

For the year Jan 1 - Dec 31, 2001, or other tax year beginning _____, 2001, ending _____, 20

Label (See instructions.)
 Your First Name MI Last Name
 David G DeLano
 Your Social Security Number
 077-32-3894

Use the IRS label. Otherwise, please print or type.
 If a Joint Return, Spouse's First Name MI Last Name
 Mary Ann DeLano
 Spouse's Social Security Number
 091-36-0517

Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.
 1262 Shoecraft Rd
 City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code
 Webster NY 14580

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

Presidential Election Campaign (See instructions.)
 Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ... Yes No Yes No

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

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

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	No. of boxes checked on 6a and 6b	No. of your children on 6c who:	
					2	<input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs)	
d Total number of exemptions claimed						2	Dependents on 6c not entered above

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 90,790.
 8a Taxable interest. Attach Schedule B if required 8a 427.
 b Tax-exempt interest. Do not include on line 8a 8b
 9 Ordinary dividends. Attach Schedule B if required 9 12.
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
 11 Alimony received 11
 12 Business income or (loss). Attach Schedule C or C-EZ 12
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
 14 Other gains or (losses). Attach Form 4797 14
 15a Total IRA distributions 15a b Taxable amount (see instrs) 15b
 16a Total pensions & annuities 16a 3,257. b Taxable amount (see instrs) 16b 0.
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
 18 Farm income or (loss). Attach Schedule F 18
 19 Unemployment compensation 19
 20a Social security benefits 20a b Taxable amount (see instrs) 20b
 21 Other income 21
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 91,229.

Adjusted Gross Income
 23 IRA deduction (see instructions) 23
 24 Student loan interest deduction (see instructions) 24
 25 Archer MSA deduction. Attach Form 8853 25
 26 Moving expenses. Attach Form 3903 26
 27 One-half of self-employment tax. Attach Schedule SE 27
 28 Self-employed health insurance deduction (see instructions) 28
 29 Self-employed SEP, SIMPLE, and qualified plans 29
 30 Penalty on early withdrawal of savings 30
 31a Alimony paid b Recipient's SSN 31a
 32 Add lines 23 through 31a 32
 33 Subtract line 32 from line 22. This is your adjusted gross income 33 91,229.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040 (2001)

Label (See instructions.)

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

Presidential Election Campaign (See instructions.)

For the year Jan 1 - Dec 31, 2002, or other tax year beginning , 2002, ending , 20
Your first name MI Last name David G DeLano
Your social security number 077-32-3894
If a joint return, spouse's first name MI Last name Mary Ann DeLano
Spouse's social security number 091-36-0517
Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 1262 Shoecraft Road
City, town or post office. If you have a foreign address, see instructions. State ZIP code Webster NY 14580

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

Filing Status

Check only one box.

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

Exemptions

If more than five dependents, see instructions.

6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
6b [X] Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if qualifying child for child tax credit (see instrs)
d Total number of exemptions claimed 2

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

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

Table with 2 columns: Line number and Amount. Lines 7-22 show total income of 91,859. Lines 23-35 show adjusted gross income of 91,859.

Label (See instructions.)

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

Presidential Election Campaign (See instructions.)

For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20
Your first name MI Last name David G DeLano
If a joint return, spouse's first name MI Last name Mary Ann DeLano
Home address (number and street). If you have a P.O. box, see instructions. 1262 Shoecraft Road
City, town or post office. If you have a foreign address, see instructions. Webster NY 14580

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

Filing Status

Check only one box.

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

Exemptions

If more than five dependents, see instructions.

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see instrs)
d Total number of exemptions claimed 2

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

ROLLOVER

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 96,821.
8a Taxable interest. Attach Schedule B if required 8a 17.
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
b Qualified divs (See instrs) 9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13a
b If box on 13a is checked, enter post-May 5 capital gain distributions 13b
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount (see instrs) 15b
16a Pensions and annuities 16a 519. b Taxable amount (see instrs) 16b 0.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19 810.
20a Social security benefits 20a b Taxable amount (see instrs) 20b
21 Other income 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 97,648.

Adjusted Gross Income

23 Educator expenses (see instructions) 23
24 IRA deduction (see instructions) 24
25 Student loan interest deduction (see instructions) 25
26 Tuition and fees deduction (see instructions) 26
27 Moving expenses. Attach Form 3903 27
28 One-half of self-employment tax. Attach Schedule SE 28
29 Self-employed health insurance deduction (see instrs) 29
30 Self-employed SEP, SIMPLE, and qualified plans 30
31 Penalty on early withdrawal of savings 31
32a Alimony paid b Recipient's SSN 32a
33 Add lines 23 through 32a 33
34 Subtract line 33 from line 22. This is your adjusted gross income 34 97,648.

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