

Paul S Kim
600 N Dearborn St, Apt. 1606
Chicago, IL 60610-0000

2002 U.S. INDIVIDUAL INCOME TAX RETURN SUMMARY

Adjusted Gross Income	\$	65,043
Taxable Income	\$	52,850
Total Tax	\$	10,622
Total Payments	\$	13,503
Refund	\$	2,881
Effective Tax Rate		16.33 %

Listed below are forms and related worksheets for your review:

- Form 1040 Individual Income Tax Return

IF YOU PLAN TO FILE ELECTRONICALLY:

After you file your return electronically, you will receive instructions on how to complete the electronic filing process.

IF YOU PLAN TO MAIL YOUR TAX RETURN:

When you print your filing copy of your tax return, you will receive instructions on where to mail your return.

Form **1040**

U.S. Individual Income Tax Return 2002

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2002, or other tax year beginning _____, 2002, ending _____, 20		OMB No. 1545-0074
Label (See instructions.)	Your first name MI Last name Paul S Kim	Your social security number 328-74-1353
	If a joint return, spouse's first name MI Last name	Spouse's social security number
Use the IRS label. Otherwise, please print or type.	Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 600 N Dearborn St 1606	▲ Important! ▲ You must enter your social security number(s) above.
	City, town or post office. If you have a foreign address, see instructions. State ZIP code Chicago IL 60610-0000	

Presidential Election Campaign
(See instructions.)

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

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died). (See instructions.)

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Spouse				No. of children on 6c who:	
c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	<input type="checkbox"/> lived with you	
(1) First name Last name			<input type="checkbox"/>	<input type="checkbox"/> did not live with you due to divorce or separation (see instrs)	
			<input type="checkbox"/>	Dependents on 6c not entered above	
			<input type="checkbox"/>	Add numbers on lines above	1
d Total number of exemptions claimed					1

If more than five dependents, see instructions.

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 instructions.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	67,940.
8a Taxable interest. Attach Schedule B if required	8a	45.
b Tax-exempt interest. Do not include on line 8a 8b		
9 Ordinary dividends. Attach Schedule B if required	9	58.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received.	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input type="checkbox"/>	13	-3,000.
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions 15a	b Taxable amount (see instrs) 15b	
16a Pensions and annuities 16a	b Taxable amount (see instrs) 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 instrs) 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	65,043.

Adjusted Gross Income

23 Educator expenses (see instructions)	23	
24 IRA deduction (see instructions)	24	
25 Student loan interest deduction (see instructions)	25	
26 Tuition and fees deduction (see instructions)	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 instructions)	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	65,043.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Rows include 36 Amount from line 35, 37a Check if, 38 Itemized deductions, 39 Subtract line 38, 40 Taxable income, 41 Tax, 42 Alternative minimum tax, 43 Add lines 42 and 43, 45 Foreign tax credit, 46 Credit for child and dependent care expenses, 47 Credit for the elderly or the disabled, 48 Education credits, 49 Retirement savings contributions credit, 50 Child tax credit, 51 Adoption credit, 52 Credits from, 53 Other credits, 54 Add lines 45 through 53, 55 Subtract line 54 from line 44, 56 Self-employment tax, 57 Social security and Medicare tax, 58 Tax on qualified plans, 59 Advance earned income credit payments, 60 Household employment taxes, 61 Add lines 55-60.

Standard Deduction for - People who checked any box on line 37a or 37b or who can be claimed as a dependent, see instructions. 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

Table with 3 columns: Line number, Description, and Amount. Rows include 56 Self-employment tax, 57 Social security and Medicare tax, 58 Tax on qualified plans, 59 Advance earned income credit payments, 60 Household employment taxes, 61 Add lines 55-60.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include 62 Federal income tax withheld, 63 2002 estimated tax payments, 64 Earned income credit (EIC), 65 Excess social security and tier 1 RRTA tax withheld, 66 Additional child tax credit, 67 Amount paid with request for extension, 68 Other pmts from, 69 Add lines 62 through 68.

Refund

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

Table with 3 columns: Line number, Description, and Amount. Rows include 70 If line 69 is more than line 61, subtract line 61 from line 69, 71a Amount of line 70 you want refunded to you, 71b Routing number, 71c Type, 71d Account number, 72 Amount of line 70 you want applied to your 2003 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include 73 Amount you owe, 74 Estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? 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. Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, 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, Self-Prepared, EIN, Phone no.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2002
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

Paul S Kim

328-74-1353

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 36	2			
3	Multiply line 2 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	1,973.	
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			1,973.
Interest You Paid		10	Home mtg interest and points reported to you on Form 1098	7,215.	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11			
Note. Personal interest is not deductible.		12	Points not reported to you on Form 1098. See instrs for spl rules	5.	
13	Investment interest. Attach Form 4952 if required. (See instrs.)	13			
14	Add lines 10 through 13	14			7,220.
Gifts to Charity		15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions		
16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		19
Job Expenses and Most Other Miscellaneous Deductions		20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		
21	Tax preparation fees	21		50.	
22	Other expenses — investment, safe deposit box, etc. List type and amount ▶	22			
23	Add lines 20 through 22	23		50.	
24	Enter amount from Form 1040, line 36	24	65,043.		
25	Multiply line 24 by 2% (.02)	25		1,301.	
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 in the instructions. List type and amount ▶		27
Total Itemized Deductions		28 Is Form 1040, line 36, over \$137,300 (over \$68,650 if MFS)?			
		<input checked="" type="checkbox"/> 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 38.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			
				28	9,193.

SCHEDULE D

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2002

12

Name(s) shown on Form 1040

Paul S Kim

Your social security number

328-74-1353

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	
1 10 shares CSCO stock	04/05/01	05/02/02	128.01	159.82	-31.81	
MOT	03/28/02	04/04/02	3,707.94	4,300.84	-592.90	
MOT	01/15/02	04/04/02	28.99	28.99	0.00	
MOT	10/15/01	04/04/02	17.99	17.99	0.00	
2 Enter your short-term totals, if any, from Schedule D-1, line 2		2	3,448.		0.	
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3	7,331.			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.						4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.						5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2001 Capital Loss Carryover Worksheet					-7,412.	6
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					-8,037.	7

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss)* (see instructions below)
8 10 shares JNPR stock	04/05/01	05/02/02	85.80	367.00	-281.20	
MOT	03/30/01	04/04/02	3,779.57	3,779.57	0.00	
MOT	01/16/01	04/04/02	5.45	5.45	0.00	
MOT	09/29/00	04/04/02	3,270.18	3,270.18	0.00	
9 Enter your long-term totals, if any, from Schedule D-1, line 9.		9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	7,141.			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824						11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.						12
13 Capital gain distributions. See instrs.						13
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 2001 Capital Loss Carryover Worksheet						14
15 Combine lines 8 through 14 in column (g)						15
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)					-281.	16

Next: Go to Part III on page 2.

* 28% rate gain or loss includes all 'collectibles gains and losses' (as defined in the instructions) and up to 50% of the eligible gain on qualified small business stock (see instructions).

Part III Taxable Gain or Deductible Loss

<p>17 Combine lines 7 and 16 and enter the result. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13, and complete Form 1040 through line 41</p> <p>Next: • If both lines 16 and 17 are gains and Form 1040, line 41, is more than zero, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete Form 1040.</p>	17	-8,318.
<p>18 If line 17 is a loss, enter here and on Form 1040, line 13, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)). Then complete Form 1040 through line 39</p> <p>Next: • If the loss on line 17 is more than the loss on line 18 or if Form 1040, line 39, is less than zero, skip Part IV below and complete the Capital Loss Carryover Worksheet in the instructions before completing the rest of Form 1040. • Otherwise, skip Part IV below and complete the rest of Form 1040.</p>	18	-3,000.

Part IV Tax Computation Using Maximum Capital Gains Rates

<p>19 Enter your unrecaptured Section 1250 gain, if any, from line 17 of the worksheet in the instructions</p> <p>If line 15 or line 19 is more than zero, complete the worksheet in the instructions to figure the amount to enter on lines 22, 29, and 40 below, and skip all other lines below. Otherwise, go to line 20.</p>	19	
<p>20 Enter your taxable income from Form 1040, line 41</p>	20	
<p>21 Enter the smaller of line 16 or line 17 of Schedule D</p>	21	
<p>22 If you are deducting investment interest expense on Form 4952, enter the amount from Form 4952, line 4e. Otherwise, enter -0-</p>	22	
<p>23 Subtract line 22 from line 21. If zero or less, enter -0-</p>	23	
<p>24 Subtract line 23 from line 20. If zero or less, enter -0-</p>	24	
<p>25 Figure the tax on the amount on line 24. Use the Tax Table or Tax Rate Schedules, whichever applies</p>	25	
<p>26 Enter the smaller of:</p> <ul style="list-style-type: none"> • The amount on line 20 or • \$46,700 if married filing jointly or qualifying widow(er); \$27,950 if single; \$37,450 if head of household; or \$23,350 if married filing separately 	26	
<p>If line 26 is greater than line 24, go to line 27. Otherwise, skip lines 27 through 33 and go to line 34.</p>		
<p>27 Enter the amount from line 24</p>	27	
<p>28 Subtract line 27 from line 26. If zero or less, enter -0- and go to line 34</p>	28	
<p>29 Enter your qualified 5-year gain, if any, from line 8 of the worksheet in the instructions</p>	29	
<p>30 Enter the smaller of line 28 or line 29</p>	30	
<p>31 Multiply line 30 by 8% (.08)</p>	31	
<p>32 Subtract line 30 from line 28</p>	32	
<p>33 Multiply line 32 by 10% (.10)</p>	33	
<p>If the amounts on lines 23 and 28 are the same, skip lines 34 through 37 and go to line 38.</p>		
<p>34 Enter the smaller of line 20 or line 23</p>	34	
<p>35 Enter the amount from line 28 (if line 28 is blank, enter -0-)</p>	35	
<p>36 Subtract line 35 from line 34</p>	36	
<p>37 Multiply line 36 by 20% (.20)</p>	37	
<p>38 Add lines 25, 31, 33, and 37</p>	38	
<p>39 Figure the tax on the amount on line 20. Use the Tax Table or Tax Rate Schedules, whichever applies</p>	39	
<p>40 Tax on all taxable income (including capital gains). Enter the smaller of line 38 or line 39 here and on Form 1040, line 42</p>	40	

**SCHEDULE D-1
(Form 1040)**

Continuation Sheet for Schedule D (Form 1040)

OMB No. 1545-0074

2002
12A

Department of the Treasury
Internal Revenue Service (99)

▶ See instructions for Schedule D (Form 1040).
▶ Attach to Schedule D to list additional transactions for lines 1 and 8.

Name(s) shown on Form 1040

Your social security number

Paul S Kim

328-74-1353

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss). Subtract (e) from (d)
1 MOT	09/28/01	04/04/02	3,424.98	3,424.98	0.00
MOT	07/17/01	04/04/02	17.95	17.95	0.00
MOT	04/16/01	04/04/02	5.45	5.46	-0.01
2 Totals. Combine columns (d) and (f). Enter here and on Schedule D, line 2 . . ▶ 2			3,448.		0.

Federal Information Worksheet

2002

▶ Keep for your records

Part I – Personal Information

Taxpayer: First Name <u>Paul</u> Middle Initial <u>S</u> Suffix _____ Last Name <u>Kim</u> Social Security No. <u>328-74-1353</u> Occupation <u>Software Engineer</u> Date of Birth <u>05/23/1975</u> (mm/dd/yyyy) or Age as of 1/1/2003. <u>27</u> Daytime Phone <u>(847) 576-9821</u> Ext _____ Home Phone <u>(312) 649-5774</u> Check to print phone number on Form 1040 <input type="checkbox"/> Home Address <u>600 N Dearborn St</u> Apt No. <u>1606</u> City <u>Chicago</u> State <u>IL</u> ZIP Code <u>60610-0000</u> Foreign country _____ APO/FPO address, check if appropriate APO <input type="checkbox"/> FPO <input type="checkbox"/>	Spouse: First Name _____ Middle Initial _____ Suffix _____ Last Name _____ Social Security No. _____ Occupation _____ Date of Birth _____ (mm/dd/yyyy) or Age as of 1/1/2003. _____ Daytime Phone _____ Ext _____ <input type="checkbox"/> Taxpayer Daytime <input type="checkbox"/> Spouse Daytime
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Part II – Federal Filing Status

Check the box for your federal filing status:

1 Single

2 Married filing jointly

3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ▶
 Check this box if you are eligible to claim your spouse's exemption (see *Help*) ▶

4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name _____ Child's social security number _____

5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died ▶ 2000 2001

Do you want \$3 to go to the Presidential Election Campaign Fund? Taxpayer ▶ Yes No
 Spouse ▶ Yes No

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First Name	MI	Social Security Number	Date of Birth			Qualified child/dependent care expenses incurred and paid in 2002	E I C	Lived with taxpayer in U.S.	Education tuition and fees
			Year of birth	C o d e	Not qualified for child tax credit				
----- Last Name	Suffix	Relationship			<input type="checkbox"/>			<input type="checkbox"/>	
-----					<input type="checkbox"/>			<input type="checkbox"/>	
-----					<input type="checkbox"/>			<input type="checkbox"/>	
-----					<input type="checkbox"/>			<input type="checkbox"/>	

Information for the Earned Income Credit Only:

The questions below must be answered to calculate EIC.

Is the taxpayer or spouse a qualifying child for EIC for another person? Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2002? Yes No
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2002
Check if EIC was disallowed or reduced in a previous year and you are required to file Form 8862 this year.
Notified by the IRS that EIC cannot be claimed in 2002

Part IV - Direct Deposit or Direct Debit Information

Do you want to elect direct deposit of any federal tax refund? Yes No
Do you want to elect direct debit of federal balance due (Electronic Filing only)? Yes No

If you selected either of the options above, fill out the information below:

Name of financial institution (optional) Motorola Employees Credit Union
Check the appropriate box Checking Savings
Routing number 271984311 Account number 9564580

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above
Balance-due amount from this return

Part V - Standard Deduction/Itemized Deductions

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction
Check this box if you are married filing separately and your spouse itemized deductions
Check this box to take the standard deduction even if less than itemized deductions

Taxpayer Information:

Can someone (such as your parent) claim you as a dependent? Yes No
If so, are you actually claimed as a dependent on that person's tax return? Yes No
Do you qualify as disabled for Schedule R? See Help. Yes No
Check if taxpayer is legally blind
If decedent's return, enter taxpayer's date of death (mm/dd/yyyy)

Spouse Information:

Can someone (such as your parent) claim you as a dependent? Yes No
If so, is spouse actually claimed as a dependent on that person's tax return? Yes No
Do you qualify as disabled for Schedule R? See Help. Yes No
Check if spouse is legally blind
If decedent's return, enter spouse's date of death (mm/dd/yyyy)

Part VI - Other Information for Your Tax Return

Third Party Designee:

Do you want to allow another person to discuss this return with the IRS? Yes No
If Yes, complete the following:
Third party designee name
Third party designee phone number Personal identification number

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ
Check this box if you are a dual-status alien

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) Yes No

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands
Excludable income from Puerto Rico

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116
Resident country USA

Part VII – State Filing Information

Enter your state of residence as of December 31, 2002 IL

Check the appropriate box: Resident entire year

Resident part of year

Date you established residence in state above _____

In which state (or foreign country) did you reside before this change?

If you live in one of the **New York** counties as indicated in Help, check this box

Employee Stock Purchase Plan Worksheet

2002

▶ Keep for your records

Name(s) Shown on Return
Paul S Kim

Social Security Number
328-74-1353

QuickZoom to another Employee Stock Purchase Plan Worksheet ▶

Stock name MOT

- 1 a** Offering (grant) date 03/27/2002
b Market price per share at offering date _____
c Discount percentage, if any. (Maximum 15.00%) _____ %
- 2 a** Purchase or exercise date 03/28/2002
b Market price per share at purchase (exercise) date 12.0700
c Stock price per share **actually** paid at purchase date 14.0000
d Commissions paid at purchase _____
- 3 a** Date sold 04/04/2002
b Number of shares sold 307.2030

Amounts reported on:

Schedule D Form W-2

- | | | |
|---|--|---------------------------------|
| 4 a Sale proceeds (Form 1099-B, prorated if necessary) | <u>3,707.94</u> | |
| b Cost | <u>4,300.84</u> | |
| c Net gain (loss) | <u>-592.90</u> | |
| d Long-term or short-term | <u>Short-term</u> | |
| 5 a Amount to be reported as compensation - usually on Form W-2 | | 0.00 |
| b Is the amount on line 5a or 5c already included on Form W-2 Box 1? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c Ordinary income if held at least 2 years | | 0.00 |
| d Who does this ESPP stock belong to? | Taxpayer <input checked="" type="checkbox"/> | Spouse <input type="checkbox"/> |
| 6 Qualifying or Disqualifying | <u>Disqualifying</u> | |

Employee Stock Purchase Plan Worksheet

2002

► Keep for your records

Name(s) Shown on Return Paul S Kim	Social Security Number 328-74-1353
---------------------------------------	---------------------------------------

QuickZoom to another Employee Stock Purchase Plan Worksheet ►

Stock name MOT

- 1 a Offering (grant) date 01/15/2002
b Market price per share at offering date _____
c Discount percentage, if any. (Maximum 15.00%) _____ %
- 2 a Purchase or exercise date 01/15/2002
b Market price per share at purchase (exercise) date 14.3695
c Stock price per share **actually** paid at purchase date 14.3695
d Commissions paid at purchase _____
- 3 a Date sold 04/04/2002
b Number of shares sold 2.0175

Amounts reported on:

Schedule D Form W-2

- 4 a Sale proceeds (Form 1099-B, prorated if necessary) 28.99
b Cost 28.99
c Net gain (loss) 0.00
d Long-term or short-term Short-term
- 5 a Amount to be reported as compensation - usually on Form W-2 0.00
b Is the amount on line 5a or 5c already included on Form W-2 Box 1? **Yes** **No**
c Ordinary income if held at least 2 years 0.00
d Who does this ESPP stock belong to? **Taxpayer** **Spouse**
- 6 Qualifying or Disqualifying Disqualifying

Employee Stock Purchase Plan Worksheet

2002

Keep for your records

Table with 2 columns: Name(s) Shown on Return (Paul S Kim) and Social Security Number (328-74-1353)

QuickZoom to another Employee Stock Purchase Plan Worksheet ►

Stock name MOT

- 1 a Offering (grant) date 10/15/2001
b Market price per share at offering date
c Discount percentage, if any. (Maximum 15.00%) %
2 a Purchase or exercise date 10/15/2001
b Market price per share at purchase (exercise) date 17.5010
c Stock price per share actually paid at purchase date 17.5010
d Commissions paid at purchase
3 a Date sold 04/04/2002
b Number of shares sold 1.0279

Amounts reported on: Schedule D Form W-2

- 4 a Sale proceeds (Form 1099-B, prorated if necessary) 17.99
b Cost 17.99
c Net gain (loss) 0.00
d Long-term or short-term Short-term
5 a Amount to be reported as compensation - usually on Form W-2 0.00
b Is the amount on line 5a or 5c already included on Form W-2 Box 1? Yes No
c Ordinary income if held at least 2 years 0.00
d Who does this ESPP stock belong to? Taxpayer Spouse
6 Qualifying or Disqualifying Disqualifying

Employee Stock Purchase Plan Worksheet

2002

Keep for your records

Table with 2 columns: Name(s) Shown on Return (Paul S Kim) and Social Security Number (328-74-1353)

QuickZoom to another Employee Stock Purchase Plan Worksheet ►

Stock name MOT

- 1 a Offering (grant) date 09/28/2001
b Market price per share at offering date
c Discount percentage, if any. (Maximum 15.00%) %
2 a Purchase or exercise date 09/28/2001
b Market price per share at purchase (exercise) date 12.5000
c Stock price per share actually paid at purchase date 12.5000
d Commissions paid at purchase
3 a Date sold 04/04/2002
b Number of shares sold 273.9984

Amounts reported on: Schedule D Form W-2

- 4 a Sale proceeds (Form 1099-B, prorated if necessary) 3,424.98
b Cost 3,424.98
c Net gain (loss) 0.00
d Long-term or short-term Short-term
5 a Amount to be reported as compensation - usually on Form W-2 0.00
b Is the amount on line 5a or 5c already included on Form W-2 Box 1? Yes No
c Ordinary income if held at least 2 years 0.00
d Who does this ESPP stock belong to? Taxpayer Spouse
6 Qualifying or Disqualifying Disqualifying

Employee Stock Purchase Plan Worksheet

2002

► Keep for your records

Name(s) Shown on Return Paul S Kim	Social Security Number 328-74-1353
---------------------------------------	---------------------------------------

QuickZoom to another Employee Stock Purchase Plan Worksheet ►

Stock name MOT

- 1 a Offering (grant) date 07/16/2001
b Market price per share at offering date _____
c Discount percentage, if any. (Maximum 15.00%) _____ %
- 2 a Purchase or exercise date 07/17/2001
b Market price per share at purchase (exercise) date 17.8522
c Stock price per share **actually** paid at purchase date 17.8522
d Commissions paid at purchase _____
- 3 a Date sold 04/04/2002
b Number of shares sold 1.0055

Amounts reported on:

Schedule D Form W-2

- 4 a Sale proceeds (Form 1099-B, prorated if necessary) 17.95
b Cost 17.95
c Net gain (loss) 0.00
d Long-term or short-term Short-term
- 5 a Amount to be reported as compensation - usually on Form W-2 0.00
b Is the amount on line 5a or 5c already included on Form W-2 Box 1? **Yes** **No**
c Ordinary income if held at least 2 years 0.00
d Who does this ESPP stock belong to? **Taxpayer** **Spouse**
- 6 Qualifying or Disqualifying Disqualifying

Employee Stock Purchase Plan Worksheet

2002

▶ Keep for your records

Name(s) Shown on Return <u>Paul S Kim</u>	Social Security Number <u>328-74-1353</u>
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QuickZoom to another Employee Stock Purchase Plan Worksheet ▶

Stock name MOT

- 1 a** Offering (grant) date 04/16/2001
b Market price per share at offering date _____
c Discount percentage, if any. (Maximum 15.00%) _____ %
- 2 a** Purchase or exercise date 04/16/2001
b Market price per share at purchase (exercise) date 12.9855
c Stock price per share **actually** paid at purchase date 12.9855
d Commissions paid at purchase _____
- 3 a** Date sold 04/04/2002
b Number of shares sold 0.4205

Amounts reported on:	Schedule D	Form W-2
4 a Sale proceeds (Form 1099-B, prorated if necessary)	<u>5.45</u>	
b Cost	<u>5.46</u>	
c Net gain (loss)	<u>-0.01</u>	
d Long-term or short-term	<u>Short-term</u>	
5 a Amount to be reported as compensation - usually on Form W-2		<u>0.00</u>
b Is the amount on line 5a or 5c already included on Form W-2 Box 1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c Ordinary income if held at least 2 years		<u>0.00</u>
d Who does this ESPP stock belong to?	Taxpayer <input checked="" type="checkbox"/>	Spouse <input type="checkbox"/>
6 Qualifying or Disqualifying <u>Disqualifying</u>		

Employee Stock Purchase Plan Worksheet

2002

Keep for your records

Name(s) Shown on Return: Paul S Kim; Social Security Number: 328-74-1353

QuickZoom to another Employee Stock Purchase Plan Worksheet ►

Stock name MOT

- 1 a Offering (grant) date 03/30/2001
b Market price per share at offering date
c Discount percentage, if any. (Maximum 15.00%) %
2 a Purchase or exercise date 03/30/2001
b Market price per share at purchase (exercise) date 12.1200
c Stock price per share actually paid at purchase date 12.1200
d Commissions paid at purchase
3 a Date sold 04/04/2002
b Number of shares sold 311.8457

Amounts reported on:

Schedule D Form W-2

- 4 a Sale proceeds (Form 1099-B, prorated if necessary) 3,779.57
b Cost 3,779.57
c Net gain (loss) 0.00
d Long-term or short-term Long-term
5 a Amount to be reported as compensation - usually on Form W-2 0.00
b Is the amount on line 5a or 5c already included on Form W-2 Box 1? Yes No
c Ordinary income if held at least 2 years 0.00
d Who does this ESPP stock belong to? Taxpayer Spouse
6 Qualifying or Disqualifying Disqualifying

Employee Stock Purchase Plan Worksheet

2002

► Keep for your records

Name(s) Shown on Return Paul S Kim	Social Security Number 328-74-1353
---------------------------------------	---------------------------------------

QuickZoom to another Employee Stock Purchase Plan Worksheet ►

Stock name MOT

- 1 a Offering (grant) date 01/16/2001
b Market price per share at offering date _____
c Discount percentage, if any. (Maximum 15.00%) _____ %
- 2 a Purchase or exercise date 01/16/2001
b Market price per share at purchase (exercise) date 21.3125
c Stock price per share **actually** paid at purchase date 21.3125
d Commissions paid at purchase _____
- 3 a Date sold 04/04/2002
b Number of shares sold 0.2557

Amounts reported on:

Schedule D Form W-2

- 4 a Sale proceeds (Form 1099-B, prorated if necessary) 5.45
b Cost 5.45
c Net gain (loss) 0.00
d Long-term or short-term Long-term
- 5 a Amount to be reported as compensation - usually on Form W-2 0.00
b Is the amount on line 5a or 5c already included on Form W-2 Box 1? **Yes** **No**
c Ordinary income if held at least 2 years 0.00
d Who does this ESPP stock belong to? **Taxpayer** **Spouse**
- 6 Qualifying or Disqualifying Disqualifying

Employee Stock Purchase Plan Worksheet

2002

Keep for your records

Table with 2 columns: Name(s) Shown on Return (Paul S Kim) and Social Security Number (328-74-1353)

QuickZoom to another Employee Stock Purchase Plan Worksheet ►

Stock name MOT

- 1 a Offering (grant) date 09/29/2000
b Market price per share at offering date
c Discount percentage, if any. (Maximum 15.00%) %
2 a Purchase or exercise date 09/29/2000
b Market price per share at purchase (exercise) date 24.0125
c Stock price per share actually paid at purchase date 24.0125
d Commissions paid at purchase
3 a Date sold 04/04/2002
b Number of shares sold 136.1866

Amounts reported on: Schedule D Form W-2

- 4 a Sale proceeds (Form 1099-B, prorated if necessary) 3,270.18
b Cost 3,270.18
c Net gain (loss) 0.00
d Long-term or short-term Long-term
5 a Amount to be reported as compensation - usually on Form W-2 0.00
b Is the amount on line 5a or 5c already included on Form W-2 Box 1? Yes No
c Ordinary income if held at least 2 years 0.00
d Who does this ESPP stock belong to? Taxpayer Spouse
6 Qualifying or Disqualifying Disqualifying

Tax Payments Worksheet

2002

▶ Keep for your records

Name(s) Shown on Return Paul S Kim	Social Security Number 328-74-1353
---------------------------------------	---------------------------------------

Estimated Tax Payments for 2002 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/02		04/15/02			04/15/02		
2	06/17/02		06/17/02			06/17/02		
3	09/16/02		09/16/02			09/16/02		
4	01/15/03		01/15/03			01/15/03		
5 a								
b								
c								
d								
Total Estimated Payments								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2002					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2002 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	13,503.	1,973.	
11 Forms W-2G			
12 Forms 1099-R			
13 Forms 1099-MISC and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
19 Total Withholding Lines 10 through 18c	13,503.	1,973.	
20 Total Tax Payments for 2002	13,503.	1,973.	

Prior Year Taxes Paid In 2002 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2001 extensions				
22 2001 estimated tax paid after 12/31/01				
23 Balance due paid with 2001 return				
24 Other (amended returns, installment payments, etc) . .				

► Keep for your records

Name(s) Shown on Return Paul S Kim	Social Security Number 328-74-1353
---------------------------------------	---------------------------------------

1	Enter the total interest you paid in 2002 on qualified student loans (see Form 1040 instructions).	1	_____
2	Enter the smaller of line 1 or \$2,500.	2	_____
3	Modified AGI Note: If line 3 is \$65,000 or more if single, head of household, or qualifying widow(er) or \$130,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	_____
4	Enter: \$50,000 if single, head of household, or qualifying widow(er); \$100,000 if married filing jointly.	4	_____
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	_____
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	_____
7	Multiply line 2 by line 6	7	_____
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 25. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	_____

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23, 24 and 27 through 33a, and any write-in amount next to line 34.

Federal Carryover Worksheet

2002

▶ Keep for your records

Name(s) Shown on Return <u>Paul S Kim</u>	Social Security Number <u>328-74-1353</u>
--	--

Tax and Income Information		2001	2002
1	Filing status	1	<u>1</u> Single
2	Number of exemptions for blind or over 65 (0 - 4)	2	
3	Itemized deductions after limitation	3	<u>9,193.</u>
4	Check box if required to itemize deductions	4	<input type="checkbox"/>
5	Adjusted gross income	5	<u>65,043.</u>
6	Tax liability for Form 2210 or Form 2210-F	6	<u>10,622.</u>
7	Alternative minimum tax	7	
8	Federal overpayment applied to next year estimated tax	8	
9 a	State taxes paid with extension St ID	9 a	
b	State estimates paid after 12/31 . . . St ID	b	
10 a	Local taxes paid with extension Loc ID	10 a	
b	Local estimates paid after 12/31 . . . Loc ID	b	
11	Reserved for future use	11	

IRA Information		2001	2002
12 a	Basis of Taxpayer's IRA(s) as of 12/31	12 a	
b	Basis of Spouse's IRA(s) as of 12/31	b	
13 a	Taxpayer's excess IRA contributions as of 12/31	13 a	
b	Spouse's excess IRA contributions as of 12/31	b	
14 a	Taxpayer's excess MSA contributions as of 12/31	14 a	
b	Spouse's excess MSA contributions as of 12/31	b	
15 a	Taxpayer's excess Roth IRA contributions as of 12/31	15 a	
b	Spouse's excess Roth IRA contributions as of 12/31	b	
16 a	Excess contributions to taxpayer's Coverdell ESA (Ed IRA)	16 a	
b	Excess contributions to spouse's Coverdell ESA (Ed IRA)	b	

Loss and Expense Carryovers		2001	2002
17 a	Short-term capital loss	17 a	<u>7,412.</u>
b	AMT Short-term capital loss	b	<u>7,412.</u>
18 a	Long-term capital loss	18 a	<u>281.</u>
b	AMT Long-term capital loss	b	<u>281.</u>
19 a	Net operating loss available to carry forward	19 a	
b	AMT Net operating loss available to carry forward	b	
20 a	Investment interest expense disallowed	20 a	
b	AMT Investment interest expense disallowed	b	
21	Nonrecaptured net Section 1231 losses from:	21 a	
	a 2002	a	
	b 2001	b	
	c 2000	c	
	d 1999	d	
	e 1998	e	
	f 1997	f	
22	AMT Nonrecap'd net Sec 1231 losses from:	22 a	
	a 2002	a	
	b 2001	b	
	c 2000	c	
	d 1999	d	
	e 1998	e	
	f 1997	f	

Tax Summary
 ▶ Keep for your records

2002

Name (s)	SSN
Paul S Kim	328-74-1353
Total income	65,043.
Adjustments to income	
Adjusted gross income	65,043.
Itemized/standard deduction	9,193.
Personal exemptions	3,000.
Taxable income	52,850.
Tentative tax	10,622.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	10,622.
Total payments	13,503.
Estimated tax penalty	
Refund	2,881.
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
 you had short-term capital gains(losses).

Smart Worksheet for: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>10,622.</u>
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax rate schedules <input type="checkbox"/>
3	Schedule D <input type="checkbox"/>
4	Capital gain tax worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Recapture tax from Form 8863 _____
E	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
F	Tax. Add lines A through E. Enter the result here and on line 42 <u>10,622.</u>

Smart Worksheet for: Schedule D: Capital Gains & Losses

Capital Gains and Losses Smart Worksheet						
<i>Based on the dates entered below, the sale will flow to the appropriate long-term or short-term section of the form. Only use the codes in the LS column to choose a special treatment of sale.</i>						
Description			Cost or Basis	Federal Withholding	Gain or (Loss)	L S
Date Acquired	Date Sold	Sales Price				
10 shares CSCO stock						
04/05/2001	05/02/2002	128.01	159.82		-31.81	S
10 shares JNPR stock						
04/05/2001	05/02/2002	85.80	367.00		-281.20	

Paul S Kim
600 N Dearborn St 1606
Chicago, IL 60610-0000

2002 ILLINOIS INDIVIDUAL INCOME TAX RETURN SUMMARY

Taxable Income	\$	63,043.00
Total Tax	\$	1,891.00
Total Payments/Credits	\$	1,973.00
Amount to be Refunded	\$	82.00

Listed below are forms and related worksheets for your review:

- Illinois Individual Income Tax Return

IF YOU PLAN TO FILE ELECTRONICALLY:

After you file your return electronically, you will receive instructions on how to complete the electronic filing process.

IF YOU PLAN TO MAIL YOUR TAX RETURN:

When you print your filing copy of your tax return, you will receive instructions on where to mail your return.



Step 1: Complete your personal information



328-74-1353

Paul S Kim

600 N Dearborn St 1606
 Chicago IL 60610-0000

- C** Check the same filing status you checked on your federal return.
 Single or head of household Married filing jointly Married filing separately Widowed
- D** Check the box if at least two-thirds of your federal gross income came from farming

Step 2: Figure your income

- | | | | |
|----------|---|----------|-------------------|
| 1 | Enter your federal adjusted gross income from your U.S. 1040, line 35; U.S. 1040A, line 21; U.S. 1040EZ, line 4; or U.S. TeleFile worksheet, line I | 1 | <u>65,043.</u> |
| 2 | Enter your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, line 8b | 2 | <u> </u> |
| 3 | Enter any other additions to your income that are taxable in Illinois. See the instructions for details. Specify your additions | 3 | <u> </u> |
| 4 | Add lines 1 through 3. This is your income | 4 | <u>65,043.</u> |

Step 3: Figure your base income

- | | | | |
|-----------|--|-----------|-------------------|
| 5 | Enter income received from Social Security benefits and certain retirement plans if that income is included in Step 2, line 1. See instructions | 5 | <u> </u> |
| 6 | Enter the military pay you earned if it is included in Step 2, line 1. | 6 | <u> </u> |
| 7 | Enter your Illinois income tax refund if it is included in line 10 of your U.S. 1040. | 7 | <u> </u> |
| 8 | Enter the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. | 8 | <u> </u> |
| 9 | Enter any other subtractions to your income. See line 9 instructions and our Publication 101 for details. Do not subtract your out-of-state income. Specify your subtractions | 9 | <u> </u> |
| 10 | Add lines 5 through 9. This is your total subtractions | 10 | <u> </u> |
| 11 | Subtract line 10 from line 4. This is your Illinois base income | 11 | <u>65,043.</u> |

Step 4: Figure your exemption allowance

- 12a** Enter the number of exemptions from your federal return 1 X \$2,000 **a** 2,000.
- b** If someone else claimed you on their return, see line 12 instructions to figure the number to enter here X \$2,000 **b**
- c** Check if 65 or older: You + Spouse = X \$1,000 **c**
- d** Check if legally blind: You + Spouse = X \$1,000 **d**
- Add lines a through d. This is your total Illinois exemption allowance **12** 2,000.

Step 5: Figure your net income

- 13 Residents only:** Subtract line 12 from line 11. This is your net income. Enter your net income here and on line 15. *Skip line 14* **13** 63,043.
- 14 Nonresidents and part-year residents only:**
 Check the box that applies to you during the year 2002. Nonresident Part-year resident
 Complete Illinois Schedule NR, and enter your Illinois income from Step 5, line 47 **14**

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

Step 6: Figure your tax

15 **Residents:** Enter your net income from line 13. 15 63,043.

16 **Residents:** Multiply line 15 by 3% (.03). Enter the result on line 16. This is your **tax**.
Nonresidents and part-year residents: Enter the tax from Schedule NR,
 Step 5, line 53 16 1,891.

Step 7: Figure your payments and credits

Attach W-2s to page 1.

17 Enter the total amount of Illinois income tax that was withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17 1,973.

18 Enter any estimated payments you made with Forms IL-1040-ES and IL-505-I. Include any credit from your 2001 overpayment. 18 _____

Attach Schedule CR. Other states' returns and required schedules.

19 If you paid income tax to another state while an Illinois resident, complete Schedule CR and enter the amount from line 8 of that schedule here. 19 _____

20 If you paid Illinois property tax, complete the PT Worksheet in instructions. Enter PT Worksheet line 3 amount here . ▶ 20a _____
 Enter PT Worksheet line 8 amount here ▶ 20b _____

Attach Receipt or Schedule ED.

21 If you paid education expenses, see instructions. Enter Schedule ED or ED Worksheet line 1 amount here . . ▶ 21a _____
 Enter Schedule ED or ED Worksheet line 10 amount here ▶ 21b _____

22 If you received a federal EIC, complete the EIC Worksheet in instructions. Enter EIC Worksheet line 1 amount here ▶ 22a _____
 Enter EIC Worksheet line 11 amount here ▶ 22b _____

Attach Schedule 1299-C

23 If you completed Illinois Schedule 1299-C, enter the amount from Step 4, line 44 23 _____

24 Add lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your total payments and credits 24 1,973.

Step 8: Figure your overpayment or your tax due

25 If line 24 is greater than line 16, subtract line 16 from line 24. This is your **overpayment** 25 82.

26 If line 16 is greater than line 24, subtract line 24 from line 16. This is your **tax due**. 26 _____

Step 9: Figure your penalty

Attach Form IL-2210

27 Enter your late-payment penalty for underpayment of estimated tax from Form IL-2210, line 28. 27 _____
 Check the box if you annualized your income on Form IL-2210, step 6, or if you are 65 or older and permanently living in a nursing home

Step 10: Figure your donations Any donation will reduce your refund or increase the amount you owe.

28 Enter the amount you wish to donate to one or more of the following voluntary contribution funds.
 Wildlife Preservation a _____ Breast Cancer Research . e _____
 Child Abuse Prevention b _____ Prostate Cancer Research f _____
 Alzheimer's Research c _____ Multiple Sclerosis g _____
 Homeless Assistance d _____
 Add lines a through g. This is your total voluntary contributions 28 _____

29 Add lines 27 and line 28. This is your total penalty and donations. 29 _____

Step 11: Figure your refund or the amount you owe

30 If you have an overpayment on line 25 and this amount is greater than line 29, subtract line 29 from line 25 30 82.

31 Enter the amount from line 30 that you want applied to your 2003 estimated tax 31 0.

32 Subtract line 31 from line 30. This is your **refund**. 32 82.

Direct deposit See instructions

33 Direct deposit your refund by completing the following information.
 Routing number 271984311 Type of account Checking Savings
 Account number 9564580

Payment options See instructions

34 If you have tax due on line 26, add lines 26 and 29. Or If you have an overpayment on line 25 and this amount is less than line 29, subtract line 25 from line 29. This is the **amount you owe** 34 _____

Step 12: Sign and date your return

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

(847) 576-9821
 Your Signature _____ Date _____ Daytime Phone Number _____ Your Spouse's Signature _____ Date _____

Self-Prepared
 Paid Preparer's Signature _____ Date _____ Preparer's Phone Number _____ Preparer's FEIN, SSN, or PTIN _____

If you use a preparer and want a booklet next year, check the box

If no payment is enclosed, mail to: Illinois Department of Revenue Springfield, IL 62719-0001

If payment enclosed, mail to: Illinois Department of Revenue Springfield, IL 62726-0001

► Keep for your own records

Part I — Personal Information

Taxpayer:

First Name Paul
Middle Initial S
Last Name Kim
Suffix
Social Security No. 328-74-1353
Daytime Phone (847) 576-9821 * [X]
Home phone (312) 649-5774 * []

Spouse:

First Name
Middle Initial
Last Name
Suffix
Social Security No.
Daytime Phone * []

* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address 600 N Dearborn St Apartment Number 1606
City Chicago State IL ZIP Code 60610-0000

Part II — Resident Status

[X] Full-Year Resident
[] Nonresident
[] Part-Year Resident lived in Illinois from to
also lived in from

Part III — Filing Status

[X] 1 Single or head of household
[] 2 Married filing jointly
[] 3 Married filing separately
[] 4 Widowed

Part IV — Other Information

1 If at least two-thirds of your total federal gross income came from farming, check here []
2 Age: Taxpayer Spouse
If age 65 or older, check the appropriate box [] []
3 Blindness: Taxpayer Spouse
If legally blind, check the appropriate box [] []
4 Check here if you don't want to file Illinois Form IL-2210 (see on-line help) [X]
5 Check here if you want to receive an Illinois booklet (forms and instructions) next year [X]
6 Decedent:
Taxpayer: Date of death Spouse: Date of death

Part V – Electronic Filing Information

Authenticate Your Return for the On-Line Filing Program

Before transmitting your return to the Intuit Electronic Filing Center and then to the Illinois Department of Revenue (IDOR), you must first read and authenticate the Illinois "Tax Return Signature/Consent to Disclosure" presented here. This is a legal statement authorizing Intuit and the IDOR to process your return electronically.

Tax Return Signature:

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

Consent to Disclosure:

"I consent to my on-line service provider (OLSP) and/or my transmitter sending my return to the IDOR. I also consent to the IDOR sending my OLSP and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and if rejected the reason(s) for the rejection.

I am signing this Tax Return Signature/Consent to Disclosure by entering my IL-PIN (Illinois Personal Identification Number) below:

Taxpayer's Illinois Personal Identification Number (IL-PIN) ▶ 09345498
If you're filing a joint return:
Spouse's Illinois Personal Identification Number (IL-PIN) ▶ _____
Today's Date ▶ 03/25/2003

Optional (see tax help):

Taxpayer's Prior year Adjusted Gross Income, IL-1040, Line 1 ▶ 62,353.
Taxpayer's Illinois Drivers License Number ▶ K50069775147
Taxpayer's Nine Digit Zip Code (currently on file at IL Department of Rev) . . ▶ 60610-0000
Spouse's Prior year Adjusted Gross Income, IL-1040, Line 1 ▶ _____
Spouse's Illinois Drivers License Number ▶ _____
Spouse's Nine Digit Zip Code (currently on file at IL Department of Rev) . . ▶ _____

Direct Deposit Consent:

"I consent that my refund be directly deposited as designated below and declare that the RTN and DAN are correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund."

Part VI – Direct Deposit Information

Do you want to elect direct deposit of state tax refund? ▶ Yes No

If you selected direct deposit, fill out the information below:

Name of Financial Institution (optional) ▶ Motorola Employees Credit Union

Check the appropriate box:

Checking ▶ Routing number ▶ 271984311
Savings ▶ Account number ▶ 9564580

Part VII – Payment by Credit Card

Check if the balance due will be paid by credit card ▶ Date of payment . . ▶ _____

Part VIII – Extension Status

Has the tax return due date been extended? . . ▶ Yes No Extended due date ▶ _____

Tax Payments Worksheet

2002

▶ Keep for your records

Name Paul S Kim	Social Security Number 328-74-1353
--------------------	---------------------------------------

Tax Payments for the Current Year	State	
	Date	Payment
1 First Payment		
2 Second Payment		
3 Third Payment		
4 Fourth Payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		
6 Overpayment from previous year applied to current year	6	
7 Amount paid with current year extension	7	
8 Total tax payments	8	

Income Taxes Withheld for the Current Year

9 State withholding on Forms W-2	9	1,973.
10 State withholding on Forms W-2G	10	
11 State withholding on Forms 1099-R	11	
12 a State withholding on Forms 1099-MISC	12 a	
b State withholding on Forms 1099-G	b	
13 Other state tax withholding	13	
14 Total income tax withheld	14	1,973.
15 Date return will be filed and balance paid	15	