



**GruntWorx**

## Summary:

Firm : Copanion, Inc.  
Taxpayer's Name : David Damore  
Client ID : DA1234  
Tax Year : 2006  
Pages Processed : 7

Copanion, Inc.

One Tech Drive, Andover, MA 01810

[www.copanion.com](http://www.copanion.com)

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

**2006** • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>David S Damore</b>		Box 2. Beneficiary's Social Security Number <b>123-45-6789</b>
Box 3. Benefits Paid in 2006 <b>\$18,930.00</b>	Box 4. Benefits Repaid to SSA in 2006 <b>NONE</b>	Box 5. Net Benefits for 2006 (Box 3 minus Box 4) <b>\$18,930.00</b>

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Paid by check or direct deposit</td> <td style="text-align: right; padding: 2px;">\$17,868.00</td> </tr> <tr> <td style="padding: 2px;">Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right; padding: 2px;">\$1,062.00</td> </tr> <tr> <td style="padding: 2px;">Total Additions</td> <td style="text-align: right; padding: 2px;">\$18,930.00</td> </tr> <tr> <td style="padding: 2px;">Benefits for 2006</td> <td style="text-align: right; padding: 2px;">\$18,930.00</td> </tr> </table>	Paid by check or direct deposit	\$17,868.00	Medicare Part B premiums deducted from your benefits	\$1,062.00	Total Additions	\$18,930.00	Benefits for 2006	\$18,930.00	<p style="text-align: center; padding: 5px;"><b>NONE</b></p>
Paid by check or direct deposit	\$17,868.00								
Medicare Part B premiums deducted from your benefits	\$1,062.00								
Total Additions	\$18,930.00								
Benefits for 2006	\$18,930.00								
Box 6. Voluntary Federal Income Tax Withheld <b>NONE</b>									
Box 7. Address <b>David S Damore 1177 Hickman Street Arlington Heights, IL 60005</b>									
Box 8. Claim Number (Use this number if you need to contact SSA.) <b>123-45-6789 A</b>									

CU1187646-11881187998

Form SSA-1099-SM (1-2007)

**DO NOT RETURN THIS FORM TO SSA OR IRS**

SOCIAL SECURITY ADMINISTRATION  
 NORTHEASTERN PROGRAM SERVICE CENTER  
 1 JAMAICA CENTER PLZ  
 JAMAICA NY 11432-3898

C  
 M04  
 1

PRESORTED FIRST-CLASS MAIL POSTAGE AND FEES PAID SOCIAL SECURITY ADMINISTRATION PERMIT NO. G-11
--

OFFICIAL BUSINESS  
 PENALTY FOR PRIVATE USE, \$300

CP

# 2006 W-2 and EARNINGS SUMMARY

Safe, accurate, FAST! Use **IRS e-file** Visit the IRS Web Site at [www.irs.gov/efile](http://www.irs.gov/efile).

## Employee Reference Copy W-2 Wage and Tax Statement 2006

OMB No. 1545-0008

Copy C for employee's records  
a Control number Dept. Corp. Employer use only  
0001 68/FAE 2

c Employer's name, address, and ZIP code  
**M Taylor CRYOGENICS INC**  
**345 Thomas Street**  
**Buffalo, MA 60089**  
  
Batch #00467

e/f Employee's name, address, and ZIP code  
**David S Damore**  
**1177 Hickman Street**  
**Arlington Heights, IL 60005**

b Employer's FED ID number 305277954	d Employee's SSA number 123-45-6789
1 Wages, tips, other comp. 36400.00	2 Federal income tax withheld 2030.08
3 Social security wages 36400.00	4 Social security tax withheld 2256.80
5 Medicare wages and tips 36400.00	6 Medicare tax withheld 527.80
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay
15 State Employer's state ID no. MA	16 State wages, tips, etc. 36400.00
17 State income tax 3360.41	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

### 1. The following information reflects your final 2006 pay stub plus any adjustments submitted by your employer.

Gross Pay	36400.00	Social Security Tax Withheld Box 4 of W-2	2256.80	MA. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	3360.41
Fed. Income Tax Withheld Box 2 of W-2	2030.08	Medicare Tax Withheld Box 6 of W-2	527.80		

### 2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	MA. State Wages, Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	36,400.00	36,400.00	N/A	36,400.00	36,400.00
Reported W-2 Wages	36,400.00	36,400.00	N/A	36,400.00	36,400.00

### 3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**David S Damore**  
**1177 Hickman Street**  
**Arlington Heights, IL 60005**

Social Security Number: 123-45-6789  
Taxable Marital Status: MARRIED  
Exemptions/Allowances:  
FEDERAL: 3  
STATE: 0 \$30.00 Additional Tax

© 2006 AUTOMATIC DATA PROCESSING, INC.

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3 Social security wages 36400.00	4 Social security tax withheld 2256.80		
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a Control number	Dept.	Corp.	Employer use only
0001	68/FAE		2

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**345 Thomas Street**  
**Buffalo, MA 60089**

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	12c
	12d
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e/f Employee's name, address and ZIP code  
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**1177 Hickman Street**  
**Arlington Heights, IL 60005**

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**1177 Hickman Street**  
**Arlington Heights, IL 60005**

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17 State income tax 3360.41	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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FOLD AND DETACH HERE

Federal Filing Copy  
**W-2 Wage and Tax Statement 2006**

MA State Reference Copy  
**006**

MA State Filing Copy  
**W-2 Wage and Tax Statement 2006**

Ernest R Alves CO-OPERATIVE BANK  
 345 Thomas Street  
 Buffalo, MA 60089

**Tax Statement for Form 1098  
 Tax Year 2006**

1098 - Copy B - For Payer - OMB No. 1545-0901  
 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE.

For Form 1098: The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.

David S Damore  
 1177 Hickman Street  
 Arlington Heights, IL 60005

1068

RECIPIENT'S FEDERAL ID. NO.  
**305277954**

CUSTOMER SERVICE PHONE #  
**847-561-1490**

TAXPAYER'S FEDERAL ID NO.  
**123-45-6789**

ACCOUNT NUMBER (see instructions)	ACCOUNT TYPE	IRS DESCRIPTION	IRS BOX #	AMOUNT
123-45-6789	MORTGAGE LOAN	* * * 2006 FORM 1098, MORTGAGE INTEREST STATEMENT * * *		
		MORTGAGE INTEREST RECEIVED FROM PAYER(S)/BORROWER(S)	* 1	9476.66
		REFUND OF OVERPAID INTEREST	3	68.60

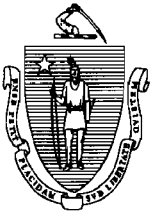
\* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, and not reimbursed by another person.

1. Mortgage interest received from payer (s) /borrower (s)	2. Points paid on purchase of principal residence	3. Refund of overpaid interest	4. Real estate taxes paid
9476.66	.00	68.60	.00

**Statement for Recipients of Certain Government Payments  
Copy B for Recipient**

**1099-G**

CORRECTED IF CHECKED



Copy B

For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

PAYER'S name, street address, city, state, ZIP code, and telephone no. Department of Workforce Development Division of Unemployment Assistance 19 Staniford St. UI Specialized Services Unit Boston, MA 02114		1 Unemployment compensation \$ <b>868.00</b>	OMB No. 1545-0120  <b>2006</b>  Form 1099-G
Payer's Federal Identification number <b>04-6002284</b>	RECIPIENT'S Identification number <b>123-45-6789</b>	2 State or local income tax refunds, credits, or offsets \$ <b>.00</b>	3 Box 2 amount is for tax year <b>2006</b>
David S Damore 1177 Hickman Street Arlington Heights, IL 60005		4 Federal Income Tax Withheld \$ <b>.00</b>	5 ATAA payments \$ <b>.00</b>
Account Number (see instructions)		6 Taxable grants \$	7 Agriculture payments \$
		8 Box 2 is trade or business income <input type="checkbox"/>	

**63371**

BOX INFORMATION:

- Box 1. - The total MA Unemployment Compensation paid to you this year by DUA. This amount is taxable income to you.
- Box 2. - Amount of State income tax withheld from your MA unemployment compensation during the calendar year.
- Box 4. - Amount of Federal income tax withheld from your MA unemployment compensation during the calendar year.
- Box 5. - Amount of ATAA payments made to you during the calendar year.

Form 1099-G Rev. 09-27-06

SUPPLEMENTAL TAX INFORMATION:

Overpayment repayments credited to your account during calendar year 2006:  
 (If you received an overpayment, subtract the amount repaid from the amount in box 1 before reporting this amount to the IRS or DOR.)

\$ **.00**

The above amount represents all payments and offset monies credited to your overpayment account during calendar year 2006.

Other Credits:

\$ **.00**

**(ANY "OTHER CREDITS" SHOULD BE SUBTRACTED FROM THE AMOUNT IN BOX 1 BEFORE REPORTING THIS AMOUNT TO THE IRS OR DOR.)**

"Other Credits" includes monies that were reported as paid to you during a previous calendar year but were canceled during 2006. For example - an unemployment insurance check issued during calendar year 2005 and later voided and not reissued during 2006.

Please refer to the specific instructions provided by the Internal Revenue Service and the Massachusetts Department of Revenue when filing your tax returns.

Inquiries about the information on this document may be directed to the Division of Unemployment Assistance at (617) 626-5647.

PAYER'S name, street address, city, state, and ZIP code <b>INSURANCE COMPANY 1295 STATE STREET SPRINGFIELD MA 01111</b>		1 Gross distribution \$ <b>1,112.52</b>	2a Taxable amount \$ <b>789.45</b>	OMB No. 1545-0119 <b>2006</b> Form <b>1099-R</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number <b>305277954</b>		RECIPIENT'S identification number <b>123-45-6789</b>		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address, city, state, and ZIP code <b>David S Damore 1177 Hickman Street Arlington Heights, IL 60005</b>		3 Capital gain(included in box 2a) \$ <b>.00</b>	4 Federal income tax withheld \$ <b>.00</b>	Copy B Report this Income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.	
RECIPIENT'S name, street address, city, state, and ZIP code <b>David S Damore 1177 Hickman Street Arlington Heights, IL 60005</b>		5 Employee contributions/Desig. Roth contrib. or ins. premiums \$ <b>323.07</b>	6 Net unrealized appreciation in employer's securities \$ <b>.00</b>	Form 1099-R Department of the Treasury Internal Revenue Service	
Account number (see instructions) <b>305277954</b>		1st year of desig. Roth contributions		7 Distribution code(s) <b>7</b>	8 Other \$ <b>.00</b> %
10 State tax withheld \$ <b>.00</b>		11 State/Payer's state no. <b>MA/</b>		12 State distribution \$ <b>.00</b>	
13 Local tax withheld \$ <b>.00</b>		14 Name of locality		15 Local distribution \$ <b>.00</b>	

PAYER'S name, street address, city, state, and ZIP code <b>INSURANCE COMPANY 1295 STATE STREET SPRINGFIELD MA 01111</b>		1 Gross distribution \$ <b>1,112.52</b>	2a Taxable amount \$ <b>789.45</b>	OMB No. 1545-0119 <b>2006</b> Form <b>1099-R</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number <b>305277954</b>		RECIPIENT'S identification number <b>123-45-6789</b>		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address, city, state, and ZIP code <b>David S Damore 1177 Hickman Street Arlington Heights, IL 60005</b>		3 Capital gain(included in box 2a) \$ <b>.00</b>	4 Federal income tax withheld \$ <b>.00</b>	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service. Keep this copy for your records	
RECIPIENT'S name, street address, city, state, and ZIP code <b>David S Damore 1177 Hickman Street Arlington Heights, IL 60005</b>		5 Employee contributions/Desig. Roth contrib. or ins. premiums \$ <b>323.07</b>	6 Net unrealized appreciation in employer's securities \$ <b>.00</b>	Form 1099-R Department of the Treasury Internal Revenue Service	
Account number (see instructions) <b>305277954</b>		1st year of desig. Roth contributions		7 Distribution code(s) <b>7</b>	8 Other \$ <b>.00</b> %
10 State tax withheld \$ <b>.00</b>		11 State/Payer's state no. <b>MA/I</b>		12 State distribution \$ <b>.00</b>	
13 Local tax withheld \$ <b>.00</b>		14 Name of locality		15 Local distribution \$ <b>.00</b>	

R  
3  
B  
C  
2

PAYER'S name, street address, city, state, and ZIP code <b>INSURANCE COMPANY 1295 STATE STREET SPRINGFIELD MA 01111</b>		1 Gross distribution \$ <b>1,112.52</b>	2a Taxable amount \$ <b>789.45</b>	OMB No. 1545-0119 <b>2006</b> Form <b>1099-R</b>	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number <b>305277954</b>		RECIPIENT'S identification number <b>123-45-6789</b>		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address, city, state, and ZIP code <b>David S Damore 1177 Hickman Street Arlington Heights, IL 60005</b>		3 Capital gain(included in box 2a) \$ <b>.00</b>	4 Federal income tax withheld \$ <b>.00</b>	Copy 2 File this copy with your state, city, or local income tax return when required.	
RECIPIENT'S name, street address, city, state, and ZIP code <b>David S Damore 1177 Hickman Street Arlington Heights, IL 60005</b>		5 Employee contributions/Desig. Roth contrib. or ins. premiums \$ <b>323.07</b>	6 Net unrealized appreciation in employer's securities \$ <b>.00</b>	Form 1099-R Department of the Treasury Internal Revenue Service	
Account number (see instructions) <b>305277954</b>		1st year of desig. Roth contributions		7 Distribution code(s) <b>7</b>	8 Other \$ <b>.00</b> %
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13 Local tax withheld \$ <b>.00</b>		14 Name of locality		15 Local distribution \$ <b>.00</b>	

**Tax Statement for Forms 1098, 1099, 5498 for Year 2006**

NAME, ADDRESS AND FEDERAL I.D. NO.

**Taylor FIVE**  
**210 ESSEX STREET**  
**SALEM MA 01970**

CUSTOMER NAME, ADDRESS

**David S Damore**  
**1177 Hickman Street**  
**Arlington Heights, IL 60005**

1098-C, Copy B, For Payer, OMB #1545-0001  
 1098-E, Copy B, For Borrower, OMB #1545-1576  
 1099-A, Copy B, For Borrower, OMB #1545-0817  
 1099-B, Copy B, For Recipient, OMB #1545-0715  
 1098-C, Copy B, For Debtor, OMB #1545-1424  
 1099-Q, Copy B, For Recipient, OMB #1545-1760  
 1099-DIV, Copy B, For Recipient, OMB #1545-0110  
 1098-INT, Copy B, For Recipient, OMB #1545-0112  
 1099-MISC, Copy B, For Recipient, OMB #1545-0115  
 1099-OID, Copy B, For Recipient, OMB #1545-0117  
 1099-S, Copy B, For Transferor, OMB #1545-0917  
 5498, Copy B, For Participant, OMB #1545-0747  
 1099-SA, For Recipient, OMB #1545-1517

Payer's Federal ID# 04-1802790  
 Questions? (978) 720-5958

126D00010714-1

FORM 1 OF 1

**2006 FORM 1099-INT: INTEREST INCOME**

Account Type	Account Number	Deposit ID	IRS Description	IRS Box#	Amount
Savings	<b>305277954</b>		Interest income	1	30.29

TOTALS:			
Interest income		1	30.29
Early withdrawal penalty		2	0.00
Interest on U.S. Savings Bonds and Treasury obligations		3	0.00
Federal income tax withheld		4	0.00
Investment expenses		5	0.00
Foreign tax paid		6	0.00
Tax-exempt interest		8	0.00
Specified private activity bond interest		9	0.00

TAXPAYER I.D. NO.  
**123-45-6789**

(keep for your records) DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE  
 For Form 1099-B, DIV, INT, MISC, OID, and Q. This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.  
 Form 1099-DIV. This may not be the correct figure to report on your income tax return. See instructions on the back.  
 Form 1099-C. Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

**1098-E - OMB #1545-1576** This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest. A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you.  
 You may be able to deduct student loan interest that you actually paid in 2006 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information see Pub. 970, Tax Benefits for Education, and "Student Loan Interest Deduction Worksheet" in your Form 1040 or 1040A instructions.  
**Account number.** May show an account or other unique number the lender assigned to distinguish your account.  
**Box 1.** Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2005. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.  
**Box 2.** Shows if loan origination fees and/or capitalized interest are included in box 1.

**for the mortgage interest or for these points or because you did not report the refund of interest on your return.**  
 A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$500 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.  
 If you received this statement as the owner of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction for mortgage interest and points. Each borrower may have to include in income a share of any amount reported in box 1.  
 If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information see Pub. 936, Home Mortgage Interest Deduction, and Pub. 535, Business Expenses.  
**Account number.** May show an account or other unique number the lender has assigned to distinguish your account.  
**Box 1.** Shows the mortgage interest received by the interest recipient during the year. This amount includes interest on any obligations secured by real property, including a home equity line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buy-down" mortgage. Such amounts are deductible by you only in certain circumstances. **Caution:** If you prepaid interest in 2005 that accrued in full by January 15, 2007, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2006 even though it may be included in box 1 if you hold a mortgage credit certificate and can claim the mortgage interest credit; see Form 5306, Mortgage Interest Credit. If the interest was paid on a mortgage, home equity line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.  
**Box 2.** Not all points are reportable to you. Box 2 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you.

**1099 - OMB #1545-0901** The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction.

**Schedule K-1  
(Form 1065)**

**2006**

Department of the Treasury  
Internal Revenue Service

For calendar year 2006, or tax  
year beginning \_\_\_\_\_, 2006  
ending \_\_\_\_\_, 20\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.** ▶ See back of form and separate instructions.

Final K-1

Amended K-1

651106  
OMB No. 1545-0099

**Part I Information About the Partnership**

**A** Partnership's employer identification number  
**305277954**

**B** Partnership's name, address, city, state, and ZIP code  
**Brent M Taylor  
345 Thomas Street  
Buffalo, MA 60089**

**C** IRS Center where partnership filed return  
Ogden, UT

**D**  Check if this is a publicly traded partnership (PTP)

**E**  Tax shelter registration number, if any **305277954**

**F**  Check if Form 8271 is attached

**Part II Information About the Partner**

**G** Partner's identifying number  
**123-45-6789**

**H** Partner's name, address, city, state, and ZIP code  
**David S Damore  
1177 Hickman Street  
Arlington Heights, IL 60005**

**I**  General partner or LLC member-manager  Limited partner or other LLC member

**J**  Domestic partner  Foreign partner

**K** What type of entity is this partner? Trust

**L** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.001697 %	0.000000 %
Loss	0.001697 %	0.000000 %
Capital	0.001697 %	0.000000 %

**M** Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ 0

Qualified nonrecourse financing . . . \$ \_\_\_\_\_

Recourse . . . . . \$ \_\_\_\_\_

**N** Partner's capital account analysis:

Beginning capital account . . . . .	\$ <u>9,862</u>
Capital contributed during the year . . . . .	\$ <u>14,696</u>
Current year increase (decrease) . . . . .	\$ <u>-1,212</u>
Withdrawals & distributions . . . . .	\$ <u>(23,346)</u>
Ending capital account . . . . .	\$ <u>0</u>

Tax basis  GAAP  Section 704(b) book  
 Other (explain)

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>15</b>	Credits
	-848		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>16</b>	Foreign transactions
<b>4</b>	Guaranteed payments		
<b>5</b>	Interest income	<b>13</b>	
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>17</b>	Alternative minimum tax (AMT) items
		A	575
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain		
<b>10</b>	Net section 1231 gain (loss)	<b>18</b>	Tax-exempt income and nondeductible expenses
	-376		
<b>11</b>	Other income (loss)	C	1
<b>12</b>	Section 179 deduction	A	702
<b>13</b>	Other deductions		
<b>14</b>	Self-employment earnings (loss)	V	-849
		W*	STMT

\*See attached statement for additional information.

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