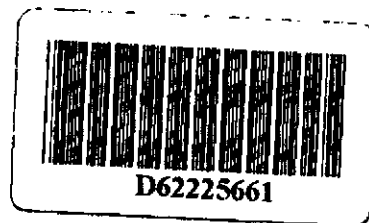


COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO



Ellen L. Turner

Plaintiff

Date: _____

Case No. _____

DR0500131

File No. _____

Jon H. Entine

Defendant / Petitioner

CSEA No. _____

Judge _____

-vs-

**MOTION AND AFFIDAVIT FOR TEMPORARY
PARENTING ORDERS, SUPPORT, PARENTING TIME
SPOUSAL SUPPORT WITHOUT ORAL HEARING**

Plaintiff moves the Court for a temporary order granting her ☒ residential parenting rights; ☐ support; ☐ parenting time; ☒ spousal support, household expenses upon her affidavit and without oral hearing, pursuant to Rule 75(N) of the Ohio Rules of Civil Procedure. The opposing party has 14 days from the date of service to file a counter motion and/or affidavits. **THE COURT WILL NOT AWARD SHARED PARENTING ON A TEMPORARY BASIS IN A 75(N) ORDER.**

For cause and upon being duly sworn, **Ellen L. Turner** states as follows:

1. ☐ If Defendant has an out of state address and the parties were not married in the State of Ohio, please complete. The basis of personal jurisdiction is: _____.
2. ☒ Plaintiff and Defendant are residing separate and apart. As of January 20, 2005, I am renting and residing at 7719 Shawnee Run Road in Indian Hill. It is .5 miles from the marital residence. My husband and I have been trying to amicably work out the details of the end of our marriage for several months. During that time, I remained in our home because I thought it would be best for our daughter Maddie. However, it has recently become clear that it is in Maddie's best interest for my husband and I to reside in separate homes. My husband's actions have created an intolerable atmosphere in our home which continue to escalate. For example, he purchased listening devices so that he could record my conversations. Knowing that I was under surveillance in my own home, I could not relax. Maddie could sense my discomfort and tension. Our daughter's nanny quit working for us because she could not tolerate the stressful environment created by my husband. Rather than allow the nanny to care for Maddie, he acted inappropriately toward her by involving her in our marital troubles. He sold her my computer and a fax machine without my knowledge or consent. This interfered with my employment. Further, my husband has begun pursuing romantic relationships from our home. I do not feel it would be in Maddie's best interest to witness any actions related to her father's dating while her parents are living together. For all of these reasons, it is in Maddie's best interest that we establish a residence separate from my husband. I will provide continuity for Maddie by continuing to send her to the same school. I have obtained professional advice from our daughter's psychologist to prepare her emotionally for this move.
3. ☐ Parties are residing together and request an order for allocation of household expenses only.
3. ☐ There are no minor children (Skip to No. 12)
4. ☒ I have filed a 3109.27 Affidavit and have specifically addressed therein the child abuse/neglect, domestic violence, and physical harm provisions of O.R.C. 3109.04, 3109.051 and 3109.052 as those statutes pertain to both parents and the child.
5. (a) ☒ I request to be the residential parent and legal custodian on a temporary basis. (See Supplemental Affidavit in Support.)
5. (b) ☐ I have no objection to my spouse being the residential parent and legal custodian on a temporary basis.
6. ☐ The minor child has resided solely with _____ (Plaintiff) since _____.
7. ☒ The minor child attend(s) school at Cincinnati Country Day School, which is the school district of _____ (Plaintiff) on other basis _____. Child has been so enrolled since August 2004.
8. ☒ Ellen L. Turner (Plaintiff) has been the primary caretaker of the child as has my husband.
9. ☐ The special (i.e. physical, mental, educational disability) needs of the child are _____ and Plaintiff is best able to meet those needs.
10. ☒ I request the following parenting time order (No supervised parenting time order will be granted unless the reasons therefore are stated with specificity).
 - (a) ☐ Court Standard Parenting Order.

FILED
2005 JAN 20
A 10 01
GREGORY HASTMAN
CLERK OF COURTS
HAMILTON COUNTY, OH

(b) ☒ Specific parenting time as follows: My husband and I, with the assistance of former counsel, worked on a partial schedule of time which is attached. Since my husband teaches at Miami University on Tuesdays and Thursdays, I am requesting that he have parenting time with Maddie on Mondays and alternate weekends from Friday at 6:00 p.m. until Sunday at 6:00 p.m. Maddie would reside with me at all other times. In addition, we agreed that I would have Martin Luther King weekend and my husband would have President's Day weekend with Maddie. For spring break, our daughter will spend March 13-20 with her father in Florida and March 20-27 with me in Florida with an exchange to occur in Orlando.

11. ☒ Recognizing that the 75(N) Order is temporary only, my position on further parenting allocation is as follows: (Please Check box): ☐ I have requested shared parenting; ☒ I object to shared parenting; ☐ I have filed a shared parenting plan; ☐ I will unless ordered file a shared parenting plan. Estimated date of filing _____. ☐ I request a mediation order at the present time. (If requested, complete mediation assessment form.); ☐ I request a mediation assessment at the present time; ☐ I am willing to attend mediation; ☐ I request family counseling. If requested, state subject area and reason: _____; ☐ I request parenting time counseling with a parenting specialist; ☐ I request an immediate referral to a parenting specialist for a ☐ full; ☐ modified investigation. The reasons why an immediate referral is necessary are: Attach affidavit (required). State reasons with specificity.
12. ☒ I have no other income except as set forth in my Affidavit of Income, Expenses and Financial Disclosure. (Attach at least two most recent pay stubs and W-2 for previous year.
13. (a) ☒ There is no reason known to me why I cannot continue my employment.
(b) ☐ The reason I cannot work or continue to work is: _____.
14. ☒ I believe my spouse's income to be approximately \$90,000.00 gross per year based upon the attached documents (Attach verification of spouse's income) My husband's employment at Miami University is on Tuesdays and Thursdays and he goes to Washington for his employment at American Enterprise Institute (AEI) at least 1X per month. In addition, my husband does speaking engagements and he receives royalties for his book, Taboo, Why Black Athletes Dominate Sports and Why We're Afraid To Talk About It. His resume is attached.
15. ☒ There was no previous filing in this Court which left an arrearage on records of the CSEA.
16. (a) ☒ This affidavit is being filed only on conjunction with a complaint.
(b) ☐ This counter affidavit is being filed in response to an affidavit filed by _____.
17. ☐ I request the Court to make the following order:
Support: \$ _____ per month, per child and/or spousal support \$ _____ per month. If there is a deviation between the requested amount and the worksheet amount state the reason why on a separate sheet of paper.
18. ☒ OTHER: (attach additional pages as necessary): My husband works out of the home, so he should be responsible for all utilities, half of the mortgage payment at 6255 S. Clippinger Drive, and all of his expenses and Maddie's expenses while she is with him. I will continue to pay half of the mortgage payment on 6255 S. Clippinger Drive (my contribution being approximately \$1,200 per month), as well as the rent and utilities at my new house, and all of Maddie's expenses when she is with me. I have already paid in full Maddie's school tuition for the remainder of this academic year and I will pay the Nanny (approximately \$1,200 per month as well).

STATE OF OHIO)
COUNTY OF HAMILTON)
Plaintiff

SS:

Ellen L. Turner herein, being first duly sworn, says that the facts stated herein are true as she verily believes.

Sworn to before me and subscribed in my presence this

30 day of January, 2005

NOTARY PUBLIC

Respectfully submitted,

Attorney/Party

Address

Phone Number

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Motion has this __ day of ____ has been served by ____ upon ____.

Attorney/Party

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO**

ELLEN L. TURNER	:	CASE NO. _____
Plaintiff	:	Judge: _____
vs.	:	
JON H. ENTINE	:	SUPPLEMENTAL AFFIDAVIT IN SUPPORT OF 75N MOTION
Defendant	:	

STATE OF OHIO)
) SS:
COUNTY OF HAMILTON)

I, Ellen L. Turner, having been first duly cautioned and sworn, discloses and states as follows:

1. I am the Plaintiff in the above-captioned matter.
2. I am asking the Court to designate me the temporary residential parent and legal custodian of our daughter, Maddie, who is six years old.
3. My husband's behavior has been irrational and unpredictable and appears to be escalating.
4. As a result, he is making decisions which are not child-focused but meet his own needs.
5. For example, he has removed photographs of the family (me, my husband and Maddie taken over the course of the marriage) from the home. He has also removed virtually all photographs of Maddie, including photo boxes.

6. He disappeared for over thirty hours with Maddie on Thanksgiving Day. He left the home abruptly with Maddie in a state of anger. She was crying and he was yelling. He did not take Maddie's sleep toy with him, any clothes or other items. He did not answer his cell phone and he did not allow Maddie to call me during the entire time they were away. I had no idea where they were.
7. On January 6, 2005, I arrived home expecting to take Maddie to her gymnastics class. This was pre-arranged with my husband. However, when I arrived home, no one was there. He had taken Maddie to a friend's house and disappeared for several hours. This is just one example of the many times he has interfered with my time with Maddie.
8. My husband's work schedule is not always predictable. He travels to Washington, D.C. at least once per month. In addition, he lectures periodically and teaches at Miami University in Oxford, Ohio.
9. Maddie's child care provider (nanny) recently quit because my husband was trying to align her against me. She is no longer willing to provide child care in my husband's home for Maddie, as he has made her so uncomfortable. She may be able to provide child-care one day per week in my home, however. I have secured in home child care for Maddie in my new home with a woman Maddie has known for quite some time.
10. My husband is also making very disparaging comments about me to executive business partners (recruiters) my co-workers and in Maddie's presence.


11. My husband is dating via an internet service, Eharmony.com. While I don't object to this, I do not feel that it was in Maddie's best interests to do so while her parents were still living in the same home. I also believe this is another example of my husband placing his own needs above those of our child.
12. I fear that if I am not designated Maddie's residential parent and legal custodian, my husband will continue his efforts to alienate Maddie from me and deny me access to her. I fear that his level of anger will negatively impact Maddie.
13. For all of the foregoing reasons and as further stated in my 75N Motion, I believe it would be in Maddie's best interests to grant me temporary residential parent status. I will maintain Maddie in the same school (Cincinnati Country Day School), I have already employed a child care provider for Maddie and will maintain the same routine for Maddie I have already established for her.

FURTHER AFFIANT SAITH NAUGHT.


ELLEN L. TURNER

BE IT REMEMBERED, that on the 20 day of January, 2005 before me, a Notary Public in and for said County and State, the foregoing instrument was acknowledged by Ellen L. Turner.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal, on the day and year last aforesaid.


Notary Public

• Sent again to Jon
on 1/5/05

Proposed Jan/Feb Weekday AM and Weekend Schedule for Maddie (as of 11/28/04)

January

Alternate Weekends - Fri @6p - Sun. @6p

Mon. 3

4

5

6

7

1/8-9 = Jon

10

11

12

13

14

1/15-16 = Ellen (holiday weekend)

17 NO SCHOOL

18

19

20

21

1/22-23 = Jon Ellen

24

25

26

27

28

1/29-30 = Ellen Jon

February

31

1

2

3

4 NO SCHOOL

2/5-6 = Jon

7

8

9

10

11

2/12-13 = Ellen

14

15

16

17

18 President's Day

2/19-20 = Jon

21 President's Day

22

23

24

25

2/26-27 = Ellen

March

29

1

2

3

4

3/5-6 = Jon

7

8

9

10

11

SPRING BREAK

Form 1040

U.S. Individual Income Tax Return

2003

(99)

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

Label
(See instructions on page 19.)

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

Presidential

Election Campaign
(See page 19.)

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

2003, ending

20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

ELLEN L.

TURNER

227 06 2472

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

Last name

Spouse's social security number

JON H.

ENTINE

192 38 8388

Home address (number and street). If you have a P.O. box, see page 19.

Apt. no.

6255 SO. CLIPPINGER DR.

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

CINCINNATI, OH 45243

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

Note. Checking "Yes" will not change your tax or reduce your refund.

You

Spouse

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☒ Yes ☐ No ☒ Yes ☐ No

Filing Status

1 ☐ Single4 ☐ Head of household (with qualifying person). (See page 20.) If2 ☒ Married filing jointly (even if only one had income)

the qualifying person is a child but not your dependent, enter

3 ☐ Married filing separately. Enter spouse's SSN above

this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child. (See page 20.)

Check only one box.

and full name here. ▶

claim you as a dependent on his or her tax return, do not check box 6a

No. of boxes checked on 6a and 6b

2

Department of the Treasury - Internal Revenue Service

a Control number

1 Wages, tips, other compensation

2 Federal income tax withheld

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) If qualifying child for child tax credit (see page 21)

No. of children on 6c who:

1

b Control number

3 Social security wages

4 Social security tax withheld

613.06.4012 DAUGHTER

X

lived with you

1

c Control number

5 Medicare wages and tips

6 Medicare tax withheld

87000.00 5394.00

did not live with you due to divorce or separation (see page 21)

d Control number

7 Other income

8 Other taxes

437690.23 8348.51

e Control number

9 Allocated tips

10 Dep. care benefits

11 Other

12a See instructions for box 12

12b

12c

12d

f Control number

13 Statutory employee

14 Retirement plan

15 Third-party

16a

16b

16c

16d

g Control number

17 State wages, tips, etc.

18 State income tax

19 Local wages, tips, etc.

20 Local income tax

21 Locality name

22

23

h Control number

24 Student loan interest deduction (see page 31)

25 Tuition and fees deduction (see page 32)

26 Moving expenses. Attach Form 3903

27 One-half of self-employment tax. Attach Schedule SE

28 Self-employed health insurance deduction (see page 33)

29 Self-employed SEP, SIMPLE, and qualified plans

30 Penalty on early withdrawal of savings

i Control number

31 Alimony paid

32a Recipient's SSN

33 Add lines 23 through 32a

34 Subtract line 33 from line 22. This is your adjusted gross income

35

36

37

j Control number

38 Gross income

39

40

41

42

43

44

k Control number

45

46

47

48

49

50

51

l Control number

52

53

54

55

56

57

58

m Control number

59

60

61

62

63

64

65

n Control number

66

67

68

69

70

71

72

o Control number

73

74

75

76

77

78

79

p Control number

80

81

82

83

84

85

86

q Control number

87

88

89

90

91

92

93

r Control number

94

95

96

97

98

99

100

s Control number

101

102

103

104

105

106

107

t Control number

108

109

110

111

112

113

114

u Control number

115

116

117

118

119

120

121

v Control number

122

123

124

125

126

127

128

w Control number

129

130

131

132

133

134

135

x Control number

136

137

138

139

140

141

142

y Control number

143

144

145

146

147

148

149

z Control number

150

151

152

153

154

155

156

aa Control number

157

158

159

160

161

162

163

ab Control number

164

165

166

167

168

169

170

ac Control number

171

172

173

174

175

176

177

ad Control number

178

179

180

181

182

183

184

ae Control number

185

186

187

188

189

190

191

af Control number

192

193

194

195

196

197

198

ag Control number

199

200

201

202

203

204

205

ah Control number

206

207

208

209

210

211

212

ai Control number

213

214

215

216

217

218

219

aj Control number

220

221

222

223

224

225

226

ak Control number

227

228

229

230

231

232

233

al Control number

234

235

236

237

238

239

240

am Control number

241

242

243

244

245

246

247

an Control number

248

249

250

251

252

253

254

ao Control number

255

256

257

258

259

Two-Year Comparison Worksheet

2003

Name(s) as shown on return

ELLEN L. TURNER & JON H. ENTINE

Social security number

227-06-2472

2002 Filing Status MARRIED FILING JOINT

2003 Filing Status MARRIED FILING JOINT

2002 Tax Bracket 35.0%

2003 Tax Bracket 35.0%

Description	Tax Year 2002	Tax Year 2003	Increase (Decrease)
WAGES, SALARIES, AND TIPS	233,602.	423,842.	190,240.
SCHEDULE B - TAXABLE INTEREST	5,994.	256.	<5,738.>
SCHEDULE B - DIVIDENDS	11,441.	6,714.	<4,727.>
TAXABLE REFUNDS OF STATE/LOCAL TAX	1,668.	36.	<1,632.>
SCH. C/C-EZ (BUSINESS INCOME/LOSS)	33,807.	2,737.	<31,070.>
SCHEDULE D (CAPITAL GAIN/LOSS)	<3,000.>	<3,000.>	
SCHEDULE E (RENTAL AND PASSTHROUGH)	2,926.	189.	<2,737.>
TOTAL INCOME	286,438.	430,774.	144,336.
MOVING EXPENSES	5,067.	0.	<5,067.>
ONE-HALF OF SELF-EMPLOYMENT TAX	2,389.	194.	<2,195.>
SELF-EMPLOYED HEALTH INS. DEDUCTION	2,434.	0.	<2,434.>
SELF-EMPLOYED SEP AND SIMPLE PLANS	18,284.	899.	<17,385.>
TOTAL ADJUSTMENTS	28,174.	1,093.	<27,081.>
ADJUSTED GROSS INCOME	258,264.	429,681.	171,417.
TAXES	20,059.	35,252.	15,193.
INTEREST (DEDUCTIBLE)	27,942.	14,605.	<13,337.>
CONTRIBUTIONS	4,171.	4,500.	329.
JOB EXPENSES AND OTHER MISC DEDUCT.	2,467.	0.	<2,467.>
OTHER MISCELLANEOUS DEDUCTIONS	10.	0.	<10.>
TOTAL ITEMIZED DEDUCTIONS	51,020.	45,652.	<5,368.>
INCOME BEFORE EXEMPTIONS	207,244.	384,029.	176,785.
PERSONAL EXEMPTIONS	5,220.	0.	<5,220.>
TAXABLE INCOME	202,024.	384,029.	182,005.
TAX	52,521.	108,828.	56,307.
FORM 6251 (ALTERNATIVE MINIMUM TAX)	0.	1,935.	1,935.
TAX BEFORE CREDITS	52,521.	110,763.	58,242.
FORM 1116 (FOREIGN TAX CREDIT)	17.	9.	<8.>
TAX AFTER NON-REFUNDABLE CREDITS	52,504.	110,754.	58,250.
SCHEDULE SE (SELF-EMPLOYMENT TAX)	4,777.	387.	<4,390.>
TOTAL TAX	57,281.	111,141.	53,860.
FEDERAL INCOME TAX WITHHELD	60,384.	80,136.	19,752.
FORM 4868 (EXTENSION REQUEST)	0.	31,555.	31,555.
TOTAL PAYMENTS	60,384.	111,691.	51,307.
TAX OVERPAID	3,103.	550.	<2,553.>
AMOUNT REFUNDED	3,103.	550.	<2,553.>
OHIO STATE RETURN			
TAXABLE INCOME	244,436.	425,933.	181,497.

▼ DETACH HERE ▼

Form <b style="font-size: 1.5em;">4868 Department of the Treasury Internal Revenue Service	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return For calendar year 2003, or other tax year beginning _____, 2003, ending _____	OMB No. 1545-0188 <div style="font-size: 2em; font-weight: bold;">2003</div>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Part I Identification 1 Your name(s) ELLEN L. TURNER & JON H. ENTINE Address 6255 SO. CLIPPINGER DR. City, town or post office, state, and ZIP code CINCINNATI, OH 45243 </div> <div style="width: 48%;"> Part III Individual Income Tax 4 Estimate of total tax liability for 2003 ... \$ 111,691. 5 Total 2003 payments 80,136. 6 Balance due. Subtract 5 from 4 31,555. </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 2 Your social security number 227-06-2472 3 Spouse's social security number 192-38-8388 </div> <div style="width: 48%;"> Part IV Gift/GST Tax - If you are not filing a gift or GST tax return, go to Part V now. See the instructions. 7 Your gift or GST tax payment \$ _____ 8 Your spouse's gift/GST tax payment _____ </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Part II Complete ONLY if Filing Gift/GST Tax Return Caution: Only for gift/GST tax extension! Checking box(es) may result in correspondence if Form 709 or 709-A is not filed. <small>This form also extends the time for filing a gift or generation-skipping transfer (GST) tax return if you file a calendar (not fiscal) year income tax return. Enter your gift or GST tax payment(s) in Part IV and:</small> If you are requesting a Gift or GST tax return extension, check this box <input type="checkbox"/> If your spouse is requesting a Gift or GST tax return extension, check this box <input type="checkbox"/> </div> <div style="width: 48%;"> Part V Total 9 Total liability. Add lines 6, 7, and 8 ... \$ 31,555. 10 Amount you are paying 31,555. <div style="border: 1px solid black; padding: 2px;"> Confirmation Number If you file electronically, you will receive a confirmation number telling you that your Form 4868 has been accepted. Enter the confirmation number here and keep it for your records </div> </div> </div>		

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)	35	429,681.
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a <input type="checkbox"/> 36b		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	45,652.
38	Subtract line 37 from line 35	38	384,029.
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	39	0.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	384,029.
41	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	108,828.
42	Alternative minimum tax. Attach Form 6251	42	1,935.
43	Add lines 41 and 42	43	110,763.
44	Foreign tax credit. Attach Form 1116 if required	44	9.
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	
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 <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	9.
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	110,754.
55	Self-employment tax. Attach Schedule SE	55	387.
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	111,141.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	80,136.
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see page 58)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see page 56)	66	31,555.
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	111,691.

Refund

Direct deposit? See page 56 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	550.
70a	Amount of line 69 you want refunded to you	70a	550.
71	Amount of line 69 you want applied to your 2004 estimated tax	71	

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)? ☒ Yes. Complete the following. ☐ No

Designee's name **HARRY MARSHALL** Phone no. **404-231-2001** Personal identification number (PIN) **5656**

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
	<i>[Signature]</i>		BUSINESS EXECUTIVE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		
		JOURNALIST/PROFESSOR		

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
<i>[Signature]</i>	6-16-04	<input type="checkbox"/>	266-82-5656
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.	
MARSHALL, JONES & CO. 26 LENOX POINTE, NE ATLANTA, GA 30324-3169	58 1589807	(404) 231-2001	

Child Tax Credit Worksheet (keep for your records)

Name(s): First ELLEN L. & JON H.	Last TURNER	Your SSN 227-06-2472
--	-----------------------	--------------------------------

Part 1

1. Number of qualifying children: 1 X \$1,000. Enter the result. 1 1,000.

2. Enter the amount, if any, of your advance child tax credit (before offset) 2 400.

3. Is line 1 less than line 2?
☐ Yes. **STOP**
 You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.

☒ No. Subtract line 2 from line 1. 3 600.

4. Enter the amount from Form 1040, line 35, or Form 1040A, line 22. 4 429,681.

5. 1040 filers: Enter the total of any-
 • Exclusion of income from Puerto Rico, and
 • Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15. 5 0.

1040A filers: Enter -0-.

6. Add lines 4 and 5. Enter the total. 6 429,681.

7. Enter the amount shown below for your filing status.
 • Married filing jointly - \$110,000
 • Single, head of household, or qualifying widow(er) - \$75,000
 • Married filing separately - \$55,000 7 110,000.

8. Is the amount on line 6 more than the amount on line 7?
☐ No. Leave line 8 blank. Enter -0- on line 9.
☒ Yes. Subtract line 7 from line 6. 8 320,000.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).

9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 16,000.

10. Is the amount on line 3 more than the amount on line 9?
☒ No. **STOP**
 You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33.

☐ Yes. Subtract line 9 from line 3. Enter the result. 10 _____

Part 2

11. Enter the amount from Form 1040, line 43, or Form 1040A, line 28. 11 _____

12. 1040 filers: Enter the total of the amounts from lines 44 through 48. 12 _____
 1040A filers: Enter the total of the amounts from lines 29 through 32.

13. Are you claiming any of the following credits?
 • Adoption credit, Form 8839 • Mortgage interest credit, Form 8396
 • District of Columbia first-time homebuyer credit, Form 8859
☐ No. Enter the amount from line 12. 13 _____
☐ Yes. Complete the Line 13 Worksheet to figure the amount to enter here.

14. Subtract line 13 from line 11. Enter the result. 14 _____

15. Is the amount on line 10 of this worksheet more than the amount on line 14?
☐ No. Enter the amount from line 10. 15 _____
☐ Yes. Enter the amount from line 14. This is your child tax credit.

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► See separate instructions.
► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

2003

Attachment
Sequence No. **06**

Name(s) shown on tax return

ELLEN L. TURNER & JON H. ENTINE

Identifying number

227-06-2472

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Yes	Do not file Form 2210. You do not owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	Yes	You do not owe a penalty. Do not file Form 2210 (but if box E applies, you must file page 1 of Form 2210).
No		
You may owe a penalty. Does any box in Part II below apply?	Yes	You must file Form 2210. Does box B, C, or D apply?
No		
	No	You must figure your penalty.
	Yes	
Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return (see page 2 of the instructions), but do not file Form 2210.		You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return (see page 2 of the instructions), but file only page 1 of Form 2210.

Part I Required Annual Payment (see page 2 of the instructions)

1	Enter your 2003 tax after credits from Form 1040, line 54 (or comparable line of your return)	1	110,754.
2	Other taxes, including self-employment tax (see page 2 of the instructions)	2	387.
3	Refundable credits. Enter the total of your earned income credit, additional child tax credit, credit for Federal tax paid on fuels, and health coverage tax credit for eligible individuals	3	
4	Current year tax. Combine lines 1, 2, and 3	4	111,141.
5	Multiply line 4 by 90% (.90)	5	100,027.
6	Withholding taxes. Do not include estimated tax payments. See page 2 of the instructions	6	80,136.
7	Subtract line 6 from line 4. If less than \$1,000, you do not owe a penalty; do not file Form 2210	7	31,005.
8	Maximum required annual payment based on prior year's tax (see page 2 of the instructions)	8	63,009.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	63,009.

Next: Is line 9 more than line 6?

- ☐ No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.
- ☐ Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
- If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or Part IV as a worksheet and enter your penalty on your tax return (see page 2 of the instructions), but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

- A ☐ You request a waiver (see page 1 of the instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B ☐ You request a waiver (see page 1 of the instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the Federal income tax withheld from your wages as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2002 or 2003, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

LHA For Paperwork Reduction Act Notice, see page 5 of separate instructions.

Form 2210 (2003)

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

2003

Attachment
Sequence No. 07

Your social security number

ELLEN L. TURNER & JON H. ENTINE

227 06 2472

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	5 State and local income taxes	5	30,057.
(See page A-2.)	6 Real estate taxes (see page A-2)	6	5,195.
	7 Personal property taxes	7	
	8 Other taxes. List type and amount	8	
	9 Add lines 5 through 8	9	35,252.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	14,605.
(See page A-3.)	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	
	14 Add lines 10 through 13	14	14,605.
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15	3,615.
If you made a gift and got a benefit for it, see page A-4.	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	885.
	17 Carryover from prior year	17	
	18 Add lines 15 through 17	18	4,500.
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	20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.)	20	
(See page A-5.)	21 Tax preparation fees	21	150.
	22 Other expenses - investment, safe deposit box, etc. List type and amount	22	
	▶ INVESTMENT ADVISORY FEES 3,614.	22	3,614.
	23 Add lines 20 through 22	23	3,764.
	24 Enter amount from Form 1040, line 35	24	429,681.
	25 Multiply line 24 by 2% (.02)	25	8,594.
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0.
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)?	28	45,652.
	<input 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 checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.		

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

Your social security number

ELLEN L. TURNER & JON H. ENTINE

227 06 2472

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 ▶

FIFTH THIRD BANK

FIRST INTERNET BANK OF INDIANA

WACHOVIA SECURITIES - OHIO MUNICIPAL

WACHOVIA SECURITIES

FROM K-1 - MARTIN ENTINE ESTATE

Amount

171.

81.

475.

4.

38.

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.

SUBTOTAL FOR LINE 1

769.

TAX-EXEMPT INTEREST

SEE STATEMENT 10

<513.>

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

1

2

3

4

256.

256.

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

Part II
Ordinary Dividends

- 5 List name of payer ▶

DREYFUS BASIC MONEY MARKET FUND

WACHOVIA SECURITIES

WACHOVIA SECURITIES

SARA LEE

Amount

308.

1,004.

4,832.

570.

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.

5

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

6

6,714.

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 C
(Form 1040)

 Department of the Treasury
 Internal Revenue Service (99)

Profit or Loss From Business
 (Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

▶ Attach to Form 1040 or 1041.

▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2003

 Attachment
 Sequence No. 09

Name of proprietor

JON H. ENTINE

Social security number (SSN)

192-38-8388
A Principal business or profession, including product or service (see page C-2)

JOURNALIST
B Enter code from pages C-7, 8, & 9

519100
C Business name. If no separate business name, leave blank.

JOHN ENTINE
D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶ **6255 SO. CLIPPINGER DR.**

 City, town or post office, state, and ZIP code **CINCINNATI, OHIO 45243**
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2003? If "No," see page C-3 for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2003, check here ▶ ☐
Part I Income

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here	<input type="checkbox"/>	1	56,230.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	56,230.
4	Cost of goods sold (from line 42 on page 2)		4	
5	Gross profit. Subtract line 4 from line 3		5	56,230.
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) SEE STATEMENT 13		6	2,815.
7	Gross income. Add lines 5 and 6		7	59,045.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Car and truck expenses (see page C-3) STMT 11	9	1,346.	20	Rent or lease (see page C-5):		
10	Commissions and fees	10		a	Vehicles, machinery and equipment	20a	
11	Contract labor (see page C-4)	11		b	Other business property	20b	
12	Depreciation	12		21	Repairs and maintenance	21	2,834.
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4) STMT 12	13	2,210.	22	Supplies (not included in Part III)	22	561.
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	
15	Insurance (other than health)	15		24	Travel, meals and entertainment:		
16	Interest:			a	Travel	24a	2,885.
a	Mortgage (paid to banks, etc.)	16a		b	Meals and entertainment		1,460.
b	Other	16b		c	Enter nondeductible amount included on line 24b (see page C-5)		730.
17	Legal and professional services	17	25,176.	d	Subtract line 24c from line 24b	24d	730.
18	Office expense	18		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns			26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	13,217.
				28		28	48,959.
29	Tentative profit (loss). Subtract line 28 from line 7			29		29	10,086.
30	Expenses for business use of your home. Attach Form 8829			30		30	7,349.
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			31		31	2,737.

32 If you have a loss, check the box that describes your investment in this activity (see page C-6).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☐ All investment
is at risk.
32b ☐ Some investment
is not at risk.

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

320001 10-08-03

Schedule C (Form 1040) 2003

Part III Cost of Goods Sold (see page C-6)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:

a Business b Commuting c Other

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

PROMOTION	1,181.
TELEPHONE	1,155.
SECRETARIAL	1,215.
INTERNET	1,304.
BANK CHARGES	181.
LITERAY AGENT FEE	2,815.
RESEARCH	3,379.
SATELLITE	1,261.
SOFTWARE	111.
EQUIPMENT EXPENSE	615.
48 Total other expenses. Enter here and on page 1, line 27	48 13,217.

Depreciation and Amortization Detail JOHN ENTINE

Asset Number	Description of property					SCHEDULE C- 3		
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	FURNITURE & FIXTURES							
1	OFFICE FURNITURE							
	01/01/94	200DB	7.00	17	3,634.		3,634.	0.
3	SAFE							
	01/01/94	200DB	7.00	17	1,447.		1,447.	0.
7	FURNITURE							
	01/01/95	200DB	7.00	17	7,850.		7,849.	0.
	* SCH C TOTAL FURNITURE & FIXTURES						12,930.	0.
	MACHINERY & EQUIPMENT							
2	COMPUTER EQUIPMENT							
	07/01/93	200DB	5.00	17	8,479.		8,479.	0.
4	COMPUTER EQUIPMENT							
	01/01/94	200DB	5.00	17	3,916.		3,916.	0.
5	COMPUTER SOFTWARE/PERIPHS							
	01/01/94	200DB	5.00	17	2,318.		2,318.	0.
6	COMPUTER EQUIPMENT							
	01/01/95	200DB	5.00	17	12,452.		12,451.	0.
22	COMPUTER EQUIPMENT							
	01/18/96	200DB	5.00	17	400.		400.	0.
28	COMPUTER EQUIPMENT							
	05/15/00	200DB	5.00	17	1,766.		1,257.	203.
29	IMAC COMPUTER							
	05/19/00	200DB	5.00	17	1,695.		1,206.	195.
30	PANASONIC MONITOR							
	06/07/00	200DB	5.00	17	755.		538.	87.
32	COMPUTER EQUIPMENT							
	10/21/02	200DB	5.00	17	2,374.	2,374.		0.
33	#CAMERA AND EQUIPMENT							
	05/06/03	200DB	5.00	19B	862.	862.		862.
	* SCH C TOTAL MACHINERY & EQUIPMENT						30,565.	1,347.
					35,017.	3,236.		
	* GRAND TOTAL SCH C DEPRECIATION							
					47,948.	3,236.	43,495.	1,347.

Schedule C - Two-Year Comparison Worksheet

2003

Business Name:

JOHN ENTINE

Description	Tax Year 2002	Tax Year 2003	Increase (Decrease)
INCOME			
GROSS RECEIPTS OR SALES	77,290.	56,230.	<21,060.>
OTHER INCOME	0.	2,815.	2,815.
GROSS INCOME	77,290.	59,045.	<18,245.>
EXPENSES			
CAR AND TRUCK EXPENSES	1,562.	1,346.	<216.>
DEPRECIATION AND SEC. 179 EXPENSE	3,136.	2,210.	<926.>
LEGAL AND PROFESSIONAL SERVICES	839.	25,176.	24,337.
REPAIRS AND MAINTENANCE	1,522.	2,834.	1,312.
SUPPLIES	335.	561.	226.
TRAVEL	9,112.	2,885.	<6,227.>
MEALS AND ENTERTAINMENT	1,247.	1,460.	213.
LESS: NONDEDUCTIBLE AMOUNT	624.	730.	106.
DEDUCTIBLE MEALS/ENTERTAINMENT	623.	730.	107.
OTHER EXPENSES	20,153.	13,217.	<6,936.>
TOTAL EXPENSES	37,282.	48,959.	11,677.
TENTATIVE PROFIT OR (LOSS)	40,008.	10,086.	<29,922.>
HOME OFFICE EXPENSE	1,636.	7,349.	5,713.
NET PROFIT OR (LOSS)	38,372.	2,737.	<35,635.>

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

2003Attachment
Sequence No. 12

Your social security number

ELLEN L. TURNER & JON H. ENTINE

227 06 2472

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 WACHOVIA SECURITIES - SHORT	04/17/03	04/23/03	19,560.	19,560.		
WACHOVIA SECURITIES - SHORT	VARIOUS	VARIOUS	133,245.	123,020.	10,225.	10,225.
2 Enter your short-term totals	2					
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3		152,805.			
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	(121,280.)	
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		(0.)
b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).				7b	<111,055.>	

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)
8 200 SHS VERIZON COMMUNICATIONS	01/03/02	01/28/03	7,082.	9,800.	<2,718.>	
WACHOVIA SECURITIES - LONG	VARIOUS	VARIOUS	125,371.	139,722.	<14,351.>	<14,351.>
9 Enter your long-term totals	9					
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10		132,453.			
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	<667.>	
13 Capital gain distributions				13		
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet				14	(139,890.)	
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	<157,626.>	

* 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	<268,681.>
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) STMT 14 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	3,000.

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	384,029.
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	3,943.
24	Add lines 22 and 23	24	3,943.
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	3,943.
27	Subtract line 26 from line 21. If zero or less, enter -0-	27	380,086.
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	56,800.
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	
30	Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40	30	
31	Add lines 17b and 23*	31	
32	Enter the smaller of line 30 or line 31	32	
33	Multiply line 32 by 5% (.05)	33	
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	3,943.
41	Enter the amount from line 30 (if line 30 is blank, enter -0-)	41	0.
42	Subtract line 41 from line 40	42	3,943.
43	Add lines 17b and 23*	43	3,943.
44	Enter the amount from line 32 (if line 32 is blank, enter -0-)	44	0.
45	Subtract line 44 from line 43	45	3,943.
46	Enter the smaller of line 42 or line 45	46	3,943.
47	Multiply line 46 by 15% (.15)	47	591.
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	108,237.
51	Add lines 33, 37, 39, 47, 49, and 50	51	108,828.
52	Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies	52	109,617.
53	Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41	53	108,828.

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

Your social security number

ELLEN L. TURNER & JON H. ENTINE

227-06-2472

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 (i) 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	MARTIN ENTINE ESTATE	26-6001453
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			189.
B			
34a Totals			189.
b Totals			
35 Add columns (d) and (f) of line 34a			35 189.
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			37 189.

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 * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

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	189.
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

MARTIN ENTINE ESTATE
I.D. NUMBER: 26-6001453
TYPE: ESTATE OR TRUST

ACTIVITY INFORMATION:

MARTIN ENTINE ESTATE

OTHER PORTFOLIO/NONPORTFOLIO INCOME (LOSS)	189
TOTAL NONPASSIVE ACTIVITY INCOME	189

TAX PREFERENCE ITEMS:

OTHER K-1 INFORMATION:

INTEREST - TOTAL	38
INTEREST AND DIVIDENDS DETAIL:	
TAX-EXEMPT INTEREST - STATE TAXABLE	38
LONG-TERM CAPITAL PAL CARRYOVER AT 10/20% FROM 2002	667

2003 Consolidated Statement

COMMAND Account

IMPORTANT TAX INFORMATION:
Please Retain

WACHOVIA SECURITIES

MR JON K ENTINE &

Jan 1 - Dec 31, 2003

Account Number: NCX-125760-50

Page 8 of 10

Realized
Gain (Loss)
Detail

	ORIGINAL TRADE DATE	CLOSING DATE	QUANTITY	PROCEEDS	COST BASIS	REALIZED GAIN OR (LOSS)
Short Term						
DRYDEN ULTRA SHORT BOND FUND Z	04-17-03	04-23-03	1,957.958	\$19,560.00	\$19,560.00	\$0.00
DRYDEN ULTRA SHORT BOND FUND Z	04-17-03	05-20-03	2,398.026	\$24,028.22	\$23,956.28	\$71.94
DRYDEN ULTRA SHORT BOND FUND Z	04-17-03	05-21-03	684.815	\$6,855.00	\$6,841.30	\$13.70
DRYDEN ULTRA SHORT BOND FUND Z	04-17-03	06-03-03	1,173.353	\$11,757.00	\$11,721.80	\$35.20
DRYDEN ULTRA SHORT BOND FUND Z	04-17-03	07-03-03	63.437	\$635.00	\$633.74	\$1.26
DRYDEN ULTRA SHORT BOND FUND Z	04-17-03	08-21-03	4,183.300	\$41,582.00	\$41,791.16	(\$209.16)
DRYDEN ULTRA SHORT BOND FUND Z	04-17-03	08-22-03	855.992	\$8,500.00	\$8,551.36	(\$51.36)
DRYDEN ULTRA SHORT BOND FUND Z	04-17-03	10-15-03	89.829	\$892.00	\$897.39	(\$5.39)
SARA LEE CORP	10-02-03	10-21-03	500	\$9,525.00		
SARA LEE CORP	10-06-03	10-21-03	1,647	\$29,470.35	29,627.24	\$156.11
Total Short Term Realized Gains (Losses)				\$152,604.57	142,580.27	\$10,024.30

Long Term

TENET HEALTHCARE CORP	01-15-02	05-12-03	150	\$2,404.50	\$6,509.00	(\$4,104.50)
TENET HEALTHCARE CORP	03-01-02	05-12-03	150	\$2,404.50	\$5,848.00	(\$3,443.50)
AMERICAN INTERNATIONAL GROUP INC	07-11-00	05-16-03	150	\$8,601.00	\$12,192.45	(\$3,591.45)
AMERICAN INTERNATIONAL GROUP INC	07-27-00	05-16-03	150	\$8,601.00	\$12,967.45	(\$4,366.45)
FOREST LABORATORIES INC	08-10-00	05-16-03	400	\$20,164.00	\$9,352.48	\$10,811.52
FOREST LABORATORIES INC	08-10-00	07-17-03	400	\$19,400.00	\$9,352.47	\$10,047.53
PFIZER INC	07-11-00	07-21-03	200	\$6,558.00	\$9,767.45	(\$3,209.45)
PFIZER INC	07-18-00	07-21-03	100	\$3,279.00	\$4,477.48	(\$1,198.48)

□ = Based on information provided by you or your Financial Advisor.
N/A = Information was not available and is not reflected in the Gain (Loss) Summary.

2003 Consolidated Statement

COMMAND Account

IMPORTANT TAX INFORMATION:
Please Retain

WACHOVIA SECURITIES

MR JON H ENTINE &

Jan 1 - Dec 31, 2003

Account Number: HCK-125760-50

Page 9 of 10

Realized
Gain (Loss)
Detail
Continued

	ORIGINAL TRADE DATE	CLOSING DATE	QUANTITY	PROCEEDS	COST BASIS	REALIZED GAIN OR (LOSS)
Long Term (continued)						
CHEVRONTXACO CORP	01-03-02	08-20-03	100	\$7,242.00	\$8,924.00	(\$1,682.00)
LILLY ELI & CO	07-18-00	09-04-03	100	\$4,065.00	\$10,061.20	(\$3,996.20)
LILLY ELI & CO	09-22-00	09-04-03	200	\$12,130.00	\$16,179.95	(\$4,049.95)
PFIZER INC	07-18-00	11-13-03	100	\$3,366.00	\$4,477.47	(\$1,111.47)
PFIZER INC	10-30-00	11-13-03	300	\$10,898.00	\$13,229.95	(\$3,131.95)
MEDTRONIC INC	01-03-02	12-15-03	100	\$4,829.00	\$4,924.00	(\$95.00)
MEDTRONIC INC	05-28-02	12-15-03	100	\$4,829.00	\$4,614.00	\$215.00
MICROSOFT CORP WASHINGTON	01-03-02	12-15-03	200	\$5,400.00	\$6,845.00	(\$1,445.00)
Total Long Term Realized Gains (Losses)				\$125,371.00	\$139,722.35	(\$14,351.35)

□ = Based on information provided by you or your Financial Advisor.

N/A = Information was not available and is not reflected in the Gain (Loss) Summary.

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**

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

OMB No. 1545-0074

2003Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)

JON H. ENTINE

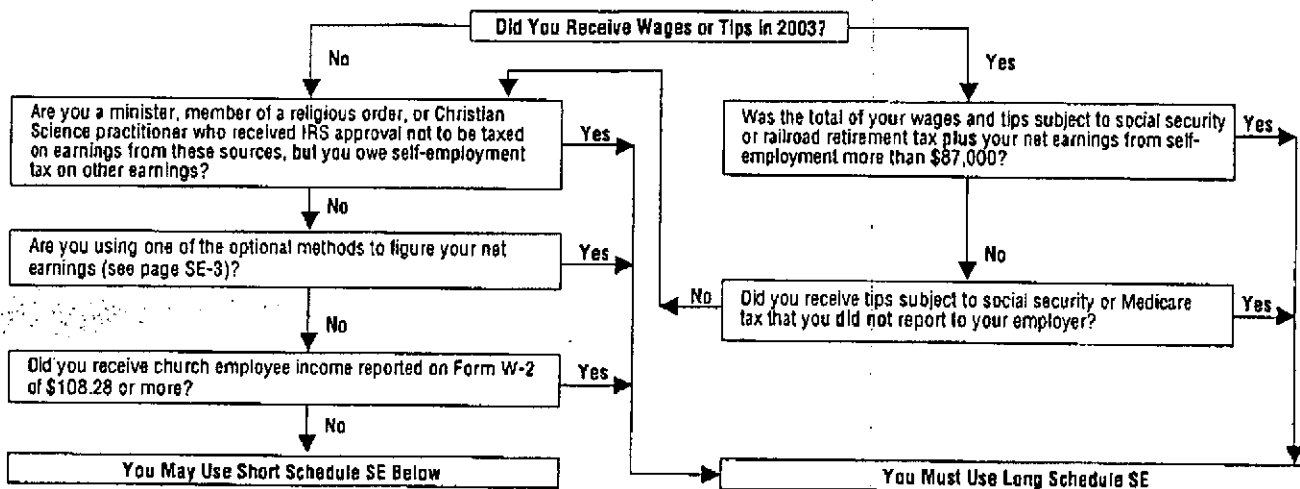
Social security number of
person with self-employment
income ▶

192 38 8388

Who Must File Schedule SE

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 55.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.**

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	2,737.
3	Combine lines 1 and 2	3	2,737.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	2,528.
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">• \$87,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 55.• More than \$87,000, multiply line 4 by 2.9% (.029). Then, add \$10,788.00 to the result. Enter the total here and on Form 1040, line 55.	5	387.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 28	6	194.

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

Schedule SE (Form 1040) 2003

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

2003

Attachment
Sequence No. 19

Name _____

Identifying number as shown on page 1 of your tax return

ELLEN L. TURNER & JON H. ENTINE

227-06-2472

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

k Resident of (name of country) ► UNITED STATES

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
			A	B	C	(Add cols. A, B, and 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:						
			44.			44.
Deductions and losses (Caution: See pages 9, 11, and 12 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			33,386.			
b Other deductions (attach statement)						
c Add lines 3a and 3b			33,386.			
d Gross foreign source income			44.			
e Gross income from all sources			500,820.			
f Divide line 3d by line 3e			.000088			
g Multiply line 3c by line 3f			3.			
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			3.			3.
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2						41.

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:				Taxes withheld at source on:			(w) Other foreign taxes paid or accrued	(x) Total foreign taxes paid or accrued (add cols. (t) through (w))	
		(s) 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						9.				9.	
B											
C											
8 Add lines A through C, column (x). Enter the total here and on line 9, page 2										8	9.

LHA For Paperwork Reduction Act Notice, see separate instructions.

311501
12-03-03

Form **1116** (2003)

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	9.
10	Carryback or carryover (attach detailed computation)	10	
11	Add lines 9 and 10	11	9.
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	9.
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	41.
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	41.
17	Individuals: Enter the amount from Form 1040, line 38. If you are a nonresident alien, enter the amount from Form 1040NR, line 36. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 16 <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>	17	381,776.
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	.000107
19	Individuals: Enter the amount from Form 1040, line 41. If you are a nonresident alien, enter the amount from Form 1040NR, line 39. 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 16 of the instructions</i>	19	108,828.
20	Multiply line 19 by line 18 (maximum amount of credit)	20	12.
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	9.

Part IV Summary of Credits From Separate Parts III

22	Credit for taxes on passive income	22	9.
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	9.
31	Enter the smaller of line 19 or line 30	31	9.
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 44; Form 1040NR, line 42; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	33	9.

Alternative Minimum Tax - Individuals

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

2003

Attachment
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

ELLEN L. TURNER & JON H. ENTINE

227 06 2472

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 38, and go to line 2. Otherwise, enter the amount from Form 1040, line 35, and go to line 7. (If zero or less, enter as a negative amount.)	1	384,029.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 35.	2	
3	Taxes from Schedule A (Form 1040), line 9.	3	35,252.
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	
6	If Form 1040, line 35, is over \$139,500 (over \$69,750 if married filing separately), enter the amount from line 9 of the worksheet for Schedule A (Form 1040), line 28	6	<8,705.>
7	Tax refund from Form 1040, line 10 or line 21	7	<36.>
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (see instructions)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	<1,293.>
18	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 17	18	667.
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions)	28	409,914.

Part II Alternative Minimum Tax

29	Exemption. (If this form is for a child under age 14, see instructions.)		
	IF your filing status is... AND line 28 is not over... THEN enter on line 29...		
	Single or head of household... \$112,500... \$40,250		
	Married filing jointly or qualifying widow(er)... 150,000... 58,000		
	Married filing separately... 75,000... 29,000		
	If line 28 is over the amount shown above for your filing status, see instructions.		
29		29	0.
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here	30	409,914.
31	• If you reported capital gain distributions directly on Form 1040, line 13a; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 16 and 17a of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 65 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	110,763.
32	Alternative minimum tax foreign tax credit (see instructions)	32	9.
33	Tentative minimum tax. Subtract line 32 from line 31	33	110,754.
34	Tax from Form 1040, line 41 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 44)	34	108,819.
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 42	35	1,935.

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	409,914.
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 figured for the AMT, if necessary) (see instructions)	37	3,943.
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured 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 figured for the AMT, if necessary).	39	3,943.
40	Enter the smaller of line 36 or line 39	40	3,943.
41	Subtract line 40 from line 36	41	405,971.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 28% (.28). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	110,172.
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	3,943.
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	3,943.
47	Enter the smaller of line 45 or line 46. If line 45 is zero, go to line 55	47	0.
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 figured 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	3,943.
56	Subtract line 45 from line 44	56	3,943.
57	Enter the smaller of line 55 or line 56	57	3,943.
58	Multiply line 57 by 15% (.15)	58	591.
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	110,763.
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	111,276.
65	Enter the smaller of line 63 or line 64 here and on line 31	65	110,763.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT							Social Security Number
Name(s)							227-06-2472
ELLEN L. TURNER & JON H. ENTINE							
Form Name	Description	Income	Adjustment				Form 6251 Other Adjustment
			Form 6251, Line 16	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	
C-	JOHN ENTINE						
	* REGULAR INCOME	2,737.					
	AMT DEPR ADJ	<1,347.>		<1,347.>			
	* AMT NET INCOME	1,390.		<1,347.>			
3829	JOHN ENTINE						
	* REGULAR INCOME	0.					
	AMT DEPR ADJ	54.		54.			
	* AMT NET INCOME	54.		54.			
D-	MARTIN ENTINE ESTATE						
	PAL CARRYOVER	667.			667.		
	* AMT NET INCOME	667.			667.		
	** TOTAL ADJ & PREP **			<1,293.>	667.		

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

ASSET NUMBER	DESCRIPTION	AMT METHOD	AMT LIFE	REGULAR DEPRECIATION	AMT DEPRECIATION	AMT ADJUSTMENT
	JOHN ENTINE					
1	OFFICE FURNITURE	150DB	10.00	0.	317.	<317.>
3	SAFE	150DB	10.00	0.	127.	<127.>
7	FURNITURE	150DB	10.00	0.	686.	<686.>
28	COMPUTER EQUIPMENT	150DB	5.00	203.	294.	<91.>
29	IMAC COMPUTER	150DB	5.00	195.	282.	<87.>
30	PANASONIC MONITOR	150DB	5.00	87.	126.	<39.>
	CAMERA AND					
33	EQUIPMENT	200DB	6.00	862.	862.	0.
	** SUBTOTAL **			1,347.	2,694.	<1,347.>
	JOURNALIST					
31	AUTO	SL	5.00	863.	863.	0.
	** SUBTOTAL **			863.	863.	0.
	JOHN ENTINE					
35	HOUSE	SL	40.00	2,143.	2,089.	54.
	** SUBTOTAL **			2,143.	2,089.	54.
	*** GRAND TOTAL ***			4,353.	5,646.	<1,293.>

Nondeductible IRAs

▶ See separate instructions.

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-1007

2003Attachment
Sequence No. **48**

Name. If married, file a separate form for each spouse required to file Form 8606. See page 5 of the instructions.

Your social security number

JON H. ENTINE**192 38 8388**

Apt. no.

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

City, town or post office, state, and ZIP code

Part I Nondeductible Contributions to Traditional IRAs and Distributions From Traditional, SEP, and SIMPLE IRAs

Complete this part only if:

- You made nondeductible contributions to a traditional IRA for 2003,
- You took distributions from a traditional, SEP, or SIMPLE IRA in 2003 (other than a rollover, conversion, recharacterization, or return of certain contributions) and you made nondeductible contributions to a traditional IRA in 2003 or an earlier year, or
- You converted part, but not all, of your traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2003 (excluding any portion you recharacterized) and you made nondeductible contributions to a traditional IRA in 2003 or an earlier year.

1	Enter your nondeductible contributions to traditional IRAs for 2003, including those made for 2003 from January 1, 2004, through April 15, 2004 (see page 5 of the instructions)	1	3,500.
2	Enter your total basis in traditional IRAs (see page 6 of the instructions)	2	3,500.
3	Add lines 1 and 2	3	7,000.

In 2003, did you take a
distribution from
traditional, SEP, or
SIMPLE IRAs or make a
Roth IRA conversion?

No

▶ Enter the amount from line 3 on line 14. Do not
complete the rest of Part I.

Yes

▶ Go to line 4.

4	Enter those contributions included on line 1 that were made from January 1, 2004, through April 15, 2004	4	
5	Subtract line 4 from line 3	5	
6	Enter the value of all your traditional, SEP, and SIMPLE IRAs as of December 31, 2003, plus any outstanding rollovers (see page 6 of the instructions)	6	
7	Enter your distributions from traditional, SEP, and SIMPLE IRAs in 2003. Do not include rollovers, conversions to a Roth IRA, certain returned contributions, or recharacterizations of traditional IRA contributions (see page 6 of the instructions)	7	
8	Enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2003. Do not include amounts converted that you later recharacterized (see page 6 of the instructions). Also enter this amount on line 16	8	
9	Add lines 6, 7, and 8	9	
10	Divide line 5 by line 9. Enter the result as a decimal rounded to at least 3 places. If the result is 1.000 or more, enter "1.000"	10	X
11	Multiply line 8 by line 10. This is the nontaxable portion of the amount you converted to Roth IRAs. Also enter this amount on line 17	11	
12	Multiply line 7 by line 10. This is the nontaxable portion of your distributions that you did not convert to a Roth IRA	12	
13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	
14	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2003 and earlier years	14	7,000.
15	Taxable amount. Subtract line 12 from line 7. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	15	

Note: You may be subject to an additional 10% tax on the amount on line 15 if you were under age 59 1/2 at the time of the distribution (see page 7 of the instructions).

LHA For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 8606 (2003)

Part I 2003 Conversions From Traditional, SEP, or SIMPLE IRAs to Roth IRAs

Complete this part if you converted part or all of your traditional, SEP, and SIMPLE IRAs to a Roth IRA in 2003 (excluding any portion you recharacterized).

Caution: If your modified adjusted gross income is over \$100,000 or you are married filing separately and you lived with your spouse at any time in 2003, you cannot convert any amount from traditional, SEP, or SIMPLE IRAs to Roth IRAs for 2003. If you erroneously made a conversion, you must recharacterize (correct) it (see page 7 of the instructions).

16	If you completed Part I, enter the amount from line 8. Otherwise, enter the net amount you converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs in 2003. Do not include amounts you later recharacterized back to traditional, SEP, or SIMPLE IRAs in 2003 or 2004 (see page 7 of the instructions)	16	
17	If you completed Part I, enter the amount from line 11. Otherwise, enter your basis in the amount on line 16 (see page 7 of the instructions)	17	
18	Taxable amount. Subtract line 17 from line 16. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	18	

Part III Distributions From Roth IRAs

Complete this part only if you took a distribution from a Roth IRA in 2003 (other than a rollover, recharacterization, or return of certain contributions - see page 7 of the instructions).

19	Enter your total nonqualified distributions from Roth IRAs in 2003 including any qualified first-time homebuyer distributions (see page 7 of the instructions)	19	
20	Enter your basis in Roth IRA contributions (see page 7 of the instructions)	20	
21	Subtract line 20 from line 19. If zero or less, enter -0- and skip lines 22 through 25. But if you have a qualified first-time homebuyer distribution, complete line 23. If more than zero, you may be subject to an additional tax (see page 8 of the instructions)	21	
22	Enter your basis in Roth IRA conversions (see page 8 of the instructions)	22	
23	Qualified first-time homebuyer expenses (see page 8 of the instructions). Do not enter more than \$10,000	23	
24	Add lines 22 and 23	24	
25	Taxable amount. Subtract line 24 from line 21. If zero or less, enter -0-. Also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	25	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

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



Your signature



Date

Statement SBE Supplemental Business Expenses

2003

Your name JON H. ENTINE	Social security number 192 38 8388	Business in which expenses were incurred JOURNALIST
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1 2,209.	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 2,209.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed in STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8 2,209.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 65% (.65) instead of 50%)	9 2,209.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	2,209.

Part II Vehicle Expenses**Section A. - General Information**

		(a) Vehicle 1	(b) Vehicle
11	Enter the date vehicle was placed in service	12/01/00	
12	Total miles vehicle was driven during 2003	12,600 miles	miles
13	Business miles included on line 12	6,125 miles	miles
14	Percent of business use. Divide line 13 by line 12	48.61 %	%
15	Average daily roundtrip commuting distance	110 miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	6,475 miles	miles
18	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate

22 Multiply line 13 by 36¢ (.36) 22 2,205.

Section C. - Actual Expenses

		(a) Vehicle 1	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	STMT 18 2,770.	
24a	Vehicle rentals		
24b	Inclusion amount		
24c	Subtract line 24b from line 24a		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
26	Add lines 23, 24c, and 25	2,770.	
27	Multiply line 26 by the percentage on line 14	1,346.	
28	Depreciation. Enter amount from line 38 below	863.	
29	Add lines 27 and 28. Enter total here and on line 1	2,209.	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1	(b) Vehicle
30	Enter cost or other basis	36,000.	
31	Enter section 179 deduction and special allowance		
32	Multiply line 30 by line 14 (see Form 2106 Instructions)	17,500.	
33	Enter depreciation method and percentage	SL 20.00%	
34	Multiply line 32 by the percentage on line 33	3,500.	
35	Add lines 31 and 34	3,500.	
36	Enter the limitation amount	1,775.	
37	Multiply line 36 by the percentage on line 14	863.	
38	Enter the smaller of line 35 or line 37. Also, enter this amount on line 28 above	863.	

192-38-8388

303521
05-01-03