

Mail to:  
IECDB  
514 East Locust, Suite 104  
Des Moines, Iowa 50309-1912  
Or Fax: (515)281-3701

Reset Form

FORM  
PFD  
For office use only

# Iowa Ethics and Campaign Disclosure Board

APR 30 2004

Required by Iowa Code section 68B.35 and Board rules in 351 IAC Chapter 7.

## Personal Financial Disclosure Statement

Name: Eugene I. Gessow  
Please type or print legibly

Agency or department: Department of Human Services

Position held Medicaid Director

This statement is for Calendar Year 2003. Check if this is an amended statement.   
(This statement is required to cover the calendar year preceding the year the report is due.)

\* \* \* \* \*

General instructions: Complete each of Parts A, B and C below. Attach additional pages if necessary.

\* \* \* \* \*

**Part A. Business, Occupation, or Profession.** By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer.

1. Medicaid Director - Iowa Department of Human Services  
Insurance Bureau
2. Director of Medical Services - Maine Department of Human Services
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Part B. Income sources other than Business, Occupation, or Profession identified in Part**

**A.** As required by Iowa Code section 68B.35, in the categories below list each source from which you received more than \$1000 in gross annual income during the previous calendar year. **The amount or value of the holding is not required to be listed.** Include a source if the total amount of any income received jointly with one or more persons exceeds \$1000, but do not report income received solely by your spouse or other family members. For the purposes of this Part, a source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. You may wish to refer to your federal and state tax forms while completing this part.

If you received no other income more than \$1000 from any source other than from a business, occupation, or profession identified in Part A, check here and proceed to Part C.

NO OTHER REPORTABLE INCOME:          

**1. Securities.** You need not state the number or value of securities of any specific corporation or other entity you owned during the reporting period; you need only identify the nature of the business of any company in which you owned securities that generated over \$1000 in gross income during the preceding calendar year. Securities "owned" through investment in a mutual fund is indicated by identifying only "mutual fund" as the source. Income generated by multiple holdings in a single company are deemed received from a single source.

- 1. see attached
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**2. Financial Institutions.** State the types of institutions that you received financial instruments, such as certificates of deposit, savings accounts, etc., that produced annual gross income over \$1000 during the preceding calendar year.

- 1. see attached
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**3. Trusts and Estates.** State the nature or type of all trusts or estates that you received gross annual income over \$1000 during the preceding calendar year. (You may wish to refer to tax schedule E.).

1.     \$0
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**4. Real Estate.** List the general nature of real estate interests that generated more than \$1000 in annual gross income during the preceding calendar year. Do not list the location, address, or legal description of the property. Include income derived from holding a seller's interest in a contract sale of real estate.

1.     See attached
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**5. Retirement Systems.** List the name of the employer-sponsor of the retirement benefit system, if any, as well as the type of benefit, such as IRA or Keogh plan. Include only benefits that generated over \$1000 in annual gross income actually distributed to you during the preceding calendar year.

1.     See attached
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**6. Other.** Identify by category other sources of annual gross income over \$1000 during the preceding calendar year not reported above, but that were reported for tax purposes. For example: partnerships and capital gains.

1.     See attached
2. \_\_\_\_\_
3. \_\_\_\_\_

**Part C. Certified Signature.**

I certify, under penalty of perjury, that the foregoing statements are true and accurate to the best of my knowledge and belief. I understand that I am subject to penalties for failing to file an accurate statement. In addition, I understand that I am subject to penalties for failing to file this statement by the required due date.

    Eugene Jesser      
(Signature of person filing statement)

    Eugene Jesser     3

    4/29/04      
(Date)

4/29/04

Declaration Control Number (DCN)

00 - 050519 - 00295 - 4

IRS Use Only - Do not write or staple in this space.

Form 8453

U.S. Individual Income Tax Declaration for an IRS e-file Return

For the year January 1 - December 31, 2003

See instructions.

OMB No. 1545-0936

2003

Department of the Treasury Internal Revenue Service

Personal information section including names (EUGENE J GESSOW, DIMITRA CARIS), address (158 TABER AVENUE, PROVIDENCE, RI 02806), and social security numbers.

Part I Tax Return Information (Whole dollars only)

Table with 5 rows: 1 Adjusted gross income (132,413), 2 Total tax (15,946), 3 Federal income tax withheld (21,420), 4 Refund (6,275), 5 Amount you owe.

Part II Declaration of Taxpayer (Sign only after Part I is completed.) Be sure to keep a copy of your tax return.

- 6a [X] I consent that my refund be directly deposited as designated in the electronic portion of my 2003 Federal income tax return.
b [ ] I do not want direct deposit of my refund or I am not receiving a refund.
c [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2003 Federal income tax return.

Sign Here section with lines for Your signature, Date, Spouse's signature, and Date.

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

ERO's Use Only section with fields for signature, date, firm name (RALPH M CIUNCI & Co), EIN, and phone number.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Paid Preparer's Use Only section with fields for signature, date, firm name, EIN, and phone number.

Form **1040**

Department of the Treasury — Internal Revenue Service

**U.S. Individual Income Tax Return 2003**

(99) IRS Use Only — Do not write or staple in this space.

**Label**  
(See instructions.)

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

**Presidential Election Campaign**  
(See instructions.)

For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20		OMB No. 1545-0074
Your first name EUGENE	MI Last name J GESSOW	Your social security number [REDACTED]
If a joint return, spouse's first name DIMITRA	MI Last name CARIS	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 158 TABER AVENUE		▲ <b>Important!</b> ▲ You must enter your social security number(s) above.
City, town or post office. If you have a foreign address, see instructions. PROVIDENCE		
State ZIP code RI 02806		

▶ **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?  Yes  No  Yes  No

**Filing Status**

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . ▶
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . ▶	5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (See instructions.)

**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** . . . . .

(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 instrs)	No. of children on 6c who:
EMMA	GESSOW	[REDACTED]	Daughter	<input type="checkbox"/>	● lived with you . . . . . 2
SAMUEL M	GESSOW	[REDACTED]	Son	<input type="checkbox"/>	● did not live with you due to divorce or separation (see instrs) . . . . .
				<input type="checkbox"/>	Dependents on 6c not entered above . . . . .
				<input type="checkbox"/>	Add numbers on lines above . . . . . 4

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 instructions.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	131,438.
8a Taxable interest. Attach Schedule B if required . . . . .	8a	69.
b Tax-exempt interest. Do not include on line 8a . . . . .	8b	9,932.
9a Ordinary dividends. Attach Schedule B if required . . . . .	9a	3,277.
b Qualifd divs (see instrs) . . . . .	9b	3,100.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . . .	10	629.
11 Alimony received . . . . .	11	
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . .	13a	-3,000.
b If box on 13a is checked, enter post-May 5 capital gain distributions . . . . .	13b	
14 Other gains or (losses). Attach Form 4797 . . . . .	14	
15a IRA distributions . . . . .	15a	
b Taxable amount (see instrs) . . . . .	15b	
16a Pensions and annuities . . . . .	16a	
b Taxable amount (see instrs) . . . . .	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	
18 Farm income or (loss). Attach Schedule F . . . . .	18	
19 Unemployment compensation . . . . .	19	
20a Social security benefits . . . . .	20a	
b Taxable amount (see instrs) . . . . .	20b	
21 Other income . . . . .	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> . . . . .	22	132,413.

**Adjusted Gross Income**

23 Educator expenses (see instructions) . . . . .	23	
24 IRA deduction (see instructions) . . . . .	24	
25 Student loan interest deduction (see instructions) . . . . .	25	
26 Tuition and fees deduction (see instructions) . . . . .	26	0.
27 Moving expenses. Attach Form 3903 . . . . .	27	
28 One-half of self-employment tax. Attach Schedule SE . . . . .	28	
29 Self-employed health insurance deduction (see instrs) . . . . .	29	
30 Self-employed SEP, SIMPLE, and qualified plans . . . . .	30	
31 Penalty on early withdrawal of savings . . . . .	31	
32a Alimony paid b Recipient's SSN . . . . .	32a	
33 Add lines 23 through 32a . . . . .	33	0.
34 Subtract line 33 from line 22. This is your <b>adjusted gross income</b> . . . . .	34	132,413.

# Tax History Report

**2003**

▶ Keep for your records

Name(s) Shown on Return <b>EUGENE J GESSOW &amp; DIMITRA CARIS</b>	Social Security Number
---	------------------------

	Five Year Tax History:				
	1999	2000	2001	2002	2003
Filing status .....		MFJ	MFJ	MFJ	MFJ
Total income .....		116,041.	110,304.	112,685.	132,413.
Adjustments to income .....				3,000.	0.
Adjusted gross income .....		116,041.	110,304.	109,685.	132,413.
Tax expense .....		10,421.	12,124.	15,310.	14,351.
Interest expense .....		11,429.	12,116.	12,088.	10,626.
Contributions .....		1,030.	975.	2,475.	1,420.
Miscellaneous deductions .....		4,794.	4,596.	3,903.	3,035.
Other itemized deductions .....					
Total itemized/standard deduction .....		27,674.	29,811.	33,776.	29,432.
Personal exemptions .....		11,200.	11,600.	12,000.	12,200.
Taxable income .....		77,167.	68,893.	63,909.	90,781.
Tax .....		15,909.	13,291.	11,056.	16,004.
Alternative minimum tax .....		1,236.		842.	
Total credits .....		653.	559.	612.	58.
Other taxes .....		16,486.	366.		
Payments .....		17,397.	14,561.	17,315.	22,221.
Form 2210 penalty .....					
Amount owed .....		236.			
Applied to next year's estimated tax .....					
Refund .....		911.	1,463.	6,029.	6,275.
Effective tax rate % .....		13.15	11.54	9.52	12.04

ACCOUNT NAME: EUGENE I GESSOW & DIMITRA CARIS IMA  
311



FLEET NATIONAL BANK  
PO BOX 6767  
PROVIDENCE, RI 02940-6767

Private Clients Group

Prepared By: KPMG LLP

AGENT/CUSTODIAN TAX INFORMATION LETTER

PRINCIPAL:

EUGENE I GESSOW  
158 TABER AVENUE  
PROVIDENCE, RI 02906

I.D. NUMBER: [REDACTED]

TAX YEAR  
BEGINNING 01/01/2003  
ENDING 12/31/2003

ENTER THE AMOUNTS LISTED BELOW ON YOUR U.S. INCOME TAX RETURN

LISTED BELOW IS A SUMMARIZATION OF ALL ITEMS POSTED TO YOUR ACCOUNT. IT INCLUDES AMOUNTS REPORTED TO THE IRS ON 1099 FORMS, ITEMS REPORTED TO THE IRS BY INDIVIDUAL PAYERS, AND MISCELLANEOUS INFORMATION YOU MAY NEED IN THE PREPARATION OF YOUR FEDERAL AND STATE INCOME TAX RETURNS.

I N C O M E

U.S. GOVERNMENT INTEREST REPORTED AS DIVIDENDS:	
QUALIFIED .....	NONE
(SEE FORM 1040 INSTRUCTIONS)	
TOTAL FOR YEAR .....	10.80
(ENTER THE ABOVE ON SCHEDULE B, PART II, LINE 5)	
DIVIDEND INCOME:	
QUALIFIED .....	3,100.40
(SEE FORM 1040 INSTRUCTIONS)	
TOTAL FOR YEAR .....	3,266.56
(ENTER THE ABOVE ON SCHEDULE B, PART II, LINE 5)	
SHORT TERM GAINS OR LOSSES:	
OTHER CAPITAL GAIN OR LOSS	
TOTAL FOR YEAR .....	-657.18
(ENTER ON SCHEDULE D, PART I, LINE 1, COLUMN F)	
POST-MAY 5TH .....	-684.13
(ENTER ON SCHEDULE D, PART I, LINE 1, COLUMN G)	
LONG TERM GAINS OR LOSSES:	
CAPITAL GAIN DIVIDENDS	
TOTAL FOR YEAR .....	366.63
(ENTER ON SCHEDULE D, PART II, LINE 13, COLUMN F)	
POST-MAY 5TH .....	185.19
(ENTER ON SCHEDULE D, PART II, LINE 13, COLUMN G)	
QUALIFIED 5-YEAR .....	11.77
(ENTER ON LINE 5 OF WORKSHEET FOR SCH. D, LINE 35)	
OTHER CAPITAL GAIN OR LOSS	
TOTAL FOR YEAR .....	-12,212.47
(ENTER ON SCHEDULE D, PART II, LINE 8, COLUMN F)	
POST-MAY 5TH .....	-1,963.53
(ENTER ON SCHEDULE D, PART II, LINE 8, COLUMN G)	

D E D U C T I O N S

AGENCY FEES .....	5,332.85
(ENTER THE PORTION ALLOCABLE TO TAXABLE INCOME ON SCHEDULE A)	

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Report the amounts listed above on your 2003 tax return. These may differ from payments actually received by you. The difference may be caused by the exclusion of tax-exempt income, our agreed plan of remitting, fiduciary deduction, or variance between your taxable year and that of this account. If you have interests in other accounts, appropriate schedules will follow.

AGENT/CUSTODIAN INFORMATION LETTER, CONTINUATION

M I S C E L L A N E O U S I N F O R M A T I O N

RHODE ISLAND MUNICIPAL INTEREST  
(NOT SUBJECT TO ALT MIN TAX) ..... 5,250.00  
(ENTER ON FORM 1040, LINE 8B)  
NON-RHODE ISLAND MUNICIPAL INTEREST  
(NOT SUBJECT TO ALT MIN TAX) ..... 4,681.64  
(ENTER ON FORM 1040, LINE 8B)  
(NO ALLOCATION AGAINST FEES OR COMMISSIONS  
HAS BEEN MADE WITH YOUR TAX-EXEMPT INCOME)

T A X C R E D I T S

FOREIGN TAX CREDIT INFORMATION:

(ENTER THE FOLLOWING ON FORM 1116 OR SCH. A IF APPLICABLE)

COUNTRY	FOREIGN INCOME	TAXES	DATE PAID
FINLAND	45.54	6.83	12/31/2003
UNITED KINGDOM	43.04	2.87	12/31/2003
VARIOUS	194.24	48.31	12/31/2003

IF YOU HAVE ANY QUESTIONS CONCERNING THE  
PRECEDING INFORMATION, PLEASE CALL (800)413-8811  
OR EMAIL TO US-EPR-FLEET@KPMG.COM.

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Report the amounts listed above on your 2003 tax return. These may differ from payments actually received by you. The difference may be caused by the exclusion of tax-exempt income, our agreed plan of remitting, fiduciary deduction, or variance between your taxable year and that of this account. If you have interests in other accounts, appropriate schedules will follow.

Account Title: EUGENE I GESSOW & DIMITRA CARIS IMA



Private Clients Group

Account Number:

Tax I.D. Number:

Prepared By: KPMG LLP

FOLLOWING IS A DETAILED LISTING OF ALL AMOUNTS CREDITED OR CHARGED TO YOUR ACCOUNT DURING THE YEAR. ALL AMOUNTS SHOWN UNDER THE "INCLUDED ON 1099 STATEMENT" ARE REFLECTED ON THE APPROPRIATE 2003 1099 FORM. ALL OTHER ITEMS ARE PROVIDED HERE FOR YOUR CONVENIENCE ONLY IN PREPARING YOUR 2003 FEDERAL AND STATE TAX RETURNS.

Description	Amount	Category Total
U.S. GOVERNMENT INTEREST REPORTED AS DIVIDENDS		
----- NONQUALIFIED -----		
THE FOLLOWING ITEM(S) ARE INCLUDED ON FORM 1099-DIV:		
ASSET BASED DISQUALIFICATION -----		
GALAXY MONEY MARKET FUND - TRUST	10.80	
TOTAL AMOUNT INCLUDED ON LINE 1A OF FORM 1099-DIV	-----	10.80
TOTAL NONQUALIFIED U.S. GOV'T INTEREST REPORTED AS DIVIDENDS		----- 10.80
TOTAL U.S. GOVERNMENT INTEREST REPORTED AS DIVIDENDS		----- 10.80
----- FOREIGN DIVIDENDS -----		
QUALIFIED -----		
THE FOLLOWING ITEM(S) ARE INCLUDED ON FORM 1099-DIV:		
COLUMBIA INTL EQUITY FD CL Z	194.24	
NOKIA CORP ADR SERIES A	45.54	
VODAFONE GROUP PLC ADR NEW	43.04	
TOTAL AMOUNT INCLUDED ON LINES 1A & 1B OF FORM 1099-DIV	-----	282.82
TOTAL QUALIFIED FOREIGN DIVIDENDS		----- 282.82
TOTAL FOREIGN DIVIDENDS		----- 282.82
----- OTHER DIVIDENDS -----		
QUALIFIED -----		
THE FOLLOWING ITEM(S) ARE INCLUDED ON FORM 1099-DIV:		
AT & T CORP COM	36.01	
AMER INTERNATIONAL GROUP INC COM	16.82	
ANALOG DEVICES INC COM	4.00	
BANK OF AMERICA CORP COM	360.00	

Account Title: EUGENE I GESSOW & DIMITRA CARIS IMA



Private Clients Group

Account Number: [REDACTED]

Prepared By: KPMG LLP

Tax I.D. Number: [REDACTED]

FOLLOWING IS A DETAILED LISTING OF ALL AMOUNTS CREDITED OR CHARGED TO YOUR ACCOUNT DURING THE YEAR. ALL AMOUNTS SHOWN UNDER THE "INCLUDED ON 1099 STATEMENT" ARE REFLECTED ON THE APPROPRIATE 2003 1099 FORM. ALL OTHER ITEMS ARE PROVIDED HERE FOR YOUR CONVENIENCE ONLY IN PREPARING YOUR 2003 FEDERAL AND STATE TAX RETURNS.

Description	Amount	Category Total
BANK NEW YORK INC COM	47.50	
BAXTER INTERNATIONAL COM	29.10	
BELL SOUTH CORP COM	128.00	
CVS CORP COM	34.52	
CITIGROUP INC COM	217.50	
COLUMBIA SMALL CAP FD CL Z	67.55	
COLUMBIA REAL ESTATE EQUITY FD CL Z	6.39	
CONOCOPHILLIPS COM	74.98	
DISNEY WALT CO COM	52.50	
EXXON MOBIL CORP COM	147.00	
FEDERAL NATIONAL MORTGAGE ASSN COM	84.00	
FIRST DATA CORP COM	16.00	
GILLETTE CO COM	65.00	
HOME DEPOT INC COM	39.00	
INTEL CORP COM	8.00	
INTERNATIONAL BUSINESS MACHS CORP	31.50	
JOHNSON & JOHNSON COM	92.50	
KRAFT FOODS INC COM	63.00	
MARSH & MCLENNAN COS INC COM	118.00	
MEDTRONIC INC COM	31.14	
MERCK & CO INC COM	72.50	
MICROSOFT CORP COM	144.00	
MONSANTO CO COM	1.44	
PEPSICO INC COM	31.00	
PFIZER INC COM	167.25	
PHARMACIA CORP COM	10.13	
PROCTER & GAMBLE CO COM	173.00	
SBC COMMUNICATIONS INC COM	136.75	
TARGET CORP COM	52.00	
3M CO COM	66.00	
US BANCORP DEL COM	181.50	
VIACOM INC CL B COM	12.00	
TOTAL AMOUNT INCLUDED ON LINES 1A & 1B OF FORM 1099-DIV		2,817.58
TOTAL QUALIFIED OTHER DIVIDENDS		2,817.58
NONQUALIFIED		
-----		
THE FOLLOWING ITEM(S) ARE INCLUDED ON FORM 1099-DIV:		
ASSET BASED DISQUALIFICATION		
-----		
COLUMBIA SMALL CAP FD CL Z	21.64	
COLUMBIA REAL ESTATE EQUITY FD CL Z	28.63	
GALAXY MONEY MARKET FUND - TRUST	115.89	
TOTAL AMOUNT INCLUDED ON LINE 1A OF FORM 1099-DIV		166.16
TOTAL NONQUALIFIED OTHER DIVIDENDS		166.16
TOTAL OTHER DIVIDENDS		2,983.74

Account Title: EUGENE I GESSOW & DIMITRA CARIS IMA



Private Clients Group

Account Number: [REDACTED]

Prepared By: KPMG LLP

Tax I.D. Number: [REDACTED]

FOLLOWING IS A DETAILED LISTING OF ALL AMOUNTS CREDITED OR CHARGED TO YOUR ACCOUNT DURING THE YEAR. ALL AMOUNTS SHOWN UNDER THE "INCLUDED ON 1099 STATEMENT" ARE REFLECTED ON THE APPROPRIATE 2003 1099 FORM. ALL OTHER ITEMS ARE PROVIDED HERE FOR YOUR CONVENIENCE ONLY IN PREPARING YOUR 2003 FEDERAL AND STATE TAX RETURNS.

Description	Amount	Category Total
LONG-TERM CAPITAL GAIN DIVIDENDS -----		
POST-MAY 5TH CAPITAL GAIN DIVIDENDS -----		
THE FOLLOWING ITEM(S) ARE INCLUDED ON THE 1099-DIV:		
COLUMBIA ACORN FUND CL Z	9.31	
COLUMBIA SMALL CAP FD CL Z	135.16	
COLUMBIA REAL ESTATE EQUITY FD CL Z	40.72	
TOTAL AMOUNT INCLUDED ON LINES 2A & 2B OF FORM 1099-DIV		185.19
TOTAL POST-MAY 5TH CAPITAL GAIN DIVIDENDS		185.19
QUALIFIED 5-YEAR CAPITAL GAIN DIVIDENDS -----		
THE FOLLOWING ITEM(S) ARE INCLUDED ON THE 1099-DIV:		
COLUMBIA SMALL CAP FD CL Z	11.77	
TOTAL AMOUNT INCLUDED ON LINES 2A & 2C OF FORM 1099-DIV		11.77
TOTAL QUALIFIED 5-YEAR CAPITAL GAIN DIVIDENDS		11.77
20% MAXIMUM RATE CAPITAL GAIN DIVIDENDS -----		
THE FOLLOWING ITEM(S) ARE INCLUDED ON THE 1099-DIV:		
COLUMBIA SMALL CAP FD CL Z	63.54	
CLASS ACTION PROCEEDS: PROCTER & GAMBLE CO.	106.13	
TOTAL AMOUNT INCLUDED ON LINE 2A OF FORM 1099-DIV		169.67
TOTAL 20% MAXIMUM RATE CAPITAL GAIN DIVIDENDS		169.67
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS		366.63

Account Title: EUGENE I GESSOW & DIMITRA CARIS IMA



Private Clients Group

Account Number: [REDACTED]

Prepared By: KPMG LLP

Tax I.D. Number: [REDACTED]

THE FOLLOWING HAS NOT BEEN REPORTED TO THE IRS. IT IS PROVIDED HERE FOR YOUR CONVENIENCE ONLY IN PREPARING YOUR 2003 FEDERAL AND STATE TAX RETURNS.

Description	Amount	Category Total
AGENCY FEES -----		
ALLOCABLE:		
TRUSTEE/EXECUTOR FEES-INCOME (ALLOCABLE)	5,569.93	
COLUMBIA INTL EQUITY FD CL Z	-13.04	
COLUMBIA SMALL CO EQUITY FD CL Z	-9.38	
COLUMBIA SMALL CAP FD CL Z	-9.77	
GALAXY MONEY MARKET FUND - TRUST	-63.63	
LIBERTY SMALL CAP FUND CL Z *REORG*	-46.06	
LIBERTY SMALL COMPANY EQ CL Z *REORG	-48.45	
LIBERTY INTL EQUITY FD CL Z *REORG*	-46.75	
TOTAL (ALLOCABLE)	-----	5,332.85
TOTAL AGENCY FEES		----- 5,332.85 =====

Account Title: EUGENE I GESSOW & DIMITRA CARIS IMA



Private Clients Group

Account Number: [REDACTED]

Prepared By: KPMG LLP

Tax I.D. Number: [REDACTED]

THE FOLLOWING HAS NOT BEEN REPORTED TO THE IRS. IT IS PROVIDED HERE FOR YOUR CONVENIENCE ONLY IN PREPARING YOUR 2003 FEDERAL AND STATE TAX RETURNS.

Description	Amount	Category Total
<u>TAX-EXEMPT INCOME (GROSS)</u>		
TAX-EXEMPT INTEREST (NOT SUBJECT TO ALT MIN TAX) BY STATE/TERRITORY OF ISSUE:		
CONNECTICUT		
CT ST SPL TAX OBLIG 5.50% 10/01/10	1,334.47	
TOTAL FROM CONNECTICUT		1,334.47
GEORGIA		
GEORGIA ST 5.25% 10/01/09	1,288.14	
TOTAL FROM GEORGIA		1,288.14
MICHIGAN		
MI ST MUNI BD AUTH 5.00% 12/01/06	809.03	
TOTAL FROM MICHIGAN		809.03
PUERTO RICO		
PUERTO RICO HWY 5.50% 7/01/15	1,375.00	
TOTAL FROM PUERTO RICO		1,375.00
RHODE ISLAND		
RI HSG & MTG FIN 5.00% 10/01/04	1,250.00	
RI HSG & MTG FIN 5.50% 10/01/10	1,375.00	
RHODE ISLAND ST 5.00% 8/01/05	1,250.00	
TOTAL FROM RHODE ISLAND		3,875.00
SOUTH CAROLINA		
SOUTH CAROLINA ST 5.00% 8/01/08	1,250.00	
TOTAL FROM SOUTH CAROLINA		1,250.00
TOTAL GROSS TAX-EXEMPT INTEREST (NOT SUBJECT TO ALT MIN TAX)		9,931.64

Account Title: EUGENE I GESSOW & DIMITRA CARIS IMA



Private Clients Group

Account Number:

Tax I.D. Number:

Prepared By: KPMG LLP

DETAIL OF SHORT-TERM CAPITAL GAINS AND LOSSES

Units	Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
	PRE-MAY 6TH SALES REPORTED ON FORM 1099-B: -----					
12.000	MONSANTO CO COM	04/02/2002	01/14/2003	218.75	191.80	26.95
	TOTAL PRE-MAY 6TH SALES REPORTED ON 1099-B			218.75	191.80	26.95
	POST-MAY 5TH SALES REPORTED ON FORM 1099-B: -----					
100.000	BELL SOUTH CORP COM	05/21/2002	05/07/2003	2,584.87	3,269.00	-684.13
	TOTAL POST-MAY 5TH SALES REPORTED ON 1099-B			2,584.87	3,269.00	-684.13
	TOTAL SHORT-TERM SALES			2,803.62	3,460.80	-657.18

Important Tax Return Document Enclosed

Account Title: EUGENE I GESSOW & DIMITRA CARIS IMA



Account Number: [REDACTED]

Private Clients Group

Tax I.D. Number: [REDACTED]

Prepared By: KPMG LLP

DETAIL OF LONG-TERM CAPITAL GAINS AND LOSSES

Units	Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
	POST-MAY 5TH SALES REPORTED ON FORM 1099-B: -----					
125.000	BANK NEW YORK INC COM	07/11/2000	05/07/2003	3,367.34	5,991.56	-2,624.22
50.000	VODAFONE GROUP PLC ADR NEW	03/02/1999	05/07/2003	961.45	1,819.78	-858.33
25,000.000	MI ST MUNI BD AUTH 5.00% 12/01/06	03/21/2000	07/21/2003	27,119.75	25,000.00	2,119.75
0.030	MEDCO HEALTH SOLUTIONS INC COM	03/02/1999	08/26/2003	0.80	1.07	-0.27
25,000.000	RI HSG & MTG FIN 5.50% 10/01/10	03/09/2000	10/01/2003	25,000.00	25,000.00	
100.000	MARSH & MCLENNAN COS INC COM	11/01/2001	10/27/2003	4,444.79	5,045.25	-600.46
	TOTAL POST-MAY 5TH SALES REPORTED ON 1099-B			60,894.13	62,857.66	-1,963.53
	-----					
	20% MAXIMUM RATE SALES REPORTED ON FORM 1099-B: -----					
50.000	ANALOG DEVICES INC COM	05/17/2000	01/14/2003	1,401.45	3,499.75	-2,098.30
73.000	COMCAST CORP CL A COM	03/02/1999	01/14/2003	2,037.36	4,732.61	-2,695.25
50.000	NOKIA CORP ADR SERIES A	01/16/2001	01/14/2003	835.47	1,952.88	-1,117.41
100.000	US BANCORP DEL COM	04/12/2000	01/14/2003	2,307.93	2,724.50	-416.57
50.000	VODAFONE GROUP PLC ADR NEW	03/02/1999	01/14/2003	1,008.46	1,819.78	-811.32
50.000	FLEXTRONICS INTERNATIONAL LTD	11/01/2001	01/14/2003	447.23	996.00	-548.77
150.000	DISNEY WALT CO COM	03/02/1999	03/28/2003	2,632.43	5,193.75	-2,561.32
	TOTAL 20% MAXIMUM RATE SALES REPORTED ON 1099-B			10,670.33	20,919.27	-10,248.94
	-----					
	TOTAL LONG-TERM SALES			71,564.46	83,776.93	-12,212.47
	-----					

Important Tax Return Document Enclosed

Tax and Credits

Standard Deduction for -

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

Table with 3 columns: Line number, Description, and Amount. Includes lines 35-54 covering tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 55-60 covering other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 61-68 covering payments.

Refund

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 69-71 covering refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-73 covering amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Sign Here

Joint return? See instructions. 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.

Paid Preparer's Use Only

Preparer's signature, Date, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2003**

**07**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.**  
▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Your social security number

**EUGENE J GESSOW & DIMITRA CARIS**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) .....	1		
2	Enter amount from Form 1040, line 35 ..... <b>2</b>			
3	Multiply line 2 by 7.5% (.075) .....	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	4		
<b>Taxes You Paid</b>	5 State and local income taxes .....	5	7,656.	
(See instructions.)	6 Real estate taxes (see instructions) .....	6	4,978.	
	7 Personal property taxes .....	7	1,717.	
	8 Other taxes. List type and amount ▶ .....	8		
	9 Add lines 5 through 8 .....	9		14,351.
<b>Interest You Paid</b>	10 Home mtg interest and points reported to you on Form 1098 .....	10	10,626.	
(See instructions.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶ .....			
	12 Points not reported to you on Form 1098. See instrs for spl rules .....	12		
<b>Note.</b> Personal interest is not deductible.	13 Investment interest. Attach Form 4952 if required. (See instrs.) .....	13		
	14 Add lines 10 through 13 .....	14		10,626.
<b>Gifts to Charity</b>	15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	15	1,420.	
If you made a gift and got a benefit for it, see instructions.	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 .....	16		
	17 Carryover from prior year .....	17		
	18 Add lines 15 through 17 .....	18		1,420.
<b>Casualty and Theft Losses</b>	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....	19		
<b>Job Expenses and Most Other Miscellaneous Deductions</b>	20 Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ .....	20		
(See instructions.)	21 Tax preparation fees .....	21	350.	
	22 Other expenses – investment, safe deposit box, etc. List type and amount ▶ .....	22	5,333.	
	<u>See Statement</u> .....			
	23 Add lines 20 through 22 .....	23	5,683.	
	24 Enter amount from Form 1040, line 35 ..... <b>24</b> 132,413.	24		
	25 Multiply line 24 by 2% (.02) .....	25	2,648.	
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- .....	26		3,035.
<b>Other Miscellaneous Deductions</b>	27 Other – from list in the instructions. List type and amount ▶ .....	27		
<b>Total Itemized Deductions</b>	28 Is Form 1040, line 35, over \$139,500 (over \$69,750 if MFS)?			
	<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37.			
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See instructions for the amount to enter.			
		28		29,432.



**SCHEDULE D**

(Form 1040)

**Capital Gains and Losses**

OMB No. 1545-0074

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

**2003**

12

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

EUGENE J GESSOW & DIMITRA CARIS

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1 12 SHS MONSANTO CO COM	04/02/02	01/14/03	219.	192.	27.	
100 SHS BELL SOUTH CORP	05/21/02	05/07/03	2,585.	3,269.	-684.	-684.
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3	2,804.		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet					6	-2,374.
7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0-. Do not enter more than zero					7a	-684.
b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					b	-3,031.

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8 125 SHS BANK NEW YORK INC	07/11/00	05/07/03	3,367.	5,992.	-2,625.	-2,625.
50 SHS VODAFONE GROUP PLC	03/02/99	05/07/03	961.	1,819.	-858.	-858.
25000 MI S MUNI BD AUTH	03/21/00	07/21/03	27,120.	25,000.	2,120.	2,120.
.30 SHS MEDCO HEALTH SOLUTIONS INC	03/02/99	08/26/03	1.	1.	0.	0.
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9	40,113.	-10,853.	-600.
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	71,562.		
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 instrs					13	367.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet					14	-35,536.
15 Combine lines 8 through 13 in column (g). If zero or less, enter -0-					15	0.
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)					16	-47,385.

Next: Go to Part III on page 2.

\*Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, 'collectibles gains and losses' (as defined in the instructions) or eligible gain on qualified small business stock (see instrs).

**Part III Taxable Gain or Deductible Loss**

17a Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below	17a	-50,416.
b Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40 Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.	17b	0.
18 If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see instructions) Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete Part IV below (but skip lines 19 and 20). • Otherwise, skip Part IV below and complete the rest of Form 1040.	18	-3,000.

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

If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.

19 Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet in the instructions	19	
20 Enter your 28% rate gain, if any, from line 7 of the worksheet in the instructions	20	
If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet in the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.		
21 Enter your taxable income from Form 1040, line 40	21	90,781.
22 Enter the smaller of line 16 or line 17a, but not less than zero	22	0.
23 Enter your qualified dividends from Form 1040, line 9b	23	3,100.
24 Add lines 22 and 23	24	3,100.
25 Amount from line 4g of Form 4952 (investment interest expense)	25	0.
26 Subtract line 25 from line 24. If zero or less, enter -0-	26	3,100.
27 Subtract line 26 from line 21. If zero or less, enter -0-	27	87,681.
28 Enter the smaller of line 21 or: • \$56,800 if married filing jointly or qualifying widow(er); • \$28,400 if single or married filing separately; or • \$38,050 if head of household	28	56,800.
If line 27 is greater than line 28, skip lines 29 through 39 and go to line 40.		
29 Enter the amount from line 27	29	
30 Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40	30	
31 Add lines 17b and 23*	31	
32 Enter the smaller of line 30 or line 31	32	
33 Multiply line 32 by 5% (.05)	33	
If lines 30 and 32 are the same, skip lines 34 through 39 and go to line 40.		
34 Subtract line 32 from line 30	34	
35 Enter your qualified 5-year gain, if any, from line 8 of the worksheet in the instructions	35	
36 Enter the smaller of line 34 or line 35	36	
37 Multiply line 36 by 8% (.08)	37	
38 Subtract line 36 from line 34	38	
39 Multiply line 38 by 10% (.10)	39	
If lines 26 and 30 are the same, skip lines 40 through 49 and go to line 50.		
40 Enter the smaller of line 21 or line 26	40	3,100.
41 Enter the amount from line 30 (if line 30 is blank, enter -0-)	41	0.
42 Subtract line 41 from line 40	42	3,100.
43 Add lines 17b and 23*	43	3,100.
44 Enter the amount from line 32 (if line 32 is blank, enter -0-)	44	0.
45 Subtract line 44 from line 43	45	3,100.
46 Enter the smaller of line 42 or line 45	46	3,100.
47 Multiply line 46 by 15% (.15)	47	465.
48 Subtract line 46 from line 42	48	0.
49 Multiply line 48 by 20% (.20)	49	0.
50 Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies	50	15,539.
51 Add lines 33, 37, 39, 47, 49, and 50	51	16,004.
52 Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies	52	16,314.
53 Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41	53	16,004.

\*If lines 23 and 25 are more than zero, see instructions for the amount to enter.





▶ Attach to return (after all IRS forms)

Name(s) Shown on Return

EUGENE J GESSOW & DIMITRA CARIS

Social Security Number

[REDACTED]

**Employee Business Expenses – Subject to 2% Limitation**

1	Unreimbursed employee expenses from Form 2106 .....	1	
2	Excluded expenses from Form 2555 .....	2	
3	Excess educator expenses from the Educator Expenses Worksheet .....	3	
4	Union and professional dues .....	4	
5	Professional subscriptions .....	5	
6	Uniforms and protective clothing .....	6	
7	Job search costs .....	7	
8	Other:	8	
	_____		
	_____		
	_____		
9	<b>Total unreimbursed employee business expenses</b> (combine lines 1 - 8) .....	9	

**Miscellaneous Expenses – Subject to 2% Limitation**

Investment Expense ↓

10	Depreciation and amortization deductions .....	<input type="checkbox"/>	10	
11	Casualty/theft losses of property used in services as an employee .....	<input type="checkbox"/>	11	
12	REMIC expenses, from Schedule E .....	<input type="checkbox"/>	12	
13	Investment expenses related to interest and dividend income .....	<input type="checkbox"/>	13	
14	Deductions related to portfolio income, miscellaneous deductions, and excess deductions on termination, from Schedule(s) K-1 .....	<input type="checkbox"/>	14	
15	Miscellaneous deductions excluded on Form 2555 .....	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees .....	<input type="checkbox"/>	16	
17	Certain attorney and accounting fees .....	<input type="checkbox"/>	17	
18	Safe deposit box rental fees .....	<input type="checkbox"/>	18	
19	IRA custodial fees .....	<input type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs .....	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs .....	<input type="checkbox"/>	21	
22	Other:			
	AGENCY FEES .....	<input type="checkbox"/>	22	5,333.
	_____			
	_____			
	_____			
23	<b>Total miscellaneous expenses</b> (combine lines 10 through 22) .....		23	5,333.

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

24	Federal estate tax paid on decedent's income reported on this return .....	24	
25	Miscellaneous deductions excluded on Form 2555 .....	25	
26	Impairment-related expenses of a handicapped employee, from Form 2106 ..	26	
27	Amortizable bond premiums on bonds acquired before 10/23/86 .....	27	
28	Gambling losses (to the extent of gambling income) .....	28	
29	Casualty/theft losses of income-producing property .....	29	
30	Other miscellaneous deductions:	30	
	_____		
	_____		
	_____		
31	<b>Total other miscellaneous deductions</b> (combine lines 24 through 30) .....	31	

► Keep for your records

Name(s) Shown on Return  
EUGENE J GESSOW & DIMITRA CARIS

Social Security Number  
[REDACTED]

**Form W-2 Summary**

W-2 Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C ..	97,976.	33,462.	131,438.
	Statutory wages reported on Schedule C .....			
	Foreign wages included in total wages .....			
2	Total federal tax withheld .....	18,160.	3,260.	21,420.
3 & 7	Total social security wages/tips .....	99,920.	33,462.	133,382.
4	Total social security tax withheld .....	6,195.	2,075.	8,270.
5	Total Medicare wages and tips .....	99,920.	33,462.	133,382.
6	Total Medicare tax withheld .....	1,449.	485.	1,934.
8	Total allocated tips .....			
9	Total advance earned income credit .....			
10	Total dependent care benefits .....			
11	Total distributions from nonqualified plans ...			
12 a	Total from Box 12 .....	64.	30.	94.
b	Elective deferrals to qualified plans .....			
c	Deferrals to government 457 plans .....			
d	Deferrals to non-government 457 plans .....			
e	Uncollected Medicare tax .....			
f	Uncollected social security and RRTA tier 1 ..			
g	Uncollected RRTA tier 2 .....			
h	Total other items from box 12 .....	64.	30.	94.
14 a	Total deductible mandatory state tax .....		568.	568.
b	Total RR Tier 1 wages .....			
c	Total RR Tier 1 tax .....			
d	Total RR Tier 2 tax .....			
e	Total RRTA tips .....			
f	Total other items from box 14 .....	1,944.		1,944.
16	Total state wages and tips .....	97,976.	33,462.	131,438.
17	Total state tax withheld .....	5,990.	1,012.	7,002.
19	Total local tax withheld .....			

**Form W-2G Summary**

W-2G Box No.	Description	Taxpayer	Spouse	Total
1	Total gross winnings .....			
2	Total federal tax withheld .....			
14	Total state tax withheld .....			
16	Total local tax withheld .....			

► Keep for your records

Name as shown on return  
DIMITRA CARIS

Social Security Number  
[REDACTED]

Employer Name THE GRODEN CENTER

Employer Name (Continued)

Employer federal ID number (See Help) 05-0369378

Check this box to automatically calculate lines 3 through 6 below

Check this box if this is Spouse's W-2

1	Wages, tips, other compensation	1	33,462.
2	Federal income tax withheld	2	3,260.
3	Social security wages	3	33,462.
4	Social security tax withheld	4	2,075.
5	Medicare wages and tips	5	33,462.
6	Medicare tax withheld	6	485.
11	<b>Important.</b> For EIC, Form 2441, Form 8812, and IRAs, box 11 is important. See Help. Distributions from Section 457 and other nonqualified plans	11	
13b	Check box if retirement plan participant <input checked="" type="checkbox"/> Check if foreign source income eligible for exclusion on Form 2555 <input type="checkbox"/>		

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
RI	050369378	33,462.	1,012.

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

7	Social security tips	7	
8	Allocated tips	8	
9	Advanced EIC payment	9	
10	Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/> Dependent care benefits - Amount forfeited from flexible spending account ..	10	

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	30.	A: Enter amount attributable to RRTA Tier 2 tax .. M: Enter amount attributable to RRTA Tier 2 tax .. P: Double click to link to Form 3903, line 4 .. R: Enter MSA contribution for Taxpayer .. Spouse .. G: Check if employer is <b>not</b> a state or local government <input type="checkbox"/>

Box 14 Description	Amount	Type	ProSeries description of Type
RISDI	568.	L	Rhode Island TDI

► Keep for your records

DIMITRA CARIS	Page 2
Employer Name ..... THE GRODEN CENTER	

**Statutory employees**

<b>A</b> Box 13a. Check box if a statutory employee ..... ► <input type="checkbox"/> <b>B</b> Check box if deducting expenses in connection with this income ..... ► <input type="checkbox"/> <b>C</b> If deducting expenses, double click to link to Schedule C .....	<b>C</b>	
--	----------	--

**Clergy, church employees, members of recognized religious sects**

<b>Clergy only:</b>		
<b>D</b> Designated housing or parsonage allowance .....	<b>D</b>	
<b>E</b> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....	<b>E</b>	
<b>F If no FICA was withheld, check the applicable box below</b>		
1 Pay self-employment tax on housing or parsonage allowance only .... ► <input type="checkbox"/>		
2 Pay self-employment tax on W-2 income only .....		
3 Pay self-employment tax on W-2 income and housing allowance .....		
4 Exempt from self-employment tax and has approved Form 4361 .....		
<b>Non-Clergy only:</b>		
<b>G If no FICA was withheld, check the applicable box below</b>		
1 Pay self-employment tax on this W-2 income .....		
2 Exempt from self-employment tax and has approved Form 4029 .....		

**Substitute Form W-2**

<b>H</b> If substitute Form W-2 needed, double-click to link to Form 4852 .....	<b>H</b>	
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Additional Information for Electronic Filing and Certain States (See Help)	
<b>13c</b> Third-party sick pay ..... ► <input type="checkbox"/> Non-standard W-2 (handwritten, typewritten, or altered in any way) ... ► <input type="checkbox"/> Corrected W-2 ..... ► <input type="checkbox"/> Control number .....	
<b>Employer information:</b> Employer's ID number ..... 05-0369378 <b>QuickZoom</b> to Employer Worksheet . ► <input type="checkbox"/> Name THE GRODEN CENTER Address 86 HOUNT HOPE AVENUE City St ZIP code PROVIDENCE RI 02906 Employer has a foreign address (see Help) . ► <input type="checkbox"/>	<b>Employee information:</b> Employee's social security no. ... First name M.I. DIMITRA _____ Last name CARIS _____ Address 158 TABER AVENUE City St ZIP code PROVIDENCE RI 02806 Employee has a foreign address (see Help) . ► <input type="checkbox"/>

► Keep for your records

Name as shown on return EUGENE J GESSOW	Social Security Number [REDACTED]
--	--------------------------------------

Employer Name ..... STATE OF MAINE  
 Employer Name (Continued) ..... STATE TREASURER  
 Employer federal ID number (See Help) ..... 01-6000001  
 Check this box to automatically calculate lines 3 through 6 below .....

Check this box if this is Spouse's W-2 .....

1 Wages, tips, other compensation .....	1	47,390.
2 Federal income tax withheld .....	2	10,336.
3 Social security wages .....	3	47,390.
4 Social security tax withheld .....	4	2,938.
5 Medicare wages and tips .....	5	47,390.
6 Medicare tax withheld .....	6	687.
11 <b>Important.</b> For EIC, Form 2441, Form 8812, and IRAs, box 11 is important. See Help. Distributions from Section 457 and other nonqualified plans .....	11	
13b Check box if retirement plan participant .....	<input type="checkbox"/>	
Check if foreign source income eligible for exclusion on Form 2555 .....	<input type="checkbox"/>	

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
ME	016000001	47,390.	2,807.

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

7 Social security tips .....	7	
8 Allocated tips .....	8	
9 Advanced EIC payment .....	9	
10 Dependent care benefits (Check if employer furnished care at work) .. <input type="checkbox"/>	10	
Dependent care benefits - Amount forfeited from flexible spending account ..		

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	64.	A: Enter amount attributable to RRTA Tier 2 tax . _____ M: Enter amount attributable to RRTA Tier 2 tax . _____ P: Double click to link to Form 3903, line 4 ..... _____ R: Enter MSA contribution for Taxpayer ..... _____ Spouse ..... _____ G: Check if employer is <b>not</b> a state or local government ..... <input type="checkbox"/>

Box 14 Description	Amount	Type	ProSeries description of Type

Keep for your records

EUGENE J GESSOW

Page 2

Employer Name STATE OF MAINE

Statutory employees

- A Box 13a. Check box if a statutory employee
B Check box if deducting expenses in connection with this income
C If deducting expenses, double click to link to Schedule C

C

Clergy, church employees, members of recognized religious sects

Clergy only:

- D Designated housing or parsonage allowance
E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
F If no FICA was withheld, check the applicable box below
1 Pay self-employment tax on housing or parsonage allowance only
2 Pay self-employment tax on W-2 income only
3 Pay self-employment tax on W-2 income and housing allowance
4 Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G If no FICA was withheld, check the applicable box below
1 Pay self-employment tax on this W-2 income
2 Exempt from self-employment tax and has approved Form 4029

Substitute Form W-2

- H If substitute Form W-2 needed, double-click to link to Form 4852

H

Additional Information for Electronic Filing and Certain States (See Help)

- 13c Third-party sick pay
Non-standard W-2 (handwritten, typewritten, or altered in any way)
Corrected W-2
Control number

Employer information:

Employer's ID number 01-6000001
QuickZoom to Employer Worksheet
Name STATE OF MAINE
Address BUREAU OF ACCOUNTS AND CONTROL
14 STATE HOUSE STA
City AUGUSTA St ME ZIP code 04333
Employer has a foreign address (see Help)

Employee information:

Employee's social security no.
First name EUGENE M.I. J
Last name GESSOW
Address 158 TABER AVENUE
City PROVIDENCE St RI ZIP code 02806
Employee has a foreign address (see Help)

► Keep for your records

Name as shown on return EUGENE J GESSOW	Social Security Number [REDACTED]
--	--------------------------------------

**Employer Name** ..... STATE OF IOWA - CENTRALIZED PAYROLL  
 Employer Name (Continued) .....  
 Employer federal ID number (See Help) ..... 42-6004571  
 Check this box to automatically calculate lines 3 through 6 below .....

**Check this box if this is Spouse's W-2** .....

1 Wages, tips, other compensation .....	1	50,586.
2 Federal income tax withheld .....	2	7,824.
3 Social security wages .....	3	52,530.
4 Social security tax withheld .....	4	3,257.
5 Medicare wages and tips .....	5	52,530.
6 Medicare tax withheld .....	6	762.
11 <b>Important.</b> For EIC, Form 2441, Form 8812, and IRAs, box 11 is important. See Help. Distributions from Section 457 and other nonqualified plans .....	11	
13b Check box if retirement plan participant .....	<input checked="" type="checkbox"/>	
Check if foreign source income eligible for exclusion on Form 2555 .....	<input type="checkbox"/>	

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IA	426004571000	50,586.	3,183.

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

7 Social security tips .....	7	
8 Allocated tips .....	8	
9 Advanced EIC payment .....	9	
10 Dependent care benefits (Check if employer furnished care at work) ..	10	
Dependent care benefits - Amount forfeited from flexible spending account ..		

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax ..
		M: Enter amount attributable to RRTA Tier 2 tax ..
		P: Double click to link to Form 3903, line 4 .....
		R: Enter MSA contribution for Taxpayer .....
		Spouse .....
		G: Check if employer is <b>not</b> a state or local government ..... <input type="checkbox"/>

Box 14 Description	Amount	Type	ProSeries description of Type
IPERS	1,944.	T	Other

► Keep for your records

EUGENE J GESSOW

Page 2

Employer Name ..... STATE OF IOWA - CENTRALIZED PAYROLL

**Statutory employees**

- A Box 13a. Check box if a statutory employee .....
- B Check box if deducting expenses in connection with this income .....
- C If deducting expenses, double click to link to Schedule C .....

C

**Clergy, church employees, members of recognized religious sects**

**Clergy only:**

- D Designated housing or parsonage allowance .....
- E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value ....
- F If no FICA was withheld, check the applicable box below
  - 1 Pay self-employment tax on housing or parsonage allowance only ....
  - 2 Pay self-employment tax on W-2 income only .....
  - 3 Pay self-employment tax on W-2 income and housing allowance .....
  - 4 Exempt from self-employment tax and has approved Form 4361 .....

D

E

**Non-Clergy only:**

- G If no FICA was withheld, check the applicable box below
  - 1 Pay self-employment tax on this W-2 income .....
  - 2 Exempt from self-employment tax and has approved Form 4029 .....

**Substitute Form W-2**

- H If substitute Form W-2 needed, double-click to link to Form 4852 .....

H

**Additional Information for Electronic Filing and Certain States (See Help)**

- 13c Third-party sick pay .....
- Non-standard W-2 (handwritten, typewritten, or altered in any way) ...
- Corrected W-2 .....
- Control number .....

**Employer information:**

Employer's ID number ..... 42-6004571  
 QuickZoom to Employer Worksheet .   
 Name  
 STATE OF IOWA - CENTRALIZED PAYROLL  
 Address  
 HOOVER BUILDING  
 City St ZIP code  
 DES MOINES IA 50319  
 Employer has a foreign address (see Help) .

**Employee information:**

Employee's social security no. ...   
 First name M.I.  
 EUGENE J  
 Last name  
 GESSOW  
 Address  
 158 TABER AVENUE  
 City St ZIP code  
 PROVIDENCE RI 02806  
 Employee has a foreign address (see Help) .

# Interest and Dividends Summary

2003

▶ Keep for your records

Name(s) Shown on Return

EUGENE J GESSOW & DIMITRA CARIS

Social Security Number



## Interest Summary

	Total Interest	Tax-Exempt	U.S. Government	Private Activity Bond
1 Seller-financed mortgage				
2 From Schedule B, Part I	10,001.	9,932.		
3 From Schedule B, Part II			11.	
4 From K-1 Worksheets				
5 Exempt-interest dividends (net of adj.)				
6 From Forms 6252				
7 From Forms 8814				
8 <b>Subtotal</b>	10,001.	9,932.	11.	
<b>Less Adjustments:</b>				
9 *Tax-exempt interest (net of adjustments)	9,932.			
10 U.S. savings bond interest previously reported				
11 Nominee distribution				
12 OID adjustment				
13 ABP adjustment				
14 Accrued interest				
15 Other adjustment				
16 Series EE and I bond exclusion				
17 <b>Total Adjustments</b>	9,932.			
18 Total to Schedule B, line 2 ▶	69.			
19 Total to Form 1040, line 8b ▶		9,932.		
20 Total U.S. government interest ▶			11.	
21 Total to Form 6251, line 11 ▶				
*Does not include K-1 tax-exempt interest				

## Dividends Summary

	Ordinary	Qualified	Capital Gains	Post-May 5 Cap Gain	Nontaxable
1 From Schedule B	3,277.	3,100.	367.	185.	
2 From K-1 Worksheets					
3 <b>Subtotal</b>	3,277.	3,100.			
<b>Less Adjustments:</b>					
4 Nominee distribution					
5 Other adjustment					
6 <b>Total Adjustments</b>					
7 Total to Schedule B, line 6 ▶	3,277.				
8 Total qualified dividends ▶		3,100.			
9 Total capital gains ▶			367.		
10 Post May 5 cap gain ▶				185.	
11 Total nontaxable dividends ▶					

## Capital Gains Summary

	28% rate	Qualified 5-year	Section 1250	Section 1202	Post-May 5 Section 1202
1 From Schedule B		11.			
<b>Less Adjustments:</b>					
2 Nominee distribution					
3 Other adjustment					
4 <b>Total Adjustments</b>					
5 Total to Schedule D ▶					
6 Total to Schedule D ▶		11.			
7 Total to Schedule D ▶					
8 Total to Schedule D ▶					
9 Total to Form 6251 ▶					

Name(s) Shown on Return  
EUGENE J GESSOW & DIMITRA CARIS

Social Security Number  
[REDACTED]

QuickZoom to Schedule B [icon]

Payer ..... FLEET PRIVATE CLIENTS GROUP

TSJ J

**A Additional 1099-DIV information:**

- 1 Box 2c - Qualified 5-year gain ..... 11.
- 2 Box 2d - Section 1250 gain .....
- 3 Box 2e - Section 1202 gain .....  
Post-May 5 Section 1202 gain (for AMT calculation - see Help) .....
- 4 Box 2f - Collectibles (28%) gain .....
- 5 Box 3 - Nontaxable distributions .....
- 6 Box 5 - Investment expenses .....
- 7 US Govt. Interest included in total dividends ..... 11.

**B Withholding information:**

- 1 Federal income tax withheld .....
- 2 State income tax withheld .....
- 3 State ID .....

**C Exempt-interest dividends:** (included on Form 1040, line 8b)

- 1 Total exempt-interest dividends (do not include in box 1 or box 3) .....
- 2 Private activity bond amount included in line C-1 above .....
- OR
- 3 Percent of private activity bond amount included in  
line C-1 above. ( Enter 75 percent as 75.00% ) ..... %

**D Adjustment information:**

- 1 Select type of adjustment:  
N  Nominee    H  Other    D  ESOP distribution

2 Amount of Adjustment .....

**E Margin interest expense for Form 4952:**

1 Margin interest paid in 2003 .....

**F Foreign tax information:** All income is assumed passive. See Help.

- 1 Box 6 - Foreign tax paid in U.S. dollars ..... 58.
- 2 Box 7 - Foreign country or U.S. possession ..... VARIOUS
- 3 Report on Schedule A ..... OR  
DoubleClick to link to a copy of Form 1116 ..... COPY 1
- 4 For Form 1116, select which column ..... A  X    B     C
- 5 Select whether taxes were paid (P) or accrued (A) ..... P
- 6 Date paid or accrued ..... 12/31/2003
- 7 Total foreign source income from Box 1 ..... 283.



► Keep for your records

Name(s) Shown on Return  
 EUGENE J GESSOW & DIMITRA CARIS

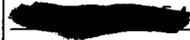
Social Security No.  


If filing electronically you **MUST** complete payer information on the EF SmartWorksheet below.

Worksheet Description ..... COPY 1

Box	Description	Payer 1	Payer 2	Payer 3
	Ownership (defaults to taxpayer):			
	Check if Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Enter the abbreviation of State or Locality issuing this payment:			
	State abbreviation .....	ME		
	Locality abbreviation .....			
	Payer's name .....	State of ME		
	Payer's Federal ID number .....			
1	Unemployment compensation .....			
a	Amount repaid .....			
2	State or local income tax refunds, credits, or offsets .....	629.		
3	Box 2 amount is for tax year .....	2002		
4	Federal income tax withheld .....			
	State income tax withheld .....			
6	Taxable grants .....			
7	Agriculture payments .....			
	(Double-click) to:			
a	Link to Schedule F Line 6a, 40a ►			
b	Link to Schedule F Line 8a, 42. ►			
c	Link to Form 4835 Line 3a .... ►			
d	Link to Form 4835 Line 5a .... ►			
8	Check if the amount in box 2 applies to income from a trade or business .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Double-click) to:			
a	Link to Schedule C line 6 .....			
b	Link to Schedule F line 10, 44 . ►			
	Enter the taxable portion of the amount in box 2 to be reported on Schedule C or F .....			

Name(s) Shown on Return  
EUGENE J GESSOW & DIMITRA CARIS

Social Security Number  


1	Enter the amount from Form 1040, line 38. If a loss, enter the amount as a negative number .....	1	102,981.
2	Enter the loss from Schedule D, line 18, as a positive amount .....	2	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0- .....	3	105,981.
4	Enter the <b>smaller</b> of line 2 or line 3 .....	4	3,000.
	<i>Note: If line 7b of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</i>		
5	Enter the loss from Schedule D, line 7b, as a positive amount .....	5	3,031.
6	Enter the gain, if any, from Schedule D, line 16 .....	6	
7	Add lines 4 and 6 .....	7	3,000.
8	<b>Short-term capital loss carryover to 2004.</b> Subtract line 7 from line 5. If zero or less, enter -0- .....	8	31.
	<i>Note: If line 16 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.</i>		
9	Enter the loss from Schedule D, line 16, as a positive amount .....	9	47,385.
10	Enter any gain from Schedule D, line 7b .....	10	
11	Subtract line 5 from line 4. If zero or less, enter -0- .....	11	0.
12	Add lines 10 and 11 .....	12	0.
13	<b>Long-term capital loss carryover to 2004.</b> Subtract line 12 from line 9. If zero or less, enter -0- .....	13	47,385.

# Education Tuition and Fees Worksheet

2003

▶ Keep for your records

Name(s) Shown on Return EUGENE J GESSOW & DIMITRA CARIS	Your Social Security No. [REDACTED]
--	--

## Part I - Enter Student Identifying Information

**1 Taxpayer and Spouse**

- a Check this box if taxpayer has qualified education expenses.
- b Check this box if spouse has qualified education expenses.

**2 Dependents**

For each dependent who has qualified expenses, check the "Educ Tuition and Fees" box in the Dependent/Earned Income Credit section of the Federal Information Worksheet .

## Part II - Enter Qualified Education Expense Information

- 1 **All users** - complete columns (b) & (c).
- 2 To use the **manual** method to classify the expenses- complete column (d) for each student.
- 3 To **automatically** calculate the credit/deduction combination which yields the lowest net tax liability, go to Part III.

				Classification Method <b>Automatic</b> Caution : See Part III Below	
(a) Student's name		(b) Qualified Education Expenses	(c) Qualified for Hope Credit?	(d) <b>Manual:</b> Choose Credit or Deduction	(e) <b>Automatic:</b> ProSeries Choice(s)
First Name	MI				
Last Name	SUFF				
Social Security Number					
EMMA		11,334.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
GESSOW			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
037-54-4146			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hope Cr <input type="checkbox"/> Lifetime Cr <input type="checkbox"/> Deduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Part III - Optimize Education Expenses for the Lowest Tax (Deduction vs Credit)**

- Caution:**
- A. If you make any changes to this return after launching the automatic optimization below, you **MUST** optimize again by rechecking the box on Line 1 below.
  - B. If you check the Optimizer box on Line 1 below, wait until the calculations are done before you continue.

1 Launch OPTIMIZER - Check to launch Automatic Education Expense Optimizer now ..

**Note:** The Optimization calculation could take a minute or more to analyze up to 243 different scenarios of this return.

2 Automatic - Check to use the Deduction or Credit choices calculated in col(e) above ..

OR

3 Manual - Check to use the Deduction or Credit choices you entered in col(d) above ....

**Part IV - Summary**

**Net Tax Liability based on the Credit/Deduction combination selected in Part II**

1	Total tax (Form 1040, line 60, Form 1040A, line 38)		1	15,946.
2	Earned income credit (EIC)	2		
3	Additional child tax credit	3		
4	Net tax Liability without carryforwards		4	15,946.
<b>Credit Carryforwards</b>				
5a	General Business Credit	5a		
b	Adoption credit	b		
c	Mortgage interest credit	c		
d	Foreign tax credit	d	0.	
e	Other carryovers	e		
6	Total Carryovers	6	0.	
7	Net tax liability with carryforwards		7	15,946.

**Tuition and Fees Deduction Summary**

8	Total 2003 tuition and fees paid for purposes of deduction	8	11,334.
9	Modified adjusted gross income	9	132,413.
10	Maximum deduction allowed	10	0.
11	Allowable Tuition and Fees Deduction (lesser of line 8 or line 10)	11	0.

**Hope and Lifetime Learning Credits Summary**

12	Tentative Hope Credit	12	
13	Tentative Lifetime Learning Credit	13	
14	Total Education Credits (after limitations)	14	

Two-Year Comparison

2003

Name(s) Shown on Return  
EUGENE J GESSOW & DIMITRA CARIS

Social Security Number

Income	2002	2003	Difference	%
Wages, salaries, tips, etc .....	112,144.	131,438.	19,294.	17.20
Interest and dividend income .....	3,173.	3,346.	173.	5.45
Business income (loss) .....				
Capital gain (loss) .....	-3,000.	-3,000.	0.	0.00
IRA distributions .....				
Pensions and annuities .....				
Rents, royalties, partnerships, etc .....				
Farm income (loss) .....				
Social security benefits .....				
Income other than the above .....	368.	629.	261.	70.92
<b>Total Income</b> .....	<b>112,685.</b>	<b>132,413.</b>	<b>19,728.</b>	<b>17.51</b>
<b>Adjustments to Income</b> .....	<b>3,000.</b>	<b>0.</b>	<b>-3,000.</b>	<b>-100.00</b>
<b>Adjusted Gross Income</b> .....	<b>109,685.</b>	<b>132,413.</b>	<b>22,728.</b>	<b>20.72</b>
Deductions and Exemptions	2002	2003	Difference	%
Medical and dental .....				
Taxes paid .....	15,310.	14,351.	-959.	-6.26
Interest paid .....	12,088.	10,626.	-1,462.	-12.09
Gifts to charity .....	2,475.	1,420.	-1,055.	-42.63
Casualty and theft losses .....				
Miscellaneous .....	3,903.	3,035.	-868.	-22.24
Phaseout of itemized deductions .....				
Total Itemized Deductions .....	33,776.	29,432.	-4,344.	-12.86
<b>Standard or Itemized Deduction</b> .....	<b>33,776.</b>	<b>29,432.</b>	<b>-4,344.</b>	<b>-12.86</b>
<b>Exemption Amount</b> .....	<b>12,000.</b>	<b>12,200.</b>	<b>200.</b>	<b>1.67</b>
<b>Taxable Income</b> .....	<b>63,909.</b>	<b>90,781.</b>	<b>26,872.</b>	<b>42.05</b>
Tax .....	11,056.	16,004.	4,948.	44.75
Additional taxes .....				
Alternative minimum tax .....	842.		-842.	-100.00
<b>Total Income Taxes</b> .....	<b>11,898.</b>	<b>16,004.</b>	<b>4,106.</b>	<b>34.51</b>
Nonbusiness credits .....	612.	58.	-554.	-90.52
Business credits .....				
<b>Total Credits</b> .....	<b>612.</b>	<b>58.</b>	<b>-554.</b>	<b>-90.52</b>
Self-employment tax .....				
Other taxes .....				
<b>Total Tax After Credits</b> .....	<b>11,286.</b>	<b>15,946.</b>	<b>4,660.</b>	<b>41.29</b>
Withholding .....	17,315.	21,420.	4,105.	23.71
Estimated payments .....				
Other payments .....		801.	801.	
<b>Total Payments</b> .....	<b>17,315.</b>	<b>22,221.</b>	<b>4,906.</b>	<b>28.33</b>
Form 2210 penalty .....				
Applied to next year's estimated tax .....				
<b>Amount Refund</b> .....	<b>6,029.</b>	<b>6,275.</b>	<b>246.</b>	<b>4.08</b>
<b>Amount Due</b> .....				

Current year effective tax rate ..... 12.04 %