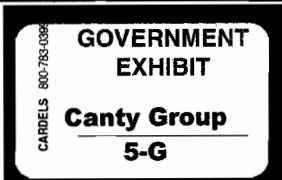


For the year Jan. 1-Dec. 31, 2003, or other tax year beginning _____, 2003, ending _____, 20 OMB No. 1545-0074

Use the IRS label. Otherwise, please print or type.

MICHAEL A. MARCELLO
 263 DRIFTWOOD LANE
 SCHAUMBURG IL 60193



Your social security number
 355-44-0217
 Spouse's social security no.
 ▲ You must enter your SSN(s) above. ▲

Presidential Election Campaign 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 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here.
 4 Head of household (with qualifying person). (See inst.) If qualifying person is a child but not your dependent, enter child's name here.
 5 Qualifying widow(er) with dependent child (See inst.)

Exemptions
 6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
 b Spouse
 c Dependents: If more than five dependents, see inst.
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see inst.)
 No. of boxes checked on 6a and 6b: 1
 No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see inst.)
 Dependents on 6c not entered above
 Add numbers on lines above: 1

d Total number of exemptions claimed: 1

| | | | | |
|---|-----|---|-----|---------|
| Income | 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 53,500 |
| Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. | 8a | Taxable interest. Attach Schedule B if required. | 8a | 1,960 |
| | b | Tax-exempt interest. Do not include on line 8a | 8b | |
| | 9a | Ordinary dividends. Attach Schedule B if required. | 9a | |
| | b | Qualified dividends (see instructions) | 9b | |
| | 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 | |
| | 13a | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13a | |
| | b | If box on 13a is checked, enter post-May 5 capital gain distributions | 13b | |
| If you did not get a W-2, see instructions. | 14 | Other gains or (losses). Attach Form 4797. | 14 | |
| | 15a | IRA distributions | 15a | |
| | b | Taxable amount (see inst.) | 15b | |
| | 16a | Pensions and annuities | 16a | |
| | b | Taxable amount (see inst.) | 16b | |
| Enclose, but do not attach, any payment. Also, please use Form 1040-V. | 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 115,872 |
| | 18 | Farm income or (loss). Attach Schedule F | 18 | |
| | 19 | Unemployment compensation | 19 | |
| | 20a | Social security benefits | 20a | |
| | b | Taxable amount (see inst.) | 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 | 171,332 |

| | | | | |
|-----------------------|-----|---|-----|---------|
| Adjusted Gross Income | 23 | Educator expenses (see instructions) | 23 | |
| | 24 | IRA deduction (see instructions) | 24 | 3,500 |
| | 25 | Student loan interest deduction (see instructions) | 25 | |
| | 26 | Tuition and fees deduction (see instructions) | 26 | |
| | 27 | Moving expenses. Attach Form 3903. | 27 | |
| | 28 | One-half of self-employment tax. Attach Schedule SE | 28 | |
| | 29 | Self-employed health insurance deduction (see instructions) | 29 | 8,418 |
| | 30 | Self-employed SEP, SIMPLE, and qualified plans | 30 | |
| | 31 | Penalty on early withdrawal of savings | 31 | |
| | 32a | Alimony paid b Recipient's SSN | 32a | |
| | 33 | Add lines 23 through 32a | 33 | 11,918 |
| | 34 | Subtract line 33 from line 22. This is your adjusted gross income | 34 | 159,414 |