§ 1040	}	J.S. Individual Income Tax Return 2	007	IRS Use On	y - Do not	write or sta	aple in this space.	
	For th	e year Jan, 1-Dec. 31, 2007, or other tax year beginning	, 2007, є	ending ,	20		OMB No. 1545-0	074
Label	Yo	ur first name and initial Last	name			You	r social security nur	mber
(See Instructions	Т.	IMOTHY M. KAI	NE					
on page 12.)		joint return, spouse's first name and initial Last	name		-	Spo	use's social securit	y number
Use the IRS	A	NNE B. HOL						
label.	Ho	me address (number and street). If you have a P.O. box, see page	12.		Apt. no.		You must en	ter
Otherwise, E							your SSN(s) at	iove.
please print R or type. E		, town or post office, state, and ZIP code. If you have a foreign address, see	age 12			Che	cking a box below	will not
Presidential	R	CHMOND, VA 23218-1475				char	nge your tax or refu	nd.
Election Campa			t \$3 to go	to this fund (see page	12)		You 🔲	Spouse
	1	Single	4	Head of household				
Filing Status	2	X Married filing jointly (even if only one had income)		person is a child b	ut not vo	ur depen-	dent, enter this c	hild's
	3	Married filing separately. Enter spouse's SSN above		name here.	7			
Check only one box.	•	and full name here.	5		er) with d	enenden!	child (see page	14)
	62	X Yourself, if someone can claim you as a dependent, do not					Boxes checked	2
Exemptions		X Spouse					on 6a and 6b No. of children	
		Dependents: (2) Dependents		(3) Dependent's	1(4)	√ if quality-	on 6c Who:	3
	•	(1) First name Last name security num		relationship to you	ch	ng child for ild tax credit ee page 15)	 fived with you did not live wi 	th
	7	NATHANIEL KAINE		SON	130	o page 15)	you due to divor or separation	ce
	_	LINWOOD KAINE		SON		Х	(see page 16)	
If more than four	-	ANNELLA KAINE		DAUGHTER		X	Dependents on 6	
dependents,	-			DINOGIII BIC			not entered abov	·*
see page 15.	-	Total number of exemptions claimed			I		Add numbers on lines	5
	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7	173,	
Income	, 8a					8a		309.
Attach Form(s)		Taxable interest. Attach Schedule B if required				04	3,	507.
W-2 here. Also	b	Tax-exempt interest. Do not include on line 8a				0-	1	690.
attach Forms W-2G and	9a	Ordinary dividends. Attach Schedule B if required		os 1 1	511	9a	Τ.	050.
1099-R if tax	b	Qualified dividends (see page 19)						482.
was withheld.	10	Taxable refunds, credits, or offsets of state and local income tax				10		402.
	11	Alimony received				11		
If you did not	12	Business income or (loss), Attach Schedule C or C-EZ				12		408.
get a W-2	13	Capital gain or (loss), Attach Schedule D if required. If not require			_	13		400.
see page 19.	14	Other gains or (losses). Attach Form 4797			Section 1	14		
Enclose, but do	15a	IRA distributions 15a				15b		
not attach, any		Pensions and annuities 16a	AND DESCRIPTION	Taxable amount		16b		0.
payment. Also,	17	Rental real estate, royalties, partnerships, S corporations, trusts,				17		0.
please use Form 1040-V.	18	Farm income or (loss). Attach Schedule F				18		
	19	Unemployment compensation				19		
	20a	Social security benefits 20a		Taxable amount (see pa	je 24)	20b		
	21	Other income. List type and amount (see page 24)						
						21	101	707
	22	Add the amounts in the far right column for lines 7 through 21. I				22	181,	707.
A	23	Educator expenses (see page 26) Certain business expenses of reservists, performing artists, and fee-basis grofficials. Attach Form 2106 or 2106-EZ	overnment	23				
Adjusted	24			24				
Gross	25	Health savings account deduction. Attach Form 8889		25				
ncome	26	Moving expenses. Attach Form 3903		26				
	27	One-half of self-employment tax. Attach Schedule SE		27				
	28	Self-employed SEP, SIMPLE, and qualified plans		28				
	29	Self-employed health insurance deduction (see page 26)		29				
	30	Penalty on early withdrawal of savings		30				
	31a	Alimony paid b Recipient's SSN ▶		31a				
	32	IRA deduction (see page 27)		32				
	33	Student loan interest deduction (see page 30)		33				
	34	Tuition and fees deduction. Attach Form 8917		34				
	35	Domestic production activities deduction. Attach Form 8903		35		200		
710001	36	Add lines 23 through 31a and 32 through 35				36	101 '	707
710001 11-05-07	37	Subtract line 36 from line 22. This is your adjusted gross incom	8			37	181,	10/.

Form 1040 (200)		FIMOTHY M. KAINE & ANNE B. HOLTON				Page 2
Tax and		Amount from line 37 (adjusted gross income)			38	181,707.
Credits Standard	39: 1	a Check You were born before January 2, 1943, Blind.				
Deduction for -	١,	if: Spause was born before January 2, 1943, Blind, Shift your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and of				
 People who checked any 	40		narnin)	_	40	25,072.
box on line 39a or 39b 01 who	41				41	156,635.
can be claimed as a dependent	42		claimed on line 6d			130,033.
		If line 38 is over \$117,300, see the worksheet on page 33		100	42	17,000.
	43		nter -0-		43	139,635.
All others:	44		Form(s) 8889		44	27,841.
Single or Married filing	45	Alternative minimum tax. Attach Form 6251			45	27,011.
separately \$5,350	46	Add lines 44 and 45			46	27,841.
Married filing	47	Credit for child and dependent care expenses. Attach Form 2441	47			
jointly or	48	Credit for the elderly or the disabled, Attach Schedule R				
Qualifying widow(er),	49	Education credits, Attach Form 8863	49			
\$10,700	50	Residential energy credits, Attach Form 5695	50			
Head of household,	51	Foreign tax credit. Attach Form 1116 if required	51	8		
\$7,850	52	Child tax credit (see page 39). Attach Form 8901 if required	52			
]	53	Retirement savings contributions credit. Attach Form 8880	53			
	54	Credits from: a Form 8396 b Form 8859 c Form 8839	54			
	55	Other credits:a Form 3800 b Form 8801 c Form				
	56	Add lines 47 through 55. These are your total credits		793	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-			57	27,841.
Other	58	Self-employment tax, Attach Schedule SE		10.29	58	2770111
	59	Unreported social security and Medicare tax from: a Form 4137 b	Form 8919	000000	59	
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if	required	3270000	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9		-	61	
	62	Household employment taxes. Attach Schedule H			62	
	63	Add lines 57 through 62. This is your total tax			63	27,841.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64 30,7	706.		
	65	2007 estimated tax payments and amount applied from 2006 return		300.		
If you have a qualifying	_66a	Earned income credit (EIC)	66a			
child, attach	b	Nontaxable combat pay election 66b				
Schedule EIC.	67	and the state of t	67			
	68	Additional child tax credit. Attach Form 8812	68			
	69	Amount paid with request for extension to file (see page 59)	69			
	70	Payments from: a Form 2439 b Form 4136 c Form 8885	70			
	71	Refundable credit for prior year minimum tax from Form 8801, line 27	71			
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments		. 🕨 📆	72	31,506.
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount yo	u overpaid		73	3,665.
Direct deposit? See page 59	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	e	7	4a	3,665.
and fill in 74b, 74c, and 74d,	b	Routing				
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax	75			
Amount		Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page	ge 60	▶ 7	76	
You Owe		Estimated tax penalty (see page 61)	77	880.		
Third Party		o you want to allow another person to discuss this return with the IRS (see page 6 Phone Proces	1)? X Yes. Complet	e the follo	wing,	□ No
Designee	nar	me INDEANER		Per	rsonal identif mber (DIAN	
_	and w	penalties of perjury, I declare that I have examined this return and accompanying schedules and implete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	statements, and to the best of a r has any knowledge.	my knowledg	ge and belief	f, they are true, correct,
Here Joint return?	, Y	/our signature Date Your occupation	_	i	Daytime pho	one number
See page 13. Keep a copy	-	GOVERNOI			$(\underline{})$	_
for your records.		Spouse's signature. If a joint return, 10111 must sign. Date Spouse's occupation	on			
Daid	Prepar	er's Da	ite Check if sel	E Dra	parer's SSN	or PTIN
Preparer's			employed	` ' '	Paror 3 0014	WITTEN TO THE TOTAL PROPERTY OF THE TOTAL PR
Hoo Only		name for TROUTMAN SANDERS LLP		EIN (
	yours i	f self-em- 1001 HAXALL POINT		Phone no \$	304-6	97-1200
710002 11-05-07	pioyed	RICHMOND VA 23219				<u> </u>

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service

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
2007
Attachment

TIMOTHY M. KAINE & ANNE B. HOLTON Medical Caution. Do not include expenses reimbursed or paid by others. Medical and dental expenses (see page A-1)..... and 1 **Dental** Enter amount from Form 1040, line 38 Multiply line 2 by 7.5% (.075) Expenses 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-**Taxes You** State and local (check only one box): Paid a X Income taxes, or 9,326. 5 General sales taxes (See page A-2.) Real estate taxes (see page A-5) 6 Personal property taxes 7 Other taxes. List type and amount 9,326. Interest Home mortgage interest and points reported to you on Form 1098 10 Home mortgage interest not reported to you on Form 1098. If paid to the person You Paid from whom you bought the home, see page A-6 and show that person's name, (See identifying no., and address page A-5.) Note. 11 Personal Points not reported to you on Form 1098. 12 12 interest is 13 Qualified mortgage insurance premiums (See page A-7) not 13 deductible. 14 Investment interest. Attach Form 4952 if required. (See page A-7.) 14 15 Add lines 10 through 14 15 Gifts by cash or check. Gifts to 16 16,252 Charity 17 Other than by cash or check. If any gift of \$250 or more, see page A-8. If you made a You must attach Form 8283 if over \$500 17 gift and got a Carryover from prior year 18 18 benefit for it see page A-8. Add lines 16 through 18 16,252. Casualty and **Theft Losses** Casualty or theft loss(es). Attach Form 4684. (See page A-9.) Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required. (See page A-9.) Miscellaneous **Deductions** 21 Tax preparation fees 2.146. 22 Other expenses - investment, safe deposit box, etc. List type and amount (See page A-9.) Add lines 21 through 23 2,146. 24 Enter amount from Form 1040, line 38 181,707 26 Multiply line 25 by 2% (.02) 3,634. Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 0. Other 28 Other - from list on page A-10. List type and amount Miscellaneous **Deductions** 28 Total Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40. 25,072. Yes. Your deduction may be limited. See page A-10 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here

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

TIMOTHY M. KAINE & ANNE B. HOLTON

Your	social se	curity nu	mber
		1	

		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		Amount
		SUNTRUST WACHOVIA BANK		5,297.
		WACHOVIA BANK	-	12.
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	•		1	
payer and enter the total interest shown on that form.				
	2	Add the amounts on line 1		F 200
	3		3	5,309.
		Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4	5,309.
		ete. If line 4 is over \$1,500, you must complete Part III.		Amount
Part II	5	List name of payer		0.65
Ordinary Dividends		AMERICAN CENTURY INVESTMENTS GENERAL ELECTRIC CO		265. 1,425.
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.			5	
	6 No:	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a te. If line 6 is over \$1,500, you must complete Part III.	6	1,690.
Part III		u must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) ha	d a foreig	n , , , , ,
Foreign Accounts and		count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	_	Yes No
anu Trusts	h	If "Yes." enter the name of the foreign country		

8 During 2007, 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

SCHEDULE D (Form 1040)

Capital Gains and Losses

Department of the Treasury
Internal Revenue Service (39)

Attach to Form 1040 or Form 1040I

Use Schedule D-1 to its

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

2007 Attachment Sequence No. 12

Name(s) shown on return

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Your social security number

Schedule D (Form 1040) 2007

TIMOTHY M. KAINE & ANNE : Part Short-Term Capital Gains an		ets Held One Ye	ar or Less		
(2) 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	(1) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Sc	hedule 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 partnersh	• •	•			
from Schedule(s) K-1 Short-term capital loss carryover. Enter the		E 40 - 5 0 1		5	<u> </u>
Carryover Worksheet in the instructions	•	• •		6	(
obligator translater in the managing	***************************************				7
7 Net short-term capital gain or (loss). Com	bine lines 1 through	6 in column (f)	*************	7	
Part II Long-Term Capital Gains and		ts Held More Th	an One Year		
(a) Description of property (Example: 100 sh. XYZ Co.)	(D) 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	05/04/07	13.	. 0.	13.
	!				
					<u></u>
					-
9 Enter your long-term totals, if any, from Sche	dule D-1, line 9	9			
10 Total long-term sales price amounts.			13.		
Add lines 8 and 9 in column (d)			13.		<i>.</i>
long-term gain or (loss) from Forms 4684, 678				11	İ
12 Net long-term gain or (loss) from partnerships			***************************************		
from Schedule(s) K-1				12	
13 Capital gain distributions	SE	E STATEMEN	Г 2	13	395.
14 Long-term capital loss carryover. Enter the ar					
Carryover Worksheet in the instructions	н Ан н			14	()
15 Net long-term capital gain or (loss). Combined at III on page 2.	-	17	•	-	408.
Part III on page 2				15	400.

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

Pa	rt III Summary		
16	Combine lines 7 and 15 and enter the result.	16	408.
	 If line 16 is: A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? Xes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. 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.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		,
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21 (
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? 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 35 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). No. Complete the rest of Form 1040 or Form 1040NR.		

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss

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

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

► See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

Name(s) shown on return

Your social security number

	TIMOTHY M. KAINE & ANNI	ЕВ.	HOLTON							
	Part I Income or Loss From Re	ntal F	Real Estate and Roya	Ilties N	ote. If you ar	e in the business	of renting person	gal proper	hr uga	
		vou are	an individual, report form rent	al income o	or loss from I	Form 4835 on na	ne 2 lina 40	mai proper	ıy, use	
	- I age the the and location of each lettral 1881 62	tate pr	operty:			h rental real estat			V	1 44
	A RESIDENTIAL PROPERTY				on line	1, did you or you	e property asteu r family use it	_	Yes	No
-		RI	CHMOND, VA		during t	he tax year for pe	ersonal purposes	.		Ų.
	В				for mor	e than the greater	of:	, A		Х
-	_				• 14 d	ays or		В		
	С				renta	of the total days	rented at fair	-		
-					(See pag			c		
I	ncome:			Propert	ies			Totals		
			Α	В		С	(Add c	olumns A,	B. and	C \
	3 Rents received	3	17,875.				3		7,8	
	4 Royalties received	. 4					4		,, ,	75.
	xpenses:									
	5 Advertising	5								
	6 Auto and travel (see page E-4)	6								
	7 Cleaning and maintenance	7	2,141.			· · · · · ·				
	3 Commissions	8								
	Insurance	9	1,126.							
10	3 and ether processional rees	10								
11	1003	11	1,170.							
12	Mortgage interest paid to banks, etc.									
	(see page E-4)	12	5,975.				12	5	,97	75
13	***************************************	13							101	J •
14	**************************************	14	293.				_			
15	Care the state of	15								
16		16	4,124.							
17	*** *** *** *** *** *** *** *** *** **	17	720.							
18	Other (list)	1								
							- 			
		18								
		''					-			
_										
19	Add lines 5 through 18	19	15,549.				19	15	,54	Q.
-	Depreciation expense or depletion (see page E-5)	20	4,058.				20		, 05	
21	Total expenses. Add lines 19 and 20	21	19,607.						, 05	<u>.</u>
22	Income or (loss) from rental real estate						\dashv			
	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	<1,732.>							
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	ŀ								
	must file Form 8582. Real estate professionals									
	must complete line 43 on page 2	23 (0 .)()K					
24	ncome. Add positive amounts shown on line 22. D	e not in	clude any losses				24		C).
20 I	osses. Add royalty losses from line 22 and rental r	eal esta	te losses from line 23. Enter to	tal losses h	ere		25 ())
40 1	Fotal rental real estate and royalty income or (loss	s). Com	bine lines 24 and 25. Enter the	result here						- 17
Į. 1	f Parts II, III, IV, and line 40 on page 2 do not apply ine 17, or Form 1040NR, line 18, Otherwise, feeting	to you,	also enter this amount on Form	n 1040,						
	ine 17, or Form 1040NR, line 18. Otherwise, include			page 2			26		0) .

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

Name(s) shown on return

Identifying number

I H	IMOTHY M. KAINE & ANNE B. HOLTON				
	Part 1 2007 Passive Activity Loss Caution: Complete Worksheets	l, 2, and 3 on	page 2 before com	oletino	Part I
• • •	active Participation (For the definition of active	e participation	n, see		
S	pecial Allowance for Rental Real Estate Activities on page 3 of the instructions)	,		
1	a Activities with net income (enter the amount from Worksheet 1, column (a))				
	b Activities with net loss (enter the amount from Worksheet 1.				
	column (b)) Prior years unallowed losses (enter the amount from Worksheet		<1,732		
	1, column (c))	1c	<14,960	.>	
Co	d Combine lines 1a, 1b, and 1c			10	<16,692.
2	mmercial Revitalization Deductions From Rental Real Estate Activities	1 1			
_	a Commercial revitalization deductions from Worksheet 2, column (a)	2a			
	Prior year unallowed commercial revitalization deductions from				
,	Worksheet 2, column (b)	2b			
<u>_</u>	Add lines 2a and 2b Other Passive Activities			20	
	- West Consideration				
36	Activities with net income (enter the amount from Worksheet 3, column (a))	3a			
ŧ	Activities with net loss (enter the amount from Worksheet 3				
	column (b))	3b			
	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	20			
	Combine lines 3a, 3b, and 3c	-		200000	
4	and odd in the result is net income or zero, all losses are all	awad inaludi	ing pass adapting	3d	
	unanowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582, Box	ort the lease			
	schedules normally used If line 4 is a loss and: 1 ine 1d is a loss go to Part II	ort the losse	s on the forms and		
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.			4	<16,692.
	Line 2c is a loss (and line 1d is zero or more), skip Par		=		
	• Line 3d is a loss (and lines 1d and 3p are zero as	I II and go to	Part III.		
Ca	 Line 3d is a loss (and lines 1d and 2c are zero or more ution: If your filing status is married filing separately and you lived with your spouse till or Part III. Instead, go to line 15.), skip Parts I	I and III and go to lir	ne 15.	
				ot co	mplete
Pa	rt II Special Allowance for Rental Real Estate Activities With	A =45 D			
	Note: Enter all numbers in Part II as positive amounts. See page 8 of the in	Active Pa	articipation		
5	Enter the smaller of the loss on line 1d or the loss on line 4	suuctions fol	an example.		
6	Enter \$150,000. If married filing separately, see the instructions	J		_5	16,692.
7	Enter modified adjusted gross income, but not less than zero (see the instr.)	6	150,000.		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and	7	181,707.		STATEMENT 7
	9, enter -0- on line 10. Otherwise, go to line 8.			200	W
8	Outs are many or a				
9	Subtract line / from line 6 Multiply line 8 by 50% (5) Do not octor may be a 105 000 (6)	8			
10	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separ	rately, see the	instructions	9	The state of the s
	Enter the smaller of line 5 or line 9		***************************************	10	0.
	II III C CO IS A 1033, UU IO PARI III. URDANMISA AA TA 164 1 E				
	till Special Allowance for Commercial Revitalization Deduc	tions Fron	n Rental Real E	state	e Activities
	- The state of the example for	Part II on par	TO 8 of the instruction	ns.	
2	-incr \$25,000 reduced by the amount, it any, on line 10. If married filling separately	v oog ingtmin	Alana I	11	
2	Inter the loss from line 4			12	
	where we is all the attrouble of the 10			13	
_	nter the smallest of line 2c (treated as a positive amount), line 11, or line 13	***************		14	
6 1	odd the income, if any, on lines 1a and 3a and enter the total		***************************************	15	
	otal losses allowed from all passive activities for 2007. Add lines 10, 14, and of find out how to report the losses on your tax return.	15 Con the in	andmindia		
	THE VOLUME TO RECORD THE PRINCE OF VALLE TO VALUE.	ת אותים יווי	EMENIO C	16	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 instru	ictions)						
Name of activity		ent year		Prio	r years		Overa	II gain or loss	
	(a) Net income (line 1a)		Net loss ine 1b)		nallowed (line 1c)	(d) Gain	(e) Loss	
						-			
	077								
Total. Enter on Form 8582, lines 1a,	SEE ATTA	CHED	STATE	MENT I	OR W	ORKSI	IEET .	1	
1b, and 1c			1 730						
Worksheet 2 - For Form 8582, Lines	2a and 2h (See in	etructions.	1,732	·> <14	1,960	.>			
Name of activity	(a) Current		5.)	(b) Pric					
Maine of activity	deductions (line 2a)	unallo	wed dedu	or year actions (li	ne 2b)	(0) Overall loss	
						,			
							-		
	-								
otal. Enter on Form 8582, lines 2a									
nd 2b Porksheet 3 - For Form 8582, Lines 3	22 2h and 2a /2								
. or i offi cooz, Lines c	Ja, JD, and JC (S	ee instruc	tions.)	T					
Name of activity	Curre	nt year		Prior	years		Overall	rall gain or loss	
reame of activity	(a) Net income	(b) N	et loss	(c) Una	llowed	owed			
	(line 3a)		e 3b)	loss (li		(d)) Gain	(e) Loss	
						 			
otal. Enter on Form 8582, lines 3a,									
b, and 3c									
Vorksheet 4 - Use this worksheet if a	n amount is sho	NACE OF	Form 95	00 11	40 - 4				
	Form or schedule	JWII UII	FORM 65	oz, line	10 or 1	4 (See in	structions	s.)	
Name of activity	and line number					()		(d) Subtract	
Name of activity	to be reported on	(a) I	-oss	(b) Ra	atio		pecial wance	column (c)	
	(see instructions)							from column	
								(- 1 - 2000 s	
otal			-						
orksheet 5 - Allocation of Unallowed	Losses (See insti	ructions.)	167-0	T		6;	-	1	
	Form or sche								
Name of activity	and line num		4				- 1		
	to be reported		(a) Lo	oss	(1) Ratio	(c) Unallowed los 	
	(see instruction	ons)			<u>L</u> .				
	SEE ATTAC	עמשטי	"mame	(11)3700	0.0				
	SEE ATTAC	neu :	STATEM	ENT F	UR WO	RKSH	EET 5	<u> </u>	
tal			1 6	602	1 00	0000	000	30 28.	
tal		►	16	,692.	1.00	0000	000	16,69	

Worksheet 6 - Allowed Losses (See	instructions.)					(CE)	Page :
Name of activity	Form or s and line to be repo (see instr	number orted on	(a)	Loss	(b) Una	allowed loss	(c) Allowed loss
						-11.00	
	SEE ATT	TACHED	STAT	EMENT F	OR WC	RKSHEET	6
Total		•		16,692.		16,692.	
Worksheet 7 - Activities With Losse	s Reported on	Two or N	ore For	ms or Sch	edules	(See instruction	s.)
Name of Activity:	(a)	1	(b)	(c) Rat	100	(d) Unallowed	
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):							
Net loss plus prior year unallowed loss from form or schedule	3.53						
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):							
a Net loss plus prior year unallowed loss from form or schedule							10.56
b Net income from form or schedule							
c Subtract line 1b from line 1a. If zero or less,	enter -0 >						
otal					100		

Form 8582 (2007)

ALTERNATIVE MINIMUM TAX

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

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

Identifying number

TIMOTHY M. KAINE & ANNE B. HOLTON Part 1 2007 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)) 1a b Activities with net loss (enter the amount from Worksheet 1. column (b)) <1,732.> 16 c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) <14,960. 1c d Combine lines 1a, 1b, and 1c. <16,692.> 1d Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) 2ь c Add lines 2a and 2b 2c **All Other Passive Activities** 3a Activities with net income (enter the amount from Worksheet 3, b Activities with net loss (enter the amount from Worksheet 3. The state of the s 3ь c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) d Combine lines 3a, 3b, and 3c 3dCombine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unaflowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used <16,692.> 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 Enter \$150,000. If married filing separately, see the instructions 6 150,000. Enter modified adjusted gross income, but not less than zero (see the instr.) ... 181,707. Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions 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. Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions 11 Enter the loss from line 4 12 Reduce line 12 by the amount on line 10 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 14 Part IV Total Losses Allowed 15 Add the income, if any, on lines 1a and 3a and enter the total 15 16 Total losses allowed from all passive activities for 2007. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return SEE STATEMENT

ALTERNATIVE MINIMUM TAX

Form 8582 (2007) TIMOTHY M. KAINE & ANNE B. HOLTON Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Page 2 Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.) **Current year** Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (line 1a) (d) Gain (e) Loss (line 1b) loss (line 1c) SEE ATTACHED STATEMENT FOR WORKSHEET I Total. Enter on Form 8582, lines 1a, 1b, and 1c <1,732.> <14,960.> Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.) (a) Current year Name of activity (b) Prior year deductions (line 2a) (c) Overall loss unallowed deductions (line 2b) Total. Enter on Form 8582, lines 2a and 2b Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.) **Current year Prior years** Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (line 3a) (d) Gain (line 3b) (e) Loss loss (line 3c) 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.) Form or schedule and line number (d) Subtract Name of activity (c) Special (a) Loss to be reported on (b) Ratio column (c) allowance (see instructions) from column (a) Worksheet 5 - Allocation of Unallowed Losses (See instructions.) Form or schedule and line number Name of activity (a) Loss (b) Ratio to be reported on (c) Unallowed loss (see instructions) SEE ATTACHED STATEMENT FOR WORKSHEET 5 16,692 | 1.000000000

719762 10-11-07

ALTERNATIVE MINIMUM TAX

Form 8582 (2007) TIMOTHY M. KAINE & ANNE B. HOLTON Worksheet 6 - Allowed Losses (See instructions.) Form or schedule and line number Name of activity (a) Loss (b) Unallowed loss to be reported on (c) Allowed loss (see instructions) SEE ATTACHED STATEMENT FOR WORKSHEET 6 16,692. 16,692. Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.) Name of Activity: (a) (b) (d) Unallowed (c) Ratio (e) Allowed loss 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

Form 8582 (2007)

Total .

b Net income from form or

schedule

c Subtract line 1b from line 1a. If zero or less, enter -0-

	JΩ	UALIFIED DIVI	DENDS	S	TATEMENT
NAME OF PAYER				INARY IDENDS	QUALIFIED DIVIDENDS
AMERICAN CENTURY IN	NVESTMENTS O			265. 1,425.	86 1,425
TOTAL INCLUDED IN H	FORM 1040, LINE	E 9B			1,511
SCHEDULE D	CAPITAL	GAIN DISTRIE	BUTIONS	S	TATEMENT
NAME OF PAYER			CAI	TOTAL PITAL GAIN	28% GAIN
AMERICAN CENTURY IN	VESTMENTS		•	395.	
TOTALS TO SCHEDULE	D, LINE 13			395.	<u> </u>
	ACTIVE RENTAL (E - WORKSE	EET I ST	PATEMENT :
	NET INCOME		RIOR YEAR UNALLOWED LOSS	GAIN	LOSS
RESIDENTIAL PROPERT			UNALLOWED LOSS	GAIN	LOSS <16,692.
RESIDENTIAL PROPERT	Υ	NET LOSS	UNALLOWED LOSS	GAIN >	LOSS <16,692.
RESIDENTIAL PROPERT	O.	NET LOSS <1,732.> <1,732.>	UNALLOWED LOSS <14,960.	GAIN >	LOSS <16,692.
RESIDENTIAL PROPERT	0. 0.	NET LOSS <1,732.> <1,732.>	UNALLOWED LOSS <14,960.	GAIN >	LOSS <16,692.
RESIDENTIAL PROPERTY RICHMOND, VA FOTALS FORM 8582 AI JAME OF ACTIVITY RESIDENTIAL PROPERTY	0. 0. LLOCATION OF UN	NET LOSS <1,732.> <1,732.> NALLOWED LOSSI FORM OR	UNALLOWED LOSS <14,960. <14,960. ES - WORKS LOSS	GAIN HEET 5 ST	LOSS <16,692. <16,692. ATEMENT 4 UNALLOWED LOSS

FORM 8582		LLOWED LO	SSES - WORK	KSHEET 6	STA	TEMENT
NAME OF ACTIVITY		W.	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
RESIDENTIAL PROPE	RICHMOND,	VA	SCH E	16,692.	16,692.	
TOTALS				16,692.	16,692.	
3			ASSIVE ACT		51A1	TEMENT 6
					STAT	TEMENT (
R R E A NAME	FORM OR		PRIOR	NET	UNALLOWED	ALLOWED
R E A NAME K RESIDENTIAL_	FORM OR	GAIN/LOSS	PRIOR			
R E A NAME - ———	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET	UNALLOWED LOSS	ALLOWED
R E A NAME - ——— K RESIDENTIAL	FORM OR SCHEDULE	GAIN/LOSS <1,732.	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS ——————————————————————————————————	ALLOWED



FORM 8582	MODIFIED AGI		STATEMENT 7
INCOME			
WAGES, SALARIES, TIPS ETC. DIVIDEND INCOME TAXABLE REFUNDS ALIMONY RECEIVED TAXABLE IRA DISTRIBUTIONS TAXABLE PENSIONS AND ANNUITIES UNEMPLOYMENT COMPENSATION OTHER INCOME			173,818. 1,690. 482.
INTEREST INCOME ADD: SERIES EE AND I EXCLUSION	T	5,309.	
BUSINESS INCOME OR LOSS ADD: PASSIVE LOSSES SUBTRACT: PASSIVE INCOME			5,309.
SALE OF ASSETS ADD: PASSIVE/RREA PROFESSIONAL SUBTRACT: PASSIVE INCOME	LOSSES	408.	
RENTAL, ROYALTY OR PASSTHROUGH IN ADD: PASSIVE/RREA PROFESSIONAL SUBTRACT: PASSIVE INCOME	NCOME OR LOSS LOSSES		408.
FARM OR FARM RENTAL INCOME OR LOS ADD: PASSIVE/RREA PROFESSIONAL SUBTRACT: PASSIVE INCOME	ss Losses —		
COTAL INCOME		_	181,707.
ADJUSTMENTS			
OVING EXPENSES ELF-EMPLOYED HEALTH INSURANCE DE ENALTY ON EARLY WITHDRAWAL OF SA LIMONY PAID EOGH/SEP DEDUCTION THER ADJUSTMENTS	EDUCTION AVINGS		
OTAL ADJUSTMENTS			
OTAL TO FORM 8582, LINE 7		_	181,707.

RESIDENTIAL PROPERTY - RICHMOND, VA

TOTALS

TIMOTHY M. KAINE & AND	NE B. HOLTO	NO.				
FORM 8582		NATIVE MININ			ATEMENT 8	
	CURRENT	YEAR	PRIOR YEAR	OVERALL GAIN OR LOSS		
NAME OF ACTIVITY N	T INCOME	NET LOSS	UNALLOWED LOSS	GAIN	LOSS	
RESIDENTIAL PROPERTY				.11		
RICHMOND, VA	0.	<1,732.>	<14,960	.>	<16,692.>	
TOTALS	0.	<1,732.>	<14,960	.>	<16,692.>	
NAME OF ACTIVITY		FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS	
			LOSS	RATIO	LOSS	
RESIDENTIAL PROPERTY -		SCH E				
RICHMOND, VA			16,692.	1.00000000	16,692.	
TOTALS			16,692.	1.00000000	16,692.	
FORM 8582		ATIVE MINIM		STA		
		TOSSES - WO	RKSHEET 6		ATEMENT 10	

SCH E

16,692.

16,692.

16,692.

16,692.

FORM 8582AMT	SUMMAI	SUMMARY OF PASSIVE ACTIVITIES - AMT				STATEMENT 1	
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					:2	
	7	<1,732.>	<14,960.>	<16,692.>	16,692.		
TOTALS	10	<1,732.>	<14,960.>	<16,692.>	16,692.		
PRIOR YEAR CARRYO	VERS ALLOWE	D DUE TO C	URRENT YEA	R NET ACTIV	ITY INCOME		