

Label

(See instructions on page 21.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

For the year Jan. 1-Dec. 31, 2002, or other tax year beginning , 2002, ending , 20

OMB No. 1545-0074

Your first name and initial Peter E

Last name Hendrickson

Your social security number

If a joint return, spouse's first name and initial Doreen M.

Last name Hendrickson

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 21. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.

Important!

You must enter your SSN(s) above.

Presidential Election Campaign (See page 21.)

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 No Yes No

Filing Status

Check only one box.

- 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See page 21.) 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 21.)

Exemptions

If more than five dependents, see page 22.

- 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. 6b Spouse. 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If qualifying child for child tax credit (see page 22) d Total number of exemptions claimed

No. of boxes checked on 6a and 6b 2 No. of children on 6c who: lived with you did not live with you due to divorce or separation (see page 22) Dependents on 6c not entered above Add numbers on lines above 2

Income

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

If you did not get a W-2, see page 23.

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

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 20- 8a Taxable interest. Attach Schedule B if required 8a 20- b Tax-exempt interest. Do not include on line 8a 8b 9 Ordinary dividends. Attach Schedule B if required 9 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) 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 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount (see page 27) 20b 21 Other income. List type and amount (see page 29) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 20

Adjusted Gross Income

- 23 Educator expenses (see page 29) 23 24 IRA deduction (see page 29) 24 25 Student loan interest deduction (see page 31) 25 26 Tuition and fees deduction (see page 32) 26 27 Archer MSA deduction. Attach Form 8853 27 28 Moving expenses. Attach Form 3903 28 29 One-half of self-employment tax. Attach Schedule SE 29 30 Self-employed health insurance deduction (see page 33) 30 31 Self-employed SEP, SIMPLE, and qualified plans 31 32 Penalty on early withdrawal of savings 32 33a Alimony paid b Recipient's SSN 33a 34 Add lines 23 through 33a 34 35 Subtract line 34 from line 22. This is your adjusted gross income 35 20

Tax and Credits

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, \$9,925

36 Amount from line 35 (adjusted gross income)
37a Check if: [] You were 65 or older, [] Blind; [] Spouse was 65 or older, [] Blind.
Add the number of boxes checked above and enter the total here
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
38 Itemized deductions (from Schedule A) or your standard deduction (see left margin)
39 Subtract line 38 from line 36
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
41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-
42 Tax (see page 36). Check if any tax is from: a [] Form(s) 8814 b [] Form 4972
43 Alternative minimum tax (see page 37). Attach Form 6251
44 Add lines 42 and 43
45 Foreign tax credit. Attach Form 1116 if required
46 Credit for child and dependent care expenses. Attach Form 2441
47 Credit for the elderly or the disabled. Attach Schedule R
48 Education credits. Attach Form 8863
49 Retirement savings contributions credit. Attach Form 8880
50 Child tax credit (see page 39)
51 Adoption credit. Attach Form 8839
52 Credits from: a [] Form 8996 b [] Form 8859
53 Other credits. Check applicable box(es): a [] Form 3800 b [] Form 8801 c [] Specify
54 Add lines 45 through 53. These are your total credits
55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0-

Other Taxes

56 Self-employment tax. Attach Schedule SE
57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137
58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required
59 Advance earned income credit payments from Form(s) W-2
60 Household employment taxes. Attach Schedule H
61 Add lines 55 through 60. This is your total tax

Payments

If you have a qualifying child, attach Schedule EIC.

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

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 overpaid
71a Amount of line 70 you want refunded to you
b Routing number
c Type: [] Checking [] Savings
d Account number
72 Amount of line 70 you want applied to your 2003 estimated tax

Amount You Owe

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

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 identification 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.

Joint return? See page 21. Keep a copy for your records.

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

Form **4852**
(Revised Oct. 1998)

Department of the Treasury - Internal Revenue Service
**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R,
Distributions From Pensions, Annuities, Retirement or
Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.**

OMB No.
1545-0458

Attach to Form 1040, 1040A, 1040-EZ or 1040X

1. Name (First, middle, last) Peter E. Hendrickson 2. Social security number (SSN)

3. Address

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRAs, Insurance Contracts, etc., from my employer or payer named below. I hereby notify the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2002 (year)

5. Employer's or payer's name, address and ZIP code 6. Employer's or payer's identification number (if known)

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips reported and (4) all other compensation before deductions for taxes, insurance, etc.)	<u>-0-</u>	f. Federal income tax withheld	<u>\$5642.20</u>
b. Social security wages	<u>-0-</u>	g. State tax withheld (Name or state)	<u>\$1907.98 (MI)</u>
c. Medicare wages	<u>-0-</u>	h. Local tax withheld (Name of locality)	<u>-0-</u>
d. Advance EIC payments	<u>-0-</u>	i. Social security tax withheld	<u>\$3655.83</u>
e. Social security tips	<u>-0-</u>	j. Medicare tax withheld	<u>\$854.93</u>

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	<u>-0-</u>	4. Federal Income Tax Withheld	<u>-0-</u>
2a. Taxable Amount	<u>-0-</u>	5. State Income Tax Withheld	<u>-0-</u>
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	<u>-0-</u>
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	<u>-0-</u>
3. Capital Gains (included in 2a)	<u>-0-</u>	8. Enter Distribution Code	<u>-</u>

8. How did you determine the amounts in item 7 above?

Company provided records and the statutory language behind IRC sections 3401 and 3121 and others.

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts. Request, but the company refuses to issue forms correctly listing payments of "wages as defined in 3401(a) and 3121(a)" for fear of IRS retaliation. The amounts listed as withheld on the W-2 it submitted are correct, however.

Importance Notice: If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.

Paperwork Reduction Act Notice:

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paper Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

10. Your signature _____ 11. Date (mmddyyyy) 08/12/03

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents \$	OMB No. 1545-0115 2002 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S Federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy A For Internal Revenue Service Center File with Form 1096.
RECIPIENT'S name Doreen Hendrickson		7 Nonemployee compensation \$ -0-	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code		11	12		
Account number (optional)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15		16 State tax withheld \$	17 State/Payer's state no.		
			18 State income \$		

Form 1099-MISC

Cat. No. 14425J

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page

Do Not Cut or Separate Forms on This Page

This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as 'PAYER' which erroneously alleges a payment to the party identified above as the 'RECIPIENT' of "gains, profit or income" made in the course of a "trade or business". Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.

Doreen Hendrickson

01/21/03
Date