Form <b>1040</b>	Ī	U.\$	<u>S. Individu</u>	al Incom		eturn	2001		(99)	IPS use o	oly —	Do not w	ite or staple in	this soace	
			ear Jan 1 - Dec 31, 2				2001, endir	na	1 (33)	, 20	••••		OMB No. 1545		
Label			Name		· · ·	ast Name	,		-	,		Your So	cial Security I		
	Dav	avid G DeLano									077-	32-3894	Ļ		
Use the	lf a J									Spouse's Social Security Number					
IRS label.	Mar	lary Ann DeLano									091-	091-36-0517			
Otherwise, please print	Home	me Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.											▲ Important! ▲		
or type.	126	262 Shoecraft Rd										You must enter your social			
	City,	City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code										rity numbe			
Presidential	Wet	ebster NY 14580													
Election Campaign		Note: Checking 'Yes' will not change your tax or reduce your refund.											Spo	ouse	
(See instructions.)	<b>r</b> i	Do y	you, or your spo	use if filing a	joint return	, want \$3 to	go to this f	iund?		.► [	Ye	; 🕅		es 🛛 No	
		1	Single												
Filing Status		2 X Married filing joint return (even if only one had income)													
		3 Married filing separate return. Enter spouse's SSN above & full name here >													
Check only		4 Head of household (with qualifying person). (See instructions.) If the qualifying person is										s a chil	d but not y	our	
one box.		dependent, enter this child's name here >													
		5 Qualifying widow(er) with dependent child (year spouse died ► ). (See instructions.)													
Exemptions		6a	X Yourself. If	your parent (	or someone	e else) can c	laim you a	s a de	pendent	on his o	r		No. of boxes		
Exemptions				rn, do not che								·	checked on 6a and 6b	2	
	b 🔀 Spouse								No. of your children on						
		c Dependents:			(2) Dependent's social security			(3) Dependent's (4				if v if	6c who:		
							ecunity rel		to you		child		Iived with you		
			(1) First name		Last name							credit instrs)	• did not		
	-		· · · · · · · · · · · · · · · · · · ·									$\square$	live with you due to divorc	•	
If more than	-												or separation (see instrs)		
six dependents, see instructions.	-	••••••											Dependents		
see instructions.	•												on 6c not entered above		
	-			······································								<u> </u>	Add numbers		
		ď	Total number o	f exemptions of	claimed							<b>_</b>	entered on lines above .	► 2	
Income		7	Wages, salarie:	s, tips, etc. At	tach Form(	s) W-2						. 7		90,790.	
		8a	Taxable interes	t. Attach Sche	edule B if re	equired	•••••			· · · · · · · · ·		. 8a		427.	
Attach Forms W-2 and W-2G		b Tax-exempt interest. Do not include on line 8a													
here. Also attach		<ul> <li>9 Ordinary dividends. Attach Schedule B if required</li> <li>10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)</li> </ul>									<u> </u>				
Form(s) 1099-R i tax was withheld			Alimony receive												
		12	Business incon	eor(loss) A	ttach Sche	dule C or C-F		• • • • • •	•••••		••••••	11			
If you did not			Capital gain or (los								••••	13			
get a W-2, see instructions.			Other gains or									14			
	-		Total IRA distri						amount		trs).	156			
ROLLOVER	-	16 a	Total pensions	& annuities .	16a	3,2	57. в та					. 16b		0.	
	-		Rental real esta			os, S corpora	tions, trusi	ts, etc.	Attach :	Schedule	εĒ.	. 17			
Enclose, but do	-		Farm income o			F	<i></i>					. 18			
not attach, any payment. Aiso,		19 Unemployment compensation         20 a Social security benefits         20 a								. 19					
please use			Social security ben	efits	20 a		<b>b</b> Ta	axable	amount	(see ins	trs).	. 20 b			
Form 1040-V.			Other income					=				21			
			Add the amoun						s your to	tal inco	ne .	22		91,229.	
Adjusted			IRA deduction	• • • •				23				-			
Gross	-		Student loan in Archer MSA de									4			
Income															
			Moving expens One-half of sel					26 27				-			
			Self-employed									-			
			Self-employed									-			
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			Alimony paid <b>b</b> R							· · · ·		-			
		32	Add lines 23 throu	gh 31a			 					. 32			
• <u>•••••</u> ••••		33	Subtract line 3	2 from line 22	. This is yo	ur adjusted	gross inco	me			<u></u> .	33		91,229.	
BAA For Disclo	sure	a, Pr	ivacy Act, and	Paperwork Re	duction Ad	t Notice, see	e instructio	ons.					Form	1040 (2001)	

orm 1040		. Individual Income		urn <b>2002</b>		(99) IRS use on	hy Da	o not write	e or staple in this space.		
		ar Jan 1 - Dec 31, 2002, or other tax y		, 2002, end		, 20			DMB No. 1545-0074		
	our first r		Mi Last na	ime				ial security number			
	avid		G DeL	ano				077-32-3894			
11		eturn, spouse's first name	Mi Last na	ame			_ [	Spouse's social security number			
se the S label. M	iary .	Ann	DeL	ano				091-3	36-0517		
herwise,		ress (number and street). If you have a	▲ Important! ▲								
ease print type	262	Shoecraft Road	Youn	sust enter your social							
(jps:	City, town	or post office. If you have a foreign ad	secur	ity number(s) above.							
1	lebst				NY	14580					
lection							Yo	1	Spouse		
ampaign iee instructions.)	Note	Checking 'Yes' will not chan you, or your spouse if filing a j	ige your tax of	r reduce your return	d. fund?	►Γ	Yes	ΣN Ν			
	1	Single	onici ecurit, w	4	Head of	household (with	_	<u></u>	a second and the second se		
iling Status		X Married filing jointly (even if only	v and had income		instructi	ons.) If the qual	ifying	persor	n is a child		
•	2		r this c	hild's							
heck only	5	Married filing separately. Enter s	nendor	it child (year							
ne box.		name here ►		5				). (See instructions.)			
									No. of boxes		
Exemptions	<b>6</b> a	X Yourself. If your parent ( her tax return, do not che	or someone el	se) can claim you	as a cep	endent on his of			checked on 6a and 6b 2		
·····								1	No. of		
	0	X Spouse	<u></u>	(2) Dependent's	(3)	Dependent's	(4)		children on 6c who:		
	С	Dependents:		social security		lationship	qua	lifying	• lived		
				number	1	to you	tax		with you		
		(1) First name	Last name		┥───		(see	instrs)	did not		
					· <b> </b>		<u> </u>	<u> </u>	live with you due to divorce		
					1				or separation (see instrs)		
more than ve dependents,									Dependents		
ee instructions.	-				1			$\Box$	on 5c not entered above		
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	d	Total number of exemptions	claimed						above		
		Wages, salaries, tips, etc. At						1	91,655		
ncome	8a	Taxable interest. Attach Sch	edule B if requ	ired				. 8a	204		
Attach Forms	ť	Tax-exempt interest. Do not	include on lin	e 8a	. 8b		. <u> </u>				
W-2 and W-2G here. Also attach	9	Ordinary dividends. Attach S							<u> </u>		
Form(s) 1099-R i		Taxable refunds, credits, or offsets									
tax was withheld		Alimony received	11								
If you did not	12	Business income or (loss).	Attach Schedu	le C or C-EZ		►□		. 12	<b></b>		
get a W-2, see	13	Capital gain or (loss). Att Sch D if r	13								
instructions.		Other gains or (losses). Atta	1 1					14	<u>↓</u>		
		a IRA distributions				amount (see in:					
		a Pensions and annuities				amount (see in:			┦		
		Rental real estate, royalties,							{		
Enclose, but do	18	• •					• • • • •		┼		
not attach, any payment. Also,	19	· · · · · · · · · · · · · · · · · · ·					 	19	<u></u>		
please use		a Social security benefits	20 a	P	axable	amount (see in	505)	201	<u> </u>		
Form 1040-V.	21								91,859		
	22					S YOU TOTAL HICE	sine .				
Adjusted	23	, .				·					
Gross	24	•									
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	29										
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	31 32			=		<u> </u>					
		a Alimony paid b Recipient's SSN	14.5								
		Add lines 23 through 33a			<mark>  33</mark> a	Ч- <u></u>		34			
		5 Subtract line 34 from line 2			ncome						
BAA For Discl		Privacy Act, and Paperwork F					12 1	2/26/02	Form 1040 (2		

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Prime gladus       2       Mared filing jointly (even if only one had income)       In instructions 3, if the subling particip, Enter papers is a child but not your dependent, enter this child's name here. *         Check only       am here. *       5       Classify up dependent, enter this child's name here. *         Exemptions       6       Yoursett, Hyour parent (or someone else) can claim you as a dependent on his or her that returd, on or check box 6a.       No. 5 box 6a.         Exemptions       6       Spouse       School can claim you as a dependent on his or here than it is returd, on the check box 6a.       No. 5 box 6a.         (b) First name       Last name       (c) Dependents:       (c) Dependents:       (c) first name         (b) First name       Last name       (c) Status       (c) first name       (c) first name         (c) First name       Last name       (c) Status       (c) first name       (c) first name         (c) First name       Last name       (c) first name       (c) first name       (c) first name         (c) First name       Last name       (c) first name       (c) first name       (c) first name         (c) First name       Last name       (c) first name       (c) first name       (c) first name         (c) First name       Last name       (c) first name       (c) first name       (c) first name         (c)	(See instructions.)	″ Do	you, or your s	pouse if filing a	joint return, w	ant \$3 to go	to this	fund?	<u></u>	Yes	_ X ] I	No Yes	X No		
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Attach Forms       9a Ordinary dividends. Attach Schedule B if required.       9a         W-2 and W-2G here. Also attach       b Quild dividends. Attach Schedule B if required.       9b         Form(5) 1092-R if 10       Taable refunds, credits, or offsets of state and local income taxes (see instructions)       10         11       Attimony received       11       11         12       Business income or (loss). Attach Schedule C or C-EZ       12         13a Capital gain or (loss). Attach Schedule C or C-EZ       12         14       Other gains or (losses). Attach Form 4797       14         15a IRA distributions       15a       15b         15a IRA distributions       15a       519.         15a IRA distributions       15a       15b         17       Rental real estate, royatties, partnerships, S corporations, trusts, etc. Attach Schedule E       17         17       Rental real estate, royatties, partnerships, S corporations, trusts, etc. Attach Schedule E       17         18       Farm income or (loss). Attach Schedule F       18       18         10       10       11       12       12         17       Rental real estate, royatties, partnerships, S corporations, trusts, etc. Attach Schedule E       17       18         10       10       10       18       10	income	8 a Taxable interest. Attach Schedule B if required										<u>_</u>			
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get a W-2; see instructions.       13b       13b         R0LL0VER       16 a Pensions and annuities			a Canital pain or (	loss) Att Sch D if re	wid if not read of	e o or o-c.z. k here	• • • • • •	•••••	▶□	•••••					
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