITY INCOME (LOSS)

-3,971

ALLOWABLE PASSIVE LOSS FROM FORM 8582

-3,971

ome from Pagethroughs

I.D. NUMBER:

TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

ESTATE OF CLYDE GOVAN

OTHER K-1 INFORMATION:

INTEREST DIVIDENDS

1996 Income from Passilar

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST DIVIDENDS SHORT-TERM CAPITAL GAIN (LOSS) SELF-EMPLOYMENT EARNINGS (LOSS) (CALCULATED) DEDUCTIONS:	6,895 457 15,525 793,437
CONTRIBUTIONS - 50% LIMITATION HEALTH INSURANCE PREMIUMS	1,857
INVESTMENT INTEREST EXPENSE:	1,092
INVESTMENT INCOME	
TAX PREFERENCE ITEMS:	5,501

	A STATE OF THE STA	10 (0.7)			A CONTRACTOR OF THE PARTY OF TH	
Asset			Beschille	of property		
Number	Date Med placed in service	hod/ Life Li sec. or rate N	ine Cost or io. Other basis	Basis reduction de	Accumulated preciation/amortization	Current year deduction
1	FURNACE 0 1,0 1,85 PRI	E 5.00 19	9 1,300.		1,300.	0
2	FENCE 01,01,86PRI	E 5.00 19			240.	0
3	FURN & FIX 010186PRI	X			363.	0
4	BLDG					
5	020184PRI HOUSE (LOT	8000)			97,750.	5,750
6	090181PRI HOUSE (LO	E 15.00 19 OT 12,000	9 46,345.		44,491.	1,854
7	112886PRI CARPET		40,000.	-	23,400.	1,680
	0701876L	27.5017	1,600.		491.	58
	APPLIANCE 070187SL	27.5017	7 729.		228.	27
	FENCE 07,01,875L	27.5017			262.	31
10	668 BARNES 0101886L	5 DRIVE (1 27.5017			13,283.	1,669
11	HVAC 070192200				1,939.	252
12	HVAC					653
13	070193200 HOLLY SPRI	INGS HOUSE			2,940.	
14	070194SL LOT	27.5017	93,089.		4,936.	3,385
15	IMP MARAN	LANE	10,000.			0
17	0601 95 5L	27.5019			543.	931
	070196EL	27.5019	<u> </u>			593
	HV AC AUST 070196SL	27.5019	2,256.			41
19	CARPET MOR 307,04,965L	5.00 19	1,299.			130
	MABLE LAKE 04,1596SL	DRIVE				970.
	MABLE LAKE		T.			0.
	581 MARAN					
	1025966L 581 MARAN	27.5019 LANE LOT			ere en en en en en en en en en en en en en	243.
24	5342 FLOYD	ROAD	5,000.			0.
	090196SL 5342 FLOYD	27.5019				824.
- 23	1 1 6		7,000.			0.
×			<u> </u>			
	TOTAL SCH	E DEPREC	IATION 590,260.	September 19 Miles	192,166	19,091.
		10 A 10 C A				

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			A STATE OF THE STA	der Dr		MARKE -BROWN IN	LEANKIE		
Asset					<u>.</u>	Description of	property		
Number		Date placed in service	Method/ IRC sec.	Lille Of rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
16	AU 0	5 ₁ 0 9 ₁ 9 !	5200DB	5.00	20	29,757.		3,060.	4,90
	- 11	LESS	EXCLU	SION	7				
				L		<5,951.⊳		<612.>	<98
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			Ï			23,806.		2,448.	3,92
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						- Maria	(D) - Asset dispos		A 2012

OY E	BARNES —			
	- Long Sch	edule SE		 A STATE OF THE STA
Part I s	elf-Employr	nent Tax		

	line 5a. Income from services you performed as a minister or a member of a religious order is not church employe	se incor	ne. See page St-1.
A	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but more of other net earnings from self-employment, check here and continue with Part I	you had	\$400 or
1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065),		
•	line 15a. Note: Sido this line if you use the farm optional method. See page Str3	1	
2	Net profit or floss) 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		
	No. On the SEC for attenting me to report. Maker Skin this line if you use the nonfarm optional method.		794,737.
	SEE STATEMENT 17	2	794,737.
3	Combine lines 1 and 2	3	733,940.
4=	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	40	133,740.
ь	If you elected one or both of the optional methods, enter the total of lines 15 and 17 here	46	
c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment	1 1	722 040
_	tax. Exception. If less than \$400 and you had church employee income, enter 0- and continue.	4c	733,940.
5a	Enter your church employee income from Form W-2. Caution: See		
•	page SE-1 for definition of church employee income5a		
	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	722 040
	Net earnings from self-employment. Add lines 4c and 5b	6	733,940.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or	1 1	
•	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1996	7	62,700.00
•-	Total social security wages and tips (total of boxes 3 and 7 on Form(s)		
0=	W-2) and railroad retirement (tier 1) compensation		
	and the state of the control of the state of the control of the co		
ь		8c	11,340.
c	Add lines 8a and 8b Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	51,360.
9	Subtract line ac from line 7. If Zero or lines, et line 10 from the 10	6,3 69 .	
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124) Multiply line 6 by 2.9% (.029)	11	21,284.
11	Multiply line 5 by 2.5% (UZ)		
· ·	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 45	12	27,653.
12	Self-employment tax. And lines 10 and 11. Enter nere and oil Form 1919, and		
13	Deduction for one-half of self-employment tax. Multiply line 12 by 13,827		70-3-1 11
	50% (.5). Enter the result here and on Form 1040, line 25	- SPECIAL PROPERTY.	
Pa	Optional Methods To Figure Net Earnings (See page SE3.)	, 	
Fan	n Optional Method. You may use this method only if:		
4 Y	vir groves farm income 1 was not more than \$2,400 er	1 1	
• Yo	our gross farm income ¹ was more than \$2,400 and your not farm profits ² were less than \$1,733.	1 . 1	4 000 00
14	55. Juniti Income for actional methods	14	1,900.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) er \$1,600. Also, include	4 : 1	The same
	this amount on line 4b above	15	
Mon	form Cottonal Method. You may use this method only if:	\$	-, -
- Y	our net nonfarm profits ³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income, ⁴ and		
= Y	ou had not earnings from self-employment of at least \$400 in 2 of the prior 3 years.	1	
	files. You may use this method no more than five times.	1 1	
16	Cultivari line 15 from line 14	16	
17	Enter the amaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on		
17	line 16. Also, include this amount on line 4b above	17	
	EM 10. FEOU, ERARIO UND GENERAL OFF END TO WASTE AND AND AND AND AND AND AND AND AND AND		4 Fr 48551 Fra 164

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.

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

From Schedule C , line 7; Schedule C-EZ, line 1; and Schedule K-1 (Form 1005), line 15c.

1 MA For Passerson's Reduction Act Marks, and Farm 1849 Inchronibans

Department of the Treasury Manual Revenue Service Attack to Form 1860 or Form 1040NFL

Sequence No. 32

Name(s) shown on Form 1040

Your social security number

ROY E & MARIE BARNES

4	Adjustitions and Protectiones		
1	If you stemized 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		
	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 32		02 753
	Taxes. Enter the amount from Schedule A (Form 1040), line 9		97,752.
	Certain interest on a home mortgage not used to buy, build, or improve your home		
	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	-	
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or 21		
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 gein or loss. Enter difference between AMT and regular tax gain or loss		
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.
	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 8	1 1	
13	Tax-exampt 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.		
	Charitable contributions		
	b Circulation expenditures i Mining costs		
	c Depletion j Patron's adjustment		
	d Depreciation (pre-1987) k Pollution control facilities		
	Installment sales I Research and experimental		
	1 Intangible drilling costs		
	g Long-term contracts n Related adjustments	14	
15	Total Adjustments and Preferences. Combine lines 1 through 14	15	99,503.
		1101	
۶	Alternative Minimum Taxable Income		
l G	Enter the amount from Form 1040, line 35. If less than zero, enter as a (loss)	16	986,206.
	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
	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 the B of the worksheet for Schedule & Erom 10/0). The 28	1.0	<30.595.2

Exemption Amount and Alternative Minimum Tax

and line 21 is more than \$165,000, see instructions.)...

21 Alternative Minimum Taxable Income. Subtract line 20 from line 19. (if married filing separately

22 Exemption Associat. (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		
Merried fling jointly or qualifying widowjer) 150,000 45,000	22	0.
Merried fling separately 75,000 22,500		- 1A - 146
If line 21 is over the amount shown above for your filing status, see instructions.	1	the set of
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 fling separately), multiply line 23 by 26% (.26). Otherwise,	l	which,
multiply line 23 by 28% (28) and subtract \$3,500 (\$1,750 if merried fling separately) from the result	24	291,932.
25 Alternative minimum tax foreign tax credit.	*	
28 Tentative minimum tax. Subtract line 25 from line 24	26	291,932.
27 Enter your tex from Form 1040, line 38 (excluding any amount from Form 4972), minus any foreign tax credit		
from Form 1040, line 41	27	365,538.
Marian Marian Marian Maria Mar		
time 27 from the 28. If zero or heat, testig-0. Entire have and on Form 1040, the 49		0.

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						Form 6251, Line 14h																														
	RT				Adjustment	Form 6251, Line 11			1	1,751.	176117													1,751.												
	MINIMUM TAX RECONCILIATION REPORT					Form 6251, Line 9																										-	,			
				S.		Form 6251, Line 6																										·				
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				BARNES	Description		MENTAL BUILDINGS & HOUS	RECTITABLE TRACOKS	AMT DEPR AD.T	AMT NET INCOME		DECIENCY LODGE	A NEGOLAR INCOME		LAWYERS REALTY ASSOC.	INCOME	AMT NET INCOME		ARC ENTERPRISES	REGULAR INCOME	AMT NET INCOME			** TOTAL ADJ & PREF **											100 m	
		Nameta	300		ĘĮ		T				-	ı			KI- LAN	•	*		KI- AKC					***												. **

TAX DEPRESATION REPORT

ASSET UMBER	DESCRIPTION	AMT METHOD	AMT LIFE	REGULAR DEPRECIATION	AMT DEPRECIATION	AMIT Adjustment
	RENTAL BUILDINGS &		 			
	HOUSES					
		SL	15.00	5,750.	5,750.	0.
	HOUSE(LOT 8000)	SL	15.00	1,854.	1,854.	0.
	HOUSE (LOT 12,000					
6)	SL	19.00	1,680.	1,680.	0. 18.
	CARPET	SL	40.00	58.	40.	9.
	APPLIANCE	SL	40.00	27.	18.	10.
	FENCE	SL	40.00	31.	21.	10.
	668 BARNES DRIVE	<u> </u>	40.00	1 660	1,148.	521.
	(LOT 5000)	SL	40.00	1,669. 252.	246.	6.
	HVAC		10.00	653.	524.	129.
12	HVAC	150DB		3,385.	2,327.	1,058.
13	HOLLY SPRINGS HOUSE	<u>P</u>	40.00	15,359.	13,608.	1,751.
	** SUBTOTAL **		-	15,355.	1370001	
	BARNES BROWNING					
	TANKSLEY & CASUR	87.5	<u> </u>	2 020	3,920.	0.
16	AUTO	150DB	D.00	3,920. 3,920.	3,920.	0.
	** SUBTOTAL **	<u> </u>		3,320.	3,320.	
	*** GRAND TOTAL ***					
				19,279.	17,528.	1,751.
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No. 25 23	RULE CONTRACTOR			1		

© Form 1040, 1040A, 1040NF, 1040NF-EZ, 1040-88, or 1041.

▶ See separate instructions.

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 under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this		
	X 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 employe	es?	
	(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.		
P	art Social Security, Medicare, and Income Taxes		
	1.1 5.600		
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 5,600.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	162.
•	The same of the sa		
5	Federal income tax withheld, if any	5	
_	Add Second A could	6	856.
•	Add lines 2, 4, and 5		
7	Advance samed income credit (EIC) payments, if any	7	
			856.
8	Total social security, Medicare, and income taxes. Subtract line 7 from line 6	8	650.
	Did you pay total cash wages of \$1,000 or more in any calendar quarter of 1995 or 1996 to household employees	?	erana Salah di Jeran Jah
•	(De not count cash wages paid in 1995 or 1996 to your spouse, your child under age 21, or your parent.)		
	AL CONTRACTOR STATE OF THE STAT		
	No. Stop. Enter the amount from line 8 above on Form 1040, line 50, or Form 1040A, line 27. If you are no required to file Form 1040 or 1040A, see the instructions.	~	
	s and the time is passed and a second one and a partners on.		
	Yes. Go to Part II on page 2.		
ш	A Co-Donate Deduction And Market are Form 1848 instructions	Sch-	dule H Form 1040) 1986
H	A For Paperwork Reduction Act Notice, see Form 1040 instructions.		

11 Did you pay all states "interruptivement contributions for 1980 by Agint 15, 1997" 12 Wern all surgests that are traceful for FUTA tax to be casable for your state's unemployment tax? Next: If you answered "Nex" to sary of the questions above, complete Section A 13 Name of the state where you paid unemployment contributions 14 State reporting number as shown on state unemployment contributions 15 Contributions paid to your state unemployment fund (see page 4) 16 Total cash wages subject to FUTA tax (see page 4) 17 FUTA tax, Multiply line 16 by .008. Enter the result here, skip Section B, and go to Part III 18 Complete all columns below that apply (a) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d										tions to only an				
atch: If you answered "No" to any of the questions above, stip Section A and complete Section B. Section A If you answered "No" to any of the questions above, stip Section A and complete Section B. Section A GA State reporting number as shown on state unemployment contributions State reporting number as shown on state unemployment fund (see page 4) Total cash wages subject to FUTA tax (see page 4) FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to Part III 17 Complete all columns below that apply (a) (b) (c) (c) (c) (d) (d) (d) (d) (d	X					77	5, 19	Api	r 1996 by	contributions fo	unemployment	ry all state	d you	Di
If you answered "No" to any of the questions above, skip Section A and complete Section B. Section A I Name of the state where you paid unemployment contributions Section A I Name of the state where you paid unemployment fund (see page 4) State reporting number as shown on state unemployment fund (see page 4) I Total cash wages subject to FUTA tax (see page 4) FUTA tax. Multiply line 16 by ,008. Enter the result here, skip Section B, and go to Part III Complete all columns below that apply State reporting number Section B Complete all columns below that apply State reporting number State reporting number Section B Complete all columns below that apply State reporting number State reporting number Section B Complete all columns below that apply State reporting number State reporting number State reporting number Section B Complete all columns below that apply (e) (e) (e) (e) State reporting number State reporting number State reporting number Section B Complete all columns below that apply (f) State reporting number State reporting number Section B Complete all columns below that apply (f) (e) (e) (e) (e) (f) State reporting number State reporting number State reporting number State reporting number Section B Complete all columns below that apply (g) (h) State reporting number of the state of the state of the proving number of the state of the proving number of the state of the proving number of the state of the proving number of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of proving number of pedien, i dealer had a state of the state of pedien, i dealer had 1 and state of the state of pedien, i dealer not of the state of pedien, i dealer not of the state of pedien, i dealer not of pedien, i dealer not of the state of pedien, i dealer not of the state of pedien, i dealer not not state of pedien, it dealer not pedien number of pedien, i dealer not not not not not not no	X				nent tax?									
Section A Name of the state where you paid unemployment contributions State reporting number as shown on state unemployment transfer that seem th					- Cartina D									
Name of the state where you paid unemployment contributions State reporting number as shown on state unemployment tax return Contributions paid to your state unemployment fund (see page 4) Total cash wages subject to FUTA tax (see page 4) 15 FUTA tax. Multiply line 16 by ,008. Enter the result here, skip Section B, and go to Part III 77 FUTA tax. Multiply line 16 by ,008. Enter the result here, skip Section B. Section B Complete all columns below that apply (a) (b) State return a return Section B Complete all columns below that apply (c) (d) State return a return Sum on state state of the s		 			Section B.				ve, sup	e questions and	to to any or a	ISMORBU I	11 900	
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Total cash wages subject to FUTA tax (see line 16 instructions on page 4) Multiply line 21 by 6.2% (.062) Multiply line 21 by 5.4% (.054) Enter the smaller of line 20 or line 23 Enter the smaller of line 20 or line 23 Enter the smaller of line 20 or line 23 Enter the smaller of line 24 from line 22. Enter the result here and go to Part III 25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to Part III 25 Add line 17 (or line 25) and line 26 Are you required to file Form 1040 or 1040.4? 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. 15 Addinese stand Signature - Complete this part only if required. See line 28 instructions on page 4. Apt., room, or safe as part of the page and belief, it is two, correct, and complete page of policy, I declare hell have granted this schedule, including accompanying statements, and to the best of my incustedge and belief, it is two, correct, and complete page of policy, I declare hell have granted this schedule, including accompanying statements, and to the best of my incustedge and belief, it is two, correct, and complete page in the line in the line in the complete page in the line in the line in the line of policy, I declare hell have granted this schedule, including accompanying statements, and to the best of my incustedge and belief, it is two, correct, and complete page in the line in th	***************************************					••••••			•••••••••		••••••			
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FUTA taxx. Subtract line 24 from line 22. Enter the result here and go to Part III Total Household Employment Taxxes Enter the amount from line 8			34									1.2.4		
Enter the amount from line 8		<u> </u>	-					· · · · · · · ·			END 20 OF END 23		LOI UTO	G 1
Enter the amount from line 8			25			HI.	Par	nd c	uit here a	22. Enter the res	ne 24 from line	Subtract li	TA tax	FU
Add line 17 (or line 25) and line 26			A A.											
Add line 17 (or line 25) and line 26											:		1 4	
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Complete Part IV below. No. You may have to complete Part IV. See instructions for details. Addiness and Signature - Complete this part only if required. See line 28 instructions on page 4. Apt., room, or seller es. Apt., room, or seller es. peneties of paging, I declare that I have exemined this schedule, including accompanying statements, and to the best of my incrutege and ballet, it is true, correct, and complete.												•		
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Apt., room, or software of project, if declare that it have granuland this schedule, including accompanying statements, and to the best of my increasing and belief, it is true, correct, and complete	- 12							No.						_
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penalties of paying, I declare that I have gramined this schedule, including accompanying statements, and to the best of my increasings and belief, it is true, correct, and complete					• •				÷			-		
penalties of peopers, I declare that I have grammed this schedule, including accompanying statements, and to the best of my increasings and belief, it is true, correct, and complete	2	2811		1 gray 1 1998						Yes	d 73P code	lice, state, and	or post	
penalties of points; I declare that I have examined this schedule, including accompanying statements, and to the best of my incusings and balled. It is true, correct, and complete made to a state uncorployment fund clifford as a credit was, or is to be, deducted from the payments to employees.				THE T			ý.	A.	ti. Tanggaran	5. SPA:				
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		建设在 各位于2000年的	Version of
		Business in which expenses we	re incurred
l Reimbursements		. 150	. *.
		Column A	Column B
		Other Than Meals and Entertainment	Meals and Entertainment
	1	2,888.	
ling train, bus, etc., that élé not	2		
inht. including lodging airplane car rental.			
the state of the s		1,595.	3.40
ructions.)		77.7	
rough 4 and enter the result. In Column 8,		4,483.	
penses Listed in STEP 1		tine 6 on line 8.	
t to the 50% Limitation	· · · · · · · · · · · · · · · · · · ·	K	**
	. 8	4,483.	
		Marie Con	
	1 62		
	Reimbursements ing train, bus, etc., that did not ght, including lodging, airplane, car rental, rough 3. Do not include mask SEE STATEMENT 19 ructions.) ough 4 and enter the result. In Column 8, expenses in Step 1, skip line 7 and enter the ar penses Listed in STEP 1 in box 1 of Form W-2. In box 13 of your Form W-2.	Reimbursements 1 ing train, bus, etc., that did not 2 ight, including lodging, airplane, car rental, 3 rough 3. Do not include meak SER STATEMENT 19 4 ructions.) 5 ough 4 and enter the result. In Column 8, penses in Step 1, skip line 7 and enter the amount from Decreas Listed in STEP 1 in box 1 of form W-2. In box 13 of your feat W-2. In box 13 of your feat W-2. It to the 50% Limitation	Reimbursements Column A Other Than Meals and Entertainment 1 2,888. ing train, bus, etc., that did not 2 ght, including lodging, airplane, car rental, 3 rough 3. De and include meals SEB STATEMENT 19 4 1,595. ructions.) buyenses in Step 1, stip line 7 and enter the amount from line 6 on line 8. persess Listed in STEP 1 in box 1 of Form W-2. to the 50% Limitation

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	-	The second of the second second second	- Andrew Control of the Control of t		The state of the s
otion A Concret Information				(a) Vehicle	(B) WHEN
Enter the date vehicle was placed in service			11		
? Total miles vehicle was driven during 1996				miles	role:
Business miles included on line 12				miles .	mile
Percent of business use. Divide line 13 by line 12			14	75.00 %	<u>, , , , , , , , , , , , , , , , , , , </u>
5 Average daily round trip commuting distance				miles	nule:
Commuting miles included on line 12		•••••••	18	miles	mile
7 Other personal miles. Add lines 13 and 16 and su	ibtract the total f	from line 12	17	miles	naile.
8 Do you (or your spouse) have another vehicle av	ailable for perso	nal purposes?			Yes!
					No Not applicable
If you are provided with a vehicle, is personal use	during off-duty	hours permitted?		Yes	MO Therman
	_				X Yes 🗀
9 Do you have evidence to support your deduction	?	••••••			
					X Yes
1 If "Yes," is the evidence written?	······································	·····	********************		
ection B Standard Mileage Rate (Use this section	only if you sum	the vehicle.)			
2 Multiply line 13 by 31¢ (.31). Enter the result here	and on line 1. (Rural mail carriers, see	instructions.)	2	
ection C Actual Expenses		(a) Vehicle	, 4		Vehicle
3 Gasoline, oil, repairs, vehicle insurance, etc.	23 **		3,850),	
4.2 Vehicle rentals	24a				
b Inclusion amount	24b				
c Subtract line 24b from line 24a	246				
5 Value of employer-provided vehicle (applies					
only if 100% of annual lease value was					
included on Form W-2.)	25				*
	25		3,850		*
	27	***	2,888	3.	×
a a tra man i i sa Airan San 40 halann	28				X
 Depreciation. Enter amount worn line 30 perow Add lines 27 and 28. Enter total here and on 					
	29		2,888	3.	
ine 1 action B Deproctation of Valuties (Use this section		on the vehicle.)			
		(a) Vehick)	(6)	Vehicle
6 Enter cost or other basis	30				
Enter amount of section 179 deduction	31				
2 Multiply line 30 by line 14	32				
3 Enter depreciation method and percentage	33			(p. 1.5)	
4 Multiply line 32 by the percentage on line 33	600000000000000000000000000000000000000	324			
Add lines 31 and 34	25	, I			
6 Enter the limitation amount from the table			100		
in the line 36 instructions	35		Accept		
in the life 30 instructions	37				
Missippy line 30 by the percentage of the 31	-				
anter this amount on line 25 above	33				
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				

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J + 6 5 34 5

Depreciation and Americation

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- Afficial this form to your return.

Attentional Sequence No. 67

Department in Name(a) shown on return Mar.

Control of the Contro

MANAGEMENT OF STREET

THE PARTY OF THE P

ROY E & MARIE BARNES				L BUSINE			
Part i Election To Expense Certain T		·					17,500
1 Maximum dollar limitation. If an enterp	_	•					17,300
2 Total cost of section 179 property plan							
3 Threshold cost of section 179 propert	•					4	\$200,000
4 Reduction in limitation. Subtract line 3					· · · · · · · · · · · · · · · · · · ·	•	ļ
5 Dollar limitation for tax year. Subtract							17,500
separately, see instructions		T				5	17,300
6 (a) Description of p	property		(D) Cost (D)	reinees only)	(c) Bec		
		1,7	 				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL ALLOWABLE PASS	-THROUGH	SECTION	179	EXPENSE		8,888.	
7 Listed property. Enter amount from lin				7			
8 Total elected cost of section 179 prop				d 7		8	8,888.
9 Tentative deduction. Enter the smaller	-					1	8,888.
O Cerryover of disallowed deduction from						1	
11 Business income limitation. Enter the	***************************************						17,500.
2 Section 179 expense deduction. Add I		· ·) .	8,888.
3 Carryover of disallowed deduction to 1	1997. Add lines 9	and 10, less in	12	▶ 13			
lote: Do not use Part II or Part III below fo ised for entertainment, recreation, or amus	r listed property (automobiles, c	ertain other	vehicles, cellule	er telephones	s, certain co	omputers, or property
Part St. MACRS Depreciation For Ass					Do Not Incl	ude Listed	Property.)
Idita: Excus Deprecision Fol Ass		A - General					
4 If you are making the election under se					the tax year	into one o	r more general asset
accounts, check this box. See instruct	ions						>
<u> </u>	ection B - Gener			(GDS) (See instr	ructions.)	T	<u></u>
(e) Classification of property	(b) Month and year placed in service	(c) Besis for (fourieres/en/ cety - see in	ispreciation softment use structions)	(d) Recovery period	(4) Convention	@ Method	(g) Depreciation deduction
5 a 3-year property	744.49			ļ	ļ <u>.</u>		
b 5-year property		<u> </u>			Sec.	<u> </u>	
c 7-year property		A.			<u> </u>		
d 10-year property					<u> </u>	ļ	
e 15-year property					 -	 	· · · · · · · · · · · · · · · · · · ·
1 20-year property	_				<u> </u>		
g 25-year property		!		25 yrs.	<u> </u>	S/L	
h Residential rental property	1 to 10 to 1			27.5 yrs.	MM	S/L	
	1			27.5 угв.	MM	S/L	
i Nonresidential real property	1 2	74 . 32.		 	MM	8/L	
Million Control Control	4 3	L	ري المساحد المساحد	I ADM Casia	MM	S/L	
	ction C - Alternal	nan nabuscan	un System	Annal (200 Ma	UGCAIOTIS-)		
6 a Class No					1	S/L	
b 12-year		177		12 yrs.	MM	8/L	
c 40 year	7	L		40 yrs.		Mar I	<u> </u>
Other Depreciation (Do Net In				- 4000			
7 GDS and ADS deductions for assets pl	45 2 H ex :	-		NO 1995	***********	17	
8 Property subject to section 168(f)(1) ele	ection	<u> </u>				18	
ACRS and other depreciation		*******************		******************	*************	19	
Summery	<u> </u>					T	
D Listed property. Enter amount from line		4.5 4.5				20	
1 Total. Add deductions on line 12, lines		C				1 _ l	
and on the appropriate lines of your re	記念(と、文字)はなるのでは、これでは、「」。	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The second second	netrictions			3 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
E For annels shown above and placed in	The second of the second of the second	14 Table 1 Tab			A STATE OF		Same Same
portion of the basis attributable to sect				2		e. S estimate	
HA For Paperwesk Reduction Act Not	ice, see page 1 o	f the separate	instructio	11. 1			Form 4882 (1996)

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Depreciation and Americal Including Information on Linted Property

Affect this form to your return.

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Barnes browning tanksley

RUY E & MARIE BARNES		£.	CASUR			
Part Election To Expense Certain	Tangible Property	(Section 179) (Note: If	you have any Tiste	d property, co	mpiete Part	V before you complete Past
Maximum dollar limitation. If an ente	rprise zone busine:	s, see instructions			1	
I Total cost of section 179 property p	laced in service				2	
Threshold cost of section 179 prope	rty before reduction	n in limitation			3	\$200,000
Reduction in limitation. Subtract line	3 from line 2. If zer	o or less, enter -0-		***************************************	4	
Dollar limitation for tax year. Subtrac	t line 4 from line 1.	If zero or less, enter -0	f married filing			
separately, see instructions			****	*************	5	
(a) Description o	property	(b) Cost (outliness only)	(c) Dec	and cost]
]
	·				····	
				 		
Listed property. Enter amount from I	no 27			······································		#
Total elected cost of section 179 pro	perty. Add amount	s in column (c), lines 6 ar	nd 7		8	
Tentative deduction. Enter the smalle Carryover of disallowed deduction for						1
		- In a new / - A I Ab			10	1.0
Business income limitation. Enter the Section 179 expense deduction. Add	STREET OF DUSINESS	s income (not less than a	tero) or line 5		11	
Carryover of disallowed deduction to	1997 Add lines to	oo not enter more than and 10 less line 12	me 11		12	
C Do not use Part II or Part III below i	or listed connects /s	udomobiles certain othe	cushishes and	r tolenhose	- cartaín c	may dom as a monda
A THE PROPERTY OF THE PROPERTY OF THE	19 01 (1011). (15(0)) , (ISB PER V FOR ESTED DIOD	erty.			
MACRS Depreciation For As	sets Placed in Ser	vice ONLY During Your	1996 Tax Year	Do Not Incl	ude Listed	Property.)
	Section	A - General Asset Acc	ount Election			
If you are making the election under a accounts, check this box. See instruc	ection 168(I)(4) to g	roup any assets placed	in service during	the tax year	into one o	more general asset
		I Depreciation System	KON Kara irada			
	8ti Month and	(c) Basis for depreciation	T	ucuons.)		· · · · · · · · · · · · · · · · · · ·
(a) Classification of property	year placed in service	business/investment use only - see instructions	(d) Recovery period	(a) Convention	# Method	(g) Depreciation deduction
3-year property				 		
5-year property	100			 	-	
7-year property			 			
f 10-year property			 	 		
15-year property			 	 		56.5.
20-year property						
25-year property			25 yrs.		S/L	
	/		27.5 yrs.	ММ	S/L	
Residential rental property	, , , , , , , , , , , , , , , , , , , 		27.5 yrs.	MM	S/L	
	,	Ş ·	7 10 10	MM	S/L	
Nonresidential real property				MM	S/L	······································
3	cion C - Alternath	re Depreciation System	(ADS) (See inst		<u> </u>	
Class No					S/L	
12-year (%) (%)			12 yrs.		S/L	Ogs.
40 year	120	NAME OF THE PARTY	40 yrs.	MM	S/L	
Other Depreciation (Do Not le	clude Listed Proc	erty) (200)	ender o			· · · · · · · · · · · · · · · · · · ·
EOS and ADS deductions for assets p					17	······································
roperty subject to section 168(f)(1) at				***********	18	
CRS and other depreciation		***************************************		************	19	
Summery			***************************************		. 19	
isted property. Enter amount from line	26				. 20	3,920.
			• • • • • • • • • • • • • • • • • • • •		. 0	3,320.
	15 and 18 in ant-	n 600 and Enes 47 there	nh 20 Endan La-			
nd on the appropriate lines of www	15 and 16 in colum	n (g), and lines 17 through	gh 20. Enter here)		
and on the appropriate lines of your re	um. Partnerships a	nd 8 corporations - age	ph 20. Enter here Instructions		. 21	3,920.

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Attach to Form 1040 or Form 1041,

7,434.

Form 8582 (1996)

Name(s) shown on return

identifying number

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	BARNES

ROY E & MARIE BARNES				
1996 Passive Activity Loss Caution: See the instructions for Worksheets 1 and 2 on page 8 bel	fore completing P	Part I.	* *******	
Rental Real Estate Activities With Active Participation (For the definition of a Active Participation in a Rental Real Estate Activity in the instructions.)				
1a Activities with net income (from Worksheet 1, column (a))	<u>1a</u>	6,262.		
♣ Activities with net loss (from Worksheet 1, column (b))	1b	<7,434.		4
c Prior year unallowed losses (from Worksheet 1, column (c))	1c			Carrest Constants
d Combine lines 1a, 1b, and 1c	***************************************		10	<1,172
All Other Passive Activities				FEET STATES
2a Activities with net income (from Worksheet 2, column (a))	20	329,744.		
le Activities with net loss (from Worksheet 2, column (b))	25			
e Prior year unallowed losses (from Worksheet 2, column (c))	2c			¥WY25
€ Combine lines 2a, 2b, and 2c		باشار خ	26	329,744
3 Combine lines 1d and 2d. If the result is not income or zero, see the instruct line 1d are losses, go to line 4. Otherwise, enter 0- on line 9 and go to line 1 Special Allowance for Rental Real Estate With Activ Note: Enter all numbers in Part II as positive amounts. See page 9 of	o e Participatio	<u></u>	3	328,572
4 Enter the smaller of the loss on line 1d or the loss on line 3		. 4		
5 Enter \$150,000. If married filling separately, see the instructions	5			4
Enter modified adjusted gross income, but not less than zero				
Mote: If line 6 is equal to or greater than line 5, sldp 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			
Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions			8	
Enter the smaller of line 4 or line 8	, ef			
Enter the smeller of line 4 or line 8				w X -
and the state of t		- N. W. W.	T	

11 Total losses allowed from all passive activities for 1998. Add lines 9 and 10. See the instructions

to find out how to report the losses on your tax return

LHA For Paperwork Reduction Act Notice, see separate instructions.

DESCRIPTION CONTRACTOR

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

1998

Name(s) shown on return

identifying number

ROY E & MARIE BARNES

e de transcription de la company de la compa

Part I 1996 Passive Activity Loss Caution: See the instructions for Worksheets 1 and 2 on page 8 before	re completina l	Part I.		
Rental Real Estate Activities With Active Participation (For the definition of ac Active Participation in a Rental Real Estate Activity in the instructions.)				
1a Activities with net income (from Worksheet 1, column (a))	19	6,262		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
b Activities with net loss (from Worksheet 1, column (b)).	1ь	<5,683	<u>.</u> }	
c Prior year unallowed losses (from Worksheet 1, column (c))	1c	· .		
d Combine lines 1a, 1b, and 1c	**************************		16	579
MI Other Passive Activities				
2a Activities with net income (from Worksheet 2, column (a))	28	329,744.		1 Control (1) Cont
b Activities with net loss (from Worksheet 2, column (b))	25			
c Prior year unallowed losses (from Worksheet 2, column (c))	200	·	. 2	
d Combine lines 2a, 2b, and 2c			2d	329,744
3 Combine lines 1d and 2d. If the result is not income or zero, see the instruction line 1d are losses, go to line 4. Otherwise, enter 0- on line 9 and go to line 10 [2016] Smooth Allowance for Double Double Allowance for Double Double Allowance for Double Double Allowance for Double Double Allowance for Double Double Allowance for Double Double Allowance for Double Doub)		3	330,323
Special Allowance for Rental Real Estate With Active Note: Enter all numbers in Part II as positive amounts. See page 9 of the	_			
4 Enter the smaller of the loss on line 1d or the loss on line 3			4	
5 Enter \$150,000. If married fling separately, see the instructions	5	, .		
Enter modified adjusted gross income, but not less than zero				
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	· .		
Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions			8 %	
			1	

• Enter the smaller of the 4 or the 8

			N. o.
10	Add the income, if any, on lines 1a, and 2a and enter the total	10	
		20	
11	Total losses allowed from all pessive activities for 1998. Add lines 9 and 10. See the instructions		
	to find out how to report the losses on your tax return	44	5.683.

HA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (1996)

- Table



FOR	1-1040	PERSON	AL EXEMPTIO	n morrones		DIV	TERENT
		\$.[**				şii -	-
1.		ORM 1040, 1	LINE 32, MO	RE THAN TH	E AMOUNT	SHOWN	ON LINE 4
	BELOW FOR YOUR FIL	ING STATUS	?				
	NO. STOP. MULTIPL	Y \$2,550 B)	Y THE TOTAL	NUMBER OF	EXEMPTIO	NS CLA	IMED ON
	FORM 1040, LI YES. GO TO LINE 2.	NE OD, AND	ENTER THE	RESULT ON	LINE 36.		
2.	MULTIPLY \$2,550 BY		NIIMRED OF	EVENDATONO	CTATMED		
	ON FORM 1040, LINE	6D	MOIDER OF	EXEMPTIONS	CLAIMED		10,200
3.	ENTER THE AMOUNT F	ROM FORM 10	040. LINE 3	• • • • •	1 137 70	າ	10,200
4.	ENTER THE AMOUNT F	OR YOUR FIL	LING STATUS		176.95	0.	
	MARRIED FILING S	EPARATE		88,475	1/0/33	•	
	SINGLE			117,950			
	HEAD OF HOUSEHOLI	D ·	S	147.450			
	MARRIED FILING JO	DINT OR WID	OW(ER) ST	176.950			
5.	SUBTRACT LINE 4 FRO	OM LINE 3			960,83	2.	
	IF LINE 5 IS MORE ?	THAN \$122,5	600 (\$61,25 0) IF	•		
	MARRIED FILING SEPA	ARATE) ENTE	R ZERO				
_	ON FORM 1040, LINE	36.					
b •	DIVIDE LINE 5 BY \$2	2,500 (\$1,2	50 IF MFS)	• •			
/ •	MULTIPLY LINE 6 BY AS A DECIMAL	2% (.02) A	ND ENTER TH	ie result			
	AS A DECIMAL.						
Ω.	MIII TOTO T TAND 2 DV	TTME 7	• • • • • •	• • • •			
8.	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO	LINE 7 .		ORM 1040, I			0.
9.	MULTIPLY LINE 2 BY	LINE 7 .	TOTAL TO FO		LINE 36.	STAT	
9.	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO	LINE 7 .			INE 36.	STAT	O. EMENT 2
9. FORM	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO	LINE 7 .	TOTAL TO FO		INE 36.		EMENT 2
8. 9. FORM	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER	LINE 7 .	TOTAL TO FO		INE 36.		EMENT 2
9. FORM	SUBTRACT LINE 2 BY 1040 OF PAYER FIRST SECURITIES	LINE 7 . OM LINE 2. TAX	TOTAL TO FO		JINE 36.		EMENT 2
9. FORM	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER FIRST SECURITIES	LINE 7 . OM LINE 2. TAX	TOTAL TO FO		JINE 36.		EMENT 2
9. FORM	SUBTRACT LINE 2 BY 1040 OF PAYER FIRST SECURITIES	LINE 7 . OM LINE 2. TAX	TOTAL TO FO		JINE 36.		EMENT 2 MOUNT 400.
9. FORM NAME WHEA'	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER F FIRST SECURITIES L TO FORM 1040, LIN	LINE 7 . OM LINE 2. TAX	TOTAL TO FO	EREST			EMENT 2 MOUNT 400.
9. FORM NAME WHEA'	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER FIRST SECURITIES L TO FORM 1040, LIN	LINE 7 . OM LINE 2. TAX	TOTAL TO FO	EREST		A	EMENT 2 MOUNT 400.
FORM NAME WHEAT	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER F FIRST SECURITIES L TO FORM 1040, LIN	TAX	TOTAL TO FO	EREST		A	EMENT 2 MOUNT 400.
FORM NAME NHEAT	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER FIRST SECURITIES L TO FORM 1040, LIN	TAX	TOTAL TO FO	EREST	L D	A	EMENT 2 MOUNT 400.
FORM VAME VHEA	MULTIPLY LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER FIRST SECURITIES L TO FORM 1040, LIN	LINE 7 . OM LINE 2. TAX	TOTAL TO FO -EXEMPT INT IVED AND TAX	EREST XES WITHHE	LD CITY	STATI	EMENT 2 MOUNT 400. 400. EMENT 3
FORM NAME NHEA	SUBTRACT LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER FIRST SECURITIES L TO FORM 1040, LIN 1040 PLOYER'S NAME	TAX	TOTAL TO FO -EXEMPT INT IVED AND TAX FEDERAL TAX WITHHELD	EREST XES WITHHE STATE TAX WITHHELD	CITY SDI	STATI	EMENT 2 MOUNT 400. 400. EMENT 3
FORM NAME NHEAT	SUBTRACT LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER FIRST SECURITIES L TO FORM 1040, LIN 1040 PLOYER'S NAME SERAL ASSY. OF GA	TAX TAX TAX AMOUNT PAID 8,980.	TOTAL TO FO -EXEMPT INT IVED AND TAX FEDERAL TAX WITHHELD 957.	EREST XES WITHHE STATE TAX WITHHELD 214.	CITY SDI	STATI	EMENT 2 MOUNT 400. 400. EMENT 3 MEDICARE TAX
FORM NAME NHEA	SUBTRACT LINE 2 BY SUBTRACT LINE 8 FRO 1040 OF PAYER FIRST SECURITIES L TO FORM 1040, LIN 1040 PLOYER'S NAME	TAX	TOTAL TO FO -EXEMPT INT IVED AND TAX FEDERAL TAX WITHHELD	EREST XES WITHHE STATE TAX WITHHELD	CITY SDI	STATI FICA TAX	EMENT 2 MOUNT 400. 400. EMENT 3 MEDICARE TAX
FORM NAME WHEA	SUBTRACT LINE 8 FRO 1040 OF PAYER FIRST SECURITIES L TO FORM 1040, LIN 1040 PLOYER'S NAME SERAL ASSY. OF GASERAL ASSY.	TAX TAX TAX AMOUNT PAID 8,980.	TOTAL TO FO -EXEMPT INT IVED AND TAX FEDERAL TAX WITHHELD 957.	EREST XES WITHHE STATE TAX WITHHELD 214.	CITY SDI	STATI FICA TAX 557.	MOUNT 400. 400. EMENT 3 MEDICARE TAX 130. 34.

The state of the s		Har . Sape.	Service Constitution	***
SCHEDULE A STATE AND L	OCAL INCOME T	AXES	STATEMENT	
		(4.2)		1.3.31
DESCRIPTION			AMOUNT	
GENERAL ASSY. OF GA GENERAL ASSY. OF GA GEORGIA TAX PAYMENTS			90,6	214. 94. 528.
TOTAL TO SCHEDULE A, LINE 5			90,9	36.
SCHEDULE A CASH CO	ONTRIBUTIONS		STATEMENT	5
DESCRIPTION		AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	`. B
UNION HILL UNITED METHODIST CANDLER SCHOOL OF THEOLOGY CASTLEWOOD CHAPEL FIRST UNITED METH. CHURCH YOUNG LIFE	-	500. 5,000. 2,500. 35,000. 1,000.	· .	
MISCELLANEOUS ORGANIZED CHARITIES MUST MINISTRIES UNIV OF GEORGIA FOUNDATION GEORGIA STUDENT EDUCATION FOUNDATION FROM K-1 - EFFICIENCY LODGE FROM K-1 - BARNES BROWNING TANKSLEY 6	a CASUR	640. 5,000. 1,000. 3,412. 500. 1,357.		
SUBTOTALS	-	55,909.		
POTAL TO SCHEDULE A, LINE 15	=		55,90	 09.
	***		g 44 An + 15	**
SCHEDULE A INVESTME	NT INTEREST		STATEMENT	6
DESCRIPTION			AMOUNT	av V
EEORGIA BANKERS OLUMBUS BANK EEORGIA STATE BANK		s.		55. 56.
ISALLOWED INVESTMENT INTEREST PRIOR OUGLAS COUNTY BANK ISALLOWED INVESTMENT INTEREST	YEARS	• .	47,25 7,04 <10,51	10. L1.>
OISALLOWED INVESTMENT INTEREST C/O OTAL TO SCHEDULE A, LINE 13			<47,25 25,95	



				V. 40
SCHEDULE 3	MEDICAL AND DEN	TAL EXPENSES	STAT	EMENT 7
DESCRIPTION		*	A	HOUNT
SELF-EMPLOYED HEALT	H INSURANCE			764.
TOTAL TO SCHEDULE A	, LINE 1			764.

-40	E-E-E-MARIE BAL	A CONTRACTOR OF THE PROPERTY O				
****	E-Might Street, copied State on the		Control of the contro	Photography of the Control of the Co		-7
SCHE	DULB A	itemi sed- di	EDUCTIONS WORKSHEET	and the second	STATEMENT	1377

1.	ADD THE AMOUNT	S ON SCHEDULE A	LINES 4, 9, 14, 18,			
_	19, 26, AND 27			• • • •	182,1	71.
2.	ADD THE AMOUNT	S ON SCHEDULE A, ING LOSSES INCLU	, LINES 4, 13, AND 19 JDED ON LINE 27		25,9	56
3.	PLUS ANI GAMBL	ING LUSSES INCLU 2 FROM LINE 1. 1	IF THE RESULT IS ZERO		23,7	50.
٥.			ROM LINE 1 ABOVE ON	•		
	SCHEDULE A, LI	NE 28			156,2	15.
4.	MULTIPLY LINE	3 ABOVE BY 80%	(.80)	124,972.		
5.	ENTER THE AMOU	NT FROM FORM 104	10, LINE 32 1	,137,782.		
6.		(\$58,975 IF MAF		117 050		
				117,950.		
7.		6 FROM LINE 5. 1				
	IS ZERO OR LES	S, STOP HERE; EN OVE ON SCHEDULE	TER THE AMOUNT	,019,832.		
8.		7 ABOVE BY 3% (.	•	30,595.		
9.		LER OF LINE 4 OF	,		30,5	95.
SCHEI	DULE B	NONTAXA	ABLE DISTRIBUTIONS		STATEMENT	9
					w 7	
NAME	OF PAYER				AMOUNT	
WII.I.	IAMS ALEXANDER	& WALKER		% (1	13.
TOTAL	L TO SCHEDULE B	, LINE 8			1	13.
		. Programme and the second sec				
SCHE	DULE B	TAX-EXEMPT I	NTEREST FROM 1099-DI	V	STATEMENT	10
		÷			A MONTH	1
NAME	OF PAYER				AMOUNT	
WHEA!	FIRST SECURIT	IES	e grade		4	00.
TOTAL	L TAX-EXEMPT IN	TEREST FROM 1099	-DIV TO SCHEDULE B,	LINE 5		00.
				:		

SCHEDULE D		2011		TAL GAINS A	NU INSSES	SIAI	EMENT 11
DESCRIPTION	ACQ	UIRED	SOLD	PRICE	COST	Loss	GAIN
SPCA ELEC SYS EXP		/95	07/09/96	10,300.	10,300.		
GREENVILLE SPARTANBURG SC AIRPORT	/	/95	07/01/96	5,100.	5,100.		
CCT HOLDING	07/2	24/95	09/20/96	126,800.	100,000.		26,800.
K MART		28/95	12/20/96	110,546.	75,700.		34,846.
COMMUNITY FINANCIAL CORP	03/1	17/89	10/21/96	29,999.	31,503.	1,504.	
TOTAL TO SCH. D, 1	PART	II, I	INE 9	282,745.	222,603.	1,504.	61,646.

SCHEDULE -D	CAPITAL LOSS CARRYO	VER	STATEMENT 12
7.5			006 206
1. ENTER THE AMOU	INT FROM FORM 1040, LINE 35	A DOCTORNE AMOID	. 986,206. T. 3,000.
2. ENTER THE LOSS	FROM SCHEDULE D, LINE 19, AS	A POSITIVE AMOUN	. 989,206.
3. COMBINE LINES	1 AND 2. IF ZERO OR LESS, ENTE	SR -U	3,000.
4. ENTER THE SMAL	LLER OF LINE 2 OR LINE 3	, 	. 3,000.
5. ENTER THE LOSS	FROM SCHEDULE D, LINE 8, AS A	A POSITIVE AMOUNT	•
	, IF ANY, FROM SCHEDULE D,		
		• • •	
	INT FROM LINE 4	• • •	
8. ADD LINES 6 AN	ID 7	• • • • • • • •	•
SUBTRACT LINE	8 FROM LINE 5. IF ZERO OR LESS	s, ENTER -0	•
O. ENTER THE LOSS	FROM SCHEDULE D, LINE 17, AS	A POSITIVE AMOUN	T. 272,310.
_	I, IF ANY, FROM SCHEDULE D,	13,71	1.
LINE 8	5 FROM LINE 4. IF ZERO OR LES	· ·	- ·
	5 FROM LINE 4. IF BERO OR DEC		0.
3. ADD LINES 11 A		•	. 16,711.
	TAL LOSS CARRYOVER TO 1997.		= • ·
SUBTRACT LINE	13 FROM LINE 10. IF ZERO OR LE	SS, ENTER -0	. 255,599.
ORM 4952	INVESTMENT INTEREST EX	PENSE	STATEMENT 13
ESCRIPTION		CURRENT	CARRYOVER
SORGER DRIVETES		23,706.	
EORGIA BANKERS		5,155.	
OLUMBUS BANK	** \{\bar{\partial}{\partial}\}	566.	
EORGIA STATE BANK	ENT INTEREST PRIOR YEARS	300.	47,256.
OUGLAS COUNTY BAN		7,040.	
OTALS TO FORM 495	i2	36,467.	47,256.
ORM 4952	INCOME FROM PROPERTY HELD FO	R INVESTMENT	STATEMENT 14
ESCRIPTION			AMOUNT
			17 701
nterest income			17,721.
IVIDEND INCOME			8,235.
		•	25 056
OTAL TO FORM 4952	, LINE 4A	_	25,956.
	• • • • • • • • • • • • • • • • • • •	•	
100			

BOX-E-E-MARSH-BARNER

FORM 4952 D1	SALLOWED INVESTMENT INTEREST EXPE	nse statement 1:
DESCRIPTION	e de la companya de l	AMOUNT
SCHEDULE A - C/O SCHEDULE A		47,256. 10,511.
TOTAL TO FORM 4952, LIN	E 7	57,767.
SCHEDULE E	OTHER EXPENSES	STATEMENT 16
RENTAL BUILDINGS & HOUS	ES	
DESCRIPTION		AMOUNT
PEST CONTROL LAWN CARE GARBAGE SERVICE		695. 2,273. 1,661.
TOTAL TO SCHEDULE E, PAG	GE 1, LINE 18	4,629.
SCHEDULE SE	NON-FARM INCOME	STATEMENT 17
DESCRIPTION		AMOUNT
FROM K-1 J. MARSHALL LAW SCHOOL	Andrew Control of the	793,437. 1,300.
TOTAL TO SCHEDULE SE, LI	INE 2	794,737.

FORM 6251-

PASSIVE ACTIVITIES

STATEMENT -18

NET INCOME (LOSS)

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

#### 2 *** *** *** *** *** *** *** *** *		Ar C			
NOT B-S-MARIE BARN	- 10 (Sec.)				
FORM 2106/SBE	OTHER	BUSINESS E	XPENSES		TEMENT -19
ATTORNEY				e seguenti di	
DESCRIPTION					AMOUNT
LEGAL & ACCOUNTING POSTAGE					1,555.
PARKING MISC INSURANCE OFFICE SUPPLIES					40.
TOTAL TO FORM 2106/S		INE 4		***************************************	1,595.
FORM 8582 A	CTIVE RENTAL (OF REAL EST	ATE - WORKSH	EET 1 STA	TEMENT 20
	CURRENT	T YEAR	PRIOR YEAR	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET INCOME	NET LOSS	UNALLOWED LOSS	GAIN	Loss
LAWYERS REALTY ASSOC ARC ENTERPRISES	6,262.	0. <3,971.>	• • • • • • • • • • • • • • • • • • • •	6,262.	<3,971.
RENTAL BUILDINGS & HOUSES	0.	<3,463.>	•		<3,463.
TOTALS	6,262.	<7,434.>	•	6,262.	<7,434.
		15 146.7 147.7			
FORM 8582	OTHER PASSIVE	ACTIVITIES	- Worksheet	2 STA	rement 21

•		CURRENT	YEAR	PRIOR YEAR UNALLOWED	OVERALL GA	IN OR LOSS
NAME OF ACTIVITY	NET	INCOME	NET LOSS	LOSS	GAIN	LOSS
EFFICIENCY LODGE	32	29,744.	0.		329,744.	**************************************
TOTALS	32	29,744.	0.		329,744.	

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



FORM 8582AMT	SUMMA	RY OF PASS	ive act ivi	TIBS - AMT	STAT	EMENT 25
				**************************************		14
R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
EFFICIENCY LODGE		329,744.		329,744.		
ASSOC. X ARC ENTERPRISES	SCH E	6,262. <3,971.	>	6,262. <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 CARRYOVI	ERS ALLOW	ED DUE TO	CURRENT YE	AR NET ACTIV	VITY INCOME	
TOTAL TO FORM 8582	AMT, LINE	11			•	5,683.

STATIONE FOR MATING DECKEL				
1.14-bil grad Sallie agrad daring the country out		18		
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)		S		
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)		\$		
Credit from prior year's return to be credited to this estimate		\$		
10. Estimated tax due this year		\$		
PAYMENT	'S TO BE MADE:			
	4/15/97			
	6/16/97			
	9/15/97		· · · · · · · · · · · · · · · · · · ·	
NOTE: ESTIMATE VOUCHER INFORMATIO SHOULD BE TRANSFERRED TO TH OFFICIAL VOUCHERS.				

7.9

7/2

Page 1

			Calendar year or fiscal year beginning		19	and ending		19	· · · · · · · · · · · · · · · · · · ·
			YOUR FIRST NAME	INITIAL			DEPARTMENT USE	YOUR SOCIAL SECURITY NUMBER	R
		1.	ROY E				ONLY		.
	CORRECT	L	YOUR LAST NAME		SUFFIX		Del	SPOUSE'S SOCIAL SECURITY NO	MBER
	₩ ₩		BARNES				Ext		
ш	<u> </u>	1	SPOUSE'S FIRST NAME	NITIAL					
AE (S)	TEP 1 LABEL PRINT		MARIE					USE BLACK IN	<u>IK.</u>
FOR I	STEP SIA LABI		SPOUSE'S LAST NAME		SUFFIX		CHECK IF		
¥ë.		2.	BARNES ADDRESS UNE 1	the state of the same state of		_	FOREIGN ADDRESS ADDRESS LINE 2		
TA P	S USE GEORGIA I OTHERWISE		4841 BROOKWOOD						
NG S	. 3 :	2	CITY		STATE	ZP CODE	COUNTY	TY IF FOREIGN	
38			MABLETON		GA	30059			
景		4	Use one number only and enter						DENCY ODE
¥8 ¥8			OMIT LINES 8 THROUGH 14 OF 1. FULL-YEAR RESIDENT 2. F					NON-RESIDENT	1
>F	E	-							
84	_		Fill in Filing Status Block with appropriate						LING Atus
S D S		ŀ		ED FILING SEPARATE SPOL OF HOUSEHOLD OR QUALIF			BE ENTEHED ABOVE		В
\$ \frac{1}{2}	9								
ST.	STEP 2 T8	•	Yourud	•••••				ta <u>1,</u>	500.
ATTACH GEORGIA COPY OF WITHHOLDING STATEMENT(S) HERI ALSO, IF TAX IS DUE, ATTACH CHECK ON TOP OF W-2 FORM(S)	ST EXEMPTIONS D DEPENDENTS		. Spouse #8 mented filing jointly is used en	₩ 1500	·····			• 1,	500.
	CEMP.	٥	. Enter sumber of dependents fieled on Fede	rat return 🕨2	X 2500 DO NO	OT INCLUIDE SELF A	NO SPOUSE =	¢c5,	000.
	AND D		Total of Lines Sq. Sb. and Sc. Enter here as	dentino 14	*,			7 8,	000.
•			a amount on line 8 is \$40,000 or more, or you fined to attach a capy of your Federal 1040 p	***********	see then your W	2s, you are			:
		4	Federal adjusted gross income (From Federal	al Form 1040 or 1040A or 10	40EZ)		▶ 8 _	1,137,	782.
	STEP 3	2	Adjustments from Schedule 1. (See instruct	ions on page 5, Line 9					417.
	σŽ		Country and natural arrays because Black total and	line 2 and time 9			10	1,138,	199.
		144	George schwerz grose topone het toes o	(10 0 000 Um 3				2/200/	
		11.	STANDARD Deduction (SEE INSTRUCTION	S-Line 11)		11	•	Uen ETHER Line 11c or Line 12	
			b. Are YOU 65 or over blind	SPOUSE 65 or over	blind	X 700 = 110		(DO NOT WRITE ON BOTH)	
						No.	▶ 11e	,	
	9		c. TOTAL STANDARD deduction (Line 11a	+ (Jane 11b)					
- 1 - 1	₹ 8	**	TOTAL ITEMIZED deductions used in comp	the first and broughts for some					y.*
	STEP			,576. Less	*************	ctions Page 6	▶12=	151,	576.
	DEPL					***************************************			
		11	Subtract either Line 11c or Line 12 from Line	10; enter belance	*******		13	986,	<u>623.</u>
		14	Enter enemption Total trass Line 7				▶ 14	8,	000.
	22.15	4				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		978,	623
3	7467	ų K	The second secon					7,07	
14500£	A)1-16-87				_{₹0} 4		•		7 3-64.

Georgia 1 16. Tax (Use 17. Credits (E 18. Batance (I 19. GEORGIA 20. Paymenta 21c. Low Incom 22. Departmen 23. Total prepa 24. If Line 18 ex	ne 16 less Line 17) If zero or less NCOME TAX WITHHELD (attach a and credits on estimated tax for 19 a Credit (See worksheet after page use only ment credits (Add Lines 19, 20, a credit Line 23 enter BALANCE DL	ount shown on Line 16) From the zero enter z	Schedule 2 page 3	18 19 19 20 21c 22	58,45 30 55,00
Georgia 1 16. Tax (Use 17. Credits (E 18. Batance (I 19. GEORGIA 20. Paymenta 21c. Low Incom 22. Departmen 23. Total prepa 24. If Line 18 ex	isx Table on page 7) iter total but not more than the arr ine 16 less Line 17) If zero or less NCOME TAX WITHHELD (attach is and credits on estimated tax for 19 a Credit (See worksheet after page use only ment credits (Add Lines 19, 20, a	ount shown on Line 16) From the zero enter z	Schedule 2 page 3	18 19 19 20 21c 22	58,45 58,45 30 55,00
16. Tax (Use 17. Credits (E 18. Batance (L 19. GEORGIA 20. Payments 21c. Low Incom 22. Departmen 23. Total prepa 24. If Line 18 ex 25. If Line 23 ex	ist Table on page 7) Iter total but not more than the arr Ine 16 less Line 17) If zero or less NCOME TAX WITHHELD (attach is and credits on estimated tax for 15 a Credit (See worksheet after page use only ment credits (Add Lines 19, 20, at crede Line 23 enter BALANCE DU crede Line 23 enter BALANCE DU	ount shown on Line 16) From: him zero enter zero rithholding statement(s); 96 and Form 560 21a X21b iid 21c)	ichedule 2 page 3	18 19 19 20 21c 22	58,45 58,45 30 55,00
17 Credits (E 18. Balance (L 19. GEORGIA 20. Paymenta 21c. Low Incom 22. Departmen 23. Total prepa 24. If Line 18 ex	ne 16 less Line 17) If zero or less NCOME TAX WITHHELD (attach a and credits on estimated tax for 19 a Credit (See worksheet after page use only ment credits (Add Lines 19, 20, a credit Line 23 enter BALANCE DL	ount shown on Line 16) From: him zero enter zero rithholding statement(s))	Schedule 2 page 3	18	58,45 30 55,00
17 Credits (E 18. Balance (L 19. GEORGIA 20. Paymenta 21c. Low Incom 22. Departmen 23. Total prepa 24. If Line 18 ex	ne 16 less Line 17) If zero or less NCOME TAX WITHHELD (attach a and credits on estimated tax for 19 a Credit (See worksheet after page use only ment credits (Add Lines 19, 20, a credit Line 23 enter BALANCE DL	ount shown on Line 16) From: him zero enter zero rithholding statement(s))	Schedule 2 page 3	18	58,45 30 55,00
18. Balance (). 19. GEORGIA 20. Payments 21c. Low Incom 22. Departmen 23. Total prepa 24. If Line 18 ex	ne 16 less Line 17) If zero or less NCOME TAX WITHHELD (attach of the character of the credits on estimated tax for 19 Credit (See worksheet after page use only ment credits (Add Lines 19, 20, at credit Line 23 enter BALANCE DUccede Line 23 enter BALANCE DUccede Line 18 enter OVERPAYME	hein zero enter zero withholding statement(s)		18	58,45 30 55,00
19. GEORGIA 20. Payments 21c. Low Incom 22. Departmen 23. Total prepa 24. If Line 18 ex	ACOME TAX WITHHELD (attach is and credits on estimated tax for 19 and credit (See worksheet after page use only ment credits (Add Lines 19, 20, attached Line 23 enter BALANCE DURSELINE 18 enter OVERPAYME)	orthholding statement(s)		→ 19 → 20 → 21c → 22	30 55,00
20. Payments 21c. Low Incom 22. Departmen 23. Total prepa 24. If Line 18 ex	o Credits on estimated tax for 19 condition of the Credit (See worksheet after page use only ment credits (Add Lines 19, 20, a conde Line 23 enter BALANCE DL conde Line 18 enter OVERPAYME	96 and Form 560		≥ 20 ≥ 21c	55,00
21c. Low Income 22. Departmen 23. Total prepa 24. If Line 18 ex	Credit (See worksheet after pege use only ment credits (Add Lines 19, 20, a coads Line 23 enter BALANCE DU coads Line 18 enter OVERPAYME	# 21a X21b _		▶ 21c	
22. Departmen 23. Total prepa 24. If Line 18 as 25. If Line 23 as	ment credits (Add Lines 19, 20, a coads Line 23 enter BALANCE DU coads Line 18 enter OVERPAYME	ed 21c)		▶ 2	FF
24. If Line 18 ex	ment credits (Add Lines 19, 20, a ceeds Line 23 enter BALANCE DU ceeds Line 18 enter OVERPAYME	ESTATE			FF 33
24. If Line 18 ex	coade Line 23 enter BALANCE DU	ESTATE		bz	55 AA
24. If Line 18 ex	coade Line 23 enter BALANCE DU	ESTATE			FF ~~
25. If Line 23 ex	coods Line 18 order OVERPAYME				55,30
			•••••••••••••••••••••••••••••••••••••••	24	3,14
1		IT amount		> 2	
26. Amount to b	credited to 1967 ESTIMATED TA	(> 26	
27. Georgia Non (No gift of lea	pame-Endangered Wildlife Conser a then \$1.00 can be processed)	ration Fund	•••••	> 27	
28. Georgie Chil	ren and Elderly Fund Then \$1.00 can be processed)	***************************************		> 2	
	(Estimated Tax Penelty)		<i>:</i>	→ 29	
30. Add Lines 24	27, 28, and 29 Balance due!				3,149
Male check ;	symbio for this amount to GEORGI	A INCOME TAX DIVISION	·····		3,149
	refunded. Line 25 minus Lines 26,			313 schedules and statements, a	

Name: BARNES, ROY E & MARIE

Social Security Number:

	HEDULE 1 ADJUSTMENTS TO INCOME BASE DITIONS TO INCOME	ED ON GEORGIA LAW (see page 5 of instru	ections)	
1.	Interest on Non-Georgia Municipal and State Bonds		. \$	400.
	•			
2.	Lump Sum Distributions		\$	
3.	Other (specify) FIDUCIARY AD	DITION	\$	17.
4.	Total Additions (enter sum of lines 1-3 here)			417
	TOTAL AUDIDIONS (START SURIL OF REES 1-5 INDIS)		•	***
	BTRACTIONS FROM INCOME			
5.	Retirement Income Exclusion	Type of Disability:		
A	Self: Date of Birth	Date of Disability:	2	
,.				
		Type of Disability:		
₿.	Spouse: Date of Birth	Date of Disability:	\$	
6.	Coaist Conseils Bosellis (Touble Darline)		•	
O.	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 hore)	§	•	,
10.	TULK SUPPLICATIONS (GROSS SURF OIL LINES 3-3 HOLE)			
11.	Not Adjustments (Line 4 less Line 10, enter net total he	ere on Line 9 of Page 1) (+ or -)	\$	417.
SCI	EDULE 2 CREDITS FOR LINE 17 PAGE 2			
1.	Other State Credit		\$	
•				
2.	Employer's Credit for Basic Skills Education		\$	<u></u>
3.	Employer's Credit for Approved Employee Retraining		\$:	
	A STATE OF THE STA			
4.	Employer's New Jobs Credit			
5 .	Employer's Credit for Providing or Sponsoring Child Co			
	far Employees	- K-2	····	
6.	Manufacturer's Investment Tax Credit	<u></u>	\$ <u> </u>	
7	Donal Directions Contin	A Company of the Comp	•	
7.	Resral Physicians Credit Enter the Total of Lines 1 through 2 hors and	and the second s	ou colonial de la colonia de l	Mark Butter senson property and the state
	on Unit 17 page 2			
			3.	· Security of the second

Pige 47 cm 500-1996 Schoolds	,		100		
				1 1 1	
Carried Committee Street Com		11 12		: COLUMN 1	

DO NOT USE LINES 8 THROUGH 14-PAGE 1, FORM 50		SIDENTS AND NONRESIDENTS	\$
,	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)	-		All and the second seco
4. Other Income or (loss)			
5. Total Income: Total Lines 1 through 4			
Adjustments to Income:			
Total from Federal Form 1040			
7. Total from Form 500 Schedule 1 page 3 (see instructions Line 9, page 5)			
B. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7			
RATIO: Divide Line 8, Column C by Line 8 Column A Enter percentage			Not to exceed 100%
O. Remized or Standard Deduction (see instructions for Line 10, page 9)			
Personal Examption from form 500 page 1, line 7			
2. Total Deductions and Exemptions: Add Lines 10 and 11			
			••.
3. Multiply Line 12 by Ratio on Line 9 and enter result		-	
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

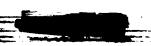
Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

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

Name(s) shown on return

Identifying number

Port of the control o				
1996 Passive Activity Loss Caution: See the instructions for Worksheets 1 and 2 on page 8 before	re completing l	Part I.		
Rental Real Estate Activities With Active Participation (For the definition of act Active Participation in a Rental Real Estate Activity in the instructions.)	ive participatio	n see		
1a Activities with net income (from Worksheet 1, column (a))	1a	6,262.		
b Activities with net loss (from Worksheet 1, column (b))	16	<7,434.		
				-
c Prior year unallowed losses (from Worksheet 1, column (c))	1c	•		
d Combine lines 1a, 1b, and 1c			10	<1,172
All Other Passive Activities				- 5
2a Activities with net income (from Worksheet 2, column (a))	29	329,744.		1965 1 1965 1 1965 1
to Anti-ities with and less flows Wadeshad 2 and was first	25			
b Activities with net loss from Worksheet 2, column (bi)	···· - 			=2
c Prior year unallowed losses (from Worksheet 2, column (c))	2c			
d Combine lines 2a, 2b, and 2c			2d	329,744
Note: Cate of county on in Double or positive amounts Can page 0 of t		on		
Note: Enter all numbers in Part II as positive amounts. See page 9 of t	-		П	
4 Enter the smaller of the loss on line 1d or the loss on line 3	he instructions		4	
4 Enter the smaller of the loss on line 1d or the loss on line 3	he instructions		4	227 227 247
4 Enter the smaller of the loss on line 1d or the loss on line 3	he instructions			
4 Enter the smaller of the loss on line 1d or the loss on line 3	he instructions		4	
4 Enter the smaller of the loss on line 1d or the loss on line 3 5 Enter \$150,000. If married filing separately, see the instructions	he instructions			
Enter \$150,000. If married filing separately, see the instructions Enter modified adjusted gross income, but not less than zero Note: If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter-0-	he instructions			
4 Enter the smaller of the loss on line 1d or the loss on line 3 5 Enter \$150,000. If married filing separately, see the instructions 6 Enter modified adjusted gross income, but not less than zero 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	5 6 7	for examples.		
4 Enter the smaller of the loss on line 1d or the loss on line 3 5 Enter \$150,000. If married filing separately, see the instructions 6 Enter modified adjusted gross income, but not less than zero 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 8 Multiply line 7 by 50% (5). De set enter more than \$25,000. If married filing separately, see instructions	she instructions	for examples.		
4 Enter the smaller of the loss on line 1d or the loss on line 3 5 Enter \$150,000. If married filing separately, see the instructions 6 Enter modified adjusted gross income, but not less than zero 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 8 Multiply line 7 by 50% (5). De set enter more than \$25,000. If married filing separately, see instructions 9 Enter the smaller of line 4 or line 8	she instructions 5 6 7	for examples.		
4 Enter the smaller of the loss on line 1d or the loss on line 3 5 Enter \$150,000. If married filing separately, see the instructions 6 Enter modified adjusted gross income, but not less than zero 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 8 Multiply line 7 by 50% (.5). De set enter more than \$25,000. If married filing separately, see instructions 9 Enter the smaller of line 4 or line 8	she instructions 5 6 7	for examples.		
Enter \$150,000. If married filing separately, see the instructions Enter \$150,000. If married filing separately, see the instructions Enter modified adjusted gross income, but not less than zero 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. Subtract line 6 from line 5 Multiply line 7 by 50% (.5). De set enter more than \$25,000. If married filing separately, see instructions Enter the smaller of line 4 or line 8 Part life Total Losses Allowed Add the income, if any, on lines 1a, and 2a and enter the total	the instructions 5 6 7	for examples.		
4 Enter the smaller of the loss on line 1d or the loss on line 3 5 Enter \$150,000. If married filing separately, see the instructions 6 Enter modified adjusted gross income, but not less than zero 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 8 Multiply line 7 by 50% (5). De set enter more than \$25,000. If married filing separately, see instructions 9 Enter the smaller of line 4 or line 8	the instructions 5 6 7	for examples.		7,434



FORM 8582	ACTIVE P	RENTAL O	F REAL ESTA	TE - WORKSHE	et 1 s	TATEMENT 1
		CURRENT	YEAR	PRIOR YEAR	OVERALL	GAIN OR LOSS
NAME OF ACTIVITY	NET]	INCOME	NET LOSS	UNALLOWED LOSS	GAIN	LOSS
LAWYERS REALTY ASSOC ARC ENTERPRISES RENTAL BUILDINGS &	c. 6	0.	0. <3,971.>		6,262	<3,971.
HOUSES		0.	<3,463.>			<3,463.
TOTALS	6	5,262.	<7,434.>		6,262	. <7,434.3
FORM 8582	OTHER	PASSIVE	ACTIVITIES	- WORKSHEET	2 S:	TATEMENT 2
	c -	URRENT Y	(EA R]	PRIOR YEAR UNALLOWED	OVERALL (GAIN OR LOSS
NAME OF ACTIVITY	NET I	NCOME N	ET LOSS	LOSS	GAIN	LOSS
EFFICIENCY LODGE	329	,744.	0.		329,744.	•
TOTALS	329	,744.	0.		329,744.	
FORM 8582	sul	MMARY OF	PASSIVE AC	CTIVITIES	sī	'ATEMENT 3
R R E A NAME S	FORM OR CHEDULE	GAIN/LO	PRIOR SS YEAR C/O	NET GAIN/LOSS	UNALLOWE LOSS	D ALLOWED
EFFICIENCY LODGE S X LAWYERS REALTY S		329,74	4.	329,744.		
ASSOC.	CHE CHE	6,26 <3,97		6,262. <3,971.	>	3,971.
& HOUSES		<3,46	3.>	<3,463.	>	3,463.
POTALS		328,572	2.	328,572.		7,434.
	y 25					

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· Sec. / A Many

	, T	lwyter dac f-Cut. St.; 1996; wutter: our first name and initial		Last name			V
(See		OY E BARNES			**		Your social security is
page 11.)				Last name	·····		
		a joint return, spouse's first name (ਨ ਨ ਸਾਹਾ		Spouse's social secur			
Use the IRS		ARIE	M				
label.		ome address (number and street)	Apt. no.	For help finding			
Otherwise, please print		841 BROOKWOOD	····	instructions, see			
or type.		ty, town or post office, state, and		u have a foreign address, sec	e page 11.		2 and 3 in the bo
Presidential	L _M	ABLETON, GA 300)59				Yes No Note:
Election Campaign		Do you want \$3 to go to this fun					'Yes' wi
(See page 11.)		If a joint return, does your spous	se want \$3 to g	o to this fund?			reduce y
Filing Status	1	Single					
. imig otatus	2	X Married filling joint return (even if only on	e had income)			
	3		-	se's soc. sec. no. above and	full name here.		
	4	[n). If the qualifying person is		dent, enter th	nis child's
Check only		name here.				.,	-····
one box.	5		dependent child	(year spouse died 🕨 19)).		
F	6a			claim you as a dependent on his		7 Se	No. of boxes
Exemptions	b	X Spouse		· · · · · · · · · · · · · · · · · · ·		······	checked on 6s
	Ţ.	Desendents:	1	(2) Dependent's social	(3) Dependent's		and 60
	·		ant name	security number if born	etationship to	maxima in m your ho	Med No. of your you children on Bc
	ī	MARTHA ALLISON		in Dec. 1996, see inst.	DAUGHTER	h 196	who:
		MARY ALYSSA BAR			DAUGHTER	12	Bleed with you
If more than six	:	THE MOTION DAY	2120	-	PROGRIEK	12	@ didn't live with you due to divorce
dependents,	-			<u> </u>	 		- or separation
see the instructions for line 6c.	-	·		<u>: :</u>			(see instructions)
	-			<u> </u>			Dependents on Sc
	-		200-	<u> </u>	l	l	not entered above
		-					Add numbers entered on
		Total number of exemptions clai		<u></u>		······································	lines above
Income	7	Wages, salaries, tips, etc. Attach		•••••		7	11,
50 ash	82	Taxable interest. Attach Schedu				84	17,
Allack Copy B of your	•	Tax-exampt interest . DO NOT in			80 4	00.	4
Ferms W-2.		Distance income Attack Colored	44 2 2 may 6 26	3 0		i 📥	8,3
	9	Dividend income. Attack Schedu			······································	<u> </u>	
W-26, and	9 10	Taxable refunds, credits, er offsi				16	
						10	
W-26, and	10	Taxable refunds, credits, er offse	its of state and	local income taxes		10	
W-2G, and 1099-R here. If you did not get a W-2, see	10 11	Taxable refunds, credits, or offset Alimony received	ets of state and	local income taxes		10 11 12	<3,0
W-2G, and 1099-R here. If you did not get a W-2, see the instructions	10 11 12	Taxable refunds, credits, er offse Alimony received Business income er (tess). Attac	its of state and th Schedule C o , attach Schedu	local income taxes or C-EZ		10 11 12	
W-2G, and 1099-R here. If you did not get a W-2, see	10 11 12 13 14	Taxable refunds, credits, er offse Alimony received Business income er (less). Attac Capital gain or (less). If required	ots of state and th Schedule C o , attach Schedu orm 4797	local income taxes or C-EZ ule D		10 11 12 13 14	
W-2G, and 1099-R here. If you did not get a W-2, see the instructions for line 7.	10 11 12 13 14 15a	Taxable refunds, credits, or offset Alimony received	alts of state and th Schedule C c , attach Schedu orm 4797	or C-EZ		10 11 12 13 14 15b	<3,0
W-2G, and 1099-R here. If you did not get a W-2, see the instructions for line 7.	10 11 12 13 14 15a	Taxable refunds, credits, or offset Alimony received Business income or (less). Attact Capital gains or (less). If required Other gains or (lesses). Attach Fit Total IRA distributions Total pensions and annuallies	alts of state and th Schedule C c , attach Schedu orm 4797 18a 18a	or C-EZ	Taxable amount (see instr	16 11 12 13 14 15 16 16 16	
W-2G, and 1999-R here. If you did not get a W-2, see the instructions for line 7. Enclose, but do not attach, any payment. Also,	10 11 12 13 14 15a 16a	Taxable refunds, credits, er offset Alimony received	ats of state and th Schedule C c , attach Schedu orrn 4797 15a 16a nerships, S corr	or C-EZ ule D porations, trusts, etc. Attach	Taxable amount (see instr Taxable amount (see instr Schedule E	10 11 12 13 14 15b 17	<3,0
W-2G, and 1099-R here. If you did not get a W-2, see the instructions for line 7. Enciose, but do not attach, any payment. Also, please enciose	10 11 12 13 14 15a 16a 17	Taxable refunds, credits, er offset Alimony received	ch Schedule C c , altach Schedu orm 4797 18a 18a nerships, S cor thedule F	local income taxes or C-EZ ule D porations, trusts, etc. Attach	Taxable amount (see instr Taxable amount (see instr Schedule E	10 11 12 13 14 15 16 17 18	<3,0
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-W.	10 11 12 13 14 15a 16a 17 18	Taxable refunds, credits, er offset Alimony received Business income er (less). Altace Capital gains or (less). If required Other gains or (lesses). Attach Filter fotal IRA distributions Total pensions and annuallies Rental real estate, royalites, parter farm income or (less). Attach Sc Unemployment compensation	ch Schedule C c , attach Schedu orrn 4797 18a 18a nerships, S cor chedule F	local income taxes or C-EZ ule D b porations, trusts, etc. Attach	Taxable amount (see instr Taxable amount (see instr Schedule E	10 11 12 13 14 14 15b 17 18 18	<3,0
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-W.	10 11 12 13 14 15a 16a 17 18 18 18 19	Taxable refunds, credits, or offset Alimony received Business income or (less). Attact Capital gains or (less). If required Other gains or (lesses). Attach Fitotal IRA distributions Total pensions and annuities Rental real estate, royalities, parts: Farm income or (loss). Attach Sc Unemployment compensation Social security benefits	ch Schedule C c , attach Schedu orm 4797 188 189 nerships, S cor chedule F	local income taxes or C-EZ ule D porations, trusts, etc. Attach	Taxable amount (see instr Taxable amount (see instr Schedule E	10 11 12 13 14 14 15b 17 18 18	<3,0
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 Ferm 1048-W, (see the instructions	10 11 12 13 14 15a 16a 17 18	Taxable refunds, credits, er offset Alimony received Business income er (less). Attact Capital gains or (less). If required Other gains or (lesses). Attach Filtotal IRA distributions Total pensions and annuitles Rental real estate, royalites, parts Farm income or (loss). Attach Sc Unemployment compensation Social security benefits Other income. List type and arnother income.	ch Schedule C c , attach Schedu orm 4797 188 189 nerships, S cor chedule F	local income taxes or C-EZ ule D porations, trusts, etc. Attach	Taxable amount (see instr Taxable amount (see instr Schedule E	10 11 12 13 14 14 15b 17 18 18	<3,0
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-W.	10 11 12 13 14 15a 16a 17 18 18 18 19	Taxable refunds, credits, er offset Alimony received Business income er (less). Altact Capital gains or (lesses). Attach Filtotal IRA distributions Total pensions and annuities Rental real estate, royalites, parts: Farm income or (loss). Attach So Unemployment compensation Social security benefits Other income. List type and amount DIRECTOR FEES	ch Schedule C c , attach Schedu orm 4797 18a 18a nerships, S con chedule F	porations, trusts, etc. Attach	Taxable amount (see instr Taxable amount (see instr Schedule E	10 11 12 13 14 15 16 17 18 18 19	<3,0 1,116,3
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 Ferm 1948-V., (see the instructions for line 62).	10 11 12 13 14 15a 16a 17 18 19 20a 21	Taxable refunds, credits, er offset Alimony received Business income er (less). Altace Capital gains or (lesse). Altach Frotal IRA distributions Total pensions and annualles Rental real estate, royalites, parter Farm income or (loss). Altach Sc Unemployment compensation Social security benefits Other income. List type and armod DIRECTOR FEES J. MARSHALL LA	ch Schedule C co., attach Schedule C co., attach Schedule C co., attach Schedule T 18a 1	local income taxes	Taxable amount (see instraction of the control of t	18 11 12 13 14 15 16 17 18 18 19 20 20	<3,0 1,116,:
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 Ferm 1048-V. (see the instructions for line 62).	10 11 12 13 14 15a 16a 17 18 19 20a 21	Taxable refunds, credits, or offset Alimony received Business income or (less). Attack Capital gains or (less). Attack Frotal IRA distributions Total IRA distributions Total pensions and annualles Rental real estate, royalites, parts Farm income or (loss). Attack So Unemployment compensation Social security benefits Other income. List type and armo DIRECTOR FEES J. MARSHALL LAI Add this emounts in the far right of	ch Schedule C co., attach Schedule C co., attach Schedule C co., attach Schedule T 18a 1	local income taxes	Taxable amount (see instraction of the control of t	10 11 12 13 14 15 16 17 18 18 19	<3,0 1,116,:
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TOTAL TRANSPORT		ROY E & MARIE BARNES			MAR No. 1545-0074	200 Z
Contract		Amentidem line St. poljected groot territory			1,137,	782.
tation		Add the number of boxes checked above and enter the total here	was 05 or older,			
Lauoi i		If you are married fling separately and you'r spouse itemizes deductions		> 33a	10 1 6 W	
	,	or you were a dual-status alien, see instructions and check here	•	▶ 33b		
		Remixed deductions from Schedule A, line 28, OR		> 330		
	34	Enter the Standard deduction shown below for your filing status.		tions		
		larger of f you checked any box on line 33a or b or someone co	an claim you as a	}	34 151,	576.
		vour: • Single - \$4,000 • Married filing jointly or Qualifyin	g widow(er) - \$6,7	700	34 131/	3,0.
		● Head of household - \$5,900 ● Married filling separa	tely - \$3 350			
	35	Subtract line 34 from line 32		ľ	35 986,	206.
	36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exer		1	33 , , ,	
		line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the	•	,	36	0.
	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line			37 986,	206.
		Tax. See instructions. Check if total includes any tax from a Fo	***		,	
		b Form 4972		>	365,	538.
Credits	39	Credit for child and dependent care expenses. Attach Form 2441				
	40	Credit for the elderly or the disabled. Attach Schedule R				
	41	Foreign tax credit. Attach Form 1116				
	42	Other. Check if from a Form 3800 b Form 8396				
		Form 8801 4 Form (specify)	! ' ' 1			
	43	Add lines 39 through 42			43	
	44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-		>	44 365,	538.
Other	45	Self-employment tax. Attach Schedule SE			45 27,	653.
axes	45	Alternative minimum tax. Attach Form 6251			46	0.
	47	Social security and Medicare tax on tip income not reported to employer.			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	
	50	Household employment taxes. Attach Schedule H			~~	901.
	51	Add lines 44 through 50. This is your total tax		_	51 394,0)92.
ayments	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.		
tach	54	Earned Income credit. Attach Schedule EIC if you have a qualifying child				
orms W-2,		Nontaxable earned income: amount				
-2G, and		and byes ▶	54			
099-R on le front.		Amount paid with Form 4868 (request for extension)				
		Excess social security and RRTA tax withheld (see inst.)	56			
		Other payments. Check if from a Form 2439 b Form 4136	57			
	55	Add lines 52 through 57. These are your total payments			376,4	29.
lefund	50	If time 58 is more than line 51, subtract time 51 from time 58. This is the am	ount you OVERPA	10	56	
ive it sent rectly to your		Amount of line 59 year want REFUNDED TO YOU			Ĉe .	
ink account!		Routing number & Type: Checking	Savings			
e inst. and fill		Account number				
		Amount of line 59 you want APPLIED TO YOUR 1997 ESTIMATED TAX	<u> </u>			
mount		If fine 51 is more than line 58, subtract line 58 from line 51. This is the AM	OUNT YOU OWE.			
ou Owe		For details on how to pay and use Ferm 1940-V, see instructions	······		2 17,6	63.
		Estimated tax penalty. Also include on line 62	83			
ign (parallies of paylory, I declare that I have examined this return and accompanying school buy on two, correct, and complete. Declaration of properer (other than texpayer) is bee			Heciga.	
ere			Dunko .	Your escapation	· •	•
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