

2003 Tax Return(s)

Prepared for ALEXANDER W. KRAGIE
 CLIENT CODE: KRAGIEALEX

Account Number 769234
Release Number 2003.05000

Prepared by DYER & ASSOCIATES, P.C.
 7201 WISCONSIN AVENUE
 BETHESDA, MARYLAND
 20814

Processing Date: 04/10/2004
 Time: 16:26:41

Special
Instructions

Messages

Return Information

CAUTION

Form: Form 8863

- Form 8863. An education credit has been claimed by a taxpayer who is filing as a dependent of another. A taxpayer filing as a dependent of another can only claim the credit if the taxpayer's personal exemption is not claimed by another taxpayer. If the taxpayer is being claimed by another taxpayer, remove the applicable input on federal Interview Form P-15 and rerun the return. (20191)

INFORMATIONAL

Form: 1 Sheet: 1 Box: 54

- Form 1040. Taxpayer filing as a dependent of another is over age 18 and additional restrictions apply for being claimed as a dependent. Review exemption qualifying tests and revise input and rerun the return if the taxpayer is not required to file as a dependent of another. (32245)

Form: Form 2210 P1

- Form 2210. Form 2210 has not been prepared because the tax after allowable credits and withholding is less than \$ 1,000, and estimated tax payments would not have been required. (30665)

Form: MD 502

- Maryland. If you are a first time estimate filer, the state of Maryland requests that your first estimate voucher be mailed to Annapolis and the next three to Baltimore. This will not be shown in the standard filing instructions; however, the transmittal letter and custom filing instructions will reflect the filing addresses. If you are not a first time estimate filer, all four vouchers will be mailed to Baltimore. To alter this treatment, on Interview Form MD3, Box 39, enter a code of 1 if all four vouchers should be sent to Annapolis, or enter a code of 2 if all four vouchers should be sent to Baltimore. (31857)
- Maryland. The optimized standard deduction method produced a greater deduction than the alternate method of itemized deductions by \$ 2,000.00. (35561)

2003 Return Summary

ALEXANDER W. KRAGIE

230-51-8048

	FEDERAL	MARYLAND
ADJUSTED GROSS INCOME	21,191.	21,191.
ITEMIZED OR STANDARD DEDUCTION	<1,915.>	<2,000.>
EXEMPTIONS	0.	0.
TAXABLE INCOME	19,276.	19,191.
TAX	2,466.	858.
FOREIGN TAX CREDIT	<20.>	0.
EDUCATION CREDIT	<2,000.>	0.
OTHER TAXES	0.	566.
INCOME TAX WITHHELD	<35.>	<31.>
ESTIMATED TAX PAID	<3,200.>	<1,884.>
AMOUNT OVERPAID	2,789.	491.
AMOUNT DUE <REFUND>	<1,989.>	0.
AMOUNT OF REFUND CREDITED TO NEXT YEAR	800.	491.

ADDITIONAL INFORMATION:

FEDERAL TAX BRACKET

AVERAGE TAX RATE - 12.79%
 MARGINAL RATE OF ORDINARY INCOME - 15%
 MARGINAL RATE OF LT CAPITAL GAIN - 5%

MARYLAND TAX BRACKET - 4.75%

STATE REFUND TAXABLE NEXT YEAR 491.

1, Sheet #1, Entity 1 Box Cnt 12

30: "MD", 40: "ALEXANDER W.", 41: "KRAGIE", 42: "230-51-8048"
50: "STUDENT", 51: " / /1984", 54: "X", 61: "4713 DRUMMOND AVE."
63: "CHEVY CHASE", 64: "MD", 65: "20815", 70: "1"

2, Sheet #1, Entity 1 Box Cnt 2

43: "Y", 56: "Y"

3, Sheet #1, Entity 1 Box Cnt 2

38: "MAUREEN R. GEIMER", 39: "331-30-3598"

4, Sheet #1, Entity 1 Box Cnt 1

81: "2"

7, Sheet #1, Entity 1 Box Cnt 11

30: "1", 31: 15.0000%, 37: 1419, 38: 501, 42: 2700, 46: 20869, 51: 25489
69: 25489, 76: 1983, 82: 1983, 86: 23506

8, Sheet #1, Entity 1 Box Cnt 13

30: 3079, 40: 24, 81: 3055, 86: 3600, 97: 3600, 98: 545, 100: 545
110: "MD", 111: 22957, 112: 1039, 114: 677, 115: 2000, 116: -284

12, Sheet #1, Entity 1 Box Cnt 2

30: "Y", 64: "DEAR ALEXANDER:"

14, Sheet #1, Entity 1 Box Cnt 2

33: "X", 43: "X"

15, Sheet #1, Entity 1 Box Cnt 3

30: "Y", 36: "3", 49: 12/31/04

18, Sheet #1, Entity 1 Box Cnt 1

36: 20

B-1, Sheet #1, Entity 1 Box Cnt 18

30: "WACHOVIA SECURITIES O.I.D.", 31: 21, 150: "GNMA FUND INV. SHRS."
151: 17, 158: "SHORT-TERM FED. INV.", 159: 408
166: "HEALTH CARE FUND INV.", 167: 414, 168: 414
174: "INTERNATIONAL FUND INV.", 175: 180, 176: 131
182: "STRATEGIC EQUITY FUND", 183: 234, 184: 201, 199: 10, 208: 47
209: 47

D-1, Sheet #1, Entity 1 Box Cnt 45

30: "44.456 SHS. HEALTH CARE FUND", 32: "P"
37: "362.845 SHS. INTERNATIONAL GROWTH INV.", 39: "P"
44: "1031.637 SHS. INTERNATIONAL GROWTH INC.", 46: "P"
51: "328.947 SHS. STRATEGIC EQUITY FUND", 53: "P"
58: "282.965 SHS. STRATEGIC EQUITY FUND", 60: "P"
65: "47.373 SHS. SHORT-TERM FEDERAL INV.", 67: "L"
72: "1826.711 SHS. SHORT-TERM FEDERAL INV.", 74: "P"
79: "1000 GOVERN. TRUST CERT. REDEMPTION", 81: "P"
86: "2000 RESOLUTION FUNDING CORPORATION", 88: "P", 101: "10/21/03"
102: 5000, 103: 4355, 110: "07/14/03", 111: 5000, 112: 6317
119: "09/23/03", 120: 15000, 121: 17962, 128: "06/09/03", 129: 5000
130: 4964, 137: "10/21/03", 138: 5000, 139: 4270, 146: "04/22/03"
147: 505, 148: 498, 155: "07/30/03", 156: 18878, 157: 18800
164: "05/15/03", 165: 1000, 166: 1000, 173: "11/14/03", 174: 1911
175: 2000

K-1, Sheet #1, Entity 1 Box Cnt 6

30: "E", 31: "JOHN & MARGARET KRAGIE GRANDCHILDRENS TR.", 32: "52-6861040"
38: "1", 50: 1, 68: 21800

P-15, Sheet #1, Entity 1 Box Cnt 6

30: "ALEXANDER W. ", 31: "KRAGIE", 32: "230-51-8048", 33: "T", 71: 28615
72: "2"

T-1, Sheet #1, Entity 1 Box Cnt 3

30: "2", 40: "2", 63: 100

T-2, Sheet #1, Entity 1 Box Cnt 5

30: 255, 31: 800, 32: 800, 33: 800, 40: 545

W-2, Sheet #1, Entity 1 Box Cnt 6

30: "RITE AID OF MARYLAND INC.", 70: 932, 71: 35, 72: 58, 73: 14
100: 31.00

MD1, Sheet #1, Entity 1 Box Cnt 2

36: "MON", 37: "CHEVY CHASE"

MD3, Sheet #1, Entity 1 Box Cnt 3

30: "2", 35: "2", 59: 50

MD4, Sheet #1, Entity 1 Box Cnt 6

30: 250, 31: 450, 32: 450, 33: 450, 38: 12/20/03, 40: 284

Two-Year Comparison Worksheet

2003

Name(s) as shown on return

Social security number

ALEXANDER W. KRAGIE

230-51-8048

2002 Filing Status **SINGLE**

2003 Filing Status **SINGLE**

2002 Tax Bracket **15.0%**

2003 Tax Bracket **15.0%**

Description	Tax Year 2002	Tax Year 2003	Increase (Decrease)
WAGES, SALARIES, AND TIPS	0.	932.	932.
SCHEDULE B - TAXABLE INTEREST	0.	21.	21.
SCHEDULE B - DIVIDENDS	1,419.	1,253.	<166.>
TAXABLE REFUNDS OF STATE/LOCAL TAX	501.	0.	<501.>
SCHEDULE D (CAPITAL GAIN/LOSS)	2,700.	<2,815.>	<5,515.>
SCHEDULE E (RENTAL AND PASSTHROUGH)	20,869.	21,800.	931.
TOTAL INCOME	25,489.	21,191.	<4,298.>
ADJUSTED GROSS INCOME	25,489.	21,191.	<4,298.>
TAXES	1,983.	1,915.	<68.>
TOTAL ITEMIZED DEDUCTIONS	1,983.	1,915.	<68.>
INCOME BEFORE EXEMPTIONS	23,506.	19,276.	<4,230.>
TAXABLE INCOME	23,506.	19,276.	<4,230.>
TAX	3,079.	2,466.	<613.>
TAX BEFORE CREDITS	3,079.	2,466.	<613.>
FORM 1116 (FOREIGN TAX CREDIT)	24.	20.	<4.>
FORM 8863 (EDUCATION CREDITS)	0.	2,000.	2,000.
TAX AFTER NON-REFUNDABLE CREDITS	3,055.	446.	<2,609.>
TOTAL TAX	3,055.	446.	<2,609.>
FEDERAL INCOME TAX WITHHELD	0.	35.	35.
ESTIMATED TAX PAYMENTS	3,600.	3,200.	<400.>
TOTAL PAYMENTS	3,600.	3,235.	<365.>
TAX OVERPAID	545.	2,789.	2,244.
AMOUNT REFUNDED	0.	1,989.	1,989.
OVERPAYMENT APPLIED TO ESTIMATE	545.	800.	255.
MARYLAND STATE RETURN			
TAXABLE INCOME	22,957.	19,191.	<3,766.>
TAX	1,039.	858.	<181.>
OTHER TAXES	677.	566.	<111.>
PAYMENTS	2,000.	1,915.	<85.>
AMOUNT REFUNDED	284.	0.	<284.>

APRIL 10, 2004

ALEXANDER W. KRAGIE
4713 DRUMMOND AVE.
CHEVY CHASE, MD 20815

DEAR ALEXANDER:

ENCLOSED ARE YOUR 2003 INCOME TAX RETURNS AND 2004 ESTIMATED TAX VOUCHERS. THE RETURNS SHOULD BE SIGNED AND DATED BY YOU.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FEDERAL INCOME TAX RETURN:

MAIL YOUR FEDERAL RETURN ON OR BEFORE APRIL 15, 2004.

MAIL TO - INTERNAL REVENUE SERVICE CENTER
PHILADELPHIA, PA 19255-0002

A PORTION OF YOUR OVERPAYMENT IN THE AMOUNT OF \$800 HAS BEEN APPLIED TO YOUR FEDERAL DECLARATION OF ESTIMATED TAX. YOU WILL ALSO RECEIVE A REFUND IN THE AMOUNT OF \$1,989.

MARYLAND INCOME TAX RETURN:

MAIL YOUR STATE RETURN ON OR BEFORE APRIL 15, 2004.

MAIL TO - COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIV.
ANNAPOLIS, MD 21411-0001

YOUR OVERPAYMENT IN THE AMOUNT OF \$491 HAS BEEN APPLIED TO YOUR STATE DECLARATION OF ESTIMATED TAX.

NO PAYMENT IS REQUIRED.

MARYLAND ESTIMATED TAX VOUCHERS:

ENCLOSE THE DECLARATION OF ESTIMATED TAX FORM BY JUNE 15, 2004. ENCLOSE YOUR CHECK FOR \$309, PAYABLE TO COMPTROLLER OF MARYLAND. INCLUDE YOUR SOCIAL SECURITY NUMBER AND DAYTIME PHONE NUMBER ON YOUR CHECK.

ADDITIONAL ESTIMATED TAX PAYMENTS WILL ALSO BE DUE. PAYMENTS SHOULD BE MAILED TO THE FOLLOWING ADDRESS ON OR BEFORE THE DATES INDICATED.

MAIL TO - STATE OF MARYLAND
REVENUE ADMINISTRATION DIV.
P.O. BOX 17251
BALTIMORE, MD 21297-0502

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS AND THEIR ORIGINAL DUE DATES BELOW.

VOUCHER NO. 2 BY 06/15/04 \$309
VOUCHER NO. 3 BY 09/15/04 \$400
VOUCHER NO. 4 BY 12/31/04 \$400

YOUR COPIES OF THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

MAUREEN R. GEIMER

2004 Estimated Tax Worksheet (keep for your records)

1 Adjusted gross income you expect in 2004 (see instructions)	1	
2 • If you plan to itemize deductions, enter the estimated total of your itemized deductions. Caution: If line 1 above is over \$142,700 (\$71,350 if married filing separately), your deduction may be reduced. See Pub. 505 for details. • If you do not plan to itemize deductions, enter your standard deduction from page 2.	2	
3 Subtract line 2 from line 1	3	
4 Exemptions. Multiply \$3,100 by the number of personal exemptions. If you can be claimed as a dependent on another person's 2004 return, your personal exemption is not allowed. Caution: See Pub. 505 to figure the amount to enter if line 1 above is over: \$214,050 if married filing jointly or qualifying widow(er); \$178,350 if head of household; \$142,700 if single; or \$107,025 if married filing separately	4	
5 Subtract line 4 from line 3	5	
6 Tax. Figure your tax on the amount on line 5 by using the 2004 Tax Rate Schedules on page 2. Caution: If you have qualified dividends or a net capital gain, see Pub. 505 to figure the tax	6	
7 Alternative minimum tax from Form 6251	7	
8 Add lines 6 and 7. Also include any tax from Forms 4972 and 8814 and any recapture of education credits (see instructions)	8	
9 Credits (see instructions). Do not include any income tax withholding on this line	9	
10 Subtract line 9 from line 8. If zero or less, enter -0-	10	
11 Self-employment tax. Estimate of 2004 net earnings from self-employment \$ _____ ; if \$87,900 or less, multiply the amount by 15.3%; if more than \$87,900 , multiply the amount by 2.9%, add \$10,899.60 to the result, and enter the total. Caution: If you also have wages subject to social security tax, see Pub. 505 to figure the amount to enter	11	
12 Other taxes (see instructions)	12	
13a Add lines 10 through 12	13a	
b Earned income credit, additional child tax credit, and credits from Form 4136 and Form 8885	13b	
c Total 2004 estimated tax. Subtract line 13b from line 13a. If zero or less, enter -0-	13c	
14a Multiply line 13c by 90% (66 2/3% for farmers and fishermen)	14a	
b Enter the tax shown on your 2003 tax return (110% of that amount if you are not a farmer or fisherman and the adjusted gross income shown on line 35 of that return is more than \$150,000 or, if married filing separately for 2004, more than \$75,000)	14b	
c Required annual payment to avoid a penalty. Enter the smaller of line 14a or 14b	14c	
Caution: Generally, if you do not prepay (through income tax withholding and estimated tax payments) at least the amount on line 14c, you may owe a penalty for not paying enough estimated tax. To avoid a penalty, make sure your estimate on line 13c is as accurate as possible. Even if you pay the required annual payment, you may still owe tax when you file your return. If you prefer, you may pay the amount shown on line 13c. For details, see Pub. 505.		
15 Income tax withheld and estimated to be withheld during 2004 (including income tax withholding on pensions, annuities, certain deferred income, etc.)	15	
16 Subtract line 15 from line 14c. (Note: If zero or less or line 13c minus line 15 is less than \$1,000, stop here. You are not required to make estimated tax payments.)	16	ADJUSTED TO: 800.
17 If the first payment you are required to make is due April 15, 2004, enter 1/4 of line 16 (minus any 2003 overpayment that you are applying to this installment) here, and on your payment voucher(s) if you are paying by check or money order. (Note: Household employers, see instructions.)	17	

OVERPAYMENT APPLIED 800.

CUT HERE

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2004 Payment Voucher 1

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due April 15, 2004

Amount of estimated tax you are paying
by check or
money order. \$

Type or print	Your first name and initial ALEXANDER W.	Your last name KRAGIE	Your social security number 230-51-8048
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) 4713 DRUMMOND AVE.		
City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) CHEVY CHASE, MD 20815			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

CUT HERE

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2004 Payment Voucher 2

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 2004

Amount of estimated tax you are paying
by check or
money order. \$

Type or print	Your first name and initial ALEXANDER W.	Your last name KRAGIE	Your social security number 230-51-8048
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) 4713 DRUMMOND AVE.		
City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) CHEVY CHASE, MD 20815			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

CUT HERE

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Form 1040-ES
Department of the Treasury
Internal Revenue Service

2004 Payment Voucher 3

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 2004

Amount of estimated tax you are paying
by check or
money order. \$

Type or print	Your first name and initial ALEXANDER W.	Your last name KRAGIE	Your social security number 230-51-8048
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) 4713 DRUMMOND AVE. City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) CHEVY CHASE, MD 20815		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

CUT HERE

Form 1040-ES
Department of the Treasury
Internal Revenue Service

2004 Payment Voucher 4

OMB No. 1545-0087

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **United States Treasury**. Write your social security number and "2004 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 18, 2005

Amount of estimated tax you are paying
by check or
money order. \$

Type or print	Your first name and initial ALEXANDER W.	Your last name KRAGIE	Your social security number 230-51-8048
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) 4713 DRUMMOND AVE. City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) CHEVY CHASE, MD 20815		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

CUT HERE

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 19.) Filing Status Exemptions Income Adjusted Gross Income

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?.....

1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See page 20.) 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 page 20.)

Table with columns for dependent's first name, last name, social security number, and relationship to you. Includes instructions for exemptions and a total number of exemptions claimed.

Table with columns for income types (7-21) and total income (22). Includes instructions for attaching forms W-2, W-2G, 1099-R, and Form 4797.

Table with columns for adjusted gross income adjustments (23-34) and total adjusted gross income (34).

Tax and Credits

Standard Deduction for -
People who checked any box on line 36a or 36b of who can be claimed as a dependent.

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

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

Head of household, \$7,000

35 Amount from line 34 (adjusted gross income) 21,191.
36a Check if: [] You were born before January 2, 1939, [] Blind. Total boxes checked 36a []
[] Spouse was born before January 2, 1939, [] Blind. 36b []
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien.
37 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 1,915.
38 Subtract line 37 from line 35 19,276.
39 If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35 0.
40 Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- 19,276.
41 Tax. Check if any tax is from: a [] Form(s) 8814 b [] Form 4972 2,466.
42 Alternative minimum tax. Attach Form 6251 0.
43 Add lines 41 and 42 2,466.
44 Foreign tax credit. Attach Form 1116 if required 44 20.
45 Credit for child and dependent care expenses. Attach Form 2441 45
46 Credit for the elderly or the disabled. Attach Schedule R 46
47 Education credits. Attach Form 8863 47 2,000.
48 Retirement savings contributions credit. Attach Form 8880 48
49 Child tax credit (see page 40) 49
50 Adoption credit. Attach Form 8839 50
51 Credits from: a [] Form 8396 b [] Form 8859 51
52 Other credits. Check applicable box(es): a [] Form 3800 b [] Form 8801 c [] Specify 52
53 Add lines 44 through 52. These are your total credits 53 2,020.
54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- 54 446.

Other Taxes

55 Self-employment tax. Attach Schedule SE 55
56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 56
57 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required 57
58 Advance earned income credit payments from Form(s) W-2 58
59 Household employment taxes. Attach Schedule H 59
60 Add lines 54 through 59. This is your total tax 60 446.

Payments

If you have a qualifying child, attach Schedule EIC.

61 Federal income tax withheld from Forms W-2 and 1099 61 35.
62 2003 estimated tax payments and amount applied from 2002 return 62 3,200.
63 Earned income credit (EIC) 63
64 Excess social security and tier 1 RRTA tax withheld (see page 56) 64
65 Additional child tax credit. Attach Form 8812 65
66 Amount paid with request for extension to file (see page 56) 66
67 Other payments from: a [] Form 2439 b [] Form 4136 c [] Form 8885 67
68 Add lines 61 through 67. These are your total payments 68 3,235.

Refund

Direct deposit? See page 58 and fill in 70b, 70c, and 70d.

69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid 69 2,789.
70a Amount of line 69 you want refunded to you 70a 1,989.
b Routing number [] c Type: [] Checking [] Savings d Account number []
71 Amount of line 69 you want applied to your 2004 estimated tax 71 800.

Amount You Owe

72 Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 72
73 Estimated tax penalty (see page 58) 73

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? [X] Yes. Complete the following. [] No
Designee's name PREPARER Phone no. Personal identification number (PIN)

Sign Here

Joint return? See page 20. 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 Date Your occupation 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 Dyer & Associates, P.C. 331-30-3598
7201 Wisconsin Avenue EIN 52-1548054
Bethesda, Maryland 20814 Phone no.

**SCHEDULES A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

2003
Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-2).....	1	
	2	Enter amount from Form 1040, line 35.....	2	
	3	Multiply line 2 by 7.5% (.075).....	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....	4	
Taxes You Paid (See page A-2.)	5	State and local income taxes.....	5	1,915.
	6	Real estate taxes (see page A-2).....	6	
	7	Personal property taxes.....	7	
	8	Other taxes. List type and amount ▶ ----- -----	8	
	9	Add lines 5 through 8.....	9	1,915.
Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported to you on Form 1098.....	10	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶ ----- -----	11	
	12	Points not reported to you on Form 1098. (See page A-3.).....	12	
	13	Investment interest. Attach Form 4952 if required. (See page A-4.).....	13	
Note: Personal interest is not deductible.	14	Add lines 10 through 13.....	14	
Gifts to Charity If you made a gift and got a benefit for it, see page A-4.	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4.....	15	
	16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500.....	16	
	17	Carryover from prior year.....	17	
	18	Add lines 15 through 17.....	18	
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.).....	19	
Job Expenses and Most Other Miscellaneous Deductions (See page A-5.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶ ----- -----	20	
	21	Tax preparation fees.....	21	
	22	Other expenses - investment, safe deposit box, etc. List type and amount ▶ ----- ----- -----	22	
	23	Add lines 20 through 22.....	23	
	24	Enter amount from Form 1040, line 35.....	24	
	25	Multiply line 24 by 2% (.02).....	25	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-.....	26	
Other Miscellaneous Deductions	27	Other - from list on page A-6. List type and amount ▶ ----- ----- -----	27	
Total Itemized Deductions	28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28	1,915.

319501
10-15-03

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2003

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. **08**

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

WACHOVIA SECURITIES O.I.D.

Amount

21.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1

1

21.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶

4

21.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer ▶

GNMA FUND INV. SHRS.

SHORT-TERM FED. INV.

HEALTH CARE FUND INV.

INTERNATIONAL FUND INV.

STRATEGIC EQUITY FUND

Amount

17.

408.

414.

180.

234.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶

5

6

1,253.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2003, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?.....

X

b If "Yes," enter the name of the foreign country▶

8 During 2003, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2.....

X

327501 10-15-03

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 2003

**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).

OMB No. 1545-0074

2003

Attachment
Sequence No. **12**

Name(s) shown on Form 1040

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

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	(e) Cost or other basis	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1						
2 Enter your short-term totals			2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4		
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet				6	()	
7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0-. Do not enter more than zero.				7a		()
b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).				7b		

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	(e) Cost or other basis	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8 SEE STATEMENT 4			57,294.	60,166.	<2,872.>	<2,879.>
9 Enter your long-term totals			9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	57,294.		
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 STATEMENT 5				13	57.	47.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet				14	()	
15 Combine lines 8 through 13 in column (g). If zero or less, enter -0-.				15		0.
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Next: Go to Part III on page 2.				16	<2,815.>	

* Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, "collectibles gains and losses" (as defined on page D-8 of the instructions) or eligible gain on qualified small business stock (see page D-4 of the instructions).

Part III Taxable Gain or Deductible Loss

17 a Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below.....	17a	<2,815.>
b Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40. Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.	17b	0.
18 If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see page D-7 of the instructions)..... Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete Part IV below (but skip lines 19 and 20). • Otherwise, skip Part IV below and complete the rest of Form 1040.	18	(2,815.)

Part IV Tax Computation Using Maximum Capital Gains Rates

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

19 Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet.....	19	
20 Enter your 28% rate gain, if any, from line 7 of the worksheet.....	20	

If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet on page D-11 of the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.

21 Enter your taxable income from Form 1040, line 40.....	21	19,276.
22 Enter the smaller of line 16 or line 17a, but not less than zero.....	22	
23 Enter your qualified dividends from Form 1040, line 9b.....	23	746.
24 Add lines 22 and 23.....	24	746.
25 Amount from line 4g of Form 4952 (investment interest expense).....	25	
26 Subtract line 25 from line 24. If zero or less, enter -0-.....	26	746.
27 Subtract line 26 from line 21. If zero or less, enter -0-.....	27	18,530.
28 Enter the smaller of line 21 or: • \$56,800 if married filing jointly or qualifying widow(er); • \$28,400 if single or married filing separately; or • \$38,050 if head of household	28	19,276.
If line 27 is more than line 28, skip lines 29-39 and go to line 40.		
29 Enter the amount from line 27.....	29	18,530.
30 Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40.....	30	746.
31 Add lines 17b and 23*.....	31	746.
32 Enter the smaller of line 30 or line 31.....	32	746.
33 Multiply line 32 by 5% (.05).....	33	37.
If lines 30 and 32 are the same, skip lines 34-39 and go to line 40.		
34 Subtract line 32 from line 30.....	34	
35 Enter your qualified 5-year gain, if any, from line 8 of the worksheet.....	35	
36 Enter the smaller of line 34 or line 35.....	36	
37 Multiply line 36 by 8% (.08).....	37	
38 Subtract line 36 from line 34.....	38	
39 Multiply line 38 by 10% (.10).....	39	
If lines 26 and 30 are the same, skip lines 40-49 and go to line 50.		
40 Enter the smaller of line 21 or line 26.....	40	
41 Enter the amount from line 30 (if line 30 is blank, enter -0-).....	41	
42 Subtract line 41 from line 40.....	42	
43 Add lines 17b and 23*.....	43	
44 Enter the amount from line 32 (if line 32 is blank, enter -0-).....	44	
45 Subtract line 44 from line 43.....	45	
46 Enter the smaller of line 42 or line 45.....	46	
47 Multiply line 46 by 15% (.15).....	47	
48 Subtract line 46 from line 42.....	48	
49 Multiply line 48 by 20% (.20).....	49	
50 Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies.....	50	2,429.
51 Add lines 33, 37, 39, 47, 49, and 50.....	51	2,466.
52 Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies.....	52	2,541.
53 Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41.....	53	2,466.

320512 10-21-03 *If lines 23 and 25 are more than zero, see Lines 31 and 43 on page D-9 for the amount to enter.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ALEXANDER W. KRAGIE

230-51-8048

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting losses not allowed in prior years due to the at-risk or basis limitations, passive losses not reported on Form 8582, or unreimbursed partnership expenses? Yes No
 If you answered "Yes," see page E-5 before completing this section.
 Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals				
b Totals				
30 Add columns (g) and (j) of line 29a				30
31 Add columns (f), (h), and (i) of line 29b				31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	JOHN & MARGARET KRAGIE GRANDCHILDRENS TR.	52-6861040
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			21,800.
B			
34a Totals			21,800.
b Totals			
35 Add columns (d) and (f) of line 34a			35 21,800.
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37 21,800.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17	41	21,800.
42	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	42	
43	Reconciliation for Real Estate Professionals. If you were a real estate professional, (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

2003 Income from Passthroughs

JOHN & MARGARET KRAGIE GRANDCHILDRENS TR.
I.D. NUMBER: 52-6861040
TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

JOHN & MARGARET KRAGIE GRANDCHILDRENS TR.

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	21,800
------------------------	--------

SCHEDULE E ACTIVITY INCOME (LOSS)	<u>21,800</u>
-----------------------------------	---------------

Alternative Minimum Tax - Individuals

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

Part I Alternative Minimum Taxable Income

Table with 28 rows for Alternative Minimum Taxable Income. Line 1: 19,276. Line 3: 1,915. Line 28: 21,191.

Part II Alternative Minimum Tax

Table with 5 rows for Alternative Minimum Tax. Line 29: 40,250. Line 30: 0. Line 33: 0. Line 34: 2,446. Line 35: 0.

Part III Tax Computation Using Maximum Capital Gains Rates

Caution: If you did not complete Part IV of Schedule D (Form 1040), see the instructions before you complete this part.

36 Enter the amount from Form 6251, line 30.....		36
37 Enter the amount from Schedule D (Form 1040), line 26, or line 13 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions).....	37	
38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions).....	38	
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary).....	39	
40 Enter the smaller of line 36 or line 39.....		40
41 Subtract line 40 from line 36.....		41
42 If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.....		42
43 Enter the amount from Schedule D (Form 1040), line 30, or line 19 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax) (see instructions).....	43	
44 Enter the smaller of line 36 or line 37.....	44	
45 Enter the smaller of line 43 or line 44.....	45	
46 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from Schedule D (Form 1040), line 43 (or if that line is blank, the amount from Schedule D (Form 1040), line 31). Otherwise, enter the amount from line 32 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040) (or if that line is blank, the amount from line 20 of that worksheet). Refigure all amounts for the AMT, if necessary (see instructions).....	46	
47 Enter the smaller of line 45 or line 46. If line 45 is zero, go to line 55.....	47	
48 Multiply line 47 by 5% (.05).....		48
49 Subtract line 47 from line 45. If zero or less, enter -0- and go to line 55.....	49	
50 Enter your qualified 5-year gain, if any, from Schedule D (Form 1040), line 35 (as refigured for the AMT, if necessary) (see instructions).....	50	
51 Enter the smaller of line 49 or line 50.....	51	
52 Multiply line 51 by 8% (.08).....		52
53 Subtract line 51 from line 49.....	53	
54 Multiply line 53 by 10% (.10).....		54
55 Subtract line 47 from line 46.....	55	
56 Subtract line 45 from line 44.....	56	
57 Enter the smaller of line 55 or line 56.....	57	
58 Multiply line 57 by 15% (.15).....		58
59 Subtract line 57 from line 56.....	59	
60 Multiply line 59 by 20% (.20).....		60
If line 38 is zero or blank, skip lines 61 and 62 and go to line 63. Otherwise, go to line 61.		
61 Subtract line 44 from line 40.....	61	
62 Multiply line 61 by 25% (.25).....		62
63 Add lines 42, 48, 52, 54, 58, 60, and 62.....		63
64 If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.....		64
65 Enter the smaller of line 63 or line 64 here and on line 31.....		65

FORM 1040		WAGES RECEIVED AND TAXES WITHHELD				STATEMENT 1	
T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
	RITE AID OF MARYLAND INC.	932.	35.	31.		58.	14.
TOTALS		932.	35.	31.		58.	14.

FORM 1040		QUALIFIED DIVIDENDS		STATEMENT 2	
NAME OF PAYER		ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS		
HEALTH CARE FUND INV.		414.	414.		
INTERNATIONAL FUND INV.		180.	131.		
STRATEGIC EQUITY FUND		234.	201.		
TOTAL INCLUDED IN FORM 1040, LINE 9B			746.		

SCHEDULE A		STATE AND LOCAL INCOME TAXES		STATEMENT 3	
DESCRIPTION				AMOUNT	
RITE AID OF MARYLAND INC.				31.	
MARYLAND 1ST QTR ESTIMATE PAYMENTS				250.	
MARYLAND 2ND QTR ESTIMATE PAYMENTS				450.	
MARYLAND 3RD QTR ESTIMATE PAYMENTS				450.	
MARYLAND 4TH QTR ESTIMATE PAYMENTS				450.	
MARYLAND PRIOR YEAR OVERPAYMENT APPLIED				284.	
TOTAL TO SCHEDULE A, LINE 5					1,915.

SCHEDULE D		LONG-TERM CAPITAL GAINS AND LOSSES				STATEMENT	4
DESCRIPTION	ACQUIRED	SOLD	PRICE	COST	GAIN OR LOSS	POST MAY 5 GAIN/LOSS	
44.456 SHS. HEALTH CARE FUND		10/21/03	5,000.	4,355.	645.	645.	
362.845 SHS. INTERNATIONAL GROWTH INV.		07/14/03	5,000.	6,317.	(1,317.)	(1,317.)	
1031.637 SHS. INTERNATIONAL GROWTH INC.		09/23/03	15,000.	17,962.	(2,962.)	(2,962.)	
328.947 SHS. STRATEGIC EQUITY FUND		06/09/03	5,000.	4,964.	36.	36.	
282.965 SHS. STRATEGIC EQUITY FUND		10/21/03	5,000.	4,270.	730.	730.	
47.373 SHS. SHORT-TERM FEDERAL INV.		04/22/03	505.	498.	7.		
1826.711 SHS. SHORT-TERM FEDERAL INV.		07/30/03	18,878.	18,800.	78.	78.	
1000 GOVERN. TRUST CERT. REDEMPTION		05/15/03	1,000.	1,000.	0.		
2000 RESOLUTION FUNDING CORPORATION		11/14/03	1,911.	2,000.	(89.)	(89.)	
TOTAL TO SCH. D, PART II, LINE 8			57,294.	60,166.	<2,872.>	<2,879.>	

SCHEDULE D		CAPITAL GAIN DISTRIBUTIONS		STATEMENT	5
NAME OF PAYER	TOTAL CAPITAL GAIN	POST MAY 5 GAIN OR LOSS	28% GAIN		
SHORT-TERM FED. INV.	10.				
HEALTH CARE FUND INV.	47.	47.			
TOTALS TO SCHEDULE D, LINE 13	57.	47.			

DECLARATION OF ESTIMATED MARYLAND AND LOCAL INCOME TAX

IMPORTANT: Please review the instructions before completing this form.

TAXPAYERS WHO FILED A 2003 DECLARATION OF ESTIMATED TAX WILL BE SENT A 2004 DECLARATION PACKET CONSISTING OF A WORKSHEET AND FOUR VOUCHERS FOR SUBMITTING QUARTERLY INSTALLMENTS. IF YOU RECEIVE THE DECLARATION PACKET, PLEASE USE THE VOUCHERS INSTEAD OF THIS FORM.

ESTIMATED TAX WORKSHEET

1. Total income expected in 2004 (federal adjusted gross income).....	1.	
2. Net modifications	2.	
3. Maryland adjusted gross income (line 1 above, plus or minus line 2).....	3.	
4. Deductions:		
a. If standard deduction is used, see instructions for amount to enter.		
b. If deductions are itemized, enter total of federal itemized deductions less state and local income taxes.....	4.	
5. Maryland net income (Subtract line 4 from line 3).....	5.	
6. Personal exemptions	6.	
7. Taxable net income (Subtract line 6 from line 5).....	7.	
8. Maryland income tax	8.	
9. Personal and business income tax credits	9.	
10. Subtract line 9 from line 8 (If less than 0 enter 0).....	10.	
11. Local income tax: multiply line 7 by	11.	
12. Total 2004 Maryland and local income tax (Add line 10 and line 11).....	12.	
13. Maryland income tax to be withheld during the year 2004	13.	
14. Total estimated tax to be paid by declaration (Subtract line 13 from line 12).....	14.	ADJUSTED TO 1600
15. Amount to be submitted with declaration (Divide line 14 by 4).....	15.	

For payment by credit card see payment instructions.

RECORD OF INSTALLMENT PAYMENTS

This is your record of the estimated tax paid, which is to be claimed as a credit on your 2004 Maryland income tax return.

2003 OVERPAYMENT APPLIED AS A CREDIT TO ESTIMATED TAX

AMOUNT

			491
DATE DUE	DATE PAID	CHECK NO.	
April 15, 2004	_____	_____	
June 15, 2004	_____	_____	309
September 15, 2004	_____	_____	400
January 18, 2005	_____	_____	400

TOTAL OF PAYMENTS ABOVE SHOULD BE CLAIMED AS ESTIMATED PAYMENTS ON FORM 502 OR FORM 505 FOR TAX YEAR 2004

CUT ALONG THIS LINE AND FILE WITH COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION, ANNAPOLIS, MARYLAND 21411-0001

**FORM 502 D
2004**
COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MD 21411-0001

**DECLARATION OF ESTIMATED
MARYLAND AND LOCAL INCOME TAX
FOR THE YEAR 2004**

CHECK HERE IF THIS IS
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS
A JOINT DECLARATION

CHECK HERE IF YOU NEED VOUCHERS
FOR REMAINING PAYMENTS

(OR FISCAL YEAR BEGINNING _____, 2004 and ENDING _____)

Your first name ALEXANDER	Initial W	Last name KRAGIE	Social security number 230518048
Spouse's first name	Initial	Last name	Social security number
Present address (no. and street) 4713 DRUMMOND AVE.	City or town CHEVY CHASE	State MD	ZIP code 20815
TOTAL ESTIMATED TAX PAID FOR 2004 WITH THIS DECLARATION (If filing and paying electronically or by credit card do not submit this form).....▶			\$

CUT ALONG THIS LINE AND FILE WITH COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION, ANNAPOLIS, MARYLAND 21411-0001

FORM 502 D
2004
COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MD 21411-0001

**DECLARATION OF ESTIMATED
MARYLAND AND LOCAL INCOME TAX
FOR THE YEAR 2004**

CHECK HERE IF THIS IS
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS
A JOINT DECLARATION

CHECK HERE IF YOU NEED VOUCHERS
FOR REMAINING PAYMENTS

(OR FISCAL YEAR BEGINNING , 2004 and ENDING)

Your first name ALEXANDER	Initial W	Last name KRAGIE	Social security number 230518048
Spouse's first name	Initial	Last name	Social security number
Present address (no. and street) 4713 DRUMMOND AVE.	City or town CHEVY CHASE		State ZIP code MD 20815
TOTAL ESTIMATED TAX PAID FOR 2004 WITH THIS DECLARATION (If filing and paying electronically or by credit card do not submit this form)			\$ 309

CUT ALONG THIS LINE AND FILE WITH COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION, ANNAPOLIS, MARYLAND 21411-0001

**FORM 502 D
2004**
COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MD 21411-0001

**DECLARATION OF ESTIMATED
MARYLAND AND LOCAL INCOME TAX
FOR THE YEAR 2004**

CHECK HERE IF THIS IS
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS
A JOINT DECLARATION

CHECK HERE IF YOU NEED VOUCHERS
FOR REMAINING PAYMENTS

(OR FISCAL YEAR BEGINNING _____, 2004 and ENDING _____)

Your first name ALEXANDER	Initial W	Last name KRAGIE	Social security number 230518048
Spouse's first name	Initial	Last name	Social security number
Present address (no. and street) 4713 DRUMMOND AVE.	City or town CHEVY CHASE	State MD	ZIP code 20815
TOTAL ESTIMATED TAX PAID FOR 2004 WITH THIS DECLARATION (If filing and paying electronically or by credit card do not submit this form)			\$ 400

CUT ALONG THIS LINE AND FILE WITH COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION, ANNAPOLIS, MARYLAND 21411-0001

**FORM 502 D
2004**

COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MD 21411-0001

**DECLARATION OF ESTIMATED
MARYLAND AND LOCAL INCOME TAX
FOR THE YEAR 2004**

CHECK HERE IF THIS IS
A CHANGE OF ADDRESS

CHECK HERE IF THIS IS
A JOINT DECLARATION

CHECK HERE IF YOU NEED VOUCHERS
FOR REMAINING PAYMENTS

(OR FISCAL YEAR BEGINNING , 2004 and ENDING)

Your first name ALEXANDER	Initial W	Last name KRAGIE	Social security number 230518048
Spouse's first name	Initial	Last name	Social security number
Present address (no. and street) 4713 DRUMMOND AVE.	City or town CHEVY CHASE	State MD	ZIP code 20815
TOTAL ESTIMATED TAX PAID FOR 2004 WITH THIS DECLARATION (If filing and paying electronically or by credit card do not submit this form)			\$ 400

MARYLAND TAX RETURN



2003

(OR FISCAL YEAR BEGINNING 2003, ENDING)

SOCIAL SECURITY # 230518048		SPOUSE'S SOCIAL SECURITY #	
Your First Name ALEXANDER	Initial W	Last Name KRAGIE	
Spouse's First Name	Initial	Last Name	
PRESENT ADDRESS (No. and Street) 4713 DRUMMOND AVE.			
City or Town CHEVY CHASE	State MD	ZIP Code 20815	
Name of county and incorporated city, town or special taxing area in which you were a resident on the last day of the tax period.			
Maryland county MONTGOMERY		City, town or taxing area CHEVY CHASE	

YOUR FILING STATUS - See instructions to determine if you are required to file.

1 Single (if you can be claimed on another person's tax return, use Filing Status 6)

2 Married filing joint return or spouse had no income

3 Married filing separately

4 Head of household **SPOUSE'S SOCIAL SECURITY NO.**

5 Qualifying widow(er) with dependent child

6 Dependent taxpayer (Enter 0 in Exemption Box (A)- See Instructions)

EXEMPTIONS - See Instructions

(A) Yourself Spouse Enter No. Checked (A) **0** x \$2,400 \$

Check here if you are: Spouse is: Enter No. Checked (B) x \$1,000 \$

(B) 65 or over Blind 65 or over Blind

(C) Dependent Children: Enter Total (C) x \$2,400 \$

Name(s) Social Security number(s)

(D) Other Dependents: Regular 65 or over Enter Total (D) x \$2,400 \$

Name(s) and Relationship(s) Social Security number(s)

(E) Enter Total Exemptions (Add A, B, C and D) (E) Total Amount \$

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2003 place a P in the box (see Instructions). Give dates of Maryland Residence

MO DAY YR MO DAY YR

FROM _____ TO _____

Other state of residence _____

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. Enter amount here _____ (See inst.).

INCOME		Print your numbers like this - 0 1 2 3 4 5 6 7 8 9		Dollars	
1.	Adjusted gross income from your federal return (See Instructions)	1		21191	
1a.	How much of line 1 represents wages, salaries and/or tips?	1a	932		
ADDITIONS TO INCOME (See Instructions)					
2.	Tax-exempt interest on state and local obligations (bonds) other than Maryland	2			
3.	State retirement pickup	3			
4.	Lump sum distributions	4			
5.	Other additions (Enter code letter(s) from Instructions)	5			
6.	Total additions to Maryland income (Add lines 2 through 5)	6			
7.	Total federal adjusted gross income and Maryland additions (Add lines 1 and 6)	7		21191	
SUBTRACTIONS FROM INCOME (See Instructions)					
8.	Taxable refunds, credits or offsets of state and local income taxes included in line 1 above	8			
9.	Child and dependent care expenses	9			
10.	Income from U.S. obligations	10			
11.	Pension exclusion from worksheet in Instructions	11			
12.	Taxable social security and RR benefits (Tier I, II and supplemental) included in line 1 above	12			
13.	Income received during period of nonresidence (See Instructions)	13			
14.	Other subtractions (Enter code letter(s) from Instructions)	14			
15.	Subtotal (Add lines 8 through 14)	15			
16.	Two-income subtraction from worksheet in Instructions	16			
17.	Total subtractions from Maryland income (Add lines 15 and 16)	17			
18.	Maryland adjusted gross income (Subtract line 17 from line 7)	18		21191	
DEDUCTION METHOD (All taxpayers must select one method and check the appropriate box)					
STANDARD DEDUCTION METHOD See Instructions and worksheet. (Enter amount on line 19) <input checked="" type="checkbox"/>					
ITEMIZED DEDUCTION METHOD Complete lines 19a and 19b <input type="checkbox"/>					
Total federal itemized deductions (from line 28, federal Schedule A) 19a. _____					
State and local income taxes included in federal Schedule A, line 5 (or from worksheet in Instructions) 19b. _____					
Subtract line 19b from line 19a and enter amount on line 19.					
19.	Deduction amount (Part-year residents see Instructions and military personnel see Instructions)	19		2000	
20.	Net income (Subtract line 19 from line 18)	20		19191	
21.	Exemption amount from Exemptions area above (See Instructions)	21			
22.	Taxable net income (Subtract line 21 from line 20)	22		19191	

L A B E L H E R E	For the year Jan. 1-Dec. 31, 2002, or other tax year beginning _____, 2002, ending _____, 20		OMB No. 1545-0074
	Your first name and initial ALEXANDER W.	Last name KRAGIE	Your social security number 230 51 8048
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see page 21. 4713 DRUMMOND AVENUE		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21. CHEVY CHASE, MD 20815			Important! ▲ You must enter your SSN(s) above.

CLIENT COPY

Presidential Election Campaign (See page 21.) **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

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. _____

4 Head of household (with qualifying person). (See page 21.) 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 21.)

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> If qualifying child for child tax credit (see page 22)	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 22)
(1) First name	Last name					

d Total number of exemptions claimed _____

Income	Description	Amount
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
9	Ordinary dividends. Attach Schedule B if required	9 1,419.
10	Taxable refunds, credits, or offsets of state and local income taxes STMT 1 STMT 2	10 501.
11	Alimony received STMT 3	11
12	Business income or (loss). Attach Schedule C or C-EZ	12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13 2,700.
14	Other gains or (losses). Attach Form 4797	14
15a	IRA distributions	15a
b	Taxable amount (see page 25)	15b
16a	Pensions and annuities	16a
b	Taxable amount (see page 25)	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 20,869.
18	Farm income or (loss). Attach Schedule F	18
19	Unemployment compensation	19
20a	Social security benefits	20a
b	Taxable amount (see page 27)	20b
21	Other income. List type and amount (see page 29)	21
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22 25,489.

Adjusted Gross Income	Description	Amount
23	Educator expenses (see page 29)	23
24	IRA deduction (see page 29)	24
25	Student loan interest deduction (see page 31)	25
26	Tuition and fees deduction (see page 32)	26
27	Archer MSA deduction. Attach Form 8853	27
28	Moving expenses. Attach Form 3903	28
29	One-half of self-employment tax. Attach Schedule SE	29
30	Self-employed health insurance deduction (see page 33)	30
31	Self-employed SEP, SIMPLE, and qualified plans	31
32	Penalty on early withdrawal of savings	32
33a	Alimony paid b Recipient's SSN	33a
34	Add lines 23 through 33a	34
35	Subtract line 34 from line 22. This is your adjusted gross income	35 25,489.

Tax and Credits

Standard Deduction for:
• People who checked any box on line 37a or 37b or who can be claimed as a dependent.

• All others:
Single, \$4,700
Head of household, \$6,900
Married filing jointly or Qualifying widow(er), \$7,850
Married filing separately, \$3,925

36 Amount from line 35 (adjusted gross income) 25,489.
37a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind.
38 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 1,983.
39 Subtract line 38 from line 36 23,506.
40 If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35 0.
41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- 23,506.
42 Tax. Check if any tax from: a Form(s) 8814 b Form 4972 3,079.
43 Alternative minimum tax. Attach Form 6251
44 Add lines 42 and 43 3,079.
45 Foreign tax credit. Attach Form 1116 if required 24.
46 Credit for child and dependent care expenses. Attach Form 2441
47 Credit for the elderly or the disabled. Attach Schedule R
48 Education credits. Attach Form 8863
49 Retirement savings contributions credit. Attach Form 8880
50 Child tax credit (see page 39)
51 Adoption credit. Attach Form 8839
52 Credits from: a Form 8396 b Form 8859
53 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Specify
54 Add lines 45 through 53. These are your total credits 24.
55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- 3,055.

Other Taxes

56 Self-employment tax. Attach Schedule SE
57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach 5329 if required
59 Advance earned income credit payments from Form(s) W-2
60 Household employment taxes. Attach Schedule H
61 Add lines 55 through 60. This is your total tax 3,055.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099
63 2002 estimated tax payments and amount applied from 2001 return 3,600.
64 Earned income credit (EIC)
65 Excess social security and tier 1 RRTA tax withheld (see page 56)
66 Additional child tax credit. Attach Form 8812
67 Amount paid with request for extension to file (see page 56)
68 Other payments from: a Form 2439 b Form 4136 c Form 8885
69 Add lines 62 through 68. These are your total payments 3,600.

Refund

Direct deposit? See page 56 and fill in 71b, 71c, and 71d.

70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid 545.
71a Amount of line 70 you want refunded to you
72 Amount of line 70 you want applied to your 2003 estimated tax 545.

Amount You Owe

73 Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57
74 Estimated tax penalty (see page 57)

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? [X] Yes. Complete the following. [] No
Designee's name: PREPARER
Phone no.
Personal identification number (PIN)

Sign Here

Joint return? See page 21. 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: Date: Your occupation: STUDENT 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: 331-30-3598
Firm's name (or yours if self-employed), address, and ZIP code: GEIMER, EHRLICH & ASSOCIATES, P.A. 7514 WISCONSIN AVENUE #400 BETHESDA, MD 20814
EIN: 52-2008740
Phone no.: (301) 654-5800

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Schedule A - Itemized Deductions

(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

2002
Attachment
Sequence No. **07**

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see page A-2)	1	
2	Enter amount from Form 1040, line 36	2	
3	Multiply line 2 above by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

Taxes You Paid

(See page A-2.)

5	State and local income taxes	5	SEE STATEMENT 4	1,983.
6	Real estate taxes (see page A-2)	6		
7	Personal property taxes	7		
8	Other taxes. List type and amount	8		

9 Add lines 5 through 8 **1,983.**

Interest You Paid

(See page A-3.)
Note: Personal interest is not deductible.

10	Home mortgage interest and points reported to you on Form 1098	10	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11	
12	Points not reported to you on Form 1098. (See page A-3.)	12	
13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13	
14	Add lines 10 through 13	14	

Gifts to Charity

If you made a gift and got a benefit for it, see page A-4.

15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16	
17	Carryover from prior year	17	
18	Add lines 15 through 17	18	

Casualty and Theft Losses

19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19	
----	---	----	--

Job Expenses and Most Other Miscellaneous Deductions

(See page A-5 for expenses to deduct here.)

20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.)	20	
21	Tax preparation fees	21	
22	Other expenses - investment, safe deposit box, etc. List type and amount	22	
23	Add lines 20 through 22	23	
24	Enter amount from Form 1040, line 36	24	
25	Multiply line 24 above by 2% (.02)	25	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	

Other Miscellaneous Deductions

27	Other - from list on page A-6. List type and amount	27	
----	---	----	--

Total Itemized Deductions

28	Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)?	28	
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38.		1,983.
	<input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.		

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 41..... **17** 2,700.

Next:

- If both lines 16 and 17 are gains and Form 1040, line 41, 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 39..... **18** ()

Next:

- If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 39, 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 41..... **20** 23,506.

21 Enter the smaller of line 16 or line 17 of Schedule D..... **21** 2,700.

22 If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0-..... **22** 0.

23 Subtract line 22 from line 21. If zero or less, enter -0-..... **23** 2,700.

24 Subtract line 23 from line 20. If zero or less, enter -0-..... **24** 20,806.

25 Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies..... **25** 2,824.

26 Enter the smaller of:

- The amount on line 20 or
- \$46,700 if married filing jointly or qualifying widow(er); \$27,950 if single; \$37,450 if head of household; or \$23,350 if married filing separately

..... **26** 23,506.

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** 20,806.

28 Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34..... **28** 2,700.

29 Enter your qualified 5-year gain, if any, from line 8 of the worksheet on page D-8 **STMT 6**..... **29** 716.

30 Enter the smaller of line 28 or line 29..... **30** 716.

31 Multiply line 30 by 8% (.08)..... **31** 57.

32 Subtract line 30 from line 28..... **32** 1,984.

33 Multiply line 32 by 10% (.10)..... **33** 198.

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** 3,079.

39 Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies..... **39** 3,229.

40 Tax on all taxable income (including capital gains). Enter the smaller of line 38 or line 39 here and on Form 1040, line 42..... **40** 3,079.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ALEXANDER W. KRAGIE

230-51-8048

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. If you check column (f), you must attach Form 6188.

27	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk? (e) All is at risk	(f) Some is not at risk
A						
B						
C						
D						
E						

Passive Income and Loss		Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A				
B				
C				
D				
E				
28a	Totals			
b	Totals			
29	Add columns (h) and (k) of line 28a			29
30	Add columns (g), (i), and (j) of line 28b			30 ()
31	Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below			31

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A	KRAGIE GRANDCHILDREN'S TRUST	52-6861040
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			20,869.
B			
33a	Totals		20,869.
b	Totals		
34	Add columns (d) and (f) of line 33a		34 20,869.
35	Add columns (c) and (e) of line 33b		35 ()
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below		36 20,869.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below				38

Part V Summary

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below		39
40	Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17		40 20,869.
41	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional, enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	

2002 Income from Passthroughs

KRAGIE GRANDCHILDREN'S TRUST
I.D. NUMBER: 52-6861040
TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

KRAGIE GRANDCHILDREN'S TRUST

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	20,869
------------------------	--------

SCHEDULE E ACTIVITY INCOME (LOSS)	<u>20,869</u>
-----------------------------------	---------------

Foreign Tax Credit

Department of the Treasury
Internal Revenue Service (99)

(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

Attachment
Sequence No. **19**

Name **ALEXANDER W. KRAGIE** Identifying number as shown on page 1 of your tax return **230-51-8048**

Use a separate Form 1116 for each category of income listed below. See Categories of Income on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive income
- b High withholding tax interest
- c Financial services income
- d Shipping income
- e Dividends from a DISC or former DISC
- f Certain distributions from a foreign sales corporation (FSC) or former FSC
- g Lump-sum distributions
- h Section 901(j) income
- i Certain income re-sourced by treaty
- j General limitation income

k Resident of (name of country) ▶ **USA**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession	VARIOUS			
1 Gross income from sources within country shown above and of the type checked above:				
	399.			1 399.
Deductions and losses (Caution: See pages 9, 12, and 13 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	1,983.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	1,983.			
d Gross foreign source income	399.			
e Gross income from all sources	25,489.			
f Divide line 3d by line 3e	.015654			
g Multiply line 3c by line 3f	31.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 12 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	31.			6 31.
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2				7 368.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:			(s) Other foreign taxes paid or accrued	Taxes withheld at source on:			(w) Other foreign taxes paid or accrued
	(o) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest		(t) Dividends	(u) Rents and royalties	(v) Interest	
A	12/31/02				24.				24.
B									
C									
8 Add lines A through C, column (x). Enter the total here and on line 9, page 2									8 24.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	24.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	24.	
12 Reduction in foreign taxes	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13		24.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I.	14	368.	
15 Adjustments to line 14	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	368.	
17 Individuals: Enter the amount from Form 1040, line 39. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 7	17	21,468.	
<i>Caution: If you figured your tax using the special rates on capital gains, see instructions.</i>			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		.017142
19 Individuals: Enter the amount from Form 1040, line 42. If you are a nonresident alien, enter the amount from Form 1040NR, line 40. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	19		3,079.
<i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 15 of the instructions</i>			
20 Multiply line 19 by line 18 (maximum amount of credit)	20		53.
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV.	21		24.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive income	22	24.	
23 Credit for taxes on high withholding tax interest	23		
24 Credit for taxes on financial services income	24		
25 Credit for taxes on shipping income	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26		
27 Credit for taxes on lump-sum distributions	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on general limitation income	29		
30 Add lines 22 through 29	30		24.
31 Enter the smaller of line 19 or line 30	31		24.
32 Reduction of credit for international boycott operations.	32		
33 Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 45; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	33		24.

ALTERNATIVE MINIMUM TAX
Foreign Tax Credit

(Individual, Estate, or Trust)
 Attach to Form 1040, 1040NR, 1041, or 990-T.

Name **ALEXANDER W. KRAGIE** Identifying number as shown on page 1 of your tax return **230-51-8048**

Use a separate Form 1116 for each category of income listed below. See Categories of Income on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive income
- b High withholding tax interest
- c Financial services income
- d Shipping income
- e Dividends from a DISC or former DISC
- f Certain distributions from a foreign sales corporation (FSC) or former FSC
- g Lump-sum distributions
- h Section 901(j) income
- i Certain income re-sourced by treaty
- j General limitation income

k Resident of (name of country) **USA**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession VARIOUS				
1 Gross income from sources within country shown above and of the type checked above:				
	399.			399.
Deductions and losses (Caution: See pages 9, 12, and 13 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	399.			
e Gross income from all sources	24,988.			
f Divide line 3d by line 3e	.015968			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 12 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2				399.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(x) Total foreign taxes paid or accrued (add cols. (t) through (w))	
		In foreign currency			In U.S. dollars				
		Taxes withheld at source on:			Taxes withheld at source on:				
		(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties	(v) Interest	(w) Other foreign taxes paid or accrued
A	(o) Date paid or accrued 12/31/02					24.			
B									
C									
8 Add lines A through C, column (x). Enter the total here and on line 9, page 2									24.

LHA For Paperwork Reduction Act Notice, see separate instructions.

ALTERNATIVE MINIMUM TAX

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	24.	
10 Carryback or carryover (attach detailed computation) SEE STATEMENT 8	10	102.	
11 Add lines 9 and 10	11	126.	
12 Reduction in foreign taxes	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13		126.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I.	14	399.	
15 Adjustments to line 14	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	399.	
17 Individuals: Enter the amount from Form 1040, line 39. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption <i>Caution: If you figured your tax using the special rates on capital gains, see instructions.</i>	17	24,988.	
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		.015968
19 Individuals: Enter the amount from Form 1040, line 42. If you are a nonresident alien, enter the amount from Form 1040NR, line 40. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 <i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 15 of the instructions.</i>	19		
20 Multiply line 19 by line 18 (maximum amount of credit)	20		
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV.	21		0.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive income	22		
23 Credit for taxes on high withholding tax interest	23		
24 Credit for taxes on financial services income	24		
25 Credit for taxes on shipping income	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26		
27 Credit for taxes on lump-sum distributions	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on general limitation income	29		
30 Add lines 22 through 29	30		0.
31 Enter the smaller of line 19 or line 30	31		0.
32 Reduction of credit for international boycott operations.	32		
33 Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 45; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	33		0.

Form 1116

U.S. and Foreign Source Income Summary

NAME

ALEXANDER W. KRAGIE

230-51-8048

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation			
Dividends/Distributions	1,419.	1,419.	
Interest			
Capital Gains	2,700.	2,700.	
Business/Profession			
Rent/Royalty			
State/Local Refunds	501.	501.	
Partnership/S Corporation			
Trust/Estate	20,869.	20,869.	
Other Income		-399.	399.
Nontaxable Income			
Gross Income	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Nontaxable Income			
Total Income - Form 1116	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions			
Adjusted Gross Income	<u>25,489.</u>	<u>25,090.</u>	<u>399.</u>
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest			
Other Interest			
Ratably Allocated	1,983.	1,952.	31.
Total Adjustments to Adjusted Gross Income	<u>1,983.</u>	<u>1,952.</u>	<u>31.</u>
Taxable Income Before Exemptions	<u>23,506.</u>	<u>23,138.</u>	<u>368.</u>

Label (See instructions on page 21.)

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

Presidential Election Campaign

(See page 21.)

Form header section containing personal information: Name (ALEXANDER W. KRAGIE), Social Security Number (230 51 8048), Address (4713 DRUMMOND AVENUE, CHEVY CHASE, MD 20815), and tax year (2002).

CLIENT COPY

Important! You must enter your SSN(s) above.

Filing Status

Filing status options: 1 Single (checked), 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions

Exemption section: 6a Yourself, 6b Spouse, 6c Dependents table with columns for name, social security number, and relationship.

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 23.

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

Income section: Lines 7 through 22. Total income reported as 25,489.

Adjusted Gross Income

Adjusted Gross Income section: Lines 23 through 35. Adjusted gross income reported as 25,489.

Tax and Credits

Standard Deduction for - People who checked any box on line 37a or 37b or who can be claimed as a dependent.

All others: Single, \$4,700; Head of household, \$6,900; Married filing jointly or Qualifying widow(er), \$7,850; Married filing separately, \$3,925.

Table with 3 columns: Line number, Description, and Amount. Includes lines 36-55 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-69 for Payments.

Refund

Direct deposit? See page 56 and fill in 71b, 71c, and 71d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 70-72 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-74 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? [X] Yes. Complete the following. [] No

Sign Here

Joint return? See page 21. Keep a copy for your records.

Table for signatures and dates of preparer and spouse.

Paid Preparer's Use Only

Table for preparer information including signature, date, firm name, and EIN.

**SCHEDULES A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

OMB No. 1545-0074

2002
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-2)	1	
	2	Enter amount from Form 1040, line 36	2	
	3	Multiply line 2 above by 7.5% (.075)	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid (See page A-2.)	5	State and local income taxes	5	1,983.
	6	Real estate taxes (see page A-2)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ▶ -----	8	
	9	Add lines 5 through 8	9	1,983.
Interest You Paid (See page A-3.)	10	Home mortgage interest and points reported to you on Form 1098	10	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶ -----	11	
	12	Points not reported to you on Form 1098. (See page A-3.)	12	
	13	Investment interest. Attach Form 4952 if required. (See page A-3.)	13	
14	Add lines 10 through 13	14		
Gifts to Charity If you made a gift and got a benefit for it, see page A-4.	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	
	16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500	16	
	17	Carryover from prior year	17	
	18	Add lines 15 through 17	18	
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	19	
Job Expenses and Most Other Miscellaneous Deductions (See page A-5 for expenses to deduct here.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶ -----	20	
	21	Tax preparation fees	21	
	22	Other expenses - investment, safe deposit box, etc. List type and amount ▶ -----	22	
	23	Add lines 20 through 22	23	
	24	Enter amount from Form 1040, line 36	24	
	25	Multiply line 24 above by 2% (.02)	25	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26		
Other Miscellaneous Deductions	27	Other - from list on page A-6. List type and amount ▶ -----	27	
Total Itemized Deductions	28	Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.	28	1,983.

219501
10-25-02

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2002

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

ALEXANDER W. KRAGIE

230 51 8048

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. **08**

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount	
1	
2	
3	
4	

2 Add the amounts on line 1 2
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **must** attach Form 8815 3
 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ 4

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13. ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

VANGUARD - GNMA FD
 VANGUARD - SHORT TERM FED FD
 VANGUARD HEALTHCARE FD
 VANGUARD INT'L GROWTH
 VANGUARD STRAT. EQ.

Amount	
5	
6	1,419.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ▶ 6 1,419.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; OR (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2002, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? X
 b If "Yes," enter the name of the foreign country ▶
 8 During 2002, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 X

Yes	No
	X
	X

227501 10-25-02

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 2002

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Capital Gains and Losses

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

OMB No. 1545-0074

2002
Attachment
Sequence No. **12**

Your social security number

230 51 8048

ALEXANDER W. KRAGIE

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	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2001 Capital Loss Carryover Worksheet					6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).					7

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	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see instr. below)
8						
9 Enter your long-term totals			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 STATEMENT 5					13	2,700.
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2001 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)					16	2,700.

* 28% rate gain or loss includes all "collectibles gains and losses" and up to 50% of the eligible gain on qualified small business stock. See 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 41.....	17	2,700.
Next: • If both lines 16 and 17 are gains and Form 1040, line 41, 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 39.....	18	()
Next: • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 39, 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 41	20	23,506.
21 Enter the smaller of line 16 or line 17 of Schedule D.....	21	2,700.
22 If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0-	22	0.
23 Subtract line 22 from line 21. If zero or less, enter -0-	23	2,700.
24 Subtract line 23 from line 20. If zero or less, enter -0-	24	20,806.
25 Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies	25	2,824.
26 Enter the smaller of: • The amount on line 20 or • \$46,700 if married filing jointly or qualifying widow(er); \$27,950 if single; \$37,450 if head of household; or \$23,350 if married filing separately	26	23,506.
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	20,806.
28 Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34	28	2,700.
29 Enter your qualified 5-year gain, if any, from line 8 of the worksheet on page D-8 STMT 6	29	716.
30 Enter the smaller of line 28 or line 29	30	716.
31 Multiply line 30 by 8% (.08)	31	57.
32 Subtract line 30 from line 28	32	1,984.
33 Multiply line 32 by 10% (.10)	33	198.
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	3,079.
39 Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies	39	3,229.
40 Tax on all taxable income (including capital gains). Enter the smaller of line 38 or line 39 here and on Form 1040, line 42	40	3,079.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ALEXANDER W. KRAGIE

230-51-8048

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below.

Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations **Note.** If you report a loss from an at-risk activity, you must check either column (e) or (f) on line 27 to describe your investment in the activity. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) All is at risk	(f) Some is not at risk
A						
B						
C						
D						
E						

Passive Income and Loss		Nonpassive Income and Loss			
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A					
B					
C					
D					
E					
28a	Totals				
b	Totals				
29	Add columns (h) and (k) of line 28a				29
30	Add columns (g), (i), and (j) of line 28b				30 ()
31	Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below				31

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A	KRAGIE GRANDCHILDREN'S TRUST	52-6861040
B		

Passive Income and Loss		Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A			20,869.	
B				
33a	Totals		20,869.	
b	Totals			
34	Add columns (d) and (f) of line 33a			34 20,869.
35	Add columns (c) and (e) of line 33b			35 ()
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below			36 20,869.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
38	Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below				38

Part V Summary

39	Net farm rental income or (loss) from Form 4835. Also, complete line 41 below	39	
40	Total income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17	40	20,869.
41	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23; and Schedule K-1 (Form 1041), line 14 (see page E-6)	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional, enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	

2002 Income from Passthroughs

KRAGIE GRANDCHILDREN'S TRUST
I.D. NUMBER: 52-6861040
TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

KRAGIE GRANDCHILDREN'S TRUST

TRADE OR BUSINESS - MATERIAL PARTICIPATION

ORDINARY INCOME (LOSS)	20,869
------------------------	--------

SCHEDULE E ACTIVITY INCOME (LOSS)	<u>20,869</u>
-----------------------------------	---------------

Foreign Tax Credit
 (Individual, Estate, or Trust)
 Attach to Form 1040, 1040NR, 1041, or 990-T.

Name **ALEXANDER W. KRAGIE** Identifying number as shown on page 1 of your tax return **230-51-8048**

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive income
- b High withholding tax interest
- c Financial services income
- d Shipping income
- e Dividends from a DISC or former DISC
- f Certain distributions from a foreign sales corporation (FSC) or former FSC
- g Lump-sum distributions
- h Section 901(j) income
- i Certain income re-sourced by treaty
- j General limitation income

k Resident of (name of country) **USA**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession VARIOUS				
1 Gross income from sources within country shown above and of the type checked above:				
	399.			399.
Deductions and losses (Caution: See pages 9, 12, and 13 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	1,983.			
b Other deductions (attach statement)	1,983.			
c Add lines 3a and 3b	399.			
d Gross foreign source income	25,489.			
e Gross income from all sources	.015654			
f Divide line 3d by line 3e	31.			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 12 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	31.			31.
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2				368.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(x) Total foreign taxes paid or accrued (add cols. (t) through (w))
		In foreign currency			In U.S. dollars			
		Taxes withheld at source on:			Taxes withheld at source on:			
(o) Date paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties	(v) Interest	
A	12/31/02					24.		24.
B								
C								
8	Add lines A through C, column (x). Enter the total here and on line 9, page 2							24.

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	24.	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	24.	
12 Reduction in foreign taxes	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13		24.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I.	14	368.	
15 Adjustments to line 14	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	368.	
17 Individuals: Enter the amount from Form 1040, line 39. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 7 <i>Caution: If you figured your tax using the special rates on capital gains, see instructions.</i>	17	21,468.	
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		.017142
19 Individuals: Enter the amount from Form 1040, line 42. If you are a nonresident alien, enter the amount from Form 1040NR, line 40. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 <i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 15 of the instructions.</i>	19		3,079.
20 Multiply line 19 by line 18 (maximum amount of credit)	20		53.
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV.	21		24.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive income	22	24.	
23 Credit for taxes on high withholding tax interest	23		
24 Credit for taxes on financial services income	24		
25 Credit for taxes on shipping income	25		
26 Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26		
27 Credit for taxes on lump-sum distributions	27		
28 Credit for taxes on certain income re-sourced by treaty	28		
29 Credit for taxes on general limitation income	29		
30 Add lines 22 through 29	30		24.
31 Enter the smaller of line 19 or line 30	31		24.
32 Reduction of credit for international boycott operations.	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Form 1040, line 45; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	33		24.

**ALTERNATIVE MINIMUM TAX
Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

Name **ALEXANDER W. KRAGIE** Identifying number as shown on page 1 of your tax return **230-51-8048**

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive income
- b High withholding tax interest
- c Financial services income
- d Shipping income
- e Dividends from a DISC or former DISC
- f Certain distributions from a foreign sales corporation (FSC) or former FSC
- g Lump-sum distributions
- h Section 901(j) income
- i Certain income re-sourced by treaty
- j General limitation income

k Resident of (name of country) ▶ **USA**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1 Enter the name of the foreign country or U.S. possession ▶ VARIOUS				
1 Gross income from sources within country shown above and of the type checked above:				
	399.			399.
Deductions and losses (Caution: See pages 9, 12, and 13 of the instructions):				
2 Expenses definitely related to the income on line 1 (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income	399.			
e Gross income from all sources	24,988.			
f Divide line 3d by line 3e	.015968			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 12 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 ▶				7 399.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(x) Total foreign taxes paid or accrued (add cols. (t) through (w))	
		In foreign currency			In U.S. dollars				
		Taxes withheld at source on:			Taxes withheld at source on:				
		(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents and royalties	(v) Interest	(w) Other foreign taxes paid or accrued
A	12/31/02					24.			
B									
C									
8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ▶									8 24.

ALTERNATIVE MINIMUM TAX

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	24.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 8	10	102.	
11	Add lines 9 and 10	11	126.	
12	Reduction in foreign taxes	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13		126.
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I.	14	399.	
15	Adjustments to line 14	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	399.	
17	Individuals: Enter the amount from Form 1040, line 39. If you are a nonresident alien, enter the amount from Form 1040NR, line 37. Estates and trusts: Enter your taxable income without the deduction for your exemption <i>Caution: If you figured your tax using the special rates on capital gains, see instructions.</i>	17	24,988.	
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		.015968
19	Individuals: Enter the amount from Form 1040, line 42. If you are a nonresident alien, enter the amount from Form 1040NR, line 40. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 <i>Caution: If you are completing line 19 for separate category g (lump-sum distributions), see page 15 of the instructions</i>	19		
20	Multiply line 19 by line 18 (maximum amount of credit)	20		
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV.	21		0.

Part IV Summary of Credits From Separate Parts III

22	Credit for taxes on passive income	22		
23	Credit for taxes on high withholding tax interest	23		
24	Credit for taxes on financial services income	24		
25	Credit for taxes on shipping income	25		
26	Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC	26		
27	Credit for taxes on lump-sum distributions	27		
28	Credit for taxes on certain income re-sourced by treaty	28		
29	Credit for taxes on general limitation income	29		
30	Add lines 22 through 29	30		0.
31	Enter the smaller of line 19 or line 30	31		0.
32	Reduction of credit for international boycott operations.	32		
33	Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Form 1040, line 45; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	33		0.

NAME
ALEXANDER W. KRAGIE 230-51-8048

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation			
Dividends/Distributions	1,419.	1,419.	
Interest			
Capital Gains	2,700.	2,700.	
Business/Profession			
Rent/Royalty			
State/Local Refunds	501.	501.	
Partnership/S Corporation			
Trust/Estate	20,869.	20,869.	
Other Income		-399.	399.
Nontaxable Income			
Gross Income	25,489.	25,090.	399.
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Nontaxable Income			
Total Income - Form 1116	25,489.	25,090.	399.
Deductions:			
Business/Profession Expenses			
Rent/Royalty Expenses			
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments			
Capital Gains Tax Adjustment			
Total Deductions			
Adjusted Gross Income	25,489.	25,090.	399.
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest			
Other Interest			
Ratably Allocated	1,983.	1,952.	31.
Total Adjustments to Adjusted Gross Income	1,983.	1,952.	31.
Taxable Income Before Exemptions	23,506.	23,138.	368.

NAME
ALEXANDER W. KRAGIE 230-51-8048

Foreign Income Category

PASSIVE INCOME

Regular	1997	1998	1999	2000	2001	2002
1. Foreign tax paid/accrued						24.
2. FTC Carryback to 2002 for amended returns						
3. Red alloc to excl inc.						
4. Foreign tax available						24.
5. Maximum credit allowable						53.
6. Unused foreign tax (+) or excess of limit (-)					-31.	-29.
7. Foreign tax c/b						
8. Foreign tax c/f						
9. Less Treaty Adj						
10. Frgn tx or excess limit rem					-31.	-29.
Total foreign taxes from all available years to be carried to next year						

Alternative Minimum

1. Foreign tax paid/accrued						24.
2. FTC Carryback to 2002 for amended returns						
3. Red alloc to excl inc.						
4. Foreign tax available						24.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)		23.	21.	30.	28.	24.
7. Foreign tax c/b						
8. Foreign tax c/f						
9. Less Treaty Adj						
10. Frgn tx or excess limit rem		23.	21.	30.	28.	24.
Total foreign taxes from all available years to be carried to next year						126.

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

	2001	2000	1999
	MARYLAND		
GROSS STATE/LOCAL INC TAX REFUNDS	668.		
LESS: TAX PAID IN FOLLOWING YEAR	167.		
NET TAX REFUNDS MARYLAND	501.		
TOTAL NET TAX REFUNDS	501.		

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 2

	2001	2000	1999
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	501.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT			
1 NET REFUNDS FOR RECALCULATION	501.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	2,665.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	501.		
5 LINE 2 MINUS LINES 3 AND 4	2,164.		
6 MULTIPLY LINE 5 BY 80% (.80)	1,731.		
7 PRIOR YEAR AGI	27,720.		
8 ITEM. DED. PHASEOUT THRESHOLD	132,950.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-105,230.		
10 MULTIPLY LINE 9 BY 3% (.03)			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	501.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	2,665.		
18 PRIOR YEAR STD. DED. AVAILABLE	1,123.		
19 SUBTRACT LINE 18 FROM LINE 17	1,542.		
20 LESSER OF LINE 16 OR LINE 19	501.		
21 PRIOR YEAR TAXABLE INCOME	25,055.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			501.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 1999			
TOTAL TO FORM 1040, LINE 10			501.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 3

	2001	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
MARYLAND			
STATE TAX PAID IN FOLLOW YEAR	650.		
	-----X	668. =	167.
TOTAL STATE TAX PAID 2001	2,600.		=====

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 4

DESCRIPTION	AMOUNT
MARYLAND ESTIMATE PAYMENTS	832.
MARYLAND PRIOR YEAR OVERPAYMENT APPLIED	668.
MARYLAND PRIOR YEAR ESTIMATE PAYMENTS	650.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-167.
TOTAL TO SCHEDULE A, LINE 5	===== 1,983. =====

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 5

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
VANGUARD HEALTHCARE FD	2,700.	
TOTALS TO SCHEDULE D, LINE 13	===== 2,700. =====	

SCHEDULE D	QUALIFIED 5-YEAR GAIN WORKSHEET	STATEMENT 6
------------	---------------------------------	-------------

- | | |
|---|------|
| 1. ENTER THE TOTAL OF ALL GAINS THAT YOU REPORTED ON LINE 8, COLUMN (F), OF SCHEDULE D FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . | |
| 2. ENTER THE TOTAL OF ALL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 4797, PART I, BUT ONLY IF FORM 4797, LINE 7, IS MORE THAN ZERO. DO NOT REDUCE THESE GAINS BY ANY LOSSES | |
| 3. ENTER THE TOTAL OF ALL CAPITAL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 4684, LINE 4, BUT ONLY IF FORM 4684, LINE 15, IS MORE THAN ZERO. DO NOT REDUCE THESE GAINS BY ANY LOSSES | |
| 4. ENTER THE TOTAL OF ALL CAPITAL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 6252; FORM 6781, PART II; AND FORM 8824. DO NOT REDUCE THESE GAINS BY ANY LOSSES | |
| 5. ENTER THE TOTAL OF ANY QUALIFIED 5-YR GAIN REPORTED TO YOU ON:
* FORM 1099-DIV, BOX 2C;
* FORM 2439, BOX 1C; AND
* SCHEDULE K-1 FROM A PARTNERSHIP, S CORPORATION, ESTATE, OR TRUST | 716. |
| 6. ADD LINES 1 THROUGH 5 | 716. |
| 7. ENTER THE PART, IF ANY, OF THE GAIN ON LINE 6 THAT IS:
* ATTRIBUTABLE TO 28% RATE GAIN OR
* INCLUDED ON LINE 6, 10, 11, OR 12 OF THE UNRECAPTURED SECTION 1250 GAIN WORKSHEET | |
| 8. QUALIFIED 5-YEAR GAIN. SUBTRACT LINE 7 FROM LINE 6 | 716. |

FORM 1116

WORLDWIDE CAPITAL GAINS
WORKSHEET FOR LINE 17

STATEMENT 7

1	ENTER THE AMOUNT FROM FORM 1040, LINE 39		23,506.
2	ENTER THE AMOUNT FROM SCHEDULE D, LINE 17 NOTE: IF THE AMOUNT ON SCHEDULE D, LINE 16 IS ZERO OR A LOSS, ENTER THE AMOUNT FROM LINE 2 ON LINE 14 AND ENTER THE AMOUNT FROM LINE 1 ON LINE 15	2,700.	
3	ENTER THE AMOUNT FROM SCH D TAX WORKSHEET, LINE 30	0.	
4	MULTIPLY LINE 3 BY .3523		
5	ENTER THE AMOUNT FROM SCH D TAX WORKSHEET, LINE 33	0.	
6	MULTIPLY LINE 5 BY .2746		
7	ENTER WORLDWIDE 8% GAINS	716.	
8	MULTIPLY LINE 7 BY .7927	568.	
9	ENTER WORLDWIDE 10% GAINS	1,984.	
10	MULTIPLY LINE 9 BY .7409	1,470.	
11	ENTER WORLDWIDE 20% GAINS	0.	
12	MULTIPLY LINE 11 BY .4819		
13	ADD LINES 4, 6, 8, 10, AND 12	2,038.	
14	SUBTRACT LINE 13 FROM LINE 2	662.	
15	SUBTRACT LINE 13 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17		21,468.

FORM 1116

ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT
CARRYOVER/CARRYBACK

STATEMENT 8

PASSIVE INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2001 ALT. MIN. TAX CREDIT	28.	28.	28.
2000 ALT. MIN. TAX CREDIT	32.	2.	30.
1999 ALT. MIN. TAX CREDIT	21.	0.	21.
1998 ALT. MIN. TAX CREDIT	23.	0.	23.
1997 ALT. MIN. TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2002			0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			102.

MARYLAND TAX RETURN



2002

(OR FISCAL YEAR BEGINNING 2002, ENDING)

SOCIAL SECURITY # 230-51-8048		SPOUSE'S SOCIAL SECURITY #	
FIRST NAME ALEXANDER	MI W	LAST NAME KRAGIE	
SPOUSE'S FIRST NAME		SPOUSE'S LAST NAME	
PRESENT ADDRESS (No. and Street) 4713 DRUMMOND AVENUE			
CITY OR TOWN CHEVY CHASE	STATE MD	ZIP 20815	
Name of county and incorporated city, town or special taxing area in which you were a resident on the last day of the taxable period.			
County MONTGOMERY		City, town or taxing area DRUMMOND	

CLIENT COPY

YOUR FILING STATUS - SEE INSTRUCTIONS TO DETERMINE IF YOU ARE REQUIRED TO FILE

- Single (If you can be claimed on another person's tax return, use Filing Status 6)
- Married filing joint return or spouse had no income
- Married filing separately
- Head of household spouse's social security no. _____
- Qualifying widow(er) with dependent child
- Dep. Taxpayer (Enter 0 in Exemption Box (A)- See Instructions)

PART-YEAR RESIDENTS AND MILITARY: Check here if you began or ended legal residence in Maryland in 2002 (See Instructions) or if you have non-Maryland military income (See Instructions).

Give dates of Maryland Residence
 FROM MO DAY YR TO MO DAY YR
 Other state of residence _____

EXEMPTIONS - See Instructions

(A) Yourself Spouse Enter No. Checked (A) 0 x \$2,400 \$ _____ Exemption Amount

Check here if you are: 65 or over Blind Spouse is: 65 or over Blind

(B) Enter No. Checked (B) _____ x \$1,000 \$ _____

(C) Dependent Children: Enter Total (C) _____ x \$2,400 \$ _____
 Name(s) _____ Social Security number(s) _____

(D) Other Dependents: Regular 65 or over Enter Total (D) _____ x \$2,400 \$ _____
 Name(s) and Relationship(s) _____ Social Security number(s) _____

(E) Enter Total Exemptions (Add A, B, C and D) (E) _____ Total Amount \$ _____

INCOME			
Place your check or money order on top of your wage and tax statements and attach here with ONE staple.	1. Adjusted gross income from your federal return (See Instructions).....	1	25489
	1a. How much of line 1 represents wages, salaries and/or tips?	1a	
ADDITIONS TO INCOME			
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	2	
	3. Taxable tax preference items (Attach Form 502TP)	3	
	4. Lump sum distributions	4	
	5. Other additions (Enter code letter(s) from Instructions)	5	
	6. Total additions to Maryland income (Add lines 2 through 5)	6	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6)	7	25489
SUBTRACTIONS FROM INCOME			
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above	8	501
	9. Child and dependent care expenses	9	
	10. Income from U.S. obligations	10	31
	11. Pension exclusion from worksheet	11	
	12. Taxable social security and RR benefits (Tier I, II and supplemental) included in line 1 above	12	
	13. Income received from period of nonresidence (See Instructions)	13	
	14. Other subtractions (Enter code letter(s) from Instructions)	14	
	15. Subtotal (Add lines 8 through 14)	15	532
	16. Two-income subtraction from worksheet	16	
	17. Total subtractions from Maryland income (Add lines 15 and 16)	17	532
	18. Maryland adjusted gross income (Subtract line 17 from line 7)	18	24957
DEDUCTION METHOD STANDARD DEDUCTION METHOD See Instructions and worksheet. (Enter amount on line 19) <input checked="" type="checkbox"/> All taxpayers must select one method and check the appropriate box.			
ITEMIZED DEDUCTION METHOD Complete lines 19a and b <input type="checkbox"/>			
	Total federal itemized deductions (from line 28, federal Schedule A)	19a.	
	State and local income taxes included in federal Schedule A, line 5 (or from worksheet)	19b.	
	19. Deduction amount (Part-year residents see Instructions (l and m) and military personnel see Instructions)	19	2000
	20. Net income (Subtract line 19 from line 18)	20	22957
	21. Exemption amount (from Exemptions area above) (See Instructions)	21	
	22. Taxable net income (Subtract line 21 from line 20)	22	22957

**2002 MARYLAND FORM 502
PAGE 2**



MARYLAND TAX COMPUTATION

23. Amount from line 22 (taxable net income) GO TO TAX TABLE. Enter the tax on line 24	23	22957
24. Maryland tax (from Tax Table or Computation Worksheet)	24	1039
25. Earned income credit (1/2 of federal earned income credit. See instructions)	25	
26. Poverty level credit (See instructions)	26	
27. Personal income tax credits from Part H, line 9 of Form 502CR (Attach Form 502CR)	27	
28. Business tax credits (Attach Form 500CR)	28	
29. Total credits (Add lines 25 through 28)	29	
30. Maryland tax after credits (Subtract line 29 from line 24) if less than 0, enter 0	30	1039

LOCAL TAX COMPUTATION

31. Local tax (See instructions for tax rates and worksheet.) Multiply line 23 by your local tax rate <u>.0295</u> or use the Local Tax Worksheet	31	677
32. Local earned income credit (from Local Earned Income Credit Worksheet)	32	
33. Local poverty level credit (from Local Poverty Level Credit Worksheet)	33	
34. Total credits (Add lines 32 and 33)	34	
35. Local tax after credits (Subtract line 34 from line 31) if less than 0, enter 0	35	677

36. Total Maryland and local tax (Add lines 30 and 35)	36	1716
37. Contribution to Chesapeake Bay and Endangered Species Fund (See instructions)	37	
38. Contribution to Fair Campaign Financing Fund (See instructions)	38	
39. Total Maryland income tax, local income tax and contributions (Add lines 36, 37, and 38)	39	1716

40. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	40	
41. 2002 estimated tax payments, amount applied from 2001 return and payment made with an extension request Form 502E	41	2000
42. Refundable earned income credit (from worksheet)	42	
43. Refundable personal income tax credits from Part J, line 4 of Form 502CR (Attach Form 502CR. See instructions)	43	
44. Total payments and credits (Add lines 40 through 43)	44	2000

45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39)	45	
46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44)	46	284

47. Amount of overpayment TO BE APPLIED TO 2003 ESTIMATED TAX	47	284
48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46) See line 51	48	REFUND
49. Interest charges from Form 502UP <input type="checkbox"/> or for late filing <input type="checkbox"/> (See instructions) Total	49	
50. TOTAL AMOUNT DUE (Add lines 45 and 49)	50	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN

For credit card payment check here and see instructions. Direct debit is available only if you file electronically.

DIRECT DEPOSIT OF REFUND (See instructions) Please be sure the account information is correct.

51. To choose the direct deposit option, complete the following information: 51a. Type of account: Checking Savings

51b. Routing number 51c. Account number

Daytime telephone no. Home telephone no.

CODE NUMBER FOR OFFICE USE ONLY

Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here if you authorize your preparer to discuss this return with us.

**Make checks payable to: COMPTROLLER OF MARYLAND.
Write social security no. on check using blue or black ink.
Mail to: Comptroller of Maryland, Revenue Administration
Division, Annapolis, Maryland 21411-0001**

Your signature	Date	Signature of preparer other than taxpayer GEIMER, EHRLICH & ASSOCIAT 7514 WISCONSIN AVENUE #400 BETHESDA, MD 20814	331303598
Spouse's signature	Date	Address and telephone number of preparer (301) 654-5800	Preparer's SSN or PTIN

NAME

ALEXANDER W. KRAGIE

230-51-8048

Foreign Income Category

PASSIVE INCOME

Regular	1997	1998	1999	2000	2001	2002
1. Foreign tax paid/accrued						24.
2. FTC Carryback to 2002 for amended returns						
3. Red alloc to excl inc.						
4. Foreign tax available						24.
5. Maximum credit allowable						53.
6. Unused foreign tax (+) or excess of limit (-) ...					-31.	-29.
7. Foreign tax c/b						
8. Foreign tax c/f						
9. Less Treaty Adj						
10. Frgn tx or excess limit rem					-31.	-29.
Total foreign taxes from all available years to be carried to next year						

Alternative Minimum

1. Foreign tax paid/accrued						24.
2. FTC Carryback to 2002 for amended returns						
3. Red alloc to excl inc.						
4. Foreign tax available						24.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-) ...		23.	21.	30.	28.	24.
7. Foreign tax c/b						
8. Foreign tax c/f						
9. Less Treaty Adj						
10. Frgn tx or excess limit rem		23.	21.	30.	28.	24.
Total foreign taxes from all available years to be carried to next year						126.

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

	2001	2000	1999
<u>MARYLAND</u>			
GROSS STATE/LOCAL INC TAX REFUNDS	668.		
LESS: TAX PAID IN FOLLOWING YEAR	167.		
NET TAX REFUNDS MARYLAND	501.		
TOTAL NET TAX REFUNDS	501.		

FORM 1040

TAXABLE STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 2

	2001	2000	1999
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	501.		
LESS: REFUNDS—NO BENEFIT DUE TO AMT			
1 NET REFUNDS FOR RECALCULATION	501.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	2,665.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	501.		
5 LINE 2 MINUS LINES 3 AND 4	2,164.		
6 MULTIPLY LINE 5 BY 80% (.80)	1,731.		
7 PRIOR YEAR AGI	27,720.		
8 ITEM. DED. PHASEOUT THRESHOLD	132,950.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-105,230.		
10 MULTIPLY LINE 9 BY 3% (.03)			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	501.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	2,665.		
18 PRIOR YEAR STD. DED. AVAILABLE	1,123.		
19 SUBTRACT LINE 18 FROM LINE 17	1,542.		
20 LESSER OF LINE 16 OR LINE 19	501.		
21 PRIOR YEAR TAXABLE INCOME	25,055.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10			
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20			
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			501.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 1999			
TOTAL TO FORM 1040, LINE 10			501.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 3

	2001	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
	MARYLAND		
STATE TAX PAID IN FOLLOW YEAR	650.		
TOTAL STATE TAX PAID 2001	2,600.	668. =	167.

SCHEDULE A STATE AND LOCAL INCOME TAXES STATEMENT 4

DESCRIPTION	AMOUNT
MARYLAND ESTIMATE PAYMENTS	832.
MARYLAND PRIOR YEAR OVERPAYMENT APPLIED	668.
MARYLAND PRIOR YEAR ESTIMATE PAYMENTS	650.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	-167.
TOTAL TO SCHEDULE A, LINE 5	1,983.

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 5

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
VANGUARD HEALTHCARE FD	2,700.	
TOTALS TO SCHEDULE D, LINE 13	2,700.	

SCHEDULE D	QUALIFIED 5-YEAR GAIN WORKSHEET	STATEMENT	6
------------	---------------------------------	-----------	---

1. ENTER THE TOTAL OF ALL GAINS THAT YOU REPORTED ON LINE 8, COLUMN (F), OF SCHEDULE D FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS. DO NOT REDUCE THESE GAINS BY ANY LOSSES . . .
2. ENTER THE TOTAL OF ALL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 4797, PART I, BUT ONLY IF FORM 4797, LINE 7, IS MORE THAN ZERO. DO NOT REDUCE THESE GAINS BY ANY LOSSES
3. ENTER THE TOTAL OF ALL CAPITAL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 4684, LINE 4, BUT ONLY IF FORM 4684, LINE 15, IS MORE THAN ZERO. DO NOT REDUCE THESE GAINS BY ANY LOSSES
4. ENTER THE TOTAL OF ALL CAPITAL GAINS FROM DISPOSITIONS OF PROPERTY HELD MORE THAN 5 YEARS FROM FORM 6252; FORM 6781, PART II; AND FORM 8824. DO NOT REDUCE THESE GAINS BY ANY LOSSES
5. ENTER THE TOTAL OF ANY QUALIFIED 5-YR GAIN REPORTED TO YOU ON:
 - * FORM 1099-DIV, BOX 2C;
 - * FORM 2439, BOX 1C; AND
 - * SCHEDULE K-1 FROM A PARTNERSHIP, S CORPORATION, ESTATE, OR TRUST 716.
6. ADD LINES 1 THROUGH 5 716.

7. ENTER THE PART, IF ANY, OF THE GAIN ON LINE 6 THAT IS:
 - * ATTRIBUTABLE TO 28% RATE GAIN OR
 - * INCLUDED ON LINE 6, 10, 11, OR 12 OF THE UNRECAPTURED SECTION 1250 GAIN WORKSHEET

8. QUALIFIED 5-YEAR GAIN. SUBTRACT LINE 7 FROM LINE 6 716.

FORM 1116

WORLDWIDE CAPITAL GAINS
WORKSHEET FOR LINE 17

STATEMENT 7

1	ENTER THE AMOUNT FROM FORM 1040, LINE 39		23,506.
2	ENTER THE AMOUNT FROM SCHEDULE D, LINE 17 NOTE: IF THE AMOUNT ON SCHEDULE D, LINE 16 IS ZERO OR A LOSS, ENTER THE AMOUNT FROM LINE 2 ON LINE 14 AND ENTER THE AMOUNT FROM LINE 1 ON LINE 15		2,700.
3	ENTER THE AMOUNT FROM SCH D TAX WORKSHEET, LINE 30	0.	
4	MULTIPLY LINE 3 BY .3523		
5	ENTER THE AMOUNT FROM SCH D TAX WORKSHEET, LINE 33	0.	
6	MULTIPLY LINE 5 BY .2746		
7	ENTER WORLDWIDE 8% GAINS	716.	
8	MULTIPLY LINE 7 BY .7927	568.	
9	ENTER WORLDWIDE 10% GAINS	1,984.	
10	MULTIPLY LINE 9 BY .7409	1,470.	
11	ENTER WORLDWIDE 20% GAINS	0.	
12	MULTIPLY LINE 11 BY .4819		
13	ADD LINES 4, 6, 8, 10, AND 12		2,038.
14	SUBTRACT LINE 13 FROM LINE 2		662.
15	SUBTRACT LINE 13 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1116, LINE 17		21,468.

**2002 MARYLAND FORM 502
PAGE 2**



MARYLAND TAX COMPUTATION

23. Amount from line 22 (taxable net income) GO TO TAX TABLE. Enter the tax on line 24	23	22957
24. Maryland tax (from Tax Table or Computation Worksheet)	24	1039
25. Earned income credit (1/2 of federal earned income credit. See instructions)	25	
26. Poverty level credit (See instructions)	26	
27. Personal income tax credits from Part H, line 9 of Form 502CR (Attach Form 502CR)	27	
28. Business tax credits (Attach Form 500CR)	28	
29. Total credits (Add lines 25 through 28)	29	
30. Maryland tax after credits (Subtract line 29 from line 24) if less than 0, enter 0	30	1039

LOCAL TAX COMPUTATION

31. Local tax (See instructions for tax rates and worksheet.) Multiply line 23 by your local tax rate <u>.0295</u> or use the Local Tax Worksheet	31	677
32. Local earned income credit (from Local Earned Income Credit Worksheet)	32	
33. Local poverty level credit (from Local Poverty Level Credit Worksheet)	33	
34. Total credits (Add lines 32 and 33)	34	
35. Local tax after credits (Subtract line 34 from line 31) if less than 0, enter 0	35	677

36. Total Maryland and local tax (Add lines 30 and 35)	36	1716
37. Contribution to Chesapeake Bay and Endangered Species Fund (See instructions)	37	
38. Contribution to Fair Campaign Financing Fund (See instructions)	38	
39. Total Maryland income tax, local income tax and contributions (Add lines 36, 37, and 38)	39	1716

40. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	40	
41. 2002 estimated tax payments, amount applied from 2001 return and payment made with an extension request Form 502E	41	2000
42. Refundable earned income credit (from worksheet)	42	
43. Refundable personal income tax credits from Part J, line 4 of Form 502CR (Attach Form 502CR. See instructions)	43	
44. Total payments and credits (Add lines 40 through 43)	44	2000

45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39)	45	
46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44)	46	284

47. Amount of overpayment TO BE APPLIED TO 2003 ESTIMATED TAX	47	284
48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46) See line 51	48	REFUND
49. Interest charges from Form 502UP <input type="checkbox"/> or for late filing <input type="checkbox"/> (See instructions) Total	49	
50. TOTAL AMOUNT DUE (Add lines 45 and 49)	50	2000

For credit card payment check here and see instructions. Direct debit is available only if you file electronically.

DIRECT DEPOSIT OF REFUND (See instructions) Please be sure the account information is correct.

51. To choose the direct deposit option, complete the following information: 51a. Type of account: Checking Savings

51b. Routing number 51c. Account number

Daytime telephone no.

Home telephone no.

CODE NUMBER

FOR OFFICE USE ONLY

Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here if you authorize your preparer to discuss this return with us.

**Make checks payable to: COMPTROLLER OF MARYLAND.
Write social security no. on check using blue or black ink.
Mail to: Comptroller of Maryland, Revenue Administration
Division, Annapolis, Maryland 21411-0001**

Your signature	Date	Signature of preparer other than taxpayer GEIMER, EHRLICH & ASSOCIAT 7514 WISCONSIN AVENUE #400 BETHESDA, MD 20814	331303598
Spouse's signature	Date	Address and telephone number of preparer (301) 654-5800	Preparer's SSN or PTIN

2003 FORM 1099-B

Proceeds From Broker and Barter Exchange Transactions

T Vanguard GROUP.

P.O. BOX 2600 · VALLEY FORGE, PA 19482-2600

PAGE 1 OF 1

1-800-284-7245

SCOTT T KRAGIE CUST
ALEXANDER W KRAGIE
MD UNIF TRANS MIN ACT
4713 DRUMMOND AVE
CHEVY CHASE MD 20815-5430

Recipient's Taxpayer Identification Number

230-51-8048

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

Fund Name		Fund's Fed I.D. No.	Box 1b CUSIP No.	Recipient's Account No.	Box 1a: Trade Date	Box 5: Description	Share Price	Shares	Box 2: Gross Proceeds	Box 4: Federal Income Tax Withheld
SHORT-TERM FEDERAL INV		23-2483049	922031604	09910810242						
	04/22/2003	CK-WRITING REDEMPTION 1021	10.66	23.921		0.00				
	04/22/2003	CK-WRITING REDEMPTION 1022	10.66	23.452		0.00				
	06/23/2003	CK-WRITING REDEMPTION 1023	10.76	74.349		0.00				
	06/27/2003	CK-WRITING REDEMPTION 1024	10.71	42.017		0.00				
	07/30/2003	CK-WRITING REDEMPTION 1025	10.60	1,662.972		0.00		17,627.50		
HEALTH CARE FUND INV		23-2439149	921908307	09910810242						
	10/21/2003	PHONE EXCH TO ST FED INV	112.47	44.456	✓	5,000.00				0.00
INTERNATIONAL GROWTH INV		23-2471346	921910204	09910810242						
	07/14/2003	PHONE EXCH TO ST FED INV	13.78	362.845	✓	5,000.00				0.00
	09/23/2003	PHONE EXCH TO ST FED INV	14.54	1,031.637	✓	15,000.00				0.00
STRATEGIC EQUITY FUND		23-2787277	922038104	09910810242						
	06/09/2003	PHONE EXCH TO ST FED INV	15.20	328.947	✓	5,000.00				0.00
	10/21/2003	PHONE EXCH TO ST FED INV	17.67	282.965	✓	5,000.00				0.00
54,382.50										

FORM 1099-B
OMB NO. 1545-0715

See Instructions on Reverse
Copy B For Recipient

1589

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2-3

(keep for your records)

00124621



758

**SCHEDULE K-1
(Form 1041)**

Beneficiary's Share of Income, Deductions, Credits, etc.

OMB No. 1545-0092

Department of the Treasury
Internal Revenue Service

for the calendar year 2003, or fiscal year
beginning _____, 2003, ending _____, 20 _____

2003

▶ Complete a separate Schedule K-1 for each beneficiary.

Name of trust or decedent's estate

John and Margaret Kragie Grandchildrens Trust

Amended K-1
 Final K-1

Beneficiary's identifying number ▶ **230518048**

Estate's or trust's EIN ▶ **52-6861040**

Beneficiary's name, address, and ZIP code

**Alexander W. Kragie
4713 Drummond Avenue
Chevy Chase, MD 20815**

Fiduciary's name, address, and ZIP code

**George de Garmo, Trustee
4713 Drummond Avenue
Chevy Chase, MD 20815**

(a) Allocable share item		(b) Amount	(c) Calendar year 2003 Form 1040 filers enter the amounts in column (b) on:
1	Interest		Form 1040, line 8a
2a	Qualified dividends		Form 1040, line 9b
b	Total ordinary dividends		Form 1040, line 9a
3a	Net short-term capital gain (entire year)		Schedule D, line 5, column (f)
b	Net short-term capital gain (post 5/5/2003)		Schedule D, line 5, column (g)
4a	Net long-term capital gain (entire year)		Schedule D, line 12, column (f)
b	Net long-term capital gain (post 5/5/2003)		Schedule D, line 12, column (g)
c	Qualified 5-year gain		Line 5 of the worksheet for Schedule D, line 35
d	Unrecaptured section 1250 gain		Line 11 of the worksheet for Schedule D, line 19
e	28% rate gain		Line 4 of the worksheet for Schedule D, line 20
5a	Annuities, royalties, and other nonpassive income before directly apportioned deductions	21,800	Schedule E, Part III, column (f)
b	Depreciation		} Include on the applicable line of the appropriate tax form
c	Depletion		
d	Amortization		
6a	Trade or business, rental real estate, and other rental income before directly apportioned deductions (see instructions)		
b	Depreciation		} Include on the applicable line of the appropriate tax form
c	Depletion		
d	Amortization		
7	Income for minimum tax purposes	21,800	
8	Income for regular tax purposes (add lines 1, 2b, 3a, 4a, 5a, and 6a)	21,800	
9	Adjustment for minimum tax purposes (subtract line 8 from line 7)	0	Form 6251, line 14
10	Estate tax deduction (including certain generation-skipping transfer taxes)		Schedule A, line 27
11	Foreign taxes		Form 1040, line 44 or Schedule A, line 8
12	Adjustments and tax preference items (itemize):		
a	Accelerated depreciation		} Include on the applicable line of Form 6251
b	Depletion		
c	Amortization		
d	Exclusion items		
13	Deductions in the final year of trust or decedent's estate:		
a	Excess deductions on termination (see instructions)		Schedule A, line 22
b	Short-term capital loss carryover	()	Schedule D, line 5, columns (f) and (g)
c	Long-term capital loss carryover	()	Sch. D, line 12, col. (f); line 5 of the wksht. for Sch. D, line 20; and line 16 of the wksht. for Sch. D, line 19
d	Net operating loss (NOL) carryover for regular tax purposes	()	Form 1040, line 21
e	NOL carryover for minimum tax purposes		See the instructions for Form 6251, line 27
f			} Include on the applicable line of the appropriate tax form
g			
14	Other (itemize):		
a	Payments of estimated taxes credited to you		Form 1040, line 62
b	Tax-exempt interest		Form 1040, line 8b
c			} Include on the applicable line of the appropriate tax form
d			
e			
e			

AVERAGE COST SUMMARY

Single Category Method

THE **vanguard** GROUP.

P.O. BOX 2600 · VALLEY FORGE, PA 19482-2600

2003 Tax Year

PAGE 1 OF 1

SCOTT T KRAGIE CUST
ALEXANDER W KRAGIE
MD UNIF TRANS MIN ACT
4713 DRUMMOND AVE
CHEVY CHASE MD 20815-5430

1-800-284-7245
www.vanguard.com Website

This Summary is not a tax document and information is not reported to the IRS. Vanguard provides cost basis information using the Average Cost Single Category method. You may want to consult a tax advisor to determine if this method is appropriate for you. Once you select the Average Cost Single Category method, you are not permitted to change without IRS approval. See IRS Publication 564, Mutual Fund Distributions, and IRS Publication 550, Investment Income and Expenses, for more information.

DUPLICATE COPY

HEALTH CARE FUND INV

Holding period	Date sold	Shares redeemed	Redemption proceeds	Average cost basis	Total gain or (loss)	Disallowed loss amount	Total gain or (Allowable loss)
Short-term	10/21	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	10/21	✓ 44.456	✓ 5,000.00	✓ 4,354.77	645.23	0.00	645.23

Fund/Account number: 0052/09910810242

INTERNATIONAL GROWTH INV

Holding period	Date sold	Shares redeemed	Redemption proceeds	Average cost basis	Total gain or (loss)	Disallowed loss amount	Total gain or (Allowable loss)
Short-term	07/14	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	07/14	✓ 362.845	✓ 5,000.00	✓ 6,317.49	(1,317.49)	0.00	(1,317.49)
Short-term	09/23	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	09/23	✓ 1,031.637	✓ 15,000.00	17,961.83	(2,961.83)	0.00	(2,961.83)

Fund/Account number: 0081/09910810242

Account Summary

Total ST	various	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pst 5/5 ST	various	.000	0.00	0.00	0.00	0.00	0.00
Total LT	various	1,394.482	20,000.00	24,279.32	(4,279.32)	0.00	(4,279.32)
Pst 5/5 LT	various	1,394.482	20,000.00	24,279.32	(4,279.32)	0.00	(4,279.32)

STRATEGIC EQUITY FUND

Holding period	Date sold	Shares redeemed	Redemption proceeds	Average cost basis	Total gain or (loss)	Disallowed loss amount	Total gain or (Allowable loss)
Short-term	06/09	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	06/09	✓ 328.947	✓ 5,000.00	✓ 4,963.51	36.49	0.00	36.49
Short-term	10/21	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Long-term	10/21	✓ 282.965	✓ 5,000.00	✓ 4,269.69	730.31	0.00	730.31

Fund/Account number: 0114/09910810242

Account Summary

Total ST	various	.000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pst 5/5 ST	various	.000	0.00	0.00	0.00	0.00	0.00
Total LT	various	611.912	10,000.00	9,233.20	766.80	0.00	766.80
Pst 5/5 LT	various	611.912	10,000.00	9,233.20	766.80	0.00	766.80

The summary provides a breakdown of post-May 5th short-term and long-term gains and losses. Post-May 5th net long-term gains are eligible for reduced tax rates. The qualified 5-year gain rule is eliminated for sales post-May 5, 2003. For sales before May 6, 2003, the qualified 5-year gain rule applies to gains only; losses are included in long-term losses. We will provide an adjusted Average Cost Summary if a purchase occurs within 30 days of a redemption at a loss.

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3-3

00124622





SCOTT T KRAGIE CUST
 ALEXANDER W KRAGIE
 MD UNIF TRANS MIN ACT
 4713 DRUMMOND AVE
 CHEVY CHASE MD 20815-5430



FOREIGN TAX PAID

INTERNATIONAL GROWTH INV

FORM 1089-DIV BOX 6 AMOUNT

FUND 81 ACCT NBR 09910810242

\$19.71

COUNTRY	1 FOREIGN TAX \$	2 FOREIGN INCOME \$	3 QDI ELLIGIBLE FOREIGN INCOME \$	4 FOREIGN INCOME \$ AFTER QDI ADJUSTMENT
AUSTRALIA	0.30	4.14	3.01	2.43
BELGIUM	0.07	0.90	0.65	0.53
BRAZIL	0.64	2.31	1.67	1.35
DENMARK	0.12	1.78	1.29	1.04
FINLAND	0.17	1.32	0.95	0.77
FRANCE	1.20	31.16	22.61	18.25
GERMANY	0.01	0.86	0.63	0.51
GREECE	0.00	0.29	0.21	0.17
HONG KONG	0.00	0.00	0.00	0.00
INDIA	0.00	0.00	0.00	0.00
INDONESIA	0.16	0.94	0.68	0.55
IRELAND	0.01	10.03	7.28	5.87
ISRAEL	0.02	0.09	0.07	0.05
ITALY	0.95	6.38	4.63	3.73
JAPAN	1.97	15.20	11.03	8.90
MEXICO	0.00	1.12	0.81	0.65
NETHERLANDS	1.71	11.38	8.26	6.67
NEW ZEALAND	0.01	0.14	0.10	0.08
PORTUGAL	0.06	0.29	0.21	0.17
RUSSIA	0.00	0.43	0.31	0.25
CONTINUED				

See Instructions on Reverse

1-2

00066404



SCOTT T KRAGIE CUST
 ALEXANDER W KRAGIE
 MD UNIF TRANS MIN ACT
 4713 DRUMMOND AVE
 CHEVY CHASE MD 20815-5430

FOREIGN TAX PAID

INTERNATIONAL GROWTH INV

FORM 1099-DIV BOX 6 AMOUNT

FUND 81 ACCT NBR 09910810242

\$19.71

COUNTRY	1 FOREIGN TAX \$	2 FOREIGN INCOME \$	3 QDI ELLIGIBLE FOREIGN INCOME \$	4 FOREIGN INCOME \$ AFTER QDI ADJUSTMENT
SINGAPORE	1.77	0.00	0.00	0.00
SOUTH AFRICA	0.00	0.70	0.51	0.41
SOUTH KOREA	2.11	10.18	7.38	5.96
SPAIN	0.11	3.71	2.69	2.17
SWEDEN	0.00	6.58	4.77	3.85
SWITZERLAND	0.32	8.18	5.93	4.79
TAIWAN	1.01	0.00	0.00	0.00
UNITED KINGDOM	6.99	62.03	44.99	36.32
TOTAL	19.71	180.14	130.67	105.47

COLUMN 1 REPRESENTS YOUR PORTION OF THE FOREIGN TAX PAID BY THE FUND TO EACH COUNTRY. THE TOTAL IN COLUMN 1 WILL MATCH THE AMOUNT REPORTED ON THE FORM 1099-DIV, BOX 6, FOREIGN TAX PAID.

COLUMN 2 REPRESENTS YOUR PORTION OF THE TOTAL FOREIGN INCOME EARNED BY THE FUND WITHIN EACH COUNTRY. THE TOTAL IN COLUMN 2 WILL NOT MATCH FORM 1099-DIV, BOX 1A, TOTAL ORDINARY DIVIDENDS, OR BOX 1B, QUALIFIED DIVIDENDS. IN ADDITION TO FOREIGN INCOME, THE AMOUNT REPORTED IN BOX 1A INCLUDES YOUR PORTION OF FOREIGN TAX PAID AND DOMESTIC (US) INCOME AND NET SHORT-TERM CAPITAL GAIN, IF ANY, EARNED BY THE FUND. THE AMOUNT REPORTED IN BOX 1B REPRESENTS THE TOTAL ORDINARY DIVIDENDS REPORTED IN BOX 1A THAT ARE ELIGIBLE TO BE TREATED AS QUALIFIED DIVIDEND INCOME (QDI) BY THE SHAREHOLDER, INCLUDING DIVIDENDS PAID BY QUALIFIED FOREIGN CORPORATIONS.

COLUMN 3 REPRESENTS YOUR PORTION OF THE TOTAL QDI-ELIGIBLE FOREIGN INCOME EARNED BY THE FUND WITHIN EACH COUNTRY. THE TOTAL IN COLUMN 3 WILL NOT MATCH FORM 1099-DIV, BOX 1B, QUALIFIED DIVIDENDS. IN ADDITION TO QDI-ELIGIBLE FOREIGN INCOME, THE AMOUNT REPORTED IN BOX 1B INCLUDES YOUR PORTION OF FOREIGN TAX PAID ON QDI-ELIGIBLE FOREIGN INCOME AND DOMESTIC (US) QDI-ELIGIBLE INCOME.

COLUMN 4 REPRESENTS YOUR PORTION OF THE TOTAL FOREIGN INCOME EARNED BY THE FUND WITHIN EACH COUNTRY, WITH THE QDI-ELIGIBLE FOREIGN INCOME ADJUSTED AS REQUIRED TO COMPLETE FORM 1116, FOREIGN TAX CREDIT.

See Instructions on Reverse

2-2

00066405



For the Period: Jan 1 - Dec 31, 2003



WACHOVIA SECURITIES

Account Number: ORF-149336-11

Page 1 of 3

Your Federal ID Number: 230-51-8048

Your Financial Advisor:
 DAVID H. MURPHY
 MERIDIAN OFFICE BUILDING
 1800 BAYBERRY COURT, SUITE 100
 RICHMOND VA 23226
 804-289-2200

Important Tax Information. This is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Wachovia Securities, LLC, Federal ID Number: 27-0058684
One New York Plaza, New York, NY 10292-2010

1099-OID Original Issue Discount - Summary

1 Original Issue Discount for 2003	21.43	5 Description	(see below)
2 Other periodic interest	0.00	6 Original issue discount on U.S. Treasury obligations	0.00
3 Early withdrawal penalty	0.00	7 Investment expenses	0.00
4 Federal income tax withheld	0.00		

The figure on line 1 is composed of the items reported on the FORM 1099-OID below. Each item is reported to the Internal Revenue Service individually.

1099-B Proceeds From Broker and Barter Exchange Transactions - Summary

1a Date of sale	see below	5 Description	see below
1b CUSIP Number	see below	6a Profit or (loss) realized in 2003	0.00
2 Stocks, bonds, etc.		7 Unrealized profit or (loss) on open contracts - 12/31/02	0.00
Reported to IRS gross proceeds less commissions	2,911.31	8 Unrealized profit or (loss) on open contracts - 12/31/03	0.00
3 Bartering	0.00	9a Aggregate profit or (loss)	0.00
4 Federal income tax withheld	0.00		

The figure on line 2 is composed of the item(s) reported on FORM 1099-B below. Each item is reported to the Internal Revenue Service individually.

MR ALEXANDER WOODALL KRAGIE
 4713 DRUMMOND AVE
 CHEVY CHASE MD 20815-5430

IMPORTANT TAX INFORMATION:

This document contains information you will need to file your 2003 tax returns. We suggest that you retain this material in your permanent files.

Final 1099-OID Original Issue Discount - 2003

DESCRIPTION (LINE 5)	QUANTITY	CUSIP	AMOUNT	COMMENTS	LINE(S) REPORTED ON
GTC CTF CL 2-F RO XX 0.00 05/15/2003	1,000	383752DROR	0.47		1 * 1099-OID
REFINANCING CORP CP XX 0.00 10/15/2005	2,000	76116EBH2C	20.96		1 * 1099-OID

Total Original Issue Discount

\$21.43

* This may not be the correct figure to be reported on your income tax return. Please see instructions on back.

Proceeds From Broker and Barter Exchange Transactions - 2003

DESCRIPTION (LINE 5)	CUSIP (LINE 1b)	QUANTITY	TRADE DATE (LINE 1a)	AMOUNT WITHHELD (LINE 4)	NET PROCEEDS (LINE 2)	EXPLANATION	REPORTED ON
GOVERNMENT TRUST CERTIFICATES ZERO COUPON CERTIFICATES CLASS 2-F	383752DROR	1,000	05/15/2003		1,000.00	MATURITY	1099-B

OMB NO. 1545-0715

2003 Consolidated Statement

IMPORTANT TAX INFORMATION:

Please Retain



WACHOVIA SECURITIES

Securities Account

MR ALEXANDER WOODALL KRAGIE

Jan 1 - Dec 31, 2003

Account Number: ORF-149336-11

Page 2 of 3

Proceeds Transactions
(CONTINUED)

OMB NO. 1545-0715

DESCRIPTION (LINE 5)	CUSIP (LINE 1b)	QUANTITY	TRADE DATE (LINE 1a)	AMOUNT WITHHELD (LINE 4)	NET PROCEEDS (LINE 2)	EXPLANATION	REPORTED ON
RESOLUTION FUNDING CORPORATION CP XX 0.000 10/15/2005 DTD 00/00/00	76116EBH2C	2,000	11/14/2003		1,911.31	SOLD	1099-B

Totals \$0.00 \$2,911.31

Only the information above the dotted line will be reported, as required, to the Internal Revenue Service (IRS). Nothing contained on the following pages will be reported to the IRS and is for informational purposes only.



Securities Account

MR ALEXANDER WOODALL KRAGIE

Jan 1 - Dec 31, 2003

Account Number: 0RF-149336-11

Trading Activity

DESCRIPTION	QUANTITY	TRADE DATE	SETTLEMENT DATE	NET COST	NET PROCEEDS	EXPLANATION	ACCRUED INTEREST
RESOLUTION FUNDING CORPORATION	2,000	11/14/2003	11/19/2003				
CP XX 0.000 10/15/2005 DTD 00/00/00					1,911.31	SOLD	

Fees and Other Charges

DATE	DESCRIPTION	AMOUNT	EXPLANATION	REPORTED ON
07/03	BASIC SECURITIES ACCOUNT FEE	75.00		
Total Fees and Other Charges		\$75.00		

Redemptions, Exchanges & Other Activity

DESCRIPTION	QUANTITY	RECEIVED/CHARGED	DELIVERED/CREDITED	AMOUNT CHARGED	AMOUNT CREDITED	EXPLANATION
GOVERNMENT TRUST CERTIFICATES	1,000		05/15		1,000.00	MATURITY
ZERO COUPON CERTIFICATES CLASS 2-F						
Total Redemptions, Exchanges & Other Activity					\$1,000.00	

SCHEDULE K-1 (Form 1041)

Beneficiary's Share of Income, Deductions, Credits, etc.

OMB No. 1545-0092

for the calendar year 2003, or fiscal year

2003

Department of the Treasury Internal Revenue Service

beginning , 2003, ending , 20

Complete a separate Schedule K-1 for each beneficiary.

Name of trust or decedent's estate

John and Margaret Kragie Grandchildrens Trust

Amended K-1 Final K-1

Beneficiary's identifying number

230518048

Estate's or trust's EIN

52 6861040

Beneficiary's name, address, and ZIP code

Alexander W. Kragie 4713 Drummond Avenue Chevy Chase, MD 20815

Fiduciary's name, address, and ZIP code

George de Garmo, Trustee 4713 Drummond Avenue Chevy Chase, MD 20815

Table with columns: (a) Allocable share item, (b) Amount, (c) Calendar year 2003 Form 1040 filers enter the amounts in column (b) on:
Rows include Interest, Qualified dividends, Total ordinary dividends, Net short-term capital gain, Net long-term capital gain, Qualified 5-year gain, Unrecaptured section 1250 gain, 28% rate gain, Annuities, royalties, and other nonpassive income, Depreciation, Depletion, Amortization, Trade or business, rental real estate, and other rental income, Income for minimum tax purposes, Income for regular tax purposes, Adjustment for minimum tax purposes, Estate tax deduction, Foreign taxes, Adjustments and tax preference items (itemize), Deductions in the final year of trust or decedent's estate, Other (itemize).

RITE AID CORPORATION P.O. BOX 3165 HARRISBURG, PA 17105		Pay Period Begin Date 1/19/2003	Pay Period End Date 2/01/2003	ALEXANDER W KRAGIE 4713 DRUMMOND AVE CHEVY CHASE, MD 20815-5430		Check No. 104506	
Pay Rate 7.5000	Social Security Number 230-51-8048	Employee Number 1104113	Check Amount 197		Issue Date 2/06/20		
EARNINGS					DEDUCTIONS		
DESCRIPTION	RATE	HOURS	CURRENT	YEAR-TO-DATE	DESCRIPTION	CURRENT	YEAR-TO-DATE
REGULAR		29.00	217.50	932.25	FEDERAL TAX	13.49	34
					FICA-SOC SEC TAX	3.16	57
					FICA-MEDICARE TX	3.64	13
					MD STATE TAX		31
TOTAL EARNINGS		29.00	217.50	932.25	TOTAL DEDUCTIONS	20.29	13
					NET PAY	197.21	

2003 FORM 1099-D
Dividends and Distributions

Vanguard GROUP.
 P.O. BOX 2600 · VALLEY FORGE, PA 19482-2600

PAGE 1 OF 1

1-800-284-7245

SCOTT T KRAGIE CUST
 ALEXANDER W KRAGIE
 MD UNIF TRANS MIN ACT
 4713 DRUMMOND AVE
 CHEVY CHASE MD 20815-5430



Recipient's Taxpayer Identification Number
230-51-8048

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

Fund Name		Fund's Fed. ID No.	Recipient's Acct. No.	Box 1a:	Box 1b:	Box 2a:	Box 2c:	Box 2d:	Box 3:	Box 4:	Box 6:
Total Ordinary Dividends	Qualified Dividends	Total Capital Gain Distr.	Qualified 5-Year Gain	Unrecap. Sec. 1250 Gain	Nontaxable Distributions	Federal Income Tax Withheld	Foreign Tax Paid				
		Box 2b:									
		Post-May 5 Capital Gain Distr.									
GNMA FUND INVESTOR SHARES	23-2439154	09910810242	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
✓ 16.52	0.00	a) 0.00 b) 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SHORT-TERM FEDERAL INV	23-2483049	09910810242	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
✓ 407.61	0.00	a) ✓ 9.96 b) 9.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HEALTH CARE FUND INV	23-2439149	09910810242	414.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
✓ 414.37	414.37	a) ✓ 47.30 b) 0.00	✓ 47.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INTERNATIONAL GROWTH INV	23-2471346	09910810242	180.17	130.70	0.00	0.00	0.00	0.00	0.00	0.00	19.71
✓ 180.17	✓ 130.70	a) 0.00 b) 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	✓ 19.71
STRATEGIC EQUITY FUND	23-2787277	09910810242	233.93	200.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00
✓ 233.93	✓ 200.81	a) 0.00 b) 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

FORM 1099-DIV
 OMB NO. 1545-0110

See Instructions on Reverse
 Copy B For Recipient

1589

135

1-3

(keep for your records)

00124620



2003 MARYLAND FORM 502
PAGE 2



Name **ALEXANDER W. KRAGIE** Social Security # **230518048**

MARYLAND TAX COMPUTATION

	Dollars
23. Amount from line 22 (taxable net income) GO TO TAX TABLE, page 18. Enter the tax on line 24	23 19191
24. Maryland tax (from Tax Table or Computation Worksheet)	24 858
25. Earned income credit (1/2 of federal earned income credit. See instructions)	25
26. Poverty level credit (See instructions)	26
27. Personal income tax credits from Part H, line 9 of Form 502CR (Attach Form 502CR)	27
28. Business tax credits (Attach Form 500CR)	28
29. Total credits (Add lines 25 through 28)	29
30. Maryland tax after credits (Subtract line 29 from line 24) If less than 0, enter 0	30 858

LOCAL TAX COMPUTATION

31. Local tax (See instructions for tax rates and worksheet. Multiply line 23 by your local tax rate .0295 or use the Local Tax Worksheet)	31 566
32. Local earned income credit (from Local Earned Income Credit Worksheet)	32
33. Local poverty level credit (from Local Poverty Level Credit Worksheet)	33
34. Total credits (Add lines 32 and 33)	34
35. Local tax after credits (Subtract line 34 from line 31) If less than 0, enter 0	35 566
36. Total Maryland and local tax (Add lines 30 and 35)	36 1424
37. Contribution to Chesapeake Bay and Endangered Species Fund (See instructions)	37
38. Contribution to Fair Campaign Financing Fund (See instructions)	38
39. Total Maryland income tax, local income tax and contributions (Add lines 36, 37 and 38)	39 1424
40. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	40 31
41. 2003 estimated tax payments, amount applied from 2002 return and payment made with an extension request Form 502E	41 1884
42. Refundable earned income credit (from worksheet in Instructions)	42
43. Refundable personal income tax credits from Part J, line 4 of Form 502CR (Attach Form 502CR. See instructions)	43
44. Total payments and credits (Add lines 40 through 43)	44 1915
45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39)	45
46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44)	46 491

47. Amount of overpayment TO BE APPLIED TO 2004 ESTIMATED TAX	47 491
48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46) See line 51 REFUND	48
49. Interest charges from Form 502UP <input type="text"/> or for late filing <input type="text"/> (See instructions) Total	49
50. TOTAL AMOUNT DUE (Add lines 45 and 49) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN	50

For credit card payment check here and see instructions. Direct debit is available only if you file electronically.

DIRECT DEPOSIT OF REFUND (See instructions) Please be sure the account information is correct.

51. To choose the direct deposit option, complete the following information: 51a. Type of account: Checking Savings

51b. Routing number 51c. Account number

Daytime telephone no.

Home telephone no.

CODE NUMBER

FOR OFFICE USE ONLY

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here if you authorize your preparer to discuss this return with us.

Make checks payable to: **COMPTROLLER OF MARYLAND.**
Write social security no. on check using blue or black ink.
Mail to: Comptroller of Maryland, Revenue Administration
Division, Annapolis, Maryland 21411-0001

331303598

Your signature _____ Date _____

Spouse's signature _____ Date _____

Signature of preparer other than taxpayer **DYER & ASSOCIATES, P.C.**
7201 WISCONSIN AVENUE
BETHESDA, MARYLAND 20814
Address and telephone number of preparer

Preparer's SSN or PTIN

Alex Krage

✓ 1. 2000 - Res. Fund - use 2,000

✓ 2. 1826.71 Short Term Fed - This was a money market

✓ 47.373 " " "

✓ 3. fund so very little gain or loss
Estimated to

<u>Fed</u>	<u>Ind.</u>
Credit ✓ 545	Credit 284
✓ 285	250
✓ 800	450
✓ 800	450
✓ 800	12/02 - 450
<u>2400</u>	<u>1884</u>