

INTEREST SCHEDULE

Name Social Security No. Year

*Indicate by Taxpayer (T), Spouse (S), or Joint (J)

INSTITUTION NAME	INTEREST INCOME									
	*HELD BY T/S/J	TOTAL AMOUNT	STATE EXEMPT AMT.		FEDERALLY EXEMPT AMT.		WITH HOLDING	OTHER		
TOTALS										

DIVIDEND SCHEDULE

INSTITUTION	T S J	ORDINARY DIV.	QUALIFIED DIV.	TOTAL CAP. GAINS	SEC 1250	28% CAP. GAINS	TAX EXEMPT	AMT ORD. DIV.	AMT QUAL. DIV.	US OBLIG %	IN-ST MUNI %
TOTALS											