

1998

Label

(See instructions on page 18.)

Use the IRS label.

Otherwise, please print or type.

LABEL HERE	For the year Jan. 1-Dec. 31, 1998, or other tax year beginning 1998, ending 19		OMB No. 1545-0074
	Your first name and initial ROY E	Last name BARNES	Your social security number [REDACTED]
	If a joint return, spouse's first name and initial MARIE	Last name BARNES	Spouse's social security number [REDACTED]
	Home address (number and street). If you have a P.O. box, see page 18. 4841 BROOKWOOD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. MABLETON, GA 30050 30126			▲ IMPORTANT! ▲ You must enter your SSN(s) above.

Presidential Election Campaign (See page 18.)

 Do you want \$3 to go to this fund? ☒ Yes ☐ No
 If a joint return, does your spouse want \$3 to go to this fund? ☒ Yes ☐ No

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

Filing Status

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 18.)

Check only one box.

Exemptions

 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

 b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 19)
MARTHA ALLISON	BARNES	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>
MARY ALYSSA	BARNES	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>

No. of boxes checked on 6a and 6b

2

No. of your children on 6c who:

☒ lived with you

2

☐ did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above

Add numbers entered on lines above

4

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	11,776.
8a	Taxable interest. Attach Schedule B if required	8a	65,468.
b	Tax-exempt interest. DO NOT include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	16,301.
10	Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 3	10	4,850.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D	13	1,583,530.
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
b	Taxable amount (see page 22)	15b	
16a	Total pensions and annuities	16a	
b	Taxable amount (see page 22)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	274,741.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 24)	20b	
21	Other income. List type and amount - see page 24 DIRECTOR FEES 5,638.	21	5,638.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	1,962,304.

Adjusted Gross Income

If line 33 is under \$30,095 (under \$10,030 if a child did not live with you), see EIC inst. on page 36.

23	IRA deduction (see page 25)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	7,011.
28	Self-employed health insurance deduction (see page 28)	28	426.
29	Keogh & self-employed SEP plans and SIMPLE plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	7,437.
33	Subtract line 32 from line 22. This is your adjusted gross income	33	1,954,867.

Tax and Credits**34** Amount from line 33 (adjusted gross income) **34** 1,954,867.**35a** Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind.Add the number of boxes checked above and enter the total here **35a****b** If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 29 and check here **35b** ☐**36** Enter the **larger** of your **Itemized deductions** from Schedule A, line 28, **OR standard deduction** shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent **36** 114,098.**37** Subtract line 36 from line 34 **37** 1,840,769.**38** If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet on page 30 for the amount to enter **38** 0.**39** **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- **39** 1,840,769.**40** **Tax.** See page 30. Check if any tax from **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **40** 392,940.**41** Credit for child and dependent care expenses. Attach Form 2441 **41****42** Credit for the elderly or the disabled. Attach Schedule R **42****43** Child tax credit (see page 31) **43****44** Education credits. Attach Form 8863 **44****45** Adoption credit. Attach Form 8839 **45****46** Foreign tax credit. Attach Form 1116 if required **46****47** Other. Check if from **a** ☐ Form 3800 **b** ☐ Form 8396**c** ☐ Form 8801 **d** ☐ Form (specify) **47****48** Add lines 41 through 47. These are your **total credits** **48****49** Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- **49** 392,940.**Other Taxes****50** Self-employment tax. Attach Schedule SE **50** 14,022.**51** Alternative minimum tax. Attach Form 6251 **51****52** Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 **52****53** Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required **53****54** Advance earned income credit payments from Form(s) W-2 **54****55** Household employment taxes. Attach Schedule H **55** 1,022.**56** Add lines 49 through 55. This is your **total tax** **56** 407,984.**Payments****57** Federal income tax withheld from Forms W-2 and 1099 **57** 1,520.**58** 1998 estimated tax payments and amount applied from 1997 return **58** 439,961.**59a** **Earned income credit.** Attach Schedule EIC if you have a qualifying child**b** Nontaxable earned income: amount **59a** and type **59a****60** Additional child tax credit. Attach Form 8812 **60****61** Amount paid with Form 4868 (request for extension) **61****62** Excess social security and RRTA tax withheld (see page 43) **62****63** Other payments. Check if from **a** ☐ Form 2439 **b** ☐ Form 4136 **63****64** Add lines 57, 58, 59a, and 60 through 63. These are your **total payments** **64** 441,481.**Refund**

Have it directly deposited! See page 44 and fill in 66b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you **OVERPAID** **65** 33,497.**66a** Amount of line 65 you want **REFUNDED TO YOU** **66a** 33,497.**b** Routing number **c** Type: ☐ Checking ☐ Savings**d** Account number**67** Amount of line 65 you want **APPLIED TO YOUR 1999 ESTIMATED TAX** **67****Amount You Owe****68** If line 56 is more than line 64, subtract line 64 from line 56. This is the **AMOUNT YOU OWE**.For details on how to pay, see page 44 **68****69** Estimated tax penalty. Also include on line 68 **69** 0.**Sign Here**

Keep a copy for your records.

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

Your signature

Date

Your occupation

Daytime telephone number (optional)

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

Date

Spouse's occupation

HOUSEWIFE

Paid

Preparer's signature

Date

Check if self-employed ☐

Preparer's social security no.

Preparer's Use Only

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

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

EIN

ZIP code 30064

Child Tax Credit Worksheet - Line 43 (keep for your records)

Name(s): First ROY E & MARIE	Last BARNES	Your SSN [REDACTED]
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1. \$400.00 X <u>2</u> . Multiply and enter the result	1. <u>800.</u>
▲ Enter number of qualifying children	
2. Are you filing Form 2555, 2555-EZ, or 4563 , or are you excluding income from Puerto Rico?	
<input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 34.	2. <u>1,954,867.</u>
<input type="checkbox"/> Yes. Enter your modified adjusted gross income.	
3. Enter the amount shown below for your filing status:	
• Married filing jointly, enter \$110,000	
• Single, head of household, or qualifying widow(er), enter \$75,000	
• Married filing separately \$55,000	3. <u>110,000.</u>
4. Is line 2 more than line 3?	
<input type="checkbox"/> No. Skip lines 4 and 5, enter -0- on line 6, and go to line 7.	
<input checked="" type="checkbox"/> Yes. Subtract line 3 from line 2	4. <u>1,844,867.</u>
5. Divide line 4 by \$1,000. If the result is not a whole number, round it up to the next higher whole number (for example, round 0.01 to 1)	5. <u>1,845.</u>
6. Multiply \$50 by the number on line 5	6. <u>92,250.</u>
7. Subtract line 6 from line 1. If zero or less, stop here; you cannot take this credit	7. <u><91,450.></u>
8. Enter the amount from Form 1040, line 40	8. _____
9. Is line 1 above more than \$800?	
<input type="checkbox"/> No. Add the amounts from Form 1040, lines 41, 42, and 44. Enter the total.	9. _____
<input type="checkbox"/> Yes. Enter the amount from the worksheet below.	
10. Subtract line 9 above from line 8	10. _____
11. Child tax credit. Enter the smaller of line 7 or line 10 here and on Form 1040, line 43	11. _____

Use this worksheet only if you checked "Yes" on line 9 of the worksheet above

1. Add the amounts from Form 1040, lines 41, 42, and 44. Enter the total	1. _____
2. Are you claiming any of the following credits: the adoption credit (Form 8839), the mortgage interest credit (Form 8396), or the District of Columbia first-time homebuyer credit (Form 8859)?	
<input type="checkbox"/> No. Stop here; enter the amount from line 1 above on line 9 of the worksheet above.	
<input type="checkbox"/> Yes. Enter the amount from line 7 of the worksheet above	2. _____
Next, complete Form 1040, lines 52, 59a, 59b, and 62 if they apply to you. Then, go to line 3 below.	
3. Enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your W-2 form(s)	3. _____
4. Enter the total of the amounts from Form 1040, line 27 and line 52, plus any uncollected social security and Medicare or RRTA tax on tips or group-term life insurance. This tax should be shown in box 13 of your W-2 form(s) with codes A and B or M and N .	4. _____
5. Add lines 3 and 4	5. _____
6. Add the amounts from Form 1040, lines 59a and 62. Enter the total	6. _____
7. Subtract line 6 from line 5. If zero, stop here; enter the amount from line 1 above on line 9 of the worksheet above	7. _____
8. Subtract line 7 from line 2. If line 7 is more than line 2, enter -0-. This is your child tax credit for purposes of figuring the credits listed on line 2	8. _____
Next, complete the applicable credit form(s) listed on line 2. Use the amount from line 8 above in place of the amount from Form 1040, line 43. Then, go to line 9 below.	
9. Enter the total of any adoption credit from Form 8839, line 14, mortgage interest credit from Form 8396, line 11, and District of Columbia first-time homebuyer credit from Form 8859, line 11	9. _____
10. Add lines 1 and 9. Enter the total here and on line 9 of the worksheet above	10. _____

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

1998

Attachment
Sequence No **06**

Name(s) shown on tax return

Identifying number

ROY E & MARIE BARNES

Note: In most cases, you **do not** need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 **only** if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 21, or Part IV, line 35, on the penalty line of your return, but **do not** attach Form 2210.

Part I Reasons for Filing - If 1a, 1b, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you **MUST** check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

- 1 Check whichever boxes apply (if none apply, see the **Note** above):
 - a ☐ You request a **waiver**. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 2 of the instructions.
 - b ☒ You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
 - c ☐ You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payments on the payment due dates. See the instructions for line 23 on page 3.
 - d ☐ Your required annual payment (line 14 below) is based on your 1997 tax and you filed or are filing a joint return for either 1997 or 1998 but not for both years.

Part II Required Annual Payment

2	Enter your 1998 tax after credits (see page 2 of the instructions)	2	392,940.
3	Other taxes (see page 2 of the instructions)	3	15,044.
4	Add lines 2 and 3	4	407,984.
5	Earned income credit	5	
6	Additional child tax credit	6	
7	Credit for Federal tax paid on fuels	7	
8	Add lines 5, 6, and 7	8	
9	Current year tax. Subtract line 8 from line 4	9	407,984.
10	Multiply line 9 by 90% (.90)	10	367,186.
11	Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions)	11	1,520.
12	Subtract line 11 from line 9. If less than \$1,000, stop here, do not complete or file this form. You do not owe the penalty	12	406,464.
13	Enter the tax shown on your 1997 tax return.	13	200,366.
14	Required annual payment. Enter the smaller of line 10 or line 13	14	200,366.

Note: If line 11 is equal to or more than line 14, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.

Part III Short Method (Caution: See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)

15	Enter the amount, if any, from line 11 above	15	
16	Enter the total amount, if any, of estimated tax payments you made	16	
17	Add lines 15 and 16	17	
18	Total underpayment for year. Subtract line 17 from line 14. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	18	
19	Multiply line 18 by .05043	19	
20	<ul style="list-style-type: none"> • If the amount on line 18 was paid on or after 4/15/99, enter -0- • If the amount on line 18 was paid before 4/15/99, make the following computation to find the amount to enter on line 20. 	20	
	Amount on line 18 × Number of days paid before 4/15/99 × .00019		
21	PENALTY. Subtract line 20 from line 19. Enter the result here and on Form 1040, line 69; Form 1040A, line 44; Form 1040NR, line 68; Form 1040NR-EZ, line 27; or Form 1041, line 26	21	

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

Form **2210** (1998)

Part IV Regular Method**Section A - Figure Your Underpayment****Payment Due Dates**

		(a) 4/15/98	(b) 6/15/98	(c) 9/15/98	(d) 1/15/99
22 Required installments. If box 1b applies, enter the amounts from Schedule AI, line 26. Otherwise, enter 1/4 of line 14, Form 2210, in each column	22	21,609.	21,610.	21,609.	135,538.
23 Estimated tax paid and tax withheld. For column (a) only, also enter the amount from line 23 on line 27. If line 23 is equal to or more than line 22 for all payment periods, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked a box in Part 1	23	93,005.	380.	380.	347,716.
Complete lines 24 through 30 of one column before going to the next column.					
24 Enter amount, if any, from line 30 of previous column	24		71,396.	50,166.	28,937.
25 Add lines 23 and 24	25		71,776.	50,546.	376,653.
26 Add amounts on lines 28 and 29 of the previous column	26				
27 Subtract line 26 from line 25. If zero or less, enter -0-. For column (a) only, enter the amount from line 23	27	93,005.	71,776.	50,546.	376,653.
28 If the amount on line 27 is zero, subtract line 25 from line 26. Otherwise, enter -0-	28		0.	0.	
29 Underpayment. If line 22 is equal to or more than line 27, subtract line 27 from line 22. Then go to line 24 of next column. Otherwise, go to line 30	29				
30 Overpayment. If line 27 is more than line 22, subtract line 22 from line 27. Then go to line 24 of next column	30	71,396.	50,166.	28,937.	241,115.

Section B - Figure the Penalty (Complete lines 31 and 34 of one column before going to the next column.)

Rate Period 1		April 16, 1998-December 31, 1998	4/15/98	6/15/98	9/15/98	
31 Number of days FROM the date shown above line 31 TO the date the amount on line 29 was paid or 12/31/98, whichever is earlier	31	Days:	Days:	Days:		
32 Underpayment on line 29 $\times \frac{\text{Number of days on line 31}}{365} \times .08$	32	\$	\$	\$		
Rate Period 2		January 1, 1999-April 15, 1999	12/31/98	12/31/98	12/31/98	1/15/99
33 Number of days FROM the date shown above line 33 TO the date the amount on line 29 was paid or 12/31/98, whichever is earlier	33	Days:	Days:	Days:	Days:	
34 Underpayment on line 29 $\times \frac{\text{Number of days on line 33}}{365} \times .07$	34	\$	\$	\$	\$	
35 PENALTY. Add all amounts on lines 32 and 34 in all columns. Enter the total here and on Form 1040, line 69; Form 1040A, line 44; Form 1040NR, line 68; Form 1040NR-EZ, line 27; or Form 1041, line 26						35 \$ 0.

Schedule AI - Annualized Income Installment Method (see instructions)

Estates and trusts, do not use the period ending dates shown to the right. Instead, use the following: 2/28/98, 4/30/98, 7/31/98, and 11/30/98.

(a)
1/1/98 - 3/31/98(b)
1/1/98 - 5/31/98(c)
1/1/98 - 8/31/98(d)
1/1/98 - 12/31/98**Part I Annualized Income Installments** Caution: Complete lines 20-26 of one column before going to the next column.

1 Enter your adjusted gross income for each period (see instructions). (Estates and trusts, enter your taxable income without your exemption for each period.)	1	118,767.	197,945.	316,712.	1,954,867.
2 Annualization amounts. (Estates and trusts, see instructions.)	2	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	3	475,068.	475,068.	475,068.	1,954,867.
4 Enter your itemized deductions for the period shown in each column. If you do not itemize, enter -0- and skip to line 7. (Estates and trusts, enter -0-, skip to line 9, and enter the amount from line 3 on line 9.)	4	39,623.	66,038.	105,661.	114,098.
5 Annualization amounts	5	4	2.4	1.5	1
6 Multiply line 4 by line 5 (see instructions if line 3 is more than \$62,250)	6	158,492.	158,491.	158,492.	114,098.
7 In each column, enter the full amount of your standard deduction from Form 1040, line 36; or Form 1040A, line 21 (Form 1040NR or 1040NR-EZ filers, enter -0-. Exception: Indian students and business apprentices, enter standard deduction from Form 1040NR, line 35 or Form 1040NR-EZ, line 11.)	7	7,100.	7,100.	7,100.	7,100.
8 Enter the larger of line 6 or line 7	8	158,492.	158,491.	158,492.	114,098.
9 Subtract line 8 from line 3	9	316,576.	316,577.	316,576.	1,840,769.
10 In each column, multiply \$2,700 by the total number of exemptions claimed (see instructions if line 3 is more than line \$93,400). (Estates and trusts and Form 1040NR or 1040NR-EZ filers, enter the exemption amount shown on your tax return.)	10	0.	0.	0.	0.
11 Subtract line 10 from line 9	11	316,576.	316,577.	316,576.	1,840,769.
12 Figure your tax on the amount on line 11 (see instructions)	12	80,998.	80,999.	80,998.	392,940.
13 Form 1040 filers only, enter your self-employment tax from line 35 below	13	14,022.	14,022.	14,022.	14,022.
14 Enter other taxes for each payment period (see instructions)	14	1,022.	1,022.	1,022.	1,022.
15 Total tax. Add lines 12, 13, and 14	15	96,042.	96,043.	96,042.	407,984.
16 For each period, enter the same type of credits as allowed on Form 2210, lines 2, 5, 6, and 7 (see instructions)	16	0.	0.	0.	0.
17 Subtract line 16 from line 15. If zero or less, enter -0-	17	96,042.	96,043.	96,042.	407,984.
18 Applicable percentage	18	22.5%	45%	67.5%	90%
19 Multiply line 17 by line 18	19	21,609.	43,219.	64,828.	367,186.
20 Add the amounts in all previous columns of line 26	20		21,609.	43,219.	64,828.
21 Subtract line 20 from line 19. If zero or less, enter -0-	21	21,609.	21,610.	21,609.	302,358.
22 Enter 1/4 of line 14 on page 1 of Form 2210 in each column	22	50,091.	50,091.	50,092.	50,092.
23 Enter amount from line 25 of the previous column of this schedule	23		28,482.	56,963.	85,446.
24 Add lines 22 and 23 and enter the total	24	50,091.	78,573.	107,055.	135,538.
25 Subtract line 21 from line 24. If zero or less, enter -0-	25	28,482.	56,963.	85,446.	
26 Enter the smaller of line 21 or line 24 here and on Form 2210, line 22	26	21,609.	21,610.	21,609.	135,538.

Part II Annualized Self-Employment Tax

27a Net earnings from self-employment for the period (see instructions)	27a				
b Annualization amounts	27b	4	2.4	1.5	1
c Multiply line 27a by line 27b	27c				
28 Social security tax limit	28	\$68,400	\$68,400	\$68,400	\$68,400
29 Enter actual wages for the period subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax	29				
30 Annualization amounts	30	4	2.4	1.5	1
31 Multiply line 29 by line 30	31				
32 Subtract line 31 from line 28. If zero or less, enter -0-	32				
33 Multiply the smaller of line 27c or line 32 by .124	33				
34 Multiply line 27c by .029	34				
35 Add lines 33 and 34. Enter the result here and on line 13 above	35				

SCHEDULES A&B
(Form 1040)

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

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

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

OMB No. 1545-0074

1998

Attachment
Sequence No. **07**

Your social security number

ROY E & MARIE BARNES

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-1) SEE STATEMENT 8	1	520.
2	Enter amount from Form 1040, line 34 21,954,867.	2	
3	Multiply line 2 above by 7.5% (.075)	3	146,615.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local income taxes SEE STATEMENT 5	5	27,474.
(See page A-2.)	6 Real estate taxes (see page A-2)	6	3,923.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	31,397.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	2,409.
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11	
Note:	12 Points not reported to you on Form 1098. See page A-3 for special rules	12	
Personal interest is not deductible.	13 Investment interest. Attach Form 4952 if required. (See page A-3.) STMT 7	13	67,261.
	14 Add lines 10 through 13	14	69,670.
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 SEE STATEMENT 6	15	67,942.
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You MUST attach Form 8283 if over \$500	16	
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	67,942.
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19	
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.)	20	
(See page A-6 for expenses to deduct here.)	21 Tax preparation fees	21	
	22 Other expenses - investment, safe deposit box, etc. List type and amount IRA FEE	22	
	23 Add lines 20 through 22	23	
	24 Enter amount from Form 1040, line 34 24	24	
	25 Multiply line 24 above by 2% (.02)	25	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	
Other Miscellaneous Deductions	27 Other - from list on page A-6. List type and amount	27	
Total Itemized Deductions	28 Is Form 1040, line 34, over \$124,500 (over \$62,250 if married filing separately)? STMT 9 NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 36, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-6 for the amount to enter.	28	114,098.

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

Your social security number

ROY E & MARIE BARNES

Schedule B - Interest and Ordinary Dividends

Attachment
Sequence No. 08**Part I**
Interest**Note:** If you had over \$400 in taxable interest income, you must also complete Part III.

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

GEORGIA STATE BANK

GEORGIA STATE BANK

EFFICIENCY LODGE

Amount

4,768.

694.

60,006.

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

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE 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 ►

2 65,468.

3

4 65,468.

Part II
Ordinary Dividends**Note:** If you had over \$400 in ordinary dividends, you must also complete Part III.

- 5 List name of payer. Include only ordinary dividends. Report any capital gain distributions on Schedule D, line 13 ►

ETOWAH BANK

JBC BANCSHARES

WHEAT FIRST SECURITIES

REGIONS FINANCIAL

UNITED COMMUNITY BANKS

Amount

4,212.

540.

9,145.

2,385.

19.

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

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

6 16,301.

Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 1998, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

X

- b If "Yes," enter the name of the foreign country ►

- 8 During 1998, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520

X

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

Name(s) shown on Form 1040

Capital Gains and Losses

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

OMB No. 1545-0074

1998Attachment
Sequence No. **12**

Your social security number

ROY E & MARIE BARNES

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(d) Sales price (See page D-6)	(e) Cost or other basis (See page D-6)	(f) GAIN or (LOSS) Subtract (e) from (d)
	(c) Date sold			
1 AGL RESOURCES	09/08/97 06/30/98	58,680.	58,881.	<201.>
0				
2 Enter your short-term totals, if any, from Schedule D-1, line 2	2			
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2	3	58,680.		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1997 Capital Loss Carryover Worksheet			6	()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)			7	<201.>

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(d) Sales price (See page D-6)	(e) Cost or other basis (See page D-6)	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) * (see instr. below)
	(c) Date sold				
8 SEE STATEMENT 10		2,240,064.	430,262.	1,809,802.	
9 Enter your long-term totals, if any, from Schedule D-1, line 9	9				
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9	10	2,240,064.			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12		
13 Capital gain distributions. See page D-2			13		
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1997 Capital Loss Carryover Worksheet			14	226,071.	226,071.
15 Combine lines 8 through 14 in column (g)			15		<226,071.>
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)			16	1,583,731.	

Next: Go to Part III on page 2.

* 28% Rate Gain or Loss includes all "collectibles gains and losses" (as defined on page D-6) and up to 50% of the eligible gain on qualified small business stock (see page D-5).

Part III Summary of Parts I and II

17 Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13

Next: Complete Form 1040 through line 39. Then, go to **Part IV** to figure your tax if:

- Both lines 16 and 17 are gains, and
- Form 1040, line 39, is more than zero.

18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the **smaller** of these losses:

- The loss on line 17; or
- (\$3,000) or, if married filing separately, (\$1,500)

Next: Complete Form 1040 through line 37. Then, complete the **Capital Loss Carryover Worksheet** on page D-6 if:

- The loss on line 17 exceeds the loss on line 18, or
- Form 1040, line 37, is a loss.

Part IV Tax Computation Using Maximum Capital Gains Rates

19 Enter your taxable income from Form 1040, line 39	19	1,840,769.
20 Enter the smaller of line 16 or line 17 of Schedule D	20	1,583,530.
21 If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	1,583,530.
23 Combine line 7 and 15. If zero or less, enter -0-	23	0.
24 Enter the smaller of line 15 or line 23, but not less than zero	24	
25 Enter your unrecaptured section 1250 gain, if any (see page D-7)	25	
26 Add lines 24 and 25	26	
27 Subtract line 26 from line 22. If zero or less, enter -0-	27	1,583,530.
28 Subtract line 27 from line 19. If zero or less, enter -0-	28	257,239.
29 Enter the smaller of:	29	42,350.
<ul style="list-style-type: none"> • The amount on line 19, or • \$25,350 if single; \$42,350 if married filing jointly or qualifying widow(er); \$21,175 if married filing separately; or \$33,950 if head of household 		
30 Enter the smaller of line 28 or line 29	30	42,350.
31 Subtract line 22 from line 19. If zero or less, enter -0-	31	257,239.
32 Enter the larger of line 30 or line 31	32	257,239.
33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	33	76,234.
34 Enter the amount from line 29	34	42,350.
35 Enter the amount from line 28	35	257,239.
36 Subtract line 35 from line 34. If zero or less, enter -0-	36	0.
37 Multiply line 36 by 10% (.10)	37	
38 Enter the smaller of line 19 or line 27	38	1,583,530.
39 Enter the amount from line 36	39	
40 Subtract line 39 from line 38	40	1,583,530.
41 Multiply line 40 by 20% (.20)	41	316,706.
42 Enter the smaller of line 22 or line 25	42	
43 Add lines 22 and 32	43	1,840,769.
44 Enter the amount from line 19	44	1,840,769.
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46 Subtract line 45 from line 42. If zero or less, enter -0-	46	0.
47 Multiply line 46 by 25% (.25)	47	
48 Enter the amount from line 19	48	1,840,769.
49 Add lines 32, 36, 40, and 46	49	1,840,769.
50 Subtract line 49 from line 48	50	
51 Multiply line 50 by 28% (.28)	51	
52 Add lines 33, 37, 41, 47, and 51	52	392,940.
53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	702,548.
54 Tax on taxable income (including capital gains). Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	54	392,940.

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1998

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

ROY E & MARIE BARNES

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

1 Show the kind and location of each rental real estate property:		2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:		Yes	No
A	RENTAL BUILDINGS & HOUSES	<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See page E-1.) 		A	X
B				B	
C				C	

Income:		Properties			Totals (Add columns A, B, and C.)
		A	B	C	
3 Rents received	3	66,030.			3 66,030.
4 Royalties received	4				4
Expenses:					
5 Advertising	5				12 12,775.
6 Auto and travel (see page E-2)	6				
7 Cleaning and maintenance	7	102.			
8 Commissions	8				
9 Insurance	9	5,042.			
10 Legal and other professional fees	10	500.			
11 Management fees	11				
12 Mortgage interest paid to banks, etc. (see page E-2)	12	12,775.			
13 Other interest	13				
14 Repairs	14	12,676.			
15 Supplies	15				
16 Taxes	16	8,149.			
17 Utilities	17	2,716.			
18 Other (list) ▶	18				
SEE STATEMENT 11					
19 Add lines 5 through 18	19	45,710.			19 45,710.
20 Depreciation expense or depletion (see page E-3)	20	21,159.			20 21,159.
21 Total expenses. Add lines 19 and 20	21	66,869.			
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-3 to find out if you must file Form 6198	22	<839.>			
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582 . Real estate professionals must complete line 42 on page 2	23	0.			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24				0.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter the total losses here	25				0.
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2	26				0.

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

Your social security number

ROY E & MARIE BARNES

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

Real Estate professionals must complete line 42 below.

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

27	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) All is at risk	(f) Some is not at risk
A	LAWYERS REALTY ASSOC.	P			X	
B	BARNES BROWNING TANKSLEY & CASUR	P			X	
C	ARC ENTERPRISES	P			X	
D						
E						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A				18,978.	
B		1,308.	3,718.	260,789.	
C	0.				
D					
E					
28a Totals				279,767.	
b Totals		1,308.	3,718.		
29 Add columns (h) and (k) of line 28a				279,767.	29
30 Add columns (g), (i), and (j) of line 28b				(5,026.)	30
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below				274,741.	31

Part III Income or Loss From Estates and Trusts

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

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

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

Part V Summary

39 Net farm rental income or (loss) from Form 4835. Also, complete line 41 below		39
40 TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17		40 274,741.
41 Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	41	
42 Reconciliation for Real Estate Professionals. If you were a real estate professional, enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	

1998 Income from Passthroughs

LAWYERS REALTY ASSOC.

I.D. NUMBER: [REDACTED]

TYPE: PARTNERSHIP

ACTIVITY INFORMATION:

LAWYERS REALTY ASSOC.

TRADE OR BUSINESS - MATERIAL PARTICIPATION

RENTAL REAL ESTATE INCOME (LOSS)	18,978
----------------------------------	--------

SCHEDULE E ACTIVITY INCOME (LOSS)	18,978
-----------------------------------	--------

TAX PREFERENCE ITEMS:

1998 Income from Passthroughs

BARNES BROWNING TANKSLEY & CASUR
I.D. NUMBER: XXXXXXXXXX
TYPE: PARTNERSHIP

TAXABLE INCOME (LOSS) SUMMARY:

NONPASSIVE LOSS ALLOWED	-1,308
SECTION 179 DEDUCTION	-3,718
NONPASSIVE INCOME	260,789
	<hr/>
NET INCOME (LOSS) FOR PASSTHROUGH ENTITY	255,763
	<hr/> <hr/>

ACTIVITY INFORMATION:

ACTIVITY NO. 1

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ACTIVITY NO. 10002

TRADE OR BUSINESS - MATERIAL PARTICIPATION

FROM STATEMENT SBE

	-1,308	
	<hr/>	

SCHEDULE E ACTIVITY INCOME (LOSS)		-1,308
		<hr/> <hr/>

ACTIVITY NO. 30005

TRADE OR BUSINESS - MATERIAL PARTICIPATION

BARNES BROWNING TANKSLEY & CASUR

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	260,789
	<hr/>

SCHEDULE E ACTIVITY INCOME (LOSS)	260,789
	<hr/> <hr/>

OTHER K-1 INFORMATION:

CONTRIBUTIONS - 50% LIMITATION	6,107
HEALTH INSURANCE PREMIUMS	946
SELF-EMPLOYMENT EARNINGS (LOSS)	260,789

1998 Income from Passthroughs

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

ACTIVITY INFORMATION:

ARC ENTERPRISES

RENTAL REAL ESTATE - ACTIVE PARTICIPATION

RENTAL REAL ESTATE INCOME (LOSS)	-4,596	
----------------------------------	--------	--

SCHEDULE E ACTIVITY INCOME (LOSS)		-4,596
-----------------------------------	--	--------

PAL CARRYOVER FROM 1997 - SCHEDULE E		-4,172
--------------------------------------	--	--------

DISALLOWED LOSS FROM FORM 8582		8,768
--------------------------------	--	-------

ALLOWABLE PASSIVE LOSS FROM FORM 8582		0
---------------------------------------	--	---

TAX PREFERENCE ITEMS:

AMT PAL CARRYOVER FROM 1997 - SCHEDULE E		4,172
--	--	-------

1998 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

SELF-EMPLOYMENT EARNINGS (LOSS) (CALCULATED)	255,763
--	---------

DEDUCTIONS:

CONTRIBUTIONS - 50% LIMITATION	6,107
HEALTH INSURANCE PREMIUMS	946

TAX PREFERENCE ITEMS:

AMT PAL CARRYOVER FROM 1997 - SCHEDULE E	4,172
--	-------

Depreciation and Amortization Detail
RENTAL BUILDINGS & HOUSES
E-
1

Asset Number	Description of property								
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
1	FURNACE								
	010185	PRE	5.00	19	1,300.		1,300.	0.	
2	FENCE								
	010186	PRE	5.00	19	240.		240.	0.	
3	FURN & FIX								
	010186	PRE	5.00	19	363.		363.	0	
4	BLDG								
	020184	PRE	15.00	19	115,000.		109,250.	5,750.	
5	HOUSE (LOT 8000)								
	090181	PRE	15.00	19	46,345.		46,345.	0.	
6	HOUSE (LOT 12,000)								
	112886	PRE	19.00	19	40,000.		26,760.	1,680.	
7	CARPET								
	070187	SL	27.50	17	1,600.		607.	58.	
8	APPLIANCE								
	070187	SL	27.50	17	729.		282.	27.	
9	FENCE								
	070187	SL	27.50	17	845.		324.	31.	
10	668 BARNES DRIVE (LOT 5000)								
	010188	SL	27.50	17	45,908.		16,621.	1,669.	
11	HVAC								
	070192	200DB	7.00	17	2,820.		2,443.	251.	
12	HVAC								
	070193	200DB	7.00	17	5,225.		4,059.	466.	
13	HOLLY SPRINGS HOUSE								
	070194	SL	27.50	17	93,089.		11,706.	3,385.	
14	LOT								
		L			10,000.			0.	
15	IMP MARAN LANE								
	060195	SL	27.50	19	25,616.		2,405.	931.	
17	REMODELING MABLE LAKE								
	070196	SL	27.50	19	32,625.		1,779.	1,186.	
18	HV AC AUSTELL APTS								
	070196	SL	27.50	19	2,256.		123.	82.	
19	CARPET MORAN LANE								
	070496	SL	5.00	19	1,299.		390.	260.	
20	MABLE LAKE DRIVE								
	041596	SL	27.50	19	40,000.		2,425.	1,455.	
21	MABLE LAKE DRIVE LOT								
		L			5,000.			0.	
22	581 MARAN LANE								
	102596	SL	27.50	19	40,000.		1,698.	1,455.	
23	581 MARAN LANE LOT								
		L			5,000.			0.	
24	5342 FLOYD ROAD								
	090196	SL	27.50	19	68,000.		3,297.	2,473.	
25	5342 FLOYD ROAD LOT								
		L			7,000.			0.	
	TOTAL SCH E DEPRECIATION								
					590,260.		232,417.	21,159.	

Name of person with self-employment income (as shown on Form 1040)

ROY E BARNES

Social security number of
person with self-employment
income ▶

Section B - Long Schedule SE

Part I Self-Employment Tax

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

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note: Skip this line if you use the farm optional method. See page SE-4	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report. Note: Skip this line if you use the nonfarm optional method. See page SE-4	2	261,401.
3	Combine lines 1 and 2	3	261,401.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	241,404.
4b	If you elected one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
4c	Combine lines 4a and 4b. If less than \$400, do not file this schedule; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue.	4c	241,404.
5a	Enter your church employee income from Form W-2. Caution: See page SE-1 for definition of church employee income	5a	
5b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	
6	Net earnings from self-employment. Add lines 4c and 5b	6	241,404.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 1998	7	68,400.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation	8a	11,776.
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b	
8c	Add lines 8a and 8b	8c	11,776.
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	56,624.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	7,021.
11	Multiply line 6 by 2.9% (.029)	11	7,001.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 50	12	14,022.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.5). Enter the result here and on Form 1040, line 27	13	7,011.

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

Farm Optional Method. You may use this method only if:

- Your gross farm income¹ was not more than \$2,400, or
- Your gross farm income¹ was more than \$2,400 and your net farm profits² were less than \$1,733.

14	Maximum income for optional methods	14	1,600.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$1,600. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method only if:

- Your net nonfarm profits³ were less than \$1,733 and also less than 72.189% of your gross nonfarm income,⁴ and
- You had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.

Caution: You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

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

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

³ From Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.

⁴ From Schedule C, line 7; Schedule C-EZ, line 1; Schedule K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.

11

[illegible]

SCHEDULE H
(Form 1040)Department of the Treasury
Internal Revenue Service**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040NR-EZ, 1040-SS, or 1041.**▶ **See separate instructions.**

OMB No. 1545-0074

1998Attachment
Sequence No. **44**

Name of employer

ROY E & MARIE BARNES

Social security number

Employer identification number

Caution: The \$1,100 per year test applies only to line A. The \$1,000 per quarter test applies only to line C and line 9.

- A** Did you pay **any one** household employee cash wages of \$1,100 or more in 1998? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page 3 before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

- B** Did you withhold Federal income tax during 1998 for any household employee?

☐ **Yes.** Skip line C and go to line 5.
☐ **No.** Go to line C.

- C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 1997 or 1998 to household employees? (Do not count cash wages paid in 1997 or 1998 to your spouse, your child under age 21, or your parent.)

☐ **No.** **Stop.** Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on page 2.

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page 3)	1	6,680.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	828.
3	Total cash wages subject to Medicare taxes (see page 3)	3	6,680.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	194.
5	Federal income tax withheld, if any	5	
6	Add lines 2, 4, and 5	6	1,022.
7	Advance earned income credit (EIC) payments, if any	7	
8	Total social security, Medicare, and income taxes. Subtract line 7 from line 6	8	1,022.

- 9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 1997 or 1998 to household employees? (Do not count cash wages paid in 1997 or 1998 to your spouse, your child under age 21, or your parent.)

☐ **No.** **Stop.** Enter the amount from line 8 above on Form 1040, line 55. If you are not required to file Form 1040, see the line 9 instructions on page 4.

☒ **Yes.** Go to line 10 on page 2.

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

Schedule H (Form 1040) 1998

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state?	<input checked="" type="checkbox"/>	
11 Did you pay all state unemployment contributions for 1998 by April 15, 1999? Fiscal year filers, see page 4	<input checked="" type="checkbox"/>	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<input checked="" type="checkbox"/>	

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.

If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	GA	
14 State reporting number as shown on state unemployment tax return		
15 Contributions paid to your state unemployment fund (see page 4)	15	21.
16 Total cash wages subject to FUTA tax (see page 4)		16
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26		17

Section B

18 Complete all columns below that apply (if you need more space, see page 4):

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

19 Totals	19	
20 Add columns (h) and (i) of line 19	20	
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page 4)	21	
22 Multiply line 21 by 6.2% (.062)	22	
23 Multiply line 21 by 5.4% (.054)	23	
24 Enter the smaller of line 20 or line 23	24	
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26	25	

Part III Total Household Employment Taxes

26 Enter the amount from line 8	26	1,022.
27 Add line 17 (or line 25) and line 26	27	1,022.

28 Are you required to file Form 1040?

☒ **Yes.** Stop. Enter the amount from line 27 above on Form 1040, line 55. **Do not** complete Part IV below.

☐ **No.** You may have to complete Part IV. See page 4 for details.

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

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

Apt., room, or suite no.

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

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

Employer's signature

Date

Statement SBE
Supplemental Business Expenses

1998

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

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 13	4	1,308.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,308.

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

STEP 2 Reimbursements for Expenses Listed In STEP 1

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

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,308.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 55% (.55) instead of 50%)	9	1,308.
10 Add the amounts on line 9 of both columns and enter the total here. This is your supplemental business expense	10	1,308.

Part II Vehicle Expenses**Section A. - General Information**

		(a) Vehicle	(b) Vehicle
11 Enter the date vehicle was placed in service	11		
12 Total miles vehicle was driven during 1998	12	miles	miles
13 Business miles included on line 12	13	miles	miles
14 Percent of business use. Divide line 13 by line 12	14	%	%
15 Average daily round trip commuting distance	15	miles	miles
16 Commuting miles included on line 12	16	miles	miles
17 Other personal miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles
18 Do you (or your spouse) have another vehicle available for personal purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No

19 If you are provided with a vehicle, is personal use during off-duty hours permitted? ☐ Yes ☐ No ☐ Not applicable

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate

22 Multiply line 13 by 32 1/2¢ (.325). Enter the result here and on line 1.

22

Section C. - Actual Expenses

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

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

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

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Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property) SUMMARY

OMB No. 1545-0172

1998

Attachment
Sequence No. 67

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ROY E & MARIE BARNES

ALL BUSINESS ACTIVITIES

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	18,500.
2	Total cost of section 179 property placed in service	2	0.
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	18,500.

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

TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE 3,718.

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,718.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	3,718.
10	Carryover of disallowed deduction from 1997	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	18,500.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	3,718.
13	Carryover of disallowed deduction to 1999. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.**Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1998 Tax Year (Do Not Include Listed Property.)****Section A - General Asset Account Election**14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions ☐**Section B - General Depreciation System (GDS) (See instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1998	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

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

Form 4562 (1998)

Investment Interest Expense Deduction

► Attach to your tax return.

OMB No. 1545-0191

1998

Attachment
Sequence No. **72**

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 1998.	SEE STATEMENT 14	1	30,629.
2	Disallowed investment interest expense from 1997 Form 4952, line 7		2	36,632.
3	Total investment interest expense. Add lines 1 and 2		3	67,261.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	SEE STATEMENT 15	4a	81,769.
b	Net gain from the disposition of property held for investment	4b 1,583,530.		
	STMT 16			
c	Net capital gain from the disposition of property held for investment	4c 1,583,530.		
d	Subtract line 4c from line 4b. If zero or less, enter -0-		4d	0.
e	Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b		4e	
f	Investment income. Add lines 4a, 4d, and 4e		4f	81,769.
5	Investment expenses		5	
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-		6	81,769.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 1999. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6	8	67,261.

Alternative Minimum Tax - Individuals

OMB No. 1545-0227

1998

Attachment
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040

Your social security number

ROY E & MARIE BARNES

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6	1																																																	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2 1/2% of Form 1040, line 34	2																																																	
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	31,397.																																																
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4																																																	
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5																																																	
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	<4,850.>																																																
7	Investment interest. Enter difference between regular tax and AMT deduction	7																																																	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8																																																	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9																																																	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10																																																	
11	Passive activities. Enter difference between AMT and regular tax income or loss	11	0.																																																
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9	12																																																	
13	Tax-exempt interest from private activity bonds issued after 8/7/86	13																																																	
14	Other. Enter the amount, if any, for each item below and enter the total on line 14.	14																																																	
	<table border="0"> <tr> <td>a</td> <td>Circulation expenditures</td> <td></td> <td>h</td> <td>Loss limitations</td> <td></td> </tr> <tr> <td>b</td> <td>Depletion</td> <td></td> <td>i</td> <td>Mining costs</td> <td></td> </tr> <tr> <td>c</td> <td>Depreciation (pre-1987)</td> <td></td> <td>j</td> <td>Patron's adjustment</td> <td></td> </tr> <tr> <td>d</td> <td>Installment sales</td> <td></td> <td>k</td> <td>Pollution control facilities</td> <td></td> </tr> <tr> <td>e</td> <td>Intangible drilling costs</td> <td></td> <td>l</td> <td>Research and experimental</td> <td></td> </tr> <tr> <td>f</td> <td>Large partnerships</td> <td></td> <td>m</td> <td>Section 1202 exclusion</td> <td></td> </tr> <tr> <td>g</td> <td>Long-term contracts</td> <td></td> <td>n</td> <td>Tax shelter farm activities</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>o</td> <td>Related adjustments</td> <td></td> </tr> </table>	a	Circulation expenditures		h	Loss limitations		b	Depletion		i	Mining costs		c	Depreciation (pre-1987)		j	Patron's adjustment		d	Installment sales		k	Pollution control facilities		e	Intangible drilling costs		l	Research and experimental		f	Large partnerships		m	Section 1202 exclusion		g	Long-term contracts		n	Tax shelter farm activities					o	Related adjustments			
a	Circulation expenditures		h	Loss limitations																																															
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g	Long-term contracts		n	Tax shelter farm activities																																															
			o	Related adjustments																																															
15	Total Adjustments and Preferences. Combine lines 1 through 14	15	26,547.																																																

Part II Alternative Minimum Taxable Income

16	Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss)	16	1,840,769.
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18	If Form 1040, line 34, is over \$124,500 (over \$62,250 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	<54,911.>
19	Combine lines 15 through 18	19	1,812,405.
20	Alternative tax net operating loss deduction	20	
21	Alternative Minimum Taxable Income. Subtract line 20 from line 19. (If married filing separately and line 21 is more than \$165,000, see instructions.)	21	1,812,405.

Part III Exemption Amount and Alternative Minimum Tax

22	Exemption Amount. (If this form is for a child under age 14, see instructions.)														
	<table border="0"> <tr> <td>If your filing status is:</td> <td>And line 21 is not over:</td> <td>THEN enter on line 22:</td> </tr> <tr> <td>Single or head of household</td> <td>\$112,500</td> <td>\$33,750</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>150,000</td> <td>45,000</td> </tr> <tr> <td>Married filing separately</td> <td>75,000</td> <td>22,500</td> </tr> </table>	If your filing status is:	And line 21 is not over:	THEN enter on line 22:	Single or head of household	\$112,500	\$33,750	Married filing jointly or qualifying widow(er)	150,000	45,000	Married filing separately	75,000	22,500	22	0.
If your filing status is:	And line 21 is not over:	THEN enter on line 22:													
Single or head of household	\$112,500	\$33,750													
Married filing jointly or qualifying widow(er)	150,000	45,000													
Married filing separately	75,000	22,500													
	If line 21 is over the amount shown above for your filing status, see instructions.														
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28	23	1,812,405.												
24	If you completed Schedule D (Form 1040), and have an amount on line 25 or line 27 (or would have had an amount on either line if you had completed Part IV) (as figured for the AMT, if necessary), go to Part IV of Form 1040 to figure line 24. All others: If line 23 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	24	377,291.												
25	Alternative minimum tax foreign tax credit	25													
26	Tentative minimum tax. Subtract line 25 from line 24	26	377,291.												
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46)	27	392,940.												
28	Alternative Minimum Tax. Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 51	28	0.												

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 6251(1998)

Part IV Line 24 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part IV of Schedule D (Form 1040), complete lines 20 through 27 of Schedule D (as refigured for the AMT, if necessary) before you complete this part.				
29	Enter the amount from line 23		29	1,812,405.
30	Enter the amount from Schedule D (Form 1040), line 27 (as refigured for the AMT, if necessary)	30	1,583,530.	
31	Enter the amount from Schedule D (Form 1040), line 25 (as refigured for the AMT, if necessary)	31		
32	Add lines 30 and 31	32	1,583,530.	
33	Enter the amount from Schedule D (Form 1040), line 22 (as refigured for the AMT, if necessary)	33	1,583,530.	
34	Enter the smaller of line 32 or line 33	34	1,583,530.	
35	Subtract line 34 from line 29. If zero or less, enter -0-	35	228,875.	
36	If line 35 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 35 by 26% (.26). Otherwise, multiply line 35 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	36	60,585.	
37	Enter the amount from Schedule D (Form 1040), line 36 (as figured for the regular tax)	37		
38	Enter the smallest of line 29, line 30, or line 37	38		
39	Multiply line 38 by 10% (.10)	39		
40	Enter the smaller of line 29 or line 30	40	1,583,530.	
41	Enter the amount from line 38	41		
42	Subtract line 41 from line 40. If zero or less, enter -0-	42	1,583,530.	
43	Multiply line 42 by 20% (.20)	43	316,706.	
44	Enter the amount from line 29	44	1,812,405.	
45	Add lines 35, 38, and 42	45	1,812,405.	
46	Subtract line 45 from line 44	46	0.	
47	Multiply line 46 by 25% (.25)	47		
48	Add lines 36, 39, 43, and 47	48	377,291.	
49	If line 29 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	49	503,973.	
50	Enter the smaller of line 48 or line 49 here and on line 24	50	377,291.	

Passive Activity Loss Limitations

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

OMB No. 1545-1008

1998

Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES

Part I 1998 Passive Activity Loss

Caution: See the instructions for Worksheets 1 and 2 on page 7 before completing Part I.

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

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	<5,435.>	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	<8,435.>	
d Combine lines 1a, 1b, and 1c	1d		<13,870.>

All Other Passive Activities

2a Activities with net income (enter the amount from Worksheet 2, column (a))	2a		
b Activities with net loss (enter the amount from Worksheet 2, column (b))	2b		
c Prior year unallowed losses (enter the amount from Worksheet 2, column (c))	2c		
d Combine lines 2a, 2b, and 2c	2d		

3 Combine lines 1d and 2d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. **Do not** complete Form 8582. Take the losses to the form or schedule you normally report them on.
If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10

	3		<13,870.>
--	----------	--	-----------

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 7 of the instructions for examples.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4		13,870.
5 Enter \$150,000. If married filing separately, see the instructions	5	150,000.	
STATEMENT 21			
6 Enter modified adjusted gross income, but not less than zero	6	1,961,878.	
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	0.	
8 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	8		
9 Enter the smaller of line 4 or line 8	9		

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10		
11 Total losses allowed from all passive activities for 1998. Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return	11		0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (1998)

ALTERNATIVE MINIMUM TAX Passive Activity Loss Limitations

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

OMB No. 1545-1008

1998
Attachment
Sequence No **88**

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES

Part I 1998 Passive Activity Loss

Caution: See the instructions for Worksheets 1 and 2 on page 7 before completing Part I.

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

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	791.	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	<4,596.>	
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	<6,804.>	
d Combine lines 1a, 1b, and 1c	1d		<10,609.>

All Other Passive Activities

2a Activities with net income (enter the amount from Worksheet 2, column (a))	2a		
b Activities with net loss (enter the amount from Worksheet 2, column (b))	2b		
c Prior year unallowed losses (enter the amount from Worksheet 2, column (c))	2c		
d Combine lines 2a, 2b, and 2c	2d		

3 Combine lines 1d and 2d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. **Do not** complete Form 8582. Take the losses to the form or schedule you normally report them on.
If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10

3		<10,609.>
----------	--	-----------

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 7 of the instructions for examples.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	10,609.
5 Enter \$150,000. If married filing separately, see the instructions	5	150,000.
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.	6	1,961,878.
7 Subtract line 6 from line 5	7	0.
8 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	791.
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	11	791.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (1998)

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

1

	1997	1996	1995
	GEORGIA		
GROSS STATE/LOCAL INC TAX REFUNDS	7,147.		
LESS: TAX PAID IN FOLLOWING YEAR	2,297.		
NET TAX REFUNDS GEORGIA	4,850.		
TOTAL NET TAX REFUNDS	4,850.		

FORM 1040

PERSONAL EXEMPTION WORKSHEET

STATEMENT 2

1. IS THE AMOUNT ON FORM 1040, LINE 34, MORE THAN THE AMOUNT SHOWN ON LINE 4 BELOW FOR YOUR FILING STATUS?
 NO. STOP. MULTIPLY \$2,700 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D, AND ENTER THE RESULT ON LINE 38.
 YES. GO TO LINE 2.
2. MULTIPLY \$2,700 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 10,800.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 34 1,954,867.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 186,800.
 MARRIED FILING SEPARATE \$ 93,400
 SINGLE \$124,500
 HEAD OF HOUSEHOLD \$155,650
 MARRIED FILING JOINT OR WIDOW(ER) \$186,800
5. SUBTRACT LINE 4 FROM LINE 3 1,768,067.
 IF LINE 5 IS MORE THAN \$122,500 (\$61,250 IF MARRIED FILING SEPARATE) ENTER ZERO ON FORM 1040, LINE 38.
6. DIVIDE LINE 5 BY \$2,500 (\$1,250 IF MFS)
7. MULTIPLY LINE 6 BY 2% (.02) AND ENTER THE RESULT AS A DECIMAL
8. MULTIPLY LINE 2 BY LINE 7
9. SUBTRACT LINE 8 FROM LINE 2. TOTAL TO FORM 1040, LINE 38. 0.

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT

3

	1997	1996	1995
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	4,850.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT			
1 NET REFUNDS FOR RECALCULATION	4,850.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	141,758.		
3 DEDUCTION NOT SUBJ TO PHASEOUT	50,210.		
4 NET REFUNDS FROM LINE 1	4,850.		
5 LINE 2 MINUS LINES 3 AND 4	86,698.		
6 MULTIPLY LINE 5 BY 80% (.80)	69,358.		
7 PRIOR YEAR AGI	641,645.		
8 ITEM. DED. PHASEOUT THRESHOLD	121,200.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	520,445.		
10 MULTIPLY LINE 9 BY 3% (.03)	15,613.		
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	71,085.		
12 ITEM DED. NOT SUBJ TO PHASEOUT	50,210.		
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	121,295.		
13B PRIOR YR. STD. DED. AVAILABLE	6,900.		
14 PRIOR YR. ALLOWABLE ITEM. DED.	126,145.		
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	4,850.		
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	4,850.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	126,145.		
18 PRIOR YEAR STD. DED. AVAILABLE	6,900.		
19 SUBTRACT LINE 18 FROM LINE 17	119,245.		
20 LESSER OF LINE 16 OR LINE 19	4,850.		
21 PRIOR YEAR TAXABLE INCOME	515,500.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			4,850.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 1995			
TOTAL TO FORM 1040, LINE 10			4,850.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T GENERAL ASSY. OF GA	8,776.	920.	204.		544.	127.
T GENERAL ASSY. OF GA	3,000.	600.	120.		186.	44.
TOTALS	11,776.	1,520.	324.		730.	171.

SCHEDULE A

STATE AND LOCAL INCOME TAXES

STATEMENT 5

DESCRIPTION

AMOUNT

GENERAL ASSY. OF GA	204.
GENERAL ASSY. OF GA	120.
OTHER STATE AND LOCAL INCOME TAXES	1,112.
GEORGIA TAX PAYMENTS	28,335.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	<2,297.>
TOTAL TO SCHEDULE A, LINE 5	27,474.

SCHEDULE A

CASH CONTRIBUTIONS

STATEMENT 6

DESCRIPTION

AMOUNT
50% LIMITAMOUNT
30% LIMIT

UNION HILL UNITED METHODIST	1,000.	
CASTLEWOOD BAPTIST CHURCH	2,500.	
FIRST UNITED METH. CHURCH	39,800.	
YOUNG LIFE	1,000.	
MISCELLANEOUS ORGANIZED CHARITIES	935.	
MUST MINISTRIES	10,000.	
UNIV OF GEORGIA FOUNDATION	1,000.	
GEORGIA STUDENT EDUCATION FOUNDATION	2,100.	
NANCY BARNES MEM FD-COBB COUNTY SCHOOLS	2,500.	
APEX MUSEUM	1,000.	
FROM K-1 - BARNES BROWNING TANKSLEY & CASUR	6,107.	
SUBTOTALS	67,942.	
TOTAL TO SCHEDULE A, LINE 15		67,942.

SCHEDULE A	INVESTMENT INTEREST	STATEMENT	7
DESCRIPTION		AMOUNT	
BANKERS BANK		7,813.	
COLUMBUS BANK AND TRUST		16,867.	
DOUGLAS COUNTY BANK		5,949.	
DISALLOWED INVESTMENT INTEREST PRIOR YEARS		36,632.	
TOTAL TO SCHEDULE A, LINE 13		67,261.	

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT	8
DESCRIPTION		AMOUNT	
SELF-EMPLOYED HEALTH INSURANCE		520.	
TOTAL TO SCHEDULE A, LINE 1		520.	

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	9
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	169,009.	
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27	67,261.	
3.	SUBTRACT LINE 2 FROM LINE 1. IF THE RESULT IS ZERO, STOP HERE; ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28	101,748.	
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	81,398.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 34.	1,954,867.	
6.	ENTER \$124,500 (\$62,250 IF MARRIED FILING SEPARATELY)	124,500.	
7.	SUBTRACT LINE 6 FROM LINE 5. IF THE RESULT IS ZERO OR LESS, STOP HERE; ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28	1,830,367.	
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	54,911.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	54,911.	
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	114,098.	

SCHEDULE D	LONG-TERM CAPITAL GAINS AND LOSSES					STATEMENT	10
DESCRIPTION	ACQUIRED	SOLD	PRICE	COST	GAIN OR LOSS	28% GAIN	
EFFICIENCY LODGE	/ /86	12/31/98	1,736,683.	208,150.	1,528,533		
SHAW INDUSTRIES	02/ /95	06/30/98	52,492.	33,604.	18,888.		
FIRST CASH	10/09/96	06/30/98	116,789.	55,700.	61,089.		
CCF HOLDING	10/01/96	06/30/98	120,186.	56,000.	64,186.		
CCF HOLDING	10/01/96	06/30/98	10,944.	5,000.	5,944.		
CCF HOLDING	10/01/96	06/30/98	11,106.	5,000.	6,106.		
SYNOVUS FIN CORP	/ /86	06/30/98	79,103.	10,500.	68,603.		
REGIONS FINANCIAL	09/14/87	06/30/98	46,103.	10,000.	36,103.		
SEARS ROEBUCK	07/22/96	06/30/98	62,066.	43,003.	19,063.		
AL NATIONAL BK	/ /85	10/01/98	21.	5.	16.		
JONQUILL INDUSTRIES	/ /91	12/31/98	4,571.	3,300.	1,271.		
TOTAL TO SCH. D, PART II, LINE 8			2,240,064.	430,262.	1809802.		

SCHEDULE E	OTHER EXPENSES	STATEMENT 11
RENTAL BUILDINGS & HOUSES		
DESCRIPTION	AMOUNT	
PEST CONTROL	160.	
LAWN CARE	1,020.	
GARBAGE SERVICE	1,553.	
REPLACEMENTS	1,017.	
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	3,750.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT 12
DESCRIPTION		
FROM K-1	255,763.	
DIRECTOR FEES	5,638.	
TOTAL TO SCHEDULE SE, LINE 2	261,401.	

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 13
ATTORNEY		
DESCRIPTION		
LEGAL & ACCOUNTING	250.	
INSURANCE	617.	
OFFICE	441.	
TOTAL TO FORM 2106/SBE, PART I, LINE 4	1,308.	

FORM 4952	INVESTMENT INTEREST EXPENSE	STATEMENT 14
DESCRIPTION		
	CURRENT	CARRYOVER
BANKERS BANK	7,813.	
COLUMBUS BANK AND TRUST	16,867.	
DOUGLAS COUNTY BANK	5,949.	
DISALLOWED INVESTMENT INTEREST PRIOR YEARS		36,632.
TOTALS TO FORM 4952	30,629.	36,632.

FORM 4952		INCOME FROM PROPERTY HELD FOR INVESTMENT	STATEMENT 15
DESCRIPTION	AMOUNT		
INTEREST INCOME	65,468.		
DIVIDEND INCOME	16,301.		
TOTAL TO FORM 4952, LINE 4A	81,769.		

FORM 4952		NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT	STATEMENT 16
DESCRIPTION	AMOUNT		
EFFICIENCY LODGE	1,528,533.		
SHAW INDUSTRIES	18,888.		
FIRST CASH	61,089.		
CCF HOLDING	64,186.		
CCF HOLDING	5,944.		
CCF HOLDING	6,106.		
SYNOVUS FIN CORP	68,603.		
REGIONS FINANCIAL	36,103.		
SEARS ROEBUCK	19,063.		
AL NATIONAL BK	16.		
JONQUILL INDUSTRIES	1,271.		
LONG-TERM CAPITAL LOSS CARRYOVER	<226,071.>		
LESS SHORT-TERM CAPITAL LOSS	<201.>		
TOTAL TO FORM 4952, LINE 4C	1,583,530.		

FORM 8582		ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1			STATEMENT 17	
NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS		
	NET INCOME	NET LOSS		GAIN	LOSS	
ARC ENTERPRISES	0.	<4,596.>	<4,172.>		<8,768.>	
RENTAL BUILDINGS & HOUSES	0.	<839.>	<4,263.>		<5,102.>	
TOTALS	0.	<5,435.>	<8,435.>		<13,870.>	

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 4 STATEMENT 18

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
ARC ENTERPRISES	SCH E	8,768.	.632155732	8,768.
RENTAL BUILDINGS & HOUSES	SCH E	5,102.	.367844268	5,102.
TOTALS		13,870.	1.000000000	13,870.

FORM 8582 ALLOWED LOSSES - WORKSHEET 5 STATEMENT 19

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
ARC ENTERPRISES	SCH E	8,768.	8,768.	
RENTAL BUILDINGS & HOUSES	SCH E	5,102.	5,102.	
TOTALS		13,870.	13,870.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 20

R R E A NAME	FORM OR SCHEDULE	PRIOR GAIN/LOSS	YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X ARC ENTERPRISES	SCH E	<4,596.>	<4,172.>	<8,768.>	8,768.	
X RENTAL BUILDINGS & HOUSES	SCH E	<839.>	<4,263.>	<5,102.>	5,102.	
TOTALS		<5,435.>	<8,435.>	<13,870.>	13,870.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11

FORM 8582

MODIFIED AGI

STATEMENT 21

INCOME

WAGES, SALARIES, TIPS ETC.		11,776.
DIVIDEND INCOME		16,301.
TAXABLE REFUNDS		4,850.
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		
TAXABLE PENSIONS AND ANNUITIES		
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		5,638.
INTEREST INCOME	65,468.	
ADD: SERIES EE EXCLUSION		
		65,468.
BUSINESS INCOME OR LOSS		
ADD: PASSIVE LOSSES		
SUBTRACT: PASSIVE INCOME		
SALE OF ASSETS	1,583,530.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
		1,583,530.
RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS	274,741.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
		274,741.
FARM OR FARM RENTAL INCOME OR LOSS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		
TOTAL INCOME		1,962,304.

ADJUSTMENTS

MOVING EXPENSES		
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION	426.	
PENALTY ON EARLY WITHDRAWAL OF SAVINGS		
ALIMONY PAID		
KEOGH/SEP DEDUCTION		
OTHER ADJUSTMENTS		
TOTAL ADJUSTMENTS		426.
TOTAL TO FORM 8582, LINE 6		1,961,878.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 22

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
ARC ENTERPRISES	0.	<4,596.>	<4,172.>		<8,768.>
RENTAL BUILDINGS & HOUSES	791.	0.	<2,632.>		<1,841.>
TOTALS	791.	<4,596.>	<6,804.>		<10,609.>

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 4

STATEMENT 23

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
ARC ENTERPRISES	SCH E	8,768.	.826468093	8,768.
RENTAL BUILDINGS & HOUSES	SCH E	1,841.	.173531907	1,841.
TOTALS		10,609.	1.000000000	10,609.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - WORKSHEET 5

STATEMENT 24

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
ARC ENTERPRISES	SCH E	8,768.	8,768.	
RENTAL BUILDINGS & HOUSES	SCH E	1,841.	1,841.	
TOTALS		10,609.	10,609.	

FORM 8582AMT SUMMARY OF PASSIVE ACTIVITIES - AMT STATEMENT 25

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X ARC ENTERPRISES	SCH E	<4,596.>	<4,172.>	<8,768.>	8,768.	
X RENTAL BUILDINGS & HOUSES	SCH E	791.	<2,632.>	<1,841.>	1,841.	
TOTALS		<3,805.>	<6,804.>	<10,609.>	10,609.	
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						791.
TOTAL TO FORM 8582AMT, LINE 11						791.

SCHEDULE FOR ESTIMATING GEORGIA INCOME TAXES

1. Adjusted gross income expected during the current year	1. \$	
2. Less: Deductions	2. \$	
3. Balance (Line 1 less Line 2)	3. \$	
4. Less: Personal exemption and exemption for dependents	4. \$	
5. Balance (Line 3 less Line 4)	5. \$	
6. Applicable Retirement Exclusion	6. \$	
7. Taxable income (Line 5 less Line 6)	7. \$	
8. Tax on amount Line 7 (See tax rate schedule)	8. \$	
9. Less: Withholding Tax and other credits	9. \$	
10. Your estimated Tax (Line 8 less Line 9)	10. \$	6,000.
11. Credit from prior year's return to be credited to this estimate	11. \$	
12. Estimated Tax due this year (Line 10 less Line 11) (Figures may be rounded off.)	12. \$	6,000.

PAYMENTS TO BE MADE:

4/15/99	1,500.
6/16/99	1,500.
9/15/99	1,500.
1/15/2000	1,500.

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

**NOTE: IF THIS IS YOUR FIRST ESTIMATE PAYMENT, A COUPON
BOOKLET WILL BE PRINTED AND MAILED TO YOU AFTER YOUR
PAYMENT IS PROCESSED.**

THANK YOU.

**GEORGIA INDIVIDUAL
ESTIMATED TAX**

500 ES

GEORGIA DEPT. OF REVENUE
P.O. BOX 105499
ATLANTA, GA. 30348-5499
(404) 656-4674

Individual ☒

Fiduciary ☐

CHECK THE
CORRECT BOX

For Calendar Year Ending 1999 or Fiscal Year Ending 1999

ROY E & MARIE BARNES
4841 BROOKWOOD
MABLETON, GA 30059

Taxpayer's Social Security No. [REDACTED]		Spouse's Social Security No. [REDACTED]	
Quarter 1	Due Date 04/15/99	AMOUNT DUE ▶ 1,500	

5000026072385440415999910000000000000000000000000000

**GEORGIA INDIVIDUAL
ESTIMATED TAX**

500 ES

**GEORGIA DEPT. OF REVENUE
P.O. BOX 105499
ATLANTA, GA. 30348-5499
(404) 656-4674**

Individual ☒

Fiduciary ☐

CHECK THE
CORRECT BOX

For Calendar Year Ending 1999 or Fiscal Year Ending 1999

ROY E & MARIE BARNES
4841 BROOKWOOD
MABLETON, GA 30059

Taxpayer's Social Security No.		Spouse's Social Security No.	
[REDACTED]		[REDACTED]	
Quarter	Due Date	AMOUNT DUE ▶	
2	06/15/99	1,500.	

500002607238544061599992000000000000000000000000000000000

**GEORGIA INDIVIDUAL
ESTIMATED TAX**

GEORGIA DEPT. OF REVENUE
P.O. BOX 105499
ATLANTA, GA. 30348-5499
(404) 656-4674

CHECK THE
CORRECT BOX

ROY E & MARIE BARNES
4841 BROOKWOOD
MABLETON, GA 30059

1,500.

[illegible]**GEORGIA INDIVIDUAL
ESTIMATED TAX**

GEORGIA DEPT. OF REVENUE
P.O. BOX 105499
ATLANTA, GA. 30348-5499
(404) 656-4674

CHECK THE
CORRECT BOX

ROY E & MARIE BARNES
4841 BROOKWOOD
MABLETON, GA 30059

1,500.

5000002607238544011800994000000000000000000000000000000

GEORGIA FORM 500
INDIVIDUAL INCOME TAX RETURN

1998

Page 1

Fiscal Year

Beginning:

Ending:

Mo. Day Yr.

DEPARTMENT USE ONLY

DEPARTMENT USE ONLY

Del Ext

YOUR SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

CHECK IF
FOREIGN ADDRESS

ADDRESS LINE 2 OR APARTMENT NUMBER

YOUR FIRST NAME

INITIAL

1. ROY E

L YOUR LAST NAME

SUFFIX

BARNES

SPOUSE'S FIRST NAME

INITIAL

MARIE

SPOUSE'S LAST NAME

SUFFIX

BARNES

2. ADDRESS LINE 1

4841 BROOKWOOD

3. CITY

STATE

ZIP CODE

COUNTRY IF FOREIGN

MABLETON

GA

30059

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

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

RESIDENCY
CODE

1

5. Fill in Filing Status Block with appropriate letter. (Must be same status as used on your Federal Return.)

A. SINGLE

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

B. MARRIED FILING JOINT

D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOWER

FILING
STATUS

B

6. Number of Exemptions from Federal Form 1040 or 1040A

4

7. If more than six dependents, attach schedule

Dependent's
First name

Last name

Dependent's
social security number

Dependent's
relationship to you

No. of months
lived in your
home in 1998

MARTHA ALLISON BARNES

DAUGHTER

12

MARY ALYSSA BARNES

DAUGHTER

12

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

8. Federal adjusted gross income (From Federal Form 1040 or 1040A or 1040EZ)

Do not use Federal Taxable Income.

8

1,954,867.

9. Adjustments from Schedule 1. (See instructions on page 7, Line 9)

9

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)

10

1,954,867.

11. STANDARD Deduction (SEE INSTRUCTIONS-Line 11)
Do not use Federal Standard Deduction.

11a

b. Are YOU 65 or over

blind

SPOUSE 65 or over

blind

X 1,300 = 11b

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

11c

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

12. TOTAL ITEMIZED deductions used in computing federal taxable income

Schedule A - form 1040

114,098.

Less: See Line 12 Instructions Page 8

12=

114,098.

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

13

1,840,769.

14. Number from block on Line 6

4

multiplied by \$2,700

14

10,800.

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

15

1,829,969.

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

IF YOU USE STANDARD DEDUCTION ON YOUR
FEDERAL RETURN YOU MUST USE STANDARD
DEDUCTION ON YOUR GEORGIA RETURN



Social Security Number

Georgia Taxable Income (Amount from Line 15)

1,829,969.

STEP 5
TAX COMPUTATIONS

16. Tax (Use Tax Table on pages 9 and 10)	▶ 16	109,538.
17. Credits (Enter total but not more than the amount shown on Line 16) From Schedule 2 page 3	▶ 17	
18. Balance (Line 16 less Line 17) If zero or less than zero enter zero	18	109,538.
19. GEORGIA INCOME TAX WITHHELD (attach withholding statements)	▶ 19	324.
20. Estimated tax for 1998 and Form IT-560	▶ 20	108,379.
21c. Low Income Credit (See worksheet after page 11) ▶ 21a _____ X 21b _____	▶ 21c	
22. Department use only	▶ 22	
23. Total prepayment credits (Add Lines 19, 20, and 21C)	▶ 23	108,703.
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE	▶ 24	835.
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount	▶ 25	
26. Amount to be credited to 1999 ESTIMATED TAX	▶ 26	
27. Georgia Nongame-Endangered Wildlife Conservation Fund (No gift of less than \$1.00 can be processed)	▶ 27	
28. Georgia Children and Elderly Fund (No gift of less than \$1.00 can be processed)	▶ 28	
29. Form 500 UET (Estimated Tax Penalty)	▶ 29	
30. Add Lines 24, 27, 28, and 29 (Balance due) MAKE CHECK PAYABLE FOR THIS AMOUNT TO GEORGIA INCOME TAX DIVISION	30	835.
31. Amount to be refunded. Line 25 minus Lines 26, 27, 28, and 29 if applicable	31	

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

Under penalty of perjury, I declare that I examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

YOUR SIGNATURE

X _____

DATE

DAYTIME PHONE NUMBER

SPOUSE'S SIGNATURE

X _____

DATE

By initialing this box
 I/We authorize the Georgia
 Department of Revenue to
 discuss this tax return with
 the preparer named below.

SIGNATURE OF PREPARER IF OTHER THAN TAXPAYER

X _____

DATE

SOCIAL SECURITY OR FEI NUMBER
OF PREPARER

MOORE & CUBBEDGE, LLP
 MARIETTA, GA 30064

Name: BARNES, ROY E & MARIESocial Security Number: [REDACTED]**SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (see page 5 of instructions)****ADDITIONS TO INCOME**

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

SUBTRACTIONS FROM INCOME

5. Retirement Income Exclusion
(See Retirement income exclusion worksheet page 13.)
- A. Self: Date of Birth _____ Type of Disability: _____ Date of Disability: _____ \$ _____
- B. Spouse: Date of Birth _____ Type of Disability: _____ Date of Disability: _____ \$ _____
6. Social Security Benefits (Taxable Portion) \$ _____
7. Railroad Retirement Benefits (Taxable Portion) \$ _____
8. Interest on United States Obligations \$ _____
9. Other (specify) \$ _____
10. Total Subtractions (enter sum of Lines 5-9 here) \$ _____
11. Net Adjustments (Line 4 less Line 10, enter net total here on Line 9 of Page 1) (+ or -) \$ _____

SCHEDULE 2 CREDITS FOR LINE 17 PAGE 2

1. Other State Credit \$ _____
2. Rural Physicians Credit \$ _____
3. Low Emission Vehicle Credit \$ _____
- Pass Through Credits from Ownership of S Corporation or Partnership Interest:**
4. Employer's Credit for Basic Skills Education \$ _____
5. Employer's Credit for Approved Employee Retraining \$ _____
6. Employer's New Jobs Credit \$ _____
7. Employer's Credit for Providing or Sponsoring Child Care for Employees \$ _____
8. Investment Tax Credit \$ _____
9. Optional Investment Tax Credit \$ _____
10. Enter the Total of Lines 1 through 9 here and on Line 17 page 2 \$ _____

Social Security Number: [REDACTED]
SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS
 Income earned in another state as a Georgia resident is taxable. See other state credit, page 8, line 17, and page 11.
DO NOT USE LINES 8 THROUGH 14-PAGE 1, FORM 500

	Federal Income as shown on Return COLUMN A	Income Not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, Etc.			
2. Interest and Dividends			
3. Business Income or (loss)			
4. Other Income or (loss)			
5. Total Income: Total Lines 1 through 4			
Adjustments to income:			
6. Total from Federal Form 1040			
7. Total from Form 500 Schedule 1 page 3 (see instructions Line 9, page 7)			
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7			
9. RATIO: Divide Line 8, Column C by Line 8 Column A Enter percentage			Not to exceed 100%
10. Itemized or Standard Deduction (see instructions for Line 10, page 12)			
11. Personal Exemption from Form 500 page 1, line 6, multiplied by \$2700			
12. Total Deductions and Exemptions: Add Lines 10 and 11			
13. Multiply Line 12 by Ratio on Line 9 and enter result			
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 1 of Form 500			

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.

Passive Activity Loss Limitations

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

GA

OMB No 1545-1008

1998Attachment
Sequence No. 88

Name(s) shown on return

ROY E & MARIE BARNES

Identifying number

[REDACTED]

Part I 1998 Passive Activity Loss

Caution: See the instructions for Worksheets 1 and 2 on page 7 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see **Active Participation in a Rental Real Estate Activity** in the instructions.)**1a** Activities with net income (enter the amount from Worksheet 1, column (a))**1a****b** Activities with net loss (enter the amount from Worksheet 1, column (b))**1b**

<5,435.>

c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))**1c**

<8,435.>

d Combine lines 1a, 1b, and 1c**1d**

<13,870.>

All Other Passive Activities**2a** Activities with net income (enter the amount from Worksheet 2, column (a))**2a****b** Activities with net loss (enter the amount from Worksheet 2, column (b))**2b****c** Prior year unallowed losses (enter the amount from Worksheet 2, column (c))**2c****d** Combine lines 2a, 2b, and 2c**2d****3** Combine lines 1d and 2d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. **Do not** complete Form 8582. Take the losses to the form or schedule you normally report them on. If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10**3**

<13,870.>

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 7 of the instructions for examples.

4 Enter the **smaller** of the loss on line 1d or the loss on line 3**4**

13,870.

5 Enter \$150,000. If married filing separately, see the instructions**5**

150,000.

6 Enter modified adjusted gross income, but not less than zero**6**

1,961,878.

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**

0.

8 Multiply line 7 by 50% (.5). **Do not** enter more than \$25,000. If married filing separately, see instructions**8****9** Enter the **smaller** of line 4 or line 8**9****Part III Total Losses Allowed****10** Add the income, if any, on lines 1a and 2a and enter the total**10****11** **Total losses allowed from all passive activities for 1998.** Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return**11**

0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (1998)

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 1

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
ARC ENTERPRISES	0.	<4,596.>	<4,172.>		<8,768.>
RENTAL BUILDINGS & HOUSES	0.	<839.>	<4,263.>		<5,102.>
TOTALS	0.	<5,435.>	<8,435.>		<13,870.>

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 4 STATEMENT 2

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
ARC ENTERPRISES	SCH E	8,768.	.632155732	8,768.
RENTAL BUILDINGS & HOUSES	SCH E	5,102.	.367844268	5,102.
TOTALS		13,870.	1.000000000	13,870.

FORM 8582 ALLOWED LOSSES - WORKSHEET 5 STATEMENT 3

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
ARC ENTERPRISES	SCH E	8,768.	8,768.	
RENTAL BUILDINGS & HOUSES	SCH E	5,102.	5,102.	
TOTALS		13,870.	13,870.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 4

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X ARC ENTERPRISES	SCH E	<4,596.>	<4,172.>	<8,768.>	8,768.	
X RENTAL BUILDINGS & HOUSES	SCH E	<839.>	<4,263.>	<5,102.>	5,102.	
TOTALS		<5,435.>	<8,435.>	<13,870.>	13,870.	

Label

(See instructions on page 18.)

Use the IRS label.

Otherwise, please print or type.

LABEL HERE	For the year Jan. 1-Dec. 31, 1998, or other tax year beginning _____, 1998, ending _____, 19		OMB No. 1545-0074
	Your first name and initial ROY E	Last name BARNES	Your social security number [REDACTED]
	If a joint return, spouse's first name and initial MARIE	Last name BARNES	Spouse's social security number [REDACTED]
	Home address (number and street). If you have a P.O. box, see page 18. 4841 BROOKWOOD		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. MABLETON, GA 30059		

▲ IMPORTANT! ▲
You must enter your SSN(s) above.

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

Presidential Election Campaign (See page 18.)

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

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

Filing Status

Check only one box.

1	<input type="checkbox"/> Single
2	<input checked="" type="checkbox"/> Married filing joint return (even if only one had income)
3	<input type="checkbox"/> Married filing separate return. Enter spouse's soc. sec. no. above and full name here. ▶ _____
4	<input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
5	<input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 18.)

Exemptions

If more than six dependents, see page 19.

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 19)
MARTHA ALLISON	BARNES	[REDACTED]	DAUGHTER	X
MARY ALYSSA	BARNES	[REDACTED]	DAUGHTER	X

No. of boxes checked on 6a and 6b: **2**

No. of your children on 6c who:
☒ lived with you **2**
☐ did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above

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

d Total number of exemptions claimed **4**

Income

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

If you did not get a W-2, see page 20.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	11,776.
8a	Taxable interest. Attach Schedule B if required	8a	65,468.
b	Tax-exempt interest. DO NOT include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	16,301.
10	Taxable refunds, credits, or offsets of state and local income taxes STMT 5 STMT 7	10	4,850.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D	13	1,583,530.
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
b	Taxable amount (see page 22)	15b	
16a	Total pensions and annuities	16a	
b	Taxable amount (see page 22)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	274,741.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 24)	20b	
21	Other income. List type and amount - see page 24 DIRECTOR FEES 5,638.	21	5,638.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	1,962,304.
23	IRA deduction (see page 25)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	7,011.
28	Self-employed health insurance deduction (see page 28)	28	426.
29	Keogh & self-employed SEP plans and SIMPLE plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	Add lines 23 through 31a	32	7,437.
33	Subtract line 32 from line 22. This is your adjusted gross income	33	1,954,867.

Adjusted Gross Income

If line 33 is under \$30,095 (under \$10,030 if a child did not live with you), see EIC inst. on page 36.

Tax and Credits**Standard Deduction for Most People**Single:
\$4,250Head of household:
\$6,250Married filing jointly or Qualifying widow(er):
\$7,100Married filing separately:
\$3,550**34** Amount from line 33 (adjusted gross income) **34** 1,954,867.**35a** Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here **35a****b** If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 29 and check here **35b** ☐**36** Enter the **larger** of your **itemized deductions** from Schedule A, line 28, **OR standard deduction** shown on the left. **But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent** **36** 114,098.**37** Subtract line 36 from line 34 **37** 1,840,769.**38** If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet on page 30 for the amount to enter **38** 0.**39** **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- **39** 1,840,769.**40** **Tax.** See page 30. Check if any tax from **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **40** 392,940.**41** Credit for child and dependent care expenses. Attach Form 2441 **41****42** Credit for the elderly or the disabled. Attach Schedule R **42****43** Child tax credit (see page 31) **43****44** Education credits. Attach Form 8863 **44****45** Adoption credit. Attach Form 8839 **45****46** Foreign tax credit. Attach Form 1116 if required **46****47** Other. Check if from **a** ☐ Form 3800 **b** ☐ Form 8396 **c** ☐ Form 8801 **d** ☐ Form (specify) **47****48** Add lines 41 through 47. These are your **total credits** **48****49** Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- **49** 392,940.**Other Taxes****50** Self-employment tax. Attach Schedule SE **50** 14,022.**51** Alternative minimum tax. Attach Form 6251 **51****52** Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 **52****53** Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required **53****54** Advance earned income credit payments from Form(s) W-2 **54****55** Household employment taxes. Attach Schedule H **55** 1,022.**56** Add lines 49 through 55. This is your **total tax** **56** 407,984.**Payments****57** Federal income tax withheld from Forms W-2 and 1099 **57** 1,520.**58** 1998 estimated tax payments and amount applied from 1997 return **58** 439,961.**59a** **Earned income credit.** Attach Schedule EIC if you have a qualifying child**b** Nontaxable earned income: amount **59a** and type **59a****60** Additional child tax credit. Attach Form 8812 **60****61** Amount paid with Form 4868 (request for extension) **61****62** Excess social security and RRTA tax withheld (see page 43) **62****63** Other payments. Check if from **a** ☐ Form 2439 **b** ☐ Form 4136 **63****64** Add lines 57, 58, 59a, and 60 through 63. These are your **total payments** **64** 441,481.**Refund**

Have it directly deposited! See page 44 and fill in 66b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you **OVERPAID** **65** 33,497.**66a** Amount of line 65 you want **REFUNDED TO YOU** **66a** 33,497.**b** Routing number **c** Type: ☐ Checking ☐ Savings**d** Account number**67** Amount of line 65 you want **APPLIED TO YOUR 1999 ESTIMATED TAX** **67****Amount You Owe****68** If line 56 is more than line 64, subtract line 64 from line 56. This is the **AMOUNT YOU OWE**.For details on how to pay, see page 44 **68** 0.**69** Estimated tax penalty. Also include on line 68 **69****Sign Here**

Keep a copy for your records.

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

Your signature

Date

Your occupation

Daytime telephone number (optional)

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

Date

Spouse's occupation

ATTORNEY

HOUSEWIFE

Paid**Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's social security no.

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

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

EIN

ZIP code 30064