Form **1040X** (Rev. February 2007)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ See separate instructions.

OMB No. 1545-0074

This return is for calendar year ▶ 2001 **, or fiscal year ended ▶**

Please print or type

Your first name and initial	Last name	Your social security number
Bruce G.		
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (no. and street) or P.O. box if mail is not delivered to your home	Apt. no.	Phone number
		( )
City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions.		
Scottsdale, AZ 85260		

A If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ▶ ☑ Yes ☐ No

B Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.

On original return ▶ ☑ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

On this return ▶ ☑ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)

* If the qualifying person is a child but not your dependent, see page 3 of the instructions.

Use Part II on the back to explain any changes

			A. Original amount or as previously adjusted (see page 3)	B. Net change—amount of increase or (decrease)—explain in Part II	C. Correct amount
	Income and Deductions (see instructions)				
	1 Adjusted gross income (see page 3)	1	3,953,748.00	(3,956,608.00)	(2,850.00)
	2 Itemized deductions or standard deduction (see page 3)	2	4,550.00	0.00	4,550.00
	3 Subtract line 2 from line 1	3	3,949,198.00	(3,956,608.00)	(7,410.00)
	4 Exemptions. If changing, fill in Parts I and II on the back (see page 4)	4	0.00	2,900.00	2,900.00
	5 Taxable income. Subtract line 4 from line 3	5	3,949,198.00	(3,959,508.00)	(10,310.00)
Tax Liability	6 Tax (see page 5). Method used in col. C Tax Tables	6	1,521,247.00	(1,521,247.00)	0.00
	7 Credits (see page 5)	7	0.00	0.00	0.00
	8 Subtract line 7 from line 6. Enter the result but not less than zero	8	1,521,247.00	(1,521,247.00)	0.00
	9 Other taxes (see page 5)	9	7,137.00	(7,137.00)	0.00
	10 Total tax. Add lines 8 and 9	10	1,528,384.00	(1,528,384.00)	0.00
Payments	11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5	11	125.00	0.00	125.00
	12 Estimated tax payments, including amount applied from prior year's return	12	0.00	0.00	0.00
	13 Earned income credit (EIC)	13	0.00	0.00	0.00
	14 Additional child tax credit from Form 8812	14	0.00	0.00	0.00
	15 Credits: Federal telephone excise tax or from Forms 2439, 4136, or 8885	15	0.00	0.00	0.00
	16 Amount paid with request for extension of time to file (see page 5)	16			0.00
	17 Amount of tax paid with original return plus additional tax paid after it was filed	17			0.00
	18 Total payments. Add lines 11 through 17 in column C	18			125.00
	Refund or Amount You Owe				
	19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	19			0.00
	20 Subtract line 19 from line 18 (see page 6)	20			125.00
	21 **Amount you owe.** If line 10, column C, is more than line 20, enter the difference and see page 6	21			0.00
	22 If line 10, column C, is less than line 20, enter the difference	22			125.00
	23 Amount of line 22 you want **refunded to you**	23			125.00
	24 Amount of line 22 you want **applied to your estimated tax** 24				

Sign Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules

Part I Exemptions. See Form 1040 or 1040A instructions.

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

			A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions
25	Yourself and spouse	25	0	1	1
	Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.				
26	Your dependent children who lived with you	26			
27	Your dependent children who did not live with you due to divorce or separation	27			
28	Other dependents	28			
29	Total number of exemptions. Add lines 25 through 28	29	0	1	1
30	Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.	30	0	2,900.00	2,900.00
31	If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4)	31			
32	Add lines 30 and 31. Enter the result here and on line 4	32	0	2,900.00	2,900.00

Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:
2006	$3,300	$112,875
2005	3,200	109,475
2004	3,100	107,025
2003	3,050	104,625

33 Dependents (children and other) not claimed on original (or adjusted) return:

(a) First name Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) ✓ if qualifying child for child tax credit (see page 6)
			☐
			☐
			☐
			☐
			☐
			☐

No. of children on 33 who:

- lived with you ▶ ☐
- did not live with you due to divorce or separation (see page 6) ▶ ☐

Dependents on 33 not entered above ▶ ☐

Part II Explanation of Changes

Enter the line number from the front of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here ▶ ☐

1. See attached documents. The (2,860.00) is the result of 140.00 interest minus the Schedule D loss limited to 3,000.00. As far as the medical payments are concerned, none of them involved the exercise of federal privelege. Neither the "payers" listed on the 1099s you received nor I were operating a "trade or business" as defined in 26 USC 7701(a)(26). These amounts would only be taxable to me IF there was a contract specifying our relationship as that of an identified government agency or insrumentality hiring myself as an independent contractor performing a service for them. No such contracts, to my knowledge, exist. See also The Classification Act of 1923 (See "service" and "compensation", 42 Stat. 1488, Ch. 265, Sec. 2, which establishes that those who work in the federal government earn "compensation").

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want $3 to go to the fund but now want to, check here ▶ ☐
If a joint return and your spouse did not previously want $3 to go to the fund but now wants to, check here ▶ ☐

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

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

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2001

Attachment Sequence No. 12

Name(s) shown on Form 1040

Bruce G.

Your social security number

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5 of the instructions)	(e) Cost or other basis (see page D-5 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 5,000 sh. Hightec, Inc.	4/27/00	3/19/01	101 92	1,079 00	-977 08
1,000 sh. LEGL	4/27/00	3/19/01	185 62	2,497 75	-2,312 13
1,000 sh. LEGL	5/11/00	3/19/01	185 61	1,079 00	-893 39
600 SH. GNBT	11/1/00	11/10/00	7,895 28	6,511 22	1,384 06
2 Enter your short-term totals, if any, from Schedule D-1, line 2		2	3,906,245 40		-51,600 15
3 **Total short-term sales price amounts.** Add lines 1 and 2 in column (d)		3	3,914,613 80		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	0 00
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	0 00
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2000 Capital Loss Carryover Worksheet				6	(0 00)
7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f).				7	-54,398 69

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5 of the instructions)	(e) Cost or other basis (see page D-5 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
8						
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9				
10 **Total long-term sales price amounts.** Add lines 8 and 9 in column (d)		10				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12		
13 Capital gain distributions. See page D-1 of the instructions				13		
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2000 Capital Loss Carryover Worksheet				14	( )	( )
15 Combine lines 8 through 14 in column (g)				15		
16 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f) **Next:** Go to Part III on the back.				16		

* **28% rate gain or loss** includes **all** "collectibles gains and losses" (as defined on page D-6 of the instructions) and up to 50% of the eligible gain on qualified small business stock (see page D-4 of the instructions).

Part III Taxable Gain or Deductible Loss

17	Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 39	17	-54,398 69
	Next: • If both lines 16 and 17 are gains **and** Form 1040, line 39, is more than zero, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete Form 1040.		
18	If line 17 is a loss, enter here and on Form 1040, line 13, the **smaller** of **(a)** that loss or **(b)** ($3,000) (or, if married filing separately, ($1,500)). Then complete Form 1040 through line 37	18	(3,000 00)
	Next: • If the loss on line 17 is more than the loss on line 18 **or** if Form 1040, line 37, is less than zero, skip **Part IV** below and complete the **Capital Loss Carryover Worksheet** on page D-6 of the instructions before completing the rest of Form 1040. • Otherwise, skip **Part IV** below and complete the rest of Form 1040.		

Part IV Tax Computation Using Maximum Capital Gains Rates

19	Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-7 of the instructions	19		
	If line 15 or line 19 is more than zero, complete the worksheet on page D-9 of the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.			
20	Enter your taxable income from Form 1040, line 39	20		
21	Enter the **smaller** of line 16 or line 17 of Schedule D	21		
22	If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0-	22		
23	Subtract line 22 from line 21. If zero or less, enter -0-	23		
24	Subtract line 23 from line 20. If zero or less, enter -0-	24		
25	Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies		25	
26	Enter the **smaller** of: • The amount on line 20 **or** • $45,200 if married filing jointly or qualifying widow(er); $27,050 if single; $36,250 if head of household; or $22,600 if married filing separately	26		
	If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.			
27	Enter the amount from line 24	27		
28	Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34	28		
29	Enter your qualified 5-year gain, if any, from line 7 of the worksheet on page D-8	29		
30	Enter the **smaller** of line 28 or line 29	30		
31	Multiply line 30 by 8% (.08)		31	
32	Subtract line 30 from line 28	32		
33	Multiply line 32 by 10% (.10)		33	
	If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.			
34	Enter the **smaller** of line 20 or line 23	34		
35	Enter the amount from line 28 (if line 28 is blank, enter -0-)	35		
36	Subtract line 35 from line 34	36		
37	Multiply line 36 by 20% (.20)		37	
38	Add lines 25, 31, 33, and 37		38	
39	Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies		39	
40	**Tax on all taxable income (including capital gains).** Enter the **smaller** of line 38 or line 39 here and on Form 1040, line 40		40	

SCHEDULE D-1 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

► See instructions for Schedule D (Form 1040).

► Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2001

Attachment Sequence No. 12A

Name(s) shown on Form 1040

Bruce G.

Your social security number

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5 of the instructions)	(e) Cost or other basis (see page D-5 of the instructions)	(f) Gain or (loss). Subtract (e) from (d)
1 3,000 Sh. Ciena Corp. Com.	11/9/01	11/9/01	48,735 37	48,458 00	277 37
3,000 Sh. Ciena Corp. Com.	11/9/01	11/9/01	48,585 38	48,763 00	-177 62
3,000 Sh. Ciena Corp. Com.	11/13/01	11/13/01	52,516 24	52,813 00	-296 76
3,000 Sh. Ciena Corp. Com.	11/13/01	11/13/01	51,885 27	52,063 00	-177 73
3,000 Sh. Identix Inc. Com.	11/14/01	11/14/01	21,291 29	22,183 00	-891 71
1,000 Sh. Micromuse Inc. Com.	11/9/01	11/9/01	10,761 64	10,723 00	38 64
3,000 Sh. Webmethods Inc. Com.	11/6/01	11/6/01	32,385 92	31,663 00	722 92
3,000 Sh. Saba Software Inc. Com.	11/6/01	11/6/01	9,781 67	10,213 00	-431 33
3,000 Sh. Aether Systems Inc. Com.	11/9/01	11/9/01	25,351 44	25,334 00	17 44
1,000 Sh. Pri Automation Inc. Com.	10/29/01	10/29/01	15,186 49	15,553 00	-366 51
1,000 Sh. Broadcom Corp Com CL A	11/15/01	11/15/01	41,155 62	41,931 00	-775 38
1,500 Sh. Broadcom Corp Com CL A	11/15/01	11/15/01	63,198 88	63,686 00	-487 12
2,000 Sh. Broadcom Corp Com CL A	11/15/01	11/15/01	85,471 09	86,311 00	-839 91
2,200 Sh. Broadcom Corp Com CL A	11/15/01	11/15/01	94,473 85	94,855 00	-381 15
2,000 Sh. Cisco Systems Inc. Com.	11/8/01	11/8/01	35,685 81	35,513 00	172 81
1,000 Sh. Openwave System Inc.	10/29/01	10/29/01	7,986 73	8,174 00	-187 27
1,000 Sh. Storage Networks Inc.	10/23/01	10/23/01	6,491 78	7,162 00	-670 22
2,500 Sh. US Internetwrkg.	10/16/01	10/16/01	1,156 95	1,113 00	43 95
3,000 Sh. Network Appliance Inc.	11/6/01	11/6/01	42,789 55	42,908 00	-118 45
2,000 Sh. Ariad Pharm.	11/1/01	11/1/01	10,011 66	10,965 00	-953 34
5,399 Sh. Generex Biotech Corp Com	9/24/01	10/5/01	22,135 16	19,999 30	2,135 86
3,000 Sh. Integrated Device Tech	11/13/01	11/13/01	65,984 80	65,268 00	716 80
3,000 Sh. Integrated Device Tech	11/14/01	11/14/01	104,143 52	103,363 00	780 52
E.Medsoft.Com Com	11/8/01	11/8/01	6,291 79	6,508 00	-216 21
2 **Totals.** Combine columns (d) and (f). Enter here and on Schedule D, line 2 ► 2			903,457 90		-2,064 40

SCHEDULE D-1 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

► See instructions for Schedule D (Form 1040).

► Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2001

Attachment Sequence No. 12A

Name(s) shown on Form 1040

Bruce G.

Your social security number

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5 of the instructions)	(e) Cost or other basis (see page D-5 of the instructions)	(f) Gain or (loss). Subtract (e) from (d)
1 300 Sh. Xilinx Inc.	11/21/01	11/21/01	10,221 15	10,350 00	-131 35
1,500 Sh. Ciena Corp.	12/11/01	12/11/01	28,502 59	28,556 45	-53 86
1,000 Sh. Nvidia Corp.	12/7/01	12/7/01	60,334 03	60,323 95	10 08
2,100 Sh. Nvidia Corp.	12/10/01	12/10/01	128,017 27	128,289 45	-272 18
7,500 Sh. Nvidia Corp.	12/12/01	12/12/01	469,788 11	470,252 25	-464 14
1,000 Sh. Nvidia Corp.	12/13/01	12/13/01	63,473 93	63,320 00	153 93
1,500 Sh. Nvidia Corp.	12/14/01	12/14/01	95,550 36	95,696 45	-146 09
21,600 Sh. Nvidia Corp.	12/19/01	12/19/01	555,156 25	556,768 20	-1,611 95
1,500 Sh. Qlogic Corp.	11/29/01	11/29/01	71,071 18	71,961 35	-890 17
4,000 Sh. Human Genome	12/14/01	12/14/01	133,430 63	134,886 85	-1,456 22
1,000 Sh. Synopsys Inc.	12/7/01	12/7/01	55,174 21	55,473 95	-299 74
300 Sh. Broadcom Corp.	11/20/01	11/20/01	14,010 23	14,102 50	-92 27
600 Sh. Broadcom Corp.	11/21/01	11/21/01	26,808 22	27,016 00	-207 78
1,500 Sh. Broadcom Corp.	11/28/01	11/28/01	73,862 58	74,501 45	-638 87
6,900 Sh. Broadcom Corp.	11/29/01	11/29/01	328,539 93	329,305 76	-765 83
1,000 Sh. Broadcom Corp.	12/6/01	12/6/01	49,374 40	49,673 95	-299 55
3,000 Sh. Broadcom Corp.	12/7/01	12/7/01	140,686 94	140,858 50	-171 56
3,914 Sh. Broadcom Corp.	12/10/01	12/10/01	176,248 24	176,107 61	140 63
4,500 Sh. Broadcom Corp.	12/12/01	12/12/01	205,684 22	205,957 30	-273 08
600 Sh. Juniper Networks	11/20/01	11/20/01	15,780 47	15,685 40	95 07
300 Sh. Juniper Networks	11/21/01	11/21/01	7,479 25	7,686 50	-207 25
300 Sh. Brocade Comm Sy	11/20/01	11/20/01	9,816 17	9,656 60	159 67
400 Sh. Research in Mot	12/12/01	12/12/01	10,363 65	10,288 00	75 65
1,000 Sh. Applied Materls	12/11/01	12/11/01	44,094 57	44,273 95	-179 38
2 **Totals.** Combine columns (d) and (f). Enter here and on Schedule D, line 2 . . . . . ► 2			2,773,467 80		-7,526 24

SCHEDULE D-1 (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

► See instructions for Schedule D (Form 1040).

► Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2001

Attachment Sequence No. 12A

Name(s) shown on Form 1040

Bruce G.

Your social security number

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5 of the instructions)	(e) Cost or other basis (see page D-5 of the instructions)	(f) Gain or (loss). Subtract (e) from (d)
1 1,000 Sh. Applied Materls	12/12/01	12/12/01	44,584 56	43,853 95	730 61
1,500 Sh. Applied Materls	12/14/01	12/14/01	62,356 46	62,486 45	-129 99
5,000 Sh. Ciena Corp. Com	11/14/01	11/14/01	91,233 95	91,763 00	-529 05
800 Sh. GNBT	11/22/00	3/19/01	4,000 26	9,389 96	-5,389 70
800 Sh. GNBT	12/01/00	3/19/01	4,074 35	10,931 42	-6,857 07
1,000 Sh. GNBT	12/5/00	3/19/01	5,047 32	14,162 12	-9,114 80
400 Sh. GNBT	12/6/00	3/19/01	1,998 53	5,078 00	-3,079 47
500 Sh. GNBT	12/11/00	3/19/01	2,681 16	5,560 10	-3,282 59
2,000 Sh. GNBT	12/15/00	3/19/01	10,677 69	22,240 40	-11,562 71
500 Sh. GNBT	12/18/00	3/19/01	2,665 51	5,460 25	-2,794 74
2 **Totals.** Combine columns (d) and (f). Enter here and on Schedule D, line 2 ► 2			229,319 79		-42,009 51

1099-MISC for 2001

Payer	Payer Address	City,St, Zip	Payer EIN	Box 6
Aetna, Inc., HMO Accounting DCU	980 Jolly Rd., PO Box 1247 U14K	Blue Bell, PA 19422	23-2229683	$0
Allstate Insurance Company		Charlotte, NC 28262	36-0719865	$0
Blue Cross Blue Shield of North Dakota	4510 13th Ave SW	Fargo, ND 58121	45-0173185	$0
Cambridge Life Ins. Co.	27725 Santa Margarita Pkwy. 220	Mission Viejo, CA 92691	75-1431313	$0
Cigna Healthcare Benefits Inc., Cigna Corporation	1601 Chestnut St. TL29E	Philadelphia, PA 19192	23-2741293	$0
Foundation Health Systems, Life Health Insurance Co.	930 N. Finance Center Drive	Tucson, AZ 85710	73-0654885	$0
Great-West Life and Annuity Insurance Co.	P O Box 1080 Dept E014	Denver, CO 80201	84-0467907	$0
Mutual of Omaha Insurance Company	Mutual of Omaha Plaza	Omaha, NE 68175	47-0246511	$0
Principal Life Insurance Company	711 High Street	Des Moines, IA 50392	42-0127290	$0
S.W. Teamsters Security Fund	P O Box 16200	Phoenix, AZ 85011	86-6052021	$0
State Farm County Mutual Insurance Company of TX	1 State Farm Plaza	Bloomington, IL 61710	75-1070025	$0
State Farm Mutual Automobile Insurance Company	1 State Farm Plz	Bloomington, IL 61710	37-0533100	$0
United Healthcare Insurance Company	1003 Broad Street Suite 300	Johnstown, PA 15906	36-2739571	$0
United Healthcare Services, Inc.	1003 Broad Street Suite 300	Johnstown, PA 15906	41-1289245	$0

This spreadsheet of correcting Forms 1099-MISC is submitted to rebut documents known to have been submitted by the parties identified above as "PAYER" which erroneously alleged payments to the party identified on the attached Form 1040X as the "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business." Under penalties of perjury, I declare that I have examined this spreadsheet and to the best of my knowledge and belief, it is true, correct, and complete.

_____ _____

Bruce G. Date