

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 David S Damore		Box 2. Beneficiary's Social Security Number 123-45-6789								
Box 3. Benefits Paid in 2006 \$18,930.00	Box 4. Benefits Repaid to SSA in 2006 NONE	Box 5. Net Benefits for 2006 (Box 3 minus Box 4) \$18,930.00								
<p style="text-align: center;">DESCRIPTION OF AMOUNT IN BOX 3</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Paid by check or direct deposit</td> <td style="text-align: right;">\$17,868.00</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right;">\$1,062.00</td> </tr> <tr> <td>Total Additions</td> <td style="text-align: right;">\$18,930.00</td> </tr> <tr> <td>Benefits for 2006</td> <td style="text-align: right;">\$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;">DESCRIPTION OF AMOUNT IN BOX 4</p> <p style="text-align: center;">NONE</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 NONE								
		Box 7. Address David S Damore 1177 Hickman Street Arlington Heights, IL 60005								
		Box 8. Claim Number (Use this number if you need to contact SSA.) 123-45-6789 A								

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.

Employee Reference Copy W-2 Wage and Tax Statement 2006

Copy C for employee's records. OMB No. 1545-0008

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.

Fold and Detach Here

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		
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0001 68/FAE			2

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

b Employer's FED ID number 305277954	d Employee's SSA number 123-45-6789
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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

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

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

Federal Filing Copy
W-2 Wage and Tax Statement 2006

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		
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0001 68/FAE			2

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345 Thomas Street
Buffalo, MA 60089

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David S Damore
1177 Hickman Street
Arlington Heights, IL 60005

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

MA State Reference Copy
W-2 Wage and Tax Statement 2006

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		
a Control number	Dept.	Corp.	Employer use only
0001 68/FAE			2

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Buffalo, MA 60089

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7 Social security tips	8 Allocated tips
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e/f Employee's name, address and ZIP code
David S Damore
1177 Hickman Street
Arlington Heights, IL 60005

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

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 \$ 868.00	OMB No. 1545-0120 2006 Form 1099-G
Payer's Federal Identification number 04-6002284	RECIPIENT'S Identification number 123-45-6789	2 State or local income tax refunds, credits, or offsets \$.00	3 Box 2 amount is for tax year 2006
David S Damore 1177 Hickman Street Arlington Heights, IL 60005		4 Federal Income Tax Withheld \$.00	5 ATAA payments \$.00
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 INSURANCE COMPANY 1295 STATE STREET SPRINGFIELD MA 01111		1 Gross distribution \$ 1,112.52	OMB No. 1545-0119 2006 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 789.45		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S Federal identification number 305277954	RECIPIENT'S identification number 123-45-6789	3 Capital gain(included in box 2a) \$.00	4 Federal income tax withheld \$.00	
RECIPIENT'S name, street address, city, state, and ZIP code David S Damore 1177 Hickman Street Arlington Heights, IL 60005		5 Employee contributions/Desig. Roth contrib. or ins. premiums \$ 323.07	6 Net unrealized appreciation in employer's securities \$.00	
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$.00 %
		9a Your percentage of total distribution %	9b Total employee contributions \$.00	
Account number (see instructions) 305277954	1st year of desig. Roth contributions	10 State tax withheld \$.00	11 State/Payer's state no. MA/	12 State distribution \$.00
		13 Local tax withheld \$.00	14 Name of locality	15 Local distribution \$.00

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.
Form 1099-R
Department of the Treasury
Internal Revenue Service

PAYER'S name, street address, city, state, and ZIP code INSURANCE COMPANY 1295 STATE STREET SPRINGFIELD MA 01111		1 Gross distribution \$ 1,112.52	OMB No. 1545-0119 2006 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 789.45		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S Federal identification number 305277954	RECIPIENT'S identification number 123-45-6789	3 Capital gain(included in box 2a) \$.00	4 Federal income tax withheld \$.00	
RECIPIENT'S name, street address, city, state, and ZIP code David S Damore 1177 Hickman Street Arlington Heights, IL 60005		5 Employee contributions/Desig. Roth contrib. or ins. premiums \$ 323.07	6 Net unrealized appreciation in employer's securities \$.00	
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$.00 %
		9a Your percentage of total distribution %	9b Total employee contributions \$.00	
Account number (see instructions) 305277954	1st year of desig. Roth contributions	10 State tax withheld \$.00	11 State/Payer's state no. MA/I	12 State distribution \$.00
		13 Local tax withheld \$.00	14 Name of locality	15 Local distribution \$.00

Copy C For Recipient's Records
This information is being furnished to the Internal Revenue Service.
Keep this copy for your records
Form 1099-R
Department of the Treasury
Internal Revenue Service

R
3
B
C
2

PAYER'S name, street address, city, state, and ZIP code INSURANCE COMPANY 1295 STATE STREET SPRINGFIELD MA 01111		1 Gross distribution \$ 1,112.52	OMB No. 1545-0119 2006 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		2a Taxable amount \$ 789.45		
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S Federal identification number 305277954	RECIPIENT'S identification number 123-45-6789	3 Capital gain(included in box 2a) \$.00	4 Federal income tax withheld \$.00	
RECIPIENT'S name, street address, city, state, and ZIP code David S Damore 1177 Hickman Street Arlington Heights, IL 60005		5 Employee contributions/Desig. Roth contrib. or ins. premiums \$ 323.07	6 Net unrealized appreciation in employer's securities \$.00	
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$.00 %
		9a Your percentage of total distribution %	9b Total employee contributions \$.00	
Account number (see instructions) 305277954	1st year of desig. Roth contributions	10 State tax withheld \$.00	11 State/Payer's state no. MA/	12 State distribution \$.00
		13 Local tax withheld \$.00	14 Name of locality	15 Local distribution \$.00

Copy 2
File this copy with your state, city, or local income tax return when required.
Form 1099-R
Department of the Treasury
Internal Revenue Service

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

1098, Copy B, For Payer, OMB #1545-0901
 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
 1099-C, Copy B, For Debtor, OMB #1545-1424
 1099-Q, Copy B, For Recipient, OMB #1545-1769
 1099-DIV, Copy B, For Recipient, OMB #1545-0110
 1099-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 #1545-0997
 5498, Copy B, For Participant, OMB #1545-0747
 1099-SA, For Recipient, OMB #1545-1517

NAME, ADDRESS AND FEDERAL I.D. NO.

CUSTOMER NAME, ADDRESS

Taylor FIVE
 210 ESSEX STREET
 SALEM MA 01970

David S Damore
 1177 Hickman Street
 Arlington Heights, IL 60005

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	305277954		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 the income is taxable and the IRS determines that it has not been reported.
 Form 1099-DID: This may not be the correct figure to report on your income tax return. See instructions on the back.
 Form 1098 - 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 2006. 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 (or 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 payer of interest 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 2006 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 5536, 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 OMB No. 1545-0099

651106

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

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

*See attached statement for additional information.

For IRS Use Only