

2000

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

HERE

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning 2000, ending 20 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 19. Apt. no. **391 WEST PACES FERRY ROAD**

City, town or post office, state, and ZIP code. **ATLANTA, GA 30305**

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

Election Campaign (See page 19.) Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You ☒ Yes ☐ No Spouse ☒ Yes ☐ No

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). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

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 20)
MARY ALYSSA	BARNES	[REDACTED]	DAUGHTER	X

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

No. of your children on 6c who: **1**

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above **3**

d Total number of exemptions claimed **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **116,459.**

8a Taxable interest. Attach Schedule B if required **3,731.**

b Tax-exempt interest. Do not include on line 8a **8b**

9 Ordinary dividends. Attach Schedule B if required **147,775.**

10 Taxable refunds or credits of state and local income taxes **STMT 1 STMT 3 21.**

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **<1,280.>**

14 Other gains or (losses). Attach Form 4797

15a Total IRA distributions **15a** b Taxable amount (see page 23) **15b**

16a Total pensions and annuities **16a** b Taxable amount (see page 23) **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **10,442.**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount (see page 25) **20b**

21 Other income. List type and amount (see page 25)

ROY BARNES BLIND TRUST 65,399.

MARIE BARNES BLIND TRUST 6,000.

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **348,547.**

Adjusted Gross Income

23 IRA deduction (see page 27) **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 **876.**

28 Self-employed health insurance deduction (see page 29) **28**

29 Self-employed SEP, SIMPLE, and qualified plans **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 Add lines 23 through 31a **876.**

33 Subtract line 32 from line 22. This is your adjusted gross income **347,671.**

Tax and Credits

34	Amount from line 33 (adjusted gross income)	34	347,671.
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	35b	<input type="checkbox"/>
36	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 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	85,906.
37	Subtract line 36 from line 34	37	261,765.
38	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 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	261,765.
40	Tax (see page 32). Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	77,284.
41	Alternative minimum tax. Attach Form 6251	41	127.
42	Add lines 40 and 41	42	77,411.
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Child tax credit (see page 36)	47	
48	Adoption credit. Attach Form 8839	48	
49	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	49	
50	Add lines 43 through 49. These are your total credits	50	
51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	51	77,411.

Other Taxes

52	Self-employment tax. Attach Schedule SE	52	1,751.
53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	53	
54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	54	
55	Advance earned income credit payments from Form(s) W-2	55	
56	Household employment taxes. Attach Schedule H	56	
57	Add lines 51 through 56. This is your total tax	57	79,162.

Payments

58	Federal income tax withheld from Forms W-2 and 1099	58	22,027.
59	2000 estimated tax payments and amount applied from 1999 return	59	82,000.
60a	Earned income credit (EIC)	60a	
b	Nontaxable earned income: amount and type		
61	Excess social security and RRTA tax withheld (see page 50)	61	
62	Additional child tax credit. Attach Form 8812	62	
63	Amount paid with request for extension to file	63	
64	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	64	
65	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	65	104,027.

Refund

66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	66	24,865.
67a	Amount of line 66 you want refunded to you	67a	17,679.
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
68	Amount of line 66 you want applied to your 2001 estimated tax	68	7,186.

Amount You Owe

69	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe.	69	
70	Estimated tax penalty. Also include on line 69	70	

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.	Daytime phone number
Taxpayer's signature: <i>Marie Barnes</i> Date: <i>4/12/01</i>	404-651-7709
Spouse's signature: <i>Frank Moore</i> Date: <i>4/12/01</i>	May the IRS discuss this return with the preparer shown below (see page 52)?
Your occupation: ATTORNEY	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's occupation: HOUSEWIFE	

Paid**Preparer's Use Only**

Preparer's signature: <i>C. Frank Moore</i>	Date: <i>4/10/01</i>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN: <i>[REDACTED]</i>
Firm's name (or yours if self-employed), address, and ZIP code: MOORE & CUBBEDGE LLP	EIN: <i>[REDACTED]</i>	Phone no.: <i>[REDACTED]</i>	
366 POWDER SPRINGS ST MARIETTA, GA 30064			

Child Tax Credit Worksheet (keep for your records)

First Name: **JOY E & MARIE** Last Name: **BARNES** Your SSN: **[REDACTED]**

Part 1

1. Number of qualifying children: 1 X \$500. Enter the result. 1 **500.**

2. Enter the amount from Form 1040, line 34, or Form 1040A, line 19. 2 **347,671.**

3. **1040 filers:** Enter the total of any-
 • Exclusion of income from Puerto Rico, and
 • Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15.
1040A filers: Enter -0-.

4. Add lines 2 and 3. Enter the result. 4 **347,671.**

5. Enter the amount shown below for your filing status.
 • Married filing jointly - \$110,000
 • Single, head of household, or qualifying widow(er) - \$75,000
 • Married filing separately - \$55,000

6. Is the amount on line 4 more than the amount on line 5?
☐ No. Leave line 6 blank. Enter -0- on line 7.
☒ Yes. Subtract line 5 from line 4.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 **11,900.**

8. Is the amount on line 1 more than the amount on line 7?
☒ No. **STOP**
 You cannot take the child tax credit on Form 1040, line 47, or Form 1040A, line 30.
☐ Yes. Subtract line 7 from line 1. Enter the result. 8

Part 2

9. Enter the amount from Form 1040, line 42, or Form 1040A, line 26. 9

10. Add the amounts from- **Form 1040:** or **Form 1040A:**
 Line 43 _____
 Line 44 _____ Line 27 _____ + _____
 Line 45 _____ Line 28 _____ + _____
 Line 46 _____ Line 29 _____ + _____
 Enter the total. 10

11. Is the amount on line 1 of this worksheet \$1,500 or more AND are you claiming any of the following credits?
 • Adoption credit, Form 8839 • Mortgage interest credit, Form 8396
 • District of Columbia first-time homebuyer credit, Form 8859
☐ No. Enter the amount from line 10. 11
☐ Yes. Complete the Line 11 Worksheet below to figure the amount to enter here. 12

12. Subtract line 11 from line 9. Enter the result. 12

13. Is the amount on line 8 of this worksheet more than the amount on line 12?
☐ No. Enter the amount from line 8. 13
☐ Yes. Enter the amount from line 12. **This is your child tax credit.** 13

Line 11 Worksheet Use this worksheet only if you answered "Yes" on line 11 of the Child Tax Credit Worksheet above.

1. Enter the amount from line 8 of the Child Tax Credit Worksheet above. 1

2. Enter the total of the following amounts from Form(s) W-2:
 • Social security taxes from box 4, and • medicare taxes from box 6 2

3. **1040 filers:** Enter the total of any-
 • Amounts from Form 1040, lines 27 and 53, and
 • Uncollected social security and Medicare or RRTA taxes shown in box 13 of your Form(s) W-2 with codes A, B, M, and N.
1040A filers: Enter -0-.

4. Add lines 2 and 3. Enter the result. 4

5. **1040 filers:** Enter the total of the amounts from Form 1040, lines 60a and 61.
1040A filers: Enter the total of any-
 • Amount from Form 1040A, line 38a, and
 • Excess social security and RRTA taxes withheld that you entered to the left of Form 1040A, line 40. 5

6. Is the amount on line 4 more than the amount on line 5?
☐ No. **STOP** Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet above and do the following. Enter the amount from line 10 on line 11 and complete lines 12 and 13.
☐ Yes. Subtract line 5 from line 4. Enter the result. **Go to line 7** 6

7. Is the amount on line 6 of this worksheet more than the amount on line 1?
☐ No. Subtract line 6 from line 1. Enter the result. ☐ Yes. Enter -0-. 7

8. Enter the total of the amounts from - Form 8839, line 14, and Form 8396, line 11, and Form 8859, line 11. 8

9. Enter the amount from line 10 of the Child Tax Credit Worksheet above. 9

10. Add lines 8 and 9. Enter the result on line 11 of the Child Tax Credit Worksheet above. 10

If you're claiming Forms 8839, 8396 or 8859 credit, use the amount from line 7 when you're asked to enter the amount from 1040, line 47, or 1040A, line 30.
 Then go to line 8.

SCHEDULES A&B
(Form 1040)

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

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

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

OMB No. 1545-0074

2000

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-2)	1	
2	Enter amount from Form 1040, line 34	2	
3	Multiply line 2 above by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local income taxes SEE STATEMENT 5	5	36,628.
(See page A-2.)	6 Real estate taxes (see page A-2)	6	4,663.
	7 Personal property taxes	7	702.
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	41,993.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	1,381.
(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: Personal interest is not deductible.	12 Points not reported to you on Form 1098. (See page A-3.)	12	
	13 Investment interest. Attach Form 4952 if required. (See page A-3.) STMT 7	13	6,634.
	14 Add lines 10 through 13	14	8,015.
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	42,460.
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	42,460.
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-5 for expenses to deduct here.)	21 Tax preparation fees	21	
	22 Other expenses - investment, safe deposit box, etc. List type and amount	22	
	23 Add lines 20 through 22	23	
	24 Enter amount from Form 1040, line 34	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 \$128,950 (over \$64,475 if married filing separately)? STMT 8 <input type="checkbox"/> 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. <input checked="" type="checkbox"/> YES. Your deduction may be limited. See page A-6 for the amount to enter.	28	85,906.

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, 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
 GEORGIA STATE BANK
 GEORGIA STATE BANK
 GEORGIA STATE BANK
 WOODMEN OF THE WORLD
 GEORGIA STATE BANK
 FROM K-1 - ROY BARNES BLIND TRUST

Amount

54.
 169.
 1,511.
 739.
 800.
 24.
 12.
 422.

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 2 3,731.
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 3
 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a 4 3,731.

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. If you received any capital gain distributions, see the instructions for Form 1040, line 13. ►

JBC BANCSHARES
 EQUITABLE
 FROM K-1 - ROY BARNES BLIND TRUST
 FROM K-1 - MARIE BARNES BLIND TRUST

Amount

864.
 11.
 136,532.
 10,368.

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 6 147,775.

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.

- 7a At any time during 2000, 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 2000, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 X

SCHEDULE D
(Form 1040)

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

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).

OMB No. 1545-0074

= 2000
Attachment
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	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
	(c) Date sold			
1				
2 Enter your short-term totals	2			
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2	3			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1999 Capital Loss Carryover Worksheet			6	
7 Net short-term capital gain or (loss). Combine column (f) of lines 1 through 6			7	

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
	(c) Date sold				
8 GEORGIA WORLD CONGRESS CENTER BOND	/ / 94 07/01/00	25,500.	25,000.	500.	
9 Enter your long-term totals	9				
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9	10	25,500.			
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	<1,780.>
13 Capital gain distributions				13	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1999 Capital Loss Carryover Worksheet				14	() ()
15 Combine column (g) of lines 8 through 14				15	
16 Net long-term capital gain or (loss). Combine column (f) of lines 8 through 14 Next: Go to Part III on page 2.				16	<1,280.>

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

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

Schedule D (Form 1040) 2000

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

17 **<1,280.>**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.

Otherwise, stop here.

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

18 (**1,280.)**

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

Next: Skip **Part IV** below. Instead, complete Form 1040 through line 37. Then, complete the **Capital Loss**

Carryover Worksheet 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

20 Enter the smaller of line 16 or line 17 of Schedule D

20

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

23 Combine line 7 and 15. If zero or less, enter -0-

23

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, from line 17 of the worksheet

25

26 Add lines 24 and 25

26

27 Subtract line 26 from line 22. If zero or less, enter -0-

27

28 Subtract line 27 from line 19. If zero or less, enter -0-

28

29 Enter the smaller of:

- The amount on line 19 or
- \$26,250 if single; \$43,850 if married filing jointly or qualifying widow(er); \$21,925 if married filing separately; or \$35,150 if head of household

29

30 Enter the smaller of line 28 or line 29

30

31 Subtract line 22 from line 19. If zero or less, enter -0-

31

32 Enter the larger of line 30 or line 31

32

33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies

33

Note. If the amounts on lines 29 and 30 are the same, skip lines 34 through 37 and go to line 38.

34 Enter the amount from line 29

34

35 Enter the amount from line 30

35

36 Subtract line 35 from line 34

36

37 Multiply line 36 by 10% (.10)

37

Note. If the amounts on lines 19 and 29 are the same, skip lines 38 through 51 and go to line 52.

38 Enter the smaller of line 19 or line 27

38

39 Enter the amount from line 36

39

40 Subtract line 39 from line 38

40

41 Multiply line 40 by 20% (.20)

41

Note. If line 26 is zero or blank, skip lines 42 through 51 and go to line 52.

42 Enter the smaller of line 22 or line 25

42

43 Add lines 22 and 32

43

44 Enter the amount from line 19

44

45 Subtract line 44 from line 43. If zero or less, enter -0-

45

46 Subtract line 45 from line 42. If zero or less, enter -0-

46

47 Multiply line 46 by 25% (.25)

47

Note. If line 24 is zero or blank, skip lines 48 through 51 and go to line 52.

48 Enter the amount from line 19

48

49 Add lines 32, 36, 40, and 46

49

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

53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies

53

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

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	Investment At Risk?	(e) All is at risk	(f) Some is not at risk
A							
B							
C							
D							
E							

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

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A	ROY BARNES BLIND TRUST	
B	MARIE BARNES BLIND TRUST	

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		10,442.	
B		10,442.	
33a Totals			
b Totals			
34 Add columns (d) and (f) of line 33a			34 10,442.
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 10,442.

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	10,442.
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	

2000 Income from Passthroughs

ROY BARNES BLIND TRUST

I.D. NUMBER: [REDACTED]

TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

ROY BARNES BLIND TRUST

OTHER PASSIVE ACTIVITY

INVESTMENT INTEREST

0

TOTAL NONPASSIVE ACTIVITY LOSS

-6,634

ORDINARY INCOME (LOSS)

10,442

SCHEDULE E ACTIVITY INCOME (LOSS)

10,442

OTHER K-1 INFORMATION:

INTEREST - TOTAL

422

DIVIDENDS - TOTAL

136,532

LONG-TERM CAPITAL GAIN (LOSS)

-1,780

2000 Income from Passthroughs

MARIE BARNES BLIND TRUST

I.D. NUMBER:

TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

MARIE BARNES BLIND TRUST

OTHER K-1 INFORMATION:

DIVIDENDS - TOTAL

10,368

2000 Income from Passthroughs

SUMMARY OF K-1 INFORMATION FOR ALL PASSTHROUGHS

OTHER K-1 INFORMATION:

INTEREST - TOTAL	422
DIVIDENDS - TOTAL	146,900
LONG-TERM CAPITAL GAIN (LOSS)	-1,780

INVESTMENT INTEREST EXPENSE:

INVESTMENT INTEREST - BUSINESS	6,634
--------------------------------	-------

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

Social security number of person with self-employment income

ROY E BARNES

Section B - Long Schedule SE

Part I Self-Employment Tax

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

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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a. Note. Skip this line if you use the farm optional method. See page SE-3	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-3	2	65,399.
3	Combine lines 1 and 2	3	65,399.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	60,396.
4b	If you elect 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	60,396.
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	60,396.
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 2000	7	76,200.00
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	76,200.
8b	Unreported tips subject to social security tax (from Form 4137, line 9)	8b	
8c	Add lines 8a and 8b	8c	76,200.
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	0.
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	0.
11	Multiply line 6 by 2.9% (.029)	11	1,751.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 52	12	1,751.
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	876.

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 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 Sch. F, line 11, and Sch. K-1 (Form 1065), line 15b.² From Sch. F, line 36, and Sch. K-1 (Form 1065), line 15a.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), line 15a; and Sch. K-1 (Form 1065-B), box 9.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), line 15c; and Sch. K-1 (Form 1065-B), box 9.

6251

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

2000

Attachment
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

ROY E & MARIE BARNES

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 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	41,993.
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	<21.>
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss SEE STATEMENT 10	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	
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
15	Total Adjustments and Preferences. Combine lines 1 through 14	15	41,972.

Part II Alternative Minimum Taxable Income

16	Enter the amount from Form 1040, line 37. If less than zero, enter as a (loss)	16	261,765.
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 \$128,950 (over \$64,475 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	<6,562.>
19	Combine lines 15 through 18	19	297,175.
20	Alternative tax net operating loss deduction. See instructions	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	297,175.

Part III Exemption Amount and Alternative Minimum Tax

22	Exemption Amount. (If this form is for a child under age 14, see instructions.)		
	IF your filing status is ...	AND line 21 is not over ...	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 and stop here	23	288,969.
24	If you reported capital gain distributions directly on Form 1040, line 13, or 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 refigured for the AMT, if necessary), go to Part IV of Form 6251 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	77,411.
25	Alternative minimum tax foreign tax credit. See instructions	25	
26	Tentative minimum tax. Subtract line 25 from line 24	26	77,411.
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 43)	27	77,284.
28	Alternative Minimum Tax. Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form 1040, line 41	28	127.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 6251 (2000)

Part IV Line 24 Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part IV of Schedule D (Form 1040), see the instructions before you complete this part.

29	Enter the amount from Form 6251, line 23		29
30	Enter the amount from Schedule D (Form 1040), line 27 (as refigured for the AMT, if necessary). See instructions	30	
31	Enter the amount from Schedule D (Form 1040), line 25 (as refigured for the AMT, if necessary). See instructions	31	
32	Add lines 30 and 31	32	
33	Enter the amount from Schedule D (Form 1040), line 22 (as refigured for the AMT, if necessary). See instructions	33	
34	Enter the smaller of line 32 or line 33		34
35	Subtract line 34 from line 29. If zero or less, enter -0-		35
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
37	Enter the amount from Schedule D (Form 1040), line 36 (as figured for the regular tax). See instructions	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	
41	Enter the amount from line 38	41	
42	Subtract line 41 from line 40	42	
43	Multiply line 42 by 20% (.20)		43
Note: If line 31 is zero or blank, skip lines 44 through 47 and go to line 48.			
44	Enter the amount from line 29	44	
45	Add lines 35, 38, and 42	45	
46	Subtract line 45 from line 44	46	
47	Multiply line 46 by 25% (.25)		47
48	Add lines 36, 39, 43, and 47		48
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
50	Enter the smaller of line 48 or line 49 here and on line 24		50

Form 6251 (2000)

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 8	Form 6251, Line 9	Form 6251, Line 11	Form 6251, Line 14h	Form 6251 Other Adjustment
K1 -	ROY BARNES BLIND TRUST * REGULAR INCOME * AMT NET INCOME	10,442. 10,442.					

Form **4952**Department of the Treasury
Internal Revenue Service (99)**Investment Interest Expense Deduction**

▶ Attach to your tax return.

OMB No. 1545-0191

2000Attachment
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 2000. See instructions SEE STATEMENT 12	1	6,634.
2	Disallowed investment interest expense from 1999 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	6,634.

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 13	4a	151,506.
b	Net gain from the disposition of property held for investment	4b	
c	Net capital gain from the disposition of property held for investment	4c	
d	Subtract line 4c from line 4b. If zero or less, enter -0-	4d	
e	Enter all or part of the amount on line 4c, if any, that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions ▶	4e	
f	Investment income. Add lines 4a, 4d, and 4e. See instructions	4f	151,506.
5	Investment expenses. See instructions	5	
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-	6	151,506.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2001. 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. See instructions	8	6,634.

ALTERNATIVE MINIMUM TAX

Form **4952**
Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0191

2000

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 2000. See instructions	1	6,634.
2	Disallowed investment interest expense from 1999 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	6,634.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	151,506.
b	Net gain from the disposition of property held for investment	4b	
c	Net capital gain from the disposition of property held for investment	4c	
d	Subtract line 4c from line 4b. If zero or less, enter -0-	4d	
e	Enter all or part of the amount on line 4c, if any, that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions ▶	4e	
f	Investment income. Add lines 4a, 4d, and 4e. See instructions	4f	151,506.
5	Investment expenses. See instructions	5	
6	Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-	6	151,506.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2001. 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. See instructions	8	6,634.

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

6,634.
6,634.

Passive Activity Loss Limitations

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

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES**Part I 2000 Passive Activity Loss**

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

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

1a Activities with net income (enter the amount from Worksheet 1, column (a))

1a

b Activities with net loss (enter the amount from Worksheet 1, column (b))

1b

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

1c

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

1d

All Other Passive Activities

2a Activities with net income (enter the amount from Worksheet 2, column (a))

2a

10,442.

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

10,442.

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. Report the losses on the forms and schedules normally used.

3

10,442.

If this line and line 1d are losses, go to Part II. Otherwise, enter -0- on line 9 and go to line 10.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 for examples.

Note: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, enter -0- on line 9 and go to line 10.

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

4

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

5

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

6

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

7 Subtract line 6 from line 5

7

8 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions

8

9 Enter the smaller of line 4 or line 8

9

Part III Total Losses Allowed

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

10

11 Total losses allowed from all passive activities for 2000. Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return

11

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (2000)

FORM 1040	STATE AND LOCAL INCOME TAX REFUNDS		STATEMENT	1
	1999	1998	1997	
GROSS STATE/LOCAL INC TAX REFUNDS	136.			
LESS: TAX PAID IN FOLLOWING YEAR	115.			
NET TAX REFUNDS GEORGIA	21.			
TOTAL NET TAX REFUNDS	21.			

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 \$2,800 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 \$2,800 BY THE TOTAL NUMBER OF EXEMPTIONS CLAIMED ON FORM 1040, LINE 6D 8,400.
3. ENTER THE AMOUNT FROM FORM 1040, LINE 34 347,671.
4. ENTER THE AMOUNT FOR YOUR FILING STATUS 193,400.
MARRIED FILING SEPARATE \$ 96,700
SINGLE \$128,950
HEAD OF HOUSEHOLD \$161,150
MARRIED FILING JOINT OR WIDOW(ER) \$193,400
5. SUBTRACT LINE 4 FROM LINE 3 154,271.
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.

ORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	3
	1999	1998	1997
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	21.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT			
NET REFUNDS FOR RECALCULATION	21.		
TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	200,215.		
DEDUCTION NOT SUBJ TO PHASEOUT	17,465.		
NET REFUNDS FROM LINE 1	21.		
LINE 2 MINUS LINES 3 AND 4	182,729.		
MULTIPLY LINE 5 BY 80% (.80)	146,183.		
PRIOR YEAR AGI	716,295.		
ITEM. DED. PHASEOUT THRESHOLD	126,600.		
SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	589,695.		
MULTIPLY LINE 9 BY 3% (.03)	17,691.		
ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	165,038.		
ITEM DED. NOT SUBJ TO PHASEOUT	17,465.		
TOTAL ADJ. ITEMIZED DEDUCTIONS	182,503.		
PRIOR YR. STD. DED. AVAILABLE	7,200.		
PRIOR YR. ALLOWABLE ITEM. DED.	182,524.		
SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	21.		
TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	21.		
ALLOWABLE PRIOR YR. ITEM. DED.	182,524.		
PRIOR YEAR STD. DED. AVAILABLE	7,200.		
SUBTRACT LINE 18 FROM LINE 17	175,324.		
LESSER OF LINE 16 OR LINE 19	21.		
PRIOR YEAR TAXABLE INCOME	533,771.		
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			21.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 1997			
TOTAL TO FORM 1040, LINE 10			21.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 4

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
OFFICE OF PLANNING AND BUDGET	116,459.	22,027.	5,839.		4,724.	1,689.
TOTALS	116,459.	22,027.	5,839.		4,724.	1,689.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 5

DESCRIPTION	AMOUNT
OFFICE OF PLANNING AND BUDGET	5,839.
GEORGIA ESTIMATE PAYMENTS	19,404.
GEORGIA PRIOR YEAR ESTIMATE PAYMENTS	11,500.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	<115.>
TOTAL TO SCHEDULE A, LINE 5	36,628.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 6

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
FIRST UNITED METH. CHURCH	27,200.	
MISCELLANEOUS ORGANIZED CHARITIES	2,060.	
JUST MINISTRIES	7,500.	
NANCY BARNES MEMORIAL FUND	2,500.	
SHILOH BAPTIST CHURCH	1,000.	
GEORGIA EDUCATIONAL ENHANCEMENT FUND	2,200.	
SUBTOTALS	42,460.	
TOTAL TO SCHEDULE A, LINE 15		42,460.

SCHEDULE A	INVESTMENT INTEREST	STATEMENT 7
DESCRIPTION		AMOUNT
ROY BARNES BLIND TRUST		6,634.
TOTAL TO SCHEDULE A, LINE 13		6,634.

SCHEDULE A	ITEMIZED DEDUCTIONS WORKSHEET	STATEMENT	8
1.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 9, 14, 18, 19, 26, AND 27	92,468.	
2.	ADD THE AMOUNTS ON SCHEDULE A, LINES 4, 13, AND 19, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 27	6,634.	
3.	IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 2 FROM LINE 1	85,834.	
4.	MULTIPLY LINE 3 ABOVE BY 80% (.80)	68,667.	
5.	ENTER THE AMOUNT FROM FORM 1040, LINE 34.	347,671.	
6.	ENTER: \$128,950 IF SINGLE, MARRIED FILING JOINTLY, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER); \$64,475 IF MARRIED FILING SEPARATELY	128,950.	
7.	IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 28. IF YES, SUBTRACT LINE 6 FROM LINE 5	218,721.	
8.	MULTIPLY LINE 7 ABOVE BY 3% (.03)	6,562.	
9.	ENTER THE SMALLER OF LINE 4 OR LINE 8	6,562.	
10.	TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 9 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 28	85,906.	

SCHEDULE SE	NON-FARM INCOME	STATEMENT	9
DESCRIPTION		AMOUNT	
ROY BARNES BLIND TRUST		65,399.	
TOTAL TO SCHEDULE SE, LINE 2		65,399.	

FORM 6251

PASSIVE ACTIVITIES

STATEMENT 10

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
ROY BARNES BLIND TRUST SCH E		10,442.	10,442.	
TOTAL TO FORM 6251, LINE 11				

FORM 6251

EXEMPTION WORKSHEET

STATEMENT 11

ENTER: \$33,750 IF SINGLE OR HEAD OF HOUSEHOLD; \$45,000 IF
 MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$22,500
 IF MARRIED FILING SEPARATELY. 45,000.
 ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME
 (AMTI) FORM 6251, LINE 21 297,175.
 ENTER: \$112,500 IF SINGLE OR HEAD OF HOUSEHOLD;
 \$150,000 IF MARRIED FILING JOINTLY OR
 QUALIFYING WIDOW(ER); \$75,000 IF MARRIED
 FILING SEPARATELY 150,000.
 SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS
 ENTER -0- 147,175.
 MULTIPLY LINE 4 BY 25% (.25). 36,794.
 SUBTRACT LINE 5 FROM LINE 1. IF ZERO OR LESS, ENTER -0-. IF
 THIS FORM IS FOR A CHILD UNDER AGE 14, GO TO LINE 7 BELOW.
 OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251,
 LINE 22, AND GO TO FORM 6251, LINE 23 8,206.
 CHILD'S MINIMUM EXEMPTION AMOUNT.
 ENTER THE CHILD'S EARNED INCOME, IF ANY
 ADD LINES 7 AND 8
 ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251,
 LINE 22, AND GO TO FORM 6251, LINE 23

FORM 4952

INVESTMENT INTEREST EXPENSE

STATEMENT 12

DESCRIPTION	CURRENT	CARRYOVER
ROY BARNES BLIND TRUST	6,634.	
TOTALS TO FORM 4952	6,634.	

FORM 4952

INCOME FROM PROPERTY HELD FOR INVESTMENT

STATEMENT 13

DESCRIPTION	AMOUNT
INTEREST INCOME	3,731.
DIVIDEND INCOME	147,775.
TOTAL TO FORM 4952, LINE 4A	151,506.

FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 2

STATEMENT 14

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
ROY BARNES BLIND TRUST	10,442.	0.		10,442.	
TOTALS	10,442.	0.		10,442.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 15

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
ROY BARNES BLIND TRUST	SCH E	10,442.		10,442.		
TOTALS		10,442.		10,442.		

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 11

GEORGIA FORM 500
INDIVIDUAL INCOME
TAX RETURN 2000
Page 1



0000101111

Department Use Only

FISCAL YEAR MO. DAY YR.
BEGINNING: ENDING:

MO. DAY YR.

BOOKLET / SOFTWARE PACKAGE 2002

Del

Misc

Ext

2 CHANGE OF ADDRESS

ADDRESS LINE 1

1. YOUR FIRST NAME

INITIAL

YOUR LAST NAME

ROY

E BARNES

391 WEST PACES FERRY ROAD

SUFFIX

YOUR SOCIAL SECURITY NUMBER

DECEASED

ADDRESS LINE 2

SPOUSE'S FIRST NAME

INITIAL

SPOUSE'S LAST NAME

3 CITY

STATE ZIP CODE

MARIE

BARNES

ATLANTA

GA 30305

SUFFIX

SPOUSE'S SOCIAL SECURITY NUMBER

DECEASED

FOREIGN ADDRESS

FOR COMPUTER USE ONLY - PLEASE DO NOT MARK THROUGH OR STAPLE IN THE AREA BELOW

SSN1		11C		24	
SSN2		12	85,906.00	25	16,751.00
4		13	261,765.00	26	1,306.00
4M		14	8,100.00	27	
5	B	15	253,665.00	28	
6	3	16	14,960.00	29	
8	347,671.00	17		30	
9		18	14,960.00	31	
10	347,671.00	19	5,839.00	32	15,445.00
11A		20	25,872.00	TXY	2000
11B1		21A		FYB	01-01-00
11B2		21B		FYE	12-31-00
11B3		21C		EXT	
11B4		22		COA	
11B		23	31,711.00	CIF	

4. RESIDENCY CODE NUMBER

1. FULL YEAR RESIDENT

2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

1

5. FILING STATUS

A. SINGLE

C. MARRIED FILING SEPARATE

B. MARRIED FILING JOINT

D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOW(ER)

B

1019



0000101121

SOCIAL SECURITY NUMBER

[REDACTED]

6. NUMBER OF EXEMPTIONS FROM FEDERAL FORM 1040 OR 1040A

3

7. IF MORE THAN FOUR DEPENDENTS, ATTACH A LIST

First Name

Last Name

MARY ALYSSA BARNES

Dependent's

Social Security Number

[REDACTED]

Dependent's

Relationship to You

DAUGHTER

8. FEDERAL ADJUSTED GROSS INCOME

347,671.00

9. ADJUSTMENTS FROM SCHEDULE

10. GEORGIA ADJUSTED GROSS INCOME

347,671.00

11. STANDARD DEDUCTION

b. ARE YOU 65 OR OVER BLIND SPOUSE 65 OR OVER BLIND X1,300=

c. TOTAL STANDARD DEDUCTION

12. TOTAL ITEMIZED DEDUCTIONS USED IN COMPUTING FEDERAL TAXABLE INCOME

85,906.00

SCHEDULE A-FORM 1040 85,906. LESS:

13. SUBTRACT EITHER LINE 11C OR LINE 12 FROM LINE 10; ENTER BALANCE

261,765.00

14. ENTER NUMBER FROM BLOCK ON LINE 6 MULTIPLIED BY \$2,700

8,100.00

15. GEORGIA TAXABLE INCOME

253,665.00

16. TAX

14,960.00

17. CREDITS

18. BALANCE

14,960.00

19. GEORGIA INCOME TAX WITHHELD

5,839.00

20. ESTIMATED TAX FOR 2000 AND FORM IT-500PV

25,872.00

21. LOW INCOME CREDIT 21A 21B

22. DEPARTMENT USE ONLY

23. TOTAL PREPAYMENT CREDITS

31,711.00

24. BALANCE DUE STATE

25. OVERPAYMENT

16,751.00

26. 2001 ESTIMATED TAX

1,306.00

27. GEORGIA WILDLIFE CONSERVATION FUND

28. GEORGIA CHILDREN AND ELDERLY FUND

29. GEORGIA CANCER RESEARCH FUND

30. FORM 500UET

31. BALANCE DUE: MAKE CHECK PAYABLE FOR THIS AMOUNT TO GEORGIA INCOME TAX DIVISION

15,445.00

32. AMOUNT TO BE REFUNDED

OVERPAYMENTS (REFUNDS) MAILING ADDRESS - GEORGIA INCOME TAX DIVISION P.O. BOX 740380 ATLANTA, GA 30374-0380

PAYMENTS AND OTHER MAILING ADDRESS - GEORGIA INCOME TAX DIVISION P.O. BOX 740399 ATLANTA, GA 30374-0399

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

YOUR SIGNATURE

Mary Alyssa Barnes

DATE

SPOUSE'S SIGNATURE

Marie Barnes

DATE

By initialing this line I/we

authorize the Georgia

Department of Revenue to

discuss this tax return with

the named preparer.

ACB

MB

SIGNATURE OF PREPARER

IF OTHER THAN TAXPAYER

C. Frank Moore

ID NUMBER OF PREPARER

[REDACTED]

DATE



0000101131

SOCIAL SECURITY NUMBER

**SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW
ADDITIONS TO INCOME**

1. INTEREST ON NON-GEORGIA MUNICIPAL AND STATE BONDS
2. LUMP SUM DISTRIBUTIONS
3. OTHER (SPECIFY)
4. TOTAL ADDITIONS

SUBTRACTIONS FROM INCOME

5. RETIREMENT INCOME EXCLUSION

A. SELF:

DATE OF BIRTH	TYPE OF DISABILITY	DATE OF DISABILITY
---------------	--------------------	--------------------

B. SPOUSE:

DATE OF BIRTH	TYPE OF DISABILITY	DATE OF DISABILITY
---------------	--------------------	--------------------

6. SOCIAL SECURITY BENEFITS
7. RAILROAD RETIREMENT BENEFITS
8. INTEREST ON UNITED STATES OBLIGATIONS
9. OTHER (SPECIFY)
10. TOTAL SUBTRACTIONS

11. NET ADJUSTMENTS

SCHEDULE 2 CREDITS FOR LINE 17, PAGE 2

1. OTHER STATE CREDIT
2. LOW EMISSION VEHICLE CREDIT
3. CREDITS FROM FORM IND-CR
4. OTHER CREDITS (SPECIFY)
5. EMPLOYER'S CREDIT FOR BASIC SKILLS EDUCATION
NAME OF BUSINESS ENTITY
6. EMPLOYER'S CREDIT FOR APPROVED EMPLOYEE RETRAINING
NAME OF BUSINESS ENTITY
7. EMPLOYER'S NEW JOBS CREDIT
NAME OF BUSINESS ENTITY
8. EMPLOYER'S CREDIT FOR PROVIDING OR SPONSORING CHILDCARE FOR EMPLOYEES
NAME OF BUSINESS ENTITY
9. MANUFACTURER'S INVESTMENT TAX CREDIT
NAME OF BUSINESS ENTITY
10. OPTIONAL INVESTMENT TAX CREDIT
NAME OF BUSINESS ENTITY
11. OTHER CREDITS (SPECIFY)
NAME OF BUSINESS ENTITY
12. TOTAL OF LINES 1 THROUGH 11



0000101141

SOCIAL SECURITY NUMBER



SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS
INCOME EARNED IN ANOTHER STATE AS A GEORGIA RESIDENT IS TAXABLE

	FEDERAL INCOME AFTER GEORGIA ADJUSTMENTS	INCOME NOT TAXABLE TO GEORGIA	GEORGIA INCOME
1. WAGES, SALARIES, TIPS, ETC.			
2. INTEREST AND DIVIDENDS			
3. BUSINESS INCOME OR LOSS			
4. OTHER INCOME OR LOSS			
5. TOTAL INCOME:			
ADJUSTMENTS TO INCOME			
6. TOTAL FROM FEDERAL FORM 1040			
7. TOTAL FROM FORM 500, SCHEDULE 1, PAGE 3			
8. ADJUSTED GROSS INCOME			
9. RATIO:			NOT TO EXCEED 100%
10. ITEMIZED OR STANDARD DEDUCTION			
11. PERSONAL EXEMPTION FROM FORM 500 MULTIPLIED BY \$2,700			
12. TOTAL DEDUCTIONS AND EXEMPTIONS			
13. RESULT OF MULTIPLYING LINE 12 BY RATIO ON LINE 9			
14. GEORGIA TAXABLE INCOME			

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.

Name(s) shown on return

Identifying number

ROY E & MARIE BARNES**Part I 2000 Passive Activity Loss**

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

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

1a Activities with net income (enter the amount from Worksheet 1, column (a))

1a

1b Activities with net loss (enter the amount from Worksheet 1, column (b))

1b

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

1c

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

1d

All Other Passive Activities

2a Activities with net income (enter the amount from Worksheet 2, column (a))

2a

10,442.

2b Activities with net loss (enter the amount from Worksheet 2, column (b))

2b

2c Prior year unallowed losses (enter the amount from Worksheet 2, column (c))

2c

d Combine lines 2a, 2b, and 2c

2d

10,442.

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. Report the losses on the forms and schedules normally used.

3

10,442.

If this line and line 1d are losses, go to Part II. Otherwise, enter -0- on line 9 and go to line 10.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 for examples.

Note: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, enter -0- on line 9 and go to line 10.

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

4

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

5

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

6

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

7 Subtract line 6 from line 5

7

8 Multiply line 7 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions

8

9 Enter the smaller of line 4 or line 8

9

Part III Total Losses Allowed

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

10

11 Total losses allowed from all passive activities for 2000. Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return

11

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 8582 (2000)

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 2 STATEMENT 1

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
ROY BARNES BLIND TRUST	10,442.	0.		10,442.	
TOTALS	10,442.	0.		10,442.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 2

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
ROY BARNES BLIND TRUST	SCH E	10,442.		10,442.		
TOTALS		10,442.		10,442.		

Label

(See instructions on page 19.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

(See page 19.)

For the year Jan. 1-Dec. 31, 2000, or other tax year beginning

, 2000, ending

, 20

OMB No. 1545-0074

L
A
B
E
L

H
E
R
E

Your first name and initial

ROY E

Last name

BARNES

Your social security number

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

MARIE

Last name

BARNES

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

391 WEST PACES FERRY ROAD

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

ATLANTA, GA 30305

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

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

You

Spouse

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

☒ Yes

☐ No

☒ Yes

☐ No

Filing Status

1

☐ Single

2

☒ Married filing 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). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

Check only one box.

5

☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

6a

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

No. of boxes checked on 6a and 6b

2

b

☒ Spouse

No. of your children on 6c who:

c

Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If qualifying child for child tax credit (see page 20)

MARY ALYSSA BARNES

DAUGHTER

● lived with you **1**

● did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

3

d

Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

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

7

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

116,459.

8a

Taxable interest. Attach Schedule B if required

3,731.

b

Tax-exempt interest. Do not include on line 8a

8b

147,775.

9

Ordinary dividends. Attach Schedule B if required

21.

10

Taxable refunds or credits of state and local income taxes

STMT 3 STMT 5

<1,280.>

11

Alimony received

10,442.

12

Business income or (loss). Attach Schedule C or C-EZ

13

Capital gain or (loss). Attach Schedule D if required. If not required, check here

14

Other gains or (losses). Attach Form 4797

15a

Total IRA distributions

15a

b Taxable amount (see page 23)

16a

Total pensions and annuities

16a

b Taxable amount (see page 23)

17

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

18

Farm income or (loss). Attach Schedule F

19

Unemployment compensation

20a

Social security benefits

20a

b Taxable amount (see page 25)

21

Other income. List type and amount (see page 25)

ROY BARNES BLIND TRUST

65,399.

MARIE BARNES BLIND TRUST

6,000.

71,399.

22

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

348,547.

Adjusted Gross Income

23

IRA deduction (see page 27)

24

Student loan interest deduction (see page 27)

25

Medical savings account deduction. Attach Form 8853

26

Moving expenses. Attach Form 3903

27

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

876.

28

Self-employed health insurance deduction (see page 29)

29

Self-employed SEP, SIMPLE, and qualified plans

30

Penalty on early withdrawal of savings

31a

Alimony paid

b Recipient's SSN

31a

32

Add lines 23 through 31a

876.

33

Subtract line 32 from line 22. This is your adjusted gross income

347,671.

Tax and Credits

34	Amount from line 33 (adjusted gross income)	34	347,671.
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind.	35a	
	Add the number of boxes checked above and enter the total here	35b	
36	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	36	85,906.
37	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	37	261,765.
38	Subtract line 36 from line 34	38	0.
39	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	39	261,765.
40	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	40	77,284.
41	Tax (see page 32). Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	127.
42	Alternative minimum tax. Attach Form 6251	42	77,411.
43	Add lines 40 and 41	43	
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Child tax credit (see page 36)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 49. These are your total credits	51	77,411.
52	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	52	1,751.
53	Self-employment tax. Attach Schedule SE	53	
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	79,162.
58	Add lines 51 through 56. This is your total tax	58	22,027.
59	Federal income tax withheld from Forms W-2 and 1099	59	82,000.
60a	2000 estimated tax payments and amount applied from 1999 return	60a	
61	Earned income credit (EIC)	61	
62	Nontaxable earned income: amount and type	62	
63	Excess social security and RRTA tax withheld (see page 50)	63	
64	Additional child tax credit. Attach Form 8812	64	
65	Amount paid with request for extension to file	65	104,027.
66	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	66	24,865.
67a	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	67a	17,679.
68	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	68	7,186.
69a	Amount of line 66 you want refunded to you	69a	
69b	Routing number	69b	
69c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	69c	
69d	Account number	69d	
70	Amount of line 66 you want applied to your 2001 estimated tax	70	

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

Refund

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 phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 52)?
		ATTORNEY	<input type="checkbox"/> Yes <input type="checkbox"/> No
		HOUSEWIFE	

Paid

Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
MOORE & CUBBEDGE, LLP			
366 POWDER SPRINGS ST			
MARIETTA, GA 30064			