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

U.S. Individual Income Tax Return 2005

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

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20 OMB. No. 1545-0074

Label (See instructions on page 16.) **Use the IRS label.** Otherwise, please print or type.

LABEL HERE

Your first name and initial	Last name	Your social security number
TEST O	MAPLE	400-00-5201
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 16.	Apt. no.	You **must** enter your SSN(s) above.
7842 WEEPING WILLOW LN		
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.		Checking a box below will not change your tax or refund.
AUDUBON NJ 08106-7842		

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ▶ [X] You [ ] Spouse

Filing Status Check only one box.

1 [X] Single
2 [ ] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (see page 18)

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg19)
			[ ]
			[ ]
			[ ]
			[ ]

If more than four dependents, see page 19.

No. of 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

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income

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

If you did not get a W-2, see page 22.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	4,400
8a	**Taxable** interest. Attach Schedule B if required		8a	6,500
b	**Tax-exempt** interest. **Do not** include on line 8a	8b 1,000		
9a	Ordinary dividends. Attach Schedule B if required		9a	3,000
b	Qualified dividends (see page 23)	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount (see page 25)	15b
16a	Pensions and annuities	16a	b Taxable amount (see page 25)	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	3,200
18	Farm income or (loss). Attach Schedule F		18	4,450
19	Unemployment compensation		19	450
20a	Social security benefits	20a	b Taxable amount (see page 27)	20b
21	Other income.		21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	22,000

Adjusted Gross Income

23	Educator expenses (see page 29)	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27	315	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see page 30)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31		
32	IRA deduction (see page 31)	32		
33	Student loan interest deduction (see page 33)	33	2,500	
34	Tuition and fees deduction (see page 34)	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	2,815
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	19,185

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.

EEA

Tax and Credits

Standard Deduction for—

- People who checked any box on line 39a or 39b **or** who can be claimed as a dependent, see page 36.
- All others:

Single or Married filing separately, $5,000

Married filing jointly or Qualifying widow(er), $10,000

Head of household, $7,300

38	Amount from line 37 (adjusted gross income)	38	19,185
39a	Check if: ☐ **You** were born before January 2, 1941, ☐ Blind. ☐ **Spouse** was born before January 2, 1941, ☐ Blind. **Total boxes checked** ▶39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 36 & check here ▶ 39b ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	5,000
41	Subtract line 40 from line 38	41	14,185
42	If line 38 is over $109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply $3,200 by the total number of exemptions claimed on line 6d	42	3,200
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	10,985
44	**Tax** (see page 37). Check if any tax is from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972	44	1,281
45	**Alternative minimum tax** (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45 ▶	46	1,281
47	Foreign tax credit. Attach Form 1116 if required — 47		
48	Credit for child and dependent care expenses. Attach Form 2441 — 48		
49	Credit for the elderly or the disabled. Attach Schedule R — 49		
50	Education credits. Attach Form 8863 — 50		
51	Retirement savings contributions credit. Attach Form 8880 — 51		
52	Child tax credit (see page 41). Attach Form 8901 if required — 52		
53	Adoption credit. Attach Form 8839 — 53		
54	Credits from: **a** ☐ Form 8396 **b** ☐ Form 8859 — 54		
55	Other credits. Check applicable box(es): **a** ☐ Form 3800 **b** ☐ Form 8801 **c** ☐ Form _____ — 55		
56	Add lines 47 through 55. These are your **total credits**	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶	57	1,281

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	629
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your **total tax** ▶	63	1,910

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099 — 64	972	
65	2005 estimated tax payments and amount applied from 2004 return — 65		
66a	**Earned income credit (EIC)** — 66a		
b	Nontaxable combat pay election ▶ 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59) — 67		
68	Additional child tax credit. Attach Form 8812 — 68		
69	Amount paid with request for extension to file (see page 59) — 69		
70	Payments from: **a** ☐ Form 2439 **b** ☐ Form 4136 **c** ☐ Form 8885 — 70		
71	Add lines 64, 65, 66a, and 67 through 70. These are your **total payments** ▶	71	972

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you **overpaid**	72	
73a	Amount of line 72 you want **refunded to you** ▶	73a	
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
74	Amount of line 72 you want **applied to your 2006 estimated tax** ▶ 74		

Amount You Owe

75	**Amount you owe.** Subtract line 71 from line 63. For details on how to pay, see page 60 ▶	75	938
76	Estimated tax penalty (see page 60) — 76		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Joint return? See page 17. Keep a copy for your records.

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

Your signature	Date	Your occupation	Daytime phone number
19821	03-21-2006	TREE TRIMMER	201-555-1111
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN
			Phone no.

40051

2005
TC-40
Rev. 12/05

Fiscal Year

1024

Utah State Income Tax Dollars Fund Education ● Amended Return

Utah Individual Income Tax Return

X if deceased

Your Social Security No. 400005201 TEST O MAPLE

7842 WEEPING WILLOW LN 2015551111

Spouse's Soc. Sec. No.

AUDUBON NJ 081067842

1 Filing Status - enter code	2 Exemptions - enter number	3 Election Campaign Fund - enter code
● A A = Single B = Head of Household C = Married filing jointly D = Married filing separately E = Qualifying widow(er)	a 1 Yourself ● b Spouse c Dependents (▶ from federal return) ● d Disabled - see Utah instr. ● e 1 **Total exemptions** (add a through d)	C = Constitution D = Democrat G = Green L = Libertarian P = Personal Choice R = Republican N = No contribution Yourself ● R Spouse ● Entering a code does not increase your tax or reduce your refund

4	Federal adjusted gross income from federal return		● 4	19185.
5	State income tax deducted as an itemized deduction on federal form 1040, Schedule A, line 5		● 5	
6	Additions to income from form TC-40S, Part 1		6	
7	**Total adjusted income** (add lines 4 through 6)		7	19185.
8	Standard or itemized deduction	● 8 5000.		
9	Personal exemptions deduction. Multiply $2,400 by line 2e	● 9 2400.		
10	One-half of the federal tax	● 10 641.		
11	State tax refund included on line 10 of federal form 1040	● 11		
12	Retirement exemption/deduction - use TC-40B Enter X if age 65 or older ● Taxpayer ● Spouse	● 12		
13	Other deductions from form TC-40S, Part 2	13 100.		
14	**Total deductions** (add lines 8 through 13)		14	8141.
15	**Utah 2005 taxable income** (subtract line 14 from line 7) If less than zero, enter zero.		● 15	11044.
16	CALCULATE INCOME TAX ● 16a Qualified taxpayers Amount from worksheet		● 16b	652.

17 FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C

X Nonresident - home state: NJ Part-year resident from to

Enter information below from Utah form TC-40C (divide Box a by Box b to get a ration (decimal) for Box c) Non or part-year residents

Box a - from Column A, line 32		Box b - from Column B, line 32		Box c - Utah income tax ratio		(Line 16b x Box c)
● 17985.	/	● 19185.	=	0.9375	● 17	611.

40052

Utah Income Tax Return - 2005

Taxpayer's last name: MAPLE

Taxpayer's soc. sec. no.: 400-00-5201

18	Enter tax (full-year resident, enter tax from line 16b - non or part-year resident, enter tax from line 17)	18	611.
19	Nonrefundable credits from form TC-40S, Part 3	19	200.
20	Subtract line 19 from line 18 (Note: if line 19 is greater than or equal to line 18, enter zero)	20	411.

21 Contributions - add lines 21a through 21f and enter total contributions on line 21

Code	Description		Code	Amount	Sch/Tech Code
01	Utah Nongame Wildlife Fund	21a	01	4	
02	Pamela Atkinson Homeless Trust Fund	21b	02	2	
03	Kurt Oscarson Children's Organ Transplant Fund	21c	03	3	
05	School District & Nonprofit School District Foundation	21d	05	12	03
06	Utah College of Applied Technology	21e	06	5	54
07	Uniform School Fund	21f			
08	Wolf Depredation Fund				

21 26.

22	AMENDED RETURNS ONLY - previous refund	22	
23	Tax from recapture of credits	23	
24	Utah use tax	24	150.
25	**Total tax, use tax and additions to tax** (add lines 20 through 24)	**25**	587.
26	UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms)	26	300.
27	Credit for Utah income taxes prepaid	27	
28	AMENDED RETURNS ONLY - previous payments	28	
29	Rufundable credits from form TC-40S, Part 4	29	833.
30	**Total** (add lines 26 through 29)	**30**	1133.
31	**Tax Due** - if line 25 is greater than line 30, subtract line 30 from line 25. This is the amount you owe. **TAX DUE**	31	
32	**Refund -** if line 30 is greater than line 25, subtract line 25 from line 30. This is your refund. **REFUND**	32	546.
33	Enter the amount of refund you want applied to your 2006 taxes. Your refund will be reduced by this amount.	33	200.

34 **DIRECT DEPOSIT YOUR REFUND.** Complete information below.

Routing number 012345672 Account number 1234000000 Account type - C or S C

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN HERE Your signature 19821 Date Spouse's signature Date

Third Party Designee	Name of designee (if any) you authorize to discuss this return	Designee's telephone number	Designee PIN
Paid Preparer's Section	Preparer's signature	Preparer's telephone number	Preparer's SSN/PTIN
	Firm's name and address		Preparer's EIN

40053

Income Tax Supplemental Schedule

DRAKE SOFTWARE
TC-40S Rev. 12/05

Taxpayer's last name: MAPLE

Taxpayer's soc. sec. no.: 400-00-5201

Part 1 - Additions to Income (write the code and amount of each addition to income, see pages 5 and 6)

Code		Code	
51	Lump sum distribution	56	Child's income excluded from parent's return
52	State taxes allocated from estate/trust	57	Municipal bond interest
53	Medical Savings Account (MSA)	60	Untaxed Income of a resident trust
54	Utah Educational Savings Plan (UESP)	61	Untaxed Income of a nonresident trust
55	Reimbursed adoption expenses		

Total additions to income (add all additions to income and enter total here and on TC-40, line 6)

Part 2 - Other Deductions (write the code and amount of each other deduction, see pages 7 through 9)

75 100.

Code		Code	
71	Interest from U.S. Government Obligations	78	Railroad retirement income
72	Medical Savings Account (MSA)	79	Equitable adjustments - attach explanation
73	Utah Educational Savings Plan (UESP)	81	Gains on capital transactions
74	Health care insurance premiums	82	Nonresident active duty military pay
75	Long-term care insurance premiums	83	National Guard/Reserve military pay
76	Adoption expenses		
77	Native American income:		

Enrollment Number & Tribe - Primary Secondary

Total other deductions (add all other deductions and enter total here and on TC-40, line 13) 100.

Part 3 - Nonrefundable Credits (write the code and amount of each nonrefundable credit, see pages 10 through 12)

05 200.

Code		Code	
01	At-home parent	09	Hiring disabled
02	Qualified sheltered workshop - enter name below	10	Recycling market
		11	Tutoring disabled
03	Renewable energy systems	12	Research activities
05	Clean fuel vehicle	13	Research machinery/equipment
06	Historic preservation	17	Tax paid to another state (attach TC-40A)
07	Enterprise zone	19	Live organ donation expenses
08	Low-income housing		

Total nonreundable credits (add all nonrefundable credits and enter total here and on TC-40, line 19) 200.

Part 4 - Refundable Credits (write the code and amount of each refundable credit, see pages 14 through 15)

43 272.

Code		Code	
40	Targeted business tax credit	46	Mineral production withholding
41	Special needs adoption credit	47	Agricultural off-highway gas/undyed diesel
43	Nonresident shareholder's withholding	48	Farm operation hand tools

FEIN - 561823899

47 61.

48 500.

Total refundable credits (add all refundable credits and enter total here and on TC-40, line 29) 833.

Attach completed schedule to your 2005 Utah income tax return

DRAKE SOFTWARE

Taxpayer's last name	Taxpayer's social security number
MAPLE	400-00-5201

Non or Part Year Resident Utah Income Schedule

TC-40C Rev. 12/05

YOU MUST complete the worksheet below and enter the totals from line 32 of COLUMN A and COLUMN B below in the corresponding boxes on line 17 of your Utah income tax return. Enter the COLUMN A total in "Box a" and the COLUMN B total in "Box b" on line 17 of your return.

Complete **columns A and B** to determine your Utah income and total income.

Column A - UTAH INCOME AND ADJUSTMENTS

INCOME: Include all income/loss 1) earned or received from Utah sources while not a Utah resident; and 2) received while a Utah resident. This includes all pension, annuity, dividend and interest income received while a Utah resident, even if it is not from a Utah source.

ADJUSTMENTS: Enter the amount of each adjustment applicable to Utah income. This includes payments to qualified IRA or self-employed retirement plans, alimony paid while a Utah resident, moving expenses when moving into Utah, etc.

Column B - FEDERAL INCOME AND ADJUSTMENTS

The amounts entered in this column are income and adjustments from all sources, and are found on your federal return, as noted below.

ADJUSTMENTS: Enter the amount of each adjustment applicable to federal income.

Nonresident Military Personnel Adjustment: Enter in Column B, line 30 the amount included in Column B, line 1 that is active duty military pay.

INCOME	COLUMN A - UTAH		COLUMN B - FEDERAL	
1. Wages, salaries, tips, etc. (1040/1040A line 7, 1040EZ line 1)	3,200	00	4,400	00
2. Taxable interest income (1040/1040A line 8a, 1040EZ line 2)	6,500	00	6,500	00
3. Ordinary dividends (1040/1040A line 9a)	3,000	00	3,000	00
4. Taxable refunds, credits or offsets of state and local income taxes (1040 line 10)		00		00
5. Alimony received (1040 line 11)		00		00
6. Business income or (loss) (1040 line 12)		00		00
7. Capital gain or (loss) (1040 line 13, 1040A line 10)		00		00
8. Other gains or (losses) (1040 line 14)		00		00
9. IRA distributions - taxable amount (1040 line 15b, 1040A line 11b)		00		00
10. Pensions and annuities - taxable amount (1040 line 16b, 1040A line 12b)		00		00
11. Rental real estate, royalties, partnerships, S corporation, trust, etc. (1040 line 17)	3,200	00	3,200	00
12. Farm income or (loss) (1040 line 18)	4,450	00	4,450	00
13. Unemployment compensation (1040 line 19, 1040A line 13, 1040EZ line 3)	450	00	450	00
14. Social Security benefits - taxable amount (1040 line 20b, 1040A line 14b)		00		00
15. Other income (1040 line 21)		00		00
16. Total income (add lines 1 through 15)	20,800	00	22,000	00
ADJUSTMENTS	COLUMN A - UTAH		COLUMN B - FEDERAL	
17. Educator expenses (1040 line 23, 1040A line 16)		00		00
18. Certain business expenses (1040 line 24)		00		00
19. Health savings account deduction (1040 line 25)		00		00
20. Moving expenses (1040 line 26 - deduct in "Column A" only expenses from moving into or within Utah)		00		00
21. One-half of self-employment tax (1040 line 27)	315	00	315	00
22. Self-employed SEP, SIMPLE, and qualified plans (1040 line 28)		00		00
23. Self-employed health insurance deduction (1040 line 29)		00		00
24. Penalty on early withdrawal of savings (1040 line 30)		00		00
25. Alimony paid (1040 line 31a)		00		00
26. IRA deduction (1040 line 32, 1040A line 17)		00		00
27. Student loan interest deduction (1040 line 33, 1040A line 18)	2,500	00	2,500	00
28. Tuition and fees deduction (1040 line 34, 1040A line 19)		00		00
29. Domestic production activities deduction (1040 line 35)		00		00
30. Nonresident military active duty pay included in federal wages on line 1 column B above (page 9)				00
31. Total adjustments (add lines 17 through 30)	2,815	00	2,815	00
32. Subtract line 31 from line 16 for both COLUMNS A & B. COLUMN B total must equal the FAGI amount on TC-40, line 4 (unless line 30 is completed).	17,985	00	19,185	00
	Enter this total on TC-40, line 17, "Box a"		Enter this total on TC-40, line17, "Box b"	

Attach this completed SCHEDULE to your Utah tax return.

a Control number		OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov.

b Employer identification number 22-2244661	1 Wages, tips, other compensation 1,200	2 Federal income tax withheld 472
c Employer's name, address, and ZIP code TREE TOPPERS INC 783 CHRISTMAS TREE DRIVE AUDUBON NJ 08106	3 Social security wages 1,200	4 Social security tax withheld 74
	5 Medicare wages and tips 1,200	6 Medicare tax withheld 17
	7 Social security tips	8 Allocated tips
d Employee's social security number 400-00-5201	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name TEST O MAPLE 7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842 f Employee's address and ZIP code	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee ☐ Retmnt. plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code

15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NJ 22130	1,200	84			

Form **W-2** **Wage and Tax Statement** **2005** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov.

b Employer identification number 22-3355771	1 Wages, tips, other compensation 3,200	2 Federal income tax withheld 500
c Employer's name, address, and ZIP code OAKLEYS YARD AND GARDEN 87 KUDZU CENTER BEAVER UT 84713	3 Social security wages 3,200	4 Social security tax withheld 198
	5 Medicare wages and tips 3,200	6 Medicare tax withheld 46
	7 Social security tips	8 Allocated tips
d Employee's social security number 400-00-5201	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name TEST O MAPLE 7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842 f Employee's address and ZIP code	11 Nonqualified plans	12a See instructions for box 12 Code
	13 Statutory employee ☐ Retmnt. plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code

15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
UT Y75431	3,200	300			

Form **W-2** **Wage and Tax Statement** **2005** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

1040 Dividend Listing 2005

NAME(S) AS SHOWN ON RETURN: TEST O MAPLE

SSN: 400-00-5201

TSJ	NAME OF PAYER	RES ST	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	CAPITAL GAINS	25% RATE	14% RATE	28% RATE	INVESTMENT EXPENSE	% NOM DIV	% NON NON-TAX STATE	% US GOV DIV	FEDERAL TAX WITH/HELD
T	DOW SMITH	UT	3,000										
	TOTALS		3,000										

1040 Interest Listing 2005

NAME(S) AS SHOWN ON RETURN: TEST O MAPLE

SSN: 400-00-5201

TSJ	NAME OF PAYER	RES ST	INTEREST INCOME	PENALTY FOR EARLY WITHDRAWAL	UNITED STATES GOVERNMENT INTEREST	RESIDENT STATE INTEREST	OTHER STATE INTEREST	NOMINEE INTEREST	ACCRUED INTEREST	OTHER TAX-EXEMPT INTEREST	FEDERAL TAX WITH/HELD
	FIRST SECURITY	UT	6,500								
T	MONEY BANK	NJ	1,000							1,000	
	TOTALS		7,500							1,000	