

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

Form header section containing personal information: Name (TIMOTHY M. KAINE), Spouse (ANNE B. HOLTON), Home address (RICHMOND, VA 23218-1475), and Social Security numbers.

Filing Status section with options: 1 Single, 2 Married filing jointly (selected), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions section: 6a Yourself (selected), 6b Spouse (selected), 6c Dependents (NATHANIEL KAINE SON, LINWOOD KAINE SON, ANNELLA KAINE DAUGHTER), 6d Total number of exemptions claimed (5).

Income section: 7 Wages (171,522), 8a Taxable interest (4,467), 9a Ordinary dividends (1,304), 10 Taxable refunds (910), 13 Capital gain (140), 15a IRA distributions, 16a Pensions, 17 Rental real estate (0), 18 Farm income, 19 Unemployment compensation, 20a Social security benefits, 21 Other income, 22 Total income (178,343).

Adjusted Gross Income section: 23 Archer MSA deduction, 24 Business expenses, 25 Health savings account deduction, 26 Moving expenses, 27 Self-employment tax, 28-30 Self-employed deductions, 31a Alimony paid, 32-35 Other deductions, 36 Total deductions, 37 Adjusted gross income (178,343).



Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	178,343.	
Standard Deduction for - ● People who checked any box on line 39a or 39b or who can be claimed as a dependent. ● All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550	39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked ...	39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here	39b	<input type="checkbox"/>	
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	23,273.	
	41	Subtract line 40 from line 38	41	155,070.	
	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	16,500.	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	138,570.	
	44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	28,016.	
	45	Alternative minimum tax. Attach Form 6251	45		
	46	Add lines 44 and 45	46	28,016.	
	47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48			
49	Credit for the elderly or the disabled. Attach Schedule R	49			
50	Education credits. Attach Form 8863	50			
51	Retirement savings contributions credit. Attach Form 8880	51			
52	Residential energy credits. Attach Form 5695	52			
53	Child tax credit (see page 42). Attach Form 8901 if required	53			
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54			
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55			
56	Add lines 47 through 55. These are your total credits	56			
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	28,016.		
Other Taxes	58	Self-employment tax. Attach Schedule SE	58		
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59			
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60			
61	Advance earned income credit payments from Form(s) W-2, box 9	61			
62	Household employment taxes. Attach Schedule H	62	682.		
63	Add lines 57 through 62. This is your total tax	63	28,698.		
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	30,791.	
65	2006 estimated tax payments and amount applied from 2005 return	65	760.		
If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a		
	b	Nontaxable combat pay election	66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67			
68	Additional child tax credit. Attach Form 8812	68			
69	Amount paid with request for extension to file (see page 60)	69			
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70			
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	60.		
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	31,611.		
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	2,913.	
Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	2,113.	
	b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number	75	Amount of line 73 you want applied to your 2007 estimated tax	75	800.
Amount You Owe	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76		
77	Estimated tax penalty (see page 62)	77			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 63)? Yes. Complete the following. No

Designee's name: **PREPARER** 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: **GOVERNOR** 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: **TROUTMAN SANDERS LLP**
1001 HAXALL POINT
RICHMOND VA 23219 EIN: _____ Phone no: **804-697-1200**

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A&B (Form 1040).**

OMB No. 1545-0074

2006
Attachment
Sequence No. **07**

Your social security number

TIMOTHY M. KAINE & ANNE B. HOLTON

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1			
2	Enter amount from Form 1040, line 38	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	5		9,171.	
6	Real estate taxes (see page A-3)	6			
7	Personal property taxes	7		172.	
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			9,343.
Interest You Paid					
10	Home mortgage interest and points reported to you on Form 1098	10			
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address	11			
12	Points not reported to you on Form 1098.	12			
13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13			
14	Add lines 10 through 13	14			
Gifts to Charity					
15	Gifts by cash or check.	15		14,487.	
16	Other than by cash or check. If any gift of \$250 or more, see page A-5. You must attach Form 8283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			14,487.
Casualty and Theft Losses					
19	Casualty or theft loss(es). Attach Form 4684. (See page A-6.)	19			
Job Expenses and Certain Miscellaneous Deductions					
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)	20			
21	Tax preparation fees	21		1,255.	
22	Other expenses - investment, safe deposit box, etc. List type and amount	22			
23	Add lines 20 through 22	23		1,255.	
24	Enter amount from Form 1040, line 38	24	178,343.		
25	Multiply line 24 by 2% (.02)	25		3,567.	
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 on page A-7. List type and amount	27			
Total Itemized Deductions					
28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input 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 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-7 for the amount to enter.	28			23,273.
29	If you elect to itemize deductions even though they are less than your standard deduction, check here	29			

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2006

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

TIMOTHY M. KAINE & ANNE B. HOLTON

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. **08**

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

SUNTRUST

WACHOVIA BANK

Amount

4,453.

14.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶

Note: If line 4 is over \$1,500, you must complete Part III.

1

2

3

4

4,467.

4,467.

Part II Ordinary Dividends

5 List name of payer ▶

AMERICAN CENTURY INVESTMENTS

GENERAL ELECTRIC CO

Amount

32.

1,272.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶

Note: If line 6 is over \$1,500, you must complete Part III.

5

6

1,304.

Part III Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

b If "Yes," enter the name of the foreign country ▶

8 During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

Yes No

X

X

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2006
Attachment
Sequence No. 12

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).

Name(s) shown on return

Your social security number

TIMOTHY M. KAINE & ANNE B. HOLTON



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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2	Enter your short-term totals, if any, from Schedule D-1, line 2		2		
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3		
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 10 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 FR SH AMERICAN CENTURY INVESTMENTS	VARIOUS	05/05/06	13.	0.	13.
FR SH AMERICAN CENTURY INVESTMENTS	VARIOUS	11/03/06	13.	0.	13.
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	26.	
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 STATEMENT 2				13 114.
14	Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15 140.

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2006

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below</p>	16	140.
<p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions</p>	18	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions</p>	19	
<p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2006

Attachment
Sequence No. 13

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See Instructions for Schedule E (Form 1040).

Name(s) shown on return

Your social security number

TIMOTHY M. KAINE & ANNE B. HOLTON

Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:	2	2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	
			Yes	No
A	RESIDENTIAL PROPERTY [REDACTED] RICHMOND, VA		A	X
B			B	
C			C	

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3	8,375.		3 8,375.
4 Royalties received	4			4
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7	1,837.		
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-4)	12	6,166.		12 6,166.
13 Other interest	13			
14 Repairs	14	1,003.		
15 Supplies	15			
16 Taxes	16	4,230.		
17 Utilities	17			
18 Other (list) ▶ SEE STATEMENT 3	18	8,577.		
19 Add lines 5 through 18	19	21,813.		19 21,813.
20 Depreciation expense or depletion (see page E-4)	20	1,522.		20 1,522.
21 Total expenses. Add lines 19 and 20	21	23,335.		
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198.	22	<14,960.>		
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23	0.)		
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24 0.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25 (0.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			26 0.

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

▶ See separate instructions.

OMB No. 1545-1971

2006
Attachment
Sequence No. **44**

Name of employer

TIMOTHY M. KAINÉ

Social security number

Employer identification number

A Did you pay any one household employee cash wages of \$1,500 or more in 2006? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions on page H-3 before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

B Did you withhold federal income tax during 2006 for any household employee?

- Yes.** Skip line C and go to line 5.
- No.** Go to line C.

C Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to all household employees? (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Do not file this schedule.
- Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2006 do not have to complete this form for 2006.)

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see page H-4)	1	4,230.
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	525.
3	Total cash wages subject to Medicare taxes (see page H-4)	3	4,230.
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	123.
5	Federal income tax withheld, if any	5	
6	Total social security, Medicare, and income taxes. Add lines 2, 4, and 5	6	648.
7	Advance earned income credit (EIC) payments, if any	7	
8	Net taxes (subtract line 7 from line 6)	8	648.

9 Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2005 or 2006 to household employees? (Do not count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

- No.** Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions on page H-4.
- Yes.** Go to line 10 on page 2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule H (Form 1040) 2006

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Are you required to pay unemployment contributions to only one state?	X	
11 Did you pay all state unemployment contributions for 2006 by April 16, 2007? Fiscal year filers, see page H-4.	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

Next: If you checked the "Yes" box on all the lines above, complete Section A.
If you checked the "No" box on any of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	VA	
14 State reporting number as shown on state unemployment tax return	0005739535	
	0% RATE	
15 Contributions paid to your state unemployment fund (see page H-4)	15	
16 Total cash wages subject to FUTA tax (see page H-4)		4,230.
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26		34.

Section B

18 Complete all columns below that apply (if you need more space, see page H-5):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply col. (c) by .054	(g) Multiply col. (c) by col. (e)	(h) Subtract col. (g) from col. (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals									19
20 Add columns (h) and (i) of line 19									20
21 Total cash wages subject to FUTA tax (see the line 16 instructions on page H-4)									21
22 Multiply line 21 by 6.2% (.062)									22
23 Multiply line 21 by 5.4% (.054)									23
24 Enter the smaller of line 20 or line 23									24
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26									25

Part III Total Household Employment Taxes

26 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	26	648.
27 Add line 17 (or line 25) and line 26	27	682.

Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.

No. You may have to complete Part IV. See page H-5 for details.

Part IV Address and Signature - Complete this part only if required. See the line 28 instructions on page H-5.

Address (number and street) or P.O. box if mail is not delivered to street address

Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date

SCHEDULE E- 1
Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

TIMOTHY M. KAINÉ & ANNE B. HOLTON

Business or activity to which this form relates

RESIDENTIAL PROPERTY -

Identifying number

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	8 / 06	111,600.	27.5 yrs.	MM	S/L	1,522.
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,522.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowance and business use percentages.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with rows 30-36. Columns (a)-(f) Vehicle. Includes questions about business/investment miles, commuting miles, personal miles, and availability for personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41. Columns Yes No. Includes questions about written policy statements, personal use, and qualified automobile demonstration use.

Part VI Amortization

Table for Part VI Amortization with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for 2006 tax year and total.

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return

Identifying number

TIMOTHY M. KAINE & ANNE B. HOLTON

Part I 2006 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	<14,960.>	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))		
1d	Combine lines 1a, 1b, and 1c		<14,960.>

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
2c	Add lines 2a and 2b		

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		

4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used		<14,960.>
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		14,960.
6	Enter \$150,000. If married filing separately, see the instructions	150,000.	
7	Enter modified adjusted gross income, but not less than zero (see the instr.)	178,343.	STATEMENT 8
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions		
10	Enter the smaller of line 5 or line 9		0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12	Enter the loss from line 4		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2006. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	SEE STATEMENT 7	0.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
Total. Enter on Form 8582, lines 1a, 1b, and 1c		<14,960.>			

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 5			
Total		14,960.	1.000000000	14,960.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		14,960.	14,960.	

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

ALTERNATIVE MINIMUM TAX

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

2006
Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

TIMOTHY M. KAINE & ANNE B. HOLTON

Part I 2006 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
1b	Activities with net loss (enter the amount from Worksheet 1, column (b))	<14,960.>	
1c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))		
1d	Combine lines 1a, 1b, and 1c		<14,960.>

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)		
2b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)		
2c	Add lines 2a and 2b		

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))		
3b	Activities with net loss (enter the amount from Worksheet 3, column (b))		
3c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))		
3d	Combine lines 3a, 3b, and 3c		

4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used		<14,960.>
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4		14,960.
6	Enter \$150,000. If married filing separately, see the instructions	150,000.	
7	Enter modified adjusted gross income, but not less than zero (see the instr.)	178,343.	
8	Subtract line 7 from line 6		
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions		
10	Enter the smaller of line 5 or line 9		0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions		
12	Enter the loss from line 4		
13	Reduce line 12 by the amount on line 10		
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13		

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total		
16	Total losses allowed from all passive activities for 2006. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	SEE STATEMENT 12	0.

ALTERNATIVE MINIMUM TAX

Form 8582 (2006) **TIMOTHY M. KAINE & ANNE B. HOLTON**

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c		<14,960.>			

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c					

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		14,960.	1.000000000	14,960.

ALTERNATIVE MINIMUM TAX

Form 8582 (2006) **TIMOTHY M. KAINE & ANNE B. HOLTON**

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		14,960.	14,960.	

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total					

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 1

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
AMERICAN CENTURY INVESTMENTS	32.	32.
GENERAL ELECTRIC CO	1,272.	1,272.
TOTAL INCLUDED IN FORM 1040, LINE 9B		1,304.

SCHEDULE D CAPITAL GAIN DISTRIBUTIONS STATEMENT 2

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
AMERICAN CENTURY INVESTMENTS	114.	
TOTALS TO SCHEDULE D, LINE 13	114.	

SCHEDULE E OTHER EXPENSES STATEMENT 3

RESIDENTIAL PROPERTY - [REDACTED], RICHMOND, VA

DESCRIPTION	AMOUNT
PAINTING	8,577.
TOTAL TO SCHEDULE E, PAGE 1, LINE 18	8,577.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 4

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL PROPERTY - [REDACTED] RICHMOND, VA	0.	<14,960.>			<14,960.>
TOTALS	0.	<14,960.>			<14,960.>



FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 5

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
RESIDENTIAL PROPERTY - [REDACTED] [REDACTED] RICHMOND, VA	SCH E	14,960.	1.000000000	14,960.
TOTALS		14,960.	1.000000000	14,960.

FORM 8582 ALLOWED LOSSES - WORKSHEET 6 STATEMENT 6

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
RESIDENTIAL PROPERTY - [REDACTED] [REDACTED] RICHMOND, VA	SCH E	14,960.	14,960.	
TOTALS		14,960.	14,960.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 7

R R E A - X	NAME	FORM OR SCHEDULE	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	RESIDENTIAL PROPERTY - [REDACTED]	SCH E				
			<14,960.>	<14,960.>	14,960.	
	TOTALS		<14,960.>	<14,960.>	14,960.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16

INCOME

WAGES, SALARIES, TIPS ETC.		171,522.
DIVIDEND INCOME		1,304.
TAXABLE REFUNDS		910.
ALIMONY RECEIVED		
TAXABLE IRA DISTRIBUTIONS		
TAXABLE PENSIONS AND ANNUITIES		
UNEMPLOYMENT COMPENSATION		
OTHER INCOME		

INTEREST INCOME	4,467.	
ADD: SERIES EE AND I EXCLUSION		

BUSINESS INCOME OR LOSS		4,467.
ADD: PASSIVE LOSSES		
SUBTRACT: PASSIVE INCOME		

SALE OF ASSETS	140.	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		

RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS		140.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		

FARM OR FARM RENTAL INCOME OR LOSS		
ADD: PASSIVE/RREA PROFESSIONAL LOSSES		
SUBTRACT: PASSIVE INCOME		

TOTAL INCOME		178,343.
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ADJUSTMENTS

MOVING EXPENSES		
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION		
PENALTY ON EARLY WITHDRAWAL OF SAVINGS		
ALIMONY PAID		
KEOGH/SEP DEDUCTION		
OTHER ADJUSTMENTS		

TOTAL ADJUSTMENTS		
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TOTAL TO FORM 8582, LINE 7		178,343.
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FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 9

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL PROPERTY - [REDACTED] RICHMOND, VA	0.	<14,960.>			<14,960.>
TOTALS	0.	<14,960.>			<14,960.>

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 10

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
RESIDENTIAL PROPERTY - [REDACTED] RICHMOND, VA	SCH E	14,960.	1.000000000	14,960.
TOTALS		14,960.	1.000000000	14,960.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 11

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
RESIDENTIAL PROPERTY - [REDACTED], RICHMOND, VA	SCH E	14,960.	14,960.	
TOTALS		14,960.	14,960.	



FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 12

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X RESIDENTIAL PROPERTY -	SCH E	<14,960.>		<14,960.>	14,960.	
TOTALS		<14,960.>		<14,960.>	14,960.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 16