

URGENT MESSAGE TO U.S. President, Congress & Constituents

The richest family in America needs your urgent intervention to stop a criminal conspiracy inside of the Internal Revenue Service (IRS) hiding all its Multi-Trillion Estate Taxation impeding them the donation of billions to the American Charities, including the ones located at your State.

A \$100 Million compensation per fiscal year is available for all private helping parties; like bankers, attorneys, lobbyists, accountants, public relations firms and the general public.

For more information write at:
info@eblm.us

Estate of Basilio Lopez Martin
WWW.EBLM.US

[Click here to see the public awareness campaign at the White House](#)

A Type of entity (see instr.): For calendar year 2008 or fiscal year beginning _____, 2008, and ending _____, 20

Decedent's estate
 Simple trust
 Complex trust
 Qualified disability trust
 ESBT (S portion only)
 Grantor type trust
 Bankruptcy estate—Ch. 7
 Bankruptcy estate—Ch. 11
 Pooled income fund

Name of estate or trust (If a grantor type trust, see page 14 of the instructions.)

Name and title of fiduciary

Number, street, and room or suite no. (If a P.O. box, see page 15 of the instructions.)

City or town, state, and ZIP code

C Employer identification number

D Date entity created

E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 16 of the instr.):

Described in section 4947(a)(1)
 Not a private foundation
 Described in section 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶

F Check applicable boxes: Initial return Final return Amended return Change in trust's name
 Change in fiduciary Change in fiduciary's name Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election

Income	1 Interest income	1		
	2a Total ordinary dividends	2a		
	b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust			
	3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3		
	4 Capital gain or (loss). Attach Schedule D (Form 1041)	4		
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5		
	6 Farm income or (loss). Attach Schedule F (Form 1040)	6		
	7 Ordinary gain or (loss). Attach Form 4797	7		
	8 Other income. List type and amount	8		
9 Total income. Combine lines 1, 2a, and 3 through 8 ▶	9			
Deductions	10 Interest. Check if Form 4952 is attached ▶ <input type="checkbox"/>	10		
	11 Taxes	11		
	12 Fiduciary fees	12		
	13 Charitable deduction (from Schedule A, line 7)	13		
	14 Attorney, accountant, and return preparer fees	14		
	15a Other deductions not subject to the 2% floor (attach schedule)	15a		
	b Allowable miscellaneous itemized deductions subject to the 2% floor	15b		
	16 Add lines 10 through 15b ▶	16		
	17 Adjusted total income or (loss). Subtract line 16 from line 9 17			
	18 Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18		
	19 Estate tax deduction including certain generation-skipping taxes (attach computation)	19		
20 Exemption	20			
21 Add lines 18 through 20 ▶	21			
Tax and Payments	22 Taxable income. Subtract line 21 from line 17. If a loss, see page 23 of the instructions	22		
	23 Total tax (from Schedule G, line 7)	23		
	24 Payments: a 2008 estimated tax payments and amount applied from 2007 return	24a		
	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b		
	c Subtract line 24b from line 24a	24c		
	d Tax paid with Form 7004 (see page 24 of the instructions)	24d		
	e Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	24e		
	Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h		
	25 Total payments. Add lines 24c through 24e, and 24h ▶	25		
	26 Estimated tax penalty (see page 24 of the instructions)	26		
27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27			
28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29 Amount of line 28 to be: a Credited to 2009 estimated tax ▶ ; b Refunded ▶	29			

Sign Here ▶ Under penalties 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 preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

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. () _____

A Type of entity (see instr.): For calendar year 2007 or fiscal year beginning _____, 2007, and ending _____, 20

Decedent's estate
 Simple trust
 Complex trust
 Qualified disability trust
 ESBT (S portion only)
 Grantor type trust
 Bankruptcy estate—Ch. 7
 Bankruptcy estate—Ch. 11
 Pooled income fund

Name of estate or trust (If a grantor type trust, see page 14 of the instructions.)

Name and title of fiduciary

Number, street, and room or suite no. (If a P.O. box, see page 14 of the instructions.)

City or town, state, and ZIP code

C Employer identification number

D Date entity created

E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 15 of the instr.):

Described in section 4947(a)(1)
 Not a private foundation
 Described in section 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶

F Check applicable boxes:

Initial return Final return Amended return
 Change in fiduciary Change in fiduciary's name Change in trust's name
 Change in fiduciary's address

G Check here if the estate or filing trust made a section 645 election

Income	1 Interest income	1		
	2a Total ordinary dividends	2a		
	b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust			
	3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3		
	4 Capital gain or (loss). Attach Schedule D (Form 1041)	4		
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5		
	6 Farm income or (loss). Attach Schedule F (Form 1040)	6		
	7 Ordinary gain or (loss). Attach Form 4797	7		
	8 Other income. List type and amount	8		
9 Total income. Combine lines 1, 2a, and 3 through 8 ▶	9			
Deductions	10 Interest. Check if Form 4952 is attached ▶ <input type="checkbox"/>	10		
	11 Taxes	11		
	12 Fiduciary fees	12		
	13 Charitable deduction (from Schedule A, line 7)	13		
	14 Attorney, accountant, and return preparer fees	14		
	15a Other deductions not subject to the 2% floor (attach schedule)	15a		
	b Allowable miscellaneous itemized deductions subject to the 2% floor	15b		
	16 Add lines 10 through 15b ▶	16		
	17 Adjusted total income or (loss). Subtract line 16 from line 9 17			
	18 Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18		
	19 Estate tax deduction including certain generation-skipping taxes (attach computation)	19		
20 Exemption	20			
21 Add lines 18 through 20 ▶	21			
Tax and Payments	22 Taxable income. Subtract line 21 from line 17. If a loss, see page 23 of the instructions	22		
	23 Total tax (from Schedule G, line 7)	23		
	24 Payments: a 2007 estimated tax payments and amount applied from 2006 return	24a		
	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b		
	c Subtract line 24b from line 24a	24c		
	d Tax paid with Form 7004 (see page 23 of the instructions)	24d		
	e Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	24e		
	Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h		
	25 Total payments. Add lines 24c through 24e, and 24h ▶	25		
	26 Estimated tax penalty (see page 24 of the instructions)	26		
27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27			
28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29 Amount of line 28 to be: a Credited to 2008 estimated tax ▶ ; b Refunded ▶	29			

Sign Here ▶ Under penalties 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 preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

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. () _____

A Type of entity (see instr.): For calendar year 2006 or fiscal year beginning _____, 2006, and ending _____, 20

Decedent's estate
 Simple trust
 Complex trust
 Qualified disability trust
 ESBT (S portion only)
 Grantor type trust
 Bankruptcy estate—Ch. 7
 Bankruptcy estate—Ch. 11
 Pooled income fund

Name of estate or trust (If a grantor type trust, see page 12 of the instructions.)
 Name and title of fiduciary
 Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.)
 City or town, state, and ZIP code

C Employer identification number

D Date entity created

E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 13 of the instr.):
 Described in section 4947(a)(1)
 Not a private foundation
 Described in section 4947(a)(2)
 Change in trust's name
 Change in fiduciary's address

B Number of Schedules K-1 attached (see instructions) ▶ _____

F Check applicable boxes:
 Initial return Final return Amended return
 Change in fiduciary Change in fiduciary's name

G Pooled mortgage account (see page 14 of the instructions): Bought Sold Date: _____

Income	1 Interest income	1		
	2a Total ordinary dividends	2a		
	b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust			
	3 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	3		
	4 Capital gain or (loss). Attach Schedule D (Form 1041)	4		
	5 Rents, royalties, partnerships, other estates and trusts, etc. Attach Schedule E (Form 1040)	5		
	6 Farm income or (loss). Attach Schedule F (Form 1040)	6		
	7 Ordinary gain or (loss). Attach Form 4797	7		
	8 Other income. List type and amount	8		
9 Total income. Combine lines 1, 2a, and 3 through 8 ▶	9			
Deductions	10 Interest. Check if Form 4952 is attached ▶ <input type="checkbox"/>	10		
	11 Taxes	11		
	12 Fiduciary fees	12		
	13 Charitable deduction (from Schedule A, line 7)	13		
	14 Attorney, accountant, and return preparer fees	14		
	15a Other deductions not subject to the 2% floor (attach schedule)	15a		
	b Allowable miscellaneous itemized deductions subject to the 2% floor	15b		
	16 Add lines 10 through 15b ▶	16		
	17 Adjusted total income or (loss). Subtract line 16 from line 9 17			
	18 Income distribution deduction (from Schedule B, line 15). Attach Schedules K-1 (Form 1041)	18		
	19 Estate tax deduction including certain generation-skipping taxes (attach computation)	19		
20 Exemption	20			
21 Add lines 18 through 20 ▶	21			
Tax and Payments	22 Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions	22		
	23 Total tax (from Schedule G, line 7)	23		
	24 Payments: a 2006 estimated tax payments and amount applied from 2005 return	24a		
	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b		
	c Subtract line 24b from line 24a	24c		
	d Tax paid with Form 7004 (see page 20 of the instructions)	24d		
	e Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	24e		
	f Credit for federal telephone excise tax paid. Attach Form 8913	24f		
	Other payments: g Form 2439 ; h Form 4136 ; Total ▶	24i		
	25 Total payments. Add lines 24c through 24f, and 24i ▶	25		
26 Estimated tax penalty (see page 20 of the instructions)	26			
27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27			
28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29 Amount of line 28 to be: a Credited to 2007 estimated tax ▶ ; b Refunded ▶	29			

Sign Here Under penalties 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 preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

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. () _____

A Type of entity (see instr.): For calendar year 2005 or fiscal year beginning _____, 2005, and ending _____, 20

Decedent's estate
 Simple trust
 Complex trust
 Qualified disability trust
 ESBT (S portion only)
 Grantor type trust
 Bankruptcy estate—Ch. 7
 Bankruptcy estate—Ch. 11
 Pooled income fund

Name of estate or trust (If a grantor type trust, see page 12 of the instructions.)
 Name and title of fiduciary
 Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.)
 City or town, state, and ZIP code

C Employer identification number _____
D Date entity created _____

E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 13 of the instr.):
 Described in section 4947(a)(1)
 Not a private foundation
 Described in section 4947(a)(2)
 Change in trust's name
 Change in fiduciary's address

B Number of Schedules K-1 attached (see instructions) ▶ **F** Check applicable boxes:
 Initial return Final return Amended return
 Change in fiduciary Change in fiduciary's name Change in fiduciary's address

G Pooled mortgage account (see page 14 of the instructions): Bought Sold Date: _____

Income	1	Interest income	1		
	2a	Total ordinary dividends	2a		
	b	Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust			
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3		
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4		
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5		
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6		
	7	Ordinary gain or (loss) (attach Form 4797)	7		
	8	Other income. List type and amount	8		
9	Total income. Combine lines 1, 2a, and 3 through 8 ▶	9			
Deductions	10	Interest. Check if Form 4952 is attached ▶ <input type="checkbox"/>	10		
	11	Taxes	11		
	12	Fiduciary fees	12		
	13	Charitable deduction (from Schedule A, line 7)	13		
	14	Attorney, accountant, and return preparer fees	14		
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a		
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b		
	16	Add lines 10 through 15b ▶	16		
	17	Adjusted total income or (loss). Subtract line 16 from line 9 [17] ▶			
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18		
	19	Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19		
20	Exemption	20			
21	Add lines 18 through 20 ▶	21			
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 20 of the instructions	22		
	23	Total tax (from Schedule G, line 7)	23		
	24	Payments: a 2005 estimated tax payments and amount applied from 2004 return	24a		
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b		
	c	Subtract line 24b from line 24a	24c		
	d	Tax paid with Form 7004 (see page 20 of the instructions)	24d		
	e	Federal income tax withheld. If any is from Form(s) 1099, check ▶ <input type="checkbox"/>	24e		
		Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24h		
	25	Total payments. Add lines 24c through 24e, and 24h ▶	25		
	26	Estimated tax penalty (see page 20 of the instructions)	26		
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27			
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29	Amount of line 28 to be: a Credited to 2006 estimated tax ▶ ; b Refunded ▶	29			

Sign Here ▶ Under penalties 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 preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

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. () _____

A Type of entity (see instr.): For calendar year 2004 or fiscal year beginning _____, 2004, and ending _____, 20

Decedent's estate
 Simple trust
 Complex trust
 Qualified disability trust
 ESBT (S portion only)
 Grantor type trust
 Bankruptcy estate—Ch. 7
 Bankruptcy estate—Ch. 11
 Pooled income fund

Name of estate or trust (If a grantor type trust, see page 12 of the instructions.)
 Name and title of fiduciary
 Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.)
 City or town, state, and ZIP code

C Employer identification number _____
D Date entity created _____

E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 13 of the instr.):
 Described in section 4947(a)(1)
 Not a private foundation
 Described in section 4947(a)(2)
 Change in trust's name
 Change in fiduciary's address

B Number of Schedules K-1 attached (see instructions) **F** Check applicable boxes:
 Initial return Final return Amended return
 Change in fiduciary Change in fiduciary's name Change in fiduciary's address

G Pooled mortgage account (see page 14 of the instructions): Bought Sold Date: _____

Income	1	Interest income	1		
	2a	Total ordinary dividends	2a		
	b	Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust			
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3		
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4		
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5		
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6		
	7	Ordinary gain or (loss) (attach Form 4797)	7		
	8	Other income. List type and amount	8		
9	Total income. Combine lines 1, 2a, and 3 through 8	9			
Deductions	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10		
	11	Taxes	11		
	12	Fiduciary fees	12		
	13	Charitable deduction (from Schedule A, line 7)	13		
	14	Attorney, accountant, and return preparer fees	14		
	15a	Other deductions not subject to the 2% floor (attach schedule)	15a		
	b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b		
	16	Total. Add lines 10 through 15b	16		
	17	Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1 ▶	17		
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18		
	19	Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19		
20	Exemption	20			
21	Total deductions. Add lines 18 through 20	21			
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 19 of the instructions	22		
	23	Total tax (from Schedule G, line 7)	23		
	24	Payments: a 2004 estimated tax payments and amount applied from 2003 return	24a		
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b		
	c	Subtract line 24b from line 24a	24c		
	d	Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d		
	e	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e		
	f	Other payments: f Form 2439 ; g Form 4136 ; Total ▶	24f		
	25	Total payments. Add lines 24c through 24e, and 24f	25		
26	Estimated tax penalty (see page 20 of the instructions)	26			
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27			
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29	Amount of line 28 to be: a Credited to 2005 estimated tax ▶ ; b Refunded ▶	29			

Under penalties 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 preparer has any knowledge.

Sign Here Signature of fiduciary or officer representing fiduciary Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

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. () _____

A Type of entity (see instr.): For calendar year 2003 or fiscal year beginning _____, 2003, and ending _____, 20

Decedent's estate
 Simple trust
 Complex trust
 Qualified disability trust
 ESBT (S portion only)
 Grantor type trust
 Bankruptcy estate—Ch. 7
 Bankruptcy estate—Ch. 11
 Pooled income fund

Name of estate or trust (If a grantor type trust, see page 12 of the instructions.)

Name and title of fiduciary

Number, street, and room or suite no. (If a P.O. box, see page 12 of the instructions.)

City or town, state, and ZIP code

C Employer identification number

D Date entity created

E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 13 of the instructions):

Described in section 4947(a)(1)
 Not a private foundation
 Described in section 4947(a)(2)

B Number of Schedules K-1 attached (see instructions) ▶

F Check applicable boxes: Initial return Final return Amended return
 Change in fiduciary's name Change in fiduciary's address

G Pooled mortgage account (see page 13 of the instructions): Bought Sold Date: _____

Income	1 Interest income	1		
	2a Total ordinary dividends	2a		
	b Qualified dividends allocable to: (1) Beneficiaries (2) Estate or trust			
	3 Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3		
	4 Capital gain or (loss) (attach Schedule D (Form 1041))	4		
	5 Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5		
	6 Farm income or (loss) (attach Schedule F (Form 1040))	6		
	7 Ordinary gain or (loss) (attach Form 4797)	7		
	8 Other income. List type and amount	8		
9 Total income. Combine lines 1, 2a, and 3 through 8	9			
Deductions	10 Interest. Check if Form 4952 is attached <input type="checkbox"/>	10		
	11 Taxes	11		
	12 Fiduciary fees	12		
	13 Charitable deduction (from Schedule A, line 7)	13		
	14 Attorney, accountant, and return preparer fees	14		
	15a Other deductions not subject to the 2% floor (attach schedule)	15a		
	b Allowable miscellaneous itemized deductions subject to the 2% floor.	15b		
	16 Total. Add lines 10 through 15b	16		
	17 Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1	17		
	18 Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18		
	19 Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19		
20 Exemption	20			
21 Total deductions. Add lines 18 through 20	21			
Tax and Payments	22 Taxable income. Subtract line 21 from line 17. If a loss, see page 18 of the instructions	22		
	23 Total tax (from Schedule G, line 7)	23		
	24 Payments: a 2003 estimated tax payments and amount applied from 2002 return	24a		
	b Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b		
	c Subtract line 24b from line 24a	24c		
	d Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d		
	e Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e		
	Other payments: f Form 2439 ; g Form 4136 ; Total	24h		
	25 Total payments. Add lines 24c through 24e, and 24h	25		
	26 Estimated tax penalty (see page 19 of the instructions)	26		
27 Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27			
28 Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28			
29 Amount of line 28 to be: a Credited to 2004 estimated tax ; b Refunded	29			

Sign Here Under penalties 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 preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary _____ Date _____ EIN of fiduciary if a financial institution _____

May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

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. () _____

A Type of entity (see instr.): For calendar year 2002 or fiscal year beginning , 2002, and ending , 20
Decedent's estate
Simple trust
Complex trust
Qualified disability trust
ESBT (S portion only)
Grantor type trust
Bankruptcy estate—Ch. 7
Bankruptcy estate—Ch. 11
Pooled income fund
B Number of Schedules K-1 attached (see instructions)
C Employer identification number
D Date entity created
E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 12 of the instructions):
Described in section 4947(a)(1)
Not a private foundation
Described in section 4947(a)(2)

F Check applicable boxes: Initial return Final return Amended return
Change in fiduciary's name Change in fiduciary's address
G Pooled mortgage account (see page 13 of the instructions): Bought Sold Date:

Table with 9 rows (Income) and 3 columns. Rows include Interest income, Ordinary dividends, Business income or (loss), Capital gain or (loss), Rents, royalties, partnerships, other estates and trusts, etc., Farm income or (loss), Ordinary gain or (loss), Other income, and Total income.

Table with 12 rows (Deductions) and 3 columns. Rows include Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney, accountant, and return preparer fees, Other deductions, Allowable miscellaneous itemized deductions, Total, Adjusted total income or (loss), Income distribution deduction, Estate tax deduction, Exemption, and Total deductions.

Table with 10 rows (Tax and Payments) and 3 columns. Rows include Taxable income, Total tax, Payments (a, b, c, d, e, f, g, Total), Total payments, Estimated tax penalty, Tax due, Overpayment, and Amount of line 28 to be.

Under penalties 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 preparer has any knowledge.

Sign Here
Signature of fiduciary or officer representing fiduciary
Date
EIN of fiduciary if a financial institution
May the IRS discuss this return with the preparer shown below (see instr.)? Yes No

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.

For calendar year 2001 or fiscal year beginning , 2001, and ending , 20

OMB No. 1545-0092

A Type of entity: Decedent's estate, Simple trust, Complex trust, Grantor type trust, Bankruptcy estate—Ch. 7, Bankruptcy estate—Ch. 11, Pooled income fund. B Number of Schedules K-1 attached. C Employer identification number. D Date entity created. E Nonexempt charitable and split-interest trusts.

F Check applicable boxes: Initial return, Final return, Amended return, Change in fiduciary's name, Change in fiduciary's address. G Pooled mortgage account: Bought, Sold, Date.

Income section table with rows 1-9: Interest income, Ordinary dividends, Business income or (loss), Capital gain or (loss), Rents, royalties, partnerships, other estates and trusts, etc., Farm income or (loss), Ordinary gain or (loss), Other income, Total income.

Deductions section table with rows 10-21: Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney, accountant, and return preparer fees, Other deductions, Total, Adjusted total income or (loss), Income distribution deduction, Estate tax deduction, Exemption, Total deductions.

Tax and Payments section table with rows 22-29: Taxable income, Total tax, Payments (a-e), Total payments, Estimated tax penalty, Tax due, Overpayment, Amount of line 28 to be.

Under penalties 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.

Sign Here section: Signature of fiduciary or officer representing fiduciary, Date, EIN of fiduciary if a financial institution. Includes a box: May the IRS discuss this return with the preparer shown below (see page 7)? Yes No

Paid Preparer's Use Only section: 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.

For calendar year 2000 or fiscal year beginning , 2000, and ending , 20 OMB No. 1545-0092

A Type of entity: Decedent's estate, Simple trust, Complex trust, Grantor type trust, Bankruptcy estate—Ch. 7, Bankruptcy estate—Ch. 11, Pooled income fund. B Number of Schedules K-1 attached. C Employer identification number. D Date entity created. E Nonexempt charitable and split-interest trusts.

F Check applicable boxes: Initial return, Final return, Amended return, Change in fiduciary's name, Change in fiduciary's address. G Pooled mortgage account: Bought, Sold, Date.

Income section table with rows 1-9: Interest income, Ordinary dividends, Business income or (loss), Capital gain or (loss), Rents, royalties, partnerships, other estates and trusts, etc., Farm income or (loss), Ordinary gain or (loss), Other income, Total income.

Deductions section table with rows 10-21: Interest, Taxes, Fiduciary fees, Charitable deduction, Attorney, accountant, and return preparer fees, Other deductions, Total, Adjusted total income or (loss), Income distribution deduction, Estate tax deduction, Exemption, Total deductions.

Tax and Payments section table with rows 22-29: Taxable income, Total tax, Payments (a-e), Total payments, Estimated tax penalty, Tax due, Overpayment, Amount of line 28 to be.

Sign Here Under penalties 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.

Signature of fiduciary or officer representing fiduciary, Date, EIN of fiduciary if a financial institution.

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.

For calendar year 1999 or fiscal year beginning , 1999, and ending , OMB No. 1545-0092

A Type of entity: Name of estate or trust (If a grantor type trust, see page 8 of the instructions.) C Employer identification number
B Number of Schedules K-1 attached (see instructions) Name and title of fiduciary D Date entity created
E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 10 of the instructions):

F Check applicable boxes: Initial return Final return Amended return G Pooled mortgage account (see page 10 of the instructions): Bought Sold Date:
Change in fiduciary's name Change in fiduciary's address

Income section table with 9 rows: 1 Interest income, 2 Ordinary dividends, 3 Business income or (loss), 4 Capital gain or (loss), 5 Rents, royalties, partnerships, other estates and trusts, etc., 6 Farm income or (loss), 7 Ordinary gain or (loss), 8 Other income, 9 Total income.

Deductions section table with 12 rows: 10 Interest, 11 Taxes, 12 Fiduciary fees, 13 Charitable deduction, 14 Attorney, accountant, and return preparer fees, 15a Other deductions NOT subject to the 2% floor, 15b Allowable miscellaneous itemized deductions subject to the 2% floor, 16 Total, 17 Adjusted total income or (loss), 18 Income distribution deduction, 19 Estate tax deduction, 20 Exemption, 21 Total deductions.

Tax and Payments section table with 9 rows: 22 Taxable income, 23 Total tax, 24 Payments: a 1999 estimated tax payments and amount applied from 1998 return, 24b Estimated tax payments allocated to beneficiaries, 24c Subtract line 24b from line 24a, 24d Tax paid with extension of time to file, 24e Federal income tax withheld, 24h Other payments, 25 Total payments, 26 Estimated tax penalty, 27 Tax due, 28 Overpayment, 29 Amount of line 28 to be: a Credited to 2000 estimated tax, b Refunded.

Please Sign Here Under penalties 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 fiduciary) is based on all information of which preparer has any knowledge. Signature of fiduciary or officer representing fiduciary Date EIN of fiduciary if a financial institution (see page 5 of the instructions)

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) and address EIN ZIP code

For calendar year 1998 or fiscal year beginning , 1998, and ending , 19

OMB No. 1545-0092

A Type of entity: Name of estate or trust (If a grantor type trust, see page 8 of the instructions.) C Employer identification number
B Number of Schedules K-1 attached (see instructions) D Date entity created
E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 10 of the instructions):

F Check applicable boxes: Initial return Final return Amended return G Pooled mortgage account (see page 10 of the instructions): Bought Sold Date:

Table with 9 rows for Income. Columns include line number, description (e.g., Interest income, Ordinary dividends), and a column for the amount.

Table with 12 rows for Deductions. Columns include line number, description (e.g., Interest, Taxes, Fiduciary fees), and a column for the amount.

Table with 10 rows for Tax and Payments. Columns include line number, description (e.g., Taxable income, Total tax, Payments), and a column for the amount.

Please Sign Here Under penalties 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.

Signature of fiduciary or officer representing fiduciary Date EIN of fiduciary if a financial institution (see page 5 of the instructions)

Paid Preparer's Use Only Preparer's signature Date Check if self-employed Preparer's social security no. Firm's name (or yours if self-employed) and address EIN ZIP code