

Label

(See instructions on page 19.)

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

Presidential Election Campaign (See page 19.)

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For the year Jan. 1–Dec. 31, 2001, or other tax year beginning 2001, ending 2001

OMB No. 1545-0074

Your first name and initial
KURT S.Last name
ROWE

Your social security number

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

Last name

Spouse's social security number

Home address (for notices and statements). Must have a P.O. box, see page 19.

Apt. no.

City, town, or post office, state, and ZIP code. If you have a foreign address, see page 19.

▲ Important! ▲

You must enter your SSN(s) above.

You Spouse

 Yes No Yes No

Filing Status

Check only one box.

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

Exemptions

If more than six dependents, see page 20.

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

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> Qualifying child for child tax credit (see page 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

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

Dependents on 6c not entered above

Add numbers entered on lines above ▶

Income

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

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

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

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a Taxable interest. Attach Schedule B if required
- b Tax-exempt interest. Do not include on line 8a
- 9 Ordinary dividends. Attach Schedule B if required
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here
- 14 Other gains or (losses). Attach Form 4797
- 15a Total IRA distributions 15a b Taxable amount (see page 23)
- 16a Total pensions and annuities 16a b Taxable amount (see page 23)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits 20a b Taxable amount (see page 25)
- 21 Other income. List type and amount (see page 27)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

7	0	00
8a	1893	00
9		
10		
11		
12		
13		
14		
15b		
16b		
17		
18		
19		
20b		
21		
22	1893	00

Adjusted Gross Income

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

23		
24		
25		
26		
27		
28		
29		
30		
31a		
32		
33	1893	00

Tax and Credits

Standard Deduction for—

- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.
- All others:
 - Single, \$4,950
 - Head of household, \$6,850
 - Married filing jointly or Qualifying widow(er), \$7,600
 - Married filing separately, \$3,800

34	Amount from line 33 (adjusted gross income)	34	1893 00
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here. ▶ 35a		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here. ▶ 35b <input type="checkbox"/>		
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	4550 00
37	Subtract line 36 from line 34	37	2657 00
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32	38	2900 00
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	5557 00
40	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	40	
41	Alternative minimum tax (see page 34). Attach Form 6251	41	
42	Add lines 40 and 41	42	
43	Foreign tax credit. Attach Form 1116 if required	43	
44	Credit for child and dependent care expenses. Attach Form 2441	44	
45	Credit for the elderly or the disabled. Attach Schedule R	45	
46	Education credits. Attach Form 8863	46	
47	Rate reduction credit. See the worksheet on page 35	47	
48	Child tax credit (see page 37)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 50. These are your total credits	51	
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	0 00

Other Taxes

53	Self-employment tax. Attach Schedule SE	53	
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	
58	Add lines 52 through 57. This is your total tax	58	0 00

Payments

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	110 00
60	2001 estimated tax payments and amount applied from 2000 return	60	2019 00
61a	Earned income credit (EIC)	61a	
b	Nontaxable earned income (61b)		
62	Excess social security and RRTA tax withheld (see page 51)	62	
63	Additional child tax credit. Attach Form 8812	63	
64	Amount paid with request for extension to file (see page 51)	64	
65	Other payments. Check if from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	2129 00

SEE ATTACHMENT

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	2129 00
68a	Amount of line 67 you want refunded to you	68a	2129 00
b	Routing number		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number		
69	Amount of line 67 you want applied to your 2002 estimated tax	69	

Amount You Owe

70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52	70	
71	Estimated tax penalty. Also include on line 70	71	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)? Yes. Complete the following. No

Designee's name: _____ Phone no.: _____ Personal identification number (PIN): _____

Sign Here

Joint return? See page 19. Keep a copy for your records.

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

Your signature: *Kevin R. Colue* Date: 1-4-06 Your occupation: American Citizen Daytime phone number: _____

Spouse's signature, if a joint return, both must sign. Date: _____ Spouse's occupation: _____

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: _____ E-mail: _____ Phone no.: _____

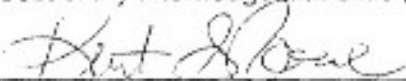
PAYER'S name, street address, city, state, and ZIP code [REDACTED]		1 Rents \$	OMB No. 1545-0045 2001 Form 1099-MISC		Miscellaneous Income
PAYER'S Federal identification number [REDACTED]		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S name Kurt S. Rowe		3 Other income \$	5 Medical and health care payments \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S identification number [REDACTED]		6 Fishing boat proceeds \$	7 Nonemployee compensation \$ - 0 -		
Street address (including apt. no.) 2915 Lexington Street 16		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		For Privacy Act and Paperwork Reduction Act Notice, see the 2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code Sarasota, FL 34231-0000		10 Crop insurance proceeds \$	11 [REDACTED]		
Account number (optional)	and TIN (not <input type="checkbox"/>)	12 [REDACTED]	13 Excess golden parachute payments \$		
15		14 Gross proceeds paid to an attorney \$	16 State tax withheld \$		
		17 State/Payer's state tax \$	18 State income \$		

Form 1099-MISC

Cat No. 144252

Department of the Treasury - Internal Revenue Service

This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as 'Payer' which erroneously alleges a payment to the party identified above as 'RECIPIENT' of "gains, profit or income" made in the course of a "trade or business". Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.


Kurt S. Rowe

1-4-2006
Date

PAYER'S name, street address, city, state, and ZIP code [REDACTED]		1 Rents \$	OMB No. 1545-0049 2001 Form 1099-MISC	Miscellaneous Income
PAYER'S Federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$	6 Federal income tax withheld \$	7 Nonemployee compensation \$ - 0 -	Copy A For Internal Revenue Service Center File with Form 1099.
RECIPIENT'S name Kurt Rowe	8 Medical and health care payments \$	9 Substantiated payments in lieu of dividends or interest \$	10 Crop insurance proceeds \$	
Street address (including apt. no.) 2915 Lexington Street 16	11 [REDACTED]	12 [REDACTED]	13 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2001 General Instructions for Forms 1099, 1099-B, and W-2G.
City, state, and ZIP code Sarasota, FL 34231-0000	14 Excess golden parachute payments \$	15 Gross proceeds paid to an attorney \$	16 State tax withheld \$	
Account number (optional)	17 State/Payer's state no. \$	18 State income \$	19 State income \$	
19	20	21	22	

Form 1099-MISC

Cat. No. 14259

Department of the Treasury - Internal Revenue Service

This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "Payer" which erroneously alleges a payment to the party identified above as "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business". Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

Kurt S. Rowe
Kurt S. Rowe

1-4-2006

Date

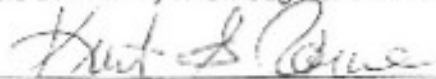
PAYER'S name, street address, city, state, and ZIP code [REDACTED]		1 Rents \$	OMB No. 1545-0045	2001 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$	3 Other income \$		
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	4 Federal income tax withheld \$	5 Medical and health care payments \$	Copy A For Internal Revenue Service Center File with Form 1099.	For Privacy Act and Paperwork Reduction Act Notice, see the 2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.
RECIPIENT'S name Kurt Rowe		6 Netting boat proceeds \$	7 Substantiated losses in final dividend or interest \$ - 0 -		
Street address (including apt. no.) 2915 Lexington Street 16		8 Payee made direct sales of \$5,000 or more of consumer products to a buyer strapped for cash <input type="checkbox"/>	9 Crop insurance proceeds \$		
City, state, and ZIP code Sarasota, FL 34231-0000		10	11	12	
Account number (optional)	and financial <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15	16 State tax withheld \$	17 State/Payer's state tax \$	18 State income \$		

Form 1099-MISC

Cat No. 14425J

Department of the Treasury - Internal Revenue Service

This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as 'Payer' which erroneously alleges a payment to the party identified above as 'RECIPIENT' of "gains, profit or income" made in the course of a "trade or business". Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.



Kurt S. Rowe

1-7-2006

Date

**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R,
Distributions From Pensions, Annuities, Retirement or
Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.**

OMB No.
1545-0458

Attach to Form 1040, 1040A, 1040-EZ or 1040X

1. Name (First, middle, last) Kurt S. Rowe 2. Social security number (SSN) [REDACTED]

3. Address [REDACTED]

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRAs, Insurance Contracts, etc., from my employer or payer named below. I have notified the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2001 (year)

5. Employer's or payer's name, address and ZIP code [REDACTED] 5. Employer's or payer's identification number (if known) [REDACTED]

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips reported and (4) all other compensation before deductions for taxes, insurance, etc.)	<u>0</u>	f. Federal income tax withheld	<u>0</u>
b. Social security wages	<u>0</u>	g. State tax withheld (Name or state)	<u>--</u>
c. Medicare wages	<u>0</u>	h. Local tax withheld (Name of locality)	<u>--</u>
d. Advance EIC payments	<u>0</u>	i. Social security tax withheld	<u>25</u>
e. Social security tips	<u>0</u>	j. Medicare tax withheld	<u>5</u>

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	<u>0</u>	4. Federal Income Tax Withheld	<u>0</u>
2a. Taxable Amount	<u>0</u>	5. State Income Tax Withheld	<u>0</u>
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	<u>0</u>
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	<u>0</u>
3. Capital Gains (included in 2a)	<u>0</u>	8. Enter Distribution Code	<u>0</u>

8. How did you determine the amounts in item 7 above?
Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby **DISPUTED**. I receive no such "wages".

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.
None, the W-2 had been issued before "wage" errors were noted. The amounts they identified as withheld were correct as reflected in 7 above.

Importance Notice: If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.

Paperwork Reduction Act Notice:
We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paper Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

10. Your signature Kurt S. Rowe 11. Date (mm/dd/yyyy) 1-4-2006

Department of the Treasury - Internal Revenue Service
**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R,
 Distributions From Pensions, Annuities, Retirement or
 Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.**

OMB No.
1545-0458

Attach to Form 1040, 1040A, 1040-EZ or 1040X

1. Name (First, middle, last) Kurt S. Rowe 2. Social security number (SSN) [REDACTED]

3. Address [REDACTED]

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRAs, Insurance Contracts, etc., from my employer or payer named below. I have notified the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2001 (year)

5. Employer's or payer's name, address and ZIP code [REDACTED] 6. Employer's or payer's identification number (if known) [REDACTED]

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: include (1) the total wages paid (2) noncash payments, (3) tips reported and (4) all other compensation before deductions for taxes, insurance, etc.)	0	f. Federal income tax withheld	110
b. Social security wages	0	g. State tax withheld (Name or state)	--
c. Medicare wages	0	h. Local tax withheld (Name of locality)	--
d. Advance EIC payments	0	i. Social security tax withheld	64
e. Social security tips	0	j. Medicare tax withheld	15

7(B) Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	0	4. Federal Income Tax Withheld	0
2a. Taxable Amount	0	5. State Income Tax Withheld	0
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	0
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	0
3. Capital Gains (included in 2a)	0	8. Enter Distribution Code	0

8. How did you determine the amounts in item 7 above?
 Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby **DISPUTED**. I receive no such "wages".

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.
 None, the W-2 had been issued before "wage" errors were noted. The amounts they identified as withheld were correct as reflected in 7 above.

Importance Notice: If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.

Paperwork Reduction Act Notice:
 We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records in relation to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 15 minutes. If you have comments concerning the occurrence of the time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

10. Your signature Kurt S. Rowe 11. Date (mm/dd/yyyy) 1-4-2006

Attachment for 2001 tax period Line 60, Form 1040
2001 estimated tax payments for:

Kurt S. Rowe

Ssn: [REDACTED]

Itemized listing of Payments: *

These additional taxes were withheld by payer [REDACTED]

- * 64.00 Social Security tax
- * 15.00 Medicare tax

These additional taxes were withheld by payer [REDACTED]

- * 25.00 Social Security tax
- * 5.00 Medicare tax

- * 100.00 Electronic Funds Transfer from personal checking account on 6/7/05

Overpaid tax from the 2004 tax period credited to the 2001 tax period for alleged amount owed stated on Form 4549

- * 484.00
- * 1326.00

Total amount of Line 60 estimated tax payments = **2019.00**