

# INDOT

Payment  
Document

## 9DSE9

Scan Key	<b>377726</b>
LA Code	<b>3777</b>
Parcel No.	<b>26</b>
Owner	JOHNSON, JACK L.

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

18106340  
3-16-04

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER 11702L 2251		DATE (MM,DD,YY) 03-16-04		AGENCY NAME INDOT		AGENCY NUMBER 800				
VENDOR NAME INDIAN... L...				SOCIAL SECURITY NUMBER [REDACTED]						
ADDRESS (NUMBER, STREET) 5767 Mc DANICE ROAD				FEDERAL I.D. NUMBER						
CITY STATE ZIP INDIAN... IN 47823				PARCEL 26-3777		PROJECT SIZ. 271-1 (001)	DES NUMBER			
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
03/10/04	1,1631.13	4000	551000	101-10	NO					
				Check Delivery: <input checked="" type="checkbox"/> res See Reverse						
GROSS AMOUNT \$1631.13				DOC I.D.: PV 800-11702L 2251						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	242.351	401	800	0043	551000	471	1010	27110024	01	551000
02	242.351	432	800	0043	551000	471	1010	27110024	01	1,000.00
03			800							
04			800							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above: INDIAN... 3/28/04						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
3/28/04										
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL [Signature] DATE 3/11/04						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<p align="right"><b>Tony L. Hedge</b> MAR 11 2004</p>						
Recommended Approval:				INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
ORIGINATOR [Signature] DATE				Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				[Signature]						
DIVISION CHIEF DATE				DIVISION CHIEF DATE						

Enclosed is Bill from Vigo County  
 Treasurer to be sent (or delivered)  
 with check. This payment is  
 valid thru Mar 10, 2004.  
 Mail address:  
 Vigo Co. Treasurer  
 Vigo Co. Auditor  
 191 Oak St  
 Terre Haute, IN 47807

LAND & IMPROVEMENTS \$1631.13  
 EXCESS LAND  
 DAMAGES  
 TOTAL CONSIDERATION PAID \$1631.13



Lead + Improvements # 60368.89

703M  
# 60368.89

PLEASE CALL NANCY FEARS, VP OF FEES  
NANCY FEARS BANK TRUST, 812-234-0087 EXT 14

PLEASE TO VISITING AREA TO MAKE SURE  
SHE WAS MESSAGE RELEASE EARLY.

ALSO, CONTACT OWNER JACK TOWNSEND @  
812-299-9522 TO MEET AT BANK  
FOR SIGNATURE ON CHECK.  
10:30 AM.

(US411)  
EXIT 7 Right (South) mall - left door  
to end of parking.



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

## CLOSING STATEMENT

Fee Owner: Jack L. Johnson &  
Vigo County Treasurer  
Address: 5767 McDaniel Road  
Terre Haute, In 47803

Location of Property: Part NW corner S13 T11N R9W

Project: STP-291-1 (002) Code: 3777

Parcel: 26

County: Vigo

Purchase Price: \$ 1,631.13

Less Taxes \_\_\_\_\_

Amount due to owners \$ 1,631.13

TOTAL DISBURSEMENTS \$ 1,631.13 \$ 1,631.13

Please sign and date in the spaces provided below to acknowledge receipt of payment, and agreement to the amount shown above. **Return one copy using the enclosed pre-stamped self-addressed envelope.**

Fee Owners *Jack L. Johnson* *Mar 24 04*  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE

I certify that the above is true and correct.

Name *Stephen R. Cation* Date *3-24-04*

**RECEIVED**

MAR 24 2004

VIGO CO. TREASURER



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

## CLOSING STATEMENT

Fee Owner: Jack L. Johnson &  
First National Bank & Trust  
Address: 5767 McDaniel Road  
Terre Haute, In 47803

Location of Property: Part NW corner S13 T11N R9W

Project: STP-291-1 (002) Code: 3777

Parcel: 26

County: Vigo

Purchase Price: \$ 60,368.87

Less Taxes \_\_\_\_\_

Amount due to \$ 60,368.87  
owners \_\_\_\_\_

TOTAL DISBURSEMENTS \$ 60,368.87 \$ 60,368.87

Please sign and date in the spaces provided below to acknowledge receipt of payment, and agreement to the amount shown above. **Return one copy using the enclosed pre-stamped self-addressed envelope.**

Fee Owners	<u><i>Jack Johnson</i></u>	<u><i>Mar 24, 04</i></u>
	SIGNATURE	DATE
	<u><i>Andrew Scully</i></u>	<u><i>3-24-04</i></u>
	SIGNATURE	DATE
	<u><i>First National Bank</i></u>	

I certify that the above is true and correct.

Name *Stephen L. Gator* Date *5-24-04*



**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

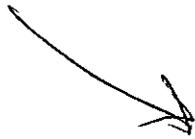
Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>243337</i>		DATE (MM,DD,YY) <i>01-15-04</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>Henderson Transfer CO., INC.</i>				SOCIAL SECURITY NUMBER						
ADDRESS (NUMBER, STREET) <i>15000</i>				FEDERAL I.D. NUMBER <i>[REDACTED]</i>						
				VENDOR NUMBER						
CITY <i>Van Wert</i>	STATE <i>IN</i>	ZIP <i>47591</i>	PARCEL <i>3777-26(01)</i>	PROJECT <i>291-1(10)</i>	DES NUMBER					
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>01/14</i>	<i>15000</i>	<i>4500</i>	<i>201500</i>	<i>1000</i>	<i>NO</i>					
					Check Delivery: Send <input type="checkbox"/> Yes See Reverse <input checked="" type="checkbox"/>					
GROSS AMOUNT <i>\$150.00</i>				DOC I.D.: <b>PV 800</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>243337</i>	<i>4500</i>	<b>800</b>	<i>0295</i>	<i>61000</i>	<i>455</i>	<i>100</i>	<i>291/2003</i>	<i>01</i>	<i>15000</i>
02	<i>243337</i>	<i>4500</i>	<b>800</b>	<i>0293</i>	<i>61000</i>	<i>455</i>	<i>610</i>	<i>291/2003</i>	<i>01</i>	<i>15000</i>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
<i>5-28-04</i>		<i>P.E. Schleicher</i>								
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony L. Hedge</i>		<b>JUN 11 2004</b>				
Recommended Approval: <i>[Signature]</i>				INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
				Approved, Indiana Department of Transportation						
ORIGINATOR Approved Division of Land Acquisition				<i>[Signature]</i> <i>01-10-04</i>						
DIVISION CHIEF				DATE						
				DIVISION CHIEF		DATE				

Re:  
JACK L Johnson, + Johnson Contractor  
5767 McDermid Rd  
Gene Hall, IN 47803

Bid fee (018)  
\$150.00

Please mail check to:



Henderson Transfer Co.  
PO Box 15  
Vincennes, IN  
47591

STR-291-1(002)  
3777-26(01)



# Indiana Department of Transportation

COPY

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5058

June 16, 2004

Henderson Transfer Co., Inc.  
P. O. Box 15  
Vincennes, In 47591

Enclosed please find State Warrant 18751506 dated 6/14/2004 Invoice No. 243337

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Bid Fee Re:</u>	
<u>Johnson Carburetor/Jack L. Johnson 5767 McDaniel Rd Terre Haute, IN 47803</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1 (002)</u>	
Code: <u>3777</u> Parcel: <u>26 (01)</u>	
County: _____	<u>\$ 150.00</u>

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

Payment Received by: \_\_\_\_\_

COPY  
Date: \_\_\_\_\_  
CK mailed  
6-16-04

## INDIANA DEPARTMENT OF TRANSPORTATION LAND ACQUISITION CLAIM-VOUCHER

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

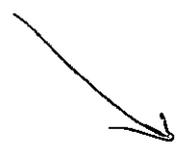
VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>1000 1000</i>	DATE (MM,DD,YY) <i>7-2-04</i>	AGENCY NAME <b>INDOT</b>	AGENCY NUMBER <b>800</b>							
VENDOR NAME <i>Sumner Moving &amp; Storage Inc.</i>		SOCIAL SECURITY NUMBER								
ADDRESS (NUMBER, STREET) <i>Box 119</i>		FEDERAL I.D. NUMBER <i>[REDACTED]</i>								
CITY <i>Indianapolis</i>		STATE <i>IN</i>	ZIP <i>47723</i>	PARCEL <i>177-2001</i>	PROJECT <i>2001 1100</i>	DES NUMBER				
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>7-2-04</i>	<i>152.00</i>	<i>4300</i>	<i>513</i>	<i>128510</i>	<i>ND</i>					
					Check Delivery : Send Yes See Reverse					
GROSS AMOUNT <i>152.00</i>				DOC I.D.: <i>PV 800 111</i>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>350502</i>	<i>401</i>	<i>800</i>	<i>193</i>	<i>1-1620</i>	<i>4300</i>	<i>513</i>	<i>29110025</i>	<i>01</i>	<i>30.00</i>
02	<i>350502</i>	<i>401</i>	<i>800</i>	<i>193</i>	<i>201300</i>	<i>4300</i>	<i>513</i>	<i>29110025</i>	<i>01</i>	<i>122.00</i>
03			<i>800</i>							
04			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
<i>8-11-04</i>		<i>Sumner Moving &amp; Storage</i>								
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				DATE						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony P Hedge</i> <b>AUG 24 2004</b>						
Recommended Approval: <i>[Signature]</i>				INDOT DIVISION OF ACCOUNTING AND CONTROL <b>DATE</b>						
ORIGINATOR Approved Division of Land Acquisition				Approved, Indiana Department of Transportation						
DIVISION CHIEF				DIVISION CHIEF <i>[Signature]</i>						
DATE				DATE						

Re: Jack L. Johnson  
5767 Mc Daniel Rd  
Lawrence, IN 47802  
812-299-9522

Bid Fee (019) \$ 150.00  
Please mail check to:

STR-291-1(002)  
3772-26(01)

Superior Moving & Storage, Inc.  
3580 E SR 32  
Box 169  
Crawfordsville, IN 47933





# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

**COPY**

(317) 232-5058

August 30, 2004

Superior Moving & Storage, Inc  
P.O. Box 169  
Crawfordsville, IN 47933

Enclosed please find State Warrant 18849821 dated 8/25/2004 Invoice No. 250502

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Bid Fee</u>	
Re: <u>Jack L. Johnson 5767 McDaniel Road, Terre Haute, IN 47802</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1 (002)</u>	
Code: <u>3777</u> Parcel: <u>26 (01)</u>	
County: _____	<u>\$ 150.00</u>

**Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.**

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**COPY**  
*ck mailed  
8-30-04*



**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>11-17702023-1</i>		DATE (MM,DD,YY) <i>06-09-04</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <del>Jack Johnson</del> (Jack Johnson)				SOCIAL SECURITY NUMBER [REDACTED]						
ADDRESS (NUMBER, STREET) <i>2767 Memorial Road</i>				FEDERAL I.D. NUMBER						
CITY <i>Terre Haute</i>				STATE <b>IN</b>		ZIP <i>47602</i>				
PARCEL <i>5777 1111</i>		PROJECT <i>32-11-1111</i>		DES NUMBER						
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>02/09/04</i>	<i>3,150.75</i>	<i>401</i>	<i>6188</i>	<i>10860</i>	<i>NA</i>					
				Check Delivery: <input type="checkbox"/> See Reverse						
GROSS AMOUNT <i>3,150.75</i>				DOC I.D.: <b>PV 800: 177</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<i>2433310</i>	<i>401</i>	<b>800</b>	<i>1111</i>	<i>50100</i>	<i>501</i>		<i>11110000</i>	<i>01</i>	<i>4,200.00</i>
02	<i>2412200</i>	<i>401</i>	<b>800</b>	<i>1111</i>	<i>50100</i>	<i>501</i>	<i>6188</i>	<i>11110000</i>	<i>01</i>	<i>1,950.75</i>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		BUSINESS NAME		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE		BUSINESS NAME		DEPUTY ATTORNEY GENERAL		DATE				
DATE		BUSINESS NAME		I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
Recommended Approval:				<i>Tony L. Hedge</i> <b>JUN 10 2004</b>						
ORIGINATOR				INDOT DIVISION OF ACCOUNTING AND CONTROL						
Approved Division of Land Acquisition				Approved, Indiana Department of Transportation						
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				

Johnson Carburetor (Jack Johnson)  
5767 McDaniel Rd  
Terre Haute, IN  
47802

Business Self move (027)  
# 2152.73

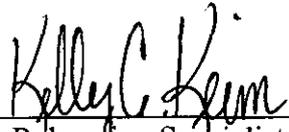
DO NOT MAIL  
Please put check  
in safe to  
await move.

STP-291-1(002)  
3777 - 26(01)

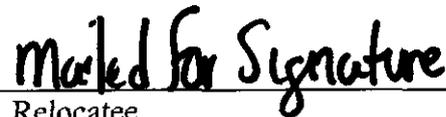
**THIS IS NOT A NOTICE TO VACATE.** You will not have to move sooner than 90 days after the issuance of this notice. The Indiana Department of Transportation will not require you to move from the property you now occupy sooner than February 14, 2004 which is at least 90 days from the date of this letter.

If you desire further information, you may contact the Central Relocation Office at 100 N. Senate Avenue, Room N955, Indianapolis, IN 46204, Telephone (317) 232-5056, FAX (317) 233-3055 or the Project Relocation Office located at NA  
NA Telephone NA

Your cooperation in providing a modern transportation system for the State of Indiana continues to be appreciated.

  
\_\_\_\_\_  
Relocation Specialist

Please acknowledge receipt of this letter with your signature below:

  
\_\_\_\_\_  
Relocatee

11-14-03  
\_\_\_\_\_  
Date

Cert: 7001 0360 0001 6915 2470



# Indiana Department of Transportation

Division of Land Acquisition

100 North Senate Avenue, Room N955

Indianapolis, Indiana 46204-2219

PHONE: (317) 232-5058 - FAX: (317) 233-3055

COPY

Johnson, Jack

DATE: November 14, 2003

5767 McDaniel Road

PROJECT: STP-291-1(002)

Terre Haute, IN 47802

PARCEL: 26(01) CODE 3777

Dear Johnson, Jack :

This is to advise you that on 8-27-03 the Indiana Department of Transportation initiated negotiations for the property you occupy. This letter is to notify you of your eligibility for relocation assistance as a displaced person. If you occupied this property on the date negotiations were initiated, you may be reimbursed the reasonable cost of moving, searching for a replacement site, and certain reestablishment expenses at the replacement site. You may be eligible to receive a payment in lieu of moving, searching, and reestablishment expenses if you anticipate going out of business or losing substantial patronage because of the move.

EO-11-F

There are certain requirements which must be met in order to receive relocation payments. Payments to which you are entitled will be made available in sufficient time to allow you to secure a replacement site. If you are tenant whose entire business site is being acquired, all claims for relocation payments must be submitted within 18 months of the date you move from the displacement site. If you are a tenant who has been given the option of relocating per the Relocation Unit, but are not forced to do so, then you have 18 month form the later of (a) the date of this notice or (b) the date your landlord is paid for the property being acquired to file claims. If you are the property owner, all claims for relocation payments must be submitted within 18 months of the later of (a) the date you receive payment for the real property, or (b) the date this letter is issued. A Relocation Specialist will assist you in preparing your claims.

Please be advised that any person may appeal the State's eligibility determination or amount of relocation payment by submitting a written appeal to the Relocation Unit within 75 days of the date of that determination.

(over)

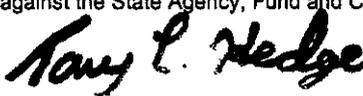
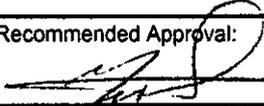
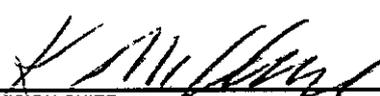
page 1 of 2

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

18706885  
5-17-04

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER 18706885		DATE (MM,DD,YY) 05-12-04		AGENCY NAME INDOT		AGENCY NUMBER 800				
VENDOR NAME John Johnson				SOCIAL SECURITY NUMBER 6317520912						
ADDRESS (NUMBER, STREET) 217 Industrial Rd				FEDERAL I.D. NUMBER						
CITY Mooresville				STATE N		ZIP 27003				
PARCEL 2401 777		PROJECT SR 291 (100)		DES NUMBER						
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
05/11/04	717.46	4000	217.000	100012	NO					
				Check Delivery: Serial _____ CBS See Reverse						
GROSS AMOUNT 717.46				DOC I.D.: PV 800						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	243034	4001	800	0295	1000	501	112	29110023	01	115.47
02	243034	4001	800	0295	1000	501	615	29110023	01	571.99
03			800							
04			800							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE		John Johnson		Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE		John Johnson		DEPUTY ATTORNEY GENERAL						
DATE				DATE						
I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.				<div style="text-align:right;">   <b>TONY L. HEDGE</b> MAY 13 2004                 </div>						
Recommended Approval:  5-11-04				INDOT DIVISION OF ACCOUNTING AND CONTROL						
ORIGINATOR				DATE						
Approved Division of Land Acquisition				Approved, Indiana Department of Transportation						
DIVISION CHIEF				DATE						
				<div style="text-align:right;">                   DATE             </div>						
DIVISION CHIEF				DATE						

Please mail check to:

Jack Johnson

20298 Dunlap Rd.

Dennison, IL

62423

Business Searching Expense (013)  
# 717.46

Jack Johnson  
5767 McDaniel Rd  
Terre Haute, IN  
47802

Project STP-291-1(002)  
Parcel 26(01)  
Code 3777



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

# COPY

(317) 232-5058

May 20, 2004

Jack L. Johnson  
20298 Dunlap Road  
Dennison, IL 62423

Enclosed please find State Warrant 18706885 dated 5/17/2004 Invoice No. 243034

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Business Searching Expense</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1 (002)</u>	
Code: <u>3777</u> Parcel: <u>26 (01)</u>	
County: _____	<u>\$ 717.46</u>

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**COPY**  
CK mailed  
5-20-04

#1

Use Your  1%  
BIG CARD REBATE  
**MENARDS®**

1380 E. Fort Harrison  
Terre Haute, IN 47805



Sale Transaction

MAY 23 2006  
RELOCATION UNIT

10W30 OIL QUART QS (Rebate #2108) * PKG	
2612412 2 @14.28	28.56
PREM INT FLAT CEIL W (Rebate #2112) *	
5517815 4 @9.88	39.52
16.25OZ CARB+CHOKE C (Rebate #2094) *	
2612185	1.50
16.25OZ CARB+CHOKE C (Rebate #2094) *	
2612185	1.50
60W BUG BULB - 2 PAC (Rebate #8621) *	
3533011	1.00
60W BUG BULB - 2 PAC (Rebate #8621) *	
3533011	1.00
11OZ. LUBRICANT WD-4	
2610650	1.98
DECK WASH GAL (Rebate #2092) *	
5535949	2.44
DECK WASH GAL (Rebate #2092) *	
5535949	2.44
BR 20 AMP 1-POLE BRE	
3671863	3.18
BR 30 AMP 1-POLE BRE	
3671902	3.56
BR 30 AMP 1-POLE BRE	
3671902	3.56
BR 20 AMP 1-POLE BRE	
3671863	3.18
.8 MIL POLY DROP CLO	
5617016	0.96
.8 MIL POLY DROP CLO	
5617016	0.96
10PK 3/4" x 3-3/4" SLA	
6790617	7.49
BR 20 AMP 1-POLE BRE	
3671863	3.18
.8 MIL POLY DROP CLO	
5617016	0.96
.8 MIL POLY DROP CLO	
5617016	0.96
BR 30 AMP 1-POLE BRE	
3671902	3.56
ALUM. SHEET UNIONJACK	
2278267	12.98
200A VALU-PAK W/6 BR *	
3676334 <i>Breaker box</i>	94.88
PREM INT SATN PASTL *	
5518490 <i>wall paint</i>	59.95
TOTAL	279.30
TAX AT 6%	16.76

\$2610.00 ROOF  
\$ 214.57 BREAKER BOX  
\$2824.57 REEST.  
APPROVED.

2824.57  
2824.57

296.06 TOTAL

JACK L. JOHNSON 3-79 3348  
 20238 N. DUNLAP RD. PH. 812-259-9522  
 DENVER, CO 80221

Sept 16<sup>th</sup> 05

PAY TO THE ORDER OF *L & R Constructors* \$ 2610<sup>00</sup>

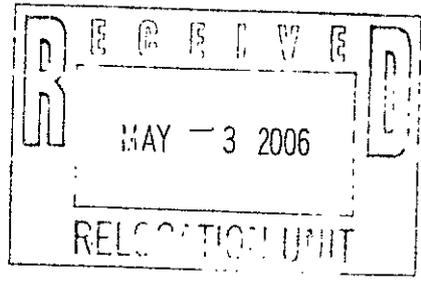
*Two Thousand Six Hundred Ten* 1050003 DOLLARS

OLD NATIONAL BANK 23 914811 9/19/2005 DN

Cash in .00 Out 2610.00  
 Checks .007 2610.00

⑆0886300012⑆ ⑆0441623⑆ 3346 ⑆0000261000⑆

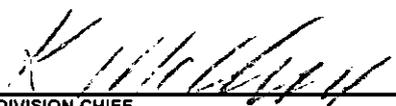
#3346 \$2,610.00 9-20-2005



**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <b>156037770262340</b>		DATE (MM,DD,YY) <b>5/12/06</b>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>[REDACTED]</b>				SOCIAL SECURITY NUMBER <b>[REDACTED]</b>						
ADDRESS (NUMBER, STREET) <b>[REDACTED]</b>				FEDERAL I.D. NUMBER						
CITY				STATE	ZIP <b>03</b>	PARCEL	PROJECT	DES NUMBER		
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<b>05/12/06</b>	<b>2,824.57</b>	<b>4000</b>	<b>561200</b>	<b>108610</b>	<b>NU</b>					
				Check Delivery: Send <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No See Reverse <input checked="" type="checkbox"/>						
GROSS AMOUNT				DOC I.D.: PV 800 <b>37770262340</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<b>01</b>	<b>162340</b>	<b>401</b>	<b>800</b>	<b>DDMN</b>	<b>861600</b>	<b>551</b>	<b>1012</b>	<b>29110023</b>	<b>03</b>	<b>564.91</b>
<b>02</b>	<b>262340</b>	<b>405</b>	<b>800</b>	<b>DDMN</b>	<b>861600</b>	<b>551</b>	<b>1012</b>	<b>29110023</b>	<b>03</b>	<b>2259.66</b>
<b>03</b>			<b>800</b>							
<b>04</b>			<b>800</b>							
<b>CLAIMANTS</b>				<b>LEINHOLDERS</b>						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE				DEPUTY ATTORNEY GENERAL						
DATE				DATE						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				 <span style="float:right;">MAY 11 2006</span>						
Recommended Approval:				INDOT DIVISION OF ACCOUNTING AND CONTROL						
ORIGINATOR				DATE						
Approved Division of Land Acquisition				Approved, Indiana Department of Transportation						
DIVISION CHIEF				DATE						
DATE										
DATE				DATE						

STP-291-1(002)  
3777 - 26(01)

Jack Johnson  
5767 McDaniel Rd.  
Terre Haute, IN 47802

Reestablishment (014)  
\$2,824.57

Mail check when ready  
↑

20298 DuVap Rd.  
Dennison, IL 62423  
work has been rd



# Indiana Department of Transportation

Office of Real Estate

100 North Senate Avenue, Room N642

Indianapolis, Indiana 46204-2219

PHONE: (317) 232-5060 - FAX: (317) 233-3055

May 16, 2006

Jack L. Johnson  
5767 McDaniel Road  
Terre Haute, IN 47803

Enclosed please find State Warrant 10575289 dated 5-15-06 Invoice No. 262340

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Reestablishment</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-391-1(002)</u>	
Code: <u>3777</u> Parcel: <u>26(01)</u>	
County: <u>Vigo</u>	<u>\$2,824.57</u>

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

Payment Received by: Mailed

Date: 5-17-06

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <i>991-177-00000</i>		DATE (MM,DD,YY) <i>06/09/04</i>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <i>Jack Johnson</i>				SOCIAL SECURITY NUMBER <i>[REDACTED]</i>						
ADDRESS (NUMBER, STREET) <i>507 W. 10th St</i>				FEDERAL I.D. NUMBER						
				VENDOR NUMBER						
CITY <i>West Hart</i>		STATE <i>IL</i>		ZIP <i>61702</i>		PARCEL <i>3777 10 01</i>	PROJECT <i>STP 211 (012)</i>	DES NUMBER		
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<i>06/09/04</i>	<i>34,500.00</i>	<i>400.0</i>	<i>601.00</i>	<i>105-10</i>	<i>IND</i>					
					Check Delivery : <i>See Reverse</i>					
GROSS AMOUNT <i>34,500.00</i>				DOC I.D.: <b>PV 800</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
<i>01</i>	<i>243338</i>	<i>401</i>	<i>800</i>	<i>143</i>	<i>6/1/04</i>	<i>201</i>		<i>011 000 01</i>		<i>63,000</i>
<i>02</i>	<i>213308</i>	<i>401</i>	<i>800</i>	<i>143</i>	<i>6/1/04</i>	<i>201</i>	<i>015</i>	<i>011 000 01</i>		<i>874,000</i>
<i>03</i>			<i>800</i>							
<i>04</i>			<i>800</i>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
DATE				Date		LEINHOLDER NAME				
DATE <i>X [Signature]</i>				Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.						
DATE <i>Jack Johnson</i>				DEPUTY ATTORNEY GENERAL		DATE				
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
DATE				<i>Tony L. Hedge</i>		<i>JUN 10 2004</i>				
Recommended Approval: <i>[Signature]</i>				INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
ORIGINATOR Approved Division of Land Acquisition				Approved, Indiana Department of Transportation						
DIVISION CHIEF		DATE <i>6-9-04</i>		<i>[Signature]</i>		DATE <i>(06/11)</i>				
DIVISION CHIEF		DATE		DIVISION CHIEF		DATE				

Scheduled move (007)  
\$ 3,425.00

Jack Johnson  
5767 McDanel Rd  
Terre Haute, IN  
47802

Please put check in  
safe to await move.

STP-291-1(002)  
3777-26(00)



# Indiana Department of Transportation

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone: (317) 232-5058

June 16, 2004

Johnson Carburetor & Jack L. Johnson  
5767 McDaniel Road  
Terre Haute, IN 47803

Enclosed please find State Warrant 18751507 dated 6/14/2004 Invoice No. 243338

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Residential Scheduled Moving Payment</u>	
in conjunction with Indiana Department of	
Transportation Project <u>STP-291-1 (002)</u>	
Code: <u>3777</u> Parcel: <u>26 (00)</u>	
County: _____	<u>\$ 3,425.00</u>

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

Payment Received by: ✗ Jack Johnson  
Date: 10-1-04



Project STR-291-1(002)

Parcel 26(00)

Code 5777

Jack Johnson  
5767 McDaniel Rd  
Terre Haute, IN  
47802  
\$1793.00

Closing cost reimbursement (010)

Please mail check to:

Jack Johnson

20298 Dunlap Rd

Dennison, IL

62423



# Indiana Department of Transportation

# COPY

Land Acquisition Division  
100 North Senate Avenue, Room N955  
Indianapolis, Indiana 46204-2219

FAX: (317)233-3055 - Writer's Direct Phone:

(317) 232-5058

May 20, 2004

Jack L. Johnson  
20298 Dunlap Road  
Dennison, IL 62423

Enclosed please find State Warrant 18706886 dated 5/17/2004 Invoice No. 243035

DESCRIPTION AND PURPOSE	AMOUNT
For: <u>Closing Cost Reimbursement</u>	
in conjunction with Indiana Department of Transportation Project <u>STP-291-1 (002)</u>	
Code: <u>3777</u> Parcel: <u>26 (00)</u>	
County: _____	\$ 1,793.00

Please sign and date in the spaces provided below to acknowledge receipt of payment. Return one copy using the enclosed pre-stamped self-addressed envelope.

Payment Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**COPY**  
CK mailed  
5-20-04

**INDIANA DEPARTMENT OF TRANSPORTATION  
LAND ACQUISITION CLAIM-VOUCHER**

State Form 9929 (R8/10-03) Approved by State Board of Accounts - 2003

Instructions: This agency is requesting disclosure of your Social Security number in accordance with I.C. 4-1-8.

VENDOR INFORMATION				AGENCY INFORMATION						
DOCUMENT NUMBER <b>37702L 2759</b>		DATE (MM,DD,YY) <b>04-15-04</b>		AGENCY NAME <b>INDOT</b>		AGENCY NUMBER <b>800</b>				
VENDOR NAME <b>Johnson, Jack L.</b>				SOCIAL SECURITY NUMBER <b>[REDACTED]</b>						
ADDRESS (NUMBER, STREET) <b>5767 McDaniel Rd</b>				FEDERAL I.D. NUMBER						
CITY <b>Terre Haute</b>				STATE <b>IN</b>		ZIP <b>47803</b>				
PARCEL <b>21, 377</b>		PROJECT <b>72211-1000</b>		DES NUMBER						
AREA BELOW TO BE COMPLETED BY AGENCY										
DATE (MM,DD,YY)	AMOUNT	FUND	OBJECT	CENTER	DESCRIPTION/1099 IND					
<b>04/15/04</b>	<b>24,703.00</b>	<b>4100</b>	<b>561500</b>	<b>10801</b>	<b>NO</b>					
					Check Delivery: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Reverse					
GROSS AMOUNT <b>31,263.00</b>				DOC I.D.: <b>PV 800-27702L 2759</b>						
INDOT ACCOUNTING LINE DISTRIBUTION										
LN	INVOICE NUMBER	FUND	AGCY	ORG	APPR UNIT	ACTV	OBJECT	JOB/PROJECT NUMBER	PRTY	AMOUNT
01	<b>242759</b>	<b>401</b>	<b>800</b>	<b>0043</b>	<b>151600</b>	<b>561</b>	<b>612</b>	<b>72211000001</b>		<b>626300</b>
02	<b>242759</b>	<b>406</b>	<b>800</b>	<b>0043</b>	<b>901600</b>	<b>561</b>	<b>1215</b>	<b>72211000001</b>		<b>1741040</b>
03			<b>800</b>							
04			<b>800</b>							
CLAIMANTS				LEINHOLDERS						
Pursuant to the provisions and penalties of Indiana Code 5-11-10-1 I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally due after allowing all just credits, and that no part of same has been paid. I also authorize payment to be made as indicated above.				I hereby sign this claim voucher as a leinholder and only certify to the extent of my interest therein and authorize payments to be made as indicated above:						
DATE		BUSINESS NAME		Date		LEINHOLDER NAME				
<b>4/15/04</b>		<b>Jack Johnson</b>								
Instrument Approved as to Form, preliminary only, Excepting Real Estate Description.				DEPUTY ATTORNEY GENERAL						
DATE				DATE						
DATE				I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.						
				<b>Tony E. Hedge APR 13 2004</b>						
Recommended Approval: <b>[Signature]</b> <b>4-12-04</b>				INDOT DIVISION OF ACCOUNTING AND CONTROL DATE						
ORIGINATOR				Approved, Indiana Department of Transportation						
Approved Division of Land Acquisition				<b>[Signature]</b> <b>04-15-04</b>						
DIVISION CHIEF				DIVISION CHIEF						
DATE				DATE						

Deliver check  
at closing

STP-291-1(602)  
26(00) 3777

Last Resort Housing (223)  
\$ 34,263.00

Jack L. Johnson  
5767 McDaniel Rd  
Terre Haute, IN  
47803

**Label**  
(See instructions on page 19.)  
Use the IRS label. Otherwise, please print or type.

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

**JACK L JOHNSON**  
**5767 MCDANIEL RD**  
**TERRE HAUTE, IN 47802**

OMB No. 1545-0074  
**Your social security number**  
\_\_\_\_\_  
**Spouse's social security number**  
\_\_\_\_\_

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

**Presidential Election Campaign** (See page 19.) **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?  Yes  No  Yes  No

**Filing Status** Check only one box.

1  Single  
2  Married filing joint return (even if only one had income)  
3  Married filing separate return. Enter spouse's SSN above and full name here. \_\_\_\_\_  
4  Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. \_\_\_\_\_  
5  Qualifying widow(er) with dependent child (year spouse died \_\_\_\_\_). (See page 19.)

**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. } No. of boxes checked on 6a and 6b **1**

b  Spouse } No. of your children on 6c who:  
● lived with you  
● did not live with you due to divorce or separation (see page 20)  
Dependents on 6c not entered above

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr.

d Total number of exemptions claimed **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **56,529.**

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a **8b**

9 Ordinary dividends. Attach Schedule B if required

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22) **81.**

11 Alimony received

12 Business income or (loss). Attach Schedule C or C- EZ **(276.)**

13 Capital gain or (loss). If Sch D not required, check here

14 Other gains or (losses). Attach Form 4797

15a Total IRA distributions **15a** b Taxable amt **15b**

16a Total pensions and annuities **16a** b Taxable amt **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amt **20b**

21 Other income. List type and amount (see page 27)

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** **56,334.**

**Adjusted Gross Income**

23 IRA deduction (see page 27) **23**

24 Student loan interest deduction (see page 28) **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 page 30) **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** **56,334.**

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 34-52 covering tax and credit calculations.

Standard Deduction for --
• People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.
• All others:
Single, \$4,550
Head of household, \$6,650
Married filing jointly or Qualifying widow (er), \$7,600
Married filing separately, \$3,800

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 53-58 for other taxes and total tax.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 59-66 for tax payments.

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 67-69 for refund calculations.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 70-71 for amount owed.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? (see page 53)? Yes. Complete the following. No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

Joint return? See page 19. 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 (DRIVER), Daytime phone number
Spouse's signature, Date, Spouse's occupation

Paid Preparer's Use Only

Preparer's signature, Date (4/5/2004), Check if self-employed, Preparer's SSN or PTIN (P00104536), Firm's name (H AND R BLOCK), address, and ZIP code (TERRE HAUTE, IN 47802-0000), EIN (43-1632899), Phone no. (812) 232-5494

**SCHEDULE A  
(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2001**

Attachment  
Sequence No. 07

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security no.

**JACK L JOHNSON**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> 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 34	2	
	3	Multiply line 2 above by 7.5% (.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter - 0-	4	
<b>Taxes You Paid</b> (See page A- 2.)	5	State and local income taxes	5	1,922.
	6	Real estate taxes (see page A- 2) <b>REAL ESTATE</b> 1,045.	6	1,045.
	7	Personal property taxes	7	12.
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8	9	2,979.
<b>Interest You Paid</b> (See page A- 3.)	10	Home mortgage interest and points reported to you on Form 1098.	10	3,834.
	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 for special rules.	12	
	13	Investment interest. Attach Form 4952 if required. (See page A- 3)	13	
	14	Add lines 10 through 13	14	3,834.
<b>Gifts to Charity</b> If you made a gift and got a benefit for it, see page A- 4.	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A- 4. <b>CHURCH</b> 925. <b>AMERICAN VETS</b> 25.	15	950.
	16	Other than by cash or check. If any gift of \$250 or more, see page A- 4. You <b>must</b> attach Form 8283 if over \$500	16	
	17	Carryover from prior year	17	
	18	Add lines 15 through 17	18	950.
<b>Casualty and Theft Losses</b>	19	Casualty or theft loss(es). Attach Form 4684. (See page A- 5.)	19	
<b>Job Expenses and Most Other Miscellaneous Deductions</b> (See page A- 5 for expenses to deduct here.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106- EZ if required. (See page A- 5) ▶ <b>UNION DUES</b> 605.	20	605.
	21	Tax preparation fees	21	170.
	22	Other expenses - investment, safe deposit box, etc. List type and amount. ▶	22	
	23	Add lines 20 through 22	23	775.
	24	Enter amount from Form 1040, line 34	24	56,334.
	25	Multiply line 24 above by 2% (.02)	25	1,127.
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter - 0-	26	0.
<b>Other Miscellaneous Deductions</b>	27	Other - from list on page A- 6. List type and amount ▶	27	
<b>Total Itemized Deductions</b>	28	Is Form 1040, line 34, over \$132,950 (over \$66,475 if married filing separately)? <input checked="" type="checkbox"/> <b>No.</b> 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 36. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See page A- 6 for the amount to enter.	28	7,763.

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

Sch A- 1040 (2001) Form Software Copyright 1996 - 2001 H&R Block Tax Services, Inc.

Schedule A (Form 1040) 2001

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2001**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.**  
▶ **Attach to Form 1040 or Form 1041.** ▶ **See Instructions for Schedule C (Form 1040).**

Name of proprietor  
**JACK L JOHNSON**

Social security number (SSN)  
[REDACTED]

**A** Principal business or profession, including product or service (see page C-1 of the instructions)  
**AUTOMOTIVE : SERVICE AND REPAIR**

**B** Enter code from pages C-7 & 8  
▶ **811110**

**C** Business name. If no separate business name, leave blank.  
**JOHNSON CARBURATOR SHOP**

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ▶ **5767 MCDANIEL RD**  
City, town or post office, state, and ZIP code **TERRE HAUTE, IN 47802**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2001? If "No," see page C-2 for limit on losses  Yes  No

**H** If you started or acquired this business during 2001, check here

Part I Income			
1	Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	▶ <input type="checkbox"/>	1 25,890.
2	Returns and allowances		2
3	Subtract line 2 from line 1		3 25,890.
4	Cost of goods sold (from line 42 on page 2)		4 22,805.
5	<b>Gross profit.</b> Subtract line 4 from line 3		5 3,085.
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)		6
7	<b>Gross income.</b> Add lines 5 and 6	▶	7 3,085.

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising	8 89.	19 Pension and profit-sharing plans 19
9	Bad debts from sales or services (see page C-3)	9	20 Rent or lease (see page C-4):
10	Car and truck expenses (see page C-3)	10	a Vehicles, machinery, and equipment 20a
11	Commissions and fees	11	b Other business property 20b 825.
12	Depletion	12	21 Repairs and maintenance 21
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13 826.	22 Supplies (not included in Part III) 22 834.
14	Employee benefit programs (other than on line 19)	14	23 Taxes and licenses 23
15	Insurance (other than health)	15 16.	24 Travel, meals, and entertainment:
16	Interest:		a Travel 24a 63.
a	Mortgage (paid to banks, etc.)	16a	b Meals and entertainment
b	Other	16b	c Enter nondeductible amount included on line 24b (see pg. C-5)
17	Legal and professional services	17 100.	d Subtract line 24c from line 24b 24d
18	Office expense	18 37.	25 Utilities 25
19			26 Wages (less employment credits) 26
20			27 Other expenses (from line 48 on page 2) 27 571.
21			28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns 28 3,361.
22			29 Tentative profit (loss). Subtract line 28 from line 7 29 (276.)
23			30 Expenses for business use of your home. Attach Form 8829 30
24			31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. 31 (276.)
25			
26			
27			
28			
29			
30			
31			
32	If you have a loss, check the box that describes your investment in this activity (see page C-6).		
32a	<input checked="" type="checkbox"/> All investment is at risk.		
32b	<input type="checkbox"/> Some investment is not at risk.		

**KBA For Paperwork Reduction Act Notice, see Form 1040 Instructions.** Schedule C (Form 1040) 2001

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

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35	16,544.
36	Purchases less cost of items withdrawn for personal use	36	28,577.
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	45,121.
41	Inventory at end of year.	41	22,316.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	22,805.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.

- 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 2001, 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
- 47a 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.

BOOKS	46.
BAD DEBT	160.
50PERCENT PASSES	365.
48 Total other expenses. Enter here and on page 1, line 27	48 571.



**Part V Listed Property** (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A- Depreciation and Other Information (Caution: See page 8 of the instructions for limits for passenger automobiles.)**

24a		Do you have evidence to support the business/investment use claimed?		X Yes		No		24b		If "Yes," is the evidence written?		X Yes		No		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)								
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	Elected section 179 cost								
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use (see page 7 of the instructions)									25							
26 Property used more than 50% in a qualified business use (see page 7 of the instructions):																
COMPUTER	12/21/01	100.0%	1,122	1,122	5	200DBMQ	56									
		%														
		%														
27 Property used 50% or less in a qualified business use (see page 7 of the instructions):																
		%				S/L-										
		%				S/L-										
		%				S/L-										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28			56				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1													29			

**Section B- Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off- duty hours?	Yes	No										
35	Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No										
36	Is another vehicle available for personal use?	Yes	No										

**Section C- Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42 Amortization of costs that begins during your 2001 tax year (see page 9 of the instructions):					
43 Amortization of costs that began before your 2001 tax year				43	
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report				44	

Name JACK L JOHNSON

TIN [REDACTED]

## Election Not to Have Additional Depreciation Deduction Apply

The above taxpayer(s) elect not to have the additional depreciation deduction apply to the following classes of property:

- 3 Year .....
- 5 Year .....
- 7 Year .....
- 10 Year .....
- 15 Year .....
- 20 Year .....
- Autos and other listed property used more than 50% in a qualified business use .....

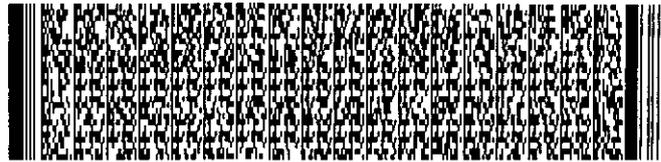
**2001 Indiana Full-Year Resident Individual  
Income Tax Return** Due April 15, 2002

If you are **not** filing for the calendar year January 1 through December 31, 2001,  
enter period from: \_\_\_\_\_ to: \_\_\_\_\_

317-52-0902

JACK L JOHNSON

5767 MCDANIEL RD  
TERRE HAUTE IN 47802



Enter the 2-digit county code numbers (found on page 6 in the instruction booklet) for the county where you lived and worked on January 1, 2001.

<b>Taxpayer</b>		<b>Spouse</b>	
County where you lived	County where you worked	County where you lived	County where you worked
84	84		

Check the box if you are married filing separately.

School District Number (see page 34) 8030

B  
S  
E  
T  
T  
A  
W  
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R  
E  
C  
H  
K  
E  
R  
O  
E  
R

1. Enter your federal adjusted gross income from your federal return (see page 9) .....	1	56,334.00
2. Tax Add-Back: certain taxes deducted from federal Schedule C, C-EZ, E, and/or F .....	2	
3. Net operating loss carryforward from federal Form 1040, 'Other income' line .....	3	
4. Income taxed on federal Form 4972 (attach Form 4972: see page 9) .....	4	
5. Add lines 1 through 4 .....	5	56,334.00
<b>Total Indiana Income ▶</b>		
6. Indiana deductions: Enter amount from Schedule 1, line 20 and attach Schedule 1 .....	6	1,126.00
7. Line 5 minus line 6 .....	7	55,208.00
<b>Indiana Adjusted Gross Income ▶</b>		
8. Number of exemptions claimed on your federal return <span style="border: 1px solid black; padding: 0 5px;">1</span> x \$1,000. (If no federal return was filed, enter \$1,000 per qualifying person: see page 14.) .....	8	1,000.00
9. Additional exemption for certain dependent children (see page 15). Enter number <span style="border: 1px solid black; padding: 0 5px;">0</span> x \$1,500 .....	9	
10. Check box(es) below for additional exemptions if, by December 31, 2001: You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> or blind. Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> or blind. Total the number of boxes checked <span style="border: 1px solid black; padding: 0 5px;"> </span> x \$1,000 .....	10	
11. Check box(es) below for additional exemptions if, by December 31, 2001: You were: <input type="checkbox"/> 65 or older and line 1 above is less than \$40,000. Spouse was: <input type="checkbox"/> 65 or older and line 1 above is less than \$40,000. Total the number of boxes checked <span style="border: 1px solid black; padding: 0 5px;">0</span> x \$500 .....	11	
12. Add lines 8, 9, 10 and 11 .....	12	1,000.00
<b>Total Exemptions ▶</b>		
13. Line 7 minus line 12 (if answer is less than zero, leave blank) .....	13	54,208.00
<b>State Taxable Income ▶</b>		
14. State adjusted gross income tax: Multiply line 13 by 3.4% (.034) .....	14	1,843.00
15. County income tax. See instructions on page 15 .....	15	0.00
16. Use tax due on out-of-state purchases (see page 18) .....	16	0.00
17. Household employment taxes: Attach Schedule IN-H (see page 18) .....	17	
18. Add lines 14 through 17. Enter here and on line 27 on page 2 .....	18	1,843.00
<b>Total Tax ▶</b>		
19. Indiana state tax withheld: (From box 17 of your W-2s, box A of WH-18s or from 1099s) .....	19	1,922.00
20. Indiana county tax withheld: (From box 19 of your W-2s, box B of WH-18s or from 1099s) .....	20	0.00
21. 2001 Estimated tax paid: Include any extension payment made on Form IT-9 .....	21	
22. Unified tax credit for the elderly: see instructions on page 19 .....	22	
23. Earned income credit: Enter amount from Section D, line D4 and attach Schedule IN-EIC .....	23	
24. Lake County residential income tax credit (see page 24) .....	24	
25. Indiana credits: Enter the total from Schedule 2, line 12 and attach Schedule 2 .....	25	
26. Add lines 19 through 25. Enter here and on line 28 on page 2 .....	26	1,922.00
<b>Total Credits ▶</b>		

See page 2

1029

JACK L JOHNSON

- 27. Enter the Total Tax from line 18 on page 1 of this form . . . . . ▶
- 28. Enter the Total Credits from line 26 on page 1 of this form . . . . . ▶
- 29. If line 28 is more than line 27, subtract line 27 from line 28 (if smaller, skip to line 36) . . . . .
- 30. Amount of line 29 to be donated to the Indiana Nongame and Endangered Wildlife Fund (see instructions on page 30) . . . . .
- 31. Subtract line 30 from line 29 . . . . . **SUBTOTAL**
- 32. Amount to be applied to your 2002 estimated tax account (see instructions on page 30) . . . . .
- 33. Penalty for Underpayment of Estimated Tax for 2001: Attach Schedule IT- 2210 or IT- 2210A . . . . .
- 34. **Refund:** Line 31 minus lines 32 and 33 (if less than zero see instructions on page 31) . . . . . **Your Refund ▶**

27	1,843.00
28	1,922.00
29	79.00
30	
31	79.00
32	
33	
34	79.00
36	
37	
38	
39	

If you want to **DIRECT DEPOSIT** your refund, you must complete lines 35a, b & c on the left.

35a. Routing Number

**Direct Deposit**

b. Account Number

c. Type of Account

 Checking Savings

See Instructions on page 31

- 36. If line 27 is more than line 28, subtract line 28 from line 27. **Add to this any amounts from lines 32 and 33, and enter total here** (see instructions on page 32) . . . . . **SUBTOTAL**
- 37. Penalty if filed after due date (see instructions on page 32) . . . . .
- 38. Interest if filed after due date (see instructions on page 32) . . . . .
- 39. **Amount Due:** Add lines 36, 37 and 38 . . . . . **Amount You Owe ▶**

▶ No payment is due if you owe less than \$1.00. **Do Not Send Cash.** Please make your check or money order payable to: **Indiana Department of Revenue.** Credit Card payers must see page 32 for instructions. **Note: Check box if paying by credit card.**

**Out-of-State Income Information**

• Enter any salary, wage, tip &/or commission received from Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin:

Taxpayer \$

Spouse \$

**Taxpayer** - Check box if you filed federal Schedule C or C- EZ for 2001.  **X**  
**Spouse** - Check box if you filed federal Schedule C or C- EZ for 2001.

If any individual listed at the top of the IT- 40 died during 2001, enter date of death below.

Taxpayer's date of death

Spouse's date of death

• If two- thirds of your gross income was made from farming or fishing, please check here.   
**Important:** If you checked the box, you must attach Schedule IT- 2210 or IT- 2210A.

• Enter the number of motor vehicles you and your spouse own or lease.   
 • Are all these vehicles registered with the Indiana Bureau of Motor Vehicles? Yes  **X** No  If No, attach an explanation.

**Authorization**

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I also understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

I authorize the Department to discuss my return with my tax preparer. Yes  No  **X**

Your Daytime Telephone Number

Spouse's Daytime Telephone Number

E- mail address where we can reach you (see page 33)

Your Signature

Date

*[Signature]*

Spouse's Signature

Date

*[Signature]*

Paid Preparer's name

Federal I.D. Number,  PTIN OR  Social Security Number

**H AND R BLOCK**

Address

510 DAVIS AVENUE

Preparer's daytime telephone number

City

TERRE HAUTE

State

Zip Code + 4

IN

47802-0000

Preparer's Signature

Date

*[Signature]* 4/5/2004

Please mail your completed return to the address provided in your mailing instructions.

**Schedule 1: Indiana Deductions**  
(Schedule 2 begins after line 20 below)

Enter your first name, middle initial and last name and spouse's full name if filing a joint return

Your Social Security Number

**JACK L JOHNSON**

**Instructions for Schedule 1 begin on page 9.**

1. Renter's deduction: Address where rented if different from the one on page 1

Landlord's name and address

Amount of rent paid \$

Number of months rented Enter the lesser of \$2,000 or amount of rent paid

2. Residential Homeowner's Property Tax deduction: Address where property tax was paid if

different from Form IT- 40

Number of months lived there 12 Amount of property tax paid \$ 1,045.00

Enter the lesser of \$2,500 or the actual amount of property tax paid

- 3. State tax refund reported on federal return (see page 11)
- 4. Interest on U.S. Government Obligations (see page 11)
- 5. Taxable Social Security benefits (see page 11)
- 6. Taxable Railroad Retirement benefits (see page 11)
- 7. Military Service deduction: \$2,000 maximum for qualifying individual (see page 11)
- 8. Non- Indiana Locality Earnings deduction: \$2,000 maximum per qualifying person (see page 11)
- 9. Insulation deduction: \$1,000 maximum: attach verification (see page 12)
- 10. Disability Retirement deduction: \$5,200 maximum per qualifying person (see page 12)  
Attach Schedule IT- 2440
- 11. Civil Service Annuity deduction: \$2,000 maximum per qualifying person (see page 12)
- 12. Nontaxable portion of Unemployment Compensation (see page 12)
- 13. Indiana Lottery Winnings (see page 12)
- 14. Indiana Net Operating Loss deduction: attach Schedule IT- 40NOL (see page 12)
- 15. Enterprise Zone Employee deduction: attach Schedule IT- 40QEC (see page 13)
- 16. Recovery of deductions (see page 13)
- 17. Human Services deduction (see page 13)
- 18. Indiana partnership long term care policy premiums deduction (see page 13)
- 19. Other deductions: list source(s) and amounts (see page 14)
- 20. Add lines 1 through 19 and enter total on line 6 of Form IT- 40 **Total Deductions**

Please round all entries to nearest whole dollar (see instructions, pg 7)

1	
2	1,045.00
3	81.00
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	1,126.00

**Schedule 2: Indiana Credits**

- 1. Credit for Local Taxes Paid Outside Indiana (see page 24)
- 2. County Credit for the Elderly: attach federal Schedule R (see page 26)
- 3. Other Local Credits: List source(s) and amounts (see page 26)  
**Important:** Lines 1 plus 2 & 3 cannot be greater than the county tax due on IT- 40 line 15 (see page 26)
- 4. College Credit: Attach Schedule CC- 40 (see page 27)
- 5. Credit for Taxes Paid to Other States: Attach other state's return (see page 27)
- 6. Research Expense Credit: attach Form IT- 20REC (see page 28)
- 7. Neighborhood Assistance Credit: attach Schedule NC- 20 (see page 28)
- 8. Enterprise Zone Credits (attach appropriate schedule: see page 28)
- 9. Teacher Summer Employment Credit: Attach Schedule TSE (see page 28)
- 10. Twenty- First Century Scholars Program Credit (see page 28)
- 11. Other Credits: List source(s) and amounts (see page 29)  
**Important:** Lines 4 through 11 added together cannot be greater than the state adjusted gross income tax due on IT- 40 line 14 (see instructions on page 31)
- 12. Add lines 1 through 11 and enter total on line 25 of Form IT- 40 **Total Credits**

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	



**Tax and Credits**

36	Amount from line 35 (adjusted gross income)	36	39,033.
37a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here <b>▶ 37a</b> <input type="checkbox"/>		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here <b>▶ 37b</b> <input type="checkbox"/>		
38	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	38	5,397.
39	Subtract line 38 from line 36.	39	33,636.
40	If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet on page 35	40	3,000.
41	<b>Taxable income.</b> Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	30,636.
42	<b>Tax.</b> Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	4,615.
43	<b>Alternative minimum tax.</b> Attach Form 6251	43	
44	Add lines 42 and 43 <b>▶</b>	44	4,615.
45	Foreign tax credit. Attach Form 1116 if required	45	
46	Credit for child and dependent care expenses. Attach Form 2441	46	
47	Credit for the elderly or the disabled. Attach Schedule R	47	
48	Education credits. Attach Form 8863	48	
49	Retirement savings contributions credit. Attach Form 8880	49	
50	Child tax credit (see page 39)	50	
51	Adoption credit. Attach Form 8839	51	
52	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	52	
53	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	53	
54	Add lines 45 through 53 <b>▶</b>	54	
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- <b>▶</b>	55	4,615.

**Standard Deduction for --**

- People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 34.
- All others:

Single, \$4,700

Head of household, \$6,900

Married filing jointly or Qualifying widow(er), \$7,850

Married filing separately, \$3,925

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
58	Tax on qualified plans, including IRAs, & other tax-favored accounts.	58	
59	Advance earned income credit payments from Form(s) W-2	59	
60	Household employment taxes. Attach Schedule H	60	
61	Add lines 55 through 60. This is your <b>total tax</b> <b>▶</b>	61	4,615.

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	6,954.
63	2002 estimated tax payments & amount applied from 2001 return.	63	
64	<b>Earned income credit (EIC)</b>	64	
65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 56)	67	
68	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	68	
69	Add lines 62 through 68. These are your <b>total payments</b> <b>▶</b>	69	6,954.

**Refund**

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

70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you <b>overpaid</b>	70	2,339.
71a	Amount of line 70 you want <b>refunded to you</b> <b>▶</b>	71a	2,339.
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
72	Amount of line 70 you want <b>applied to 2003 estimated tax</b> <b>▶</b>	72	

**Amount You Owe**

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

**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  Phone no.  Personal ID number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <b>DRIVER</b>	Daytime phone number <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	<input type="text"/>

**Paid Preparer's Use Only**

Preparer's signature  Date **4/5/2004** Check if self-employed  Preparer's SSN or PTIN **P00104536**

Firm's name (or yours if self-employed), address, and ZIP code **H AND R BLOCK TERRE HAUTE, IN 47802-0000** EIN **43-1632899** Phone no. **(812) 232-5494**

**SCHEDULE A  
(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2002**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security no.

**JACK L JOHNSON**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A- 2)	1	
	2	Enter amount from Form 1040, line 36	2	
	3	Multiply line 2 above by 7.5% (.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
<b>Taxes You Paid</b> (See page A- 2.)	5	State and local income taxes	5	246.
	6	Real estate taxes (see page A- 2) <b>REAL ESTATE</b> 524.	6	524.
	7	Personal property taxes	7	20.
	8	Other taxes. List type and amount ▶	8	
	9	Add lines 5 through 8.	9	790.
<b>Interest You Paid</b> (See page A- 3.)	10	Home mortgage interest and points reported to you on Form 1098	10	3,407.
	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 for special rules.	12	
	13	Investment interest. Attach Form 4952 if required. (See page A- 3)	13	
	14	Add lines 10 through 13	14	3,407.
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see page A- 4.	15	Gifts by cash or check. If you made any gift of \$250 or more, see page A- 4. <b>CHURCH</b> 1,050.	15	1,050.
	16	Other than by cash or check. If any gift of \$250 or more, see page A- 4. You <b>must</b> attach Form 8283 if over \$500	16	150.
	17	Carryover from prior year	17	
	18	Add lines 15 through 17	18	1,200.
<b>Casualty and Theft Losses</b>	19	Casualty or theft loss(es). Attach Form 4684. (See page A- 5.)	19	
<b>Job Expenses and Most Other Miscellaneous Deductions</b>  (See page A- 5 for expenses to deduct here.)	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See page A- 5) ▶	20	
	21	Tax preparation fees	21	242.
	22	Other expenses - investment, safe deposit box, etc. List type and amount. ▶ <b>SAFETY DEPOSIT BOX</b> 15.	22	15.
	23	Add lines 20 through 22	23	257.
	24	Enter amount from Form 1040, line 36	24	39,033.
	25	Multiply line 24 above by 2% (.02)	25	781.
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0.
<b>Other Miscellaneous Deductions</b>	27	Other - from list on page A- 6. List type and amount ▶	27	
<b>Total Itemized Deductions</b>	28	Is Form 1040, line 36, over \$137,300 (over \$68,650 if married filing separately)? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See page A- 6 for the amount to enter.	28	5,397.

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2002**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040 or 1041.

▶ See Instructions for Schedule C (Form 1040).

Name of proprietor  
**JACK L JOHNSON**

Social security number (SSN)  
**317-50-0002**

**A** Principal business or profession, including product or service (see page C-1 of the instructions)  
**AUTOMOTIVE : SERVICE AND REPAIR**

**B** Enter code from pages C-7, 8, & 9  
**811110**

**C** Business name. If no separate business name, leave blank.  
**JOHNSON CARBURATOR SHOP**

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.) ▶ **5767 MCDANIEL RD**  
City, town or post office, state, and ZIP code **TERRE HAUTE, IN 47802**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2002? If "No," see page C-3 for limit on losses  Yes  No

**H** If you started or acquired this business during 2002, check here ▶

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution.</b> 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"/>	<b>1</b>	<b>38,617.</b>
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	<b>38,617.</b>
<b>4</b> Cost of goods sold (from line 42 on page 2)		<b>4</b>	<b>34,112.</b>
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3		<b>5</b>	<b>4,505.</b>
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6		<b>7</b>	<b>4,505.</b>

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

<b>8</b> Advertising	<b>8</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>9</b> Bad debts from sales or services (see page C-3)	<b>9</b>		<b>20</b> Rent or lease (see page C-5):		
<b>10</b> Car and truck expenses (see page C-3)	<b>10</b>	<b>2,615.</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>11</b> Commissions and fees	<b>11</b>		<b>b</b> Other business property	<b>20b</b>	<b>1,394.</b>
<b>12</b> Depletion	<b>12</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	<b>13</b>	<b>1,042.</b>	<b>22</b> Supplies (not included in Part III)	<b>22</b>	<b>631.</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>15</b> Insurance (other than health)	<b>15</b>	<b>16.</b>	<b>24</b> Travel, meals, and entertainment:		
<b>16</b> Interest:			<b>a</b> Travel	<b>24a</b>	
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>b</b> Meals and entertainment		
<b>b</b> Other	<b>16b</b>		<b>c</b> Enter nondeductible amount included on line 24b (see pg. C-5)		
<b>17</b> Legal and professional services	<b>17</b>	<b>100.</b>	<b>d</b> Subtract line 24c from line 24b	<b>24d</b>	
<b>18</b> Office expense	<b>18</b>	<b>42.</b>	<b>25</b> Utilities	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27</b> Other expenses (from line 48 on page 2)	<b>27</b>	<b>751.</b>
			<b>28</b>	<b>28</b>	<b>6,591.</b>
<b>29</b> Tentative profit (loss). Subtract line 28 from line 7			<b>29</b>	<b>29</b>	<b>(2,086.)</b>
<b>30</b> Expenses for business use of your home. Attach Form 8829			<b>30</b>	<b>30</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.			<b>31</b>	<b>31</b>	<b>(2,086.)</b>
• 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 <b>must</b> go to line 32.					
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see page C-6).			<b>32a</b>	<input checked="" type="checkbox"/>	All investment is at risk.
• 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.			<b>32b</b>	<input type="checkbox"/>	Some investment is not at risk.
• If you checked 32b, you <b>must</b> attach Form 6198.					

**KBA** For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 2002

**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	22,316.
36 Purchases less cost of items withdrawn for personal use	36	27,710.
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	50,026.
41 Inventory at end of year	41	15,914.
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	34,112.

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 10 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.

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 2002, 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

47a 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.

BOOKS	18.
STOLEN PARTS	144.
PASSES	486.
PHONE	103.
48 <b>Total other expenses.</b> Enter here and on page 1, line 27	48 751.

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>JACK L JOHNSON</b>	Business or activity to which this form relates <b>Sch C JOHNSON CARBURATOR SHOP</b>	Identifying number <b>[REDACTED]</b>
--	---	---

**Part I Election To Expense Certain Tangible Property Under Section 179**  
**Note: If you have any listed property, complete Part V before you complete Part I.**

1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	\$24,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2	347
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	24,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6 <b>TOOLS</b>	347	347
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		347
9 Tentative deduction. Enter the smaller of line 5 or line 8		347
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		5,501
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		347
13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12	▶ 13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	269
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See page 6 of the instructions)**

21 Listed property. Enter amount from line 28	21	426
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,042
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**KBA For Paperwork Reduction Act Notice, see separate instructions.** Form 4562 (2002)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A- Depreciation and Other Information** (Caution: See page 8 of the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 7 of the instructions)								25	
<b>26</b> Property used more than 50% in a qualified business use (see page 7 of the instructions):									
TRUCK	01/01/02	100.0%							
COMPUTER	12/21/01	100.0%	1,122	1,122	5	200DBMQ	426		
		%							
<b>27</b> Property used 50% or less in a qualified business use (see page 7 of the instructions):									
		%				S/L-			
		%				S/L-			
		%				S/L-			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	426	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer questions in Section C to see if you meet an exception to completing this section for those vehicles.

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6				
	7165									
<b>31</b> Total commuting miles driven during the year	0									
<b>32</b> Total other personal (noncommuting) miles driven	0									
<b>33</b> Total miles driven during the year. Add lines 30 through 32	7165									
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X									
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X									
<b>36</b> Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X									

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2002 tax year (see page 9 of the instructions):					
<b>43</b> Amortization of costs that began before your 2002 tax year					43
<b>44</b> Total. Add amounts in column (f). See page 9 of the instructions for where to report					44

Name JACK L JOHNSON

TIN [REDACTED]

## Election Not to Have Additional Depreciation Deduction Apply

The above taxpayer(s) elect not to have the additional depreciation deduction apply to the following classes of property:

3 Year .....	<input type="checkbox"/>
5 Year .....	<input type="checkbox"/>
7 Year .....	<input checked="" type="checkbox"/>
10 Year .....	<input type="checkbox"/>
15 Year .....	<input type="checkbox"/>
20 Year .....	<input type="checkbox"/>
Autos and other listed property used more than 50% in a qualified business use .....	<input type="checkbox"/>

Supporting Schedules

2002

Name: JACK L JOHNSON

SSN: [REDACTED]

Schedule A

Line 16 - Gifts by Other Than Cash or Check

Description

Amount

GOODWILL

150

Total

150

Dear Taxpayer:

Your electronically filed 2002 Indiana Income Tax return indicates a balance owed to the Indiana Department of Revenue in the amount of \$ 1117.00. If you have any questions regarding this amount owed, you should consult the tax preparer who prepared your income tax return electronically. Avoid penalty and interest charges by making your payment before the April 15, 2003, tax due date. You may pay by mail, by phone, or via the Internet.

To pay by paper check or money order, send your payment by mailing the bottom portion of this letter along with your check or money order made payable to "Indiana Department of Revenue." Mail the tear-off and your payment to: Indiana Department of Revenue, P.O. Box 1674, Indianapolis, IN 46206-1674. You may also pay by electronic check (eCheck) over the Internet. Select Electronic Services from our web site at [www.in.gov/dor](http://www.in.gov/dor), and follow the instructions. The fee for using this service is \$1.00.

Use the In-ePay system to pay using a major credit card. You can do this using the Internet or a touch-tone telephone. You can access the IN-ePay Internet site at [www.in.gov/doe/epay](http://www.in.gov/doe/epay), or use your touch-tone phone to dial 1-866-729-4682 toll-free (select Option 1). You will be prompted for the information necessary to make your payment. A convenience fee will be charged by the credit card processor based on the amount you are paying. You will be told what the fee is and you will have the option to cancel or continue the credit card transaction.

Sincerely,

INDIANA DEPARTMENT OF REVENUE

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PFC (1029)  
Rev. 9-01

\*SSN [REDACTED]  
\*SSN2  
Period End Date 12/31/2002  
Date Due 04/15/2003  
Tax Type IND

Mail And Make Check Payable To:  
Indiana Department of Revenue  
P.O. Box 1674  
Indianapolis In 46206-1674

JACK L JOHNSON

\$ 1117.00

06000031752090202000010111231200201



# 2002 Indiana Full-Year Resident Individual Income Tax Return

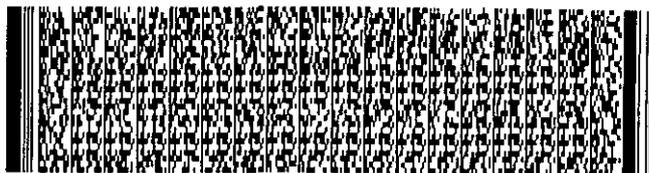
Due April 15, 2003

If you are not filing for the calendar year January 1 through December 31, 2002,  
enter period from: \_\_\_\_\_ to: \_\_\_\_\_

317-52-0902

JACK L JOHNSON

5767 MCDANIEL RD  
TERRE HAUTE IN 47802



Enter the 2-digit county code numbers (found on page 7 in the instruction booklet) for the county where you lived and worked on January 1, 2002.

Check the box if you are married filing separately.

**Taxpayer** County where you lived  County where you worked  **Spouse** County where you lived  County where you worked

School District Number (see page 34)

<b>SETTLED IN WILSONS AND ONLY 6 PAMPENEY CLORPDERCHERORE</b>	1. Enter your federal adjusted gross income from your federal return (see page 10)	1	39,033.00
	2. Tax Add-Back: certain taxes deducted from federal Schedule C, C-EZ, E, and/or F	2	
	3. Net operating loss carryforward from federal Form 1040, 'Other income' line	3	
	4. Income taxed on federal Form 4972 (attach Form 4972: see page 10)	4	
	5. Add lines 1 through 4 <b>Total Indiana Income</b>	5	39,033.00
	6. Indiana deductions: Enter amount from Schedule 1, line 20 and attach Schedule 1	6	603.00
	7. Line 5 minus line 6 <b>Indiana Adjusted Gross Income</b>	7	38,430.00
	8. Number of exemptions claimed on your federal return <input type="text" value="1"/> x \$1,000. (If no federal return was filed, enter \$1,000 per qualifying person: see page 16.)	8	1,000.00
	9. Additional exemption for certain dependent children (see page 16). Enter number <input type="text" value="0"/> x \$1,500	9	
	10. Check box(es) below for additional exemptions if, by December 31, 2002: You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> or blind. Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> or blind. Total the number of boxes checked <input type="text"/> x \$1,000	10	
	11. Check box(es) below for additional exemptions if, by December 31, 2002: You were: <input type="checkbox"/> 65 or older and line 1 above is less than \$40,000. Spouse was: <input type="checkbox"/> 65 or older and line 1 above is less than \$40,000. Total the number of boxes checked <input type="text" value="0"/> x \$500	11	
	12. Add lines 8, 9, 10 and 11 <b>Total Exemptions</b>	12	1,000.00
	13. Line 7 minus line 12 (if answer is less than zero, leave blank) <b>State Taxable Income</b>	13	37,430.00
	14. State adjusted gross income tax: Multiply line 13 by 3.4% (.034)	14	1,273.00
	15. County income tax. See instructions on page 17	15	0.00
	16. Use tax due on out-of-state purchases (see page 20)	16	0.00
	17. Household employment taxes: Attach Schedule IN-H (see page 20)	17	
	18. Add lines 14 through 17. Enter here and on line 27 on page 2 <b>Total Tax</b>	18	1,273.00
	19. Indiana state tax withheld: (From box 17 of your W-2s, box A of WH-18s or from 1099s)	19	246.00
	20. Indiana county tax withheld: (From box 19 of your W-2s, box B of WH-18s or from 1099s)	20	0.00
	21. 2002 Estimated tax paid: Include any extension payment made on Form IT-9	21	
	22. Unified tax credit for the elderly: see instructions on page 22	22	
	23. Earned income credit: Enter amount from Section D, line D4 and attach Schedule IN-EIC	23	
	24. Lake County residential income tax credit (see page 23)	24	
	25. Indiana credits: Enter the total from Schedule 2, line 12 and attach Schedule 2	25	
	26. Add lines 19 through 25. Enter here and on line 28 on page 2 <b>Total Credits</b>	26	246.00

AA  BB  CC  DD

See page 2

27. Enter the Total Tax from line 18 on page 1 of this form	27	1,273.00
28. Enter the Total Credits from line 26 on page 1 of this form	28	246.00
29. If line 28 is more than line 27, subtract line 27 from line 28 (if smaller, skip to line 36)	29	
30.  Amount of line 29 to be donated to the Indiana Nongame and Endangered Wildlife Fund (see instructions on page 30)	30	
31. Subtract line 30 from line 29	31	
<b>SUBTOTAL</b>		
32. Amount to be applied to your 2003 estimated tax account (see instructions on page 30)	32	
33. Penalty for Underpayment of Estimated Tax for 2002: Attach Schedule IT- 2210 or IT- 2210A	33	90.00
34. <b>Refund:</b> Line 31 minus lines 32 and 33 (if less than zero see instructions on page 31)	34	
<b>YOUR REFUND</b>		
35a. Routing Number <input type="text"/> b. Account Number <input type="text"/> c. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">See instructions on page 31.</span>		
If you want to <b>DIRECT DEPOSIT</b> your refund, you must complete lines 35a, b & c on the left.		
36. If line 27 is more than line 28, subtract line 28 from line 27. <b>Add to this any amounts from lines 32 and 33, and enter total here</b> (see instructions on page 32)	36	1,117.00
37. Penalty if filed after due date (see instructions on page 32)	37	
38. Interest if filed after due date (see instructions on page 32)	38	
39. <b>Amount Due:</b> Add lines 36, 37 and 38	39	1,117.00
<b>AMOUNT YOU OWE</b>		
▶ No payment is due if you owe less than \$1.00. <b>Do Not Send Cash.</b> Please make your check or money order payable to: <b>Indiana Department of Revenue.</b> Credit card payers must see page 32 for instructions. <b>Note: Check box if paying by credit card.</b> <input type="checkbox"/>		

**Out-of-State Income Information**

- Enter any salary, wage, tip &/or commission received from Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Taxpayer - Check box if you filed federal Schedule C or C- EZ for 2002.    
 Spouse - Check box if you filed federal Schedule C or C- EZ for 2002.

If any individual listed at the top of the IT- 40 died during 2002, enter date of death below.

Taxpayer's date of death

Spouse's date of death

- If two- thirds of your gross income was made from farming or fishing, please check here.
- Important:** If you checked the box, you must attach Schedule IT- 2210 or IT- 2210A.

- Enter the number of motor vehicles you and/or your spouse own or lease.
- Are all these vehicles registered with the Indiana Bureau of Motor Vehicles? Yes  No  If No, attach an explanation.

**Authorization**

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I also understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund is properly deposited.

Are you filing a federal income tax return for 2002? Yes  No

I authorize the Department to discuss my return with my tax preparer. Yes  No

Your Daytime Telephone Number

Spouse's Daytime Telephone Number

Your Signature  Date

Spouse's Signature  Date

E- mail address where we can reach you (see page 33)

**Paid Preparer's name**  Federal I.D. Number,  PTIN OR  Social Security Number

H AND R BLOCK

**Address** 510 DAVIS AVENUE

City TERRE HAUTE

State IN Zip Code + 4

Preparer's Signature  Date

Please mail to: Indiana Department of Revenue, P.O. Box 7231, Indianapolis, IN 46206- 7231. Keep a copy for your records.

**Schedule 1: Indiana Deductions**  
(Schedule 2 begins after line 20 below)

Enter your first name, middle initial and last name and spouse's full name if filing a joint return

Your Social Security Number

JACK L JOHNSON



**Instructions for Schedule 1 begin on page 10.**

1. Renter's deduction: Address where rented if different from the one on page 1 of Form IT- 40

Landlord's name and address

Amount of rent paid \$

Number of months rented Enter the lesser of \$2,000 or amount of rent paid

2. Residential Homeowner's Property Tax deduction: Address where property tax was paid if

different from Form IT- 40

Number of months lived there 12 Amount of property tax paid \$ 524.00

Enter the lesser of \$2,500 or the actual amount of property tax paid

- 3. State tax refund reported on federal return (see page 12)
- 4. Interest on U.S. Government Obligations (see page 12)
- 5. Taxable Social Security benefits (see page 12)
- 6. Taxable Railroad Retirement benefits (see page 12)
- 7. Military Service deduction: \$2,000 maximum for qualifying individual (see page 12)
- 8. Non- Indiana Locality Earnings deduction: \$2,000 maximum per qualifying person (see page 13)
- 9. Insulation deduction: \$1,000 maximum: attach verification (see page 13)
- 10. Disability Retirement deduction: \$5,200 maximum per qualifying person; attach Schedule IT- 2440  
**Important:** you no longer must be under age 65 to qualify (see page 13)
- 11. Civil Service Annuity deduction: \$2,000 maximum per qualifying person (see page 14)
- 12. Nontaxable portion of Unemployment Compensation (see page 14)
- 13. Indiana Lottery Winnings (see page 14)
- 14. Indiana Net Operating Loss deduction: attach Schedule IT- 40NOL (see page 14)
- 15. Enterprise Zone Employee deduction: attach Schedule IT- 40QEC (see page 15)
- 16. Recovery of deductions (see page 15)
- 17. Human Services deduction (see page 15)
- 18. Indiana partnership long term care policy premiums deduction (see page 15)
- 19. Other deductions: list source(s) and amounts (see page 15)
- 20. Add lines 1 through 19 and enter total on line 6 of Form IT- 40 **Total Deductions**

Please round all entries to nearest whole dollar (see instructions, pg 7)

1	
2	524.00
3	79.00
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	603.00

**Schedule 2: Indiana Credits**

- 1. Credit for Local Taxes Paid Outside Indiana (see page 24)
- 2. County Credit for the Elderly: attach federal Schedule R (see page 25)
- 3. Other Local Credits: List source(s) and amounts (see page 25)  
**Important:** Lines 1 plus 2 & 3 cannot be greater than the county tax due on IT- 40 line 15 (see page 26)
- 4. College Credit: Attach Schedule CC- 40 (see page 26)
- 5. Credit for Taxes Paid to Other States: Attach other state's return (see page 26)
- 6. Research Expense Credit: attach Form IT- 20REC (see page 27)
- 7. Neighborhood Assistance Credit: attach Schedule NC- 20 (see page 27)
- 8. Enterprise Zone Credits (attach appropriate schedule: see page 27)
- 9. Teacher Summer Employment Credit: Attach Schedule TSE (see page 28)
- 10. Twenty- First Century Scholars Program Credit (see page 28)
- 11. Other Credits: List source(s) and amounts (see page 28)  
**Important:** Lines 4 through 11 added together cannot be greater than the state adjusted gross income tax due on IT- 40 line 14 (see instructions on page 30)
- 12. Add lines 1 through 11 and enter total on line 25 of Form IT- 40 **Total Credits**

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	



Your first name and last name  
**JACK L JOHNSON**

Spouse's first name and last name (if filing a joint return)

Your Social Security Number [REDACTED]

Spouse's Social Security Number [REDACTED]

**Section A - Farmers and Fishermen Only - See Instructions**

	Annual Gross Income from All Sources	X 66.7% =	Two-Thirds of Gross Income	Gross Income from Farming and Fishing
2001	[REDACTED]	=	[REDACTED]	[REDACTED]
2002	[REDACTED]	=	[REDACTED]	[REDACTED]

**Section B:  
Early Filers**

Check box if you filed your 2002 tax return and paid the total tax due by January 31, 2003.

**Section C - Required Annual Payment**

1.	2002 tax	1	1,273.00
2.	2002 credits (not including withholding credits or estimated tax payments)	2	
3.	Subtract line 2 from line 1	3	1,273.00
4.	Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions)	4	1,146.00
5.	2002 withholding tax credit	5	246.00
6.	Subtract line 5 from line 3 - <b>If less than \$400, STOP HERE! You do not owe a penalty</b>	6	1,027.00
7.	Prior year's tax - <b>Read instructions</b>	7	1,746.00
8.	Minimum required annual payment - Enter the lesser of line 4 or line 7 - <b>If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty</b>	8	1,146.00

**Section D - Short Method - Read the instructions to determine if you can use the short method**

9.	Enter the withholding tax credit amount from line 5 above	9	246.00
10.	Enter the total amount, if any, of estimated tax payments you made for tax year 2002	10	
11.	Add lines 9 and 10	11	246.00
12.	Total Underpayment. Subtract line 11 from line 8. If zero or less, <b>STOP HERE! You do not owe a penalty. Attach this schedule to your tax return</b>	12	900.00
13.	Multiply line 12 by 10% (.10). Enter this amount on line 33 of Form IT-40 or line 31 of Form IT-40PNR	13	90.00

**Section E - Regular Method**

	Installment Period Due Dates					
	A 1st Installment April 15, 2002	B 2nd Installment June 17, 2002	C 3rd Installment September 16, 2002	D 4th Installment January 15, 2003		
14.	Minimum required installment payment: divide amount on line 8 by 4	14		14		
15.	2002 withholding - Divide line 5 by 4	15		15		
<b>STOP! Complete lines 16 through 19 for each column before going to the next one.</b>						
16.	2002 estimated taxes paid per period	16		16		
17.	Total installment payments (Add lines 15 and 16)	17		17		
18.	Installment period overpayment	18		18		
19.	Installment period underpayment	19		19		
20.	Total underpayment - Add line 19, Columns A + B + C + D and enter total here				20	
21.	Underpayment penalty - Multiply line 20 by 10% (.10). Enter this amount on line 33 of Form IT-40 or line 31 of Form IT-40PNR				21	

Label

(See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1- Dec. 31, 2003, or other tax year beginning .2003, ending .20 JACK L JOHNSON 5767 MCDANIEL RD TERRE HAUTE, IN 47802

OMB No. 1545-0074

Your social security number Spouse's social security number

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

Presidential Election Campaign (See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You Spouse Yes X No Yes No

Filing Status

- 1 X Single 4 Head of household (with qualifying person). (See page 20.) 2 Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child. (See page 20.) 3 Married filing separately. Enter spouse's SSN above & full name below. child's name here.

Exemptions

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. b Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qual child for child tax cr. d Total number of exemptions claimed 1

Income

Table with 2 columns: Description and Amount. Rows include Wages, salaries, tips, etc. (15,243.); Taxable interest; Ordinary dividends; Taxable refunds; Alimony received; Business income; Capital gain; Other gains; IRA distributions; Pensions and annuities (33,600.); Social security benefits; Other income. Total income: 18,357.

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include Educator expenses; IRA deduction; Student loan interest deduction; Tuition and fees deduction; Moving expenses; One-half of self-employment tax; Self-employed health insurance deduction; Self-employed SEP, SIMPLE, and qualified plans; Penalty on early withdrawal of savings; Alimony paid; Add lines 23 through 32a; Subtract line 33 from line 22. Adjusted gross income: 18,357.

**Tax and Credits**

35 Amount from line 34 (adjusted gross income) 35 18,357.

36a Check  You were born before January 2, 1939,  Blind.  Total boxes checked  36a

if:  Spouse was born before January 2, 1939,  Blind.

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 36b

37 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) 37 4,750.

38 Subtract line 37 from line 35 38 13,607.

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 3,050.

40 **Taxable income.** Subtract line 39 from line 38. If line 39 is more than line 38, enter -0- 40 10,557.

41 **Tax.** Check if any tax is from: a  Form(s) 8814 b  Form 4972 41 1,236.

42 **Alternative minimum tax.** Attach Form 6251 42

43 Add lines 41 and 42 ▶ 43 1,236.

44 Foreign tax credit. Attach Form 1116 if required 44

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  Form 8396 b  Form 8859 51

52 Other credits. Check applicable box(es): a  Form 3800 52

b  Form 8801 c  Specify \_\_\_\_\_

53 Add lines 44 through 52. These are your **total credits** 53

54 Subtract line 53 from line 43. If line 53 is more than line 43, enter -0- ▶ 54 1,236.

**Other Taxes**

55 Self-employment tax. Attach Schedule SE 55

56 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 56

57 Tax on qualified plans, including IRAs, and other tax-favored accounts. 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 1,236.

**Payments**

61 Federal income tax withheld from Forms W-2 and 1099 61 4,284.

62 2003 estimated tax payments & amount applied from 2002 return 62

63 **Earned income credit (EIC)** 63

64 Excess social security and tier 1 RRTA tax withheld (see page 56) 64

65 Additional child tax credit. Attach Form 8812 65

66 Amount paid with request for extension to file (see page 56) 66

67 Other payments from: a  Form 2439 b  Form 4136 c  Form 8885 67

68 Add lines 61 through 67. These are your **total payments** ▶ 68 4,284.

**Refund**

69 If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you **overpaid** 69 3,048.

70a Amount of line 69 you want **refunded to you** ▶ 70a 3,048.

▶ b Routing number **XXXXXXXXXX** ▶ c Type:  Direct deposit  Statement

▶ d Account number **XXXXXXXXXXXXXXXXXXXX**

71 Amount of line 69 you want **applied to 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 \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal ID number (PIN)

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **RETIRED** Daytime phone number \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature  Date **4/7/2004** Check if self-employed  Preparer's SSN or PTIN **P00104536**

Firm's name (or yours if self-employed), address, and ZIP code **H AND R BLOCK TERRE HAUTE, IN 47802-0000** EIN **43-1632899** Phone no. **(812) 232-5494**

**Standard Deduction for -**

- People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.
- All others:
  - Single or Married filing separately, \$4,750
  - Married filing jointly or Qualifying widow(er), \$9,500
  - Head of household, \$7,000

**SCHEDULE A  
(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2003**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

**JACK L JOHNSON**

**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** \_\_\_\_\_

**2**

**3** Multiply line 2 above by 7.5% (.075) \_\_\_\_\_

**3**

**4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- \_\_\_\_\_

**4**

**Taxes You Paid**

**5** State and local income taxes \_\_\_\_\_

**5**

1,117.

**6** Real estate taxes (see page A-2) \_\_\_\_\_

**6**

**7** Personal property taxes \_\_\_\_\_

**7**

20.

**8** Other taxes. List type and amount ▶ \_\_\_\_\_

**8**

**9** Add lines 5 through 8 \_\_\_\_\_

**9**

1,137.

**Interest You Paid**

**10** Home mortgage interest and points reported to you on Form 1098 \_\_\_\_\_

**10**

1,740.

**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 for special rules. \_\_\_\_\_

**12**

**13** Investment interest. Attach Form 4952 if required. (See page A-4.) \_\_\_\_\_

**13**

**14** Add lines 10 through 13 \_\_\_\_\_

**14**

1,740.

**Gifts to Charity**

**15** Gifts by cash or check. If you made any gift of \$250 or more, see page A-4.

**CHURCH** 885.

**15**

885.

**16** Other than by cash or check. If any gift of \$250 or more, see page A-4. You **must** attach Form 8283 if over \$500 \_\_\_\_\_

**16**

**17** Carryover from prior year \_\_\_\_\_

**17**

**18** Add lines 15 through 17 \_\_\_\_\_

**18**

885.

**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**

**21** Tax preparation fees \_\_\_\_\_

**21**

298.

**22** Other expenses - investment, safe deposit box, etc. List type and amount. \_\_\_\_\_

**22**

**SAFETY DEPOSIT BOX** 20.

**22**

20.

**23** Add lines 20 through 22 \_\_\_\_\_

**23**

318.

**24** Enter amount from Form 1040, line 35 **24** 18,357.

**24**

**25** Multiply line 24 above by 2% (.02) \_\_\_\_\_

**25**

367.

**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)?

**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.

**Yes.** Your deduction may be limited. See page A-6 for the amount to enter.

**28**

3,762.

**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 <b>JACK L JOHNSON</b>		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see page C- 2 of the instructions) <b>AUTOMOTIVE : SERVICE AND REPAIR</b>		B Enter code from pages C- 7, 8, & 9 ▶ <b>811110</b>
C Business name. If no separate business name, leave blank. <b>JOHNSON CARBURATOR SHOP</b>		D Employer ID number (EIN), if any
E Business address (including suite or room no.) ▶ <b>5767 MCDANIEL RD</b> City, town or post office, state, and ZIP code <b>TERRE HAUTE, IN 47802</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2003, check here <input type="checkbox"/>		

**Part I Income**

1 Gross receipts or sales. <b>Caution.</b> 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	21,449.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	21,449.
4 Cost of goods sold (from line 42 on page 2)	4	31,575.
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	(10,126.)
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C- 3)	6	
7 <b>Gross income.</b> Add lines 5 and 6	7	(10,126.)

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

8 Advertising	8	151.	19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see page C- 3)	9	2,145.	20 Rent or lease (see page C- 5):	20	
10 Commissions and fees	10		a Vehicles, machinery, and equipment	20a	
11 Contract labor (see page C- 4)	11		b Other business property	20b	665.
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C- 4)	13	427.	22 Supplies (not included in Part III)	22	648.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15	16.	24 Travel, meals, and entertainment:	24	
16 Interest:	16		a Travel	24a	231.
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment	24b	
b Other	16b		c Enter nondeductible amount included on line 24b (see page C- 5)	24c	
17 Legal and professional services	17	105.	d Subtract line 24c from line 24b	24d	
18 Office expense	18	41.	25 Utilities	25	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns	28	5,117.	26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7.	29	(15,243.)	27 Other expenses (from line 48 on page 2)	27	688.
30 Expenses for business use of your home. Attach <b>Form 8829</b>	30		28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns	28	5,117.
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	31	(15,243.)	29 Tentative profit (loss). Subtract line 28 from line 7.	29	(15,243.)

- 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.
- 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.

APR 12 2004

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

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	15,914.
36 Purchases less cost of items withdrawn for personal use	36	37,896.
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	53,810.
41 Inventory at end of year	41	22,235.
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	31,575.

**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

47a 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.

BOOKS	80.
PASSES	203.
BAD DEBT	50.
PHONE	95.
INTERNET SVC	260.
48 Total other expenses. Enter here and on page 1, line 27	688.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>JACK L JOHNSON</b>	Business or activity to which this form relates <b>Sch C JOHNSON CARBURATOR SHOP</b>	Identifying number 
--	---	------------------------

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	\$100,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$400,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2003	17	161
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	18	

**Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		70		7HY	200DB	10
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C - Assets Placed In Service During 2003 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

**Part IV Summary (see page 6 of the instructions)**

21 Listed property. Enter amount from line 28	21	256
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	427
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**KBA For Paperwork Reduction Act Notice, see separate instructions.**

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A- Depreciation and Other Information** (Caution: See page 7 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions)							25	
26 Property used more than 50% in a qualified business use (see page 6 of the instructions):								
COMPUTER	12/21/01	100.0%	1,122	1,122	5	200DBMQ	256	
		%						
		%						
27 Property used 50% or less in a qualified business use (see page 6 of the instructions):								
1976 CHEVY	01/01/95	25.90%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	256
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6				
	5958									
31 Total commuting miles driven during the year	0									
32 Total other personal (noncommuting) miles driven	17042									
33 Total miles driven during the year. Add lines 30 through 32	23000									
34 Was the vehicle available for personal use during off- duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X									
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X									
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	X									

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions):					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report.					44

Name JACK L JOHNSON

TIN [REDACTED]

### Election Not to Have Additional 30% Depreciation Deduction Apply

The above taxpayer(s) elect not to have the additional 30% depreciation deduction apply to the following classes of property:

3 Year .....	<input type="checkbox"/>
5 Year .....	<input type="checkbox"/>
7 Year .....	<input checked="" type="checkbox"/>
10 Year .....	<input type="checkbox"/>
15 Year .....	<input type="checkbox"/>
20 Year .....	<input type="checkbox"/>
Autos and other listed property used more than 50% in a qualified business use .....	<input type="checkbox"/>

2003 PFC Letter

Dear Taxpayer:

Your electronically filed 2003 Indiana Individual Income Tax return indicates a balance owed to the Indiana Department of Revenue in the amount of \$ 761.00. If you have any questions regarding this amount owed, you should consult the tax preparer who prepared your income tax return electronically. Avoid penalty and interest charges by making your payment before the April 15, 2004, tax due date. You may pay by mail, by phone, or via the Internet.

To pay by paper check or money order, send your payment by mailing the bottom portion of this letter along with your check or money order made payable to "Indiana Department of Revenue." Mail the tear-off and your payment to: Indiana Department of Revenue, P.O. Box 1674, Indianapolis, IN 46206-1674. You may also pay by electronic check (eCheck) over the Internet. From our web site at [www.in.gov/dor/epay](http://www.in.gov/dor/epay), and follow the instructions. The fee for using this service is \$1.00.

Use the In-ePay system to pay using a major credit card. You can do this using the Internet or a touch-tone telephone. You can access the IN-ePay Internet site at [www.in.gov/dor/epay](http://www.in.gov/dor/epay), or use your touch-tone phone to dial 1-866-729-4682 toll-free (select Option 1). You will be prompted for the information necessary to make your payment. A convenience fee will be charged by the credit card processor based on the amount you are paying. You will be told what the fee is and you will have the option to cancel or continue the credit card transaction.

Sincerely,

INDIANA DEPARTMENT OF REVENUE

PFC (1029)  
Rev. 9-01

\*SSN1 [REDACTED]  
\*SSN2 [REDACTED]  
Period End Date 12/31/2003  
Date Due 04/15/2004  
Tax Type IND

Indiana Department of Revenue  
P.O. Box 1674  
Indianapolis In 46206-1674

JACK L JOHNSON

\$ 761.00

06000031752090202000010111231200307

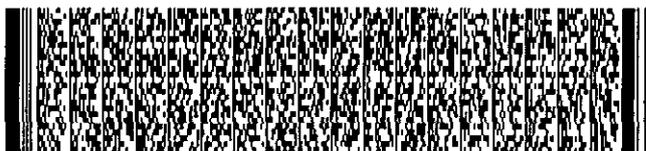


If you are **not** filing for the calendar year January 1 through December 31, 2003, enter period from: \_\_\_\_\_ to: \_\_\_\_\_

JACK L JOHNSON

5767 MCDANIEL RD  
TERRE HAUTE

IN 47802



Enter the 2-digit county code numbers (found on page 7 in the instruction booklet) for the county where you lived and worked on January 1, 2003.

Check the box if you are married filing separately.

**Taxpayer** County where you lived  County where you worked   
**Spouse** County where you lived  County where you worked

School District Number (see page 38)

SETAWPLENWL2INFORS1ANDLYB  
PAMPONERY  
COLRIDERCHHECKEOR

1. Enter your federal adjusted gross income from your federal return (see page 10)	1	18,357.00
2. Tax Add-Back: certain taxes deducted from federal Schedule C, C-EZ, E, and/or F	2	
3. Net operating loss carryforward from federal Form 1040, 'Other income' line	3	
4. Income taxed on federal Form 4972 (attach Form 4972: see page 10)	4	
5. Other (see instructions on page 10)	5	
6. Add lines 1 through 5. <b>Total Indiana Income</b>	6	18,357.00
7. Indiana deductions: Enter amount from Schedule 1, line 20 and attach Schedule 1	7	
8. Line 6 minus line 7. <b>Indiana Adjusted Gross Income</b>	8	18,357.00
9. Number of exemptions claimed on your federal return <input type="text" value="1"/> x \$1,000. (If no federal return was filed, enter \$1,000 per qualifying person: see page 16.)	9	1,000.00
10. Additional exemption for certain dependent children (see page 16). Enter number <input type="text" value="0"/> x \$1,500	10	
11. Check box(es) below for additional exemptions if, by December 31, 2003: You were: <input type="checkbox"/> 65 or older <input type="checkbox"/> or blind. Spouse was: <input type="checkbox"/> 65 or older <input type="checkbox"/> or blind. Total the number of boxes checked <input type="text"/> x \$1,000.	11	
12. Check box(es) below for additional exemptions if, by December 31, 2003: You were: <input type="checkbox"/> 65 or older and line 1 above is less than \$40,000. Spouse was: <input type="checkbox"/> 65 or older and line 1 above is less than \$40,000. Total the number of boxes checked <input type="text" value="0"/> x \$500	12	
13. Add lines 9, 10, 11 and 12. <b>Total Exemptions</b>	13	1,000.00
14. Line 8 minus line 13 (if answer is less than zero, leave blank). <b>State Taxable Income</b>	14	17,357.00
15. State adjusted gross income tax: Multiply line 14 by 3.4% (.034)	15	590.00
16. County income tax. See instructions on page 17.	16	108.00
17. Use tax due on out-of-state purchases (see page 20)	17	0.00
18. Household employment taxes: Attach Schedule IN-H (see page 20)	18	
19. Indiana advance earned income credit payments from W-2(s) (see page 20)	19	
20. Add lines 15 through 19. Enter here and on line 29 on page 2. <b>Total Tax</b>	20	698.00
21. Indiana state tax withheld: (From box 17 of your W-2s, box A of WH-18s or from 1099s)	21	0.00
22. Indiana county tax withheld: (From box 19 of your W-2s, box B of WH-18s or from 1099s)	22	0.00
23. 2003 Estimated tax paid: Include any extension payment made on Form IT-9	23	
24. Unified tax credit for the elderly: see instructions on page 22	24	
25. Earned income credit: Attach Schedule IN-EIC and enter amount from Section A, line A2	25	
26. Lake County residential income tax credit (see page 23)	26	
27. Indiana credits: Enter the total from Schedule 2, line 12 and attach Schedule 2	27	
28. Add lines 21 through 27. Enter here and on line 30 on page 2. <b>Total Credits</b>	28	0.00

AA  BB  CC  DD

Go to page 2

JACK L JOHNSON

- 29. Enter the Total Tax from line 20 on page 1 of this form
- 30. Enter the Total Credits from line 28 on page 1 of this form
- 31. If line 30 is more than line 29, subtract line 29 from line 30 (if smaller, skip to line 38)
- 32. Amount of line 31 to be donated to the Indiana Nongame Wildlife Fund (see instructions on page 30)
- 33. Subtract line 32 from line 31 **SUBTOTAL**
- 34. Amount to be applied to your 2004 estimated tax account (see instructions on page 30)
- 35. Penalty for Underpayment of Estimated Tax for 2003: Attach Schedule IT- 2210 or IT- 2210A
- 36. **Refund:** Line 33 minus lines 34 and 35 (if less than zero see instructions on page 31) **YOUR REFUND**

29	698.00
30	0.00
31	
32	
33	
34	
35	63.00
36	
← If you want to DIRECT DEPOSIT your refund, see instructions on page 31.	
38	761.00
39	
40	
41	761.00

**D Direct Deposit** 37 a. Routing Number   
**Hoosier Works MC** b. Account Number   
 c. Type of Account  Checking  Savings  Hoosier WorksMC

- 38. If line 29 is more than line 30, subtract line 30 from line 29. **Add to this any amounts from lines 34 and 35, and enter total here** (see instructions on page 32) **SUBTOTAL**
  - 39. Penalty if filed after due date (see instructions on page 32)
  - 40. Interest if filed after due date (see instructions on page 32)
  - 41. **Amount Due:** Add lines 38, 39 and 40 **AMOUNT YOU OWE**
- ▶ No payment is due if you owe less than \$1.00. **Do Not Send Cash.** Please make your check or money order payable to: **Indiana Department of Revenue.** Credit card payers must see page 32 for instructions.

**Out-of- State Income Information**

- Enter any salary, wage, tip &/or commission received from Illinois, Kentucky, Michigan, Ohio, Pennsylvania and/or Wisconsin: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**Taxpayer** - Check box if you filed federal Schedule C or C- EZ for 2003.   
**Spouse** - Check box if you filed federal Schedule C or C- EZ for 2003.

If any individual listed at the top of the IT- 40 died during 2003, enter date of death below.  
 Taxpayer's date of death   
 Spouse's date of death

- If two- thirds of your gross income was made from farming or fishing, please check here.
- Important:** If you checked the box, you must attach Schedule IT- 2210 or IT- 2210A.

**Authorization**

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (Department) to furnish my financial institution with my routing number, account number, account type, and social security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration in order to confirm the social security number(s) used on this return are correct.

Are you filing a federal income tax return for 2003? Yes  No

I authorize the Department to discuss my return with my tax preparer. Yes  No

Your Daytime Telephone Number   
 Spouse's Daytime Telephone Number

Your Signature  Date

Spouse's Signature  Date

E- mail address where we can reach you (see page 33)

**Paid Preparer's name**  Federal I.D. Number,  PTIN OR  Social Security Number

H AND R BLOCK   
**Address** 510 DAVIS AVE  
**City** TERRE HAUTE   
**State** IN **Zip Code + 4** 47802-0000 Preparer's Signature  Date

Please mail to: Indiana Department of Revenue, P.O. Box 7231, Indianapolis, IN 46207- 7231. Keep a copy for your records.

Schedule CT-40

County Tax Schedule for Indiana Residents

Form IT-40, State Form 47907  
8-03

See instructions on page 17 to see if this schedule needs to be attached to your IT-40

Attachment  
Sequence No. 02

Enter your first name, middle initial and last name and spouse's full name if filing a joint return  
**JACK L JOHNSON**

Your Social Security Number XXXXXXXXXX

**SECTION 1: To be completed by those taxpayers who were residents of a county that had adopted a county income tax.**

Your county of residence as of January 1, 2003.

Spouse's county of residence as of January 1, 2003.

(Enter 2- digit county code # from the chart on page 21.)

(Enter 2- digit county code # from the chart on page 21.)

1. Enter the amount from IT-40, line 14. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 14 on line 1A only. See instructions on page 18.
2. If you claimed a non-Indiana locality earnings deduction on Schedule 1, line 8, enter the amount here. If not, leave blank.
3. Add lines 1 and 2
4. Enter the resident rate from the county tax chart on page 21 for the county code number shown above
5. Multiply line 3 by the rate on line 4
6. Add lines 5A and 5B. Enter the total here. Note: Perry County Residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 7 and 8. Otherwise, enter the total here and on line 9 below (see page 18)
7. Enter the amount of income that was taxed by any of the Kentucky counties listed on line 6 above
8. Multiply line 7 by .005 and enter total here
9. Line 6 minus line 8. Enter the total here and on line 16 of Form IT-40

Column A - Yours		Column B - Spouse's	
1A	17,357.00	1B	
2A		2B	
3A	17,357.00	3B	
4A	0.0062	4B	
5A	108.00	5B	
		6	108.00
		7	
		8	
		9	108.00

**SECTION 2: To be completed by those taxpayers who on January 1, 2003, were residents of a county that had not adopted a county income tax, but worked in an Indiana county that had adopted a county income tax.**

Your county of principal employment as of January 1, 2003. (Enter 2- digit county code # from the chart on page 21.)

Spouse's county of principal employment as of January 1, 2003. (Enter 2- digit county code # from the chart on page 21.)

1. Enter your principal employment income by entering the total income from your W-2s, net self-employment income (from Federal Schedule C or C-EZ) and/or farm income (from Federal Schedule F). If you worked two or more jobs at the same time, enter the portion you earned from your main job. See page 19 for further Section 2 instructions
2. Enter any amounts for payments made to self-employed retirement plans, IRA's, etc. See page 19 for the complete list of allowable deductions and further instructions
3. Subtract line 2 from line 1
4. Enter some or all of the exemptions from line 13 of Form IT-40 (see instructions on page 19)
5. Subtract line 4 from line 3
6. Enter the nonresident rate from the county tax rate chart on page 21 for the county number shown above under the Section 2 heading
7. Multiply the income on line 5 by the rate on line 6
8. Enter total of 7A plus 7B. Add to any Section 1, line 9 amount, and carry to line 16 of Form IT-40

Column A - Yours		Column B - Spouse's	
1A		1B	
2A		2B	
3A		3B	
4A		4B	
5A		5B	
6A		6B	
7A		7B	
		8	



Your first name and last name  
**JACK JOHNSON**

Spouse's first name and last name (if filing a joint return)

Your Social Security Number [REDACTED]

Spouse's Social Security Number

**Section A - Farmers and Fishermen Only - See Instructions**

	Annual Gross Income from All Sources	X66.7% =	Two- Thirds of Gross Income	Gross Income from Farming and Fishing
2002	[ ]	=	[ ]	[ ]
2003	[ ]	=	[ ]	[ ]

**Section B:  
Early Filers**

Check box if you filed your 2003 tax return and paid the total tax due by February 2, 2004.

**Section C - Required Annual Payment**

1. 2003 tax	1	698.00
2. 2003 credits (not including withholding credits or estimated tax payments)	2	[ ]
3. Subtract line 2 from line 1	3	698.00
4. Multiply line 3 by 90% (.90) (farmers/fishermen multiply by .667, see instructions)	4	628.00
5. 2003 withholding tax credit	5	[ ]
6. Subtract line 5 from line 3 - <b>If less than \$400, STOP HERE! You do not owe a penalty</b>	6	698.00
7. Prior year's tax - <b>Read Instructions</b>	7	1,748.00
8. Minimum required annual payment - Enter the lesser of line 4 or line 7 - <b>If less than or equal to the amount on line 5, STOP HERE! You do not owe a penalty</b>	8	628.00

**Section D - Short Method - Read the instructions to determine if you can use the short method**

9. Enter the withholding tax credit amount from line 5 above	9	[ ]
10. Enter the total amount, if any, of estimated tax payments you made for tax year 2003	10	[ ]
11. Add lines 9 and 10	11	[ ]
12. Total Underpayment. Subtract line 11 from line 8. If zero or less, <b>STOP HERE! You do not owe a penalty. Attach this schedule to your tax return</b>	12	628.00
13. Multiply line 12 by 10% (.10). Enter this amount on line 35 of Form IT- 40 or line 32 of Form IT- 40PNR	13	63.00

**Section E - Regular Method**

**Installment Period Due Dates**

	A 1st Installment April 15, 2003	B 2nd Installment June 16, 2003	C 3rd Installment September 15, 2003	D 4th Installment January 15, 2004
14. Minimum required installment payment: divide amount on line 8 by 4	14	[ ]	[ ]	14
15. 2003 withholding - Divide line 5 by 4	15	[ ]	[ ]	15
<b>STOP! Complete lines 16 through 19 for each column before going to the next one.</b>				
16. 2003 estimated taxes paid per period	16	[ ]	[ ]	16
17. Total installment payments (Add lines 15 and 16)	17	[ ]	[ ]	17
18. Installment period overpayment	18	[ ]	[ ]	18
19. Installment period underpayment	19	[ ]	[ ]	19
20. Total underpayment - Add line 19, Columns A + B + C + D and enter total here	20			
21. Underpayment penalty - Multiply line 20 by 10% (.10). Enter this amount on line 35 of Form IT- 40 or line 32 of Form IT- 40PNR	21			

Client Name

JACK L JOHNSON

Client SSN

## Peace of Mind Extended Service Plan Hassle Free Service™

The Peace of Mind Extended Service Plan (the "Plan") offered by H&R Block ("Block") is available only at participating Block offices at the time your return is completed, but no later than October 31 of the year of the return due date. The Plan is separate from, and in addition to, the standard Block Guarantee that pays penalty and interest resulting from an error in tax preparation.

The Plan is effective when paid for and signed by you and, subject to the exceptions noted below, provides you with the following benefits with respect to the individual federal and any individual state returns prepared and paid for on the date below:

**If your return is audited**, Block will provide you with a qualified person (but not an attorney) to represent you before the Taxing Authority should such Taxing Authority question the accuracy of your return.

**If you owe additional taxes** as a result of an error in tax preparation and the error is discovered by you, your representative or a tax authority, during the period of 3 years from the filing deadlines for such returns, not including extensions, Block will reimburse you for such taxes up to a cumulative total of \$5,000 for all such returns.

### Before such reimbursement, you must:

- (a) **notify Block of any government notice regarding such taxes within 30 days from the date of such notice;**
- (b) promptly provide Block with copies of such notices and other documents relating to or substantiating such additional taxes;
- (c) provide Block with reasonable notice of and allow Block to attend an audit with you or as your representative with Power of Attorney;
- (d) allow Block, at its sole discretion and expense, to challenge the determination that additional taxes and penalties and interest are owed;
- (e) provide Block with your receipt as proof of your purchase of the Plan; and
- (f) provide Block with proof of your payment of such additional taxes. You may be required to include such reimbursement as income on your return in an amount that will be indicated on any Form 1099 you receive from Block. Block is not responsible for the payment of any taxes you may owe on such income.

The Plan applies only to filed and accepted original individual resident tax returns prepared by Block for the year of the return and for which the balance due has been paid. You represent to us that you have reviewed the items on your return and that such items or issues on such returns have not been, or are not currently, under examination by taxing authorities as of the date of purchase indicated on your receipt.

### The Plan does not apply to:

- (a) non-resident federal returns;
- (b) amended returns;
- (c) non-individual returns such as employment (including taxes assessed on Form 4137 for income other than allocated tips), corporate, partnership, trust, estate, and gift tax returns;
- (d) any return for which, as of the date of such purchase, you have knowledge of additional taxes owed;
- (e) any return for which you have received on or before the date of such purchase any notification from any taxing authority of examination or audit;
- (f) returns for which errors have been identified by Block prior to an assessment of additional taxes by taxing authorities and can be corrected by Block within 30 days from Block's preparation of the return;
- (g) any return relating to previous years;
- (h) additional taxes, penalties and interest that are assessed as the result of (i) incorrect, incomplete or misleading information that you have given to Block in connection with its preparation of a return; (ii) the government's inability to obtain from you sufficient records to support deductions, credits and other items on your return; (iii) your failure to timely pay the taxes as shown to be due on your return; and (iv) additional taxes assessed as the result of your desire to take a position on your return that challenges current IRS or judicial tax law guidelines or interpretation. In the event you receive a refund of any assessment that Block has paid you under the Plan, you must reimburse Block for the amount of such refund; and
- (i) assessments of additional taxes that occur 3 years from the filing deadline for the return, not including extensions.



# Peace of Mind Extended Service Plan

Hassle Free Service™, page 2

## Arbitration

By signing below, you agree that all claims, disputes with Block (as defined below) arising out of or relating to this Plan and the relationship of the parties (including, but not limited to, the advertisements, promotions, or oral or written statements relating to the Plan), whether in contract, tort or otherwise, shall be resolved by binding arbitration administered by the American Arbitration Association ("AAA") in accordance with the Commercial Arbitration Rules ("Rules") of the AAA in force at the time the demand is filed. These rules may be accessed through the Internet at [www.adr.org](http://www.adr.org). In the event that a Rule conflicts with this arbitration provision, this arbitration provision will govern.

A neutral arbitrator shall be appointed as provided in the rules and must be a practicing attorney with experience in tax law. The arbitration will take place in the federal judicial district in which you live. The arbitrator may award actual damages but will have no authority to award punitive, consequential or other damages. No class actions, or joinder or consolidation of claims with other persons, are permitted without the written consent of the parties.

You will pay the first \$50 of the filing fee. At your request, Block will pay the remainder of the filing fee and any administrative or hearing fees charged by the arbitration administrator. Except as may be required by law, neither a party nor the arbitrator may disclose the existence, content or results of any arbitration hereunder without the prior written consent of the parties.

The parties acknowledge that this plan evidences a transaction involving or affecting interstate commerce. The parties agree that the federal arbitration act ("FAA"), title 9 of the United States code, shall govern the interpretation, enforcement and proceedings pursuant to this arbitration provision. The arbitrator's award shall be final and not subject to appeal, except as permitted by the FAA.

If any portion of this arbitration provision is deemed invalid or unenforceable, it will not invalidate the remaining portions of this arbitration provision. This arbitration provision shall only apply to this plan and will not apply to Peace of Mind programs that you may have purchased in prior years.

YOU UNDERSTAND THAT YOU HAVE THE RIGHT TO LITIGATE CLAIMS IN COURT BEFORE A JUDGE OR JURY. BY SIGNING BELOW, HOWEVER, YOU AGREE TO KNOWINGLY AND VOLUNTARILY WAIVE YOUR RIGHTS TO LITIGATE SUCH CLAIMS IN COURT BEFORE A JUDGE OR JURY AND AGREE TO RESOLVE ANY CLAIMS PURSUANT TO THE ARBITRATION PROVISION IN THIS PLAN. BY AGREEING TO THE ARBITRATION PROVISION IN THIS PLAN, YOU AGREE THAT YOU WILL HAVE NO RIGHT TO PARTICIPATE AS A REPRESENTATIVE OR MEMBER OF ANY CLASS OF CLAIMANTS PERTAINING TO ANY CLAIM SUBJECT TO ARBITRATION. YOU ALSO AGREE TO WAIVE ANY PUNITIVE, CONSEQUENTIAL OR OTHER DAMAGES.

As used in this arbitration provision, the term "Block" shall mean H&R Block Tax Services, Inc., its parents, wholly or majority- owned subsidiaries, affiliates and the franchisees of any of them.

If for any reason you are not satisfied with the terms of this Plan and want to rescind this Plan, you may obtain a full refund of the fee you paid for the Plan provided that within seven (7) days from the date of purchase you contact the district manager of the H&R Block office where your tax return was prepared and provide at that office the receipt for such payment.

Client's name(s): JACK L JOHNSON

Accept Extended Service Plan?  Yes  No

Client's signature: Signature on file Date: \_\_\_\_\_

Spouse signature: Signature on file Date: \_\_\_\_\_

Tax Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or receive an inquiry from a tax authority please call the office where your return was prepared, 1 800- HRBLOCK or [www.hrblock.com/goto/peaceofmind](http://www.hrblock.com/goto/peaceofmind)

## USAGE AND DISCLOSURE OF TAX RETURN INFORMATION Within the H&R Block Family of Companies

Privacy protection is fundamental to the way H&R Block conducts business. Your information will NOT be sold or rented to non-affiliated third parties to use for marketing purposes.

As explained to you by your tax professional, H&R Block may be able to identify opportunities that can help you reach your financial goals now and in the future. In order to identify and present you with these opportunities, we would like to share the information you provide to us (such as name, address, telephone number, and other tax information) in connection with tax preparation within our family of companies. By signing below, you are providing us with your written consent for H&R Block to use your tax information and disclose it to H&R Block affiliated companies who may contact you to provide information about the financial products and services that may be available through them, including mortgages\*, investments and financial planning++, insurance products\*\*, banking and estate planning services.

Your information will only be used by H&R Block and its affiliated companies and will not be used for other purposes other than as required or permitted by law. If you later feel the services we offer are not of value to you, you may call 1-877-723-5458 to limit receiving further information.

Your signature below confirms your consent to be contacted by representatives of the H&R Block family of companies and the sharing of your tax information as described above. You also acknowledge that you have read the H&R Block Privacy Policy, and the affiliated business disclosures below.

Client's Signature Signature on file Date \_\_\_\_\_

Telephone Number: (812) 299-9522

Spouse's Signature Signature on file Date \_\_\_\_\_

### AFFILIATED BUSINESS DISCLOSURES

H&R Block Services, Inc. and its tax preparation subsidiaries (collectively, "H&R Block") may refer certain information about you to H&R Block Financial Advisors, Inc., H&R Block Mortgage Corporation, Option One Mortgage Corporation and any other affiliates.

\*H&R Block Mortgage and Option One are indirect wholly owned subsidiaries of H&R Block, Inc. Because of this relationship, this referral may provide H&R Block a financial or other benefit. You are NOT required to obtain a mortgage loan from H&R Block Mortgage and/or Option One. OTHER LENDERS ARE AVAILABLE AND YOU SHOULD SHOP FOR THE BEST PRICES, SERVICES AND INTEREST RATES. If you obtain a loan from H&R Block Mortgage and/or Option One, you will be charged interest and fees in accordance with the mortgage loan documents and, depending on your qualification, market conditions, loan program and state restrictions, you will be charged between 0% and 6% of the loan amount for discount points, and \$200 to \$695 for underwriting fees, and/or up to \$695 for application and/or commitment fees.

++Investment services and securities products offered through H&R Block Financial Advisors, Inc., a registered broker-dealer and member NYSE, SIPC. H&R Block Financial Advisors, Inc. is a registered investment advisor. H&R Block, Inc., H&R Block are not registered broker/dealers or registered investment advisors.

\*\*Insurance services offered through H&R Block Financial Advisors, Inc. and H&R Block Insurance Services, Inc. (not available in all states). You are not obligated to do business with these Block affiliates. Other broker/dealers, insurance companies and insurance agencies are available. You should shop for the best prices and services to meet your investment and insurance needs.