

U.S. Individual Income Tax Return 2003

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

For the year Jan 1 - Dec 31, 2003, or other tax year beginning 2003, ending 2003

Your first name MI Last name OMB No. 1545-0074
 W. Lewis Perdue III Your social security number

If a joint return, spouse's first name MI Last name
 Megan A. Mills REDACTED

Home address (number and street), if you have a P.O. box, see instructions. Apartment no.
 REDACTED

City, town or post office, if you have a foreign address, see instructions. State ZIP code
 Sonoma, CA 95476

Important! You must enter your social security number(s) above.

Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ... You Spouse
 Yes No Yes No

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above & full name here
 4 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
 5 Qualifying widow(er) with dependent child. (See instructions.)

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. No. of boxes checked on 6a and 6b: 2

6b Spouse. No. of children on 6c who:
 lived with you
 did not live with you due to divorce or separation (see instrs.)
 2

(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: <input checked="" type="checkbox"/> lived with you <input checked="" type="checkbox"/> did not live with you due to divorce or separation (see instrs.) <input type="checkbox"/> Dependents on 6c not entered above.
REDACTED		REDACTED	REDACTED	<input checked="" type="checkbox"/>	
REDACTED		REDACTED	REDACTED	<input checked="" type="checkbox"/>	

d Total number of exemptions claimed: 4

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	17.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	20.
b	Qualified dividends (see instrs)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	76,975.
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 part-year 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 total income.	22	74,012.

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	
27	Moving expenses. Attach Form 3903	27	
28	One-half of self-employment tax. Attach Schedule SE	28	6,591.
29	Self-employed health insurance deduction (see instrs)	29	6,784.
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	13,375.
34	Subtract line 33 from line 22. This is your adjusted gross income	34	60,637.

Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

STATE

ESTIMATES

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 35-60 for Tax and Credits, and lines 61-68 for Payments.

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

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

Amount You Owe

Third Party Designee

Sign here

Print return? See instructions.

Keep a copy of your records.

Preparer's information

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

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.

Preparer's signature: Richard L. Gullotta CPA, MBA. Firm's name: Richard A Gullotta, CPA, MBA Professional Corp.

Form **1040**

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2004

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Label
(See instructions.)

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

Presidential Election Campaign
(See instructions.)

For the year Jan 1 - Dec 31, 2004, or other tax year beginning 2004, ending 20, OMB No. 1545-0074

Your first name MI Last name
W. Lewis Perdue III
Your social security number
REDACTED

If a joint return, spouse's first name MI Last name
Megan A. Mills

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
REDACTED

City, town or post office. If you have a foreign address, see instructions. State ZIP code
Sonoma, CA 95476

REDACTED

Important!
You must enter your social security number(s) above.

Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You Yes No Spouse Yes No

Filing Status

Check only one box.

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

Exemptions

If more than four dependents, see instructions.

6a Yourself. If someone can claim you as a dependent, 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:
REDACTED	REDACTED	REDACTED	REDACTED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> lived with you. <input type="checkbox"/> did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above.

d Total number of exemptions claimed **4**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 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	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	149.
b	Qualif divs (see instrs)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	147.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	102,072.
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	7,447.
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 total income	22	109,815.

Adjusted Gross Income

23	Educator expenses (see instructions)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	IRA deduction (see instructions)	25	6,500.
26	Student loan interest deduction (see instructions)	26	
27	Tuition and fees deduction (see instructions)	27	
28	Health savings account deduction. Attach Form 8889	28	
29	Moving expenses. Attach Form 3903	29	
30	One-half of self-employment tax. Attach Schedule SE	30	6,845.
31	Self-employed health insurance deduction (see instrs)	31	9,243.
32	Self-employed SEP, SIMPLE, and qualified plans	32	
33	Penalty on early withdrawal of savings	33	
34a	Alimony paid b Recipient's SSN	34a	
35	Add lines 23 through 34a	35	22,588.
36	Subtract line 35 from line 22. This is your adjusted gross income	36	87,227.

AA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112L 11/10/04

Form 1040 (2004)

Tax and Credits

Standard Deduction for -

People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.

All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-55 covering tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-62 covering other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 covering payments.

Refund

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 covering refund information.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 covering amount you owe.

Third Party Designee

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

Sign Here

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.

Table for signatures and dates of preparer and spouse. Includes fields for name, date, occupation, and phone number.

Paid Preparer's Use Only

Table for paid preparer information including signature, name, address, EIN, and phone number.