Test Package for Electronic Filers of Individual Income Tax Returns for Tax Year 2004

Internal Revenue Service Electronic Tax Administration



Department of the Treasury Internal Revenue Service

www.irs.gov

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ATTENTION

THE SCENARIO PACKAGE, WITH SCRIPTED TEXT, WILL BE PROVIDED ON THEELECTRONIC FILING BULLETIN BOARD.

TO RECEIVE THE PRINTED VERSION OF THIS PUBLICATION NEXT YEAR, YOUMUST COMPLETE THE FORM BELOW:

NAME OF FIRM				
NAME OF CONTACT				
TITLE				
MAILING ADDRESS				
CITY				
STATE	ZIP			
SOFTWARE DEVELOPER				
ELECTRONIC RETURN ORIGINATOR				
TRANSMITTER	PREPARER			
EFIN	ETIN			
TELEPHONE				

SEND TO THE FOLLOWING ADDRESS BEFORE JUNE 1, 2005:

INTERNAL REVENUE SERVICE
PUBLICATION 1436
Shelia Rogers-Allen
SE:W:CAS:SP:IEF:R C4-272 NCFB
5000 ELLIN ROAD
LANHAM, MD 20706

PARTICIPANTS ACCEPTANCE TESTING SYSTEM (PATS) TY 2004

WHO MUST FILE?

The Electronic Program Operations requires that all software developers and transmitters perform the tests in this Test Package before they can be accepted into the electronic filing program for the 2005 (Tax Year 2004) filing season. Anyone who plans to transmit must test and be accepted using asynchronous protocol.

WHY TEST?

The purpose of testing is to ensure, prior to live processing that:

- 1) filers transmit in the correct format and meet the IRS electronic filing specifications;
- 2) returns have few validation or math errors;
- 3) required fields post to the IRS master file; and
- 4) filers understand and are familiar with the mechanics of electronic filing.

WHAT IS TESTED?

The test package for the 2004 Participants Acceptance Testing System (PATS) consists of thirty-seven (38) return scenarios. Each scenario includes the applicable W-2s, W-2Gs, 1099G, 1099-Rs, 1040s, 1040As, and 1040EZs. The test returns include all forms and schedules accepted for electronic filing. Test 8 is the return to be used if you will be participating in the Federal/State electronic filing program. You should add the appropriate information in the generic state record and transmit the return as part of your regular transmission. Specific instructions are available from participating states.

The scenarios provide the information needed to prepare the appropriate forms and schedules; however, computations and data for all lines have not been provided. Therefore, knowledge of tax law and tax preparation is necessary. You must correctly prepare and compute these returns before transmitting the tests. To eliminate the time spent by IRS staff in reviewing your final transmissions, it will be to your advantage to use the phrases and abbreviations appearing in the test package, and enter the data in the same order as it appears in the scenario. You must also transmit the test returns in consecutive ascending SSN order. It is important that you enter the correct Return Type and Source Return Indicator.

Test Password - New or revised applicants who will be transmitting to the IRS for PY 2005 will receive an eight-digit alphanumeric test password. This password will be mailed to the applicants. It will be valid at the beginning of PATS, which will begin November 09, 2004. The production Passwords will be mailed out as we have done in the past. Please remember to contact your home-processing site if you forget your test password.

New Changes in PATS Transmission Sites and Assistance - Last year you could only transmit to three (3) sites. This year, PATS Test returns will be transmitted to the same sites as all e-file returns. The five sites are: Andover, Austin, Kansas City, Memphis and Philadelphia. You will be able to transmit and received your acknowledgements from these sites.

Last year, there were three sites available for PATS Testing Assistance. However, this year there will be only two sites available for PATS Testing Assistance (Andover and Austin). Memphis will not handle inquiries for PATS Testing this year. All Memphis inquiries will be handled by the tax examiners in Austin. For PATS Testing Assistance, you should continue to call 1-866-255-0654.

SPECIAL NOTES CONCERNING TEST SCENARIOS

The Answer File can provide only one answer for each scenario line item. Since there may be alternative ways to prepare the return, it may be necessary to discuss your method of preparation with the tax examiner to resolve any mismatches. In each scenario, under the heading "OTHER", information may be present which might help clarify the scenario. Any optional forms mentioned in the test are included in the PATS Answer File. Some W-2s may be non-standard.

Since every conceivable condition cannot be represented in the test scenarios, you may want to test any conditions you feel are appropriate once you have passed the test scenarios provided in the test package. Suggestions for the additional scenarios are welcome and, if accepted, can be added to the Tax Year 2005 package.

Some tests will indicate under the heading "PREPARED BY" that they were prepared by a specific fictitious paid preparer, or that the IRS assisted the taxpayer (non-paid preparer information), or that the taxpayer prepared the return. You must provide for the transmission of Third-Party Paid and Non-Paid Preparer information as specified in the scenarios. Where this information is blank, you are to supply the information that is appropriate for your situation; i.e., as if a preparer in your office(s) had prepared the return. (See Attachment 6 of the File Specifications, Pub. 1346, for more information on Non-Paid and Paid Preparer fields.)

Tests 33 and 34 have Electronic Filing Identification Numbers (EFINs) printed on the top of the first page of the scenario. These are to be used by Electronic Return Originators who wish to test their ability to monitor and assign DCNs on returns collected from other EROs. If you are not a collector, then use your own EFIN in the DCN.

Forms W-2, W-2G, and 1099R contain state wages and withholding. If the test scenario includes a Schedule A, the state withholding is included in the amount given for line 5 of the Schedule A.

WHEN TO TEST

When you are ready to test, starting November 09, 2004, please call the e-Help desk at the new centralized toll-free number:

1-866-255-0654

They will assign a tax examiner to assist you in successfully completing the tests.

REVIEWING ACK FILES AND CORRECTING TESTS

You may transmit as many test returns as necessary until you receive no error messages; however, Test 11 will always be rejected. This is to provide you with experience in reading the Error Records contained in the Acknowledgement File. Test 11 will be rejected with Error Reject Code 0500. The Primary-SSN (Field 0003) of the Record ID for Form 1040, Page 01, and the Name Control (SEQ 0050) must match the corresponding data in the IRS Master File, and you will not be able to correct it. While you are solving problems, you may transmit only the problem returns until you have no rejects. You may modify tests to include only conditions your software will handle, e.g., if you can transmit only 10 W-2s, then on the test with 20 W-2s, transmit 10, and adjust your figures accordingly. You must inform the tax examiners of any forms you do not intend to file so they will understand why the answers do not agree with the Answer File.

FINAL TRANSMISSION

Once you receive no rejects, other than Test 11, you will be required to transmit the returns in two separate, same-day transmissions, including the test with the Error Reject Code 0500 rejection. You are required to make two separate transmissions in the same day in order to test the ability of your software to increment the transmission sequence number that appears in the TRANA record. Tests 1-19 should be in the first transmission and Tests 20-38 in the second transmission (exclude the on-line test scenarios if not applicable to you).

REVIEW OF PARTICIPANTS RETURNS FILE (PRF) AGAINST PATS ANSWER FILE This transmission (PATS I) will be compared against the PATS ELF Answer File. The comparison program checks each byte and prints out the fields that differ. The tax examiner will review the printout and will discuss any problems with you. Some fields will differ and are not considered incorrect, but others MUST AGREE EXACTLY. These fields are all SSNs, ATINS, EINS, ITINS, RTNs, account numbers, percentage and date fields, and the entity portion of the 1040 Family and ETD Forms 56, 2350, 2688 4868 and 9465. When these mis-compares are either accepted or corrected, you will pass PATS Testing.

Remember: The Tax Examiner will not run a "Compare" until there are no reject conditions for the test returns on the ACK file (with the exception of the forced reject of Test 11).

COMMUNICATIONS TEST FOR THE e-file SYSTEM

There are two primary EMS sites: Tennessee Computing Center (TCC), (which hosts Kansas City and Memphis nodes) and Austin Submission Processing Center (AUSC), (which hosts Andover, Austin and Philadelphia nodes). If you are a Software Developer/Transmitter and plan to transmit returns to more than one service center, you are only required to send a transmission to one node (your primary service center). You must then complete an e-file communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in other). A Software Developer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

If you are a Preparer/Transmitter using accepted software, you must complete an error-free communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other) to one EMS site. The communication test must reflect the types of returns you will be filing (i.e. if you will be transmitting all three types of Forms1040, your test should consist of at least one 1040, 1040A, and1040EZ). A Preparer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

A Software Developer who will not transmit need not perform a communications test for the ELF system.

TESTING ON THE ELECTRONIC TRANSMITTED DOCUMENT (ETD) SYSTEM

The Electronic Transmitted Document, or (ETD) System, processes forms that are not attached to a Form 1040, 1040A, or Form 1040EZ. A separate transmission file (PATS II) should be created for the ETD System using prescribed data from selected scenarios.

The ETD file is composed of thirty-seven (38) intermixed Form 9465, Form 4868, Form 2688, Form 56 and Form 2350.

This transmission will be compared against the **PATS ETD Answer File**. Once you receive no rejects, you will be required to transmit the returns in two separate, same-day transmissions. Test 1-17 should be in the first transmission and 17-33 in the second transmission.

COMMUNICATIONS TEST FOR THE ETD SYSTEM

If you are a Software/Transmitter and plan to transmit returns to more than one center, you may send a transmission to one node at EMS site for your primary service center. You must then complete an ETD communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other) with each EMS site. A Software Developer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

If you are a Preparer/Transmitter using accepted ETD software and you have passed PATS communications testing for 1040 electronic returns, it will not be necessary for you to do an ETD communications test. A Software Developer, who will "NOT" transmit, need not perform a communications test for the ETD system.

USING YOUR OWN TEST

When you have been notified that you have passed the PATS test, you may test with data of your own, provided that you are using your TEST password. You must use the word "TEST" as the first name of the taxpayer, and you may use any of the SSNs within the test package. DO NOT use any other SSNs.

TESTING GUIDELINES FOR SOFTWARE DEVELOPERS

You must advise the Service Center of all limitations to your software package at time of first contact, before testing begins. Your software does not have to provide for all forms and schedules, nor for all occurrences of a particular form or schedule.

If your software cannot provide for all occurrences of a particular form or schedule or series of fields, as specified in Publication 1346, no statement record is allowed.

You must do the complete form with all fields included. An acceptable limitation would be the number of field occurrences.

Your software must be able to create a statement if a statement is necessary to complete a form.

Your software must be able to accept different addresses from multiple W-2 Forms. The 1040 entity address must "NOT" automatically transfer to the W-2 address. All information on Form W-2 must be entered in the Form W-2 record. There are no exceptions.

You must advise the Service Center of all names you will be using to market your product.

ELECTRONIC FILING BULLETIN BOARD SYSTEM

The Electronic Filing Bulletin System operates seven days a week. The system is unavailable at 4:00 a.m. Eastern Time for about 30-60 minutes for maintenance. This system provides general Electronic Filing Program information as well as specific information concerning changes to this and other publications.

Filers, using an asynchronous modem (14.4 or less) and communication software can access the bulletin board by dialing:

(859) 292-0137

The communication software should have the following protocol: Full Duplex, No parity, 8 data bits, and 1 stop bit.

For additional information and assistance regarding the bulletin board, contact the bulletin board technical staff at (859) 669-5031.

FEDERAL/STATE PARTICIPANTS ACCEPTANCE TESTING (PATS)

Software Developers will be tested by each individual state using a state provided test package. The applicable State Liaison will respond to all Software Developer questions related to state testing.

CONCURRENT TESTING

Concurrent Testing allows Software Developers to begin state testing, through any IRS ELF Service Center, prior to obtaining final acceptance from the IRS for the Federal PATS process. The primary service center is defined as the center that supports the state where the Software Developer is physically located. The Software Developer must contact the state coordinator who, in turn, will schedule state testing with the primary service center.

The Software Developer may be required to create specific data from state test scenarios. The state coordinator will have information about specific testing procedures for each state.

TECHNICAL ASSISTANCE

The Software Developer will continue separate federal testing, at the primary EMS site, using the Federal test scenarios until they accept them for federal filing. Procedures in place for Federal Participants Acceptance Testing will not change.

The primary Service Center will provide technical assistance on Federal returns only. The state coordinator must respond to any problem encountered by the Software Developer with state data. The state coordinator will work with the Software Developer to resolve all reject conditions on state returns.

The primary IRS will perform limited testing on the state generic and unformatted records. If these records are not rejected by the automatic checks in the IRS programs, the IRS will make the state data available to each state agency for further testing.

The IRS will not perform a "Compare" to look at specific state data. Each state will test the state data and provide feedback to electronic filers. Filers should refer to each state's procedures and specifications.

Software Developers and Transmitters have requested that the IRS and states use different Social Security Numbers (SSNs) for their respective Acceptance Testing process. The following range of Test SSNs has been designated for use by the participating states in the state test packages:

ELF STATE ASSIGNED TEST SSNS

Arkansas	400-00-5500	to	400-00-5599
Alabama	400-00-7400	to	400-00-7499
Arizona	400-00-7500		400-00-7599
Colorado	400-00-5600	to	400-00-5699
Connecticut	400-00-5700	to	
Delaware	400-00-5800		400-00-5899
District of Columbia	400-00-7300		400-00-7399
Georgia	400-00-6600		400-00-6699
Hawaii	400-00-7900		400-00-7999
Idaho	400-00-5900	to	400-00-5999
Illinois	400-00-3500	to	400-00-3599
Indiana	400-00-4000	to	400-00-4099
Iowa	400-00-6000	to	400-00-6099
Kansas	400-00-4100	to	400-00-4199
Kentucky	400-00-4200	to	400-00-4299
Louisiana	400-00-4300	to	400-00-4399
Maryland	400-00-7200	to	400-00-7299
Michigan	400-00-4500	to	400-00-4599
Mississippi	400-00-4600	to	400-00-4699
Missouri	400-00-6100	to	400-00-6199
Montana	400-00-6800	to	400-00-6899
Nebraska	400-00-6200	to	400-00-6299
New Jersey	400-00-6300	to	400-00-6399
New Mexico	700-00-0000	to	700-00-2000
New York	400-00-4800	to	400-00-4899
North Carolina	400-00-4900	to	400-00-4999
North Dakota	400-00-7700	to	400-00-7799
Ohio	400-00-7600	to	400-00-7699
Oklahoma	400-00-5000	to	400-00-5099
Oregon	400-00-6400	to	400-00-6499
Pennsylvania	400-00-7100	to	400-00-7199
Rhode Island	400-00-6900	to	400-00-6999
South Carolina	400-00-5100	to	400-00-5199
Utah	400-00-5200	to	400-00-5299
Vermont	400-00-8000	to	400-00-8099
Virginia	400-00-7000	to	400-00-7099
West Virginia	400-00-5300	to	400-00-5399
Wisconsin	400-00-5400	to	400-00-5499

The IRS will only accept these SSNs during Participants Acceptance Testing (PATS). They will be rejected if submitted during live processing. The IRS Error Reject Code provided will advise filers that the SSN is not within the valid range of Social Security Numbers. Electronic filers who have been accepted into the Federal Electronic Filing System, and have begun transmitting federal returns, but wish to continue state testing must obtain a Test ETIN from the applicable IRS service center. Check the state procedures to determine if the state allows testing beyond January 16, 2005.

New Procedures for forms not in test scenarios - All the new forms to e-file were not included in the test scenarios. However, if you plan to develop any of these new forms, you may include them in one of the test scenarios. If there are no reject codes related to that particular form(s), this will indicated that you have met the file specification and may file the form(s). Your acceptance notification will include any of the new forms you transmit. After you have completed your PATS testing select a return(s) and attach whatever forms you plan to file that were not already included in the test scenarios. To ensure the form is completed according to our specifications, the money amounts that apply to other forms or schedules in that test scenario must be completed. There will be no compares on these forms.

Preliminary Answer files - will be in variable format. It will be posted as a file consisting of all the forms and schedules that are included in each test scenario. All the fields (sequences numbers) with the appropriate values will be in the file. When you have finished developing your test scenarios, your fields and values should be consistent with the field/values on the file.

HIGHLIGHTS FOR TAX YEAR 2004

New Form(s)/Schedule(s)

Five (5) additional forms and one new record will be accepted for Electronic Filing for Tax Year 2004:

Form 8833 - Treaty-Based Return Position Disclosure under Section 6114 or 7701(b)

Form 8886 - Reportable Transaction Disclosure Statement

Form 8889 - Health Savings Account

Form 8891 - U.S. Information Return for Beneficiaries of Certain Canadian Registered Retirement Plans

Form T - Timber Forest Industries Schedule

New Record

Allocation Record - Used with Married Filing Separate in Community
Property States Returns

e-file Submission Processing Center Changes

Effective July 1, 2005, Memphis Submission Processing Center will no longer process Individual tax returns forms 1040 family and/or Electronic Tax Documents (ETDs). Kansas City Submission Processing Center will process transmissions for states that Memphis used to serve. The site designator for Memphis (D) should be replaced with (F). Effective July 1, 2005, allowable site designators for IMF Submission Processing Centers will be Andover (C), Austin (E), Kansas City (F), and Philadelphia (G).

Effective January 2005, Memphis Submission Processing Center will not process Tax Year 2004 Forms 8453, U.S. Individual Income Tax Declaration for an IRS e-file Return or Tax Year 2004 Forms 8453-OL, U.S. Individual Income Tax Declaration for an IRS e-file Online Return. Forms for states that would have been processed by Memphis should be sent to Austin.

See transmission charts in Section 1, Data Communication to determine where to transmit, e-Help Desk location and where to send Forms 8453/8453-OL.

Please note the first chart applies to January 2005 - June 2005 return transmissions and the subsequent chart apply to July 2005 - October 2005 return transmissions.

Country Codes Table for Forms 2555/2555-EZ and the FEC Record, with Alphabetic Values

The numeric Post of Duty (POD) Codes Table, formerly provided in Part I, Attachment 10, for use with filing Forms 2555 and 2555-EZ and the Foreign Employer Compensation (FEC) Record, is being entirely replaced by the new alphabetic Country Codes Table. In addition to the codes presented in the table, the value "US" is provided only for completion of the Country Code (SEQ 0130) field of the Foreign Employer Compensation Record, when services for the foreign employer were performed in the U.S.

HIGHLIGHTS FOR TAX YEAR 2004

EIC Indicator

Continuing in Tax Year 2004, taxpayers who are selected for the Service's EIC Residency Certification Test will receive an Indicator of "Y" on their Acknowledgement File Record SEQ 0010). See Section 3.01, Items 25 and 26.

Front-End Processing Subsystem

- Modified Communication Error Message regarding INVALID SITE DESIGNATOR
- · New Communication Error Messages regarding STATE ACKNOWLEDGEMENTS
- · New guidelines for Trading Partner communicating with EMS
- · Examples of a State Transaction Report
- · Examples of Scripts Used to Pick-up Acknowledgements and Send a File

Global Date of Death Check

Beginning in January 2005 (for Tax Year 2004 returns), Individual e-file will check every Social Security Number (SSN) listed on a tax return against the National Account Profile (NAP) for a date of death. Returns with a date of death shown on the NAP that is prior to the current tax year will be rejected with Error Reject Codes (ERC) 0531, 0532 or 0533. See Attachment 1 for the explanation of ERC 0531, 0532 and 0533.

Married Filing Separate in Community Property States

For processing Tax Year 2005, e-file will electronically accept returns from the filing segment, "Married Filing Separate in Community Property States". There are three conditions that must be met for the return to be accepted electronically: Filing Status equals "3", taxpayer files using Form 1040 and an Allocation Record must be present with the return. The Allocation Record serves as a definer for persons who reside in a Community Property State and elects to follow the rules for Community Property States. The Allocation Record serves the same purpose as the Allocation Worksheet when filing a paper return and following the rules for Community Property States. See Attachment 1 for explanation of the following new and revised Error Reject Codes: 0119, 1094 and 1095.

Returns Signed Using Self-Select PIN Method

Returns filed either Online or through a tax professional using the Self-Select PIN Method requires the entry of the taxpayers' DOB & prior year original AGI. The AGI the taxpayer uses to authenticate their PIN is the AGI amount the taxpayer submitted on their TY 2003 tax return when it was accepted for processing. This is not the AGI from an amended return or the amount resulting from a math error correction. If the taxpayer did not file a return for TY 2003, they should enter zero as their prior year AGI. If the taxpayer's TY 2003 AGI is negative, the AGI amount should be entered as a negative; tax preparation software should support this requirement. If the TY 2003 tax return was received and accepted by IRS after December 18, 2004, the taxpayer must enter zero as their prior year AGI.

HIGHLIGHTS FOR TAX YEAR 2004 continued

State Acknowledgements

As of January 2005, the Internal Revenue Service will provide State Acknowledgement service on its Front End Processing System, known as EMS (Electronic Management System). Participating Federal States will send their State Acknowledgements to EMS for trading partners to pick up when they pick up their Federal Acknowledgement.

The States should store the Global Transaction (GTX) Key provided by IRS for use by State Help Desk. If a State Acknowledgement file needs to be rehung, the Trading Partner will contact the State to look up the GTX Key. If the Trading Partner has a question about the file, they should contact their State.

Taxpayer PIN Assignment

If the taxpayer agrees, it is acceptable for an ERO and/or software program to generate or assign the taxpayer PIN. The taxpayer consents to the ERO's choice by completing and signing an IRS e-file signature authorization containing the intended taxpayer PIN. The taxpayer PIN can be systemically generated or manually assigned into the electronic return format and/or the signature authorization form. However, the ERO must receive the signature authorization signed by the taxpayer(s) before they transmit the return or release it for transmission to IRS. This guideline refers to returns filed using the Self-Select or Practitioner PIN method.

Form T (Timber) Forest Activities Schedule

The Form T PAGE numbering "1" through "5" of the electronic Record Layout presented in Part II appear on the equivalent pages of the paper version of Form T as PAGE numbers "2" through "6" (e.g., Electronic Form T Record Layout PAGE numbered "1" represents the page of the paper version Form T PAGE numbered "2", etc.). PAGE 1 of the paper version of Form T consists entirely of instructions, and is unnecessary for electronic submission.

Form 1040 Changes

- 1. One of the dependent lines was deleted from the front of the Form 1040.
- Educator Expense, Post-May 5 CDG, Reserve Component lines were deleted.
- 3. New line 23 was added to capture deduction for clean-fuel vehicles.
- 4. New line 24 was added to capture certain business expenses of reservists, performing artist and fee-basis government officials.
- 5. Majority of the lines were renumbered.

Form 1040A Changes

- 1. One of the dependent lines was deleted from the front of the Form 1040A.
- 2. Educator Expense and Post-May 5 CDG lines were deleted.
- 3. New line 16 was added to capture deduction for clean-fuel vehicles.
- 4. Majority of the lines were renumbered

HIGHLIGHTS FOR TAX YEAR 2004 continued

Form 8582 - Passive Activity Loss Limitations

If your are required to file two copies of Worksheet 4 and/or two or more copies of Worksheet 7, see the special notes for these Worksheets in the Record Layouts in Part II of this Publication.

Form 8858 - Information Return of U.S. Persons With Respect To Foreign Disregarded Entities

This is a new form that requires an organizational chart to be attached. This form cannot be accepted electronically at this time but a paper copy of the form may be filed attached to Form 8453 (U.S. Individual Income Tax Declaration for an IRS e-file Return). The corresponding "Paper Document Indicator" should be set in the Summary Record if a paper Form 8858 is attached to Form 8453.

Form 8865 - Return of U.S. Persons with Respect to Certain Foreign Partnerships

Because of extensive forms changes for Form 8865, page 4 and Schedule K-1 (Form 8865), the record layouts for these forms have been completely revised.

HELP

If you need assistance in formatting and transmitting your returns or have questions regarding these tests, contact the appropriate service center. Suggestions for scenarios are welcome. If you find errors or would like to comment on this Test Package, please write Carolyn J. Martin or Sheila Rogers-Allen at the following address:

Internal Revenue Service SE:W:CAS:SP:IEF:R C4-273 NCFB 5000 Ellin Road Lanham, MD 20706

TEST # 1

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 63

FORM 1040EZ, LINE 3: 200

FORM 1040EZ, LINE 8b: 6700 (COMBAT PAY)

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11125

PREPARED BY:

TAXPAYER: NAME: TEST I WHY

DOB: 08-19-1969

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1001

OCCUPATION: MILITARY

PRES ELEC FUND: NO

BLIND: NO

SPOUSE: NAME: GWEN R KNOTT

DOB: 06-03-1972

DISABLED: NO

SSN: 400-00-2001

OCCUPATION: HOMEMAKER
PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: HS

ADDRESS: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD

WYNOT, NE 68792

FILING STATUS: MARRIED FILING JOINTLY

DIRECT DEPOSIT: NAME OF INSTITUTION: PLAINS CREDIT UNION

RTN: 123456780 ACCT#: 02135763

TYPE OF ACCOUNT: CHECKING

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 390

LINE 6: 0

Form 1040EZ

Department of the Treasury - Internal Revenue Service

Income Tax Return for Single and Joint Filers With No Dependents

(99) 2004

OMB No. 1545-0675

	_							
Label		Your first name and initial	Last na				Your social sec	-
(See page 12.)	L A	TEST A	EAU		L.LE		400-00	
Use the IRS	B E	If a joint return, spouse's first name and initial	Last na	me			Spouse's social	security number
iabel.	L				·		ļ	· · · · · · · · · · · · · · · · · · ·
Otherwise,	H	Home address (number and street). If you have 5 GOTTA SMELL GOO!		page 12.		Apt. no.		mportant!
please print or type.	E R			ion address ass none 12		······································	-	u must enter your
Presidential	E	City, town or post office, state, and ZIP code. If COLOGNE	you have a lore	MN 5532	2			SSN(s) above.
Election		Note. Checking "Yes" will not change	vour tax or r			······································		Spouse
Campaign (page 12)		Do you, or your spouse if a joint return	•	•			▶ X Yes	□ No □ Yes □ No
•		Do you, or your opened in a joint rotal.	1, 1141114010	90 10 1110 10110			<u>E3</u> 100	
Income		1 Wages, salaries, and tips. This s	hould be sho	wn in box 1 of your F	orm(s) W-2.			
Attach		Attach your Form(s) W-2.		•	` ,		1	9,000
Form(s) W-2	_	2 Taxable interest. If the total is over	er \$1,500, you	u cannot use Form 10	040EZ.		2	370
here. Enclose, but		3 Unemployment compensation an	nd Alaska Pe	rmanent Fund divider	nds			
do not attach,		(see page 14).					3	
any payment.								
		4 Add lines 1, 2, and 3. This is your	adjusted g	ross income.			4	9,370
Note: You		5 Can your parents (or someone el						
must check		Yes. Enter amount from		single, enter \$7,950.		200		
Yes or No.		worksheet on page 2.		married filing jointly se page 2 for explana		3 00.		
	_			· · ·			5	7,950
		6 Subtract line 5 from line 4. If line	5 is larger tha	an line 4, enter -0				1 400
		This is your taxable income.	**************************************			··· · · · · · · · · · · · · · · · · ·	▶ 6	1,420
Payments		7 Federal income tax withheld from	hav O af va				7	75
and tax	-	7 Federal income tax withheld from box 2 of your Form(s) W-2. 8a Earned income credit (EIC).					7	75 162
	_	b. Nontaxable combat pay election. 8b.					Od	102
	-	b. Nornaxable combat pay election.			***************************************		_	
		9 Add lines 7 and 8a. These are yo	our total pavi	ments.		ı	▶ 9	237
	-	10 Tax. Use the amount on line 6 a		·····	ble on pages			
		24-28 of the booklet. Then, enter		•			10	141
Dofund			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
Refund		11 a If line 9 is larger than line 10, sub	tract line 10 t	from line 9. This is yo	our refund .	1	▶ 11a	96
Have it directly deposited! See								· · · · · · · · · · · · · · · · · · ·
page 19 and fill	Þ	b Routing number XXX	$X \mid X \mid X$	X X X ▶ c	Type:	Checking	Savings	
in 11b, 11c, and 11d.			· · · · · · · · · · · · · · · · · · ·		····		-	
and Tru.	•	d Account number XXXX	$X \mid X \mid X \mid$	$X \mid X \mid X \mid X \mid X \mid$	$X \mid X \mid X \mid$	$X \mid X \mid X$		
			•					
Amount		12 If line 10 is larger than line 9, sub						
you owe		the amount you owe. For detail		<u> </u>			► 12 Vac Olate	Al- (-II) TZ NI-
Third party		Do you want to allow another person	to discuss tr		`	20)?	Yes. Complete	the following.
designee		Designee's name		Phone no. ►			nal identification	
		Under penalties of perjury, I declare that I have	examined this re	atum, and to the best of my	knowledge and		er (PIN) e. correct, and	
Sign		accurately lists all amounts and sources of inco on all information of which the preparer has any	me I received du	uring the tax year. Declarati	on of preparer (o	ther than the	axpayer) is based	
here Joint retum?		Your signature	-	Date	Your occupation	on		Daytime phone number
See page 11.					SALES		K	and provide the second
Keep a copy for your	•	Spouse's signature. If a joint return, both m	nust sign.	Date	Spouse's occu			†
records.			_					
Daid		Preparer's		Dat	te			Preparer's SSN or PTIN
Paid preparer's		signature				Chec self-e	k if mployed	
preparer's use only		Firm's name (or					EIN	
use only		yours if self-employed), address, and ZIP code						
							Phone no.	

a Control number		Safe, accurate, FAST! Use	irse-file Visit the IRS website at www.irs.gov.
b Employer identification number $01-1234567$		1 Wages, tips, other compens	ation 2 Federal income tax withheld
© Employer's name, address, and ZIP code US MILITARY			700 4 Social security tax withheld 415
101 SW WASHINGTON ST			700 Medicare tax withheld 97
WASHINGTON	DC 200	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-1001$		9 Advance EIC payment	10 Dependent care benefits
● Employee's first name and initial Las	t name	11 Nonqualified plans	12a See instructions for box 12
TEST I WHY 12457 WILSHIRE-ON-TH	E-HAMPTONS	13 Statutory Retmnt. This employee plan sick	rd-party C S S S S S S S S S S S S S S S S S S
WYNOT	NE 687	92 14 Other Q 6700	12c 8 8 12d 8
f Employee's address and ZIP code			
5 State Employer's state I.D. no. 16 State w	ages, tips, etc. 17 State	18 Local wages, tips, etc. 19	Local income tax 20 Locality name

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

TEST # 2

FORMS REQUIRED: FORM 1040EZ, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: EIC WAS DENIED IN 2003

401(k) DISTRIBUTIONS RECEIVED IN 2003: 800

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A EAU DE TOILETTE

DOB: 02-14-1976

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1002

OCCUPATION: SALES CLERK

PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST

COLOGNE, MN 55322

FILING STATUS: SINGLE

FORM 8862:

PART I:

LINE 1: 2004

LINE 2: NO

LINE 3: NO

PART II:

LINE 4: 365

ETD TRANSMISSION:

FORM 4868:

LINE 4: 141

LINE 5: 237

LINE 6: 0

Form 1040EZ	ı	epartment of the Treasury - Internal R ncome Tax Return for Joint Filers With No D	r Single and	(99) 2004	ļ				OMB No. 1545-067	5
Label	Your first name and initial Last name EAU DE TOILETTE						Your social security number 400-00-1002			
(See page 12.) Use the IRS	A B E	If a joint return, spouse's first name an		ast name	تنت	T 111			ocial security number	
label. Otherwise, please print or type. Presidential	HERE	Home address (number and street). If 5 GOTTA SMELL City, town or post office, state, and ZI COLOGNE	GOOD ST	a foreign address, see pag	je 12.		. no.	A	Important! You must enter your SSN(s) above.	<u></u>
Election Campaign (page 12)		Note. Checking "Yes" will not Do you, or your spouse if a joi		•				. 100 1	You Spouse	No
Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.		Wages, salaries, and tips Attach your Form(s) W-2. Taxable interest. If the tot Unemployment compens (see page 14).	al is over \$1,500	, you cannot use Fo	rm 1	040EZ.		1 2 3	9,000 370	
Note: You must check Yes or No.	_	Add lines 1, 2, and 3. This Can your parents (or som Yes. Enter amount fror worksheet on page	eone else) claim		,950. ointh	y, enter \$15,900	•	5	9,370 7,950	
		Subtract line 5 from line 4 This is your taxable income	_	r than line 4, enter -0)	- ,	· · · ·	▶ 6	1,420	
Payments and tax	8	Federal income tax withha Earned income credit (E Nontaxable combat pay e	EIC).		Bb.			7 8a	75 162	
	1	Add lines 7 and 8a. These Tax. Use the amount on 24-28 of the booklet. There	line 6 above to	find your tax in the ta		ble on pages		▶ 9	237 141	
Refund Have it directly	1	1 a If line 9 is larger than line	10, subtract line	10 from line 9. This	is yo	ur refund.		► 11a	96	
deposited! See page 19 and fill in 11b, 11c, and 11d.	>			X		Type: Che	ecking X X	Savings		
Amount you owe	1	2 If line 10 is larger than line the amount you owe. For	•			········		▶ 12		
Third party designee	1	Do you want to allow another Designee's name			IRS	s (see page 20)?	Perso		ete the following.	lo
Sign here	•	Under penalties of perjury, I declare the accurately lists all amounts and source on all information of which the prepared	es of income I receive	ed during the tax year. Dec					1	
Joint retum? See page 11. Keep a copy for your		Your signature Spouse's signature. If a joint return,	both must sign.	Date		· ·	LER	K	Daytime phone number	- -
Paid preparer's		Preparer's signature			Date	· · · · · · · · · · · · · · · · · · ·	Chec self-e	k if	Preparer's SSN or PTIN	&
use only	1	Firm's name (or rours if self-employed), address, and ZIP code						EIN		_

Phone no.

a Control number		OMB No. 1545-000	Safe, accurate, FAST! Use irs	e-file	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2	Federal income tax withheld
41-8765432			9,00		75
€ Employer's name, address, and ZIP code			3 Social security wages	4	Social security tax withheld
SWEET AROMA HEALTH	AND BEAUTY .	AIDES _	9,50		589
·			5 Medicare wages and tips	6	Medicare tax withheld
7 FRAGRANT WAY		L	9,50)	138
COLOGNE	MN 55	322	7 Social security tips	8	Allocated tips
d Employee's social security number			9 Advance EIC payment	10	Dependent care benefits
400-00-1002					
€ Employee's first name and initial	Last name	1	11 Nonqualified plans		See instructions for box 12
				G G	D 500
TEST A EAU I	DE TOILETTE	1	13 Statutory Retmnt. Third-pa employee plan sick pay	ty 12	b .
5 GOTTA SMELL GOOD	ST			S	
COLOGNE	MN 55	322	14 Other	12 0	AC .
				OOO	
				12 C	² d
				CODE	
f Employee's address and ZIP code					
15 State Employer's state I.D. no. 16 State	e wages, tips, etc. 17 Sta	ate income tax	8 Local wages, tips, etc. 19 Loc	l income	tax 20 Locality name
MN 41777	9,000	525			

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

TEST # 3

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 270

STATEMENTS:

OTHER: DIRECT DEPOSIT

DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST N ERTIA

DOB: 09-05-1989

DISABLED: NO

DAYTIME PHONE: 305-678-9012 BLIND: NO

SSN: 400-00-1003

OCCUPATION: COOK

PRES ELEC FUND: NO

CHECK DIGITS FROM IRS LABEL: FY

ADDRESS: 215 LAID BACK WAY

LAZY POINT, NY 11930-2150

FILING STATUS: SINGLE

DIRECT DEPOSIT: NAME OF INSTITUTION: LAST SAVINGS BANK

RTN: 012456778

ACCT #: 111-222-3456 TYPE OF ACCT: SAVINGS

ETD TRANSMISSION:

FORM 4868:

LINE 4: 2

LINE 5: 300

LINE 6: 0

	·		

1040EZ		Income Tax Return for Single Joint Filers With No Depender		(99) 2004	4				•	0	MB No. 1545-067	' 5
Label		Your first name and initial	Last	name	-			Yo	our social	security numbe		<u> </u>
(See page 12.)	L A	TEST N	EI	RTIA				400-00-1003				
Use the IRS label.	B E L	If a joint return, spouse's first name and initial	Last	name				St	iouse's so	ocial security nu	mber	
Otherwise, please print or type.	H E R	Home address (number and street). If you have a P.0				Apt.	no.		A	Impor You must e		Ĺ
Presidential Election	E	City, town or post office, state, and ZIP code. If you LAZY POINT		NY 13	193	30-2150			SSN(s) above.			
Campaign (page 12)		Note. Checking "Yes" will not change you Do you, or your spouse if a joint return, w						. ▶	Ye	′ou s ∑ No	Spouse Yes	No
Income		1 Wages, salaries, and tips. This shoul	ld be sh	nown in box 1 of v	/OUr	Form(s) W-2						
Attach		Attach your Form(s) W-2.			,			1			2,150	1
Form(s) W-2 here.		2 Taxable interest. If the total is over \$1	,500, y	ou cannot use Fo	orm 1	1040EZ.		<u>.</u>			270	
Enclose, but		3 Unemployment compensation and Al									270	
do not attach,		(see page 14).					<u>.</u>	3				
any payment.		4 Add lines 1, 2, and 3. This is your adj	usted (gross income.				4			2,420	١
Note: You		5 Can your parents (or someone else)		 	?						2,420	
must check Yes or No.		••	No. II	f <mark>single,</mark> enter \$7 f married filing j	,950 ointl	y, enter \$15,900.						
	_			See page 2 for ex		ation.		5			2,400)
		Subtract line 5 from line 4. If line 5 is line	arger tr	ian line 4, enter -	0			▶ 6			20	j
Payments and tax	_	7 Federal income tax withheld from box	2 of yo	ur Form(s) W-2.				7			300	_
	8	a Earned income credit (EIC).				NO		8a				
		Nontaxable combat pay election.			8b.							_
		Add lines 7 and 8a. These are your to						▶ 9			300	
	1	Tax. Use the amount on line 6 above 24-28 of the booklet. Then, enter the t						_10			2	
Refund	1	1 a If line 9 is larger than line 10, subtract	line 10	from line 9. This	is yo	our refund.	1	► 11a	ι		298	
Have it directly deposited! See page 19 and fill	>	b Routing number 0 1 2 4 !	5 6	7 7 8	· c	Type: Chec	king	X s	avings			
in 11b, 11c, and 11d.	•	d Account number 1 1 1 - 2	2 2	2 - 3 4	5	6]				
Amount	1:	If line 10 is larger than line 9, subtract	line 9 fr	om line 10. This	is	-			_			
you owe		the amount you owe. For details on	how to	pay, see page 20).		ı	12				
Third party	Ī	Do you want to allow another person to dis				(see page 20)?			Comple	te the follow	ing. 🗓 N	-lo
designee		Designee's name ▶		Phor ▶	ne no.		Person		tification	•		
Sign	•	Inder penalties of perjury, I declare that I have examin courately lists all amounts and sources of income I re n all information of which the preparer has any knowle	ceivea al	etum, and to the best ouring the tax year. Dec	of my l	knowledge and belief, i on of preparer (other th	4 in 4m.a		, and) is based			_
here Joint return? See page 11.	١	our signature		Date		Your occupation COOK				Daytime pl	none number	
Keep a copy for your records.		pouse's signature. If a joint return, both must sign	n.	Date		Spouse's occupation				305-	·678-90	12
Paid preparer's		reparer's ignature			Date		Check self-en	if nployed		Preparer's SS	N or PTIN	<u> </u>
use only	F	irm's name (or						EIN				
•	a	ours if self-employed), ddress, and ZIP code		· · · · · · · · · · · · · · · · · · ·				Phone	. no		-	

Department of the Treasury - Internal Revenue Service

a Control number		OMB No. 1545-00	Safe, accurate, FAST! Use irs e-	-file Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld
11-6321571			2,150	300
C Employer's name, address, and ZIP co			3 Social security wages	4 Social security tax withheld
LOAFERS SANDWIC	H SHOPPE		2,150	133
			5 Medicare wages and tips	6 Medicare tax withheld
14A LOAFERS LAN	D		2,150	31
LAZY POINT	NY	11930	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-1003$			9 Advance EIC payment	10 Dependent care benefits
Employee's first name and initial	Last name		11 Nonqualified plans	12a See instructions for box 12
TEST N	ERTIA		13 Statutory Retmnt. Third-party sick pay	12b
215 LAID BACK W.	AY		Siek pay	8
LAZY POINT	NY	11930-2150	14 Other	12c
				8
				12d
				8
f Employee's address and ZIP code				
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name
NY 112176	2,150	215		
1				
1				
1				
		 	·	

Form W-2 Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

TEST # 4

FORMS REQUIRED: FORM 1040A, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: THE DEPENDENT SSN DISQUALIFIES EIC

TAXPAYER HAS FORM 8332 FROM CUSTODIAL PARENT TO ATTACH TO RETURN

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST N BLOWNAPART

DOB: 04-15-1962

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1004 OCCUPATION: WELDER

Х

PRES ELEC FUND: NO

BLIND: NO

SPOUSE: NAME: FREDA T BLOWNAPART

SSN: 400-00-2004

CHECK DIGITS FROM IRS LABEL: CB

ADDRESS: 781 WATERLOO WAY

NAPOLEON, MI 49261

FILING STATUS: MARRIED FILING SEPARATELY LINE 6d: 3

DEPENDENT INFORMATION:

AGE RELATIONSHIP # MO CHILD TAX CR SSN

JOSEPHINE BATTLE 16 900-78-3004 DAUGHTER 00

PARENT 70 400-00-4004 JACKIE CLAWS

NOTE: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER

ETD TRANSMISSION:

FORM 2688:

LINE 1: 10-15-2005

LINE 2: DEATH IN FAMILY, TAXPAYER OUT OF COUNTRY

LINE 3: YES

PIN: 12345

PY AGI: 22300

DATE: 04-15-2005

Form	D	epartm	nent of the Treasury - In	ternal Revenue Servi	се									
1040A	Į	J.S.	Individual	Income Ta	ax Retu	ırn ₍₉₉₎	20	04	IRS Use	Only - D	o not write	e or staple in this	space.	
Label	Y	our firs	t name and initial		Last name						OMB	No. 1545-008	5	
See page 17.)	L.									Your	social se	curity number		
,	A ITE	ST	ST N BLOWNAPART								<u>00-c</u>	-1004		
	E If	a joint	return, spouse's first na	ame and initial	Last name							al security numbe		
Use the	1 L									400-00-2004				
IRS label. Otherwise.	IEI		ddress (number and str		D. box, see pa	ge 18.			Apt. no.	▲ Important!				
please print	R [/8		WATERLOO						<u> </u>	You must enter your				
or type.	1 1	•	vn or post office, state,	and ZIP code. If you h	nave a foreign	_					S	SN(s) above.		
	N/	APO	LEON			MI	49	261		J				
Presidential														
Election Campa	aign		Note. Checking "\		• .	-					ou ः ज्ञिः	Spouse		
(See page 18.)			Do you, or your sp	oouse if filing a jo	oint return, v	vant \$3 to go to ti	nis tur	T	· · · · · •		es X I		No	
Filing		1	Single				4		isehold (with qui ring person is a				•	
status		2	Married filing join	• •		ome)			ild's name here		•			
		3 X		ely. Enter spouse's S	SN above and	 	- 1	lo					40)	
Check only one box.			full name here.) TT		5	_ Qualityin	g widow(er)	with de	penaen	t child (see pa	ige 19)	
			FREDA T E			a danaadaat da	nci -	abook .			- -1			
Exemptions	;	6 a			aım you as	a dependent, do	not	check				Boxes checked on	1	
		. [ох 6а.								6a and 6b	_1	
		þ	Spouse			I		(3) Dec	endent's	(4)Chec	k if qual-	No. of children on 6c who:		
	 .		Dependents:			(2) Dependent's so security number		relatio	nship to	ifying o	child for x credit og. 21)	lived with		
	First name EPH		BATTLE	Last name		900-78-3	004	+	/ou TED		<u>59. 21)</u>	you ● did not live		
dependents	KIE	T 1/17	CLAWS			400-00-4		+		 	-	with you due to divorce or		
see page 19. UAC	-KIE		CLIAWS	<u> </u>		100 00 1	004	ACLIN	1	1	=	separation	1	
								 		1	┽	(see page 20) Dependents		
				· · · · · · · · · · · · · · · · · · ·				 	<u></u>		┽-	on 6c not entered above	. 1	
								 	··· -		┽╴	eritered above		
						1		1	-	1			Г	
			Tatal accombined of									Add numbers on lines	3	
		<u>d</u>	Total number of	exemptions ciam	iea.							above P		
Income		7	Wages, salaries,	tips, etc. Attach	Form(s) W	'-2 .					7	22	,300	
Attach	-				······································								<u></u>	
Form(s) W-2		8 a	Taxable interest	. Attach Schedul	e 1 if requir	ed.					8a			
here. Also attach		b	Tax-exempt inte					8b						
Form(s)	•	9a	Ordinary dividen								9a			
1099-R if tax		ь	Qualified dividen				(9b						
was withheld.	•	10	Capital gain distr			**********					10			
If you did not		11a	IRA		 		11b	Taxable a	mount					
get a W-2, see			distributions.	11a				(see page	23).		11b			
page 22.	•	12a	Pensions and				12b	Taxable a	mount					
Enclose, but do			annuities.	12a				(see page	24).		12b	<u>. </u>		
not attach, any														
payment.		13	Unemployment of	compensation an	d Alaska P	ermanent Fund d	ividen	nds.			13			
		14a	Social security				14b	Taxable a	mount					
			benefits.	14a				(see page	25).		14b			
	•													
		15	Add lines 7 throu	igh 14b (far right	column). T	his is your total i	ncom	ne.		•	15	22	,300	
Adjusted		16	Educator expens	ses (see page 26	5).			16						
Adjusted gross	,	17	IRA deduction (s	ee page 26).				17						
income		18	Student loan inte	erest deduction (s	see page 29	9).		18						
		19	Tuition and fees	deduction (see p	age 29).			19						
•		20	Add lines 16 thro	ough 19. These a	re your tot	al adjustments.					20			
		21	Subtract line 20	from line 15. This	s is your ad	justed gross in	come			>	21	22	,300	

Form 1040A (2				T	Page
Name(s) shown on					y number
TEST N I	22		40		0-1004
Tax,		Enter the amount from line 21 (adjusted gross income).		_22	22,300
credits,	23a	Check f You were born before January 2, 1940, Blind 1 Total boxes		7	
		if: Spouse was born before January 2, 1940, Blind Total boxes checked ▶ 23a		1	
payments	_	turned to the state of the stat	<u> </u>	1	
Standard	b	If you are married filing separately and your spouse itemizes deductions, see page 30 and check here ▶ 23b			
Deduction for-	24	Enter your standard deduction (see left margin).		L	4 050
People who		Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		24 25	4,850 17,450
checked any box on line	26	If line 22 is \$107,025 or less, multiply \$3,100 by the total number of			17,450
23a or 23b or who can be		exemptions claimed on line 6d. If line 22 is over \$107,025, see the			
claimed as a dependent,		worksheet on page 32.		06	0 200
see page 30.	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0		26	9,300
All others:		This is your taxable income.		97	0 150
Single or Married filing	28	Tax, including any alternative minimum tax (see page 31).		27 28	8,150 869
separately, \$4,850	29	Credit for child and dependent care expenses.		20	009
Married filing		Attach Schedule 2. 29			
jointly or Qualifying	30	Credit for the elderly or the disabled. Attach			
widow(er), \$9,700		Schedule 3. 30			
Head of	31	Education credits. Attach Form 8863.			
household, \$7,150	32	Retirement savings contributions credit. Attach			
		Form 8880. 32			
	33	Child tax credit (see page 35). 33 86	9		
	34	Adoption credit. Attach Form 8839. 34			
	35	Add lines 29 through 34. These are your total credits.		35	869
	36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0		36	0
	37	Advance earned income credit payments from Form(s) W-2.		37	
	38	Add lines 36 and 37. This is your total tax.	>	38	0
	39	Federal income tax withheld from Forms W-2 and 1099. 39 2, 38	0		
	40	2004 estimated tax payments and amount			
If you have a qualifying	L	applied from 2003 return. 40			
child, attach Schedule	41a	Earned income credit (EIC). 41a			
EIC.	b	Nontaxable combat pay election. 41b			
	42	Additional child tax credit. Attach Form 8812. 42 13	1		
	43	Add lines 39, 40, 41a, and 42. These are your total payments.		43	2,511
Refund	. 44	If line 43 is more than line 38, subtract line 38 from line 43.			
Direct		This is the amount you overpaid.		44	2,511
deposit?	45a	Amount of line 44 you want refunded to you.	<u> </u>	45a	2,511
See page 49	►b	Routing Number X X X X X X X X X			
and fill in 45b, 45c,	≯d	Account Tay			
and 45d.		number X X X X X X X X X	<u> </u>		
	46	Amount of line 44 you want applied to your			
A	47	2005 estimated tax. 46			
Amount	47	Amount you owe. Subtract line 43 from line 38. For details on how			
you owe	48	to pay, see page 50. Estimated tax penalty (see page 50).		47	
Third party					T+21
designee		you want to allow another person to discuss this return with the IRS (see page 51)? Yes. Complete	the follo	wing.	X No
uesignee	>	signee's name Phone no. Persona		ation	
	l In	number of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the			
Sign	kn	owledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tay year	pest of m ar. Decla	ny ration	
here Joint return?		preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. ur signature Date Your occupation		Li	Daytime phone number
See page 18.	10	WELDER			sayamo phono nomber
Кеер а сору	- en				
for your records.	y	ouse's signature. If a joint return, both must sign. Date Spouse's occupation			
1000103.	D	pparer's Date Check	17		
Paid		nature		۱' ۲	reparer's SSN or PTIN
preparer's		m's name (or	∌0	15	-
use only		urs if self- ployed),		EIN	
-		dress, and		Phone	no.

a Control number		OMB No	Safe, accurate, 1545-0008 FAST! Use irs e-	-file Visit the IRS website at www.irs.gov.			
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld			
38-1425336			10,800	1,080			
€ Employer's name, address, and ZIP cod	de		3 Social security wages	4 Social security tax withheld			
BONDO MAGIC COMP	YNAY		10,800	670			
			5 Medicare wages and tips	6 Medicare tax withheld			
ONE PLUS ONE DRI	VE		10,800	157			
NAPOLEON	MI	49261	7 Social security tips	8 Allocated tips			
d Employee's social security number $400-00-1004$			9 Advance EIC payment	10 Dependent care benefits			
Employee's first name and initial	Last name		11 Nonqualified plans	12a See instructions for box 12			
TEST N E 781 WATERLOO WAY	BLOWNAPART		13 Statutory Retmnt. Third-party plan sick pay	12b			
NAPOLEON	MI	49261	14 Other	12c 8			
			·	12d			
f Employee's address and ZIP code							
5 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income ta	x 18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name			
4I β82176	10,800						
<u> </u>							
1							

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use irs e	-file	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2	ederal income tax withheld
38-3838196			11,500		1,300
C Employer's name, address, and ZIP code	e		3 Social security wages	4 5	Social security tax withheld
WELDERS R WE			11,500		713
			5 Medicare wages and tips	6 1	Medicare tax withheld
8888 CORKSCREW C			11,500		167
NAPOLEON	MI	49261-8888	7 Social security tips	8 4	Mocated tips
d Employee's social security number $400-00-1004$			9 Advance EIC payment	10	Dependent care benefits
€ Employee's first name and initial	Last name		11 Nonqualified plans	12a S	See instructions for box 12
TEST N B	LOWNAPART		13 Statutory Retmnt. Third-party sick pay	12b	
781 WATERLOO WAY				S S	
NAPOLEON	MI	49261	14 Other	12c	
				CO	
				12d	
				COO	•
f Employee's address and ZIP code			·		
	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local inc	ome tax	20 Locality name
Π β84759	11,500	805			,
Ware and Tay					

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

FORMS REQUIRED: FORM 1040A, SCH 1, FORM PMT

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

DIRECT DEBIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MAPLE

DOB: 04-15-1986

DISABLED: NO

DAYTIME PHONE: 201-555-1111 BLIND: NO

SSN: 400-00-1005

OCCUPATION: TREE TRIMMER

PRES ELEC FUND: YES

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEEPING WILLOW LN

AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE

LINE 6d: 0

SCHEDULE 1:

PART I:

LINE 1: FIRST SECURITY

6500

MONEY BANK (TAX EXEMPT)

1000

PART II:

LINE 5: DOW SMITH (NON-QUALIFIED) 3000

FORM PAYMENT: ACH DEBIT

RTN: 012345672

ACCT #: 1234000000 TYPE OF ACCT: CHECKING AMOUNT OF PAYMENT: 10

REQUESTED PAYMENT DATE: 04-15-2005

TAXPAYERS DAYTIME PHONE NUMBER: 201-555-1111

TYPE OF FORM BEING FILED: 1040A

SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: A
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19821

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 16500
PRIMARY DATE OF BIRTH: 04-15-1986
TAXPAYER SIGNATURE DATE: 03-21-2005

ETD TRANSMISSION:

FORM 9465:

LINE 3: (201) 555-1003; 10:00PM

LINE 4: (201) 555-1111; (no ext); 9:00AM

LINE 5: FIRST SECURITY

21 MAIN ST

AUDUBON NJ 08106-0021

LINE 6: OAKLEYS YARD AND GARDEN

87 KUDZU CENTER AUDUBON NJ 08106

LINE 7: FORM 1040A

LINE 8: 2004

LINE 9: 54

LINE 10: 10

LINE 11: 26

LINE 12: 1

LINE 13(a): 012345672 LINE 13(b): 1234000000 ACCOUNT TYPE: CHECKING

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Form			tment of the Treasury - Int										
1040A		U.S	5. Individual	Income	Tax	Return	(99)	2004	IRS Use	e Only -	Do not wri	te or staple in this :	space.
Label	П	Your fi	irst name and initial		Las	st name			· · · · · · · · · · · · · · · · · · ·		ОМВ	No. 1545-008	5
(See page 17.)	L									You	r social se	curity number	
	B	TES:	ГО			MAPLE				40	0-00	-1005	
	E	If a join	nt return, spouse's first na	ame and initial	Las	st name				Spc	use's soci	ial security number	,
Use the IRS label.	-								,				
	H	Home	address (number and stre	eet). If you have a	P.O. box,	see page 18.			Apt. no.	A	İr	nportant!	
Otherwise, please print	R	7842	2 WEEPING	MITTOM	LN							-	_
or type.	E	City, to	own or post office, state, a	and ZIP code. If y	ou have a	foreign address	, see page 20.			1		must enter you SN(s) above	ur
	L	AUDI	UBON				NJ	08106-7	7842			O11(0) above	
Presidential													
Election Camp	aign		Note. Checking "Y	es" will not cl	hange y	our tax or re	duce your r	efund.		_	You	Spouse	_
(See page 18.)		<u> </u>	Do you, or your sp	ouse if filing a	i joint re	turn, want \$	3 to go to th	nis fund?	<u></u>	X	/es	No Yes	No
Filing		<u> </u>	X Single					Head of ho	usehold (with qu	alitying į	person). (S	See page 19.)	
status		2	Married filing joint	tly (even if onl	y one ha	ad income)			fying person is a hild's name here		not your o	dependent,	
Observation and the		3	Married filing separate	ly. Enter spouse's	SSN abo	ove and						······································	
Check only one box.			full name here.					5 Qualifyir	ng widow(er) n	with de	penden	t child (see pa	ge 19)
Exemptions		6 a		someone can	claim y	ou as a dep	endent, do	not check				Boxes checked on	
				ox 6a.								6a and 6b	0
		b	Spouse			· · · · · · · · · · · · · · · · · · ·		, m D-		MCha	ck if qual-	No. of children on 6c who:	
***			Dependents:				ependent's soc curity number	relatio	pendent's onship to	Lifvina	child for	● lived with	
f more (1) han six	First na	ame	,	Last name					you	(see	ax credit pg. 21)	you	
dependents, see page 19.				· · · · · · · · · · · · · · · · · · ·					··· ·· <u></u> , _* <u>.</u> .		 	 did not live with you due 	
											 -	to divorce or separation	
							· · · · · · · · · · · · · · · · · · ·		·		 	(see page 20)	
										ļ	봄	Dependents on 6c not	
											井—	entered above	
 						l	· · · · · · · · · · · · · · · · · · ·			L	Ц		
		ď	Total number of e	xemptions cla	imed.							Add numbers on lines above	0
Income		7	Wages, salaries, 1	ting ata Atta	h Corm	(a) M/ (a)							400
Attach		<u>'</u>	wayes, salanes,	ups, etc. Atlac	ai roiiii	(5) 44-2.			······································		7	4,	400
Form(s) W-2		8a	Taxable interest.	Attach School	ula 1 if :	roquirod					0-	,	
here. Also attach		ь	Tax-exempt inter					8b	1,00	0	8a	6,	500
Form(s)	٠	9 a	Ordinary dividend					OD	1,00	<u> </u>	9a		000
1099-R if tax		b	Qualified dividend			ii roquirou.		9b	···	····	Ja	·	000
was withheld.		10	Capital gain distrit						······································		10		
If you did not		11a	IRA				1	1b Taxable a	mount				
get a W-2, see			distributions.	11a			•	(see page			11b		
page 22.		12a	Pensions and				1	2b Taxable a					·
Enclose, but do			annuities.	12a			•	(see page			12b	•	
not attach, any payment.			——————————————————————————————————————									<u></u>	
payment.		13	Unemployment co	mpensation a	ınd Alas	ka Permane	ent Fund div	ridends.			13		
		14a	Social security					4b Taxable a	mount			······	
			benefits.	14a				(see page	25).		14b		
												····	
		15	Add lines 7 throug	h 14b (far rigi	nt colum	n). This is ye	our total in	come.		>	15	13,	900
Adjusted		16	Educator expense	es (see page 2	26).			16				" "" " " " " " " " " " " " " " " " " "	
gross		17	IRA deduction (se	e page 26).				17					
income		18	Student loan intere	est deduction	(see pa	ge 29).		18					
		19	Tuition and fees de	eduction (see	page 29	9).		19					
		20	Add lines 16 throu	gh 19. These	are you	ır total adjus	stments.				20		
		21	Subtract line 20 fro	om line 15. Th	is is you	ur adjusted	gross inco	ome.		•	21	13.	900

Form

EIN

Phone no.

Form 1040A (2004)

use only

yours if self-

employed), address, and ZIP code

a Control number		OMB No. 1545-00	Safe, accurate, PAST! Use irs e-	-file	Visit the IRS website at www.irs.gov.
b Employer identification number		-	1 Wages, tips, other compensation	2 Fe	deral income tax withheld
22-2244661			1,200	1	480
C Employer's name, address, and ZIP co	ode		3 Social security wages	4 Sc	cial security tax withheld
TREE TOPPERS IN	NC		1,200		74
-			5 Medicare wages and tips	6 M	edicare tax withheld
783 CHRISTMAS TI	REE DRIVE		1,200		17
AUDUBON	NJ	08106	7 Social security tips	8 AI	ocated tips
d Employee's social security number $400-00-1005$			9 Advance EIC payment	10 D	ependent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	12a Se	ee instructions for box 12
TEST O	MAPLE		13 Statutory Retmnt. Third-party sick pay	12b	
7842 WEEPING WI	LLOW LN			S S	
AUDUBON	NJ	08106-7842	14 Other	12c	<u> </u>
6 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				12d & 8	
f Employee's address and ZIP code	he o	47	10	<u> </u>	00
5 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local in	come tax	20 Locality name
J 22130	1,200	04			
Wago and Tr					

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 1545-00	Safe, accurate, FAST! Use irs e-	-file Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld
22-3355771			3,200	500
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
OAKLEYS YARD AND G	ARDEN		3,200	198
			5 Medicare wages and tips	6 Medicare tax withheld
87 KUDZU CENTER			3,200	46
AUDUBON	NJ	08106	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-1005$			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	12a See instructions for box 12
TEST O MAP: 7842 WEEPING WILLO			13 Statutory Retmnt. Third-party sick pay	12b
AUDUBON	ŊJ	08106-7842	14 Other	12c 6 8
				12d 6 8
f Employee's address and ZIP code				
15 State Employer's state I.D. no. 16 S	ate wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name
NJ 07543917	3,200			

Form W-2 Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

FORMS REQUIRED: FORM 1040A, SCH 1, SCH 3

INFORMATION RETURNS ATTACHED: FORM 1099-R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 40: 500

FORM 1040A, LINE 46: 125

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 100

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST P BARRELL

DOB: 06-18-1937

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1006

OCCUPATION: RETIRED

PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: NZ

ADDRESS: 25000 HAM AND BACON JUNCTION

PIG TOWN, MD 21230

FILING STATUS: QUALIFYING WIDOW(ER) LINE 6d: 2

YEAR SPOUSE DIED: 2003

DEPENDENT INFORMATION:

AGE SSN RELATIONSHIP # MO CHILD TAX CR NAME

19 400-55-3006 FOSTERCHILD 12 ROLAND BARRELL

SCHEDULE 1:

PART I:

LINE 1: BEST SAVINGS 6000

FORTUNE BANK 4000

SCHEDULE 3:

PART I:

LINE 1: X

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 700

LINE 6: 0

Form		Departr	nent of the Treasury - Int	emai Revenue Sen	vice							•
1040A		U.S	. Individual	Income 1	Tax Ret	urn (99)	2	004 IRS U	se Only - E	o not writ	e or staple in this	space.
Label		Your fin	st name and initial		Last name	9				ОМВ	No. 1545-008	5
(See page 17.)	L				İ				Your	social se	curity number	
	В :	rest				RRELL		· · · · · · · · · · · · · · · · · · ·	40	<u>0 - 0 0</u>	-1006	
Use the	E	If a join	t return, spouse's first na	me and initial	Last name	9			Spor	ıse's soci	al security number	r
IRS label.	١١	11				- 40						
Otherwise,	H		address (number and stre	• •		-		Apt. no.		In	nportant!	
please print	R		O HAM AND wn or post office, state, a				20		4	You	must enter yo	ur
or type.			TOWN	and zir code. II you	nave a loreign			1020		S	SN(s) above.	
Presidential		216	TOMM			MD		1230	ل		······································	
Election Campa	ian		Note. Checking "Y	/ee" will not che	ngo vour ta	y or roduce you	ır zofuu	nd	v	·	C	,
(See page 18.)	g.,		Do you, or your sp			-			- X Y	ou oc	Spouse No Yes	_
		1	Single	ouse ir illing a j	Oirit leturii,	Wall \$5 to go to	4	Head of household (with q				No
Filing status		2	Married filing joint	lv (even if only	one had inc	come)	٠,١	If the qualifying person is a	child but			
Status		3	Married filing separate	• •		•		enter this child's name her	e .			
Check only		- L	full name here.	,,			5	X Qualifying widow(er)	with de	nenden	child (see na	ne 10)
one box.							Ł		200	•	· or ma (occ pa	go 10)
Exemptions		6 a	X Yourself. If	someone can o	aim you as	a dependent,	lo not	check			Boxes	
Excliptions				ox 6a.		•				>	checked on 6a and 6b	1
		b	Spouse								No. of children	
		c	Dependents:	-		(2) Dependent's	social	(3) Dependent's		k if qual-	on 6c who:	
f more (1) F	irst na	me		Last name		security numb	oer	relationship to you	I child ta	x credit og. 21)	lived with you	1
than six dependents, ROL	ANI)	BARRELL	ı		400-55-	300	6FOSTERCHILI			• did not live	
see page 19.											with you due to divorce or	
											separation (see page 20)	
			·								Dependents	
]	on 6c not entered above	
][
											Add numbers	
		d	Total number of e	xemptions clair	ned.						on lines above	2
Income		_										
Attach .		7	Wages, salaries,	ips, etc. Attach	Form(s) W	-2.		·		7		
Form(s) W-2		0 -	Tavabla interest	Attack Oaksala						_		
here. Also		8a	Taxable interest.							8a	10,	000
attach Form(s)		<u> </u>	Tax-exempt inter					8b				
1099-R if tax		b	Ordinary dividend Qualified dividend			uirea.		9b		9a		
was withheld.		10	Capital gain distrit					30		10		
If you did not		11a	IRA	sationio (occ pa	go zoj.		11b	Taxable amount		10		
get a W-2, see			distributions.	11a			• • • •	(see page 23).		11b	2	500
page 22.		12a	Pensions and				12b	Taxable amount		110	4,	300
Enclose, but do			annuities.	12a				(see page 24).		12b	4	500
not attach, any					······································			(000 p=30 = 1).			<u> </u>	300
payment.		13	Unemployment co	mpensation an	d Alaska Pe	ermanent Fund	divide	nds.		13		
		14a	Social security				14b	Taxable amount				
			benefits.	14a				(see page 25).		14b		
										*		
		15	Add lines 7 throug	ıh 14b (far right	column). Ti	his is your total	incor	ne.	•	15	17,	000
Adjusted		16	Educator expense	s (see page 26	3).			16				
gross		17	IRA deduction (se	 				17				
income		18	Student loan interes	est deduction (s	see page 29)).		18				
_		19	Tuition and fees d	eduction (see p	age 29).			19				
		20	Add lines 16 throu	gh 19. These a	re your tot a	l adjustments				20		
				•							,	
		21	Subtract line 20 fro				come		•	21	17,	000
For Disclosure,	Priva	acy Ac	t, and Paperwork	Reduction Act	Notice, se	e page 56.		EEA			Form 1040	

		2005 estimated tax.			46		125			
mount	47	Amount you owe. Subtract line 43 from	line 38. For details	on ho	w			_		
ou owe		to pay, see page 50.					1	> 4	47	•
	48	Estimated tax penalty (see page 50).			48		***************************************			· · · · · · · · · · · · · · · · · · ·
hird party	Do y	ou want to allow another person to discuss this return	with the IRS (see page	51)?		X Yes.	Complete the f	ollowi	ng.	No
esignee		gnee's name DHN DOE		Phone ►88			Personal ident			11122
ign ere bint return?	knov of pr	er penalties of perjury, I declare that I have examined to wledge and belief, they are true, correct, and accurately eparer (other than the taxpayer) is based on all informa- signature	y list all amounts and so	urces o rer has	f income I receive	tements, ar ed during th	nd to the best one tax year. De	f my clarat	ion	Daytime phone number
ee page 18.) 			F	RETIRED)				
eep a copy r your cords.	Spor	use's signature. If a joint return, both must sign.	Date	Sp	ouse's occupatio	on				
aid	Prep signa	arer's ature			Date		Check if self-	П		Preparer's SSN or PTIN
reparer's se only	your	's name (or s if self- oyed),							EIN Phor	ne no.
:A	 ZIP o	ess, and Poode						_1		Form 1040A (2004)

P p u

	CORRE	ECTED (if ch	ecke	1)		
PAYER'S name, street address, city, state,	and ZIP code	1 Gross distribu	tion	OMB No. 1545-0119	Per	istributions From sions, Annuities,
OUR SHARE BANK &	TRUST	2a Taxable amou		2004		Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
72 MARKET PLACE		\$ 2,	500	Form 1099-R		
PIG TOWN	MD 21230-7272	_	_	Total	_	Сору В
		not determine		distribution		Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (in in box 2a)	cluded	4 Federal income tax withheld		income on your Federal tax return. If this
52-7754541	400-00-1006	\$		\$		form shows Federal income
RECIPIENT'S name		5 Employee contr or insurance pi	ibutions emiums	6 Net unrealized appreciation in employer's securities		tax withheld in box 4, attach this copy to
TEST P BARRELL		\$		\$		your return.
Street address (including apt. no.)		7 Distribution Code	IRA/ SEP/ SIMPLE	8 Other		This information is
25000 HAM AND BA	CON JUNCTION	7	X	\$	%	being furnished to the Internal
City, state, and ZIP code		9a Your percenta total distribut	age of	9b Total employee contribu	tions	Revenue Service.
PIG TOWN	MD 21230		%	\$		
Account number (optional)		10 State tax with	held	11 State/Payer's state no.		12 State distribution
		\$		MD		\$
		\$				\$
		13 Local tax with	held	14 Name of locality		15 Local distribution
		\$				\$
		\$				\$
Form 1099-R				Department of t	he Treasury - I	nternal Revenue Service

	COF	RECIED (II Checke	u <i>j</i>		
PAYER'S name, street address, city, state,	and ZIP code	1 Gross distribution	OMB No. 1545-0119	Per	distributions From sions, Annuities, Retirement or
WECAN DUETTE LOB	BYISTS	\$ 4,500 2a Taxable amount	2004		Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
1000 BUCKS ST		\$ 4,500	Form 1099-R		Contracts, etc.
PIG TOWN	MD 21230	2b Taxable amount not determined	Total distribution	7	Сору В
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld		Report this income on your Federal tax return. If this
52-9081726	400-00-1006	\$	\$	200	form shows Federal income
RECIPIENT'S name		5 Employee contributions or insurance premiums	Net unrealized appreciation in employer's securities		tax withheld in box 4, attach this copy to
TEST P BARRELL		\$	\$		your return.
Street address (including apt. no.)		7 Distribution SEP/ Code SIMPLE	8 Other		This information is
25000 HAM AND BA	CON JUNCTION	7	\$	%	being furnished to the Internal
City, state, and ZIP code PIG TOWN	MD 21230	9a Your percentage of total distribution %	9b Total employee contributions	ons	Revenue Service.
Account number (optional)		10 State tax withheld	11 State/Payer's state no.		12 State distribution
		\$			\$
		13 Local tax withheld	14 Name of locality	W.4.	15 Local distribution
		\$			\$
		\$			\$

CORRECTED (if checked)

Form 1099-R

Department of the Treasury - Internal Revenue Service

FORMS REQUIRED: FORM 1040A, FORM 8880

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 9a: 200

FORM 1040A, LINE 9b: 100

FORM 1040A, LINE 10: 2500

FORM 1040A, LINE 13: 200

FORM 1040A, LINE 16: 250

FORM 1040A, LINE 17: 2000

FORM 1040A, LINE 19: 1250

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T BEHAVIOR

DOB: 01-01-1965

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1007

OCCUPATION: COUNSELOR

PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: YJ

ADDRESS: 1215 LONG ST

MORGAN, GA 31766

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 1
HOH QUALIFYING NAME: DARRELL BEHAVIOR SSN: 400-55-3007

NOTE: DEPENDENT LIVED WITH TAXPAYER BUT IS CLAIMED ON SPOUSES RETURN FOR THE

EXEMPTION

DIRECT DEPOSIT: NAME OF INSTITUTION: FIRST SAVINGS BANK

RTN: 012456778

ACCT #: 111-222-5555 TYPE OF ACCT: CHECKING

FORM 8880:

LINE 1: 2000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 750

LINE 6: 0

Form	Departme	nt of the Treasury - In	temal Revenue S	ervice								
1040A	U.S.	Individual	Income	Tax Retu	I rn (99)	20)04	IRS Use	Only - Do no	ot write o	or staple in this s	space.
abel	Your first	name and initial		Last name					0	MB N	o. 1545-008	5 ,
	L										nity number	
· -	A TEST	T	· · · · · · · · · · · · · · · · · · ·		HAVIOR				400-	00-	1007	
	E If a joint r	etum, spouse's first na	ame and initial	Last name					Spouse's	social :	security number	•
lse the								T				
RS label.	e l	dress (number and str	eet). If you have a	a P.O. box, see pag	je 18.			Apt. no.		lm	portant!	
therwise, lease print	R [1215	LONG ST	· · · · · · · · · · · · · · · · · · ·					<u> </u>	,	You m	ust enter yo	ur
r type.	T	n or post office, state,	and ZIP code. If y	ou have a foreign a						SSI	N(s) above.	
Ĺ	MORGA	7N			GA	31	1766		J			
Presidential									V		0	
Election Campai		Note. Checking "						_	You		Spouse	~
See page 18.)		Do you, or your sp	oouse if filing	a joint return, w	ant \$3 to go to			· · · · · · · ·		X No		No
Filing		Single				4 2		usehold (with qu fying person is a				
status		Married filing join	itly (even if on	ly one had inco	•	T T	enter this o	hild's name here		-		2007
	لسا	Married filing separate	ely. Enter spouse	s SSN above and	DARRE		BEHAV				00-55-3	
Check only one box.		full name here.				5 [_ Qualityir	ng widow(er)	with deper	naent	cniia (see pa	ige 19)
Exemptions	6 a 2			n claim you as	a dependent, d e	o not	check			$\overline{1}$	Boxes checked on	
•	_		ох 6а.							P	6a and 6b	1
	b	Spouse					(9) De	nandont'o	(4)Check if		No. of children on 6c who:	
	c [Dependents:			(2) Dependent's security number			ependent's onship to	ifying child	d for	• lived with	
11010	rst name		Last name		Security number			you	child tax cr (see pg. 2	21)	you	
nan six ependents,									 		 did not live with you due 	
ee page 19.									 		to divorce or separation	
											(see page 20)	
							<u> </u>				Dependents on 6c not	
							<u> </u>		 		entered above	
					L		<u> </u>					
	d	Total number of	exemptions c	aimed.							Add numbers on lines above	1
Income			· · · · · · · · · · · · · · · · · · ·		0				7	,	12	,000
Attach	7	Wages, salaries,	ups, etc. Atta	ich Fonni(s) vv	-2.	·		 	<u>'</u>			, 000
Form(s) W-2	0	Taxable interest	Attach Caha	dula 1 if raquir	ad				88	2		
here. Also	8 a	Tax-exempt inte					8b				······································	
attach Form(s)	<u>b</u>	Ordinary dividen					00		98	a		200
1099-R if tax	9a b	Qualified dividen			ulleu.		9b	10		<u> </u>		200
was withheld.	10	Capital gain distr							10	n .	2	,500
		IRA	ibulions (see	page 20).		11b	Taxable a	amount				, , , , ,
If you did not get a W-2, see	. IIa	distributions.	11a				(see pag		11	lh		
page 22.	120	Pensions and	114			12b	Taxable					
	12a	annuities.	12a			1 1	(see pag		12	2b ·		
Enclose, but do not attach, any		annuiues.	120				(300 pag	O E-1/.				-
payment.	40	Unemployment of	amnanastian	and Alaska De	rmanont Fund (dividar	nde		13	3		200
	13		Ompensation	and Alaska i t	sindhenti did t	14b	Taxable	amount				200
	14a	Social security	140			ITW	(see pag		14	1h		
		benefits.	14a				(see pay	0 20).			· · · · · · · · · · · · · · · · · · ·	
	15	Add lines 7 throu	igh 14b (far ri	ght column). Ti	nis is your total	incon	ne.		_	15	14	,900
	16	Educator expens			***		16	25	50			
Adjusted	17	IRA deduction (s					17	2,00	00			
	1,7						4.0					
gross				n (see page 29	9),		18					
gross income	18	Student loan inte	rest deductio)).		18	1,25	50			
—	18 19	Student loan inte	erest deduction deduction (se	e page 29).				1,25		20	. 3	,500
~	18	Student loan inte	erest deduction deduction (se	e page 29).				1,25		20	. 3	,500

Qualifying	30	Credit for the elderly or the disabled. Attac	ch					
widow(er), \$9,700		Schedule 3.		30				
Head of	31	Education credits. Attach Form 8863.		31				
household, \$7,150	32	Retirement savings contributions credit. A	ttach			_		
		Form 8880.		32	58			
	33	Child tax credit (see page 35).		33		_		
	34	Adoption credit. Attach Form 8839.		34		_		
	35	Add lines 29 through 34. These are your t	total credits.			— 35		58
	36	Subtract line 35 from line 28. If line 35 is n		ter -0		36		
	37	Advance earned income credit payments	from Form(s) W-2.	**************************************		37		
	38	Add lines 36 and 37. This is your total tax	(.			▶ 38		(
	39	Federal income tax withheld from Forms V	N-2 and 1099.	39	750		······································	
	40	2004 estimated tax payments and amount						
If you have		applied from 2003 return.	-	40				
a qualifying L child, attach	41a	Earned income credit (EIC).		41a		-		
Schedule EIC.	_ <u></u> b	Nontaxable combat pay election. 41b				_		
	42	Additional child tax credit. Attach Form 88	12	42				
	43	Add lines 39, 40, 41a, and 42. These are		·		− 43		750
Deferred	44	If line 43 is more than line 38, subtract line		•				730
Refund	••	This is the amount you overpaid.	7 00 110111 till 10:			44		750
Direct	45a	Amount of line 44 you want refunded to	/OU			<u> </u>	 -	750
deposit?	⊳b	Routing 0 1 2 4 5 6 7 7	8 ► c Type	X Checking	Savings	408	1	/50
See page 49 and fill in	- 0	number 0 1 1 2 1 1 3 0 1 / /	10) - C Type	. [21] Checking	Savings			
45b, 45c,	►d	Account 1 1 1 - 2 2 2 -	5 5 5 5		7 .			
and 45d.	46	Amount of line 44 you want applied to yo		<u> </u>	<u> </u>			
	70	2005 estimated tax.	'ui					
A-mount	47		ino 39. Eor dotaile on	46 how				
Amount	4/	Amount you owe. Subtract line 43 from li	ine 36. For details or	ROW	ı			
you owe	40	to pay, see page 50.		40		<u>▶ 47</u>		
#1. f	48	Estimated tax penalty (see page 50).		48				
Third party		you want to allow another person to discuss this return v	· · · ·	ı.	Yes. Complete the f	ollowing.		X No
designee	Des	ignee's name	Ph	one no.	Personal iden	tification	г	
			<u> </u>		number (PIN)		<u> </u>	<u>.lll.</u>
Sign	Uno kno	ler penalties of perjury, I declare that I have examined th wiedge and belief, they are true, correct, and accurately	nis return and accompanyir list all amounts and source	ng schedules and stat es of income I receive	ements, and to the best of during the tax year. De	of my claration		
here		reparer (other than the taxpayer) is based on all informa-	tion of which the preparer I	nas any knowledge.	a a a a a a a a a a a a a a a a a a a	0.0.0.0.	1 -	
Joint return?	You	r signature	Date	Your occupation			Daytime ph	one number
See page 18.				COUNSEL	OR			
Keep a copy for your records.	Spo	use's signature. If a joint return, both must sign.	Date	Spouse's occupation	n .			
	Pre	parer's		Date	Check if self-		Preparer's S	SSN or PTIN
Paid		ature			employed		,	
preparer's		s's name (or				EIN		······································
use only		rs if self- ployed),			***************************************		one no.	
-	add	ress, and					211 3 110.	
	ZIP	code				[

2 Control number		OMB No. 1545-	Safe, accurate, 0008 FAST! Use irs e-	-file Visit the IRS website at www.irs.gov.
b Employer identification number $58-2243633$			1 Wages, tips, other compensation 12,000	2 Federal income tax withheld 750
© Employer's name, address, and ZIP MORGAN ELEMENTA			3 Social security wages 12,000	4 Social security tax withheld 744
1 MAIN ST		24744	5 Medicare wages and tips 12,000	6 Medicare tax withheld 174
MORGAN	GA	31766	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-1007$		<u> </u>	9 Advance EIC payment	10 Dependent care benefits
€ Employee's first name and initial	Last name		11 Nonqualified plans	12a See instructions for box 12
1215 LONG ST	BEHAVIOR		13 Statutory Retrint. Third-party sick pay	12b 8
MORGAN	GA	31766	14 Other	12c 8 8
f Employee's address and ZIP code				
State Employer's state I.D. no. A 5832524	16 State wages, tips, etc. 12,000	17 State income tax 3 7 5	18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name

Form W-2 Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

	·	

FORMS REQUIRED: FORM 1040, FORM 1310, FORM 4136, FORM 8880

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 8a: 290

FORM 1040, LINE 9a: 223 (NON-QUALIFIED)

FORM 1040, LINE 19: 3560 FORM 1040, LINE 25: 1000

STATEMENTS:

OTHER: FED/STATE TEST RETURN - FULL YEAR STATE RESIDENT

TAXPAYER HAS FORM 8332 FROM CUSTODIAL PARENT TO ATTACH TO RETURN

TAXPAYER DIED 10/15/2004

THIRD PARTY DESIGNEE: NAME: IMA LUCKYONE II

PHONE: 888-555-1212

PIN: 12345

PREPARED BY:

TAXPAYER: NAME: TEST M LUCKY

DOB: 02-15-1965

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1008 OCCUPATION: GROUNDSKEEPER

PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: LR

DISABLED: NO

ADDRESS: 13 WINNERS CIR

HORSE SHOE, NC 28742

			TES OTHER THAN N	ORTH CAROLINA	
REQUIRE	CHANGING STA	TE/ZIP ON F	ORMS 1040 AND W-	2 AS FOLLOWS:	
ALABAMA	AL 3642	.7	MONTANA	MT 59835	
ARKANSAS	AR 7165	55	NEBRASKA	NE 68123	
ARIZONA	AZ 8501	.4	NEW JERSEY	NJ 07066	
COLORADO	CO 8004	.5	NEW MEXICO	NM 87035	
CONNECTICUT	CT 0653	.1	NEW YORK	NY 13802	
DELAWARE	DE 1987	. · · · · · · · · · · · · · · · · · · ·	NORTH DAKOTA	ND 58504	
GEORGIA	GA 3005	55	OHIO	OH 45334	
HAWAII	HI 9680	9	OKLAHOMA	OK 73091	
IDAHO	ID 8338	88	OREGON	OR 97899	
ILLINOIS	IL 6279	4	PENNSYLVANIA	PA 17128	
INDIANA	IN 4601	.1	RHODE ISLAND	RI 02866	
IOWA	IA 5028	88	SOUTH CAROLINA		
KANSAS	KS 6610	9	UTAH	UT 84063	
KENTUCKY	KY 452	75	VERMONT	VT 05609	
LOUISIANA	LA 7174	<u>.</u> 9	VIRGINIA	VA 24611	
MARYLAND	MD 2141	.1	WEST VIRGINIA	WV 26161	
MICHIGAN	MI 4803	.7	WISCONSIN	WI 53424	
MISSISSIPPI	MS 3864	2	WASHINGTON	DC 20202	
MISSOURI	MO 6311	.1			

FILING STATUS: SINGLE

LINE 6d: 2

DEPENDENT INFORMATION:

NAME

AGE SSN

RELATIONSHIP # MO CHILD TAX CR

GOTTABE LUCKY

7 400-55-3008

SON

00

NOTE: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER NOTE 2: TAXPAYER DID NOT MEET QUALIFICATIONS FOR HEAD OF HOUSEHOLD

FORM 1310:

CALENDAR YEAR DECEDENT WAS DUE REFUND: 2004

NAME OF DECEDENT:

TEST M LUCKY

DATE OF DEATH:

10-15-2004

DECEDENT'S SSN:

400-00-1008

NAME OF PERSON CLAIMING REFUND:

JOHN M LUCKY

PERSON CLAIMING REFUND SSN:

400-55-1008

HOME ADDRESS:

13 WILLOW BRANCH

CITY, STATE, ZIP: HORSE SHOE, NC 28742

PART I:

LINE C: X

PART II:

LINE 1:

ИО

LINE 2(a): NO

LINE 2(b): NO

YES

LINE 3:

DATE CLAIM FOR REFUND WAS SIGNED: 10-15-2005

FORM 4136:

(a) (c)

LINE 1c: 03 560

FORM 8880:

LINE 1: 1000

ETD TRANSMISSION:

FORM 2688:

LINE 1: 10-15-2005

LINE 2: HAVE BEEN UNABLE TO COMPILE TAX RETURN DATA TIMELY DUE TO DEATH OF

TAXPAYER

LINE 3: YES

PIN: 22222

Department of the Treasury - Internal Revenue Service

Form 1040 (2004) TES	ST M LUCKY	400-00-1008 Page 2
Tax and	37	Amount from line 36 (adjusted gross income)	37 24,073
Credits	38a	Check You were born before January 2, 1940, Blind. Total boxes	
		if: Spouse was born before January 2, 1940, Blind. Schecked ▶ 38a]
Standard Deduction	_ b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here	
for	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39 4,850
People who	40	Subtract line 39 from line 37	40 19,223
checked any box on line	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	
38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33	6,200
who can be claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0	42 13,023
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972	1,596
All others:	44	Alternative minimum tax (see page 35). Attach Form 6251	44
Single or	45	Add lines 43 and 44	45 1,596
Married filing	46	Foreign tax credit. Attach Form 1116 if required 46	
separately, \$4,850	47	Credit for child and dependent care expenses. Attach Form 2441 47]
I	48	Credit for the elderly or the disabled. Attach Schedule R 48	
Married filing jointly or	49	Education credits. Attach Form 8863]
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 50 100	7
\$9,700	51	Child tax credit (see page 37)	1
Head of	52	Adoption credit. Attach Form 8839	1
household,	53	Credits from: a Form 8396 b Form 8859 53	7
\$7,150	54	Other credits. Check applicable box(es): a Form 3800	1 1 .
	,	b Form 8801 c Specify 54	
	55	Add lines 46 through 54. These are your total credits	55 1,100
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0 ▶	56 496
0.11-	57	Self-employment tax. Attach Schedule SE	57
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60	Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61
	62	Add lines 56 through 61. This is your total tax	62 496
Payments	63	Federal income tax withheld from Forms W-2 and 1099 63 800	
- ayments	64	2004 estimated tax payments and amount applied from 2003 return 64	1
If you have a	65a	Earned income credit (EIC) 65a	1
qualifying child, attach	_ ь	Nontaxable combat pay election ▶ 65b	1
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54) 66	
	67	Additional child tax credit. Attach Form 8812 67	1
	68	Amount paid with request for extension to file (see page 54) 68	1
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69 103	1 1
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70 903
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71 407
Refund	72a	Amount of line 71 you want refunded to you	72a 407
Direct deposit? See page 54	▶ b	Routing number X X X X X X X X X X X C Type: Checking Savings	
and fill in 72b,	▶ d	Account number X X X X X X X X X	
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax ▶ 73	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74
You Owe	75	Estimated tax penalty (see page 55)	
	Do yo		Complete the following. No
Third Party	-	ea's name	
Designee	- · · · ·	Personal identi LUCKYONE II 888-555-1212 number (PIN)	▶ 1 2 3 4 5
Sign	Underp	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of	
Here		hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	
Joint return?	Your si	gnature Date Your occupation	Daytime phone number
See page 17.		GROUNDSKEEPER	
Keep a copy	Spouse	's signature. If a joint return, both must sign. Date Spouse's occupation	
for your records.			
	Prepare	Date Chook if	Preparer's SSN or PTIN
Paid	signatu		٦
Preparer's	Firm's r	name (or EIN	.1-1
Use Only	•	self-employed),	
	address	s, and ZIP code Phone	3 no.

Form **1040** (2004)

a Control number		OMB No. 1545-	Safe, accurate, 0008 FAST! Use irs e-	file Visit the IRS website at www.irs.gov.
b Employer identification number $56-1234567$			1 Wages, tips, other compensation 21,000	2 Federal income tax withheld 800
c Employer's name, address, and ZIP code THOROUGHBRED FARM.	s S		3 Social security wages 21,000	4 Social security tax withheld 1,302
1 LICKSKILLET LAN	E NC	28742	5 Medicare wages and tips 21,000 7 Social security tips	6 Medicare tax withheld 3 0 5
d Employee's social security number $400-00-1008$			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial	Last name	The state of the s	11 Nonqualified plans	12a See instructions for box 12
TEST M LU 13 WINNERS CIR HORSE SHOE	CKY	28742	13 Statutory employee plan Sick pay 14 Other	12b 6 8 12c 6 8 12d 6
f Employee's address and ZIP code 5 State Employer's state I.D. no. 16	State wages, tips, etc. 21,000	17 State income tax 980	18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name

Form W-2 Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

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FORMS REQUIRED: FORM 1040, SCH A, FORM 2120

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 23: 250

STATEMENTS:

OTHER: SPOUSE ITEMIZES DEDUCTIONS

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST C ACAPPELLA SSN: 400-00-1009

DOB: 03-16-1968 DISABLED: NO

DAYTIME PHONE: 314-555-1008

OCCUPATION: TEACHER

PRES ELEC FUND: YES

BLIND: NO

SPOUSE: NAME: DUET ACAPPELLA

SSN: 400-00-2009

CHECK DIGITS FROM IRS LABEL: QQ

ADDRESS: 4 QUARTET CTR

SOLO, MO 65564

FILING STATUS: MARRIED FILING SEPARATELY LINE 6d: 2

DEPENDENT INFORMATION:

SSN AGE RELATIONSHIP # MO CHILD TAX CR NAME

12 400-55-3009 DAUGHTER 00 Х FORTISSIMO ARIA

NOTE: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER

SCHEDULE A:

LINE 5: 800

LINE 10: 1300

FORM 2120:

FOR CALENDAR YEAR: 2004

PERSON BEING CLAIMED: FORTISSIMO ARIA

INFORMATION FOR PERSON NOT CLAIMING CHILD: TRIO ARIA, 400-55-4009

3 KINGSTON TRIO ST SOLO, MO 65564

NOTE: ORIGINAL SIGNATURE MAINTAINED ON FILE SIGNATURE DATE: 12-31-2004

ETD TRANSMISSION:

FORM 9465:

LINE 3: (LEAVE BLANK)

LINE 4: (314)555-1008; EXT 1245; 8:00AM

LINE 5: NONE

LINE 6: SOLO CITY ORCHESTRA SOLO CENTER SUITE 420

SOLO, MO 65564

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 101

LINE 10: 21

LINE 11: 25

LINE 12: 1

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Form 1040		partment of the Treasury - Internal Revenue Service	turn	2004	(99) IRS Usi	o Only-Do not wi	te or staple in this space.	
Label	For	the year Jan. 1-Dec. 31, 2004, or other tax year beginning			, ending	, 20	OMB. No. 1545	
(See A		ame and initial	Last name			1	ial security number	
instructions B	TES'		ACAPPELL	7		40	0-00-1009	
on page 16.) E	if a joint ret	tum, spouse's first name and initial	Last name				social security number	
Use the IRS	Homo odde	ess (number and street). If you have a P.O. box, see page 16		·- ·			0-00-2009	
Otherwise, E		UARTET CTR	•		Apt. no.		Important!	
please print R or type.		or post office, state, and ZIP code. If you have a foreign addre	ess see nage 16				You must enter	
-1	SOL	·		55564	1	l	your SSN(s) above).
Presidential L Election Camp		Note. Checking "Yes" will not change you			~		0	
(See page 16.)	aign	Do you, or your spouse if filing a joint retu				You ► X Yes	Spouse	
1	Single				ehold (with qualifying per			No
Filing		ed filing jointly (even if only one had income)	th	e qualifying	person is a child but not	your dependent,	enter	
Status 3	_	d filing separately. Enter spouse's SSN above and full	tni ▶	s child's na	ame nere.			
Check only		► DUET ACAPPELLA	5 70	ualifying	widow(er) with dep	endent child (see page 17\	
	6 a	X Yourself. If someone can claim you as a d	ependent, do no	check b	ox 6a	endent onlid (Boxes checked	1
Exemptions			-p		on ou	` ' ' '	on 6a and 6b _	=
	b	Spouse					No. of children on 6c who:	
	c	Dependents:	(2) Dependent's		(3) Dependent's	(4) Check if	• lived with you	
	(1) First na	me Last name	social security numb	er	relationship to you	qualifying child for child tax credit (see pg18	did not live with	
If more than four	FORT	ISSIMO ARIA	400-55-30	09DZ		X	or separation	1
dependents, see							(see page 18)	
page 18.							Dependents on 6c not entered above	
							Add numbers on	
	d	Total number of exemptions claimed					lines above	2
_	7	Wages, salaries, tips, etc. Attach Form(s) W-2						
Income					· ***	7	26,2	250
Attach Form(s)	8a	Taxable interest. Attach Schedule B if require			• • • • • • • • •	8a		
W-2 here. Also		Tax-exempt interest. Do not include on line 8		8b				
attach Forms W-2G and	9a	Ordinary dividends. Attach Schedule B if requ			• • • • • • • • •	9a		
1099-R if tax	b	Qualified dividends (see page 20)		9b				
was withheld.	10	Taxable refunds, credits, or offsets of state an		-		10		
If you did not	11 12	Alimony received				11		
get a W-2,	13	Business income or (loss). Attach Schedule C				12	·····	
see page 19.	- 14	Capital gain or (loss). Attach Schedule D if req	· ·			. 13		·
Enclose, but do	15a	Other gains or (losses). Attach Form 4797 . IRA distributions 15a		1		<u> </u>	·	
not attach, any	16a	Pensions and annuities 16a		7.	able amount (see pag			
payment. Also, please use	17	Rental real estate, royalties, partnerships, S co	omorations trusts		able amount (see pag tach Schodulo E			
Form 1040-V.	18	Farm income or (loss). Attach Schedule F					***	
•	19							
	20a				able amount (see pag			
	21	Other income.		_	(pu)	,024,		
•						21		
	22	Add the amounts in the far right column for line	s 7 through 21. T	his is yo	ur total income	> 22	26,2	250
	23	Educator expenses (see page 26)		23	· 25	0	<u>'</u>	
Adjusted	24	Certain business expenses of reservists, performing artists,	and					
Gross		fee-basis government officials. Attach Form 2106 or 2106-E	z	24				
Income	25	IRA deduction (see page 26)		25				
	26	Student loan interest deduction (see page 28)		26				
	27	Tuition and fees deduction (see page 29)		27				
	28	Health savings account deduction. Attach Form		28				
	29	Moving expenses. Attach Form 3903		29				
	30	One-half of self-employment tax. Attach Sched		30				
	31	Self-employed health insurance deduction (see		31				
	32	Self-employed SEP, SIMPLE, and qualified pla		32	······································			
	33	Penalty on early withdrawal of savings						
	34a 25			34a				
	35 36	Add lines 23 through 34a						250
	<u> </u>	Subtract line 35 from line 22. This is your adjust	rea gross incom	те		. ▶ 36	26,0	100

Form 1040 (2004)

a Control number		OMB No. 1545	Safe, accurate, -0008 FAST! Use irs e-	-file Visit the IRS website at www.irs.gov.
b Employer identification number 43 - 7685943			1 Wages, tips, other compensation 26,250	Pederal income tax withheld 1,200
c Employer's name, address, and ZIP code SOLO CITY ORCHESTRA			3 Social security wages 26,250	4 Social security tax withheld 1,628
SOLO CENTER SUITE 42			5 Medicare wages and tips 26,250	6 Medicare tax withheld 381
SOLO	MO	65564	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-1009$			9 Advance EIC payment	10 Dependent care benefits
Employee's first name and initial	ast name		11 Nonqualified plans	12a See instructions for box 12
TEST C ACAPI 4 QUARTET CTR	PELLA		13 Statutory Retmint. Third-party sick pay	12b
SOLO	MO	65564	14 Other	12c 08 12d 08
f Employee's address and ZIP code				
5 State Employer's state I.D. no. 16 State IO 43918273	wages, tips, etc. 26,250	17 State income tax 800	18 Local wages, tips, etc. 19 Local inc	20 Locality name

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

FORMS REQUIRED: FORM 1040A, SCH EIC, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 19:

FORM 1040A, LINE 37: 412 (FROM FORM W-2)

FORM 1040A, LINE 41b: 2000 (COMBAT PAY)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JANE SMITH

PHONE: 123-456-7890

PIN: 34567

PREPARED BY:

TAXPAYER: NAME: TEST U PHROZINTOWES SSN: 400-00-1010

DOB: 06-12-1968

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

OCCUPATION: CLERICAL

PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: IA

ADDRESS: 1832 NORTH POLE LN

COLDFOOT, AK 99701

FILING STATUS: HEAD OF HOUSEHOLD

LINE 6d: 4

DEPENDENT INFORMATION:					
NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
JESSICA LEE	15	400-55-3010	DAUGHTER	12	X
TAMMY TY	11	400-55-4010	FOSTERCHILD	12	X
SAMMY PHROZINTOWES	7	400-55-5010	SON	12	Х

SCHEDULE EIC:

(CHILD 2) (CHILD 1) LINE 1: SAMMY PHROZINTOWES TAMMY TY LINE 2: 400-55-5010 400-55-4010

1993 LINE 3: 1997

FOSTERCHILD LINE 5: SON

LINE 6: 12

FORM 4868:

LINE 4: 412

ETD TRANSMISSION:

LINE 5: 5,335

LINE 6: 0

COMBAT ZONE Form Department of the Treasury - Internal Revenue Service 1040A U.S. Individual Income Tax Return 2004 IRS Use Only - Do not write or staple in this space. OMB No. 1545-0085 Your first name and initial Label Your social security number (See page 17.) A B TEST U PHROZINTOWES 400-00-1010 If a joint return, spouse's first name and initial Last name E Spouse's social security number Use the IRS label. Home address (number and street). If you have a P.O. box, see page 18. Apt. no. Important! Otherwise. 1832 NORTH POLE LN please print You must enter your Е City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. or type. SSN(s) above. 99701 OLDFOOT AK Presidential You **Election Campaign** Note. Checking "Yes" will not change your tax or reduce your refund. Spouse Do you, or your spouse if filing a joint return, want \$3 to go to this fund? • • • • • • ▶ X Yes Yes (See page 18.) No Single 1 4 X Head of household (with qualifying person). (See page 19.) Filing If the qualifying person is a child but not your dependent, 2 Married filing jointly (even if only one had income) status enter this child's name here. 3 Married filing separately. Enter spouse's SSN above and Check only Qualifying widow(er) with dependent child (see page 19) full name here. one box. 6 a |X | Yourself. If someone can claim you as a dependent, do not check Boxes checked on 6a and 6b **Exemptions** Spouse b No. of children (4)Check if qual-ifying child for child tax credit (see pg. 21) c Dependents: (3) Dependent's (2) Dependent's social lived with you relationship to security number 3 (1) First name Last name you dependents, JESSICA LEE 400-55-3010DAUGHTER did not live X with you due to divorce or separation see page 19. TAMMY TY 400-55-4010FOSTERCHILD X 400-55-5010 SON PHROZINTOWES X SAMMY (see page 20) Dependents on 6c not entered above Add numbers Total number of exemptions claimed. Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 10,650 Attach Form(s) W-2 8 a Taxable interest. Attach Schedule 1 if required. 8a here. Also b Tax-exempt interest. Do not include on line 8a. 8b attach Form(s) 9a Ordinary dividends. Attach Schedule 1 if required. 9a 1099-R if tax Qualified dividends (see page 22). 9b b was withheld. 10 Capital gain distributions (see page 23). 10 IRA 11b Taxable amount 11a If you did not get a W-2, see distributions. 11a (see page 23). 11b page 22. 12a Pensions and 12b Taxable amount Enclose, but do annuities. 12a (see page 24). 12b not attach, any payment. 13 Unemployment compensation and Alaska Permanent Fund dividends 13 14a 14b Taxable amount Social security benefits. 14a (see page 25) 14b 15 Add lines 7 through 14b (far right column). This is your total income. 15 10,650

Adjusted
gross
income

16 Educator expenses (see page 26). 16
17 IRA deduction (see page 26). 17
18 Student loan interest deduction (see page 29). 18
19 Tuition and fees deduction (see page 29). 19 250
20 Add lines 16 through 19. These are your total adjustments.

21 Subtract line 20 from line 15. This is your adjusted gross income.

20

250

Name(s) shown on	page 1		Your socia		•
TEST U P.	HROZ	INTOWES	400	<u>0-00</u>	-1010
	22	Enter the amount from line 21 (adjusted gross income).		22	10,400
Tax,					
credits,	23a	Check You were born before January 2, 1940, Blind Total boxes		Ī.	
and		if: Spouse was born before January 2, 1940, Blind checked ▶ 23a	,		
payments				<u>L</u>	
	b	If you are married filing separately and your spouse itemizes deductions, see page 30 and check here	,		
Standard Deduction		deddonorio, ddo pago dd arre droar	<u>'</u>		7 150
for -	24	Enter your standard deduction (see left margin).		24	7,150
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25	3,250
checked any box on line	26	If line 22 is \$107,025 or less, multiply \$3,100 by the total number of			
23a or 23b or who can be		exemptions claimed on line 6d. If line 22 is over \$107,025, see the			
claimed as a		worksheet on page 32.		26	12,400
dependent, see page 30.	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0			· · · · · · · · · · · · · · · · · · ·
All others:	21	This is your taxable income.	•	27	0
Single or				28	0
Married filing separately,	28	Tax, including any alternative minimum tax (see page 31).			
\$4,850	29	Credit for child and dependent care expenses.			
Married filing		Attach Schedule 2. 29			
jointly or Qualifying	30	Credit for the elderly or the disabled. Attach			
widow(er), \$9,700		Schedule 3. 30			
Head of	31	Education credits. Attach Form 8863. 31			
household,	32	Retirement savings contributions credit. Attach			
\$7,150	-	Form 8880. 32			
	22	Child tax credit (see page 35).			
	33	Office tax order (ode page de).			
	34	Adoption creat. 7 titaen 1 cm eses.		25	
	35	Add lines 29 through 34. These are your total credits.		35	
	36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0		36	0
	37	Advance earned income credit payments from Form(s) W-2.		37	412
	38	Add lines 36 and 37. This is your total tax.		38	412
	39	Federal income tax withheld from Forms W-2 and 1099. 39 1, 0	65		
	40	2004 estimated tax payments and amount			
If you have		applied from 2003 return. 40			
a qualifying L	41a	Earned income credit (EIC). 41a 4, 3	00		
Schedule EIC.	b	Nontaxable combat pay election. 41b 2,000			
	42		85		
	43	Add lines 39, 40, 41a, and 42. These are your total payments.		43	5,650
	44	If line 43 is more than line 38, subtract line 38 from line 43.			
Refund		This is the amount you overpaid.		44	5,238
Direct	450	Amount of line 44 you want refunded to you.		45a	5,238
deposit?	45a			100	3,230
See page 49	▶b	Routing X X X X X X X X X X X X X X S Savings			
and fill in 45b, 45c,	▶d	Account VVVVVVVVVVVVVVVVV			·
and 45d.		number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			•
	46	Amount of line 44 you want applied to your			
		2005 estimated tax. 46			
Amount	47	Amount you owe. Subtract line 43 from line 38. For details on how			
you owe		to pay, see page 50.	<u> </u>	47	
,	48	Estimated tax penalty (see page 50). 48			
Third party	Do	you want to allow another person to discuss this return with the IRS (see page 51)?	plete the fol	lowing.	No
designee		Phone no	onal identif	ication	
designee		ANE SMITH ▶123-456-7890 num	ber (PIN))	3 4 5 6 7
	Lin	der penalties of periury. I declare that I have examined this return and accompanying schedules and statements.	and to the	best of r	ny
Sign	kno	owledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.	the tax ye	ar. Decla	ration
here		Date Vour occupation		1	Daytime phone number
Joint return? See page 18.	Yo	ur signature CLERICAL			
Keep a copy	b –				
for your	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation		-	· · · · · · · · · · · · · · · · · · ·
records.	<u> </u>				
		parts 3	eck if self-	一 	Preparer's SSN or PTIN
Paid			ployed		
preparer's		m's name (or urs if self-		EIN	
use only	em	ployed),		Phon	e no.
		dress, and			
EEA					Form 1040A (2004)

a Control number	Safe, accurate, irs e-file Visit the IRS v at www.irs.go	
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax w	
38-9391949	10,650	.,065
C Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax wi	thheid
PHRIEZ, EYCICKLE, AND GLACIER	10,650	660
, ===	5 Medicare wages and tips 6 Medicare tax withhele	đ
21 APPEAL ST	10,650	154
KANATA ONTARIO K2K1X-3	7 Social security tips 8 Allocated tips	
d Employee's social security number	9 Advance EIC payment 10 Dependent care bender 412	efits
400-00-1010		oox 12
e Employee's first name and initial Last name	Nonqualified plans 12a See instructions for t	1,500
TEST U PHROZINTOWES	13 Statutory Retmnt. Third-party 12b School X	
1832 NORTH POLE LN	140	
COLDFOOT AK 997	. 8	
	12d 8	
f Employee's address and ZIP code	e	
15 State Employer's state I.D. no. 16 State wages, tips, etc. 17 State	te income tax 18 Local wages, tips, etc. 19 Local income tax 20 Localit	y name
MI 382461 10,650	480	

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 1545-000	Safe, accurat FAST! Use	e, irs _{e-1}	file	Visit the IRS website at www.irs.gov.
b Employer identification.number		1	Wages, tips, other com	pensation	2	Federal income tax withheld
01-1234567						
C Employer's name, address, and ZIP code		3	Social security wages		4	Social security tax withheld
US MILITARY			2	,000	ļ	124
		5	Medicare wages and ti	ps	6	Medicare tax withheld
101 SW WASHINGTON ST			2	,000		29
WASHINGTON	DC 20	044 7	Social security tips		8	Allocated tips
d Employee's social security number		9	Advance EIC payment		10	Dependent care benefits
400-00-1010		11	Nonqualified plans		12a	See instructions for box 12
e Employee's first name and initial La	ast name	'	Nonqualilled plans		Q	
1001 0	INTOWES	1:	Statutory Retmnt.	Third-party sick pay	12b 8	1
1832 NORTH POLE LN	70.00	701	4 Other		12c	
COLDFOOT	AK 99		Q 2000		S S S S S S S S S S S S S S S S S S S	
					12d 60 8	tion 3 days of the department of the control of the
f Employee's address and ZIP code				, 		
5 State Employer's state I.D. no. 16 State AK 234567	wages, tips, etc. 17 Sta	ate income tax 18	Local wages, tips, etc.	19 Local inc	come t	ax 20 Locality name

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

TEST # 11

4FORMS REQUIRED: FORM 1040, SCH EIC, FORM 2106, FORM 4137, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (15)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: EIC WAS DENIED IN 2003

DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T HUNTER

DOB: 03-16-1968 DISABLED: NO

DAYTIME PHONE: 205-555-1020 BLIND: NO

SSN: 400-00-1011

OCCUPATION: MUSICIAN

PRES ELEC FUND: NO

CHECK DIGITS FROM IRS LABEL: RY

ADDRESS: 1234 LUKE THOMAS BLVD

OUINTON, AL 35130

FILING STATUS: SINGLE

LINE 6d: 1

DIRECT DEPOSIT: NAME OF INSTITUTION: MOUNTAIN STATE BANK

RTN: 053111674

ACCT #: 123-444-5678 TYPE OF ACCT: CHECKING

SCHEDULE EIC:

(CHILD 1)

LINE 1: DEERE HUNTER

LINE 2: 400-55-3011

LINE 3: 1994

LINE 5: SON

LINE 6: 12

NOTE: ALTHOUGH DEERE HUNTER LIVED WITH TAXPAYER 12 MONTHS, HE IS BEING CLAIMED AS A DEPENDENT ON ANOTHER'S RETURN. ALSO, TEST HUNTER DID NOT

MEET THE REQUIREMENTS FOR HEAD OF HOUSEHOLD FILING STATUS.

FORM 2106:

NAME: TEST T HUNTER SSN: 400-00-1011

OCCUPATION: MUSICIAN

LINE 4: 625

NOTE: TAXPAYER IS A QUALIFIED PERFORMING ARTIST

FORM 4137:

NAME: TEST T HUNTER

SSN: 400-00-1011

NAME OF EMPLOYER: MUSIC ROW CONCERTS CONCERT 2

LINE 1: 500

FORM 8862:

PART I:

LINE 1: 2004

LINE 2: NO

LINE 3: NO

PART III:

LINE 6a: 365

LINE 8a: 1234 LUKE THOMAS BLVD

QUINTON, AL 35130

LINE 9: NO

ETD TRANSMISSION:

FORM 4868:

LINE 4: 787

LINE 5: 2717

LINE 6: 0

Form 1040 (200	4)TES	ST T HUNTER	T	-00-1011 Page 2
	37	Amount from line 36 (adjusted gross income)	37	15,325
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1940, Blind. I checked ▶38a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here		
Deduction	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) · ·	39	4,850
for	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	10,475
People who]	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		<u> </u>
checked any box on line	41	line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · ·	41	3,100
38a or 38b or who can be			-	
claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- · ·	42	7,375
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	749
1	44	Alternative minimum tax (see page 35). Attach Form 6251 • • • • • • • • • • • • • • • • • • •	44	
All others:	45	Add lines 43 and 44 • • • • • • • • • • • • • • • • • •	45	749
Single or Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46		
separately,	47	Credit for child and dependent care expenses. Attach Form 2441 • • • • 47		
\$4,850	48	Credit for the elderly or the disabled. Attach Schedule R 48		
Married filing	l l	Education credits. Attach Form 8863 · · · · · · · · 49	1	
jointly or Qualifying	49		-	
widow(er),	50	Retilement savings contributions croat.	- 1	
\$9,700	51	Child tax credit (see page 37)	- 1	
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · · 52	4	
household,	53	Credits from: a Form 8396 b Form 8859 · · · · 53		
\$7,150	54	Other credits. Check applicable box(es): a Form 3800		
	J	b Form 8801 c Specify · · · · · 54		
	55	Add lines 46 through 54. These are your total credits	55	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	749
	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	
Other		Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	38
Taxes	58		59	
Idaes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •		
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	61	•
	62	Add lines 56 through 61. This is your total tax	62	787
	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 422	10.12	
Payments	1 64	2004 estimated tax payments and amount applied from 2003 return • • • • 64	1 1	
If you have a	65a	Earned income credit (EIC) · · · · · · · · · · · · 65a 2, 295	1 1	
qualifying	·	N. I. A. P.	1 1	
child, attach Schedule EIC.	Ь			
Concadio Eio.	66	Excess social security and tier 1 1/1/1/4 day withheld (see page 54)	- 1	
	67	Additional child tax ordate / ttaoin t on to the	-	
	68	Amount paid with request for extension to file (see page 54) • • 68	1 1	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69]	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments · · · · · · · · ·	70	2,717
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • • •	71	1,930
Refund	72a	Amount of line 71 you want refunded to you	72a	1,930
Direct deposit?	▶ b	Routing number 0 5 3 1 1 1 6 7 4 Checking Savings		
See page 54 and fill in 72b,	▶ d	Account number 1 2 3 - 4 4 4 - 5 6 7 8		
72c, and 72d.				
	73	Afficult of life 71 you want approve by your 2000 commence and	74	
Amount			'*	
	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	2390323	
You Owe	75	Estimated tax penalty (see page 55) · · · · · · · · · · · 75		- Ab - Sallar : Janlar
	75	Estimated tax penalty (see page 55) · · · · · · · · · · 75	Complet	te the following.
Third Party	75 Do y	Estimated tax penalty (see page 55) · · · · · · · · · · · 75		e the following. X No
	75 Do y	Estimated tax penalty (see page 55)		te the following. X No
Third Party Designee	75 Do y Desig ▶	Estimated tax penalty (see page 55)	tification e best of	my knowledge and
Third Party Designee Sign	75 Do y Desig ▶	Estimated tax penalty (see page 55)	tification e best of	my knowledge and
Third Party Designee Sign Here	Do y Desig	Estimated tax penalty (see page 55)	tification e best of	my knowledge and
Third Party Designee Sign Here Joint return?	Do y Desig	Estimated tax penalty (see page 55)	tification e best of	my knowledge and has any knowledge.
Third Party Designee Sign Here	75 Do y Desig	Estimated tax penalty (see page 55)	tification e best of	my knowledge and has any knowledge. Daytime phone number
Third Party Designee Sign Here Joint return? See page 17. Keep a copy for your	75 Do y Desig	Estimated tax penalty (see page 55)	tification e best of	my knowledge and has any knowledge.
Third Party Designee Sign Here Joint return? See page 17. Keep a copy	75 Do y Desig	Estimated tax penalty (see page 55)	e best of preparer	my knowledge and has any knowledge. Daytime phone number 205-555-1020
Third Party Designee Sign Here Joint return? See page 17. Keep a copy for your records.	75 Do y Desig Under belief Your Spour	Estimated tax penalty (see page 55)	e best of preparer	my knowledge and has any knowledge. Daytime phone number
Third Party Designee Sign Here Joint return? See page 17. Keep a copy for your records. Paid	75 Do y Desig	Estimated tax penalty (see page 55)	e best of preparer	my knowledge and has any knowledge. Daytime phone number 205-555-1020
Third Party Designee Sign Here Joint return? See page 17. Keep a copy for your records. Paid Preparer's	75 Do y Desig Under belief Your Spou	Estimated tax penalty (see page 55)	e best of preparer	my knowledge and has any knowledge. Daytime phone number 205-555-1020
Third Party Designee Sign Here Joint return? See page 17. Keep a copy for your records. Paid	75 Do y Desig Under belief Your Spour	Estimated tax penalty (see page 55)	e best of preparer	my knowledge and has any knowledge. Daytime phone number 205-555-1020
Third Party Designee Sign Here Joint return? See page 17. Keep a copy for your records. Paid Preparer's	75 Do y Desig Under belief Your Spour	Estimated tax penalty (see page 55)	e best of preparer	my knowledge and has any knowledge. Daytime phone number 205-555-1020

a Control number		OMB No. 1545-000	Safe, accurate FAST! Use	irs e-1	file	Visit the IRS website at www.irs.gov.
b Employer identification number		1	Wages, tips, other comp		2	ederal income tax withheld
63-1234561			1	, 690		192
C Employer's name, address, and ZIP code		3	Social security wages		4 :	Social security tax withheld
SOUTH SEA CONCERTS CO	ONCERT 1		<u>1</u>	<u>,690</u>		105
,		. 5	Medicare wages and tip		6 1	Medicare tax withheld
123 JAMES STREET			. 1_	<u>,690</u>		25
QUINTON	AL 351	130	Social security tips		8 ,	Allocated tips
d Employee's social security number		(Advance EIC payment		10	Dependent care benefits
400-00-1011						
e Employee's first name and initial La	st name	11	Nonqualified plans		12a	See instructions for box 12
TEST T HUNTER 1234 LUKE THOMAS BLV		1:	3 Statutory Retmnt. semployee plan	hird-party sick pay	12b C 0	1
QUINTON DEVI		130	4 Other		12c	
					12d 6 8	
f Employee's address and ZIP code					Grade.	
• •	wages, tips, etc. 17 Stat	te income tax 18	Local wages, tips, etc.	19 Local inc	come ta	20 Locality name
AL 63123	1,090					
		-			,	

2004

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use	^{irs} e-f	ile a	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compe	nsation	2 Fede	eral income tax withheld
63-1234562				775		50
C Employer's name, address, and ZIP code			3 Social security wages	ŀ	4 Soci	al security tax withheld
MUSIC ROW CONCERTS	CONCERT 2			775		48
			5 Medicare wages and tips		6 Med	licare tax withheld
123 JAMES STREET				775		11
QUINTON	AL 35	5130	7 Social security tips		8 Alloc	cated tips
2020-		1				500
d Employee's social security number			9 Advance EIC payment		10 Dep	endent care benefits
400-00-1011						
e Employee's first name and initial	Last name		11 Nonqualified plans		12a See	instructions for box 12
TEST T HUNT	ER VD		13 Statutory Retmnt. The sic	rd-party k pay	12b	
IZO1 HOLL INVINCE -		5130	14 Other	<u> </u>	12c	· ,
QUINTON	AL 30	,130	• Other		CODE	
					12d .0 .0	
f Employee's address and ZIP code					ē	
	ate wages, tips, etc. 17 Si	tate income tax	18 Local wages, tips, etc.	Local inc	ome tax	20 Locality name
AL 63123	775	244				
1				-		

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 1	Safe, accurate, FAST! Use irs e	-file at	isit the IRS website www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2 Feder	al income tax withheld
63-1234563			1,440	+	<u></u>
C Employer's name, address, and ZIP co	de		3 Social security wages	4 Socia	I security tax withheld
MUSIC ROW CONCERT	S CONCERT 3	3	1,440		89
			5 Medicare wages and tips	6 Medic	care tax withheld
123 JAMES STREET			1,440		21
QUINTON	AL	35130	7 Social security tips	8 Alloca	ated tips
d Employee's social security number $400-00-1011$			9 Advance EIC payment	10 Depe	ndent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans		nstructions for box 12
Employee's last harne and linear				Sign	
TEST T HU 1234 LUKE THOMAS	NTER		13 Statutory Retmnt. Third-party sick pay	12b G	
QUINTON	AL	35130	14 Other	12c & g	
				12d S Q	
f Employee's address and ZIP code					ik di kara Kalès I.
	6 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local i	ncome tax	20 Locality name
L 63123	1,440	7	4		
1					
	- 412				

2004

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use	^{irs} e-fi	Visi i le at v	t the IRS website www.irs.gov.
b Employer identification number			1 Wages, tips, other compe		2 Federal	income tax withheld
63-1234564			1,	970		20
C Employer's name, address, and ZIP code	,	ŀ	3 Social security wages		4 Social s	ecurity tax withheld
	ONCERT 4	1	1,	970		122
			5 Medicare wages and tips		6 Medicar	e tax withheld
123 JAMES STREET			1,	970		29
QUINTON	AL 35	130	7 Social security tips		8 Allocate	d tips
d Employee's social security number			9 Advance EIC payment		10 Depend	ent care benefits
400-00-1011			44	-	12a See ins	ructions for box 12
Employee's first name and initial L	ast name		11 Nonqualified plans		g	
TEST T HUNTE			13 Statutory Retmnt. The side of the state o	nird-party ck pay	12b 8	
1234 LUKE THOMAS BLV			44		12c	***************************************
QUINTON	AL 35	130	14 Other		8	
					12d C 0	
f Employee's address and ZIP code						
	wages, tips, etc. 17 St	ate income tax	18 Local wages, tips, etc.	9 Local inc	ome tax	20 Locality name
AL 63123	1,970	173				
			5			Internal Payenge Sanda

2004

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use irs e-	Visit the IRS website file at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld
63-1234565			1,585	40
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
MUSIC ROW CONCERTS	CONCERT 5	:	1,585	98
			5 Medicare wages and tips	6 Medicare tax withheld
123 JAMES STREET			1,585	23
QUINTON	AL 35	5130	7 Social security tips	8 Allocated tips
d Employee's social security number		-	9 Advance EIC payment	10 Dependent care benefits
400-00-1011		<u>,</u>		12a See instructions for box 12
e Employee's first name and initial	Last name		11 Nonqualified plans	C See Instructions for box 12
TEST T HUN	TER		13 Statutory Retmnt. Third-party sick pay	12b g
1234 LUKE THOMAS B	LVD			8
QUINTON		3130	14 Other	12c
				12d
f Employee's address and ZIP code				B
5 State Employer's state I.D. no. 16	State wages, tips, etc. 17 S	tate income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
AL 163123	1,585	111		

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 154	Safe, accurate, FAST! Use irs		Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation		leral income tax withheld
63-1234566 © Employer's name, address, and ZIP code MUSIC ROW CONCERTS	CONCERT 6		3 Social security wages 1,700 5 Medicare wages and tips	4 Soc	cial security tax withheld
123 JAMES STREET QUINTON	AL	35130	7 Social security tips	1 -	cated tips
d Employee's social security number $400-00-1011$			9 Advance EIC payment		pendent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	12a See	e instructions for box 12
TEST T HUN 1234 LUKE THOMAS B QUINTON f Employee's address and ZIP code	TER LVD AL	35130	13 Statutory Retmnt. Third-pa sick pay		
	State wages, tips, etc.	17 State income tax 119	18 Local wages, tips, etc. 19 Local	il income tax	20 Locality name

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 1545-	Safe, accurate, 0008 FAST! Use irs e-	file	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation 1,400	2	Federal income tax withheld
63-1234567				4	,
C Employer's name, address, and ZIP code			3 Social security wages	"	Social security tax withheld
MUSIC ROW CONCERTS (CONCERT 7		1,400		87
·			5 Medicare wages and tips	6	Medicare tax withheld
123 JAMES STREET			1,400	<u> </u>	20
QUINTON	AL 35	5130	7 Social security tips	8	Allocated tips
d Employee's social security number $400-00-1011$			9 Advance EIC payment	10	Dependent care benefits
			11 Nonqualified plans	122	See instructions for box 12
Employee's first name and initial	Last name		· · Nonqualified plans	8]
TEST T HUNTI			13 Statutory Retmnt. Third-party sick pay	121 0	
QUINTON		5130	14 Other	12 8	
			·	12	d
				ğ	
f Employee's address and ZIP code	- 47 -		18 Local wages, tips, etc. 19 Local in	132/3	. 20
	e wages, tips, etc. 17 S		Local wages, tips, etc.	come	tax 20 Locality name
L 63123	1,400	98_			

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 1545-00	Safe, accurate, FAST! Use i	^{rs} e-file	Visit at ww	the IRS website vw.irs.gov.
b Employer identification number 63-1234568		1	1 Wages, tips, other compensa	ntion 2	Federal in	come tax withheld
C Employer's name, address, and ZIP code MUSIC ROW CONCERTS	CONCERT 8			00	Coolai Scc	urity tax withheld
123 JAMES STREET	^-			00	Teledicale	tax withheld
QUINTON	AL 35		7 Social security tips	8	,	
d Employee's social security number $400-00-1011$			9 Advance EIC payment	10		nt care benefits
e Employee's first name and initial	Last name	1	11 Nonqualified plans	CODE		ctions for box 12
TEST T HUN 1234 LUKE THOMAS B			13 Statutory Retmnt. Third- employee plan sick p	g		
QUINTON	AL 35	5130	14 Other	G	2c	
				1 coge	2d	
f Employee's address and ZIP code					<u> Maria di</u>	
5 State Employer's state I.D. no. 16 AL 63123	State wages, tips, etc. 17 State wages, tips, etc.	tate income tax 21	8 Local wages, tips, etc. 19 Lo	ocal incom	e tax	20 Locality name

2004

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use	^{irs} e-fil	Visit the IRS website le at www.irs.gov.
b Employer identification number 63-1234569	•		1 Wages, tips, other compens	sation 150	2 Federal income tax withheld
C Employer's name, address, and ZIP code	CONCERT 9		3 Social security wages	150	4 Social security tax withheld 28
123 JAMES STREET			5 Medicare wages and tips	150	6 Medicare tax withheld
QUINTON	AL 3	5130	7 Social security tips	,	8 Allocated tips
d Employee's social security number $400-00-1011$			9 Advance EIC payment		10 Dependent care benefits
	Last name		11 Nonqualified plans		12a See instructions for box 12
TEST T HUNTI 1234 LUKE THOMAS BLY QUINTON	/D	5130	13 Statutory employee plan Sick 14 Other	pay	12b 6 12c 6
E company	·				12d 8
f Employee's address and ZIP code 5 State Employer's state I.D. no. 16 State I.D. no.	te wages, tips, etc. 450	State income tax 31	18 Local wages, tips, etc. 19	Local inco	ome tax 20 Locality name

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 15	Safe, accurate, FAST! Use irs e.	Visit the IRS website file at www.irs.gov.
b Employer identification number 63-1234560			1 Wages, tips, other compensation 475	2 Federal income tax withheld
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS	CONCERT 1	.0	3 Social security wages 475	4 Social security tax withheld 2.9
123 JAMES STREET			5 Medicare wages and tips 475	6 Medicare tax withheld
QUINTON	AL	35130	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-1011$			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	12a See instructions for box 12
TEST T HUN 1234 LUKE THOMAS B	TER LVD		13 Statutory Retmnt. Third-party sick pay	ğ
QUINTON	AL	35130	14 Other	12c
				12d 68 8
f Employee's address and ZIP code				CONTROL OF THE PROPERTY OF THE
1 0.2	,	17 State income tax	18 Local wages, tips, etc. 19 Local in	ncome tax 20 Locality name
AL 63123	475		3	

2004

a Control number		OMB N	Safe, accurate, FAST! Use irs	-file	Visit the IRS website at www.irs.gov.
b Employer identification number 63-1234511			1 Wages, tips, other compensation 530		Federal income tax withheld
C Employer's name, address, and ZIP code MUSIC ROW CONCERTS	CONCERT 1	.1	3 Social security wages 530 5 Medicare wages and tips	4	Social security tax withheld 3
123 JAMES STREET QUINTON	AL	35130	7 Social security tips	1 -	Allocated tips
d Employee's social security number $400-00-1011$			9 Advance EIC payment	10	Dependent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	g g	See instructions for box 12
TEST T HUNT 1234 LUKE THOMAS BI QUINTON		35130	13 Statutory Retmnt. Third-party employee plan sick pay	121 12 12 12 12 12	c
f Employee's address and ZIP code 5 State Employer's state I.D. no. 16 State 63123	ate wages, tips, etc. 530	17 State income	tax 18 Local wages, tips, etc. 19 Local 37	ncome	tax 20 Locality name

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 1545-	Safe, accurate, FAST! Use ir	se-file	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensat	ion 2	Federal income tax withheld
63-1234512			1.10		20
C Employer's name, address, and ZIP code			3 Social security wages	4	Social security tax withheld
MUSIC ROW CONCERTS	CONCERT 12		1,10		68
			5 Medicare wages and tips	6	Medicare tax withheld
123 JAMES STREET			1,10		16
QUINTON	AL 3	35130	7 Social security tips	8	Allocated tips
d Employee's social security number $400-00-1011$			9 Advance EIC payment	10	Dependent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	12: 8	a See instructions for box 12
TEST T HUN 1234 LUKE THOMAS B QUINTON	LVD	35130	13 Statutory Retmnt. Third-sick pa	12 CO 00 e	ic
f Employee's address and ZIP code	State wages, tips, etc. 17	State income tax	18 Local wages, tips, etc. 19 Lo	cal income	e tax 20 Locality name
AL 63123	1,100	77			

2004

a Control number		OMB No. 1545-00	Safe, accurate, FAST! Use irs e-	Visit the IRS we at www.irs.gov.	
b Employer identification number 63-1234513			1 Wages, tips, other compensation 2.7.5	2 Federal income tax with	held
C Employer's name, address, and ZIP code MUSIC ROW CONCERTS	CONCERT 13		3 Social security wages 275 5 Medicare wages and tips	4 Social security tax withh	17
123 JAMES STREET QUINTON	AL 351		7 Social security tips	8 Allocated tips	4
d Employee's social security number $400-00-1011$			9 Advance EIC payment	10 Dependent care benefit	
e Employee's first name and initial TEST T HUNT 1234 LUKE THOMAS BI QUINTON	ZD	-	11 Nonqualified plans 13 Statutory Retmnt. Third-party sick pay 14 Other	12a See instructions for box ge 12b Gg 12c Gg 12c	
- Otato william	ate wages, tips, etc. 17 Sta	ate income tax 19	8 Local wages, tips, etc. 19 Local in	12d 8	ame
AL 63123	213				

2004

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use irs		Visit the IRS website at www.irs.gov.
b Employer identification number 63-1234514			1 Wages, tips, other compensation 98 (leral income tax withheld
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS	CONCERT 14		3 Social security wages 980)	sial security tax withheld
123 JAMES STREET QUINTON	AL 35	5130	5 Medicare wages and tips 980 7 Social security tips)	dicare tax withheld 14 cated tips
d Employee's social security number			9 Advance EIC payment	10 _{Del}	pendent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	12a See	e instructions for box 12
TEST T HUNT 1234 LUKE THOMAS BI QUINTON	.VD	5130	13 Statutory Retmnt. Third-par sick pay	12b 08 12c 08 12c 08	
f Employee's address and ZIP code) Š	
15 State Employer's state I.D. no. 16 St AL 63123	ate wages, tips, etc. 17 st	tate income tax	18 Local wages, tips, etc. 19 Local	I income tax	20 Locality name

Department of the Treasury-Internal Revenue Service

C Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 15 3 Social security wages 780 5 Medicare wages and tips 4 Social security tax withheld 6 Medicare tax withheld	a Control number	OME	Safe, accurate, FAST! Use irs e-	Visit the IRS website at www.irs.gov.
C Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 15 123 JAMES STREET QUINTON AL 35130 A Social security wages TREST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 A Social security wages TREST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 A Social security wages TREST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 A Social security wages TREST T HUNTER 13 Statutory Retrint. Third-party sick pay The state of the state o	b Employer identification number			
C Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 15 123 JAMES STREET QUINTON AL 35130 7 Social security wages 780 6 Medicare tax withheld 780 10 Dependent care benefits 780 11 Nonqualified plans TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 120 3 Social security wages 780 5 Medicare tax withheld 780 10 Dependent care benefits 11 Nonqualified plans 121 Statutory Retrunt. Third-party sick pay 122 See instructions for box 12 8 Allocated tips 13 Statutory Retrunt. Third-party sick pay 14 Other 14 Other 15 Medicare wages and tips 6 Medicare tax withheld 780 1 Medicare tax withheld 780 1 Nonqualified plans 10 Dependent care benefits 11 Nonqualified plans 124 See instructions for box 12 8 Medicare tax withheld 10 Dependent care benefits 11 Nonqualified plans 124 See instructions for box 12 8 Medicare tax withheld 10 Dependent care benefits 11 Nonqualified plans 125 Medicare wages and tips 126 Medicare tax withheld 18 Allocated tips 19 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 125 Medicare tax withheld 10 Dependent care benefits 11 Nonqualified plans 126 Medicare tax withheld 127 Medicare tax withheld 128 Medicare tax withheld 14 Other			780	20
MUSIC ROW CONCERTS CONCERT 15 123 JAMES STREET QUINTON AL 35130 7 Social security tips 6 Medicare tax withheld 780 1 To Social security tips 8 Allocated tips 1 Allocated tips 1 Nonqualified plans 1 Statutory Retrint. Third-party sick pay plan sick pay plan 1 Statutory Retrint. Third-party sick pay plan 1 Statutory Retrint. Third-party sick pay plan 1 O Dependent care benefits 1 Statutory Retrint. Third-party sick pay plan 1 Statutory Retrint. Third-party sick pay plan 1 O Dependent care benefits 1 Statutory Retrint. Third-party sick pay plan 1 O Dependent care benefits 1 Statutory Retrint. Third-party sick pay plan 1 O Dependent care benefits				Doolal coolanty tax than one
123 JAMES STREET QUINTON AL 35130 7 Social security tips 8 Allocated tips 4 00-00-1011 e Employee's first name and initial TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 5 Medicare wages and tips 780 7 Social security tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 employee plan 13 Statutory Retrint. Third-party sick pay 12b See instructions for box 12 employee plan 14 Other 14 Other	MUSIC ROW CONCERTS CO	NCERT 15	780	48_
QUINTON AL 35130 7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 400-00-1011 e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 8 13 Statutory Retrint. Third-party sick pay plan 12b genployee plan 12c genployee 14 Other 14 Other			,	- Wicalcare tax Willington
QUINTON AL 35130 9 Advance EIC payment 10 Dependent care benefits 400-00-1011 e Employee's first name and initial Last name 11 Nonqualified plans TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 14 Other 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 8	123 JAMES STREET			11
TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 Advance Lic payment 11 Nonqualified plans 12a See instructions for box 12 8	100 0	AL 35130	7 Social security tips	8 Allocated tips
400-00-1011 e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 11 Nonqualified plans 12a See instructions for box 12 8	d Employee's social security number		9 Advance EIC payment	10 Dependent care benefits
TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 11 Nonqualified plans 12 Set institutions for box 12 graphs and initial least name 13 Statutory Retrinit. Third-party sick pay 8 graphs and plans 14 Other 15 Other	• •			
TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130 13 employée plan sick pdy 8		name	11 Nonqualified plans	12a See instructions for box 12
QUINTON AL 35130 14 Other 8	IDDI I		13 Statutory Retmnt. Third-party sick pay	12b 8
QUINTON	1234 LUKE THOMAS BLV		44	12c
12d 60 8	QUINTON	AL 35130	14 Other	8
				12d 6 8
f Employee's address and ZIP code	f Employee's address and ZIP code	_		
15 State Employer's state I.D. no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name		ages, tips, etc. 17 State inco	me tax 18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
AL 63123 780 55				

Department of the Treasury-Internal Revenue Service

TEST # 12

FORMS REQUIRED: FORM 1040, SCH EIC, FORM 4970, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 19: 6000

FORM 1040, LINE 34a: 1200 SSN: 400-55-5012 FORM 1040, LINE 34a: 2000 SSN: 400-55-6012

FORM 1040, LINE 60: 500

FORM 1040, LINE 65b: 4525 (COMBAT PAY)

FORM 1040, LINE 73: 500

STATEMENTS: FORM 1040, LINE 34a, ALIMONY RECIPIENT STATEMENT

OTHER: FORM 1040, LINE 62: LITERAL: ADT 1215

REFUND ANTICIPATION LOAN

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST Z CANASTA

DOB: 03-01-1963 DISABLED: NO

DAYTIME PHONE #: 888-555-2222 BLIND: NO

SSN: 400-00-1012

OCCUPATION: DEALER PRES ELEC FUND: NO

CHECK DIGITS FROM IRS LABEL: PW

ADDRESS: % ROYAL FLUSH

12 OUEEN OF HEARTS BLVD BLACKJACK, MS 39759

FILING STATUS: HEAD OF HOUSEHOLD

LINE 6d: 3

DEPENDENT INFORMATION:

SSN RELATIONSHIP # MO CHILD TAX CR AGE

400-55-3012 SON 12 Х SAMUEL CANASTA 8 Х MARY CANASTA 12 12 400-55-4012 DAUGHTER

NAME OF INSTITUTION: SOUTHEAST NORTHWEST BANK DIRECT DEPOSIT:

RTN: 012344589

ACCT #: LOANXXXX400001012 TYPE OF ACCT: CHECKING

SCHEDULE EIC:

(CHILD 1)

(CHILD 2)

LINE 1: SAMUEL CANASTA

MARY CANASTA

LINE 2: 400-55-3012

400-55-4012

LINE 3: 1996

1992

LINE 5: SON **LINE 6:** 12

DAUGHTER 12

FORM 4970:

LINE C: SOLITAIRE TRUST FUND

64 W PARKWAY

MARIETTA GA 30303

LINE D: 58-4504244

LINE E: DOMESTIC

LINE F: 03-01-1963

LINE G: 1

PART I:

LINE 1: 12000

LINE 4: 620

LINE 6: 232

LINE 8: 5

LINE 11: 5

LINE 13:

(a) (b) (c) (d) (e)

12040 32150 31500 27200 37600

5096

PART II:

(a)

(b) (c)

LINE 17: 4694

4451

LINE 18: 4326

4729 4084

PREPARER NOTES:

PLEASE NOTE THAT THIS RETURN IS TO BE SENT TO THE CARE OF ROYAL FLUSH.

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1715

LINE 5: 5764

LINE 6: 0

4040	Depa	artment of the Treasury - Internal Revenue Sen S. Individual Income Tax	rice k Return 2	004	(99) IRS Us	e Only-F	not w	ite or staple in this sp	are
Form 1040		he year Jan. 1-Dec. 31, 2004, or other tax year		, 2004, e			, 20	OMB. No. 154	
Label լ		me and initial	Last name			,	Your soc	ial security number	
(See A	TEST	Z	CANASTA				400	0-00-1012	
instructions B on page 16.) E		ırn, spouse's first name and initial	Last name				Spouse's	social security numb	er
Use the IRS [Home addre	ess (nugnbergandystregt). If you trace P.O. box	, see page 16.		Apt. no	o.	_	Important!	A
Otherwise, E		UEEN OF HEARTS BLVD				=	— ,	You must enter	
please print R or type. E	City, town o	r post office, state, and ZIP code. If you have a	foreign address, see page 16.		•			your SSN(s) abov	e
Presidential	BLAC	KJACK		9759	,		V	0	
Election Camp	aign	Note. Checking "Yes" will not cha					You Yes	Spouse X No Yes	No
(See page 16.)	<u> </u>	Do you, or your spouse if filing a			hold (with qualifying				110
Filing 2	Single	d filing jointly (even if only one had inc	the the	ualifying phild's nan	erson is a child but	not your	depende	nt, enter	
Status 3	J			criiu s nan	ie liele.				
Check only		filing separately. Enter spouse's SSN above an	5 Qua	alifying v	vidow(er) with de	pender	nt child	(see page 17)	
one box. nar	ne here.	X Yourself. If someone can claim yo	ou as a dependent, do not	check t	ох ба		• 7	Boxes checked on 6a and 6b	1
Exemptions	;	-						No. of children	
	b	Spouse · · · · · · · · · · · ·		• • • •		100	•	on 6c who:	
	C	Dependents:	(2) Dependent's	_	(3) Dependent's relationship to	qualify	eck if ing child	 lived with you did not live with you due to divorce 	2
	(1) First nar		social security number		you	credit (see pg18	you due to divorce or separation	
If more than four	SAMUE		400-55-30			 	X	(see page 18)	· · · · · · · ·
dependents, see	MARY	CANASTA	400-55-40	IZIDA	UGHIEK			Dependents on 6c	
page 18.						 	H	not entered above	<u> </u>
		Total number of exemptions claimed		• • • •		••••	• • •	Add numbers on lines above	3
	7	Wages, salaries, tips, etc. Attach For							
Income	•	, , ,					7	10,	000
	. 8а	Taxable interest. Attach Schedule B	if required • • • • • •	• • • •		• • • •	8a		
Attach Form(s W-2 here, Also		Tax-exempt interest. Do not include		8b	·				
attach Forms	9a	Ordinary dividends. Attach Schedule		• • • •		• • • •	9a		
W-2G and 1099-R if tax	b	Qualified dividends (see page 20) •		9b			10		
was withheld.	10	Taxable refunds, credits, or offsets of	r state and local income ta	xes (sec	: page 20) • • •		11		
العربين المناسمة	11	Alimony received • • • • • • • • Business income or (loss). Attach So	chedule C or C-F7				12		
If you did not get a W-2,	12 13	Capital gain or (loss). Attach Schedu	le D if required. If not requ	ired, che	ck here		13		
see page 19.	14	Other gains or (losses). Attach Form					14		
Enclose, but do		IRA distributions 15a			ible amount (see		15b		
not attach, any payment. Also,		Pensions and annuities 16a			ible amount _{(see l}				
please use	17	Rental real estate, royalties, partners	hips, S corporations, trust	s, etc. /	Attach Schedule	E • • •	17		
Form 1040-V.	18	Farm income or (loss). Attach Scheo	dule F	• • • •		• • • •	18		000
	19	Unemployment compensation		1	ible amount (see		19 20b	0,	000
	20a	Social security benefits - • 20a		D Taxe	ible amount (see	page 24)	100		
	21	Other income.	,				21	!	
	22	Add the amounts in the far right colu	mn for lines 7 through 21.	This is y	our total incom	e · · Þ	22	16,	000
	23								
Adjusted	24	Certain business expenses of reservists, perfo	orming artists, and						
Gross		fee-basis government officials. Attach Form 2	106 or 2106-EZ	24					
Income	25	IRA deduction (see page 26) · · ·		25			4 1		
==	26	Student loan interest deduction (see		26			-		
	27	Tuition and fees deduction (see page		27			-		
	28	Health savings account deduction. A		28					
	29	Moving expenses. Attach Form 3903 One-half of self-employment tax. Atta		30			1		
	30 31	Self-employed health insurance dedu		31		······································	1		
	31	Self-employed SEP, SIMPLE, and qu		32			1		
	33	Penalty on early withdrawal of saving		33					
	34a	Alimony paid b Recipient's SSN▶	STATEMENT # 1	34a	3,2	00			
	35	Add lines 23 through 34a · · · ·				• • •	35		200
		Culting of line 25 from line 22. This is	war adjusted arese inco	ma			36	12.	800

Form 1040 (200	4)TES	ST Z CANASTA	400-	-00-1012 Page 2
	37	Amount from line 36 (adjusted gross income)	37	12,800
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1940, Blind. checked ▶38a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here		
Deduction for—		Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	7,150
	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	5,650
 People who checked any 	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · ·	41	9,300
who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- • •	42	0
claimed as a dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	0
see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251 • • • • • • • • • • •	44	
All others:	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	45	
Single or Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46		
separately,	47	Credit for child and dependent care expenses. Attach Form 2441	1 1	
\$4,850	1	Credit for the elderly or the disabled. Attach Schedule R 48	1 1	
Married filing	48	Education credits. Attach Form 8863 · · · · · · · · · · 49	1 1	
jointly or Qualifying	49	Retirement savings contributions credit. Attach Form 8880 · · · 50	- 1	
widow(er),	50		-	
\$9,700	51	Office tax order (ood page or)	- 1	
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · · 52	4 1	
household, \$7,150	53	Credits from: a Form 8396 b Form 8859 · · · 53	4 1	
•	54	Other credits. Check applicable box(es): a Form 3800		
		b Form 8801 c Specify 54		
	55	Add lines 46 through 54. These are your total credits	55	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	0
Other	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	
Taxes	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
IAXES	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59	
	60	Advance earned income credit payments from Form(s) W-2	60	500
	61	Household employment taxes. Attach Schedule H	61	•
	62	Add lines 56 through 61. This is your total tax ADT	62	1,715
Payments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 1,000		
	_64	2004 estimated tax payments and amount applied from 2003 return • • • • 64		
If you have a gualifying	65a	Earned income credit (EIC) · · · · · · · · · · · · 65a 4, 198		
child, attach	┌ b	Nontaxable combat pay election •• • 65b 4,525		
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54) • • • • 66		
	67	Additional child tax credit. Attach Form 8812 · · · · · · · 67 566		
	68	Amount paid with request for extension to file (see page 54) · · 68		
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69		
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments · · · · · · · · ·	70	5,764
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • •	71	4,049
Refund	72a	Amount of line 71 you want refunded to you	72a	3,549
Direct deposit? See page 54	▶ b	Routing number 0 1 2 3 4 4 5 8 9 C Type: X Checking Savings		
and fill in 72b,	▶ d	Account number		
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · ▶ 73 500		
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
You Owe	75	Estimated tax penalty (see page 55)		
	Do yo		omplete	the following. No
Third Party	•	nee's name Phone no. Personal ident	tifinatio-	
Designee	_	IN DOE ▶888-555-1111 number (PIN)	incation	► 1 1 1 2 2
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	e best of m	ny knowledge and
Here	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer h	as any knowledge.
Joint return?	Your s	ignature Date Your occupation		Daytime phone number
See page 17.		DEALER		
Keep a copy	Spous	e's signature. If a joint return, both must sign. Date Spouse's occupation		888-555-2222
for your records.				
	Prepar	rer's Date Check if	Prepa	arer's SSN or PTIN
Paid	signati		7	
Preparer's	Firm's	name (or EIN		
Use Only	yours i	if self-employed),		
	addres	ss, and ZIP code Phone	e no.	
FFA		<u>anno de la companya da la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de</u>		Form 1040 (2004)

	OMB No. 15	Safe, accurate, FAST! Use irs e-	Visit the IRS website at www.irs.gov.
		1 Wages, tips, other compensation 10,000	Federal income tax withheld
RBOAT		3 Social security wages 10,000 5 Medicare wages and tips	Social security tax withheld 620 Medicare tax withheld
MS	39759	7 Social security tips	8 Allocated tips
		9 Advance EIC payment 5 0 0	10 Dependent care benefits
		11 Nonqualified plans 13 Statutory Retmnt. Third-party sick pay	12a See instructions for box 12 g l
	39759	14 Other	12c 50 12d 50 12d
e wages, tips, etc. 17	State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
	ast name STA BLVD MS	MS 39759 Last name STA BLVD MS 39759	OMB No. 1545-0008 FAST! Use Irs e-

2004

a Control number			OMB No. 1545-0	Safe, accurat FAST! Use	e, irse-f	ile	Visit the IRS website at www.irs.gov.
b Employer identification number				1 Wages, tips, other com	pensation	2 Fed	leral income tax withheld
01-1234567							
C Employer's name, address, and ZIP code				3 Social security wages		4 Soc	cial security tax withheld
US MILITARY				4	,525		281
				5 Medicare wages and ti	•	6 Med	dicare tax withheld
101 SW WASHINGTON ST				4	,525		66
WASHINGTON	DC	200	44	7 Social security tips	•.	8 Allo	ocated tips
d Employee's social security number				9 Advance EIC payment		10 De	pendent care benefits
400-00-1012				11 Nonqualified plans		12a Se	e instructions for box 12
e Employee's first name and initial La	st name					e e	
TEST Z CANAST	ra			13 Statutory Retmnt.	Third-party sick pay	1 2b Տ	
12 QUEEN OF HEARTS BI	ΓΛD				1	ğ	* .
BLACKJACK	MS	397	59	14 Other		12c	
				Q 4525		ğ	
						12d 6	1
f Employee's address and ZIP code						J	
	wages, tips, etc.	17 State	income tax	18 Local wages, tips, etc.	19 Local inc	come tax	20 Locality name
					<u> </u>		
					ļ		
		l					

Department of the Treasury-Internal Revenue Service

TEST # 13

FORMS REQUIRED: FORM 1040A, SCH 2, FORM 8812, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 13: 1650

FORM 1040A, LINE 17: 1200

(TAXPAYER: 800, SPOUSE: 400)

STATEMENTS: FORM 1040, LINE 6c, DEPENDENT LISTING

SCH 2, LINE 1, CHILD CARE PROVIDERS

SCH 2, LINE 2, QUALIFYING PERSONS

OTHER: DIRECT DEPOSIT

IRA DISTRIBUTIONS RECEIVED IN 2001: 1800 (TAXPAYER)

1500 (SPOUSE)

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11112

PREPARED BY:

TAXPAYER: NAME: TEST U GRASS

DOB: 01-01-1954

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1013

OCCUPATION: CONSULTANT

PRES ELEC FUND: YES

BLIND: YES

SPOUSE: NAME: MAY B GRASS

DOB: 08-22-1959

DISABLED: NO

SSN: 400-00-2013

OCCUPATION: SALESPERSON

PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: XU

ADDRESS: 74131 FESCUE DR

SAINT THOMAS, VI 00802

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 8

DEPENDENT INFORMATION: NAME TIMOTHY GRASS MARY GRASS DAVID GRASS SUSAN GRASS PHILIP GRASS	AGE 4 6 8 10 12	SSN 400-55-3013 400-55-4013 400-55-6013 400-55-7013	RELATIONSHIP SON DAUGHTER SON DAUGHTER SON	# MO 12 12 12 12 12	CHILD TAX CR X X X X X
-	12	400-55-7013	SON	12	X
	14	400-55-8013	DAUGHTER	12	X

DIRECT DEPOSIT: NAME OF INSTITUTION: SAVINGS CREDIT UNION

RTN: 253174576 **ACCT #:** 06542153

TYPE OF ACCT: SAVINGS

SCHEDULE 2:

PART I:

LINE 1:

(a) (b) (c) (d) CHILDRENRUS 55 PLAY ST SAINT THOMAS VI 00802 02-7777777 400 SUSAN CAREGIVER FIRST ST NW SAINT THOMAS VI 00802 02-6789000 800 A CHILDS PLACE 16 LEARNING WAY SAINT THOMAS VI 00802 02-1245556 1940

PART II:

LINE 2:

(a) (b) (c)

TIMOTHY GRASS 400-55-3013 1040 (NOTE: TOTAL PAID 1340)
MARY GRASS 400-55-4013 700 (NOTE: TOTAL PAID 1000)
DAVID GRASS 400-55-5013 500 (NOTE: TOTAL PAID 800)

(NOTE: COLUMN C FOR EACH DEPENDENT IS ADJUSTED BY \$300 EACH OF EXCLUDED BENEFITS)

LINE 3: 2240

PART III:

LINE 14: 1000 LINE 15: 100

FORM 8863:

PART I:

LINE 1:

(a) (b) (c)
TEST U GRASS 400-00-1013 2000
MAY B GRASS 400-00-2013 1500

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 6138

LINE 6: 0

orm	Department of the Treasury - Internal Revenue Service		
040A	U.S. Individual Income Tax Return (99) 2004 IRS Use	Only - Do not write or stap	· · · · · · · · · · · · · · · · · · ·
abel	Your first name and initial Last name	OMB No. 154	
tee nage 17)	0000	Your social security nun	
B	TEST U GRASS	400-00-101	
E L	If a joint return, spouse's first name and initial	Spouse's social security 4 0 0 - 0 0 - 2 0 1	
se the	MAY B GRASS Home address (number and street). If you have a P.O. box, see page 18. Apt. no.		
therwise,	i ()	▲ Import	-
lease print	7 4131 FESCUE DR City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.	You must en SSN(s) ab	•
r type.	1	3314(s) at	ove.
	SAINT THOMAS VI 00802		
Presidential	Note. Checking "Yes" will not change your tax or reduce your refund.	You Sp	ouse
Election Campaig	Do you, or your spouse if filing a joint return, want \$3 to go to this fund? • • • • • •	X Yes No	res X No
See page 18.)	1 Single 4 Head of household (with qu	ualifying person). (See pag	e 19.)
iling	2 X Married filing jointly (even if only one had income) If the qualifying person is a enter this child's name her	a child but not your depende	ent,
tatus	3 Married filing separately. Enter spouse's SSN above and		
heck only ne box.	full name here. 5 Qualifying widow(er)	with dependent child (see page 19)
xemptions	6 a X Yourself. If someone can claim you as a dependent, do not check	Boxes checke 6a and	
	box 6a.	No. of c	
	b X Spouse c Dependents: (2) Dependent's social celationship to	(4)Check if qual- on 6c w	ho:
	security number	ifying child for child tax credit (see pg. 21) iiwed you	with 6
more (1) First	name Lastitutio	a did n	ot live
ependents,		with you to divor	ce or 1 dine
ee page 19.		separat (see pa	
		Depend	lents
		on 6c m	
		Add nu	
	d Total number of exemptions claimed.	on lines above	<u>8</u>
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	42,000
Attach	7 VVages, Salatios, tipo, oto. / titaer / otting/		
Form(s) W-2	8a Taxable interest. Attach Schedule 1 if required.	. 8a	
here. Also	b Tax-exempt interest. Do not include on line 8a. 8b		
attach Form(s)	9a Ordinary dividends. Attach Schedule 1 if required.	9a	
1099-R if tax	b Qualified dividends (see page 22). 9b		
was withheld.	10 Capital gain distributions (see page 23).	10	
f you did not	11a IRA 11b Taxable amount		
get a W-2, see	distributions. 11a (see page 23).	11b	,
page 22.	12a Pensions and 12b Taxable amount		
	12th Citolotto and	12b	
Enclose, but do	annuities. 12a (see page 24).	120	
not attach, any	annuities. 12a (see page 24).		
not attach, any	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends.	13	1,650
not attach, any	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security 14b Taxable amount	13	1,650
not attach, any	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends.		1,650
not attach, any	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security benefits. 14a (see page 25).	13 14b	
not attach, any	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security 14b Taxable amount (see page 25). 15 Add lines 7 through 14b (far right column). This is your total income.	13	
not attach, any payment.	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security	13 14b ► 15	
not attach, any payment. Adjusted	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security benefits. 14a (see page 25). 15 Add lines 7 through 14b (far right column). This is your total income. 16 Educator expenses (see page 26). 16 17 IRA deduction (see page 26). 17	13 14b ► 15	
not attach, any payment. Adjusted gross	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security	13 14b ► 15	
Enclose, but do not attach, any payment. Adjusted gross income	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security benefits. 14a Taxable amount (see page 25). 15 Add lines 7 through 14b (far right column). This is your total income. 16 Educator expenses (see page 26). 16 17 IRA deduction (see page 26). 17 1, 20 18 Student loan interest deduction (see page 29). 18 19 Tuition and fees deduction (see page 29). 19	13 14b 15 00	43,650
not attach, any payment. Adjusted gross	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security	13 14b ► 15	43,650
not attach, any payment. Adjusted gross	annuities. 12a (see page 24). 13 Unemployment compensation and Alaska Permanent Fund dividends. 14a Social security	13 14b 15 00	1,650 43,650 1,200 42,450

ZIP code

a Control number		OMB No. 154	Safe, accurate, FAST! Use irs e-	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld
02-9876543			24.500	900
C Employer's name, address, and ZIP of	ode		3 Social security wages	4 Social security tax withheld
LAST JOB INC			24,500	1,519
			5 Medicare wages and tips	6 Medicare tax withheld
97 WHEATLEY AVE			24,500	355
SAINT THOMAS	VI	00802	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-1013$			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	12a See instructions for box 12
TEST U GI 74131 FESCUE DR	RASS		13 Statutory Retmnt. Third-party sick pay	12b 60 8
SAINT THOMAS	VI	00802	14 Other	12c CO
				12d C
f Employee's address and ZiP code			·	
	16 State wages, tips, etc.		18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
I 02888	24,500	1,715		
l				

2004

a Control number			OMB No. 1545-00	Safe, accurat FAST! Use	te, irs e-f	file	Visit at w	the IRS website ww.irs.gov.
b Employer identification number		•		1 Wages, tips, other com	pensation	2	Federal i	ncome tax withheld
02-5689124				17	.500			. 550
C Employer's name, address, and ZIP code				3 Social security wages		4	Social se	curity tax withheld
SNODGRASS FEED AND	SEED			17	,500			1,085
				5 Medicare wages and ti	ips	6	Medicare	e tax withheld
1 PLANTATION ST				17	,500	<u> </u>		254
SAINT THOMAS	VI	008	02	7 Social security tips	•	8	Allocated	1 tips
d Employee's social security number $400-00-2013$		» 		9 Advance EIC payment	1	10	Depende	ent care benefits
e Employee's first name and initial	Last name		1	1 Nonqualified plans		12a	See instr	ructions for box 12
						ğ	1	
MAY B GRA	SS		1	3 Statutory Retmnt.	Third-party sick pay	12t		
74131 FESCUE DR						ğ		
SAINT THOMAS	VI	008	02	4 Other		120 00 00	.	
						120 CO 0	di	
f Employee's address and ZIP code								
	State wages, tips, etc.	17 State	income tax	Local wages, tips, etc.	19 Local inc	ome	tax	20 Locality name
7I ₀ 023456	17,500			2,000			10	BC
					<u> </u>			
					1			<u> </u>

Department of the Treasury-Internal Revenue Service

TEST # 14

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG 2, FORM 8615

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 600

FORM 1040, LINE 68: 109

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: PREPARER

PREPARED BY: ROBERT R ROBERTS (SELF-EMPLOYED)

ROBERTS ENTERPRISES

645 SALEM ST

NIXON, NV 89424

TAXPAYER: NAME: TEST D RICHARD SSN: 400-00-1014

DOB: 03-13-1991

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

OCCUPATION: STUDENT

SSN: 400-55-4014

EIN: 88-6868686 **PHONE:** 775-555-1313

PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: BT

ADDRESS: 94022 PATRICIA CT

HAPPY JACK, AZ 86024

FILING STATUS: SINGLE

LINE 6d: 0

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME AMOUNT FOREFATHERS BANK 1514

1514

PART II:

LINE 5:

PAYER NAME

AMOUNT

WIZE INVESTMENT

582 (NON-QUALIFIED)

PART III:

LINE 7a: NO

LINE 8: NO

SCHEDULE D:

PART I:

LINE 1: (a)

(a) (b) (c) (d) (e) 100 SHS WIZE 03-24-2004 06-02-2004 1000 1800

SCHEDULE E, PAGE 2:

PART III:

LINE 33A(a): LONG TIME GONE

LINE 33A(b): 04-5763211

LINE 33A(d): 5200

FORM 8615:

LINE A: RICHARD D RICHARD

LINE B: 400-55-3014

LINE C: MARRIED FILING JOINTLY

PART II:

LINE 6: 40100

LINE 7: 1620

,LINE 10: 5304

ETD TRANSMISSION:

FORM 56:

PART I:

NAME OF PERSON FOR WHOM YOU ARE ACTING:

IDENTIFYING NUMBER:

FIDUCIARY'S NAME:

CITY, STATE, ZIP: TELEPHONE NUMBER:

TEST D RICHARD 400-00-1014

ADDRESS OF PERSON FOR WHOM YOU ARE ACTING: 94022 PATRICIA CT CITY, STATE, ZIP:

HAPPY JACK, AZ 86024

RICHARD D RICHARD

ADDRESS OF FIDUCIARY: 94022 PATRICIA CT

HAPPY JACK, AZ 86024

987-654-3210

PART II:

LINE 1(b)1: X

LINE 1(b) 2: 05-15-2004

PART III:

LINE 2: ESTATE/TRUST

LINE 3: 1040

LINE 4: 2002 2003 2004

LINE 5: X

PART V:

NAME OF COURT:

US DISTRICT COURT, NINTH DISTRICT

ADDRESS OF COURT: 123 N SAN FRANCISCO ST, SUITE 200

CITY, STATE, ZIP: FLAGSTAFF, AZ 86001

DATE PROCEEDING INITIATED:

04-20-2004

DOCKET NUMBER OF PROCEEDING: 123AX

05-15-2004

DATE: TIME:

10:00 A.M.

PIN: 74125

SIGNATURE DATE: 04-15-2005

Form 1040	Dep	artment of the Treasury - Internal Revenue Service S. Individual Income Tax Re	turn 2	004	(99) IRS U	se Onlv-	Do not wri	ite or staple in this sp	ace.	
-om 1040		the year Jan. 1-Dec. 31, 2004, or other tax year beginnin		, 2004, e	1 1 1	,	, 20	OMB, No. 154		
Label լ 🙀		ame and initial	Last name				Your soci	al security number		
See A	TEST D RICHARD						400-00-1014			
51. page 1-1,		urn, spouse's first name and initial	Last name					social security numb	er	
Use the IRS		ess (number and street). If you have a P.O. box, see pag	10 16		Apt. n			Important!		
abel. H H Otherwise, E			je to.		7,00.11	·		•		
olease print _	9402	PATRICIA CT post office, state, and ZIP code. If you have a foreign	addross soo page 16		.,		-	ou must enter	_	
ortype. E C	-			6024		1	y	our SSN(s) abov	e	
Presidential	HAPE	PY JACK Note. Checking "Yes" will not change yo			 		You	Spouse		
Election Campa	ign	Do you, or your spouse if filing a joint re				. ▶ [Yes		No	
(See page 16.)	X Single				hold (with qualifying	person).		<u> </u>		
Filing 2		ed filing jointly (even if only one had income)		ualifying philid's nan	person is a child but	not your	depender	nt, enter		
Status 3		I filing separately. Enter spouse's SSN above and full	>	51111 4 0 114 11	10 110.0.					
Check only	e here.	>	5 Qua	lifying v	vidow(er) with de	pende	nt child	(see page 17)		
	6 a	Yourself. If someone can claim you as a	dependent, do not	check t	ох 6а • • • •		$\cdot \neg$	Boxes checked on 6a and 6b	0	
Exemptions								No. of children	•	
	b	Spouse · · · · · · · · · · · · · · · · · · ·					<u>•</u> .	on 6c who:		
_	C	Dependents:	(2) Dependent's		(3) Dependent's relationship to	laùálifv	neck if ing child	lived with you		
((1) First na	me Last name	social security number	r	you	for ch credit	ild tax (see pg18			
If more than four -						J		or separation (see page 18)		
dependents, see								Dependents on 6c		
page 18.					<u></u>			not entered above	····	
_							<u> </u>	Add numbers on lines above	0	
		Total number of exemptions claimed • • •						iiles above	U	
	7	Wages, salaries, tips, etc. Attach Form(s) W	I-Z				7			
Income	0.	Taxable interest. Attach Schedule B if requi	red			 .	8a	1 -	514	
Attach Form(s)	8a b	Tax-exempt interest. Do not include on line		8b					<u> </u>	
W-2 here. Also attach Forms	9a	Ordinary dividends. Attach Schedule B if re		• • • •			9a		582	
W-2G and	b	Qualified dividends (see page 20) • • • •		9b						
1099-R if tax was withheld.	10	Taxable refunds, credits, or offsets of state a	and local income ta	xes (see	page 20) · · ·		10			
	11	Alimony received	• • • • • • • •				11			
If you did not	12	Business income or (loss). Attach Schedule	C or C-EZ · · ·			• • •	12			
get a W-2, see page 19.	13	Capital gain or (loss). Attach Schedule D if r	equired. If not requi	red, che	eck here 🕨 · ·	• •	13	(800)	
ooo paga va	14	Other gains or (losses). Attach Form 4797					14			
Enclose, but do not attach, any	15a	IRA distributions • • • • 15a			ble amount (see		-			
payment. Also,	16a	Pensions and annuities • • 16a			ble amount (see	,,			200	
piease use Form 1040-V.	17	Rental real estate, royalties, partnerships, S Farm income or (loss). Attach Schedule F	corporations, trust	s, elc. A	Mach Schedule		18		200	
	18	Unemployment compensation • • • • • •					19			
	19 20a	Social security benefits - 20a			ble amount (see	page 24)	-			
	21	Other income.			(000	F-3 · /			····	
	**						21			
	22	Add the amounts in the far right column for	lines 7 through 21.	This is y	our total incom	e · ·)	22	6,	496	
	23			23						
Adjusted	24	Certain business expenses of reservists, performing ar	rtists, and							
Gross		fee-basis government officials. Attach Form 2106 or 21	106-EZ	24						
Income	25	IRA deduction (see page 26) · · · · · ·		25			4			
	26	Student loan interest deduction (see page 2	ľ	26			4 1			
	27	Tuition and fees deduction (see page 29) •		27			- 1			
	28	Health savings account deduction. Attach F		28			- 1			
	29	Moving expenses. Attach Form 3903 · · ·	1	30			- 4			
	30	One-half of self-employment tax. Attach Sch		31	***************************************		- 1			
	31	Self-employed health insurance deduction (self-employed SEP, SIMPLE, and qualified		32	······································					
	32	Penalty on early withdrawal of savings •••		33						
	33 34a	Alimony paid b Recipient's SSN▶		34a	<u></u>		† 1	•		
	34a 35	Add lines 23 through 34a · · · · · · ·	• • • • • • •			• • • •	. 35			
	00	Outstand line 25 from line 22. This is your at					36	6	496	

Form 1040 (2004	4)TES	ST D RICHARD	400-	00-1014 Page 2
	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·	37	6,496
Tax and	38a	Check Y You were born before January 2, 1940, Blind. Total boxes		· ·
Credits		if: Spouse was born before January 2, 1940, Blind. Schecked ▶38a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here		
Deduction for—	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	800
• People who	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	5,696
checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		•
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · ·	41	0
who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- • •	42	5,696
dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	813
see page 31. • All others:	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	44	
Single or	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	45	813
Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • • 46		
separately, " \$4,850	47	Credit for child and dependent care expenses. Attach Form 2441	1. 1	
[]	48	Credit for the elderly or the disabled. Attach Schedule R • • • 48	4001	
Married filing jointly or	49	Education credits. Attach Form 8863 · · · · · · · · · 49		
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 · · · 50	1 1	. "
\$9,700	51	Child tax credit (see page 37) · · · · · · · · · · 51	1 1	•
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · 52	1	
household,	53	Credits from: a Form 8396 b Form 8859 53		•
\$7,150	54	Other credits. Check applicable box(es): a Form 3800		
		b Form 8801 c Specify 54		
	55	Add lines 46 through 54. These are your total credits	55	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	813
011	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 •	58	•
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59	
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H	61	
	62	Add lines 56 through 61. This is your total tax	62	813
Payments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63		
	64	2004 estimated tax payments and amount applied from 2003 return • • • • 64 600		
If you have a qualifying	65a	Earned income credit (EIC) · · · · · · · · · · · · 65a		
child, attach	b	Nontaxable combat pay election • • ▶ 65b		
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)	1:4	
	67	Additional child tax credit. Attach Form 8812 • • • • • • 67		
	68	Amount paid with request for extension to file (see page 54) - 68 109	4 . 1	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69		
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	709
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • •	71	
Direct deposit?	72a	Amount of line 71 you want refunded to you	72a	
See page 54	▶ b	Routing number		
and fill in 72b, 72c, and 72d.	▶ d	Account number		•
	73	Amount of line 71 you want applied to your 2005 estimated tax •••• 73	7.1	104
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	104_
You Owe	75	Estimated tax periatly (see page se)	Complete	the following. No
Third Party	•		SOLUPIECE	the following.
Designee	_	nee's name Phone no. Personal iden EPARER ► number (PIN)		
				w knowledge and
Sign	Under belief	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer h	as any knowledge.
Here		signature Date Your occupation		Daytime phone number
Joint return? See page 17.	i our i	STUDENT		
Кеер а сору	Snous	se's signature. If a joint return, both must sign. Date Spouse's occupation		
for your	y Spout			
records.		Date Check if	Prepa	rer's SSN or PTIN
Paid	Prepa signal	The character of the ch	X 4	100-55-4014
Preparer's		s name (or ROBERTS ENTERPRISES EIN		6868686
Use Only	yours	if self-employed), 645 SALEM ST		
-	addre	ess, and ZIP code NIXON NV 89424 Phon	ne no. 77	5-555-1313
EEA			*****************	Form 1040 (2004)

TEST # 15

FORMS REQUIRED: FORM 1040A, FORM 8812, FORM 8839, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 8a: 390

FORM 1040A, LINE 14a: 5200

FORM 1040A, LINE 18: 135

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST J CAESAR

DOB: 10-15-1956 DISABLED: NO

DAYTIME PHONE: 601-555-5430

NAME: CLEO P CAESAR SPOUSE:

DOB: 09-18-1959

DISABLED: YES

SSN: 400-00-1015

OCCUPATION: ACTOR

PRES ELEC FUND: YES

BLIND: NO

SSN: 400-00-2015

OCCUPATION: UNEMPLOYED

PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: YC

ADDRESS: 15 IDES OF MARCH PKWY

ROME, MS 38768

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 4

DEPENDENT INFORMATION:

AGE SSN 6 400-55-3015 RELATIONSHIP # MO CHILD TAX CR AGE NAME DAUGHTER X 12 SALLY CAESAR SON 6 . X

JULIUS BRUTUS

10 900-93-4015

FORM 8839:

PART I:

LINE 1: (a) (b) (f)
CHILD 1: JULIUS BRUTUS 1994 900-93-4015

PART II:

LINE 3: NO

LINE 5: 12000

LINE 8: 66675

PART III:

LINE 20: NO

FORM 8863:

PART II:

LINE 4:

(a)

(b)

(c)

CLEO P CAESAR

400-00-2015

1500

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 4500

LINE 6: 0

4040 8		riment of the Treasury - Internal Revenue Se S. Individual Income Ta		rn	20	04 IRS	Lies Only Dans	nt write e-	etanla in this	enace
1040A					20	IKS	Use Only - Do no		1545-0085	space.
Label	''	first name and initial	Last name				Your socia			
(See page 17.)	Amrici	** -	CAI	C 7/ D			400-	•		
	B II L'O	int return, spouse's first name and initial	Last name	ESAR						
Use the	1 '		i				400-		curity number ∩15	
IRS label.	CLE	O P eaddress (number and street). If you have a		ESAR		Apt. no.				
Otherwise,	E		P.O. DOX, See	page 10.		Apr. no.		ımpo	ortant!	
please print	R 11.5	IDES OF MARCH PKWY		in address see a	20	1	Y		t enter you	r
or type.	City,	town or post office, state, and ZIP code. If yo	ou nave a torei			7.60		SSN(s) above.	
[ROM:	2		MS	38	768				
Presidential					_				_	
Election Campa	aign	Note. Checking "Yes" will not cha					You	————	Spouse	
(See page 18.)		Do you, or your spouse if filing a jo	oint return,	want \$3 to go	to this t	fund? • • • • •	· ▶ X Yes	No	X Yes	No
	1	Single			4	Head of household (w	ith qualifying pers	on). (See	page 19.)	
Filing status	2	X Married filing jointly (even if only	one had inc	come)		If the qualifying person enter this child's name		your aep	endent,	
Status	3	Married filing separately. Enter spouse's	SSN above ar	nd						
Check only		full name here.			5	Qualifying widow(er) with depen	dent ch	ild (see pag	ge 19)
one box.						_				
	6 a	X Yourself. If someone can cl	aim you as	a dependent,	do not	check			xes	
Exemptions		box 6a.							ecked on and 6b	2
	b	X Spouse					-		of children	
		Dependents:		(2) Dependent's	social	(3) Dependent's	(4)Check if a	ludi-	Sc who:	
. 4\ E		Last name		security num		relationship to	child tax cre (see pg. 2	dit you	ived with	2
f more (1) F than six SAL	irst name	CAESAR		400-55-1	3015	DAUGHTER	X		did not live	
acponacino,		BRUTUS		900-93-			X	···· with	h you due divorce or	
see page 19. JUL	102	PK0102	-	300 33	1010	BOIL		- se	paration e page 20)	
								— on	pendents 6c not	
							- - -	en	ered above _	
						L		-	ı	
									d numbers lines	
	d	.Total number of exemptions clain	ned.						ove 🕨	4
Incomo							-		60	000
Income	7	Wages, salaries, tips, etc. Attach	Form(s) W	/ - 2.			7		62,	000
Attach								8a 30		
Form(s) W-2 here. Also	8 a	Taxable interest. Attach Schedule 1 if required.								<u> 390</u>
attach	b	Tax-exempt interest. Do not incl	ude on line	8a.		Bb				*
Form(s)	9 a	Ordinary dividends. Attach Sched	dule 1 if req	uired.			9a			
1099-R if tax	b	Qualified dividends (see page 22).			9b				
was withheld.	10	Capital gain distributions (see pa	ge 23).				10			
Marian aliah ment	11a	IRA	7		11b	Taxable amount				·
If you did not get a W-2, see		distributions. 11a			•	(see page 23).	11b)		
page 22.	12a	Pensions and			12b	Taxable amount				
	128	annuities. 12a				(see page 24).	12b	1		
Enclose, but do not attach, any		annulies. 12a				(See page 24).				
payment.			d Alaska D		مامان المام	a mada	12		•	
	13	Unemployment compensation an	d Alaska P	ermanent Fun			13			
	14a	Social security			140	Taxable amount			_	
		benefits. 14a		5,200		(see page 25).	14b		4,	420
							_			
	15	Add lines 7 through 14b (far right	column). T	his is your tot	al inco	me.	▶ 15	·	66,	810
	16	Educator expenses (see page 26).			16				
Adjusted	17	IRA deduction (see page 26).				17				
gross	18	Student loan interest deduction (s	see page 29	9).		18	135			
income	19	Tuition and fees deduction (see p				19				
	20	Add lines 16 through 19. These a		al adjustment			20	l		135
	20	Add lines to through to. These a	,							
	A4	Subtract line 20 from line 15. This	e ie vour ad	liusted arnee	incom	e .	▶ 21		66,	675
	21								Form 1040	
For Disclosure,	, Privacy /	Act, and Paperwork Reduction Act	i Notice, Se	se page so.		EEA	١.		01111 1040	n (2004

Name(s) shown on	page 1		Your socia	al security	number
		EO P CAESAR	400	<u> </u>	-1015 ·
	22	Enter the amount from line 21 (adjusted gross income).		22	66,675
Tax,					
credits,	23a	Check You were born before January 2, 1940, Blind Total boxes			
and		if: Spouse was born before January 2, 1940, Blind checked ▶ 23a			
payments	b	If you are married filing separately and your spouse itemizes		-	
Standard		deductions, see page 30 and check here			
Deduction for-	24	Enter your standard deduction (see left margin).		24	9,700
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25	56,975
checked any box on line	26	If line 22 is \$107,025 or less, multiply \$3,100 by the total number of			
23a or 23b or who can be		exemptions claimed on line 6d. If line 22 is over \$107,025, see the			
claimed as a dependent.		worksheet on page 32.		26	12,400
see page 30.	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0			
● All others:		This is your taxable income.	>	27	44,575
Single or Married filing	28	Tax, including any alternative minimum tax (see page 31).		28 .	5,971
separately, \$4,850	29	Credit for child and dependent care expenses.			
Married filing		Attach Schedule 2. 29			
jointly or	30	Credit for the elderly or the disabled. Attach			
Qualifying widow(er), \$9,700		Schedule 3. 30	•		
\$9,700 Head of	31		00		
household,	32	Retirement savings contributions credit. Attach			
\$7,150	-	Form 8880. 32			
	33	Child tax credit (see page 35). 33			
	34	Adoption credit. Attach Form 8839. 34 5, 6	71		
	35	Add lines 29 through 34. These are your total credits.		35	5,971
	36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0		36	0
	37	Advance earned income credit payments from Form(s) W-2.		37	
	38	Add lines 36 and 37. This is your total tax.	>	38	0
	39	Federal income tax withheld from Forms W-2 and 1099. 39 2, 50	0.0		
	40	2004 estimated tax payments and amount			
M way bays	40	applied from 2003 return. 40			
If you have a qualifying child, attach	41a	diplication and the second sec			
Schedule r	- - 11	Nontaxable combat pay election. 41b			
EIC.	42	Additional child tax credit. Attach Form 8812. 42 2, 0	0.0		
	43	Add lines 39, 40, 41a, and 42. These are your total payments.	>	43	4,500
· · · · · · · · · · · · · · · · · · ·	44	If line 43 is more than line 38, subtract line 38 from line 43.			
Refund		This is the amount you overpaid.		44	4,500
Direct	45a	Amount of line 44 you want refunded to you.	>	45a	4,500
deposit?	▶b	Routing X X X X X X X X X X X X S C Type: Checking Savings			
See page 49 and fill in	-	number			
45b, 45c,	▶d	Account Number X X X X X X X X X X X X X X X X X X X			
and 45d.	46	Amount of line 44 you want applied to your			
		2005 estimated tax. 46			
America	47	Amount you owe. Subtract line 43 from line 38. For details on how			
Amount you owe		to pay, see page 50.	•	47	
you owe	48	Estimated tax penalty (see page 50). 48			
Third party		you want to allow another person to discuss this return with the IRS (see page 51)?	ete the fol	lowing.	X No
Third party		Phone no	nal identif	ication	e _e
designee	•		er (PIN)	Cation	
01	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements,	and to the	pest of my	4
Sign	kno	towledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.	the tax ye	ar. Declara	ition
here Joint return?		our signature Date Your occupation		Da	aytime phone number
See page 18.		ACTOR			
Keep a copy	Sp -	ouse's signature. If a joint return, both must sign. Date Spouse's occupation			601-555-5430
for your records.		UNEMPLOYED			
	Pre		ck if self-	Pr	eparer's SSN or PTIN
Paid			loyed		
preparer's		m's name (or		EIN	11
use only	em	urs if self- aployed),		Phone	no.
•	ade	dress, and			
EEA	<u> </u>				Form 1040A (2004)

a Control number		OM	IB No. 1545-0008	Safe, accurat FAST! Use	e, irs _{e-1}	file	Visit the IRS website at www.irs.gov.
b Employer identification number			1	Wages, tips, other com		2	Federal income tax withheld
64-2131415				62	,000	<u> </u>	2,500
C Employer's name, address, and ZIP code			3	Social security wages		4	Social security tax withheld
THE GREEK PLAYHOUSE			·	63	,000_		3,906
			5	Medicare wages and ti		6	Medicare tax withheld
98 PARTHANON PLACE				63	,000	<u>_</u>	914
ROME	MS	38768	7	Social security tips		8	Allocated tips
d Employee's social security number			9	Advance EIC payment		10	Dependent care benefits
400-00-1015			11	Nonqualified plans			See instructions for box 12
e Employee's first name and initial	Last name			Nonqualified plans		ğ	T 1,000
TEST J CAESA 15 TDES OF MARCH PKI			13	Statutory Retmnt.	Third-party sick pay	12t	
ROME	MS	38768	14	Other	L -1	120 00 00	c .
						12 6 8	d
f Employee's address and ZIP code							
5 State Employer's state I.D. no. 16 State	te wages, tips, etc.	17 State inco	ome tax 18	ocal wages, tips, etc.	19 Local inc	come	tax 20 Locality name
MS 6412 <u>13</u>	62,000	4	,340		1		
					ļ		
					<u> </u>		

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

TEST # 16

FORMS REQUIRED: FORM 1040, SCH C, SCH E PG 2, FORM 5329, FORM 8859, FORM 8860

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 3000

STATEMENTS:

OTHER: STATUTORY EMPLOYEE

DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T ISLANDER SSN: 400-00-1016

DOB: 08-22-1968

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

OCCUPATION: INSURANCE BROKER

SSN: 400-00-1016

PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: JU

ADDRESS: 123 PLAY HERE ST

WASHINGTON, DC 20011

FILING STATUS: HEAD OF HOUSEHOLD

HOH QUALIFYING NAME: MICHAEL ISLANDER

LINE 6d: 1

SSN: 400-55-3016

DIRECT DEPOSIT: NAME OF INSTITUTION: NINTH BANK OF DESTIN

ROUTING TRANSIT NUMBER: 024567891 ACCOUNT NUMBER: ABC-123-4567890

TYPE OF ACCOUNT: SAVINGS

SCHEDULE C:

NAME OF PROPRIETOR: TEST T ISLANDER

LINE A: INSURANCE SALES

LINE B: 524290

LINE D: 65-7044337

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 28900 STATUTORY EMPLOYEE BOX = X

PART II:

LINE 18: 640

LINE 22: 4065

LINE 23: 820

LINE 26: 8300

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): SANDY SHORES, INC

LINE 28A(b): S

LINE 28A(d): 56-8523699

LINE 28A(j): 24400

FORM 5329:

NAME: TEST T ISLANDER SSN: 400-00-1016

PART I:

LINE 1: 3000

LINE 2:

EXCEPTION #: 05 **AMOUNT:** 1500

FORM 8859:

PART I:

LINE B: 12B

LINE C: 1474

LINE D: 02-12-2004

PART II:

LINE 1: 3195

LINE 2: 47475

FORM 8860:

PART I:

LINE 2a: 267

LINE 2b: 56-8523699

PART II:

LINE 5: 0

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1762

LINE 5: 3500

LINE 6: 0

Form 1040	Depa	irtment of the Treasury - Internal Revenue Service S. Individual Income Tax Re	eturn	2004	(99) IRS Us	e Only-Do not	write or staple in this sp	ace.
rom 1040		ne year Jan. 1-Dec. 31, 2004, or other tax year beginni		, 2004, 6	 	, 20	OMB. No. 154	
Label L 😽		me and initial	Last name			Yours	social security number	
(See A	TEST	Т	ISLANDER			4	00-00-1016	
on page 16.) E	a joint retu	rn, spouse's first name and initial	Last name			Spous	e's social security numb	er
Use the IRS	lome addre	ss (number and street). If you have a P.O. box, see pa	ige 16.		Apt. no). A	Important	
Otherwise,			•				You must enter	
please print R	Ity, town o	PLAY HERE ST post office, state, and ZIP code. If you have a foreign	address, see page 16	6.	<u>, , , , , , , , , , , , , , , , , , , </u>		your SSN(s) abov	e
Presidential	-	INGTON		20011				
Election Campa		Note. Checking "Yes" will not change y	our tax or reduce	your refun	d.	You		٦
(See page 16.)		Do you, or your spouse if filing a joint re	eturn, want \$3 to g	go to this fo	ınd? • • • • •	► X Yes		No
1	Single		4 X H	lead of house ne qualifying	ehold (with qualifying person is a child but i	person). (See not your depen	page 17.) If ident, enter	
Filing 2		d filing jointly (even if only one had income)	th	nis child's nar	ne here.	•		2016
Status 3	Married	filing separately. Enter spouse's SSN above and full			ISLANDER vidow(er) with de	nondent chi	400-55-	3010
one box. name	e here.					pendent cin	Boxes checked	1
Exemptions	6 a	X Yourself. If someone can claim you as a	a dependent, do i	IOE CHECK	JOX Ga T T T T		on 6a and 6b	
EXCHIPTIONS	L	Spouse · · · · · · · · · · · · ·					No. of children on 6c who:	
-	b	Dependents:	(2) Dependent	·s	(3) Dependent's	(4) Check if	- .	
			social security nur		relationship to	qualifying ch for child tax credit (see p	• did not live with 918) you due to divorce	
-	(1) First nar	IC LOS ITALIO			4.7.7		or separation (see page 18)	
If more than four - dependents, see								
page 18.							Dependents on 6c not entered above	
-							- Add numbers on	
<u>-</u>	d	Total number of exemptions claimed		• • • • •		· · · · · ·	lines above	
	7	Wages, salaries, tips, etc. Attach Form(s) V	V-2			7		
Income	_	Taxable interest. Attach Schedule B if requ	uired			⁷ / _{8a}		
Attach Form(s)	8a h	Taxable interest. Attach Schedule B if requirement interest. Do not include on line			· ·	- 50		
W-2 here. Also	b	Ordinary dividends. Attach Schedule B if re				9a	1 (1958)	
attach Forms W-2G and	9a b	Qualified dividends (see page 20) · · · ·		- 9b		7.2		
1099-R if tax was withheld.	10	Taxable refunds, credits, or offsets of state	and local income	taxes (see	page 20)···			
TIGO TILLITOR.	11	Alimony received • • • • • • • • •			• • • • • • •	• • • • 11		
If you did not	12	Business income or (loss). Attach Schedul	le C or C-EZ ••		• • • • • • •	12		,075
get a W-2, see page 19.	13	Capital gain or (loss). Attach Schedule D if	required. If not re	quired, ch	eck here 🕨 · ·	• • 📗 📘		
see page 13.	14	Other gains or (losses), Attach Form 4797			• • • • • • •	14		
Enclose, but do	15a	IRA distributions • • • • 15a			able amount (see I	- ·		000
not attach, any payment. Also,	16a	Pensions and annuities 16a			able amount (see p	· / / / / / / / / / / / / / / / / / / /		000
please use Form 1040-V.	17	Rental real estate, royalties, partnerships,			Auach Schedule	E · · · 1		, 400
, om 1040-v.	18	Farm income or (loss). Attach Schedule F				1		
	19 20 a	Unemployment compensation · · · · · · Social security benefits · · 20a		b Tax	able amount (see			
	20a 21	Other income. BLACKJACK			5,0	· · ·	1	
	41	DEACHORDIC				2	1 5	,000
	22	Add the amounts in the far right column for	lines 7 through 2	1. This is	your total incom	e · · ▶ 2		, 475
	23	Educator expenses (see page 26) · · ·		· 23				
Adjusted	24	Certain business expenses of reservists, performing a	artists, and					
Gross		fee-basis government officials. Attach Form 2106 or 2		- 24				
Income	25	IRA deduction (see page 26) · · · · ·		- 25				
	26	Student loan interest deduction (see page 2		- 26				
	27	Tuition and fees deduction (see page 29)		• 27				
	28	Health savings account deduction. Attach I						
	29	Moving expenses. Attach Form 3903 • •						
	30	One-half of self-employment tax. Attach So		<u> </u>				
	31	Self-employed health insurance deduction Self-employed SEP, SIMPLE, and qualified	(ace paye 30) • finlans • • • • •	. 32				
	32	Penalty on early withdrawal of savings •						
	33 34a	Alimony paid b Recipient's SSN		34a				
	34a 35	Add lines 23 through 34a · · · · · ·		• • • •		3	5	
	36	Subtract line 35 from line 22. This is your a	djusted gross in	ncome · ·		▶ 3	6 47	,475

Form 1040 (2004	TES	T T ISLANDER		0-00-1016 Page 2
<u>.</u>	37	Amount from line 36 (adjusted gross income)	37	47,475
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1940, ☐ Blind. Schecked ▶38a ☐	_	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here		
Deduction		Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	7,150
for	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	40,325
People who checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
box on line		line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	1
38a or 38b or who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	
claimed as a dependent,		Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	
see page 31.	43	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	44	
All others:	44		45	
Single or	45	Add lines 43 and 44		3,074
Married filing separately,	46	Poleight tax credit. Attach Form The modules	\dashv	
\$4,850	47	Credit for child and dependent care expenses. Attach Form 2441	\dashv	
Married filing	48	Credit for the elderly or the disabled. Attach Schedule R · · · 48	-	
iointly or	49	Education credits. Attach Form 8863 • • • • • • • • • • • • • • • • • • •		
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 50	4	
\$9,700	51	Child tax credit (see page 37) · · · · · · · · · · · 51	_	
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · · · 52	4	•
household,	53	Credits from: a Form 8396 b X Form 8859 · · · · 53 3, 195		
\$7,150	54	Other credits. Check applicable box(es): a Form 3800		
	!	b Form 8801 c X Specify 8860 · · · · 54 267		
	55	Add lines 46 through 54. These are your total credits · · · · · · · · · · · · · · · · · · ·	55	3,462
•	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- · · · · · · · •	56	1,612
	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	'
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	·
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59	150
	60	Advance earned income credit payments from Form(s) W-2	60)
	61	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	61	
		Add lines 56 through 61. This is your total tax	62	1,762
	62	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 500	1.00	17,02
Payments	63		1	
If you have a	L_64	2007 Califfactor tax payments	-	
qualifying	65a	Earned income cream (2.10)	-	
child, attach Schedule EIC.	b	Nontaxable combat pay election • • 65b 66		
Scriedule ElC.	66	Excess social security and tier in RRIA tax withheld (see page 54)		
	67	Additional child tax orcale Attach Form 55.12	- -	
	68	Amount paid with request for extension to file (see page 54) · · 68		
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69		
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid · · · · · ·	71	
Refund	72a	Amount of line 71 you want refunded to you · · · · · · · · · · · · · · · · · · ·	72	a 1,738
Direct deposit? See page 54	▶ b	Routing number 0 2 4 5 6 7 8 9 1 Checking X Savings		
and fill in 72b,	▶ d	Account number A B C - 1 2 3 - 4 5 6 7 8 9 0		·
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax ••• > 73	_	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	1
You Owe	75	Estimated tax penalty (see page 55) · · · · · · · · · · 75	7.3	
	Do y	you want to allow another person to discuss this return with the IRS (see page 56)?	Comp	olete the following.
Third Party	Desid	nee's name Phone no. Personal ide	ntificatio	on
Designee	•	number (PIN		>
Sign	l Inde	r penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t	he 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	n prepa	rer has any knowledge.
Here Joint return?	Your	signature Date Your occupation		Daytime phone number
See page 17.		INSURANCE BROKER		
Кеер а сору	Snou	se's signature. If a joint return, both must sign. Date Spouse's occupation		
for your	7 Spou			
records.		Date Cheat if	F	Preparer's SSN or PTIN
Paid	Prepa signa	Check if	7	
Preparer's				
Use Only		s name (or Elin si f self-employed).		
		ess, and ZIP code	ne no.	

400-00-1016 Page 2

Form 1040 (2004)

a Control number		OMB No. 1545-00	Safe, accurate FAST! Use	e, irs _{e-1}	file	Visit the IRS website at www.irs.gov.
b Employer identification number $58-2346821$			1 Wages, tips, other com 28	ensation 900	2	Federal income tax withheld
C Employer's name, address, and ZIP code OUT OF STATE INSURAN	CE SERVICES		3 Social security wages 28 5 Medicare wages and tip	, 900	6	Social security tax withheld 1,792 Medicare tax withheld
7000 SIX FLAGS DR ATLANTA	GA 303	301	28 7 Social security tips	,900	8	Allocated tips
d Employee's social security number			9 Advance EIC payment		10	Dependent care benefits
	ast name		11 Nonqualified plans		12a	See instructions for box 12
TEST T ISLAN 123 PLAY HERE ST WASHINGTON			13 Statutory employee Retmnt.	Third-party sick pay	12b	
f Employee's address and ZIP code					120 So g	
	wages, tips, etc. 17 Sta 28, 900	te income tax	18 Local wages, tips, etc.	19 Local in	come	tax 20 Locality name

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

	L. L.	CORRECTED		OMB No. 1545-0238
PAYER'S name		1 Gross winnings	2 Federal income tax withheld	2004
GULF CRUISE LINES Street address DOCK 106 HARBOR R City, state, and ZIP code DESTIN		5,000 3 Type of wager BLACKJACK 5 Transaction	500 4 Date won 2004-02-14 6 Race	Form W-2G Certain Gambling Winnings
Federal identification number 65-7294862	Telephone number	7 Winnings from identical wagers	8 Cashier	For Privacy Act and Paperwork Reduction Act
WINNER'S name TEST T ISLANDER		9 Winner's taxpayer ID no. 400-00-1016	10 Window	Notice, see the 2004 General Instructions for
Street address (including apt. no.) 123 PLAY HERE ST	,	11 First I.D.	12 Second I.D.	Forms 1099, 1098, 5498, and W2-G.
City, state, and ZIP code WASHINGTON	DC 20011	13 State/Payer's state ID no. DC 5822768	14 State income tax withheld	File with Form 1096.
At a series of a series A declare the	t to the heat of my knowledge	and belief, the name, address, and taxpay d any payments from identical wagers, an	ver identification number that I d that no other person is entitled	Copy A For Internal Revenue
Signature >		Da	ate 🕨	Service Center

Form W-2G

Department of the Treasury - Internal Revenue Service

	COR	RECTED (if checke	d)		
PAYER'S name, street address, city, stat	e, and ZIP code	1 Gross distribution	OMB No. 1545-0119	D	istributions From sions, Annuities, Retirement or
VACATION INSURANCE SERVICES 93 BAY ST		\$ 3,000 2a Taxable amount \$ 3,000	2004 Form 1099-R		Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
DESTIN	FL 32540	2b Taxable amount	Total	¬	Сору В
		not determined	distribution	<u> </u>	Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld		income on your Federal tax return. If this
65-9687321	400-00-1016	\$	\$		form shows Federal income
65-9687321 400-00-1016 RECIPIENT'S name		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	tax withheld in box 4, attach this copy to your return.	
TEST T ISLANDER Street address (including apt. no.)		7 Distribution SEP/ Code SIMPLE	8 Other		This information is being furnished to
123 PLAY HERE ST		2 Your percentage of	\$	%	the Internal
City, state, and ZIP code	DC 20011	9a Your percentage of total distribution %	9b Total employee contribu	tions	Revenue Service.
WASHINGTON Account number (optional)	DC 20011	10 State tax withheld	11 State/Payer's state no.		12 State distribution
		\$			\$
		13 Local tax withheld	14 Name of locality		15 Local distribution
		\$			\$
		\$			\$

Form 1099-R

Department of the Treasury - Internal Revenue Service

TEST # 17

FORMS REQUIRED: FORM 1040, SCH B, FORM 2555-EZ, FORM 5329, FORM 8853, FORM 8889

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 50

STATEMENTS: SCHEDULE B, LINE 1, SELLER-FINANCED MORTGAGE

OTHER: FORM 1040, LINE 21: LITERAL: FORM 2555-EZ, AMOUNT: (62000)

FORM 1040, LINE 21: LITERAL: MSA, AMOUNT: 80 FORM 1040, LINE 35: LITERAL: MSA, AMOUNT: 2625 FORM 1040, LINE 62: LITERAL: MSA ,AMOUNT: 12

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST M EDGEWOOD SSN: 400-00-1017
DOB: 03-13-1954 OCCUPATION: CHEMIST

DOB: 03-13-1954 DISABLED: NO

DAYTIME PHONE: NOT GIVEN

PRES ELEC FUND: NO

BLIND: NO

SPOUSE: NAME: ROSEANNE G EDGEWOOD

DOB: 09-26-1955 DISABLED: NO

SSN: 400-00-2017

OCCUPATION: HOMEMAKER PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: XZ

ADDRESS: 86 OUTSIDE CIR

PERIMETERSCENTERSVILLE, GA 30555-0086

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE B:

PART I:

LINE 1:

TRUOMA PAYER NAME

SALLY ROCKINGHAM, 400-22-4017 PO BOX 676 FRANKLIN NC 28744

120 (SELLER FINANCED)

JAMES STONEBROOK, 400-22-5017

24 W QUARRY RD ATLANTA GA 30301

206 (SELLER FINANCED)

6240· AURORA S & L 9044 WEEDS AND SEEDS CU

PART II: LINE 5:

PAYER NAME

AMOUNT

429 (NON-QUALIFIED) MONY MUTUAL

PART III:

LINE 7a: NO

LINE 8: NO

FORM 2555-EZ:

SSN: 400-00-1017 NAME: TEST M EDGEWOOD

PART I:

LINE la: YES

LINE 1b: 10-01-1996; CONTINUES

LINE 3: YES

PART II:

LINE 4: 4700 GRANDE AVE LIMA PERU POST OF DUTY CODE: 54

LINE 5: CHEMIST

LINE 6: WEEDS AND SEEDS INC

LINE 7: 88 DANDELION DR

PASTURELAND NY 14818

LINE 8: 960 BURDOCK HILL

LIMA PERU

LINE 9a: X LINE 10a: 2003

LINE 10c: NO

LINE 11a: 4700 GRANDE AVE LIMA PERU; 10-01-1997

LINE 11b: UNITED STATES

PART III:

LINE 12a: 12-15-2004 LINE 12b: 12-28-2004

NOTE: TAXPAYER & SPOUSE WERE NOT IN U.S. FOR BUSINESS PURPOSES

PART IV:

LINE 14: 366 LINE 17: 62000

FORM 5329: TAXPAYER ONLY

PART VI: LINE 39: 900

NOTE: 5000 VALUE OF ARCHER MSA ON 12-31-2004

FORM 8853:

NOTE: THE TAXPAYER AND SPOUSE WERE NOT ELIGIBLE FOR MEDICARE BENEFITS DURING 2004 AND THEY CARRIED FAMILY COVERAGE ON THE FIRST DAY OF ALL 12 MONTHS

PART I:

LINE la: YES LINE 1b: NO

LINE 1c: FAMILY

LINE 2a: NO

PART II:

LINE 4: 3525 LINE 6: 62000

PART III: LINE 8a: 380 LINE 9: 300

LINE 5 LIMITATION CHART AND WORKSHEET:

FAMILY COVERAGE ANNUAL DEDUCTIBLE: 3500

NUMBER OF MONTHS IN PLAN: 12

FORM 8889:

PART I:

LINE 1: FAMILY

LINE 2: 5000

LINE 3: 5000

LINE 9: 0

PART II:

LINE 12a: 1600

LINE 12b: 0

LINE 13: 1900

ETD TRANSMISSION:

FORM 4868:

LINE 4: 66

LINE 5: 50

LINE 6: 16

LINE 7: 16

Form 1040	Depa U.	artment of the Treasury - Internal Revenue Service S. Individual Income Tax Ret	urn 2	004	(99) IRS	Use Only-I	Oo not wri	ite or staple in this sp	ace.
1040	Fort	ne year Jan. 1-Dec. 31, 2004, or other tax year beginning		, 2004, e	nding		, 20	OMB. No. 154	5-0074
Label L			Last name			,	Your soci	al security number	
(See A	TEST	M I	EDGEWOOD				400	0-00-1017	
instructions B on page 16.) E			Last name				Spouse's	social security numb	er er
Use the iRS	•		EDGEWOOD				400	0-00-2017	
label. H	Home addre	ss (number and street). If you have a P.O. box, see page			Apt.	no.	Ā	Important!	_
Otherwise, E		UTSIDE CIR				1	— (ou must enter	
please print R C	O D O C	r post office, state, and ZIP code. If you have a foreign a	ddress, see page 16.				-	rou mus t enter rour SSN(s) abov	e
-1	•			1555-	-0086	İ		001 0011(0) 0201	<u> </u>
Presidential		METERSCENTERSVILLE Note. Checking "Yes" will not change you					You	Spouse	
Election Campa	iign	Do you, or your spouse if filing a joint retu				. •	Yes		No
(See page 16.)	0:1-	Do you, or your spouse it thing a joint rett			hold (with qualifyin	n person)			1
Filing 2	Single	LEUra initiale (avenifore)	the q	ualifying p	erson is a child bu	it not your	depender	nt, enter	
Ctatus "		d filing jointly (even if only one had income)	this c	:hild's nam	ie nere.				
Check only		filing separately. Enter spouse's SSN above and full	5 1 000	lifeing	ridow(er) with o	lenender	t child	(see page 17)	
one box. nam	e here.					epender	- T	Boxes checked	2
Exemptions	6 a	X Yourself. If someone can claim you as a	gependent, do not	check b	ox ba • • • •			on 6a and 6b	
Exemplions								No. of children	
	b	X Spouse · · · · · · · · · · · · · · · · · · ·				/A)rCh	eck if	on 6c who:	
	С	Dependents:	(2) Dependent's	- 1	(3) Dependent's relationship to	qualifyi	ing child	lived with you did not live with you due to divorce	
9	(1) First nar	ne Last name	social security number	-	you	credit (see pg18	you due to divorce or separation	
If more than four							<u> </u>	(see page 18)	
dependents, see								Ddd	
page 18.								Dependents on 6c not entered above	
·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Add numbers on	
-	d	Total number of exemptions claimed · · ·				• • • •		lines above	2
	7	Wages, salaries, tips, etc. Attach Form(s) W-	2						
Income							7		000
	8a	Taxable interest. Attach Schedule B if require	ed • • • • • • • • • • • • • • • • • • •	• • • •			8a	15,	610
Attach Form(s) W-2 here. Also	b	Tax-exempt interest. Do not include on line	8a • • • • • • • [8b					
attach Forms	9a	Ordinary dividends. Attach Schedule B if req	uired • • • • •				9a		429
W-2G and	b	Qualified dividends (see page 20) • • • • •		9b					
1099-R if tax was withheld.	10	Taxable refunds, credits, or offsets of state a	nd local income tax	es (see	page 20) · · ·		10		
	11	Alimony received					11		
If you did not	12	Business income or (loss). Attach Schedule	C or C-EZ · · ·				12		
get a W-2,	13	Capital gain or (loss). Attach Schedule D if re					13		
see page 19.	14	Other gains or (losses). Attach Form 4797					14		
Enclose, but do		IRA distributions · · · · 15a		b Taxa	ble amount (se	e page 22)	15b		
not attach, any	16a	Pensions and annuities · · 16a		b Taxa	ble amount (see	e page 22)	16b		
payment. Also, please use	17	Rental real estate, royalties, partnerships, S	corporations, trusts	s, etc. A	ttach Schedul	e E • • •	17		
Form 1040-V.	18	Farm income or (loss). Attach Schedule F			• • • • • • •		18		
	19	Unemployment compensation · · · · ·					19		
	20a	Social security benefits · · 20a		b Taxa	ble amount (se	e page 24)	20b		
	21	Other income. MSA			`	80			
		FORM 2555-EZ			(62,		21	(61,	920)
	22	Add the amounts in the far right column for li	nes 7 through 21.	This is y			22		119
	23	Educator expenses (see page 26) · · · ·		23					
A	24	Certain business expenses of reservists, performing arti	ets and				1		
Adjusted		fee-basis government officials. Attach Form 2106 or 210		24					
Gross	25	IRA deduction (see page 26) · · · · · ·		25			1		
Income	26	Student loan interest deduction (see page 28	,	26	~ 		1		
	20 27	Tuition and fees deduction (see page 29) •	r	27			1.		
	2 <i>1</i> 28	Health savings account deduction. Attach Fo		28	1	475	1 1		
		Moving expenses. Attach Form 3903 • • •		29			1 1		
	29 20	One-half of self-employment tax. Attach Sche		30					
	30	Self-employed health insurance deduction (se		31			1 .]		
	31			32			1 1		
	32	Self-employed SEP, SIMPLE, and qualified p	nans	33			1		
	33	Penalty on early withdrawal of savings ••	• • • • • • • •	34a				•	
	34a	Alimony paid b Recipient's SSN▶	l	34a		625	35	, . A	100
	35	Add lines 23 through 34a · · · · · · · · · · · · · · · · · · ·		 ma	•	625··	—	12	100
	26	CURRENA LING 35 FROM LING 22 This is VALIF 201	USIEU OMOSSUNCO			71 7 T) 1997	. 30	1/-	リレブ

Form 1040 (200	4)TES	ST M & ROSEANNE G EDGEWOOD	400-00-1017 Page 2
	37	Amount from line 36 (adjusted gross income)	37 12,019
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes	
Credits		if: Spouse was born before January 2, 1940, Blind. checked ▶38a	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here	1
Deduction	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39 9,700
for	40	Subtract line 39 from line 37	40 2,319
 People who checked any 	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	2,315
box on line		line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41 6,200
38a or 38b or who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	10
claimed as a dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	
see page 31.	1		43 0
All others:	44	Alternative minimum tax (see page 35). Attach Form 6251	
Single or	45	Add lines 43 and 44	45
Married filing separately,	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46	4 1
\$4,850	47	Credit for child and dependent care expenses. Attach Form 2441	
Married filing	48	Credit for the elderly or the disabled. Attach Schedule R • • • 48	
jointly or	49	Education credits. Attach Form 8863 · · · · · · · · · 49	
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 · · · 50	
\$9,700	51	Child tax credit (see page 37) · · · · · · · · · · · · 51	
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · · · 52	
household,	53	Credits from: a Form 8396 b Form 8859 53	
\$7,150	54	Other credits. Check applicable box(es): a Form 3800	
<u> </u>	,	b Form 8801 c Specify · · · · · 54	
	55	Add lines 46 through 54. These are your total credits	55
•	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- · · · · · · · · •	56 0
	57	Self-employment tax. Attach Schedule SE	57
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59 54
	60	Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61
	_	Add lines 56 through 61. This is your total tax MSA 12	
	62		62 66
Payments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63	
If you have a	64	2004 estimated tax payments and amount applied from 2003 return • • • • 64 50	
qualifying	65a	Earned income credit (EIC)	
child, attach Schedule EIC.	b	Nontaxable combat pay election ▶ 65b	
Scriedule Elo.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)	
	67	Additional child tax credit. Attach Form 8812 · · · · · · · 67	
	68	Amount paid with request for extension to file (see page 54) · · 68	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments • • • • • • • •	70 50
Deferred	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • • •	71
Refund	72a	Amount of line 71 you want refunded to you	72a
Direct deposit? See page 54	▶ b	Routing number	
and fill in 72b,	▶ d	Account number	
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · ▶ 73	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74 16
You Owe	75	Estimated tax penalty (see page 55) · · · · · · · · · · 75	
	Do yo		omplete the following. X No
Third Party	Design	Phone no	
Designee	•	Personal identi	inication
Sign	Linder	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	best of my knowledge and
=		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p	
Here Joint return?	Your s	ignature Date Your occupation	Daytime phone number
See page 17.		CHEMIST	
Кеер а сору	Spous	e's signature. If a joint return, both must sign. Date Spouse's occupation	
for your	Ороца	l l	
records.		HOMEMAKER Date	Preparer's SSN or PTIN
Paid	Prepar signatu	Check if	reparers SON OF FIN
Preparer's			
Use Only	rim's:	name (or EIN	
	yours it	f self-employed),	
•		f self-employed), s, and ZIP code	
			rno. Form 1040 (2004)

a Control number			OMB No. 1545-000	Safe, accurat FAST! Use	^{e,} irs e-fi	ile	Visit the IRS web at www.irs.gov.	site
b Employer identification number				Wages, tips, other com	pensation	2	Federal income tax with	neld
13-4243335				62	, 0 0.0			
C Employer's name, address, and ZIP co	ode		:	3 Social security wages	ļ	4	Social security tax withhou	eld
WEEDS AND SEEDS 1	INC			62	,000		3,	844
•			1	Medicare wages and ti		6	Medicare tax withheld	
88 DANDELION DR				62	,000			899
PASTURELAND	NY	1481	.8	Social security tips		8	Allocated tips	
d Employee's social security number $400-00-1017$				Advance EIC payment		10	Dependent care benefits	
e Employee's first name and initial	Last name		1	1 Nonqualified plans		12a 0	See instructions for box	12
TEST M EI 86 OUTSIDE CIR	OGEWOOD		1	3 Statutory Retmnt.	Third-party sick pay	12t		
PERIMETERSCENTERS	SVILLE GA	3055	55-0086	4 Other		120 00 00	c	
						120 00 00 00	d	
f Employee's address and ZIP code						122		
5 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State in	ncome tax 18	Local wages, tips, etc.	19 Local inco	ome	tax 20 Locality na	me
GA 58325424	62,000		1,245					

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

TEST # 18

FORMS REQUIRED: FORM 1040, SCH A, SCH C-EZ, SCH E (5), SCH E PG2, SCH SE, FORM 8283, FORM 8884

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 38b: X

FORM 1040, LINE 64: 1400

FORM 1040, LINE 68: 300

STATEMENTS:

OTHER: SPOUSE ITEMIZES DEDUCTIONS

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST T THOMAS SSN: 400-00-1018

DOB: 11-11-1959 OCCUPATION: ENTREPRENEUR

DISABLED: NO PRES ELEC FUND: YES

DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: CLARA THOMAS SSN: 400-00-2018

CHECK DIGITS FROM IRS LABEL: FD

ADDRESS: 511 JONATHAN CAROL BLVD

JEWELL, OH 43530

FILING STATUS: MARRIED FILING SEPARATELY LINE 6d: 1

SCHEDULE A:

LINE 5: 280

LINE 7: 300

LINE 10: 1200

LINE 16: 580

SCHEDULE C-EZ:

PROPIETOR NAME: TEST T THOMAS SSN: 400-00-1018

PART I:

LINE A: CATERING SERVICE

LINE B: 812990

LINE C: THOMS TASTY TREATS

LINE E: 30 COOK ST

JEWELL OH 43530

PART II:

LINE 1: 1800

LINE 2: 821 (NOTE: CAR & TRUCK EXPENSE 263

SUPPLIES

558)

```
PART III:
LINE 4: 06-01-2004
LINE 5: (a) 700 (b) 200 (c) 12600
LINE 6: NO
LINE 7: YES
LINE 8a: YES
LINE 8b: YES
NOTE FOR ALL SCHEDULE E RENTAL PROPERTIES:
ALL ARE ACTIVE PARTICIPATION, ALL AMTS ARE AT RISK, ALL ARE FULLY DEPRECIATED,
AND NONE OF THE PROPERTIES QUALIFY AS REAL ESTATE PROFESSIONAL PROPERTY.
SCHEDULE E #1:
PART I:
LINE 1A: TOWNHOUSE A
          201 FRANKLIN RD JEWELL OH
LINE 2A: NO
LINE 3A: 5200
LINE 5A:
          250
LINE 7A:
         400
LINE 9A: 300
LINE 14A: 180
LINE 16A: 270
LINE 17A: 600
LINE 1B: TOWNHOUSE B
          202 FRANKLIN RD JEWELL OH
LINE 2B: NO
LINE 3B: 4100
LINE 5B: 250
LINE 6B:
         225
LINE 7B:
          500
LINE 10B: 150
LINE 11B: 125
LINE 16B: 450
LINE 17B: 1600
LINE 1C: TOWNHOUSE C
         203 FRANKLIN RD JEWELL OH
LINE 2C: NO
LINE 3C: 5300
LINE 5C: 450
LINE 7C:
LINE 9C:
          490
LINE 12C: 895
LINE 14C: 140
LINE 15C: 430
LINE 16C: 620
```

SCHEDULE C-EZ (CONTINTUED):

```
SCHEDULE E #2:
PART I:
LINE 1A: TOWNHOUSE D
          204 FRANKLIN RD JEWELL OH
LINE 2A: NO
LINE 3A: 4400
LINE 5A:
         260
         180
LINE 6A:
LINE 7A:
         495
LINE 8A: 220
LINE 9A: 1204
LINE 14A: 600
LINE 16A: 300
LINE 18A: 120 (PEST CONTROL)
LINE 1B: TOWNHOUSE E
          205 FRANKLIN RD JEWELL OH
LINE 2B: NO
LINE 3B: 5300
LINE 5B:
         450
LINE 7B:
         180
LINE 9B:
           630
LINE 11B: 125
LINE 14B: 400
LINE 16B: 380
LINE 17B: 260
LINE 18B: 160 (PEST CONTROL)
LINE 1C: TOWNHOUSE F
         206 FRANKLIN RD JEWELL OH
LINE 2C: NO
LINE 3C: 6200
LINE 5C:
         500
LINE 7C:
         280
         630
LINE 8C:
LINE 9C:
         720
LINE 14C: 1850
LINE 15C: 204
LINE 16C: 680
LINE 18C: 260 (PEST CONTROL)
SCHEDULE E #3:
PART I:
LINE 1A: CONDO 1
         600A W FIRST ST JEWELL OH
LINE 1A: NO
LINE 3A: 8300
LINE 5A: 690
LINE 6A: 522
LINE 7A:
        360
LINE 9A: 1090
LINE 10A: 400
LINE 12A: 1800
```

LINE 14A: 620 LINE 16A: 660

LINE 18A: 100 (DUES)

```
SCHEDULE E #3 (CONTINUED):
LINE 1B: CONDO 2
          600C W FIRST ST JEWELL OH
LINE 2B: NO
LINE 3B: 5600
LINE 5B: 260
LINE 7B:
        180
LINE 8B: 500
LINE 9B:
         925
LINE 12B: 1800
LINE 16B: 660
LINE 18B: 100
               (DUES)
LINE 1C: CONDO 3
          600E W FIRST ST JEWELL OH
LINE 2C: NO
LINE 3C: 6870
LINE 5C: 600
         180
LINE 7C:
LINE 9C: 1096
LINE 10C: 1244
LINE 12C: 1800
LINE 15C: 200
LINE 16C: 660
LINE 18C: 100
               (DUES)
SCHEDULE E #4:
PART I:
LINE 1A: CONDO 4
         600G W FIRST ST JEWELL OH
LINE 2A: NO
LINE 3A: 6300
LINE 5A:
         150
LINE 7A:
          819
LINE 9A: 1044
LINE 10A: 860
LINE 12A: 1800
LINE 14A: 3960
LINE 16A: 660
LINE 18A: 100
               (DUES)
LINE 1B: 3 BR HOME
         180 MOCKINGBIRD LN JEWELL OH
LINE 2B: NO
LINE 3B: 4500
LINE 5B:
         160
LINE 7B:
          520
         884
LINE 9B:
LINE 10B: 605
LINE 12B: 1480
LINE 15B: 650
LINE 16B: 340
LINE 17B: 1406
LINE 18B: 600 (PEST CONTROL)
```

SCHEDULE E #4 (CONTINUED):

LINE 1C: MOBILE HOME LOT

1400 ROUNDOFF CIR JEWELL OH

LINE 2C: NO

LINE 3C: 1800

LINE 10C: 120

LINE 16C: 206

SCHEDULE E #5:

PART I:

LINE 1A: OIL PROPERTIES

LINE 4A: 1603

LINE 1B: MINERAL PROPERTIES

LINE 4B: 640

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): THOMAS CATERING LTD

LINE 28A(b): S

LINE 28A(d): 31-4295477

LINE 28A(j): 3400

LINE 28B(a): THOMAS BROTHERS OF NY

LINE 28B(b): S

LINE 28B(d): 63-4243544

LINE 28B(h): 604

LINE 28C(a): THOMAS AND THOMAS

LINE 28C(b): P

LINE 28C(d): 31-0422233

LINE 28C(j): 4365

(NOTE: PARTNERSHIP SELF-EMPLOYMENT INCOME)

SCHEDULE SE:

NAME: TEST T THOMAS SSN: 400-00-1018

SECTION A:

LINE 2: 5344 (NOTE: FROM C-EZ AND K-1 INCOME)

FORM 8283:

SECTION A:

PART I:

LINE 1A(a): BEST WILL

JEWELL OH 43530

LINE 1A(b): FURNITURE

LINE 1A(c): 11-10-2004

LINE 1A(d): 06-1997

LINE 1A(e): PURCHASED

LINE 1A(f): 1800

LINE 1A(g): 580

LINE 1A(h): THRIFT SHOP VALUE

FORM 8884:

PART I:

LINE 8: 600

ETD TRANSMISSION:

FORM 9465:

LINE 3: (614)555-1021; 6:30PM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 494

LINE 10: 31

LINE 11: 25

LINE 12: 10

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Department of the Treasury - Internal Revenue Service

Form 1040 (200	4)TES	ST T THOMAS	400	-00-1018 Page 2
	37	Amount from line 36 (adjusted gross income)	37	21,421
Tax and	38a	Check Y You were born before January 2, 1940, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1940, Blind. Checked ▶38a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here	8.4.2.A	
Deduction for		Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	2,360
	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	19,061
People who checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · · · · · · ·	41	3,100
who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- • •	42	15,961
claimed as a dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	2,039
see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	44	2,000
All others:	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	45	2,039
Single or Married filing	46	Foreign tax credit. Attach Form 1116 if required •••••• 46		27000
separately,	47		1500	
\$4,850		Credit for child and dependent care expenses. Attach Form 2441 • • • • 47 Credit for the elderly or the disabled. Attach Schedule R • • • 48		
Married filing	48	Education credits. Attach Form 8863 · · · · · · · · · 49	1	
jointly or Qualifying	49		\exists	
widow(er),	50	Treatment dayings contributions of care, recommendations	\mathbb{H}^{-1}	
\$9,700	51	of Martax Crossit (Coop page 0.7)	-	
Head of	52	/ doption ordat. / teach i of the	1	
household, \$7,150	53	Oledite Hell.	-	
***	54	Other credits. Check applicable box(es): a Form 3800		
		b Form 8801 c X Specify 8884 · · · · 54 600		
	55	Add lines 46 through 54. These are your total credits	55	600
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	1,439
Other	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	755
Taxes	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
Iaxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59	
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	61	·
	62	Add lines 56 through 61. This is your total tax	62	2,194
Payments	63	Federal income tax withheld from Forms W-2 and 1099 - · · · 63		
	_64	2004 estimated tax payments and amount applied from 2003 return 64 1, 400		
If you have a gualifying	65a	Earned income credit (EIC) 65a		
child, attach	b	Nontaxable combat pay election •• • 65b		
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)		
	67	Additional child tax credit. Attach Form 8812 • • • • • • 67		
	68	Amount paid with request for extension to file (see page 54) · · 68 300		•
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69		
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments • • • • • • • •	70	1,700
Defined	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • •	71	
Refund	72a	Amount of line 71 you want refunded to you	72a	
Direct deposit? See page 54	▶ b	Routing number		
and fill in 72b,	▶ d	Account number		
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · ▶ 73		
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	494
You Owe	75	Estimated tax penalty (see page 55) · · · · · · · · · 75		
	Do y	ou want to allow another person to discuss this return with the IRS (see page 56)?	Comple	te the following. No
Third Party	Desig	nee's name Phone no. Personal ident	tification	
Designee	▶JOI	HN DOE ▶888-555-1111 number (PIN)		▶ 1 1 1 2 2 2 ▶
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	e best of	my knowledge and
Here	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer	1
Joint return?	Your	signature Date Your occupation		Daytime phone number
See page 17.		ENTREPRENEUR		_
Keep a copy for your	Spous	se's signature. If a joint return, both must sign. Date Spouse's occupation		
records.				
.	Prepa	Date Check if	Pre	parer's SSN or PTIN
Paid	signat			· · · · · · · · · · · · · · · · · · ·
Preparer's		name (or EIN		
Use Only		if self-employed), ss, and ZIP code		
	audie	Phon	e no.	
				Form 1040 (2004)

TEST # 19:

FORMS REQUIRED: FORM 1040, SCH C, SCH D, SCH SE, FORM 2555(2), FORM 4972, FORM 6252

INFORMATION RETURNS ATTACHED: FORM 1099-R (3), FORM W-2 (1), FORM 2439 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 31: 1313

STATEMENTS: FORM 1040, LINE 21, OTHER INCOME FORM 2555, LINE 42, DEDUCTIONS

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE PHONE: 888-555-1111 PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST A HOAGIE

DOB: 04-15-1939

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

NAME: TUNA S HOAGIE SPOUSE:

> DOB: 04-15-1949 DISABLED: NO

SSN: 400-00-1019

OCCUPATION: SPORT FISHING GUIDE

PRES ELEC FUND: YES

BLIND: NO

SSN: 400-00-2019

OCCUPATION: WAITRESS PRES ELEC FUND: YES

SSN: 400-00-1019

BLIND: NO

CHECK DIGITS FROM IRS LABEL: VX

ADDRESS: 123 FRONT ST

PUNTA GORDA BELIZE .

FILING STATUS: MARRIED FILING JOINTLY

LINE 6d: 2

SCHEDULE C:

NAME OF PROPRIETOR: TEST A HOAGIE

LINE A: FISHING GUIDE

LINE B: 114110

LINE C: PUNTA GORDA SPORT FISHING ASSOCIATION

LINE E: 101 FRONT STREET

PUNTA GORDA BELIZE

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 20000

PART II:

LINE 8: 500

LINE 15: 1500

LINE 22: 3000

SCHEDULE D:

PART II:

LINE 11: (f)

2852 (NOTE: FROM FORMS 6252 AND 2439)

SCHEDULE SE :

NAME: TEST A HOAGIE

SSN: 400-00-1019

SECTION A:

LINE 2: 15000

FORM 2555 #1:

NAME: TEST A HOAGIE

SSN: 400-00-1019

PART I:

LINE 1: 123 FRONT ST PUNTA GORDA BELIZE

POST OF DUTY CODE: 45

LINE 2: SPORT FISHING GUIDE

LINE 3: PUNTA GORDA SPORT FISHING ASSOCIATION

LINE 4b: 101 FRONT ST PUNTA GORDA BELIZE

LINE 5c: X

LINE 6a: 2003

LINE 6c: NO

LINE 7: UNITED STATES

LINE 8a: NO

LINE 9: PUNTA GORDA BELIZE 02-10-2001

PART II:

LINE 10: BEGAN 02-10-2001 AND ENDED 12-31-2004

LINE 11a: X

LINE 12a: YES

LINE 12b: SPOUSE 02-10-2001 TIL 12-31-2004

LINE 13a: YES

LINE 13b: YES

LINE 15a: NONE

LINE 15b: EMPLOYMENT

LINE 15c: NO

LINE 15d: NO

PART IV:

LINE 20a: 20000

PART V:

CLAIMING HOUSING EXCLUSION: NO

PART VII:

LINE 36: 366

PART VIII:

LINE 42: 7373

LINE 42 LITERAL: (STATEMENT #2)

FORM 2555 #2:

NAME: TUNA S HOAGIE

SSN: 400-00-2019

PART I:

LINE 1: 123 FRONT ST PUNTA GORDA BELIZE

POST OF DUTY CODE: 45

LINE 2: WAITRESS

LINE 3: RONS RIB RACK ON THE RIVER

LINE 4b: 15 RIVERFRONT RD PUNTA GORDA BELIZE

LINE 5a: X LINE 6a: 2003 LINE 6c: NO

LINE 7: UNITED STATES

LINE 8a: NO

LINE 9: PUNTA GORDA BELIZE 02-10-2001

PART II:

LINE 10: BEGAN 02-10-2001 AND ENDED 12-31-2004

LINE 11a: X LINE 12a: YES

LINE 12b: SPOUSE 02-10-2001 TIL 12-31-2004

LINE 13a: YES LINE 13b: YES LINE 15a: NONE

LINE 15b: EMPLOYMENT

LINE 15c: NO LINE 15d: NO

PART IV:

LINE 19: 5000

PART V:

CLAIMING HOUSING EXCLUSION: NO

PART VII: LINE 36: 366

FORM 4972:

NAME: TEST A HOAGIE SSN: 400-00-1019

PART I:

LINE 1: YES

LINE 2: NO

LINE 3: YES

LINE 4: NO

LINE 5a: NO

LINE 5b: NO

PART II:

LINE 6: 8000

PART III:

LINE 8: 35800

FORM 6252:

LINE 1: LAKEFRONT PROPERTY

LINE 2a: 02-20-1996 LINE 2b: 05-01-1999

LINE 3: NO

PART II:

LINE 19: 40.000 LINE 21: 2130 LINE 23: 22967

ETD TRANSMISSION:

FORM 2350:

LINE 1: 06-15-2005

LINE 2: NO

LINE 3: NO

LINE 4a: 02-10-2001

LINE 4b: BEGINS 02-10-2001; ENDS 12-31-2004 LINE 4c: 123 FRONT ST PUNTA GORDA BELIZE

LINE 4d: 06-10-2005

LINE 5: 0

TAXPAYER PIN: 95135 SPOUSE PIN: 35715

SIGNATURE DATE: 04-15-2005

Form 1040	Depa	irtment of the Treasury - Internal Revenue Service S. Individual Income Tax Ret	urn 20	004	(99) IRS	Use Only-	-Do not writ	e or staple in this spa	ace.
- Oilli 10-40		ne year Jan. 1-Dec. 31, 2004, or other tax year beginning		, 2004, e	nding		, 20	OMB. No. 154	5-0074
			Last name				Your socia	security number	
(See A	TEST	A	HOAGIE				400	-00-1019	
			Last name				•	social security number	er .
Use the IRS	TUNA		HOAGIE					-00-2019	
	me addre	ss (number and street). If you have a P.O. box, see page	16.		Apt	. no.		Important!	
Otherwise, E please print R	123_	FRONT ST						ou must enter	•
or type. E Ci	•	post office, state, and ZIP code. If you have a foreign a	ddress, see Babbe 17.61. Z	E			y	our SSN(s) above	<u>e.</u>
Presidential	PUNT	A GORDA		er rofun			You	Spouse	
Election Campai	gn	Note. Checking "Yes" will not change you Do you, or your spouse if filing a joint retu				▶ [5	X Yes	No X Yes	No
(See page 16.)	0: 1	Do you, or your spouse it filing a joint retu			hold (with qualify	1			
Filing 2 V	Single	d filing jointly (even if only one had income)	the q	ualifying ; hild's nan	erson is a child b	out not you	dependent	, enter	
Status -	_		this c	nijo s nan	ne nere.				
Check only		filing separately. Enter spouse's SSN above and full	5 Qua	lifying v	vidow(er) with	depende	ent child (see page 17)	
one box. name	here.	X Yourself. If someone can claim you as a					•• 7	Boxes checked on 6a and 6b	2
Exemptions	Va	A Todaloom in composite care standing	•					No. of children	
	b	X Spouse · · · · · · · · · · · · · · · · · · ·			· · · · · · · ·		<u></u>	on 6c who:	
		Dependents:	(2) Dependent's		(3) Dependent's	(4) C	heck if ying child	 lived with you 	
/1	I) First nar		social security numbe		relationship to you	for c	check if ying child hild tax (see pg18)	 did not live with you due to divorce 	
	7							or separation (see page 18)	
If more than four — dependents, see							4	Dd	
page 18.								Dependents on 6c not entered above	
_			······································					Add numbers on	۾ ا
	d	Total number of exemptions claimed • • •				· · · ·		fines above	2
	7	Wages, salaries, tips, etc. Attach Form(s) W-	2				7	٠ ۾	000
Income	_	- Allert Cabadala P if require	ad				. 8a		000
Attach Form(s)	8a	Taxable interest. Attach Schedule B if require Tax-exempt interest. Do not include on line		8b					
W-2 here. Also	b	Ordinary dividends. Attach Schedule B if req					• 9a		
attach Forms W-2G and	9a b	Qualified dividends (see page 20) • • • •		9b					
1099-R if tax was withheld.	10	Taxable refunds, credits, or offsets of state a	nd local income tax	es (se	page 20) · ·		- 10		
was withheld.	11	Alimony received · · · · · · · · · · ·					. 11		
If you did not	12	Business income or (loss). Attach Schedule	C or C-EZ · · ·				- 12	15,	000
get a W-2,	13	Capital gain or (loss). Attach Schedule D if re	quired. If not requi	red, che	eck here 🕨 🔹	• • •	13	2,	852
see page 19.	14	Other gains or (losses). Attach Form 4797				• • • •	- 14		
Enclose, but do	15a	IRA distributions · · · · 15a	11,500	b Taxa	able amount (s	ee page 22	·		000
not attach, any payment. Also,	16a		46,000		able amount (s			44,	000
please use	17	Rental real estate, royalties, partnerships, S	corporations, trusts	s, etc. /	Attach Schedu	lle E • •			······
Form 1040-V.	18	Farm income or (loss). Attach Schedule F	• • • • • • • •	• • • •			18		
	19	Unemployment compensation · · · · ·		 L T			19 20b		
	20a	Social security benefits · · 20a		D Taxa	able amount (s	ee page 24	1) 205		
	21	Other income. STATEMENT # 1					21	(17.	627)
	00	Add the amounts in the far right column for li	nes 7 through 21.	This is v	our total inco	ome · ·			225
	22			23					
A 15	24	Certain business expenses of reservists, performing art	ists and		.,				
Adjusted	47	fee-basis government officials. Attach Form 2106 or 210	I	24					
Gross	25	IRA deduction (see page 26) · · · · ·		25					
Income	26	Student loan interest deduction (see page 28		26					
	27	Tuition and fees deduction (see page 29) •		27					
	28	Health savings account deduction. Attach Fo	rm 8889 • • • •	28			_		
	29	Moving expenses. Attach Form 3903 • • •		29]		
	30	One-half of self-employment tax. Attach Sch		30		060	_		
•	31	Self-employed health insurance deduction (s		31	1,	313	431		
	32	Self-employed SEP, SIMPLE, and qualified p		32		· · · · · · · · · · · · · · · · · · ·	-		
	33	Penalty on early withdrawal of savings • •	• • • • • • • •	33			+ $-$		
	34a	Alimony paid b Recipient's SSN▶		34a			• 35	ာ	, 373
	35	Add lines 23 through 34a · · · · · · · · · · · · · · · · · · ·	iveted arnee inco	me			36		852
	36	Supregrating as from line ZZ. This is your au -	LUCIOU MICOS IIICO			.,		J J J	

Form 1040 (200)	4ነጥቱ፣ ና	ST A & TUNA S HOAGIE	400	-00-1019 Page 2
F0111 1040 (200-	37	Amount from line 36 (adjusted gross income)	37	56,852
Tax and		Check X You were born before January 2, 1940, Blind. Total boxes		
Credits	Jou	if: Spouse was born before January 2, 1940, Blind. checked >38a 1		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here		
Deduction	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	10,650
for		Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	46,202
People who	40	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
checked any box on line	41	line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · ·	41	6,200
38a or 38b or who can be		Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	40,002
claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is find that line 40, effect 4072	43	10,084
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b X Form 4972 · · ·	44	10,004
All others:	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	45	10 004
Single or	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	45	10,084
Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46	-	
separately, \$4,850	47	Credit for child and dependent care expenses. Attach Form 2441	- 1	
	48	Credit for the elderly or the disabled. Attach Schedule R • • • 48		
Married filing jointly or	49	Education credits. Attach Form 8863 · · · · · · · · · 49	- 1	
Qualifying	50	Retirement savings contributions credit. Attach Form 8880 · · · 50	4 1	
widow(er), \$9,700	51	Child tax credit (see page 37) · · · · · · · · · · 51	4 1	
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · · 52	4	
household,	53	Credits from: a Form 8396 b Form 8859 · · · 53		
\$7,150	54	Other credits. Check applicable box(es): a Form 3800		
	J	b Form 8801 c Specify · · · · · 54	7	
	55	Add lines 46 through 54. These are your total credits	55	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	10,084
	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	2,120
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H	61	
		Add lines 56 through 61. This is your total tax	62	12,204
	62 63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 13,000	1.00	FORM 1099
Payments	- 64	2004 estimated tax payments and amount applied from 2003 return • • • • 64	1	
If you have a	04 65a	Earned income credit (EIC) 65a	1	•
qualifying	_		7	•
child, attach Schedule EIC.	b			
00,100	∫ 66 67	Excess social security and tier 1 RRTA tax withheld (see page 54) 66 Additional child tax credit. Attach Form 8812 67	7	
	67	Amount paid with request for extension to file (see page 54) - 68	1	
	68	Other payments from: a X Form 2439 b Form 4136 c Form 8885 69 100	1	
	69	Other payments from: a X Form 2439 b Form 4136 c Form 8885 69 100 Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	13,100
	70		71	896
Refund	71	If the 70 is those than time 62, subtract time 62 from time 75. This is the site site site of the first site of the firs	72a	896
Direct deposit?	72a	Amount of line 71 you want refunded to you Pouting number Y Y Y X X X X X X De Type: Checking Savings	140	0.50
See page 54	P D	Rodeling Harmoon K K K K K K K K K K K K K K K K K K	13-	
and fill in 72b, 72c, and 72d.	▶ d			
720, and 720.	73	Amount or line / 1 you want. applied to your 2000 estimated tax	74	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	"	
You Owe	75	Estimated tax penalty (see page 66)	Comple	te the following.
Third Darbs	•	you want to disor another percent a assess to the	Comple	te the following.
Third Party	Desi	gnee's name Phone no. Personal ide	ntification	► 1 1 1 2 2
Designee	▶ J0	HN DOE ▶828-555-1111 number (PIN		
Sign	Unde	er penaities of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t f, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ne best of	r my knowledge and r has any knowledge.
Here	belie		, p. pa. 0	Daytime phone number
Joint return?	Your	signature Date Your occupation		- Sayama priorio namboi
See page 17.		SPORT FISHING GU	LDE	
Keep a copy for your	Spot	se's signature. If a joint return, both must sign. Date Spouse's occupation		
records.		WAITRESS		
	Prep	Date Check if	– ⊢ Pre	eparer's SSN or PTIN
Paid		self-employed		***
Preparer's		s name (or EIN		
Use Only		s if self-employed), ess, and ZIP code		,
	addr	Pho	ne no.	
				Form 1040 (2004)

a Control number	Safe, accurate, Visit the IRS website OMB No. 1545-0008 Safe, accurate, irs e-file at www.irs.gov.
b Employer identification number 99-1234567	1 Wages, tips, other compensation 2 Federal income tax withheld 5,000
C Employer's name, address, and ZIP code RONS RIB RACK ON THE RIVER	3 Social security wages 5,000 Social security tax withheld 310
15 RIVERFRONT RD PUNTA GORDA BELIZE	5 Medicare wages and tips 5,000 7 Social security tips 6 Medicare tax withheld 73
d Employee's social security number $400-00-2019$	9 Advance EIC payment 10 Dependent care benefits
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12
TUNA S HOAGIE 123 FRONT ST PUNTA GORDA BELIZE	13 Statutory Retmnt. Third-party sick pay 8
f Employee's address and ZIP code 5 State Employer's state I.D. no. 16 State wages, tips, etc. 17 State	ate income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

	COR	RECTED (if check	ed)	-	
PAYER'S name, street address, city,	itate, and ZiP code	1 Gross distribution	OMB No. 1545-0119	Pon	istributions From
PROVOLONE CREDIT		\$ 11,500 2a Taxable amount \$ 10,000	2004 Form 1099-R	ren	sions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
SANDWICH	MA 02563	2b Taxable amount	Total	,, 	Сору В
		not determined	distribution		Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld		income on your Federal tax return. If this
04-2131324	400-00-1019	\$	\$ 2,	000	form shows Federal income
RECIPIENT'S name	100 00 1010	5Employee contribution or insurance premium	6 Net unrealized appreciation in employer's securities	_	tax withheld in box 4, attach this copy to your return.
TEST A HOAGIE Street address (including apt. no.)		7 Distribution SEP SIMPLE	/ Sunei		This information is
123 FRONT ST		7 <u>X</u>	\$	%	being furnished to the Internal
City, state, and ZIP code	T 0 17	9a Your percentage of total distribution	9b Total employee contribu	tions	Revenue Service.
PUNTA GORDA BEL	IZE -	10 State tax withheld	11 State/Payer's state no.		12 State distribution
Account number (optional)		\$	MA		\$
		\$			\$
		13 Local tax withheld	14 Name of locality		15 Local distribution
		\$			\$
		\$			\$

	CORR	ECTED (if ch	ecke	d)	_	
PAYER'S name, street address, city, star	te, and ZIP code	1 Gross distribut	ion	OMB No. 1545-0119	Por	istributions From
PUMPERNICKLE RYE	AND HOAGIE	\$ 46.0 2a Taxable amounts \$ 44.0	nt	2004 Form 1099-R	rei	isions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
SANDWICH	MA 02563	2b Taxable amou	nt	Total	 	Copy B
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (ind		4 Federal income tax withheld		Report this income on your Federal tax return. If this
04-9876542	400-00-2019	\$ 8,0	00	\$ 8	,800	form shows Federal income
RECIPIENT'S name		5Employee contri or insurance pre	butions emiums	6 Net unrealized appreciation in employer's securities		tax withheld in box 4, attach this copy to your return.
TUNA S HOAGIE Street address (including apt. no.)		7 Distribution	IRA/ SEP/ SIMPLE	8 Other		This information is being furnished to
123 FRONT ST		7	ge of	\$	%	the Internal
City, state, and ZIP code	7 M	9a Your percenta total distribution	on %	9b Total employee contribu	tions	Revenue Service.
PUNTA GORDA BELIZ	<u>.</u>	10 State tax withh		11 State/Payer's state no.	<u> </u>	12 State distribution
Account number (optional)		\$		MA		\$
		\$				\$
		13 Local tax with	neld	14 Name of locality		15 Local distribution
		\$		· · · · · · · · · · · · · · · · · · ·		\$
		\$				\$

Department of the Treasury - Internal Revenue Service

	COR	RRECTED (if check	ed)	_
PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From
ASSOCIATED RETIREMENT		\$ 43,800 2a Taxable amount \$ 43,800	2004 Form 1099-R	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
ATLANTA	GA 30301	2b Taxable amount	Total	Сору В
		not determined	distribution	Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	income on your Federal tax
04-1466321	400-00-1019	\$ 8,000	\$ 2,	return. If this form shows 200 Federal income
RECIPIENT'S name		5 Employee contribution or insurance premium	6 Net unrealized appreciation in employer's securities	tax withheld in box 4, attach this copy to your return.
TEST A HOAGIE		\$	\$	your return.
Street address (including apt. no.)		7 Distribution IRA/ SEP Code SIMPL	/ Culei	This information is
123 FRONT ST	•	7A	\$	being furnished to
City, state, and ZIP code		9a Your percentage of total distribution	9b Total employee contribu	
PUNTA GORDA BELI	ZE .	%		
Account number (optional)		10 State tax withheld	11 State/Payer's state no.	12 State distribution
		\$	MA	\$
		\$	44	\$
		13 Local tax withheld	14 Name of locality	15 Local distribution
	•	\$		\$
		\$		\$

VOID	CORRECTED		
Name. address, and ZIP code of RIC or REIT ACME INVESTMENT CORP 2041 INVEST STREET AUSTIN TX 78774	OMB No. 1545-0145 2004 Form 2439	Notice to Shareholder of Long-Term Capit For calendar year 2004, or othe regulated investment comparate investment trubeginning ending	al Gains r tax year of the ny (RIC) or the
Identification number of RIC or REIT	1a Total undistributed lo	ong-term capital gains	
11111111	2,	000	Copy B
Shareholder's identifying number	1b Unrecaptured section	n 1250 gain	Attach to the
400-00-1019			shareholder's income tax return
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectibles (28%) gain	for the tax year
TEST A HOAGIE			that includes the
	2 Tax paid by the RIC	or REIT on the box 1a gains	last day of the RIC
123 FRONT ST			or REIT's tax year.
PUNTA GORDA BELIZE		100	

		·	

TEST # 20

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH C-EZ, SCH E PG 2, SCH SE, SCH SE PG2, FORM 2106, FORM 3903, FORM 4684, FORM 6251, FORM 8812, FORM 8839

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 19: 2670

FORM 1040, LINE 64: 500

FORM 1040, LINE 66: 198

STATEMENTS: FORM 1040, LINE 6C, DEPENDENT LIST

OTHER: W-2 FROM FICA CIRCUS IS NON-STANDARD

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST R DE LA HALO

DOB: 04-10-1975

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1020

OCCUPATION: TREE TRIMMER

PRES ELEC FUND: NO

BLIND: NO

SPOUSE: NAME: RUBY D MONDAY

DOB: 03-20-1977

DISABLED: NO

SSN: 400-00-2020

OCCUPATION: ANIMAL TRAINER

PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: DV

ADDRESS: 7 HEAVENS LN

BETHLEHEM, KY 40007

FILING STATUS: MARRIED FILING JOINTLY

LINE 6d: 9

DEPENDENT INFORMATION: NAME ANGELA DE LA HALO GABRIEL DE LA HALO MICHAEL MONDAY LUCKY MONDAY ARCHIBALD DE LA HALO	AGE 6 9 10 11 12	SSN 400-55-3020 400-55-4020 400-55-5020 400-55-6020 900-93-7020	RELATIONSHIP DAUGHTER SON SON DAUGHTER SON	# MO 12 12 12 12 12	CHILD TAX CR X X X X X X
ARCHIBALD DE LA HALO DAVID SAINT MARY SAINT	60 58	400-55-8020 400-55-9020	PARENT PARENT	0	Α

SCHEDULE A:

LINE 1: 10500

LINE 5: 1273 (FORM W-2)

LINE 6: 97

LINE 7: 186

LINE 10: 3500

LINE 15: 2000

LINE 20: 1978 (FORM 2106)

LINE 21: 150

SCHEDULE C:

NAME OF PROPRIETOR: TEST R DE LA HALO

SSN: 400-00-1020

LINE A: LAWN SERVICES

LINE B: 561730

LINE C: HALO LAWN SERVICES

LINE E: 12 GREENWAY LN

LOS ANGELES CA 90075

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 16780

PART II:

LINE 15: 2216

LINE 21: 1502

LINE 22: 1800

SCHEDULE C-EZ:

NAME OF PROPRIETOR: RUBY D MONDAY SSN: 400-00-2020

PART I:

LINE A: ANIMAL TRAINING

LINE B: 812910

LINE C: RUBYS RULES

PART II:

LINE 1: 1667

LINE 2: 768 (NOTE: CAR & TRUCK EXPENSE 323

SUPPLIES445)

PART III:

LINE 4: 01-25-2004

LINE 5: (a) 860 (b) 200 (c) 16700

LINE 6: YES

LINE 7: YES

LINE 8a: YES

LINE 8b: YES

SCHEDULE E, PAGE 2:

PART II

LINE 27: NO

LINE 28A(a): TREES, INC

LINE 28A(b): S

LINE 28A(d): 56-1823899

LINE 28A(g): 1200

SCHEDULE SE #1:

NAME : TEST R DE LA HALO

SSN: 400-00-1020

SECTION A: LINE 2: 11262

SCHEDULE SE #2 (PAGE 2):

NAME : RUBY D MONDAY

SSN: 400-00-2020

SECTION B: PART I:

LINE 2: 899

FORM 2106:

NAME: RUBY D MONDAY SSN: 400-00-2020

OCCUPATION: ANIMAL TRAINER

PART I:

STEP 1: (A) (B)

LINE 1: 1888

LINE 2: 45

LINE 5: 190

LINE 7: 100

PART II:

SECTION A: (a) VEHICLE 1

LINE 11: 05-01-2000

LINE 12: 4000

LINE 13: 3000

LINE 15: 2

LINE 16: 520

LINE 18: YES

LINE 19: YES

LINE 20: YES

LINE 21: YES

SECTION C: (a) VEHICLE 1

LINE 23: 742

LINE 27: 557

LINE 28: 1331

SECTION D: (a) VEHICLE 1

LINE 30: 18000

LINE 32: 13500

LINE 33: 200 DB 11.52%

FORM 3903:

MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1100

MILEAGE FROM OLD HOME TO OLD WORKPLACE: 12

LINE 1: 500

LINE 2: 763

LINE 4: 1000 (NOTE: FROM W-2)

FORM 4684:

INCIDENT DATE: 07-04-2004

SECTION A:

TYPE LOCATION LINE 1:

DATE ACQUIRED PROPERTY A: **JEWELRY** 7 HEAVENS LN 12-24-2001

PROPERTY A

LINE 2: 14000

LINE 3: 3400

LINE 5: 14800

LINE 6:

FORM 8839:

PART I:

LINE 1: (a) (f)

(b) (e) 1992 X 900-93-7020 CHILD 1: ARCHIBALD DE LA HALO X

PART II:

LINE 3: NO

LINE 5: 5000

LINE 8: 95860

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1615

LINE 5: 13637

LINE 6: 0

a Control number		OMB	Safe, accurate, FAST! Use irs e-	Visit the IRS website at www.irs.gov.
b Employer identification number 61-6270532			1 Wages, tips, other compensation 77,700	Federal income tax withheld 10,800
C Employer's name, address, and ZIP code ANIMAL STAR CIRCUS			3 Social security wages 87,900 5 Medicare wages and tips	Social security tax withheld 5 , 450 Medicare tax withheld
RR 72 BOX 187 BETHLEHEM	KY	40007	7 Social security tips	1,275 8 Allocated tips
d Employee's social security number $400-00-2020$			9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial	Last name	· · · · · · · · · · · ·	11 Nonqualified plans	12a See instructions for box 12
RUBY D MOI 7 HEAVENS LN BETHLEHEM f Employee's address and ZIP code	NDAY KY	40007	13 Statutory Retmnt. Third-party sick pay 14 Other	
	State wages, tips, etc. 77,700		e tax 18 Local wages, tips, etc. 19 Local in 250	ncome tax 20 Locality name

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

a Control number	OMB No. 1545-	Safe, accurate, FAST! Use irs e-	Visit the IRS website at www.irs.gov.
b Employer identification number 61-2987342		1 Wages, tips, other compensation 3, 200	2 Federal income tax withheld 7.8
C Employer's name, address, and ZIP code FICA CIRCUS 123 BLUEBIRD CIRCLE BETHLEHEM KY	40007	3 Social security wages 3,200 5 Medicare wages and tips 3,200 7 Social security tips	Social security tax withheld
d Employee's social security number 400-00-2020 e Employee's first name and initial Last name		9 Advance EIC payment 11 Nonqualified plans	10 Dependent care benefits 12a See instructions for box 12
RUBY D MONDAY 7 HEAVENS LN BETHLEHEM KY	40007	13 Statutory Retmnt. Third-party sick pay	8 L 100
f Employee's address and ZIP code 15 State Employer's state I.D. no. KY 619823 3,200	17 State income tax 23	18 Local wages, tips, etc. 19 Local in	ncome tax 20 Locality name

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

Form 1040	Ü.	S. Individual Income Tax	Return 20	04 (99)	IRS Use Or	ly-Do not wri	te or staple in this sp	ace.
	For t	he year Jan. 1-Dec. 31, 2004, or other tax year t	peginning ,	2004, ending		, 20	OMB, No. 154	45-0074
Label L	Your first na	me and initial	Last name			Į.	al security number	
(See A instructions B	TEST		DE LA HALO		·	400	<u>-00-1020</u>	
on page 16.) E	If a joint retu	ım, spouse's first name and initial	Last name				social security numb	er
Use the IRS	RUBY		MONDAY		A-1	400	-00-2020	
Otherwise,		ess (number and street). If you have a P.O. box,	see page 16.		Apt. no.		Important	! A
please print R		AVENS LN					ou must enter	
or type. E	-	r post office, state, and ZIP code. If you have a		007		у	our SSN(s) abov	e.
Presidential		LEHEM		007		J You	Spouse	
Election Camp		Note. Checking "Yes" will not char Do you, or your spouse if filing a jo				Yes		No
(See page 16.)					th qualifying person			110
Filing 1		d filing jointly (even if only one had inco	└ the out	alifying person is	a child but not yo			
Status 3				ild's name here.				
Check only		filing separately. Enter spouse's SSN above and		fvina widow(er) with depend	dent child (see page 17)	
one box. na	ame here.	X Yourself. If someone can claim yo					Boxes checked	2
Exemption	s	A Careen in pointerie can claim ye					on 6a and 6b	
	b	X Spouse · · · · · · · · · · · · · · · · · · ·					No. of children on 6c who;	
		Dependents:	(2) Dependent's		endent's (4	Check if	● lived with you	5
	(1) First nar	-	social security number	relation	ship to for	child tax dit (see pg18)	 lived with you did not live with you due to divorce 	
16	STATEM						or separation (see page 18)	
If more than four dependents, see								
page 18.							Dependents on 6c not entered above	2
							Add numbers on	
	d	Total number of exemptions claimed		• • • • • •			lines above	9
	7	Wages, salaries, tips, etc. Attach Forn	n(s) W-2			- <u>-</u>		000
Income						7	80,	900
Attach Form(s	8a s) .	Taxable interest. Attach Schedule B is				- 8a		
W-2 here. Als	o b	Tax-exempt interest. Do not include	· · · · · · · · · · · · · · · · · · ·	8D	,	• 9a		
attach Forms W-2G and		Ordinary dividends. Attach Schedule	,	9Ь		y sa		
1099-R if tax	b	Qualified dividends (see page 20) • • Taxable refunds, credits, or offsets of			20\	. 10		
was withheld	. 10 11	Alimony received • • • • • • • •		ss (see page	20)	- 11		
If you did not	12	Business income or (loss). Attach Sc				<u> </u>	12.	161
get a W-2,	13	Capital gain or (loss). Attach Schedule				13		+
see page 19.	14	Other gains or (losses). Attach Form	4797			. 14		
Enclose, but d		IRA distributions · · · · · 15a			nount (see page :	22) 15b		
not attach, any	y 162	Pensions and annuities 16a			ount (see page			
payment. Also please use	17	Rental real estate, royalties, partnersl	nips, S corporations, trusts,	etc. Attach	Schedule E •	- 17	1,	200
Form 1040-V.	18	Farm income or (loss). Attach Sched	ule F			- 18		
	19	Unemployment compensation · · ·				19	2,	670
	20a	Social security benefits 20a	t	Taxable an	nount (see page	24) 20 b	<u> </u>	
	21	Other income.	· · · · · · · · · · · · · · · · · · ·			_		
						21		
	22	Add the amounts in the far right colun			al income ·	▶ 22	96,	931
	23	Educator expenses (see page 26)	<u> </u>	23				
Adjusted	24	Certain business expenses of reservists, performance						
Gross		fee-basis government officials. Attach Form 21		24 25				
Income	25	IRA deduction (see page 26) · · · ·		26		-1		
	26 27	Student loan interest deduction (see page Tuition and fees deduction (see page		27		\dashv		
	27 28	Health savings account deduction. At		28		+		
	28 29	Moving expenses. Attach Form 3903		29	263			
	30	One-half of self-employment tax. Atta		30	808	\dashv		
	30 31	Self-employed health insurance dedu		31				
	32	Self-employed SEP, SIMPLE, and qu		32				
	33	Penalty on early withdrawal of saving		33	······································			
	34a			34a	· · · · · · · · · · · · · · · · · · ·			
	35	Add lines 23 through 34a · · · ·				· · 35		071
	36	Subtract line 35 from line 22. This is y				▶ 36		860

Form 1040 (200	4)ጥE.S	T R DE LA HALO & RUBY D MONDAY	400	-00-1020 Page 2
1 01111 10 10 (220	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·	37	95,860
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1940, Blind. checked ▶38a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here		
Deduction		Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	11,491
for—	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	84,369
 People who checked any 	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · · · · · · ·	41	27,900
who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	56,469
claimed as a dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	7,756
see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	44	183
All others:	45	Add lines 43 and 44	45	7,939
Single or Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46		
separately,	47	Credit for child and dependent care expenses. Attach Form 2441		
\$4,850	48	Credit for the elderly or the disabled. Attach Schedule R · · · 48		
Married filing	49	Education credits. Attach Form 8863 · · · · · · · · · 49		
jointly or Qualifying	50	Retirement savings contributions credit. Attach Form 8880 · · · 50		
widow(er), \$9,700	51	Child tax credit (see page 37)	7	
	52	Adoption credit. Attach Form 8839 · · · · · 52 5,000	7	
Head of household,	53	Credits from: a Form 8396 b Form 8859 · · · · 53		
\$7,150	54	Other credits. Check applicable box(es): a Form 3800		
L) 34	b Form 8801 c Specify · · · · 54		
	55	Add lines 46 through 54. These are your total credits	55	7,939
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	0
	57	Self-employment tax. Attach Schedule SE	57	1,615
Other	57 58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
Taxes		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59	
14.70	59	Advance earned income credit payments from Form(s) W-2	60	
	60	Household employment taxes. Attach Schedule H	61	
	61	Add lines 56 through 61. This is your total tax	62	1,615
	62	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 10,878		1,013
Payments	63		1	
If you have a	64	2004 estimated tax payments and amount approximations and amount approximations and amount approximations and amount approximations are also and amount approximations and amount approximations are also and amount approximations are also and amount approximations are also and amount approximations are also and amount approximations are also and amount approximations are also and amount approximations are also and amount approximations are also also and amount approximations are also and amount approximation and amount approximation are also and a second and a second are also and a second are also and a second are also and a second are also and a second are also and a second are also and a second are also and a second are also and a second are also a second ar	-	
qualifying	65a	Earned Income Great (219)		
child, attach Schedule EIC.	b	Northaxable combat pay election		
Scrieduic Ero.	66	Excess social security and tier 170077 tax manner (111 plane)		
	67	7.44		
	68	Amount paid with reducer for extension is the (+++ p-5-+)	\dashv	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69 Add lines 63, 64, 65a, and 66 through 69. These are your total payments · · · · · · ▶	70	13,637
	70		71	12,022
Refund	71	If line 70 is more than line 02, subtract line 02 individue 70.	72a	12,022
Direct deposit?	72a	Amount of line 71 you want refunded to you	, 20	12,022
See page 54	▶ b	Rodding named: A A A A A A A A A A A A A A A A A A A		
and fill in 72b, 72c, and 72d.	▶ d	A TA TA TA TA TA TA TA TA TA TA TA TA TA		
, 20, and , 20.	73	Amount of line /1 you want applied to your 2005 estimated tax	74	
Amount	74	Amount you owe. Subtract line 70 Horn line 32. 1 of details of the page 1	/-	New York Control of the Control of t
You Owe	75	Estimated tax penalty (see page 66)	Comple	ete the following.
Third Party		ou want to discuss product personal control of the	Somble	At the following.
-	Desig	nee's name Phone no. Personal ide		
Designee	<u> </u>	number (PIN	/	5 m. lineaude de
Sign	Unde	r penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ne best o n prepare	r my knowiedge and r has any knowledge.
Here		La .	,	Daytime phone number
Joint return?	Your	signature		
See page 17.		TREE TRIMMER Spouse's occupation Date Spouse's occupation		
Keep a copy for your	Spou	se s signature. Il a joint retain,		
records.		ANIMAL TRAINER	n-	anaror's SSN or DTIN
Daid	Prepa	Date Check if	Pro	eparer's SSN or PTIN
Paid	signa	ture sen-employed		
Preparer's		s name (or EIN	_ · · · · · ·	
Use Only		sif self-employed). ess, and ZIP code		
	gaare	Pho	пе по.	
				Form 1040 (200

TEST # 21

FORMS REQUIRED: FORM 1040, SCH A, SCH D, SCH E, SCH E PG2, FORM 2106 (2), FORM 4562, FORM 8082, FORM 8271, FORM 8582, FORM 8606 (2), FORM 8814 (3)

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 34a: 1200 SSN: 400-66-2021

FORM 1040, LINE 35: 400 SUB-PAY TRA

1500 CLEAN-FUEL VEHICLE

FORM 1040, LINE 64: 200

STATEMENTS: FORM 1040, LINE 35, ADJUSTMENTS

SCHEDULE A, LINE 20, UNREIMBURSED EMPLOYEE EXPENSES

OTHER: FORM W-2 FROM "WORKINGHARD INDUSTRIES" HAS 4 STATES

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST L CHARITY

DOB: 01-17-1962

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1021

OCCUPATION: CONSTRUCTION FOREMAN

PRES ELEC FUND: NO

BLIND: NO

SPOUSE: NAME: MARY B CHARITY

DOB: 05-21-1963 DISABLED: NO **SSN:** 400-00-2021

OCCUPATION: REAL ESTATE PROFESSIONAL

PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: AF

ADDRESS: 923 HOPE ST

FAITH, NC 28041-0923

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 5

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
JEFFREY CHARITY	8	400-55-3021	SON	12	X
SAMUEL CHARITY	10	400-55-4021	SON	12	X
SANDRA CHARITY	11	400-55-5021	DAUGHTER	12 .	Χ .

SCHEDULE A:

LINE 5: 1795 (INCLUDING \$600 OF STATE ESTIMATED TAXES)

LINE 7: 800

LINE 10: 4700

LINE 15: 400

LINE 20: 1896 FORM 2106

2580 FORM 2106

75 UNION DUES

SCHEDULE D: PART II: (c) (d) (e) LINE 8: (a) (b) 5 SHS ACME 02-03-2001 06-15-2004 620 580 LINE 13(f): 17 LINE 13 LITERAL: FORM 8814 SCHEDULE E: PART I: LINE 1A: CONDOMINIUMS (REAL ESTATE PROFESSIONAL PROPERTY) 24 ROSEANNE ST FAITH NC LINE 2A: NO LINE 3A: 72500 LINE 5A: 4900 LINE 6A: 4662 LINE 7A: 9763 LINE 8A: 5200 LINE 9A: 7644 LINE 10A: 1200 LINE 11A: 800 LINE 12A: 4255 LINE 13A: 618 LINE 14A: 3204 509 LINE 15A: LINE 16A: 8411 **LINE 17A:** 2870 LINE 18A: 200 (DUES & SUBSCRIPTIONS) 1860 (PEST CONTROL) NOTE: PROPERTY IS FULLY DEPRECIATED - NO DEPRECIATION TAKEN SCHEDULE E, PAGE 2: PART II: LINE 27: NO LINE 28A(a): CHARITY AND COMPANY LINE 28A(b): P LINE 28A(d): 56-0124344 LINE 28A(g): 3240 LINE 28B(a): FAITH CITY PARTNERS LINE 28B(b): P LINE 28B(d): 56-9485555 LINE 28B(f): 3240 (NOTE: TOTAL LOSS FROM FAITH CITY PARTNERS IS 4162 - SEE FORM 8582.) LINE 28C(a): SHELTERS, LTD **LINE 28C(b):** S LINE 28C(d): 56-4712345 **LINE 28C(j):** 52 PART V:

LINE 43: 16404

FORM 2106 #1:

NAME: TEST L CHARITY SSN: 400-00-1021

OCCUPATION: CONSTRUCTION FOREMAN

PART I:

STEP 1: (A) (B)

LINE 3: 1600

LINE 4: 460

LINE 5: 350

STEP 2:

LINE 7: 329 21 (NOTE: FROM FORM W-2)

FORM 2106 #2:

NAME: MARY B CHARITY SSN: 400-00-2021

OCCUPATION: REAL ESTATE PROFESSIONAL

PART I:

STEP 1: (A) (B)

LINE 1: 1365

LINE 3: 890

LINE 4: 325

LINE 5: 988

STEP 2:

LINE 7: 414 161 (NOTE: FROM FORM W-2)

PART II:

SECTION A: (a) **VEHICLE 1 LINE 11:** 12-01-2000

LINE 12: 18000

LINE 13: 3640

LINE 15: 5

LINE 16: 520

NOTE: TAKE STANDARD MILEAGE RATE

LINE 18: YES

LINE 19: YES

LINE 20: YES

LINE 21: YES

FORM 4562:

ACTIVITY: SCHEDULE E - 1

PART V:

LINE 24a: YES LINE 24b: YES

LINE 27:

(a) (b) (c)

AUTOMOBILE 06-01-2001 37%

(a) VEHICLE 1

LINE 30: 12432

LINE 31: 2600

LINE 32: 18536

LINE 34: YES

LINE 35: YES

LINE 36: YES

NOTE: TAKE STANDARD MILEAGE RATE

FORM 8082:

PART I:

LINE 1(a): X

LINE 3(a): X

LINE 4: 56-0124344

CHARITY & COMPANY LINE 5:

1876 GIVE AWAY BLVD

FAITH, NC 28041-0923

LINE 7: CINCINNATI, OH

LINE 8: 01-01-2004 TO 12-31-2004

LINE 9: 01-01-2004 TO 12-31-2004

PART II:

LINE 10:

(c) (b) AMOUNT OF ITEM (X) 26140 (d)

(e)

K-1 PART II LN N

37620

11480

PART III:

EXPLANATION:

10. ENDING CAP ACCT S/B 37620 SINCE WITHDRAWLS & DIST ARE OVERSTATED BY 11480

FORM 8271:

NAME: TEST L & MARY B CHARITY SSN: 400-00-1021

TAX YEAR ENDED: 12-31-2004

LINE 1: (a)

(b)

(c)

SHELTERS, LTD.

APPLIED FOR

56-4712345

APPLICANT NAME: SAMUEL SHIELDS

FORM 8582:

PART I:

LINE 3a: 3240 (NOTE: GAIN FROM CHARITY & COMPANY)

LINE 3b: 4162 (NOTE: TOTAL LOSS FROM FAITH CITY PARTNERS)

FORM 8606 #1:

NAME: TEST L CHARITY SSN: 400-00-1021

PART I:

LINE 1: 870 (NOTE: TOTAL CONTRIBUTIONS 3000)

LINE 2: 11800

FORM 8606 #2:

NAME: MARY B CHARITY SSN: 400-00-2021

PART I:

LINE 1: 870 (NOTE: TOTAL CONTRIBUTIONS 3000)

LINE 2: 18940

FORM 8814 #1:

LINE A: JEFFREY CHARITY

LINE B: 400-55-3021

LINE C: X

PART I:

LINE 1a: 600

LINE 1a LITERAL: TAX-EXEMPT INTEREST 32

LINE 1b: 32

LINE 2: 330 (NON-QUALIFIED)

FORM 8814 #2:

LINE A: SAMUEL CHARITY

LINE B: 400-55-4021

LINE C: X

PART I:

LINE 1a: 860

LINE 2: 750 (NON-QUALIFIED) LINE 3: 120

LINE 6 LITERAL: CGD 9

FORM 8814 #3:

LINE A: SANDRA CHARITY

LINE B: 400-55-5021

LINE C: X

PART I:

LINE la: 2948

LINE 1a LITERAL: TAX-EXEMPT INTEREST 420

LINE 1b: 420

LINE 2: 180 (NON-QUALIFIED)

LINE 3: 17

LINE 6 LITERAL: CGD 8

ETD TRANSMISSION:

FORM 4868:

LINE 4: 2030

LINE 5: 1760

LINE 6: 270

LINE 7: 270

								Loup II.	F4F 0074
Label		the year Jan. 1-Dec. 31, 2004, or other to	ax year beginnin	g Last name	, 20	004, ending	, 20	OMB. No. 1	
See A	Your first na	ame and initial					1	ocial security number	
instructions B	TEST			CHARITY				00-00-102	
on page 16.) E	If a joint retu	urn, spouse's first name and initial		Last name			1 -	e's social security nun	
Use the IRS	MARY			CHARITY		Ant no		00-00-202	
Othomurico		ess (number and street). If you have a P	.O. box, see pag	e 16.		Apt. no	" 🔺	Importan	t!
please print		HOPE ST						You must enter	
or type. E	City, town o	r post office, state, and ZIP code. If you	have a foreign a					your SSN(s) abo	ove.
Presidential _	FAIT					41-0923		_	
Election Camp	aign	Note. Checking "Yes" will n					You		
(See page 16.)		Do you, or your spouse if fil	ing a joint ret	urn, want \$3 to go	to th	is fund? • • • • •	Yes	X No Yes	X No
5 :1: 1	Single					nousehold (with qualifying ying person is a child but r			
Filing 2	X Marrie	d filing jointly (even if only one h	ad income)			s name here.	iot your doponi	rom, ornor	
Status 3	Married	filing separately. Enter spouse's SSN al	ove and full	<u> </u>					
Check only one box nar	me here.	>				ng widow(er) with de			
F	6 a	X Yourself. If someone can cl	aim you as a	dependent, do no	t che	eck box 6a · · · ·	• • • • •	Boxes checked on 6a and 6b	2
Exemptions		-						No. of children	•
*	b	X Spouse · · · · · · · ·			• •		· · · · <u>_</u>	on 6c who:	
	С	Dependents:		(2) Dependent's	.	(3) Dependent's relationship to	(4) Check if qualifying chil	d ived with you	3
	(1) First nar	me Last name		social security numb	er	you you	for child tax credit (see pg	did not live with the unit live with the unit live with the unit live to divorce) }
If more than four	JEFFF	REY CHARITY		400-55-30	21	SON	X	or separation (see page 18)	
dependents, see	SAMUE	L CHARITY		400-55-40	21	SON	X	_	
page 18.	SANDE	RA CHARITY		400-55-50	21	DAUGHTER	X	 Dependents on 6c not entered above 	:
								 Add numbers on 	
	d	Total number of exemptions cla	imed • • •					lines above	5
	7	Wages, salaries, tips, etc. Attac	h Form(s) W-	2					
Income							7	52	,840
	(8а	Taxable interest. Attach Sched	ule B if requir	ed • • • • • •			• • • 8a		
Attach Form(s) W-2 here. Also		Tax-exempt interest. Do not in	clude on line	8a • • • • • •	8b				
attach Forms	9a	Ordinary dividends. Attach Sch	edule B if req	uired • • • •	• •		• • • 9a		
W-2G and 1099-R if tax	b	Qualified dividends (see page 2	0) • • • •		9b	1700			
was withheld.	10	Taxable refunds, credits, or offs	ets of state a	nd local income ta	axes	(see page 20)· · · ·	• • • 10		
	11	Alimony received • • • • •					• • • 11		
If you did not	12	Business income or (loss). Atta	ich Schedule	C or C-EZ · · ·	• •		• • • 12		
get a W-2,	13	Capital gain or (loss). Attach So	hedule D if re	equired. If not requ	ıired,	check here ▶ · · ·	• 13		57
see page 19.	14	Other gains or (losses). Attach	Form 4797				• • • 14		
Enclose, but do) 15a	IRA distributions · · · · 1	ā		b 7	axable amount (see pa	age 22) 15b		
not attach, any payment. Also,	16a	Pensions and annuities • • 16	Sa		bΤ	axable amount (see p	age 22) 16b	,	
please use	17	Rental real estate, royalties, pa	rtnerships, S	corporations, trus	ts, et	c. Attach Schedule E	17	16	,456
Form 1040-V.	18	Farm income or (loss). Attach	Schedule F				· · · 18		
	19	Unemployment compensation					• • • 19		
	20a	Social security benefits 20)a ·		bΤ	axable amount (see pa	age 24) 20b		
	21	Other income. FORM	8814		_	1,65	8		
							21	1	,658_
	22	Add the amounts in the far right	column for li	nes 7 through 21.	This	is your total income	• • ▶ 22	71	,011
	23	Educator expenses (see page 2	(6)		23				
Adjusted	24	Certain business expenses of reservists	s, performing arti	sts, and					
Gross		fee-basis government officials. Attach F	orm 2106 or 210	06-EZ •••••	24				
Income	25	IRA deduction (see page 26) •			25	4,26	50		
	26	Student loan interest deduction	(see page 28)	26				
	27	Tuition and fees deduction (see			27				
	28	Health savings account deduction			28				
	29	Moving expenses. Attach Form	3903		29				
	30	One-half of self-employment tax	. Attach Sche	edule SE • • •	30				
	31	Self-employed health insurance	deduction (se	ee page 30) • •	31				
	32	Self-employed SEP, SIMPLE, a			32				
	33	Penalty on early withdrawal of s			33				
	34a	Alimony paid b Recipient's SSN		-66-2021	348				
	35	AddSineJEMENSugh134a · · ·	• • • • •		• •	• • • • • • • • • • • • • • • • • • • •			,360
	36	Subtract line 35 from line 22. Th	is is vour adi	usted gross inco	me		▶ 36	1 63.	. 651

Tana and	37	Amount from line 36 (adjusted gross income)	63,651
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes	
Credits		if: Spouse was born before January 2, 1940, Blind. ∫ checked ▶38a	•
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here	
Deduction	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39 10,973
for	40	Subtract line 39 from line 37	40 52,678
 People who checked any 	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	4.5
box on line	7'	line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · ·	41 15 500
38a or 38b or who can be	40		13/300
claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42 37,178
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a X Form(s) 8814 b Form 4972 · · ·	5,030
• All others:	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	44
Single or	45	Add lines 43 and 44	45 5,030
Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • • 46	
separately, \$4,850	47	Credit for child and dependent care expenses. Attach Form 2441 • • • • 47	
	48	Credit for the elderly or the disabled. Attach Schedule R • • • 48	
Married filing jointly or	49	Education credits. Attach Form 8863 49	
Qualifying	50	Retirement savings contributions credit. Attach Form 8880 · · · 50	
widow(er), \$9,700	51	Child tax credit (see page 37)	
Ψ3,700	52	Adoption credit. Attach Form 8839 · · · · · · · · · 52	\$1.5 ·
Head of household,			
\$7,150	53		
	54	Other credits. Check applicable box(es): a Form 3800	
		b Form 8801 c Specify 54	
	55	Add lines 46 through 54. These are your total credits	55 3,000
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	2,030
	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60	Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61
	62	Add lines 56 through 61. This is your total tax	62 2,030
	63		2,030
Payments		· · · · · · · · · · · · · · · · · · ·	
If you have a	64	2004 estimated tax paymons and amount applied from 2000 return	
qualifying	65a	Earned income credit (EIC) 65a	
child, attach Schedule EIC.	b	Nontaxable combat pay election ••► 65b	
Scriedule Elo.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)	
	67	Additional child tax credit. Attach Form 8812 • • • • • • • • 67	
	68	Amount paid with request for extension to file (see page 54) • • 68	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments · · · · · · ▶	70 1,760
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • • •	71
Refund	72a	Amount of line 71 you want refunded to you	72a
Direct deposit? See page 54	▶ b	Routing number	
and fill in 72b.	b d	Account number	
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · ▶ 73	
Amerina	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74 270
Amount	75	Estimated tax penalty (see page 55) · · · · · · · · · · · · 75	270
You Owe		, , , , , , , , , , , , , , , , , , , ,	emplete the following. X No
Third Party		Capital Control of Con	omplete the following.
Designee		nee's name Phone no. Personal identifi	cation
	<u> </u>	number (PIN)	
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	
Here		they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr	
Joint return?	Your s	ignature Date Your occupation	Daytime phone number
See page 17.		CONSTRUCTION FOREM	IAN
Keep a copy for your	Spous	e's signature. If a joint return, both must sign. Date Spouse's occupation	
records.		REAL ESTATE PROFES	SIONAL
····	Prepar	Date	Preparer's SSN or PTIN
Paid	signati		
Preparer's	Firm's	name (or EIN	· 1
Use Only	yours i	if self-employed),	
-	addres	ss, and ZIP code Phone s	20

400-00-1021 Page 2

Form 1040 (2004)

Form 1040 (2004) TEST L & MARY B CHARITY

a Control number		OMB No. 1545-0	Safe, accurate FAST! Use	^{', irs} e-fi	le	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other comp	ensation	2 Fed	leral income tax withheld
56-1241111			37.	.000		680
C Employer's name, address, and ZIP code			3 Social security wages		4 Soc	cial security tax withheld
WORKINGHARD INDUST	RIES			,000		2,294
			5 Medicare wages and tips		6 Med	dicare tax withheld
280 LABOR ST				,000		537
FAITH	NC	28041-0280	7 Social security tips		8 Allo	cated tips
d Employee's social security number			9 Advance EIC payment	1	10 Der	pendent care benefits
400-00-1021					40 0	
e Employee's first name and initial	Last name		11 Nonqualified plans		8	instructions for box 12
923 HOPE ST FAITH f Employee's address and ZIP code		28041-0923	14 Other	hird-party ick pay	12b cc ge 12c ccg e 12d ccg	350
15 State Employer's state I.D. no.	State wages, tips, etc. 17	State income tax	18 Local wages, tips, etc.	19 _{Local} inco	me tax	20 Locality name
NC 562211	7,000	175				
GA 586671	10,000	248				
VA 548745	5,000	124				
AL 635698	15,000	373_				

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

a Control number		OMB No.	Safe, accurate, FAST! Use irs e-	Visit the IRS website file at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld
56-3046224			15,840	880
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
GOLD BLAZER REAL EST	ATE		15,840	982
,			5 Medicare wages and tips	6 Medicare tax withheld
459 DWELLING AVE			15,840	230
FAITH	NC	28041	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-2021			11 Nonqualified plans	12a See instructions for box 12
Employee's first name and initial	ast name		- Nonquained plans	§ L 575
MARY B CHARI 923 HOPE ST			13 Statutory Retmnt. Third-party sick pay	
FAITH	NC	28041-0	923 14 Other	§ .
				12d Co ge
f Employee's address and ZIP code				
	e wages, tips, etc.	17 State income ta	x 18 Local wages, tips, etc. 19 Local in	ncome tax 20 Locality name
NC 563754	15,840	2	75	

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

TEST # 22

FORMS REQUIRED: FORM 1040, SCH C(5), SCH H, SCH SE(2), FORM 4562(5), FORM 4797, FORM 8829(5), FORM 970

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 32: 750 FORM 1040, LINE 64: 7500

STATEMENTS: FORM 970, LINE 11

OTHER: IRA DISTRIBUTIONS RECEIVED IN 2001: 1000 (TAXPAYER)

THIRD PARTY DESIGNEE: NONE

PREPARED BY: IRS-PREPARED

TAXPAYER: NAME: TEST L TONTO SR
DOB: 08-10-1959

SSN: 400-00-1022
OCCUPATION: SELF-EMPLOYED

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SPOUSE: NAME: SILVER N TONTO DOB: 07-11-1964

DISABLED: NO

SSN: 400-00-2022

OCCUPATION: SELF-EMPLOYED

PRES ELEC FUND: NO

PRES ELEC FUND: NO

BLIND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: ZW

ADDRESS: 21 LONE RANGER CIR

SMOKE SIGNAL, AZ 86503

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE C #1:

NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022

LINE A: PIANO TUNING

LINE B: 811490

LINE C: FINE TUNING

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 14300

PART II:

LINE 8: 600

LINE 9: 816

LINE 13: 1240

LINE 22: 600

LINE 23: 250

LINE 24a: 197

LINE 30: 780

SCHEDULE C #1 (CONTINUED):

PART III:

LINE 37: 250

PART V:

OTHER EXPENSES:

DESCRIPTION	AMOUNT
PERIODICALS	249
IVORY WHITENER	50
STRING STRAIGHTENER	60
SCRATCH FILLER	70
TUNING FORK	80
METRONOME	90
PEDAL POLISHER	100
BENCH LEVELER	110
ADJUSTING TOOLS	250

SCHEDULE C #2:

NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022

LINE A: CELLO LESSONS

LINE B: 541990

LINE C: TONTOS TUNES LINE D: 86-7457658

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 19894

PART II:

LINE 8: 750

LINE 13: 7880

LINE 22: 900

LINE 23: 298

LINE 26: 3500

LINE 30: 1223

SCHEDULE C #3:

NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022

LINE A: RECORD AND CD SALES

LINE B: 451220

LINE C: SOUNDS GALORE

LINE D: 86-7457660

LINE E: 1615 MAIN ST

SMOKE SIGNAL AZ 86503

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 82434

LINE 2: 35

LINE 6: 120

```
SCHEDULE C #3 (CONTINUED):
PART II:
LINE 8:
        1200
LINE 13: 5260
LINE 15:
          800
LINE 16b: 450
LINE 21: 300
LINE 23:
         765
LINE 26: 9000
LINE 30: 1553
PART III:
LINE 33: COST
LINE 34: NO
LINE 35: 34566
LINE 36: 48231
LINE 38:
         953
LINE 39:
         172
LINE 41: 32488
SCHEDULE C #4:
NAME OF PROPRIETOR: SILVER N TONTO
                                           SSN: 400-00-2022
LINE A: TELEMARKETING
LINE B: 561420
LINE C: SILVER SALES
LINE D: 86-1010101
LINE F: CASH
LINE G: YES
PART I:
LINE 1: 41628
PART II:
         700
LINE 8:
LINE 9:
         6687
LINE 13: 7000
LINE 15:
         800
LINE 20b: 2400
LINE 22: 2250
LINE 23:
         323
LINE 25:
          620
LINE 26: 3800
LINE 30:
         578
PART III:
LINE 33: LOWER OF COST OR MARKET
LINE 34: NO
LINE 35: 1200
LINE 38: 3240
LINE 41: 1200
```

SCHEDULE C #5:

NAME OF PROPRIETOR: SILVER N TONTO

SSN: 400-00-2022

LINE A: TUTORING

LINE B: 812990

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 16480

PART II:

LINE 8: 400

LINE 13: 720

LINE 15: 800

LINE 20b: 2200

LINE 22: 2450

LINE 23: 514

LINE 24b: 644

LINE 26: 8100

LINE 30: 686

SCHEDULE H:

EMPLOYER NAME: SILVER N TONTO SSN: 400-00-2022

EIN: 86-1010102

LINE A: YES

PART I:

LINE 1: 2000

LINE 3: 2000

LINE 9: NO

SCHEDULE SE #1:

NAME: TEST L'TONTO SR SSN: 400-00-1022

SECTION A:

LINE 2: 25608

SCHEDULE SE #2:

NAME: SILVER N TONTO

SSN: 400-00-2022

SECTION A:

LINE 2: 13518

FORM 4562 #1: ACTIVITY: SCHEDULE C - 1 PART III: LINE 19b: (**d**) (c) (e) (f) HY 200 DB (NOTE: TUNING EQUIPMENT 01-15-2004) 5 6200 PART V: LINE 24a: YES LINE 24b: YES LINE 27: (c) (b) (a) AUTOMOBILE 01-23-2004 24% (a) VEHICLE 1 LINE 30: 2176 690 LINE 31: 6389 LINE 32: LINE 34: YES LINE 35: YES YES LINE 36: (NOTE: TAKE STANDARD MILEAGE) FORM 4562 #2: ACTIVITY: SCHEDULE C - 2 PART III: LINE 17: 2880 **DESCRIPTION: MUSIC CABINET** BACKGROUND INFORMATION: PLACED IN SERVICE: 09-12-2003 BASIS: 3500 RECOVERY PERIOD: 5 CONVENTION: HY METHOD: 200 DB DESCRIPTION: CELLO (SOLD 07-01-2004) PLACED IN SERVICE: 01-01-2003 11000 BASIS: RECOVERY PERIOD: 5

CONVENTION: HY

METHOD:

200 DB

LINE 19b:

(c) (d) (e) (f)

200 DB (NOTE: CELLO 07-01-2004) HY25000 5

FORM 4562 #3:

ACTIVITY: SCHEDULE C - 3

PART III:

LINE 17: 1760

BACKGROUND INFORMATION: DESCRIPTION: FIXTURES

PLACED IN SERVICE: 04-15-2003

BASIS:

5500

RECOVERY PERIOD: 5

5 HY

CONVENTION: METHOD:

200 DB

LINE 19b:

(c) (d) (e) (f)

17500 5 HY 200 DB (NOTE: LISTENING EQUIP 03-22-2004)

FORM 4562 #4:

ACTIVITY: SCHEDULE C - 4

PART I:

LINE 2: 59300

LINE 6:

(a) (b) (c)

PHONE SYSTEM 7000 7000 (NOTE: IN SERVICE 02-14-2004)

LINE 11: 44086

PART V:

LINE 24a: YES LINE 24b: YES

LINE 26:

(a) (b) (c)

AUTOMOBILE 06-15-1995 66% (NOTE: VEHICLE IS FULLY DEPRECIATED)

(a) VEHICLE 1

LINE 30: 16575

LINE 31: 0

LINE 32: 8639

LINE 34: YES

LINE 35: YES

LINE 36: YES

NOTE: DO NOT TAKE STANDARD MILEAGE

FORM 4562 #5:

ACTIVITY: SCHEDULE C - 5

PART V:

LINE 24a: YES LINE 24b: YES

LINE 26:

(a) (b) (c) (d) (e) (f) (g) COMPUTER 01-02-2004 75% 4800 3600 5 200DBHY

FORM 4797:

PART I:

LINE 2:

(a) (b) (c) (d) (e) (f)
CELLO 01-01-2003 07-01-2004 5000 3960 11000

```
FORM 8829 #1 (SCHEDULE C #1):
NAME OF PROPRIETOR: TEST L TONTO SR
                                     SSN: 400-00-1022
PART I:
LINE 1: 300
LINE 2: 3200
LINE 3: 9.38%
PART II:
         (a) DIRECT (b) INDIRECT
                      3000
LINE 10:
                        300
LINE 11:
          320
LINE 18:
LINE 19:
            20
PART III:
LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999)
LINE 36: 12000
LINE 39: 2.5640%
FORM 8829 #2 (SCHEDULE C #2):
NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022
PART I:
LINE 1:
          420
        3200
LINE 2:
LINE 3: 13.13%
PART II:
LINE 8: 4526
         (a) DIRECT
                     (b) INDIRECT
LINE 10:
                        3000
                         300
LINE 11:
LINE 18: 568
LINE 19:
           40
PART III:
LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999)
LINE 36: 12000
LINE 39: 2.5640%
FORM 8829 #3 (SCHEDULE C #3):
NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022
PART I:
LINE 1: 250
LINE 2: 3200
LINE 3: 7.81%
PART II:
         (a) DIRECT
                     (b) INDIRECT
                       3000
LINE 10:
LINE 11:
                        300
LINE 18: 1142
LINE 19:
            45
PART III:
         66000 (NOTE: PLACED IN SERVICE 06-30-1999)
LINE 35:
LINE 36:
         12000
LINE 39: 2.5640%
```

FORM 8829 #4 (SCHEDULE C #4): NAME OF PROPRIETOR: SILVER N TONTO SSN: 400-00-2022 PART I: LINE 1: 280 LINE 2: 3200 LINE 3: 8.75% PART II: (a) DIRECT (b) INDIRECT LINE 10: 3000 LINE 11: 300 48 LINE 18: 120 LINE 19: PART III: LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999) LINE 36: 12000 LINE 39: 2.5640% FORM 8829 #5 (SCHEDULE C #5): NAME OF PROPRIETOR: SILVER N TONTO SSN: 400-00-2022 PART I: LINE 1: 310 LINE 2: 3200 LINE 3: 9.69% (a) DIRECT (b) INDIRECT LINE 10: 3000 LINE 11: 300 LINE 18: 180 LINE 19: 52 PART III: LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999) LINE 36: 12000 LINE 39: 2.5640% FORM 970: FIRST ELECTION PART I: LINE A: 12-31-2005; ALL INVENTORY ITEMS LINE C: YES LINE D: YES PART II: LINE 1: TELEMARKETING LINE 2: LOWER OF COST OR MARKET LINE 3: YES LINE 5: YES LINE 6a: NO LINE 7a: MOST RECENT PURCHASES LINE 8: UNIT METHOD LINE 11: INVENTORY HAS TO BE REVALUED EACH YEAR AT THE LOWER OF COST OR MARKET VALUE. LINE 12: NO LINE 13: NO

PREPARER NOTES:

THE TAXPAYER IS ELECTING OUT OF THE ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 11, 2001.

ETD TRANSMISSION:

FORM 9465:

LINE 3: (520)555-1020; 1:00PM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 128

LINE 10: 28

LINE 11: 50

LINE 12: 3

TAXPAYER PIN:

19821

SPOUSE PIN: 29821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Form 1040 (2004)

Form 1040 (2004	4)TES	ST L & SILVER N TONTO SR	400-	-00-1022 Page 2
	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·	37	33,572
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1940, X Blind. checked ▶38a 1		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here]	
Deduction	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	10,650
• People who	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	22,922
checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · · · · · · ·	41	6,200
who can be claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- • •	42	16,722
dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	1,794
see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	44	
All others: Single or	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	45	1,794
Married filing	46	Foreign tax credit. Attach Form 1116 if required · · · · · · 46		
separately, \$4,850	47	Credit for child and dependent care expenses. Attach Form 2441		
	48	Credit for the elderly or the disabled. Attach Schedule R • • • 48		
Married filing jointly or	49	Education credits. Attach Form 8863 · · · · · · · · · · 49	J 1	•
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 · · · 50		•
\$9,700	51	Child tax credit (see page 37) · · · · · · · · · · · 51		
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · 52	_	
household,	53	Credits from: a Form 8396 b Form 8859 · · · 53	4: 1	
\$7,150	54	Other credits. Check applicable box(es): a Form 3800		
		b Form 8801 c Specify 54	J	
	55	Add lines 46 through 54. These are your total credits · · · · · · · · · · · · · · · · · · ·	55	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	1,794
Other	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	5,528
Taxes	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
I axes	- 59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59	·
	60	Advance earned income credit payments from Form(s) W-2	60	206
	61	Household employment taxes. Attach Schedule H	62	306
	62	Add lines 56 through 61. This is your total tax	02	7,628
Payments	63	Tederal moonie tax without form to the state of the state	- 1	
If you have a	_64	2004 estimated tax payments and amount applied from 2005 return	-	•
qualifying	65a	North States	- 1	
child, attach Schedule EIC.	b	Nontaxable compatible pay creation		
	∫ 66 67	Excess social security and tier 1 RRTA tax withheld (see page 54) 67 Additional child tax credit. Attach Form 8812 67	1 1	
	68	Amount paid with request for extension to file (see page 54) · · 68	1	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69		
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments · · · · · · •	70	7,500
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • •	71	
Refund	72a	Amount of line 71 you want refunded to you	72a	
Direct deposit?	▶ b	Routing number		
See page 54 and fill in 72b,	▶ d	Account number		
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · ▶ 73		
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	128
You Owe	75	Estimated tax penalty (see page 55) · · · · · · · · · · · · 75		
	Do y		Complet	e the following.
Third Party	Desig	nee's name Phone no. Personal iden	ntification	·
Designee	_	number (PIN)		>
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	e best of	my knowledge and
Here	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer	Daytime phone number
Joint return?	Your	signature Date Your occupation		Daywine priorie number
See page 17. Keep a copy		SELF-EMPLOYED		_
for your	Spou	se's signature. If a joint return, both must sign. Date Spouse's occupation		
records.		SELF-EMPLOYED	Due	parer's SSN or PTIN
Paid	Prepa	Date Check if self-employed	- riek	Jaiol S CON UE FITH
Preparer's	signa	TROFFREED	Ш	
Use Only		s name (or EIN if self-employed),		
300 J.m.,		ss, and ZIP code	ne no.	
EEA		Prior	10 110.	Form 1040 (2004)

TEST # 23

FORMS REQUIRED: FORM 1040, SCH B, SCH C(5), SCH E(2), SCH F, FORM 3903(2),

FORM 4562(8), FORM 6198(5), FORM 8815, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 10: 180

FORM 1040, LINE 11: 12000 FORM 1040, LINE 13: (X) 25 FORM 1040, LINE 26: 131

FORM 1040, LINE 33: 26

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST J CADEN SSN: 400-00-1023

DOB: 04-15-1965 OCCUPATION: SAILOR DISABLED: NO PRES ELEC FUND: YES

DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: TA

ADDRESS: USS ROBERT E LEE FPO, AP 96222

FPO, AF 30222

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 2

DEPENDENT INFORMATION:

NAME AGE SSN RELATIONSHIP # MO CHILD TAX CR

JASMINE CADEN 19 400-55-3023 DAUGHTER 12

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME AMOUNT

SAMUEL LIVINGSTON, 400-44-1023 16 WALLINGTON RD FRANKLIN NC 28734 415 (SELLER FINANCED)

RIDGECREST SAVINGS BANK 610

US SAVINGS BOND

US S & L

OFFSPRING BANK

FIRST ISSUE

180

80 (TAX-EXEMPT)

39 (NOMINEE DIST)

47 (OID ADJUSTMENT)

A TO Z BROKERS 67 (ACCRUED INTEREST)
LINE 3: 180

SCHEDULE B (CONTINUED): PART II: LINE 5: AMOUNT PAYER NAME A & B CORP 120 (OUALIFIED) 44 (NOMINEE) ABC CORP SCHEDULE C #1: NAME OF PROPRIETOR: TEST J CADEN SSN: 400-00-1023 LINE A: PAINTING LINE B: 235210 LINE C: QUALITY HOUSE PAINTING LINE E: 16 MAIN ST WILMINGTON NC 28403 LINE F: CASH LINE G: YES LINE H: X (NOTE: BUSINESS WAS ACQUIRED DURING 2004) PART I: **LINE 1:** 1980 PART II: **LINE 13:** 1300 **LINE 22:** 760 LINE 32b: X (NOTE: SOME NOT AT RISK) SCHEDULE C #2: NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1023 LINE A: VENDING MACHINES **LINE B: 454210** LINE C: CADENS SNACKS LINE E: 16 MAIN ST WILMINGTON NC 28403 LINE F: CASH LINE G: YES PART I: LINE 1: 2955 PART II: LINE 9: 486 LINE 13: 968 LINE 15: 118 LINE 22: 26 LINE 23: 120 LINE 32b: X (NOTE: SOME NOT AT RISK) PART III: LINE 33a: X LINE 34: NO LINE 35: 415 LINE 36: 1623

LINE 41: 659

SCHEDULE C #3: NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1023 LINE A: FLEA MARKET **LINE B: 454390** LINE C: CADENS BARGAINS LINE E: 22 MAIN ST WILMINGTON NC 28403 LINE F: CASH LINE G: YES LINE H: X (NOTE: BUSINESS WAS ACQUIRED DURING 2004) PART I: LINE 1: 420 PART II: LINE 13: 80 LINE 22: 206 LINE 32b: X (NOTE: SOME NOT AT RISK) PART III: LINE 33a: X LINE 34: NO LINE 36: 300 LINE 38: 120 SCHEDULE C #4: NAME OF PROPRIETOR: TEST J CADEN **SSN:** 400-00-1023 LINE A: BAKERY **LINE B:** 311800 LINE C: CADENS COOKIES LINE E: 22 MAIN ST WILMINGTON NC 28403 LINE F: CASH LINE G: YES PART I: LINE 1: 1946 PART II: LINE 8: 120 **LINE 9:** 262 **LINE 13:** 623 **LINE 18:** 76 LINE 22: 196 LINE 23: 100

PART III: LINE 38: 1165

LINE 25: 400

LINE 32b: X (NOTE: SOME NOT AT RISK).

SCHEDULE C #5:

NAME OF PROPRIETOR: TEST J CADEN

LINE A: VARIOUS ENDEAVORS

LINE B: 453990

LINE C: ODDS & ENDS

LINE E: 16 MAIN ST

WILMINGTON NC 28403

LINE F: CASH

LINE G: YES

LINE H: X (NOTE: BUSINESS WAS ACQUIRED DURING 2004)

PART I:

LINE 1: 400

PART II:

LINE 13: 200

LINE 22: 180

LINE 23: 50

LINE 32b: X (NOTE: SOME NOT AT RISK)

PART V:

OTHER EXPENSES:

DESCRIPTION

AMOUNT

MISCELLANEOUS

60

NOTE FOR SCHEDULE & PROPERTIES: ALL AMOUNTS AT RISK, TAXPAYER DID MATERIALLY PARTICIPATE IN THE RENTAL ACTIVITIES, TAXPAYER IS NOT A REAL ESTATE PROFESSIONAL

SSN: 400-00-1023

SCHEDULE E #1:

PART I:

LINE 1A: MOBILE HOME

1800 S MAPLE ST WILMINGTON NC

LINE 2A: NO

LINE 3A: 1200

LINE 9A: 320

LINE 12A: 480

LINE 16A: 100

LINE 17A: 60

LINE 20A: 355

LINE 1B: MOBILE HOME

1802 S MAPLE ST WILMINGTON NC

LINE 2B: NO

LINE 3B: 800

LINE 5B: 25

LINE 7B: 44

LINE 9B: 200

LINE 16B: 122

LINE 1C: MOBILE HOME

1804 S MAPLE ST WILMINGTON NC

LINE 2C: NO

LINE 3C: 1300

LINE 9C: 342

LINE 12C: 480

LINE 16C: 209

SCHEDULE E #2:

PART I:

LINE 1A: MOBILE HOME

1806 S MAPLE ST WILMINGTON NC

LINE 2A: NO

LINE 3A: 850

LINE 5A: 50

LINE 9A: 360

LINE 14A: 15

LINE 16A: 167

LINE 20A: 567

SCHEDULE F:

NAME OF PROPRIETOR: TEST J CADEN

SSN: 400-00-1023

LINE A: EMU

LINE B: 112900

LINE C: CASH

LINE E: YES

PART I:

LINE 4: 4200

PART II:

LINE 16: 525

LINE 18: 600

LINE 22: 180

LINE 24: 1500

LINE 26b: 1200

LINE 33: 100

FORM 3903 #1:

MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1200

MILEAGE FROM OLD HOME TO OLD WORKPLACE:

LINE 1: 160

LINE 2: 309

FORM 3903 #2:

LITERAL: MILITARY MOVE

MILEAGE FROM OLD HOME TO NEW WORKPLACE: 600

MILEAGE FROM OLD HOME TO OLD WORKPLACE: 22

LINE 1: 605

LINE 2: 233

LINE 4: 500 (NOTE: FROM FORM W-2)

FORM 4562 #1:

ACTIVITY: SCHEDULE C - 1

PART III:

LINE 19b:

(c) (d) (e) (f)

1200 5 HY 200 DB (NOTE: TOOLS 03-15-2004)

FORM 4562#1 (CONTINUED): PART V: LINE 24a: YES LINE 24b: YES LINE 26: (a) (b) (c) (d) (e) (f) (g) VAN 06~15-2004 100% 5300 5300 5 200DBHY (a) VEHICLE 1 LINE 30: 2000 0 LINE 31: LINE 32: 0 LINE 34: NO LINE 35: YES YES LINE 36: NOTE: DO NOT TAKE MILEAGE EXPENSE FORM 4562 #2: ACTIVITY: SCHEDULE C - 2 PART III: **LINE 17:** 768 BACKGROUND INFORMATION: PROPERTY: VENDING MACHINES PLACED IN SERVICE: 01-01-2002 4000 BASIS: RECOVERY PERIOD: 5 CONVENTION: METHOD: 200 DB LINE 19b: (e) (f)
HY 200 DB (NOTE: VENDING MACHINE 03-16-2004) (c) (d) 1000 5 PART V: LINE 24a: YES LINE 24b: YES LINE 26: (b) (a) (c) TRUCK 01-01-2000 100% (a) VEHICLE 1 LINE 30: 1296 0 LINE 31: LINE 32: 0 LINE 34: NO YES LINE 35: LINE 36: YES NOTE: TAKE STANDARD MILEAGE EXPENSE FORM 4562 #3: ACTIVITY: SCHEDULE C - 3 PART III: LINE 19b: (c) (d) (f) (e) 400 5 HY 200 DB (NOTE: TABLES 03-12-2004)

FORM 4562 #4:

ACTIVITY: SCHEDULE C - 4

PART III: LINE 17: 553

BACKGROUND INFORMATION: PROPERTY: COMMERCIAL OVEN

PLACED IN SERVICE: 01-12-2000

BASIS:

4800

RECOVERY PERIOD: 5

CONVENTION:

HY

METHOD:

200 DB

LINE 19b:

(c) (d)

(e) (f)

200 DB (NOTE: MIXER 03-24-2004) 5 HY 350

PART V:

LINE 24a: YES LINE 24b: YES

LINE 27:

(a) (b) (c) AUTO 01-24-1999 6%

(a) VEHICLE 1

LINE 30: 699

250 LINE 31:

10175 LINE 32: LINE 34: YES

LINE 35: YES

YES

LINE 36:

NOTE: TAKE STANDARD MILEAGE EXPENSE

FORM 4562 #5:

ACTIVITY: SCHEDULE C - 5

PART III:

LINE 19b:

(£) (e) (c) (d)

200 DB (NOTE: EQUIPMENT 04-16-2004) 5 · HY 1000

FORM 4562 #6:

ACTIVITY: SCHEDULE E - 1

PART III: LINE 19h:

(b) (c)

06-2004 18000 (NOTE: PROPERTY A MOBILE HOME)

FORM 4562 #7:

ACTIVITY: SCHEDULE E - 2

PART III:

LINE 19h:

(b) (c)

04-2004 22000 (NOTE: PROPERTY A MOBILE HOME)

FORM 4562 #8:

ACTIVITY: SCHEDULE F - 1

PART III:

LINE 19b:

(c) (d) (e) (f)

3500 5 HY 150 DB (NOTE: INCUBATOR 02-25-2004)

FORM 6198 #1:

DESCRIPTION: PAINTING

PART II:

LINE 6: 0 LINE 7: 1000

LINE 9: 500

FORM 6198 #2:

DESCRIPTION: VENDING MACHINES

PART II:

LINE 6: 4000

LINE 9: 300

FORM 6198 #3:

DESCRIPTION: FLEA MARKET

PART II:

LINE 6: 0

LINE 7: 200

FORM 6198 #4:

DESCRIPTION: BAKERY

PART II:

LINE 6: 4600

LINE 9: 2000

FORM 6198 #5:

DESCRIPTION: VARIOUS ENDEAVORS

PART II:

LINE 6: 0

LINE 7: 500

FORM 8815:

LINE 1(a): JASMINE CADEN

LINE 1(b): SMALLTOWN JUNIOR COLLEGE

1800 LEARNING WAY

SMALLTOWN NC 28455

LINE 2: 8960

LINE 3: 1000

LINE 5: 1180

LINE 6: 180

LINE 9: 38138

FORM 8863:

PART I:

LINE 1:

(a)

(b) (c)

JASMINE CADEN 400-55-3023 2000

PREPARER NOTE:

THE TAXPAYER IS ELECTING OUT OF THE ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 10, 2001 AND MAY 5, 2003.

ETD TRANSMISSION:

FORM 9465:

LINE 3: (503)555-1023; 11:00AM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: US NAVY

1100 MILITARY AVE

WASHINGTON DC 20222-1643

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 236

LINE 10: 36

LINE 11: 100

LINE 12: 5

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

-		
7		

orm 1040	Depa	artment of the Treasury - Internal Revenue Service S. Individual Income Tax Ref	urn 200)4 (99)	RS Use Only-I	Do not wr	rite or staple in this sp	ace.
1040		he year Jan. 1-Dec. 31, 2004, or other tax year beginnin		004, ending	<u> </u>	, 20	OMB. No. 154	
Label 📗 🤻		me and initial	Last name			Your soc	ial security number	
See A	TEST	•	CADEN			400	0-00-1023	
nstructions B I		ım, spouse's first name and initial	Last name			Spouse's	social security numb	er
Use the IRS	•							
label.	lome addre	ess (number and street). If you have a P.O. box, see pag	e 16.		Apt. no.	$\overline{\mathbf{A}}$	Important!	
Otherwise, E	USS	ROBERT E LEE					You must enter	
or type.	City, town or	r post office, state, and ZIP code. If you have a foreign a	address, see page 16.				your SSN(s) abov	e
Presidential	FPO		AP 962				_	
Election Campa	ign	Note. Checking "Yes" will not change yo			, ,	You	Spouse	٦.,
(See page 16.)		Do you, or your spouse if filing a joint ret				Yes	No Yes	No
1	Single		4 X Head of the quali	household (with qual fying person is a chil	lifying person). d but not your	. (See pai depende	ge 17.) If nt, enter	
Filing 2		d filing jointly (even if only one had income)	this child	l's name here.				
Status 3	Married	filing separately. Enter spouse's SSN above and full	E Qualif.	ring widow(er) wi	th depende	nt child	(coo page 17)	
one box. nam	e here.				in depender	·	Boxes checked	1
Exemptions	6 a	X Yourself. If someone can claim you as a	dependent, do not ch	eck box oa			on 6a and 6b	
Xompaione		Spouse · · · · · · · · · · · · · · · · · · ·					No. of children on 6c who:	
	<u> b</u>	Dependents:	(2) Dependent's	(3) Dependent	's (4) C	neck if	lived with your	1
			(2) Dependent's social security number	relationship to	for ch	ild tax (see pa18	 lived with you did not live with you due to divorce 	
•	(1) First nan JASMI		400-55-3023		J. Gun		or separation (see page 18)	
If more than four dependents, see	OLIO11	- 5.7 East					/ hada .v/	
page 18.							Dependents on 6c not entered above	
•							Add numbers on	
•	d	Total number of exemptions claimed · · ·			• • • • • •	• • •	lines above	2
	7	Wages, salaries, tips, etc. Attach Form(s) W	-2			_		
Income						7		600
Attach Form(s)	8a	Taxable interest. Attach Schedule B if require				8a	<u></u>	025
W-2 here. Also	b	Tax-exempt interest. Do not include on line		D	80	9a		120
attach Forms W-2G and	9a	Ordinary dividends. Attach Schedule B if red		h l	120	30	· · · · · · · · · · · · · · · · · · ·	120
1099-R if tax	b 40	Qualified dividends (see page 20) • • • • • Taxable refunds, credits, or offsets of state a	and local income taxes			10		180
was withheld.	10 11	Alimony received • • • • • • • • • • • • • • • • • • •				11	12.	000
If you did not	12	Business income or (loss). Attach Schedule	C or C-EZ · · · · ·			12		508)
get a W-2,	13	Capital gain or (loss). Attach Schedule D if re			$\dots x$	13		25
see page 19.	14	Other gains or (losses). Attach Form 4797			• • • • • • • • • • • • • • • • • • • •	14		
Enclose, but do		IRA distributions · · · · · 15a		Taxable amount	(see page 22)	15b		
not attach, any payment. Also,	16a	Pensions and annuities · · 16a		Taxable amount				
please use	17	Rental real estate, royalties, partnerships, S	corporations, trusts, e	etc. Attach Sche	dule E · · ·			254
Form 1040-V.	18	Farm income or (loss). Attach Schedule F	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • •	18		95
	19	Official production of the pro				19		
	20a	Social security benefits • • 20a	D	Taxable amount	(see page 24)	20b		
	21	Other income.				21		
	20	Add the amounts in the far right column for i	ines 7 through 21. Thi	s is your total in	come · ·		38.	791
	22			3	,		30,	
A	24	Certain business expenses of reservists, performing an				1 1		
Adjusted		fee-basis government officials. Attach Form 2106 or 21	1 -	4				•
Gross Income	25	IRA deduction (see page 26) · · · · ·		25				
mcome	26	Student loan interest deduction (see page 2		6	131			
	27	Tuition and fees deduction (see page 29) •	├	27	·	4 1		
	28	Health savings account deduction. Attach Fe		8				
	29	Moving expenses. Attach Form 3903 • • •		9	807			
	30	One-half of self-employment tax. Attach Sch		10		-		
	31	Self-employed health insurance deduction (s		1		-		
	32	Self-employed SEP, SIMPLE, and qualified		3	26	-		
	33	Penalty on early withdrawal of savings •••		4a	۷٥	-	•	
	34a 35	Alimony paid b Recipient's SSN▶ Add lines 23 through 34a · · · · · · ·				. 35		964
	35 36	Subtract line 35 from line 22. This is your ac	ljusted gross income) • • • • • • •		36	37.	827

Form 1040 (200	4)TES	ST J CADEN	4	00-00-1023 Page 2
	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·		37,827
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1940, Blind. Schecked ▶38a		•
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here		
for	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	-	7,150
People who	40	Subtract line 39 from line 37	٠ 🍱	<u>30,677</u>
checked any box on line	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33	· L	6,200
who can be claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	· [24,477
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	• [3,146
• All others:	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	· [ˈ	44
Single or	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	▶ [•	3,146
Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46		
separately, \$4,850	47	Credit for child and dependent care expenses. Attach Form 2441 •••• 47		
1	48	Credit for the elderly or the disabled. Attach Schedule R · · · 48		
Married filing jointly or	49	Education credits. Attach Form 8863 · · · · · · · · · · 49 1,500	0	
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 · · · 50		
\$9,700	51	Child tax credit (see page 37) · · · · · · · · · · · 51		
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · · 52		
household,	53	Credits from: a Form 8396 b Form 8859 · · · · 53		
\$7,150	54	Other credits. Check applicable box(es): a Form 3800		
	,	b Form 8801 c Specify · · · · · 54		
	55	Add lines 46 through 54. These are your total credits		1,500
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	▶ [1,646
	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	. [57
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	. []	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	. [59
	60	Advance earned income credit payments from Form(s) W-2	· [60
	61	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	. [B1
	62	Add lines 56 through 61. This is your total tax	▶ [1,646
Payments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 1, 410)]	
	64	2004 estimated tax payments and amount applied from 2003 return •••• 64		
If you have a qualifying	65a	Earned income credit (EIC) · · · · · · · · · · · 65a		
child, attach	b	Nontaxable combat pay election •• • 65b		
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54) • • • • 66		
	67	Additional child tax credit. Attach Form 8812 · · · · · · · 67		
	68	Amount paid with request for extension to file (see page 54) · · 68		
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69	90,800	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments • • • • • • • • • • • • • • • • • • •	$\overline{}$	70 1,410
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • • •		71
Direct deposit?	72a	Amount of line 71 you want refunded to you	-	'2a
See page 54	▶ b	Routing number		
and fill in 72b, 72c, and 72d.	▶ d	Account number		
. 20, and /24.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · > 73		
Amount	74		> <u> </u>	<u>236</u>
You Owe	75	Estimated tax penalty (see page 55) · · · · · · · · · · 75		-1-1-11-11-11-11-11-11-11-11-11-11-11-1
Third Party	•	languared.	. Com	plete the following.
Designee	-	nee's name Phone no. Personal id	entifica	tion \ 1111133
		IN DOE ▶888-555-1111 number (PI		► 1 1 1 2 2 1
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here Joint return?	Yours	signature Date Your occupation		Daytime phone number
See page 17.		SAILOR		
Кеер а сору	Spous	e's signature. If a joint return, both must sign. Date Spouse's occupation		
for your records.	, 2,000			
. 500. 40.	Prenc	Date Cheek if		Preparer's SSN or PTIN
Paid	Prepai signati		\Box	
Preparer's	Firm's	name (or Ein	<u>'</u>	
Use Only	yours	if self-employed),		
	addres	ss, and ZIP code	one no	

Form 1040 (2004)

Control number		OMB No. 1545-0	Safe, accurate, FAST! Use irs e-	Visit the IRS website at www.irs.gov.
Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld
99-1236541			24,800	1,200
Employer's name, address, and ZIP co	de		3 Social security wages	4 Social security tax withheld
JS NAVY	•		24,800	1,538
	•		5 Medicare wages and tips	6 Medicare tax withheld
1100 MILITARY AVE			24,800	360
WASHINGTON	DC	20222-1643	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
	Last name		11 Nonqualified plans	12a See instructions for box 12
e Employee's first name and initial	Last name			8 P 2004 500
TEST J CF USS ROBERT E LEE	DEN		13 Statutory Retrinit. Third-party sick pay	12b 60 8
FPO	AP	96222	14 Other	12c CO
·				12d 8g
f Employee's address and ZIP code				le le le le le le le le le le le le le l
State Employer's state I.D. no.			18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
C 56124022	24,800	1,600		
	i		1	1

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

a Control number		ON	MB No. 1545-0	Safe, accurat FAST! Use	e, irs _{e-}	file a	/isit the IRS website at www.irs.gov.
b Employer identification number				1 Wages, tips, other com	pensation	2 Fede	eral income tax withheld
56-1242342				1	,800	<u> </u>	210
C Employer's name, address, and ZIP code				3 Social security wages		4 Socia	al security tax withheld
WILSONS SUPERMARKET	• ·			1	,800	ļ	112
				5 Medicare wages and ti	ps	6 Medi	icare tax withheld
91 FISH HAWK CT				1	,800		26
WILMINGTON	NC	28403	3	7 Social security tips		8 Alloc	eated tips
d Employee's social security number				9 Advance EIC payment		10 Dep	endent care benefits
400-00-1023				44		12a See	instructions for box 12
e Employee's first name and initial	Last name			11 Nonqualified plans		g	
TEST J CADE	EN			13 Statutory Retmnt.	Third-party sick pay	12b So	
FPO	AP	96222	2	14 Other		12c 6 8	•
						12d 60 8	
f Employee's address and ZIP code	·	47		10.	19 Local in		20
		17 State inc		18 Local wages, tips, etc.	Local in	come tax	20 Locality name
NC 56420214	1,800		20		<u> </u>		
					 		
					l		- Internal Davisson Sanda

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

TEST # 24

FORMS REQUIRED: FORM 1040, SCH C, SCH E PG 2, SCH SE, FORM 2210, FORM 3800, FORM 6251, FORM 6765, FORM 8820, FORM 8834, FORM 8873, FORM 8582-CR, FORM 8881, FORM 8882

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 6765, LINE 16

FORM 8873, LINE 19, OTHER EXPENSES

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST G HERBALIST

SSN: 400-00-1024 **DOB:** 04-15-1967 OCCUPATION: CHEMIST DISABLED: NO PRES ELEC FUND: YES

DAYTIME PHONE: 805-555-2121 BLIND: NO

CHECK DIGITS FROM IRS LABEL: LW

ADDRESS: 50 FEEL GOOD AVENUE

GREEN VALLEY LAKE, CA 92341

FILING STATUS: SINGLE

LINE 6d: 1

SCHEDULE C:

LINE A: DRUG RESEARCH

LINE B: 325900

LINE C: POTIONS, TINCTURES, AND WHAT NOT

LINE D: 95-0505020

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 87800

LINE 6: 4000

PART II:

LINE 15: 1500

LINE 22: 4250

LINE 25: 250

LINE 26: 9000

PART V:

OTHER EXPENSES:

DESCRIPTION AMOUNT FORM 8873 1200 SCHEDULE E, PG 2:

PART II:

LINE 27: NO

LINE 28A(a): WORLD OF DRUGS

LINE 28A(b): P

LINE 28A(d): 53-1234567

LINE 28A(g): 12462

NOTE: CREDITS FROM THE FOLLOWING FORMS ARE FROM THIS PARTNERSHIP:

FORM 8881 - 500 FORM 8882 - 275 FORM 8820 - 1800 FORM 8834 - 2100

SCHEDULE SE:

NAME: TEST G HERBALIST SSN: 400-00-1024

LINE 2: 75600

FORM 2210: (NOTE: WILL BE FILED ON THE DUE DATE)

PART I:

LINE 8: 25000

PART II: LINE C: X

SCHEDULE AI:

PART I: (a) (b) (c) (d)
LINE 1: 10000 20000 35000

LINE 16: 0 0 4345

PART II: (a) (b) (c) (d)
LINE 26: 9937 19874 34780 69817

FORM 3800:

LINE 3: 2575

LINE 5: 1787

LINE 16: 11042

FORM 6765:

PART I:

LINE 4: 8000

LINE 5: 3000

LINE 9: 3% (START DATE 05-01-2003)

LINE 10: 16150

LINE 16: SCHEDULE C LINE 22 SUPPLIES - TOTAL AMOUNT OF SUPPLIES WAS 4550

AND WAS REDUCED BY 300 FROM FORM 6765 LINE 16 CR

SCHEDULE C LINE 26 WAGES - TOTAL AMOUNT OF WAGES WAS 9800 AND

WAS REDUCED BY 800 FROM FORM 6765 LINE 16 CR

FORM 8582-CR:

PART I:

LINE 4a: 4675 LINE 6: 3245 FORM 8820:

PART I:

LINE 3: 1800

FORM 8834:

PART I:

LINE 9: 2100 LINE 11: 2100 **LINE 13:** 1458

FORM 8873:

PART I:

YES LINE 4a:

LINE 5a: 325900
LINE 5b: PHARMACEUTICALS

LINE 5c(1)(a): X

PART II:

LINE 6: 6000 LINE 13: 3000 LINE 19: 1000

NOTE: SHIPPING

125 OFFICE EXPENSE 200 PROFESSIONAL SERVICES 167 TAXES & LICENSE 508

NOTE: MARGINAL COSTING METHOD IS NOT USED

FORM 8881:

PART I:

LINE 3: 500

FORM 8882:

PART I:

LINE 5: 275 **EIN:** 56-1234567

ETD TRANSMISSION:

FORM 9465

LINE 3: (805) 555-1222; 8:00PM

LINE 4: (805) 555-2121; NO EXT; 9:00AM

LINE 5: NONE

LINE 6: (LEAVE BLANK)

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 22405

LINE 10: 10000

LINE 11: 700

LINE 12: 12

LINE 13(a): 012345672 **LINE 13(b):** 58592310 ACCOUNT TYPE: CHECKING

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return Form 1040 IRS Use Only-Do not write or staple in this space. For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, ending 20 OMB. No. 1545-0074 Label Your first name and initial Last name Your social security number (See TEST G HERBALIST 400-00-1024 instructions If a joint return, spouse's first name and initial Last name on page 16.) Spouse's social security number Use the IRS Home address (number and street). If you have a P.O. box, see page 16. Apt. no. Important! Otherwise, 50 FEEL GOOD AVENUE please print You must enter or type. City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. your SSN(s) above GREEN VALLEY LAKE Presidential Note. Checking "Yes" will not change your tax or reduce your refund. You Spouse **Election Campaign** Do you, or your spouse if filing a joint return, want \$3 to go to this fund? X Yes No Yes (See page 16.) Nο Head of household (with qualifying person). (See page 17.) If X Single **Filing** the qualifying person is a child but not your dependent, enter 2 Married filing jointly (even if only one had income) this child's name here. Status Married filing separately. Enter spouse's SSN above and full Check only Qualifying widow(er) with dependent child (see page 17) name here. one box. 6 a X Yourself. If someone can claim you as a dependent, do not check box 6a · · · · · · · · Boxes checked on 6a and 6b Exemptions No. of children (4) Check if qualifying child for child tax credit (see pg 18) you due to divorce or separation (see page 18) on 6c who: c Dependents: (3) Dependent's (2) Dependent's relationship to social security number (1) First name Last name you If more than four dependents, see page 18. Dependents on 6c not entered above Add numbers on lines above Wages, salaries, tips, etc. Attach Form(s) W-2 7 Income Taxable interest. Attach Schedule B if required 8a Attach Form(s) Tax-exempt interest. Do not include on line 8a W-2 here. Also attach Forms Ordinary dividends. Attach Schedule B if required 9a W-2G and 9b b 1099-R if tax was withheld. 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) · · · 10 11 11 If you did not 12 Business income or (loss). Attach Schedule C or C-EZ • • • • • 12 75,600 get a W-2. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ • • • • 13 see page 19. 14 Other gains or (losses). Attach Form 4797 14 Enclose, but do 15a IRA distributions • • • • • b Taxable amount (see page 22) 15b not attach, any b Taxable amount (see page 22) 16a Pensions and annuities · · 16a 16b payment. Also, please use 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E · · · 17 12,462 Form 1040-V. 18 Farm income or (loss). Attach Schedule F - · · · · · · 18 19 Unemployment compensation 19 20a Social security benefits · · 20a b Taxable amount (see page 24) 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 88,062 23 Educator expenses (see page 26) **Adjusted** 24 Certain business expenses of reservists, performing artists, and 24 Gross fee-basis government officials. Attach Form 2106 or 2106-EZ 25 IRA deduction (see page 26) Income 26 Student loan interest deduction (see page 28) 27 27 Tuition and fees deduction (see page 29) 28 Health savings account deduction. Attach Form 8889 29 Moving expenses. Attach Form 3903 29 30 5,341 30 One-half of self-employment tax, Attach Schedule SE 31 31 Self-employed health insurance deduction (see page 30) • • 32 Self-employed SEP, SIMPLE, and qualified plans 33 Penalty on early withdrawal of savings 33 Alimony paid b Recipient's SSN▶ 34a 35 5,341

36

Subtract line 35 from line 22. This is your adjusted gross income .

Form 1040 (200-	4)TES	T G HERBALIST			age 2
Toward	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·		37 82,72	<u>21 </u>
Tax and	38a		Total boxes		
Credits			checked ▶38a	_	
Standard Deduction	_ b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31			
for-	39	Itemized deductions (from Schedule A) or your standard deduction	ı (see left margin) • •	39 4,85	
People who	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·		40 77,8	<u>71</u>
checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of ex			
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 • •		41 3, 10	
who can be claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than		42 74,7	
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b		43 15,5	<u>64</u>
All others:	44	Alternative minimum tax (see page 35). Attach Form 6251 • • • •		44	
Single or	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·		45 15,50	64_
Married filing separately,	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46		4	
\$4,850	47	Credit for child and dependent care expenses. Attach Form 2441 47		4	
Married filing	48	Credit for the elderly or the disabled. Attach Schedule R · · · 48	 	4 . 1	
jointly or	49	Education credits. Attach Form 8863 · · · · · · · 49		4 : 1	
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 • • • 50		4 1	·
\$9,700	51	Child tax credit (see page 37)		4. 1.	
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · 52		4.1	
household, \$7,150	53	Credits from: a Form 8396 b Form 8859 · · · 53		4 1	
Ψ1,100	54	Other credits. Check applicable box(es): a X Form 3800	*1		
		b Form 8801 c X Specify 8834 · · · · 54	1/010		
	55	Add lifes 40 though 54. These are your total of ourse		55 4, 34	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	• • • • • • • • • •	56 11,21	·
Other	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·		57 10,68	82_
Taxes	58	Social security and Medicare tax on tip income not reported to employ		58	
laxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Fo	orm 5329 if required •	59	
	60	Advance earned income credit payments from Form(s) W-2 · · · ·		60	
	61	Household employment taxes. Attach Schedule H · · · · · · · ·		61	
	62	Add lines 56 through 61. This is your total tax		62 21,90	01_
Payments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63		1 1	
	64	2004 estimated tax payments and amount applied from 2003 return • • • • 64		4 * 1	
If you have a gualifying	65a	Earned income credit (EIC) 65a	1	4 7 1	
child, attach	b	Nontaxable combat pay election · ·▶ 65b			
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54) 66		4 - 1	
	67	Additional child tax credit. Attach Form 8812 · · · · · 67		4 * 1	
	68	Amount paid with request for extension to file (see page 54) · · 68		4: 1	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69			^
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payme		70	0
Refund	71	If the 70 is those than the 02, subtract mic 02 from the 10 the 20 from	verpaid · · · · · ·	71 72a	
Direct deposit?	72a	Amount of line 71 you want refunded to you	Observing Covings	/28	
See page 54	▶ b	Trouting named.	Checking Savings		
and fill in 72b, 72c, and 72d.	► d	Account number			
	73	Amount of line 71 you want applied to your 2000 estimated tax		74 22.40	ΛE
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to	1	74 22,40)
You Owe	75	ZStillated tax policity (eee page ee)		Complete the following.	No
Third Party	•	ou want to allow another person to discuss this return with the IRS (see	page 50): X les. (Complete the lonowing.	
Designee	•	nee's name Phone no.	Personal iden		2
			55-1111 number (PIN)		4
Sign	Under	penalties of perjury, I declare that I have examined this return and accompanying schedi they are true, correct, and complete. Declaration of preparer (other than taxpayer) is bas	iules and statements, and to the	preparer has any knowledge and	
Here		1 _m . Iv		Daytime phone number	er
Joint return? See page 17.	your:	ignature Date Your occu	•		
Keep a copy	Chau		occupation	805-555-2	2121
for your	Spous	es signature. Il a joint return, about must sign.	••••	803-333-2	_123
records.		Date		Preparer's SSN or PTIN	<u> 21139</u>
Paid	Prepa signat	rer's	Check if self-employed	7	
Preparer's		name (or	EIN		
Use Only		if self-employed),	Elly		
•	addre	ss, and ZIP code	Phor	ne no.	
EEA			1,110	Form 1040 (2	2004)

TEST # 25

FORMS REQUIRED: FORM 1040, SCH A, SCH B, SCH D, FORM 6251, FORM 8801

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 1000

STATEMENTS: SCH B, LINE 1, INTEREST

SCH B, LINE 5, DIVIDENDS

SCH D, LINE 1, SHORT TERM GAINS/LOSSES

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O OLYMPICS

DOB: 04-21-1956

DISABLED: NO

DAYTIME PHONE: 404-555-1020 BLIND: NO

SSN: 400-00-1025

OCCUPATION: INVESTMENT SPECIALIST

PRES ELEC FUND: YES

CHECK DIGITS FROM IRS LABEL: OT

ADDRESS: 121 TORCH ST

ATLANTA, GA 30301

FILING STATUS: QUALIFYING WIDOW(ER) LINE 6d: 2

YEAR SPOUSE DIED: 2003

DEPENDENTS INFORMATION:

RELATIONSHIP # MO CHILD TAX CR AGE SSN NAME

9 400-55-3025 DAUGHTER 12 Х WENDY OLYMPICS

SCHEDULE A:

LINE 1: 18000

LINE 5: 1500

LINE 6: 1750

LINE 7: 500

LINE 10: 9300

LINE 12: 2500

LINE 15: 5200

LINE 21: 825

LINE 22: 100 (SAFE DEPOSIT BOX)

1200 (INVESTMENT EXPENSE)

```
SCHEDULE B:
PART I:
LINE 1:
                   AMOUNT
PAYER NAME
                     950
                           (ACCRUED)
LAST CITIZENS
                     3200
                           (NOMINEE)
CBA BANK
                     1255
                           (TAX-EXEMPT)
MYPLACE
AMERICAN FINANCE
                     1770
                           (OID ADJUSTMENT)
                     2444
                           (TAX-EXEMPT)
MUNICIPAL INT
                    32000
                           (TAX-EXEMPT FROM PAB AFTER 08-07-1986)
                     2575
MIDDLE UNION
                     7800
NOWBANK
                     1200
FIRST BANK
                     2600
SECOND BANK
                     3650
THIRD BANK
                     4160
SIXTH BANK
                       63
SEVENTH BANK
EIGHTH BANK
                       44
                      129
NINTH BANK
                      261
TENTH BANK
PART II:
LINE 5:
                   AMOUNT
PAYER NAME
                     1450
                           (QUALIFIED)
ABC CORP
                           (QUALIFIED)
                     1475
DEF CORP
                           (QUALIFIED)
                     1260
GHI CORP
                            (QUALIFIED)
JKL CORP
                     1850
                     2500
                           (QUALIFIED)
MNO CORP
                      550
                           (QUALIFIED)
POR CORP
                      425
                           (QUALIFIED)
STU CORP
                      350
                           (QUALIFIED)
VWX CORP
                      575
                            (OUALIFIED)
YZZ CORP
                      555
                            (QUALIFIED)
1ST CO
                      933
                            (QUALIFIED)
2ND CO
                            (QUALIFIED)
                      975
3RD CO
                      125
                            (QUALIFIED)
4TH CO
                      28
                            (QUALIFIED)
5TH CO
                      290
                            (QUALIFIED)
6TH CO
                      390
                            (QUALIFIED)
7TH CO
                      599
                            (QUALIFIED)
8TH CO
                       47
                            (QUALIFIED)
9TH CO
                      430
                           (NOMINEE)
KIDDIE INVESTMENTS
                     1789 (NON-QUALIFIED)
MULTI INVESTORS
PART III:
```

PART III: LINE 7a: NO LINE 8: NO SCHEDULE D: PART I: (b) (c) 01-25-2004 01-31-2004 LINE 1: (a) (d) (e) 5000 ABC DEF 03-24-2003 02-05-2004 10000 GHI 02-28-2004 05-06-2004 10000 JKL 04-29-2004 11-17-2004 7000 15000 MNO STOCK OPTION EXPIRED PART II:

LINE 8: (a) (b) (c) (d) 12-02-2001 03-16-2004 08-14-2000 06-17-2004 PQR 15000 16600 STU 2575 2000 50 SHS WERGONE VARIOUS WORTHLSS - 0 -2500 VWX 06-27-2004 INHERIT 8100 8500 08-15-2004 RUG 03-27-1986 25000 3000

> (NOTE: THE RUG IS CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD BE TAXED AT THE 28% RATE GAIN)

2000

13000

3000

4000

1325

LINE 13: (f) 515

LINE 18: 22016

NOTE: 22000 - GAIN ON RUG

16 - CAPITAL GAIN DISTRIBUTION ON LINE 13

LINE 19: 99

FORM 6251:

PART I:

LINE 2: 1798 LINE 3: 3750 **LINE 5:** 687 LINE 11: 32000

FORM 8801:

PART I:

LINE 1: 35000 LINE 2: 34100

LINE 11: USE "ALL OTHERS" CALCULATION

LINE 14: 5500

PART II:

LINE 16: 3000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1595

LINE 5: 1000

LINE 6: 595

LINE 7: 1500

Form 1040	Dep U	artment of the Treasury - Internal Revenue Service S. Individual Income Tax	Return	2004	(99) IRS Us	se Only-Do	not w	rite or staple in this sp	ace.
		the year Jan. 1-Dec. 31, 2004, or other tax year be		, 2004,	- 	o omy b	, 20	OMB. No. 15	
_	Your first na	ame and initial	Last name			Y	our soc	aal security number	
(See A instructions B	TEST	. 0	OLYMPICS	A-111-			40	<u>0-00-1025</u>	
	If a joint ret	urn, spouse's first name and initial	Last name			s	pouse's	s social security numb	per ,
Use the IRS									
Otherwise	Home addr	ess (number and street). If you have a P.O. box, se	e page 16.		Apt. no).	lack	Important	! 🛦
please print	121	TORCH ST						You must enter	
or type.	City, town o	or post office, state, and ZIP code. If you have a for				-		your SSN(s) abov	/e.
Presidential	ATLA			30301				_	
Election Camp	aign	Note. Checking "Yes" will not chang					You	Spouse	٦
(See page 16.)		Do you, or your spouse if filing a joir				- 21	Yes	No Yes	No
Filing 2	Single		tr		ehold (with qualifying person is a child but r				
Ctatus	Marrie	d filing jointly (even if only one had incon	ne) _{tr}	nis child's na	me here.				
Check only	Married	filing separately. Enter spouse's SSN above and fu			مام طفاند، (سم)ددهاسند		abild	/see sees 17)	2002
	me here.	>			widow(er) with de	pendent	Child	Boxes checked	2003
Exemptions	6a S	X Yourself. If someone can claim you	as a dependent, do r	iot check	box oa · · · ·			on 6a and 6b	
ZX011Puleil		Spouse · · · · · · · · · · · · · · · · · · ·	·					No. of children on 6c who:	
	<u>b</u>	Dependents:	400 D d d		(3) Dependent's	(4) Che	ck if	● lived with you	1
		•	(2) Dependent' social security num		relationship to	qualifyin for child credit (se	g child I tax	did not live with	
	(1) First nat		400-55-3	025 DA	you IICHTER		X	or separation	
If more than four	MENDI	OHIMPICS	400 33 3	023 511	OGITE		\dagger	(see page 18)	
dependents, see page 18.					· · · · · · · · · · · · · · · · · · ·		ī	Dependents on 6c not entered above	
							Ī	Add numbers on	
	d	Total number of exemptions claimed .						lines above	2
	7	Wages, salaries, tips, etc. Attach Form(s	s) W-2						
Income				· · · · · · · · · · · · · · · · · · ·			7		
	, 8a	Taxable interest. Attach Schedule B if re	equired • • • • •			• • • •	8a	22,	482
Attach Form(s W-2 here. Also		Tax-exempt interest. Do not include on		- 8b	35,69	99			
attach Forms W-2G and	9a	Ordinary dividends. Attach Schedule B				• • • •	9a	16,	166
1099-R if tax	b	Qualified dividends (see page 20) · · ·			14,3				
was withheld.	10	Taxable refunds, credits, or offsets of st	ate and local income	taxes (see	e page 20) · · ·	••••	10		
	11	Alimony received • • • • • • • • • • • • • • • • • • •	4.4.00.57	• • • • •			12		
If you did not get a W-2,	12	Business income or (loss). Attach Sche			nak hara 🕨		13	2.2	265
see page 19.	13	Capital gain or (loss). Attach Schedule I Other gains or (losses). Attach Form 47			eck liele		14	33,	265
Enclose, but do	14 ^D 15a	IRA distributions •••• 15a	9/		able amount (see p	220 22)	15b		
not attach, any	40-	Pensions and annuities • • 16a			able amount (see p	_	16b		
payment. Also, please use	17	Rental real estate, royalties, partnership	s. S corporations, tru		, ,	· · L	17		A
Form 1040-V.	18	Farm income or (loss). Attach Scheduk	• F • • • • • • •				18		
	19	Unemployment compensation · · · ·				• • • •	19		
	20a	Social security benefits 20a		b Taxa	able amount (see p	age 24)	20b		
	21	Other income.							
		-					21		
	22_	Add the amounts in the far right column			our total income	• • • •	22	71,	913
	23	Educator expenses (see page 26) • •		- 23					
Adjusted	24	Certain business expenses of reservists, performi							
Gross		fee-basis government officials. Attach Form 2106		• 24					
Income	25	IRA deduction (see page 26) · · · · ·							
	26	Student loan interest deduction (see page 7.11)							
	27	Tuition and fees deduction (see page 29							
	28	Health savings account deduction. Attack Moving expenses. Attach Form 3903 •							
	29 30	One-half of self-employment tax. Attach							
	30 31	Self-employed health insurance deduction							
	32	Self-employed SEP, SIMPLE, and quality							
	33	Penalty on early withdrawal of savings							
	34a	Alimony paid b Recipient's SSN▶		34a					
f	35			• • • • •			35		
	36	Subtract line 35 from line 22. This is you				▶	36	71,	913

Form 1040 (200	4)TES	ST O OLYMPICS	400-	00-1025 Page 2
	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·	37	71,913
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes		
Credits		if: Spouse was born before January 2, 1940, Blind. Checked ▶38a.	4.34	
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here		
Deduction	∟ 39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	34,044
for—	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	37,869
 People who checked any 	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
box on line		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · · · · · · ·	41	6,200
38a or 38b or who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	31,669
claimed as a dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	2,595
see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	44	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
● All others:	45	Add lines 43 and 44	45	2,595
Single or Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46	7	
separately,	47	Credit for child and dependent care expenses. Attach Form 2441 47	1 1	
\$4,850	48	Credit for the elderly or the disabled. Attach Schedule R • • • 48	1	
Married filing	49	Education credits. Attach Form 8863 · · · · · · · · · 49	1	
jointly or Qualifying	50	Retirement savings contributions credit. Attach Form 8880 • • • 50	1	
widow(er), \$9,700	51	Child tax credit (see page 37)	7 1	
	52	Adoption credit. Attach Form 8839 - · · · · · · · 52	1 1	
Head of household,	53	Credits from: a Form 8396 b Form 8859 · · · · 53	1	
\$7,150	54	Other credits. Check applicable box(es): a Form 3800	7	
	J 34	b X Form 8801 c Specify · · · · 54		ř
	55	Add lines 46 through 54. These are your total credits · · · · · · · · · · · · · · · · · · ·	55	1,000
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	1,595
	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	1,000
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59	
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	61	
	62	Add lines 56 through 61. This is your total tax	62	1,595
	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63		1,333
Payments	- 63 ₁ 64		1	
If you have a	04 65a	2004 estimated tax payments and amount applied from 2003 return Earned income credit (EIC)	1 1	
qualifying			1 1	
child, attach Schedule EIC.	66	Notice and the second s		
	67	Excess social security and tier 1 RRTA tax withheld (see page 54) 66 Additional child tax credit. Attach Form 8812 67	1 1	
		Amount paid with request for extension to file (see page 54) 68	1	
	68 69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69		
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	1,000
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid · · · · · ·	71	1,000
Refund	71 72a	Amount of line 71 you want refunded to you	72a	
Direct deposit?	. •	Routing number Checking Savings		
See page 54 and fill in 72b,	b d	Account number		
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · ▶ 73		
	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	595
Amount	75	Estimated tax penalty (see page 55) · · · · · · · · · · · 75		
You Owe		Estimated tax periods (eee page 55)	Complete	the following. X No
Third Party	•	Phone po		• • • • • • • • • • • • • • • • • • • •
Designee	Desig	nee's name Profile No. Personal iden number (PIN)		▶
	I Inde	penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the		y knowledge and
Sign	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer ha	as any knowledge.
Here Joint return?	Your	signature Date Your occupation		Daytime phone number
See page 17.	. ,	INVESTMENT SPECIA	ALIST	
Кеер а сору	Spous	se's signature. If a joint return, both must sign. Date Spouse's occupation		404-555-1020
for your records.	7			
1000103.		Date Check if	Prepa	rer's SSN or PTIN
Paid	Prepa signal		7	
Preparer's	Firm's	name (or EIN		
Use Only	yours	if self-employed),		
	addre	ess, and ZIP code Phor	ne no.	
EEA				Form 1040 (2004)

TEST # 26

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG2, FORM 1116 (5), FORM 4972, FORM 6781, FORM 8275

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 27: 2000 FORM 1040, LINE 64: 500

STATEMENTS: FORM 1116 (#1), BOX C, FINANCIAL SERVICES INCOME FORM 1116, LINE 3b, OTHER DEDUCTIONS

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST F STILES SSN: 400-00-1026

DOB: 06-28-1976 OCCUPATION: STOCK BROKER

PRES ELEC FUND: NO DISABLED: NO

DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: KC

ADDRESS: 4664 COUSINS PL

TILLAMOOK, OR 97141

LINE 6d: 1 FILING STATUS: SINGLE

SCHEDULE B:

PART II:

LINE 5:

AMOUNT PAYER NAME

AMERICAN INVESTMENTS 3650 (NON-QUALIFIED) 80 (NON-QUALIFIED) ACME 220 (NON-QUALIFIED) WIZE INV 650 (NON-QUALIFIED) INSIDER FINE ARTS COUNCIL 260 (NON-QUALIFIED)

PART III: LINE 7a: NO LINE 8: NO

SCHEDULE D:

PART I: 04-25-2004 07-15-2004 5700 3970 LINE 1: (a) 100 SHS ACME 3970

PART II:

(d) (e) LINE 8: (a) (b) (c) 60 SHS WIZE INV 02-13-1995 12-15-2004 15 SHS INSIDER 03-12-2001 05-22-2004 1260 624 330 150

```
SCHEDULE E, PAGE 2:
PART II:
LINE 27: NO
LINE 28A(a): ARGENTINIAN CRUISE LINES
LINE 28A(b): P
LINE 28A(c): X
LINE 28A(d): 04-5763210
LINE 28A(g): 5430
LINE 28B(a): IRISH-AMERICA EXPORTS LTD
LINE 28B(b): S
LINE 28B(d): 99-4243000
LINE 28B(g): 9200
LINE 28C(a): ISRAELI SALES INC
LINE 28C(b): S
LINE 28C(d): 99-1234455
LINE 28C(j): 7500
LINE 28D(a): FRENCH FINANCIAL SERVICES
LINE 28D(b): S
LINE 28D(d): 99-1010112
LINE 28D(g): 6700
FORM 1116 #1:
INCOME CATEGORY: (c) X
STATEMENT: BANKING INCOME 6700
LINE k: UNITED STATES
PART I:
          (A)
LINE 1: FRANCE
         6700 GROSS INCOME SOURCE: BANKING
LINE 1:
         4850
LINE 3a:
LINE 3b:
           2000
         6700
LINE 3d:
LINE 3e: 52276
PART II:
LINE A:
 (m)
         (o)
                        (w)
 Х
         03-12-2004
                       416
FORM 1116 #2:
 INCOME CATEGORY: (d) X
LINE k: UNITED STATES
PART I:
              (A)
LINE 1: ARGENTINA
                    GROSS INCOME SOURCE: SHIP LEASES
LINE 1:
           5430
 LINE 3a:
              4850
 LINE 3b:
              2000
 LINE 3d:
              5430
            52276
 LINE 3e:
 PART II:
 LINE A:
 (m)
           (o)
                         (w)
 Х
          12-05-2004
                        200
```

```
FORM 1116 #3:
```

INCOME CATEGORY: (e) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: IRELAND

LINE 1: 9200 GROSS INCOME SOURCE: EXPORT LEASING

LINE 3a: 4850 LINE 3b: 2000 LINE 3d: 9200

LINE 3e: 52276

PART II: LINE A:

(m) (o) (u) X 12-15-2004 540

FORM 1116 #4:

INCOME CATEGORY: (f) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: ISRAEL

LINE 1: 7500 GROSS INCOME SOURCE: EXPORT SALES

LINE 3a: 4850 LINE 3b: 2000 LINE 3d: 7500

LINE 3e: 5227.6

PART II: LINE A:

(m) (o) (w) X 06-18-2004 700

FORM 1116 #5:

INCOME CATEGORY: (j) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: MEXICO

LINE 1: 17400 GROSS INCOME SOURCE: WAGES

LINE 3a: 4850 LINE 3b: 2000 LINE 3d: 17400 LINE 3e: 52276

PART II: LINE A:

(m) (o) (w) X 12-31-2004 1600 FORM 4972:
NAME: TEST F STILES
PART I:
LINE 1: YES
LINE 2: NO
LINE 3: YES
LINE 4: NO
LINE 5a: NO

PART III:

LINE 8: 7600

LINE 5b: NO

LINE 9: 5000

LINE 29 LITERAL: MRD

FORM 6781 PART I: LINE 1 (a) FORM 1099-B	B PORKBELLIE	S R US	(c) 1000			
PART II: SECTION A: LINE 10 (a) ABC 1299CAL	(b) 06-36	0-2004	(c) 10-15-2004	(d) 10000	(e) 15000	
PART II: SECTION B: LINE 12 (a) ABC 1299PUT	(b) 06-30)-2004	(c) 10-15-2004	(d) 15000	(e) 12000	
FORM 8275: PART I: LINE 1 (a) 274 (M) 3	(b) 1120s	(c) SHAREHOLDER CRUISE SHIP	FORMER SPOUS	(d) SE E	(e) 28B	(f) 3000

PART II:

LINE 1: FORMER SPOUSE OF SHAREHOLDER, WHO IS ALSO A COMPANY EMPLOYEE, TRAVELED ON OVERSEAS CRUISE IN ORDER TO HELP SHAREHOLDER ENTERTAIN CLIENTS ON THE SHIP.

PART III:

LINE 1: IRISH-AMERICA EXPORTS LTD

500 MAIN ST

TILLAMOOK OR 97141

LINE 2: 99-4243000

LINE 3: 01-01-2004 TO 12-31-2004

LINE 4: OGDEN, UT

ETD TRANSMISSION:

FORM 9465:

LINE 3: (503)555-1254; 7:00PM

LINE 4: (LEAVE BLANK)

LINE 5: (LEAVE BLANK)

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 748

LINE 10: 148

LINE 11: 50

LINE 12: 26

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Form 1040	Dep U	artment of the Treasury - Internal Revenue Service S. Individual Income Tax Re	eturn	2004	(99) IRS U	lse Oniv-	-Do not w	rite or staple in this sp	ace	
Form 1040		the year Jan. 1-Dec. 31, 2004, or other tax year beginn		, 2004, 6		ou only	, 20	OMB. No. 154		
Label L		ame and initial	Last name				Your soc	cial security number	****	
(See A	TEST						400-00-1026			
instructions B on page 16.) E If		etum, spouse's first name and initial Last name						Spouse's social security number		
Use the IRS		,								
label. H	lome addr	ess (number and street). If you have a P.O. box, see pa	age 16.		Apt. n	10.	A	Important		
Otherwise, E	4664	COUSINS PL						You must enter		
or type.	City, town o	r post office, state, and ZIP code. If you have a foreign	n address, see page 1	6.		١.		your SSN(s) abov	e.	
Presidential	TILI	AMOOK	OR	97141						
Election Campa	ign	Note. Checking "Yes" will not change y				,	You	Spouse	·-n	
(See page 16.)		Do you, or your spouse if filing a joint re	eturn, want \$3 to	go to this fo	und? • • • •	• ▶	Yes	X No Yes	No	
1 2	X Single				ehold (with qualifying person is a child but					
Filing 2	Marrie	d filing jointly (even if only one had income)		his child's nar		,		,		
Status 3	Married	filing separately. Enter spouse's SSN above and full								
one box. nam	e here.	>			widow(er) with de	epende	nt child	(see page 17) Boxes checked		
Exemptions	6 a	X Yourself. If someone can claim you as a	a dependent, do	not check I	box ba · · ·	• • • •	•	on 6a and 6b		
Exemptions								No. of children on 6c who:		
-	b	Spouse	· · · · · · · · · · · · · · · · · · ·		(3) Dependent's	(4) C	heck if			
	_	Dependents:	(2) Dependen social security nu		relationship to	qualify for cr	ying child	lived with you did not live with you due to divorce		
<u>(</u>	(1) First na	me Last name			you	credit	(see pg1	or separation		
If more than four -								(see page 18)		
dependents, see page 18.						+		Dependents on 6c		
page 10.						1	Ħ	not entered above		
-		Total number of exemptions claimed				• • • •		Add numbers on lines above	1 1	
	7	Wages, salaries, tips, etc. Attach Form(s) V	V-2				T			
Income	•	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				7	17,	400	
Income	8a	Taxable interest. Attach Schedule B if requ	ired • • • • •			• • • •	8a			
Attach Form(s) W-2 here, Also	b	Tax-exempt interest. Do not include on line		- 8b						
attach Forms	9a	Ordinary dividends. Attach Schedule B if re	equired · · · ·				9a	4,	860	
W-2G and 1099-R if tax	b	Qualified dividends (see page 20) · · · ·		• 9b						
was withheld.	10	Taxable refunds, credits, or offsets of state	and local income	taxes (see	e page 20) • • •		10			
	11	Alimony received • • • • • • • • • • • • • • • • • • •		• • • • •	• • • • • • •	• • • •	· 11			
If you did not	12	Business income or (loss). Attach Schedul			• • • • • •	• • • •	12			
get a W-2, see page 19.	13	Capital gain or (loss). Attach Schedule D if	required. If not re	equired, che	eck here 🕨 · ·	• • 📙	13	1,	186	
	14	Other gains or (losses). Attach Form 4797	• • • • • • • •			• • • •	14			
Enclose, but do not attach, any	15a	IRA distributions · · · · · 15a		 i	able amount (see	,	·			
payment. Also,	16a	Pensions and annuities • • 16a			able amount (see				030	
please use Form 1040-V.	17	Rental real estate, royalties, partnerships, \$	S corporations, tr	usts, etc. /	Attach Schedule	E • • •	17	∠8,	830	
101111101011	18	Farm income or (loss). Attach Schedule F					19			
	19	Unemployment compensation		h Tava	able amount (see	nnon 24)			-,	
	20a 21	Other income.		5 1000	able amount (see	page 24)				
	21	Other income.					21			
	22	Add the amounts in the far right column for	lines 7 through 2	1. This is y	our total incom	e · · •	22	52,	276	
	23						1.015			
Adjusted	24	Certain business expenses of reservists, performing a	artists, and				7 4			
Gross		fee-basis government officials. Attach Form 2106 or 2		- 24						
Income	25	IRA deduction (see page 26) · · · · ·		· 25						
	26	Student loan interest deduction (see page 2	28) • • • • •	· 26						
	27	Tuition and fees deduction (see page 29)		- 27	2,0	00				
	28	Health savings account deduction. Attach F	orm 8889 • • •				4			
	29	Moving expenses. Attach Form 3903					4 4			
	30	One-half of self-employment tax. Attach Sc					4			
	31	Self-employed health insurance deduction (············					
	32	Self-employed SEP, SIMPLE, and qualified					- 1			
	33	Penalty on early withdrawal of savings • •					-			
	34a	Alimony paid b Recipient's SSN▶		34a			ا ہے ا	•	000	
	35	Add lines 23 through 34a · · · · · · ·					35		000	
	36	Subtract line 35 from line 22. This is your a	ajustea gross in	come · ·			36	50,	276	

Form 1040 (2004	4)TES	ST F STILES	.,	-00-1026 Page 2	
Toward	37	Amount from line 36 (adjusted gross income)	37	50,276	
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes			
Credits		if: Spouse was born before January 2, 1940, ☐ Blind. Checked ▶38a ☐			
Standard	_ b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here			
Deduction for—	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	4,850	
People who	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	45,426	
checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	2,144		
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · · · · · · ·	41	3,100	
who can be claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- • •	42	42,326	
dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b X Form 4972 · · ·	43	7,284	
see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · · · · · · · · · · · · ·	44		
All others:	45	Add lines 43 and 44 • • • • • • • • • • • • • • • • • •	45	7,284	
Single or Married filing	46	Foreign tax credit. Attach Form 1116 if required 46 3, 456			
separately,	47	Credit for child and dependent care expenses. Attach Form 2441 • • • • 47			
\$4,850	48	Credit for the elderly or the disabled. Attach Schedule R · · · 48	7001		
Married filing	49	Education credits. Attach Form 8863 · · · · · · · · · 49			
jointly or Qualifying	50	Retirement savings contributions credit. Attach Form 8880 · · · 50			
widow(er), \$9,700	51	Child tax credit (see page 37)	7		
	52	Adoption credit. Attach Form 8839 · · · · · · · · · 52	1 1		
Head of household,	53	Credits from: a Form 8396 b Form 8859 · · · · 53	1 1		
\$7,150	54	Other credits. Check applicable box(es): a Form 3800	1 1		
L	34	b Form 8801 c Specify 54			
	55	Add lines 46 through 54. These are your total credits · · · · · · · · · · · · · · · · · · ·	55	3,456	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	3,828	
	57	Self-employment tax. Attach Schedule SE	57	3,020_	
Other		Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58		
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59		
luxoo	59		60		
	60	Advance earned income credit payments from Form(s) W-2	61		
	61	Household employment taxes. Yittasir esitettis i	62	3,828	
	62	Add lines 56 through 61. This is you total tax	- 02	FORM 1099	
Payments	63	Tederal modificial withhold from String 12 and 12 a	4 - 1	FORM 1099	
If you have a	_64	2004 estimated tax payments and amount applied from 2000 folders			
qualifying	65a	Earned income credit (EIC) 65a	-		
child, attach	b	Nontaxable combat pay election · •▶ 65b			
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)	-[60]		
	67	Additional child tax credit. Attach Form 8812 67	4: 1		
	68	Amount paid with request for extension to file (see page 54) · · 68	-		
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69		2 000	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	3,080	
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • • • •	71 72a	<u> </u>	
Direct deposit?	72a	Amount of line 71 you want refunded to you	1.00		
See page 54	▶ b	Routing number Drugs Drugs Checking Savings			
and fill in 72b,	▶ d	Account number			
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · > 73	86-900 (3000)	740	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	748	
You Owe	75	Estimated tax penalty (see page 55) · · · · · · · · · 75		to the fellowing 37 No.	
Third Dorby	Do y	rou want to allow another person to discuss this return with the IRS (see page 56)? Yes. (Somble	te the following. X No	
Third Party	Desig	nee's name Phone no. Personal ider		<u> </u>	
Designee	<u> </u>	number (PIN)			
Sign	Unde	r penaities of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	ne best of	my knowledge and	
Here	Daytime phone number				
Joint return?	Your	signature Date Your occupation		Daytime priorie number	
See page 17. Keep a copy Spouse's signature. If a joint return, both must sign. Date STOCK BROKER Spouse's occupation					
Keep a copy for your					
records.				annuda CON DTINI	
D.:.	Prepa	Date Check if	- Pre	parer's SSN or PTIN	
Paid	signa	s name (or EIN	Ш		
Preparer's					
Use Only yours if self-employed), address, and ZIP code					
		Phor	ne no		

EEA

Form 1040 (2004)

a Control number		OMB No. 1545-00	Safe, accurate FAST! Use	^{e,} irs e-f	ile	Visit the IRS website at www.irs.gov.			
b Employer identification number			1 Wages, tips, other com	pensation	2 F	ederal income tax withheld			
93-1422446			17	, 40.0	<u> </u>	2,100			
C Employer's name, address, and ZIP code		3 Social security wages			4 Social security tax withheld				
MEXICO AVENTURAS		17,400			1,079				
·	ļ	5 Medicare wages and tips			6 Medicare tax withheld				
RIO LERMO NO 1665 810	000 XALAPA	}	17,400			252			
VERACRUZ		7 Social security tips			8 Allocated tips				
d Employee's social security number $400-00-1026$			9 Advance EIC payment			Dependent care benefits			
	st name		11 Nonqualified plans		12a S	See instructions for box 12			
TEST F STILE:	5		13 Statutory Retmnt.	Third-party sick pay	12b 6 8				
TILLAMOOK	OR 971	141	14 Other FOR TAX	1,600	12d 12d 500 12d				
f Employee's address and ZIP code									
	wages, tips, etc. 17 Stat 17,400	te income tax	8 Local wages, tips, etc.	19 Local inc	come ta	20 Locality name			

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

	COR	RECTED (if check	ed)				
PAYER'S name, street address, city, sta	ate, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Por	Distributions From		
GOLDEN YEARS RET	IREMENT FUNDS	\$ 3,800 2a Taxable amount \$ 3,800	2004 Form 1099-R	Pensions, Annuitie Retirement o Profit-Sharin Plans, IRAs Insuranc Contracts, et			
ATLANTA	GA 30348	2b Taxable amount	Total distribution	,	Сору В		
PAYER'S Federal identification number	RECIPIENT'S identification number	not determined distribution X 3 Capital gain (included in box 2a) 4 Federal income tax withheld		<u> </u>	Report this income on your Federal tax return. If this		
99-5244433	400-00-1026	\$	\$	480	form shows Federal income		
RECIPIENT'S name		5 Employee contributions or insurance premiums 6 Net unrealized appreciation in employer's securities \$: ' "	tax withheld in box 4, attach this copy to your return.		
TEST F STILES Street address (including apt. no.) 4664 COUSINS PL		7 Distribution Code SEP SIMPL	8 Other	%	This information is being furnished to the Internal		
City, state, and ZIP code		9a Your percentage of total distribution	9b Total employee contributions		Revenue Service.		
TILLAMOOK OR 97141		50 %	\$				
Account number (optional)		10 State tax withheld	11 State/Payer's state no.		12 State distribution \$		
		\$			\$		
		13 Local tax withheld \$ 14 Name of locality		15 Local distribu			
		\$			\$		

TEST # 27

FORMS REQUIRED: FORM 1040, SCH F, SCH SE, FORM 3468, FORM 3800, FORM 4562, FORM 5884, FORM 6251, FORM 6478, FORM 8824, FORM 8835.

FORM 8845, FORM 8861

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MACDONALD

DOB: 08-14-1954

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SPOUSE: NAME: DAISY MACDONALD

DOB: 09-25-1954

DISABLED: NO

SSN: 400-00-1027

OCCUPATION: TRUCK DRIVER

PRES ELEC FUND: NO

BLIND: NO

SSN: 400-00-2027 OCCUPATION: FARMER PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: DX

ADDRESS: 1 FIRST STREET APT 3

SUNSHINE, IA 52544

FILING STATUS: MARRIED FILING JOINT

LINE 6d: 4

DEPENDENT INFORMATION:

NAME AGE SSN RELATIONSHIP # MO CHILD TAX CR JETHRO MACDONALD 18 400-55-3027 SON 12

ELLIE MAE MACDONALD 17 400-55-4027 DAUGHTER 12

SCHEDULE F:

NAME OF PROPRIETOR: DAISY MACDONALD SSN: 400-00-2027

LINE A: PRODUCE LINE B: 111210 LINE C: CASH

LINE E: YES

PART I:

LINE 4: 145000

SCHEDULE F (CONTINUED):

PART II:

LINE 13: 2500

LINE 16: 104210

LINE 19 2500

4500 LINE 21:

LINE 24: 25000

LINE 31: 500

SCHEDULE SE:

NAME: DAISY MACDONALD SSN: 400-00-2027

SECTION A: **LINE 1:** 5790

FORM 3468:

PART 1:

LINE 2a: 2632

FORM 3800:

PART II:

LINE 16: 0

FORM 4562:

ACTIVITY: SCHEDULE F-1

PART I:

LINE 2: 106632

LINE 6:

(a) (b) (c)

COMBINE 100000 100000 (NOTE: PLACED IN SERVICE 03-15-2004)

PART II:

LINE 14: 2750

PART III:

LINE 17: 983

BACKGROUND INFORMATION: DESCRIPTION:

99 MASSEY TRACTOR

PLACED IN SERVICE: 12-01-2002

BASIS:

6000

RECOVERY PERIOD: 7
CONVENTION: MQ

METHOD:

150 DB

DESCRIPTION: 99 JOHN DEERE TRACTOR

PLACED IN SERVICE: 10-12-2004

BASIS:

6000

(NOTE: BECAUSE OF THE LIKE-KIND EXCHANGE ON

FORM 8824 THIS ASSET STEPS INTO THE REMAINING RECOVERY PERIOD AND SAME

DEPRECIATION METHOD AND CONVENTION OF THE

99 MASSEY TRACTOR)

RECOVERY PERIOD:

CONVENTION:

MO

METHOD:

150 DB

FORM 4562 (CONTINUED):

LINE 19b:

(c) (d) (e) (f)

1750 5 HY 150 DB

BACKGROUND INFORMATION: DESCRIPTION: SOLAR ENERGY PANELS

PLACED IN SERVICE: 04-15-2004

ASIS: 1750

(NOTE: COST OF \$2632 LESS % OF ORIGINAL ITC OF

132)

(NOTE: COST BASIS OF 2500 LESS 30% SPECIAL

DEPRECIATION ALLOWANCE OF 750)

LINE 19c:

(c) (d) (e) (f) 2000 7 HY 150 DB

BACKGROUND INFORMATION: DESCRIPTION: FERTILIZER SPREADER

PLACED IN SERVICE: 06-15-2004

BASIS: 2000

(NOTE: COST BASIS OF 4000 LESS 50% SPECIAL

DEPRECIATION ALLOWANCE OF 2000)

FORM 5884:

PART I:

LINE la: 1250 WORKED AT LEAST 120 HOURS

FORM 6251:

PART I:

LINE 26: -728 (FROM FORM 6478)

FORM 6478:

(a) (b)

LINE 2a: 2000 LINE 4: 4000

LINE 7b: 6000

LINE 7b: NOTE: >= 10% ETHANOL

FORM 8824:

PART I:

LINE 1: 99 MASSEY TRACTOR

LINE 2: 99 JOHN DEERE TRACTOR

LINE 3: 12-01-2002

LINE 4: 10-12-2004

LINE 5: 09-18-2004

LINE 6: 10-12-2004

LINE 7: NO

PART III:

LINE 16: 5000

LINE 18: 3810

FORM 8835

PART I:

LINE 4: 29412 (NOTE: KILOWATT-HOURS PRODUCED AND SOLD)

LINE 5: 0

FORM 8845:

PART I:

LINE 1: 5500

LINE 2: 3000

FORM 8861:

PART I:

LINE la: 1429

LINE 1b: 1000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 818

LINE 5: 749

LINE 6: 69

LINE 7: 69

orm 1040	Depa U.S	artment of the Treasury - Internal Revenue Se S. Individual Income Ta	rvice IX Return	200	4 (99)	IRS Use Only	-Do not wr	ite or staple in this sp	ace.
Jiii 1040	For t	he year Jan. 1-Dec. 31, 2004, or other tax yea	ar beginning	, 20	04, ending		, 20	OMB. No. 154	45-0074
Label լ		me and initial	Last name				Your soci	ial security number	
See A	TEST	' 0	MACDONA	.LD			400	0-00-1027	
nstructions B on page 16.) E		um, spouse's first name and initial	Last name				Spouse's	social security numb	er
Use the IRS	DAIS		MACDONA	LD			400	0-00-2027	
label. H		ess (number and street). If you have a P.O. bo		· · · · · · · · · · · · · · · · · · ·		Apt. no.		Important	
Otherwise, E	1 FT	RST STREET APT 3					— ,	ou must enter	_
or type E	City, town o	r post office, state, and ZIP code. If you have	a foreign address, see pag-	e 16.				our SSN(s) abov	e.
_	SIINS	SHINE	IA	5254	4 4				
Presidential L Election Camp		Note. Checking "Yes" will not ch	nange your tax or redu	ce your re	efund.		You	Spouse	
(See page 16.)	aigii	Do you, or your spouse if filing a				• • • • ▶	Yes	X No Yes X	No
1	Single		4	Head of h	ousehold (with	qualifying persor			
Filing 2		d filing jointly (even if only one had in	icome)		ying person is a s name here.	child but not you	r depender	nt, enter	
Status 3	F=4	filing separately. Enter spouse's SSN above							
Check only	me here.	>	5	Qualifyii	ng widow(er)	with depende	ent child	(see page 17)	
one box. Ha	6 a	X Yourself. If someone can claim	ou as a dependent, d	o not che	ck box 6a		$\overline{\cdot \cdot \cdot }$	Boxes checked on 6a and 6b	2
Exemptions	3							No, of children	
	b	X Spouse · · · · · · · · · · · ·					• • _	on 6c who:	
		Dependents:	(2) Depend	ent's	(3) Depend	dent's (4) (heck if ving child	lived with you	2
	(1) First nar		social security		relationsh you	p to for credi	hild tax i (see pg18	 lived with you did not live with you due to divorce 	
	JETHE		400-55-	3027				or separation (see page 18)	
If more than four dependents, see	ELLIE		400-55-			ER			
page 18.	44444							Dependents on 6c not entered above	
								Add numbers on	
	d	Total number of exemptions claimed						lines above	4
	7	Wages, salaries, tips, etc. Attach Fo							
Income							7	37,	967
	. 8a	Taxable interest. Attach Schedule E	if required • • • •				• 8a		
Attach Form(s W-2 here, Also		Tax-exempt interest. Do not include	e on line 8a · · · ·	· · 8b					•
attach Forms	9a	Ordinary dividends. Attach Schedul	e B if required • • •		• • • • • • • • • • • • • • • • • • •		• 9a		
W-2G and 1099-R if tax	b	Qualified dividends (see page 20) •		· • 9b			_		
was withheld.	10	Taxable refunds, credits, or offsets	of state and local incor	ne taxes	(see page 20))• • • • • •	10		
	11	Alimony received		• • • •	• • • • • •		· 11		
If you did not	12	Business income or (loss). Attach S					12		
get a W-2,	13	Capital gain or (loss). Attach Sched	ule D if required. If not	required,	check here	• • • • • _	13		
see page 19.	14	Other gains or (losses). Attach For	m 4797 • • • • • •	••••			- 14		
Enclose, but de		IRA distributions · · · · 15a		b T	Taxable amo	unt (see page 22	' 		
not attach, any payment. Also,		Pensions and annuities • • 16a				unt (see page 2	′ 		
please use	17	Rental real estate, royalties, partner	ships, S corporations,	trusts, et	c. Attach So	hedule E · ·			
Form 1040-V.	18	Farm income or (loss). Attach Sche	edule F	• • • •			- 18	5,	790
	19	Unemployment compensation • •	• • • • • • • • • •	••••	• • • • •		19		
	20a	Social security benefits • • 20a		b T	faxable amo	unt (see page 24	i) 20b		
	21	Other income. FORM	6478			728			
							21		728
	22	Add the amounts in the far right col	umn for lines 7 through			income · ·	22	44,	485
	23	Educator expenses (see page 26)		• • 23			- 1		
Adjusted	24	Certain business expenses of reservists, per							
Gross		fee-basis government officials. Attach Form		24			-		
Income	25	IRA deduction (see page 26) · · ·		25			- 1		
	26	Student loan interest deduction (see		26			-		
	27	Tuition and fees deduction (see pag		27			-		
	28	Health savings account deduction.							
	29	Moving expenses. Attach Form 390				400	-		
	30	One-half of self-employment tax. At		30		409	+ 1		
	31	Self-employed health insurance dec					- .		
	32	Self-employed SEP, SIMPLE, and o					-		
	33	Penalty on early withdrawal of savin	gs • • • • • • • •	33			-		
	34a	Alimony paid b Recipient's SSN▶		348	<u> </u>		- 35		400
	35	Add lines 23 through 34a · · · ·		inaama	• • • • • •		35	A A	409 076
	36	Subtract line 35 from line 22. This is	vour adjusted gross	income			- JO	44,	U / D

400-00-1027

Page 2

Form 1040 (2004)

a Control number		0	MB No. 1545-0008	Safe, accurate FAST! Use	^{ie,} irs e-fi	le	Visit the IRS website at www.irs.gov.
b Employer identification number			1	Wages, tips, other com	pensation	2	Federal income tax withheld
42-8765421				30	,000		749
C Employer's name, address, and ZIP code			3	Social security wages		4	Social security tax withheld
TURNIP TRUCK PRODUCE				3.0	000		1,860
			5	Medicare wages and ti		6	Medicare tax withheld
8439 VEGGIE LANE				30	,000		435
VINING	IA	5234	8 7	Social security tips	`	8	Allocated tips
d Employee's social security number			9	Advance EIC payment	1	10	Dependent care benefits
Employee's first name and initial Last r	name		11	Nonqualified plans		12a 8	See instructions for box 12
TEST O MACDONA 1 FIRST STREET APT 3	ALD		13	Statutory employee Retmnt.	Third-party sick pay	12b 60 8	
SUNSHINE	IA	5254	4 14	Other		12c	
					•	12d 6 8	
f Employee's address and ZIP code		17 State in		Local wages, tips, etc.	10	195.7	ax 20 Locality name
	goo, upo, bio.	State in	ľ	Locai wages, tips, etc.	Local Inco	one t	ax Locality name
A 4200001 3	0,000		2,100		 		
							
					-		-

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-	Safe, accurate, FAST! Use irs		isit the IRS website t www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation		ral income tax withheld
42-6651220		·	7,967		
C Employer's name, address, and ZIP code			3 Social security wages	1	l security tax withheld
PACK AND MOVE			7,967		494
			5 Medicare wages and tips	6 Medic	care tax withheld
321 TRAVELLERS RES	T		7,967		116
SUNSHINE	IA	52544	7 Social security tips	8 Alloca	ated tips
d Employee's social security number			9 Advance EIC payment	10 Depe	endent care benefits
400-00-1027			44	12a See i	nstructions for box 12
e Employee's first name and initial	Last name		11 Nonqualified plans	g	
TEST O MAC	DONALD		13 Statutory Retmnt. Third-par sick pay	ty 12b	
1 FIRST STREET APT	' 3			12c	
SUNSHINE	IA	52544	14 Other	12C 0 0 0	
				12d C 8	
				е ј	eraceatanan kantan hari berahar
f Employee's address and ZIP code			ho ho		20
15 State Employer's state I.D. no.	State wages, tips, etc.		18 Local wages, tips, etc. 19 Local	l income tax	20 Locality name
IA 4201240	7,967	26			
					

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

TEST # 28

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH SE, FORM 2106-EZ, FORM 3800, FORM 4562, FORM 6251, FORM 8826, FORM 8844, FORM 8846, FORM 8866, FORM 8874

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 4562, LINE 19C, 7 YEAR PROPERTY

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A LOTT

DOB: 01-16-1954

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1028

OCCUPATION: SELF-EMPLOYED

PRES ELEC FUND: YES

BLIND: NO

SPOUSE: NAME: EDNA K LOTT

DOB: 09-15-1954 DISABLED: NO

SSN: 400-00-2028 OCCUPATION: BANKER PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: UK

ADDRESS: 45020 GREEN WAY

DALLAS, TX 75202

FILING STATUS: MARRIED FILING JOINT LINE 6d: 2

SCHEDULE A:

LINE 6: 19000

LINE 7: 700

LINE 15: 117500

LINE 20: 3750 (NOTE: FORM 2106-EZ)

LINE 21: 1000

SCHEDULE C:

PROPRIETOR: TEST A LOTT SSN: 400-00-1028

LINE A: RECORDING STUDIO

LINE B: 512200

LINE C: GOOD VIBES

LINE D: 76-1188111

LINE E: 453 PALM TREE BLVD

DALLAS TX 75258

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 738000

SCHEDULE C (CONTINUED): PART II: LINE 8: 8000 19900 LINE 9: **LINE 13:** 127847 **LINE 15:** 15000 LINE 16a: 83000 LINE 17: 1700 LINE 18: 180 LINE 20a: 25000 LINE 21: 12100 LINE 23: 240 LINE 25: 12500 LINE 26: 170000 PART III: Х LINE 33a: LINE 34: NO LINE 35: 35000 LINE 36: 60000 LINE 38: 20000 LINE 39: 3000 LINE 41: 65000 PART V: OTHER EXPENSES: DESCRIPTION AMOUNT 39000 CONTRACT MUSICIANS SCHEDULE SE: NAME: TEST A LOTT SSN: 400-00-1028 SECTION A: **LINE 2:** 170533 FORM 2106-EZ: SSN: 400-00-2028 NAME: EDNA K LOTT OCCUPATION: BANKER PART I: LINE 2: 275 LINE 3: 2800 LINE 4: 600 LINE 5(a): 150 **LINE 5(b):** 75

FORM 4562:

ACTIVITY: SCHEDULE C-1

PART II:

LINE 16: 126175

DESCRIPTION: RECORDING EQUIPMENT BACKGROUND INFORMATION:

PLACED IN SERVICE: 06-06-2001

BASIS:

875000

RECOVERY PERIOD:

5

CONVENTION:

ΗY

METHOD:

INCOME FORECAST - 14.42%

PART III:

LINE 19C:

(d) (e) (c)

7 7800 HΥ

200 DB (NOTE: FURNITURE AND FIXTURES 04-15-2004) 3900 7 ΗY 200 DB (NOTE: FURNITURE AND FIXTURES 12-31-2004)

FORM 8826:

PART I:

LINE 1: 8800

FORM 8844:

PART I:

LINE 1a: 25000

FORM 8846:

PART I:

LINE 1: 200

FORM 8866:

LINE 1:

(b) (a) (c)

(f)

12-2001 12-2002 12-2003 991128

704994 1222641 LINE 2:

72625 111125 80500

LINE 4: 276092 485593 350276

LINE 5: 247696 442699 322101

LINE 7: 4095 3736 1183

FORM 8874:

PART I:

LINE 1:

(a) (b) (c) (d) LOW INCOME DEV INC 56-0001234 06-15-2004 5000

15 MAIN STREET

DALLAS, TX 75202

PREPARER NOTE:

THE TAXPAYER IS ELECTING OUT OF THE ADDITIONAL DEPRECIATION FOR SEVEN YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 10, 2001 AND MAY 5, 2003.

ETD TRANSMISSION:

FORM 9465:

LINE 4: 716-555-1028; NO EXT

LINE 6: THIRD REGIONAL BANK

ONE TOWER SQUARE

DALLAS TX 75266

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 21547

LINE 10: 10547

LINE 11: 1000

LINE 12: 10

TAXPAYER PIN: 19821 SPOUSE PIN: 29821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

- 4040	Dep	artment of the Treasury - Internal Revenue Service S. Individual Income Tax R	eturn 2	2004	(99) IRS Us	se Only-F	o not wi	rite or staple in this sp	nace
Form 1040		the year Jan. 1-Dec. 31, 2004, or other tax year begin		, 2004, e		oc Olhy-L	, 20	OMB. No. 15	
	our first na	ame and initial	Last name			,	our soc	ial security number	
See A nstructions B	TEST	. A	LOTT				400	<u>0-00-1028</u>	
on page 16.) E		urn, spouse's first name and initial	Last name				Spouse's	social security numb	er ·
Use the IRS	EDNA	K	LOTT				400	0-00-2028	
	lome addre	ess (number and street). If you have a P.O. box, see p	page 16.		Apt. no	o		Important	
Otherwise, E	4502	O GREEN WAY					 ,	You must enter	
or type.	ity, town o	or post office, state, and ZIP code. If you have a foreig				1.		your SSN(s) abov	/e.
Presidential	DALI	AS Note. Checking "Yes" will not change		5202	4		You	Spouse	
Election Campa	ign	Do you, or your spouse if filing a joint				▶ 🗓	Yes	No Yes	No
(See page 16.)	Single		4 Hea	d of house	hold (with qualifying				
Filing 2		ed filing jointly (even if only one had income) the	qualifying p child's nan	person is a child but i ne here.	not your o	iepende	nt, enter	
Status 3		I filing separately. Enter spouse's SSN above and full	>						
Check only	e here.	>	5 Qu	alifying v	vidow(er) with de	penden	t child		
0110 0011	6 a	X Yourself. If someone can claim you as	a dependent, do no	t check t	оох 6а • • • •		$\cdot \ $	Boxes checked on 6a and 6b	2
Exemptions								No. of children	
_	b	X Spouse · · · · · · · · · · · · · · · · · · ·		• • • •		(4) Ch	eck if	on 6c who:	
	C	Dependents:	(2) Dependent's social security numb		(3) Dependent's relationship to	qualifyi	ng child ld tax see pg18	 lived with you did not live with 	
<u>(</u>	1) First na	me Last name	Social Security Humb	<u> </u>	you	credit (see pg18	you due to divorce or separation	
If more than four -							+-	(see page 18)	
dependents, see page 18.								Dependents on 6c	
page 10.				_		1	_	not entered above	
-	d	Total number of exemptions claimed • •		• • • •		• • • •	• • •	Add numbers on lines above	2
	7	Wages, salaries, tips, etc. Attach Form(s)						· · · · · · · · · · · · · · · · · · ·	•
Income	•	, , , , , , , , , , , , , , , , , , ,					7	1,225,	500
	. 8a	Taxable interest. Attach Schedule B if req				• • • •	8a		
Attach Form(s) W-2 here. Also	b	Tax-exempt interest. Do not include on li		8b					
attach Forms	9a	Ordinary dividends. Attach Schedule B if	required		• • • • • • • •	• • • •	9a		
W-2G and 1099-R if tax	b	Qualified dividends (see page 20) · · · ·	• • • • • • • • •	9b					
was withheld.	10	Taxable refunds, credits, or offsets of state	e and local income ta	ixes (see	page 20) · · ·		10		
	11	Alimony received • • • • • • • • • • • • • • • • • • •		• • • •	• • • • • • • •	• • • •	11		
If you did not	12	Business income or (loss). Attach Schedu				••••	12	170,	533
get a W-2, see page 19.	13	Capital gain or (loss). Attach Schedule D i	if required. If not requ	iired, che	eck here 🕨 · ·	• • 📙	13		
see page 10.	14	Other gains or (losses). Attach Form 479	7		• • • • • • •	• • • •	14		
Enclose, but do	15a	IRA distributions • • • • 15a		b Taxa	ble amount (see p	age 22)	15b		
not attach, any payment. Also,	16a	Pensions and annuities 16a)	ible amount _{(see p}	•	16b		
please use	17	Rental real estate, royalties, partnerships,	, S corporations, trus	s, etc. A	Attach Schedule	E • • •	17		
Form 1040-V.	18	Farm income or (loss). Attach Schedule I	F			• • • •	18		
	19	Unemployment compensation · · · · ·					19		
	20a	Social security benefits · · 20a		b Taxa	ible amount (see p	oage 24)	20b		
	21	Other income.					21		
	-00	Add the amounts in the far right column for	or lines 7 through 21	This is v	our total income			1,396,	033
	22	Educator expenses (see page 26)	A miles / tillough Zi.	23	Ou, total moons			±,350,	033
	23 24								
Adjusted	24	Certain business expenses of reservists, performing fee-basis government officials. Attach Form 2106 or		24					
Gross	25	IRA deduction (see page 26) • • • • •		25					
Income	26	Student loan interest deduction (see page		26					
		Tuition and fees deduction (see page 29)		27					
	27 28	Health savings account deduction. Attach		28					
		Moving expenses. Attach Form 3903 • •		29					
	29	One-half of self-employment tax. Attach S		30	7,7	34			
	30 34	Self-employed health insurance deduction		31		<u> </u>			
	31	Self-employed SEP, SIMPLE, and qualifie		32					
	32	Penalty on early withdrawal of savings •		33					
	33	_		34a					
	34a	Alimony paid b Recipient's SSN					35	7 .	734
	35 36	Add lines 23 through 34a · · · · · · · · · · · · · · · · · · ·					36	1,388,	

Form 1040 (2004	4)TES	ST A & EDNA K LOTT		<u> 100-</u>	-00-1028 Pag	je 2
	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·	• •	37	1,388,299	9_
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes				
Credits		if: Spouse was born before January 2, 1940, Blind. Schecked ▶38a				
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here	d 🔲 d			
Deduction	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	• •	39	99,832	2_
for	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	[40	1,288,467	7
People who checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed	on 📗			
box on line	7,	line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · ·		41	,	0
38a or 38b or who can be	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-		42	1,288,46	
claimed as a dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 •		43	425,60	
see page 31.		Alternative minimum tax (see page 35). Attach Form 6251 · · · · · · · ·		44		
All others:	44	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	. •	45	425,60	6
Single or	45	Foreign tax credit. Attach Form 1116 if required • • • • • • 46			123,00	<u> </u>
Married filing separately.	46					
\$4,850	47	Credit for child and dependent care expenses. Attach 1 of 11 2441				
Married filing	48	Credit for the elderly of the disabled: 7 ktdorr defication .				
jointly or	49	Education cledits. Attack Form 6556				
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 · · · 50			•	
\$9,700	51	Child tax credit (see page 37) 51				
Head of	52	Adoption credit. Attach Form 8839				
household, \$7,150	53	Credits from: a Form 8396 b Form 8859 · · · 53				
\$7,150	54	Other credits. Check applicable box(es): a X Form 3800				
		b Form 8801 c X Specify 8844 · · · · 54 9,5	<u> </u>			_
	55	Add lines 46 through 54. These are your total credits	.:	55	9,54	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	• •	56	416,06	
	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	•••	57	15,46	<u>/</u>
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		58		
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	¹ •	59		
	60	Advance earned income credit payments from Form(s) W-2	••	60		
FORM 886	661	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	••	61		
9,0		Add lines 56 through 61. This is your total tax		62	440,54	7_
Payments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 419, 0	000			
	64	2004 estimated tax payments and amount applied from 2003 return • • • • 64				
If you have a gualifying	65a	Earned income credit (EIC) · · · · · · · · · · · 65a				
child, attach	b	Nontaxable combat pay election · •▶ 65b	ľ			
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)				
	67	Additional child tax credit. Attach Form 8812 · · · · · · · 67				
	68	Amount paid with request for extension to file (see page 54) · · 68				
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69				
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	• • •	70	419,000	0_
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid • • • • •	•••	71		
Refund	72a	Amount of line 71 you want refunded to you · · · · · · · · · · · · · · · · · · ·	• ▶	72a	······································	
Direct deposit? See page 54	Ď b	Routing number	ings			
and fill in 72b,	▶ d	Account number]			
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax · · · ▶ 73				
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	▶	74	21,54	<u>7</u>
You Owe	75	Estimated tax penalty (see page 55) · · · · · · · · · · · 75			<u> </u>	T.
	Do y	you want to allow another person to discuss this return with the IRS (see page 56)?	Yes. Co	mplet	te the following.	No
Third Party	Desig	gnee's name Phone no. Perso:	nal identifi	ication	<u> </u>	
Designee	•		er (PIN)		>	
Sign	Under	er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a	nd to the	best of	my knowledge and	
Here	belief	f, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	r wnich pr	reparer	à .	
Joint return?	Your	signature Date Your occupation			Daytime phone number	
See page 17.		SELF-EMPLOYED			_	
Keep a copy	Spou	use's signature. If a joint return, both must sign. Date Spouse's occupation				12000
for your records.	,	BANKER			To-	
	Prena	arer's Date Check if		Prep	parer's SSN or PTIN	
Paid .	signa			Щ_		
Preparer's		s name (or	EIN			
Use Only		s if self-employed), ess, and ZIP code	1			
	addie	600, and an 6000	Phone	no.		
					Form 1040 (20)04)

a Control number		Safe, accurate, OMB No. 1545-0008 FAST! Use irs	Visit the IRS website at www.irs.gov.
b Employer identification number		1 Wages, tips, other compensation	on 2 Federal income tax withheld
73-1111222		1,225,50	0 419,000
C Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
THIRD REGIONAL BANK		87 , 90	0 5,450
		5 Medicare wages and tips	6 Medicare tax withheld
ONE TOWER SQUARE	•	1,225,50	0 17,770
DALLAS	TX 752	7 Social security tips	8 Allocated tips
d Employee's social security number $400-00-2028$		9 Advance EIC payment	10 Dependent care benefits
	ast name	11 Nonqualified plans	12a See instructions for box 12
EDNA K LOTT 45020 GREEN WAY		13 Statutory Retrint. Third-pa	arty 12b
DALLAS	TX 752	0.2 14 Other	12c
			12d S
f Employee's address and ZIP code		·	
	wages, tips, etc. 17 State	e income tax 18 Local wages, tips, etc. 19 Local	al income tax 20 Locality name
к 73012456	1,200		
1			

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 29

FORMS REQUIRED: FORM 1040, SCH D, SCH F, SCH J, SCH SE, FORM 2210-F,

FORM 4255, FORM 4562, FORM 4797, FORM 8828, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 3000 (ALL PAID BY 1-15-2005)

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 2200

DIRECT DEBIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

SPOUSE:

TAXPAYER: NAME: TEST T LIVINGWATERS

DOB: 12-11-1933

DISABLED: NO

DAYTIME PHONE: NOT GIVEN BLIND: YES

NAME: ISABEL H LIVINGWATERS

DOB: 07-07-1937

DISABLED: NO

ssn: 400-00-1029

OCCUPATION: RETIRED PRES ELEC FUND: YES

SSN: 400-00-2029

OCCUPATION: FARMER PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: WH

ADDRESS: 341 RONALD RD

HULL, IL 62343

FILING STATUS: MARRIED FILING JOINTLY

LINE 6d: 2

SCHEDULE D:

PART II:

LINE 8:

(b) (a)

(c) (d) (e)

ANTIQUES 05-21-1984 09-13-2004 4500 3500

NOTE: THE ANTIQUES ARE CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD

BE TAXED AT THE 28% RATE GAIN

NAME OF PROPRIETOR: ISABEL H LIVINGWATERS SSN: 400-00-2029

LINE A: WHEAT

LINE B: 111100

LINE C: ACCRUAL

LINE D: 37-3012345

LINE E: YES

```
SCHEDULE F (CONTINUED):
PART II:
        2500
LINE 12:
LINE 13: 500
LINE 15:
         250
LINE 16: 17008
LINE 17:
        1562
LINE 19:
LINE 20:
         1020
LINE 21: 4000
LINE 22: 1200
LINE 23a: 1890
LINE 24: 12400
LINE 26a: 1500
LINE 27: 750
LINE 28:
          644
LINE 29: 1200
LINE 30: 1980
LINE 31: 1054
LINE 32: 2518
                      95
LINE 34a: SUBSCRIPTIONS
PART III:
LINE 38: 71030
LINE 39a: 1400
LINE 39b: 1400
LINE 40a:
         230
LINE 40b: 230
LINE 42:
          350
LINE 43: 1400
LINE 44: 980
LINE 46: 16010
LINE 47:
        4400
LINE 49: 19655
```

SCHEDULE J:

NOTE: FILING STATUS FOR 2003 WAS 3-MARRIED FILING SEPARATELY. 2002 AND 2001 WERE 2-MARRIED FILING JOINTLY.

NOTE 2: SCHEDULE D WAS NOT FILED IN 2001, 2002, OR 2003. USE THE TAX RATE SCHEDULES TO COMPUTE THE TAX FOR THOSE YEARS.

LINE 2: 6064 LINE 5: 200 LINE 9: 2005 LINE 13: (2000) **LINE 18:** 32 LINE 19: 201 LINE 20: 0

SCHEDULE SE:

NAME: ISABEL H LIVINGWATERS SSN: 400-00-2029

SECTION A: **LINE 1:** 21764 FORM 2210-F

NOTE: FORM 2210-F TAX INCLUDES SELF EMPLOYMENT TAX, SCHEDULE J TAX USES INCOME TAX ONLY.

PART I: LINE 1b: X

PART II:

LINE 14: 3270

PART III:

LINE 18: 04-15-2005

FORM 4255:

PROPERTY A: SOLAR POWER COLLECTOR

LINE 1A: 10%
LINE 2A: 25000
LINE 4A: 04-01-2003
LINE 5A: 04-15-2004
LINE 7A: 80%

FORM 4562:

ACTIVITY: SCHEDULE F - 1

PART II:

LINE 14: 7500

PART III:

LINE 17: 8383

BACKGROUND INFORMATION: DESCRIPTION: FARM EQUIPMENT

PLACED IN SERVICE: 01-24-2002

RECOVERY PERIOD:

): 5

CONVENTION:

HY

30000

METHOD:

150 DB

DESCRIPTION: SOLAR POWER COLLECTOR

(NOTE: SOLD 04-15-2004)

PLACED IN SERVICE: 04-01-2003

BASIS: 23750

(NOTE: COST OF 25000 LESS 1/2 original ITC)

RECOVERY PERIOD: 5

CONVENTION: HY

METHOD: 150 DB

LINE 19b:

(c) (d) (e) (f) 7500 5 HY 150 DB

BACKGROUND INFORMATION:

DESCRIPTION: TRACTOR

PLACED IN SERVICE: 06-15-2004

BASIS: 7500

(NOTE: COST BASIS OF 15000 LESS 50% SPECIAL DEPREC ALLOWANCE OF 7500)

```
FORM 4562 (CONTINUED):
PART V:
LINE 24a: YES
LINE 24b: YES
LINE 26:
(a)
                    (c)
        03-18-1996 100% (NOTE: TRUCK HAS BEEN FULLY DEPRECIATED)
TRUCK
         (a) VEHICLE 1
LINE 30: 6000
            0
LINE 31:
                0
LINE 32:
           NO
LINE 34:
           YES
LINE 35:
          YES
LINE 36:
NOTE: DO NOT TAKE MILEAGE EXPENSE
FORM 4797:
PART III:
LINE 19A:
                           (b)
                                       (c)
(a)
                         04-01-2003
                                       04-15-2004
SOLAR POWER COLLECTOR
PROPERTY TYPE:
                1245
        PROPERTY A
LINE 20: 21747
LINE 21: 25000
LINE 22: 6841 (NOTE: TOTAL DEPRECIATION ALLOWED PLUS ½ OF ORIGINAL
                 INVESTMENT TAX CREDIT LESS 50% OF THE INVESTMENT CREDIT
                 RECAPTURE TAX)
FORM 8828:
PART I:
LINE 1: 128 SOUTH MACON AVE
       HULL IL 62343
LINE 2b: X
LINE 3: IL; ALAMANCE; FMHA
LINE 4: SECOND BANK
         255 MONEY LENDING ST
        HULL IL 62343
LINE 5: 10-25-2000
LINE 6: 04-25-2004
LINE 7: 3 YRS 6 MOS
LINE 8: 04-25-2004
PART II:
LINE 9: 180000
LINE 10: 9000
LINE 12: 69700
LINE 15: 24814
LINE 16: 18000
         3750
LINE 19:
LINE 20:
         20%
```

PAYMENT:

ROUTING TRANSIT NUMBER: 012456778 BANK ACCOUNT NUMBER: 111-333-6543

TYPE OF ACCOUNT: CHECKING

AMOUNT: 3333

PAYMENT DATE: 04-15-2005 **DAYTIME PHONE:** 618-555-1020

FORM: 1040E (for ETD transmission, Form type is: 4868E)

ETD TRANSMISSION:

FORM 4868:

LINE 4: 6330

LINE 5: 3000

LINE 6: 3330

LINE 7: 3330

TAXPAYER PIN: 12345 **SPOUSE PIN:** 67890 **ERO PIN:** 28734

SIGNATURE DATE: 04-15-2005

•	

Tuition and fees deduction (see page 29) 28 28 Health savings account deduction. Attach Form 8889 Moving expenses. Attach Form 3903 29 29 One-half of self-employment tax. Attach Schedule SE 1,538 30 Self-employed health insurance deduction (see page 30) . . 31 32 Self-employed SEP, SIMPLE, and qualified plans 32 Penalty on early withdrawal of savings 33 33 Alimony paid b Recipient's SSN▶ 34a 35

Subtract line 35 from line 22. This is your adjusted gross income

35

Add lines 23 through 34a · · · · · · · ·

1,538

Form 1040 (2004)

TEST # 30

FORMS REQUIRED: FORM 1040, SCH A, SCH E PG2, SCH F, SCH SE, FORM 2210-F, FORM 4562, FORM 4684 PG2, FORM 4797, FORM 4835(2), FORM 4952, FORM 8283 PG2, FORM 8396, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 8a: 390 FORM 1040, LINE 10: 2000

STATEMENTS: WAIVER EXPLANATION FOR FORM 2210-F

OPTION NOT TO USE ADDITIONAL 50% DEPRECIATION

FORM 4562, LINE 19b, 5 YEAR PROPERTY

OTHER: DIRECT DEBIT

ELECTS 30% ADDITIONAL DEPRECIATION

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST E RATT

DOB: 06-10-1951

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1030

OCCUPATION: FARMER

PRES ELEC FUND: YES

BLIND: NO

NAME: WHARF B RATT SPOUSE:

DOB: 04-17-1955

DISABLED: NO

SSN: 400-00-2030

OCCUPATION: FARMER PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: PB

ADDRESS: 452 MOUSETRAP CT

CHEESETOWN, PA 17201

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE A:

LINE 1: 2119

LINE 5: 480

LINE 7: 1120

LINE 10: 1217 (NOTE: TOTAL MTG INTEREST PAID 1352)

LINE 11: JAMES BOWLIN

PO BOX 123 FRANKLIN PA 17304

400-44-3030

AMOUNT PAID: 360

LINE 12: 100

LINE 13: 71

LINE 15: 300

LINE 16: 7000 (NOTE: LIMITED BY AGI TO 6833)

LINE 42: 16060 SCHEDULE F: SSN: 400-00-1030 NAME OF PROPRIETOR: TEST E RATT LINE A: SOYBEANS **LINE B:** 111900 LINE C: ACCRUAL LINE E: YES PART II: LINE 12: 360 963 LINE 13: LINE 15: 120 LINE 16: 149491 LINE 19: 1496 3950 LINE 20: 4303 LINE 21: LINE 22: 1900 LINE 23a: 1200 LINE 23b: 300 LINE 24: 28200 1010 LINE 26a: LINE 26b: 1200 LINE 27: 3044 LINE 28: 2690 LINE 29: 5854 231 LINE 30: LINE 31: 842 1800 LINE 32: LINE 34a: TRACTOR TIRES 4105 PART III: LINE 38: 226717 LINE 39a: 1800 1500 LINE 39b: LINE 40a: 400 400 LINE 40b: LINE 42: 200 LINE 43: 500 325 LINE 44: LINE 46: 34308 LINE 47: 6790 LINE 49: 33601 SCHEDULE SE: NAME : TEST E RATT **SSN:** 400-00-1030 SECTION A: LINE 1: 9086

FORM 2210-F: PART I: LINE la: X

SCHEDULE E, PAGE 2:

PART V:

FORM 2210-F (CONTINUED):

PART II:

LINE 14: 1795

PART III:

LINE 18: 04-15-2005

LINE 20: LITERAL: AMOUNT WAIVED 10

LITERAL FOR WAIVER STATEMENT: FINANCIAL HARDSHIP DUE TO MAJOR TORNADO DAMAGE

FORM 4562:

ACTIVITY: SCHEDULE F - 1

PART I:

LINE 2: 438000

LINE 6:

(c) (b) (a) 190000 62000 JOHN DEERE COMBINE

PART II:

LINE 14: 38400

PART III:

LINE 17: 2295

PROPERTY: TRACTOR BACKGROUND INFORMATION:

(NOTE: SOLD 12-31-2004)

PLACED IN SERVICE: 08-01-2003

BASIS:

18000

5

HY

RECOVERY PERIOD: CONVENTION:

METHOD:

150 DB

LINE 19b:

LINE 19b:
(c) (d) (e) (f)

142000 5 HY 150 DB (NOTE: TRACTOR 06-01-2004)
46000 5 HY 150 DB (NOTE: TRUCK 06-15-2004)
60000 5 HY 150 DB (NOTE: GRAIN TRAILER 06-15-2004)

LINE 19c:

(f) (c) (d) (e) ΗY 150 DB 7 89600

BACKGROUND INFORMATION: PROPERTY: JOHN DEERE COMBINE

PLACED IN SERVICE: 05-15-2004

89600 BASIS:

(NOTE: COST BASIS OF 190000 LESS SECTION 179 EXPENSE OF 62000 LESS 30% SPECIAL

DEPRECIATION OF 38400)

FORM 4562 (CONTINUED): PART V: LINE 24(a): YES LINE 24(b): YES LINE 26: (a) (c) TRUCK 03-21-2001 100% (NOTE: TRUCK IS FULLY DEPRECIATED) (a) VEHICLE 1 LINE 30: 1500 0 LINE 31: 0 LINE 32: LINE 34: NO LINE 35: YES YES LINE 36: NOTE: DO NOT TAKE MILEAGE EXPENSE FORM 4684, PAGE 2: INCIDENT DATE: 03-24-2004 SECTION B: PART I: DATE ACQUIRED LOCATION LINE 19: TYPE 03-24-1983 PROPERTY A: SILO-DESTROYED BY TORNADO CHEESETOWN PA PROPERTY A **LINE 20:** 12640 LINE 21: 8000 12640 LINE 23: LINE 24: . 0 PART II: LINE 29: (b)(i) (a) SILO-DESTROYED BY TORNADO 4640 FORM 4797: PART II: LINE 14: (4640) PART III: LINE 19A: (a) (b) (c) 08-01-2003 12-31-2004 TRACTOR PROPERTY TYPE: 1245

PROPERTY A

LINE 20: 17730 LINE 21: 18000 LINE 22: 4995 FORM 4835 #1:

LINE A: NO

PART I:

LINE 1: 12460

PART II:

LINE 19a: 1460 LINE 27: 260

FORM 4835 #2:

LINE A: NO

PART I:

LINE 1: 3600

PART II:

LINE 18: 750 LINE 19a: 2100 LINE 27: 632

FORM 4952

PART I:

LINE 1: 60

LINE 2: 11

FORM 8283:

SECTION B:

PART I:

LINE 4: ART (CONTRIBUTION OF LESS THAN \$20,000)

LINE 5A:

(a)

(b)

(c) (d)

(e)

(f)

PAINTING EXCELLENT 7000 02-1988 PURCHASED

5100

PART IV:

DATE: 09-12-2004

DOES THE ORGANIZATION INTEND TO USE PROPERTY FOR UNRELATED USE: NO

NAME OF CHARITABLE ORGANIZATION: CHEESETOWN MUSEUM

ADDRESS: MAIN ST CHEESETOWN PA 17201

EIN: 23-1421452

FORM 8396:

ADDRESS: 1644 FELINE DR

CHEESETOWN PA 17201

PART I:

LINE 1: 1352

LINE 2: 10%

LINE 6: 120

FORM PAYMENT: ACH DEBIT

RTN: 312345699

ACCT #: 12345678999
TYPE OF ACCT: CHECKING
AMOUNT OF PAYMENT: 522

REQUESTED PAYMENT DATE: 04-15-2005

TAXPAYERS DAYTIME PHONE NUMBER: 814-555-1024

TYPE OF FORM BEING FILED: 1040E

PREPARER NOTE:

THE TAXPAYER IS ELECTING OUT OF THE 50% ADDITIONAL DEPRECIATION AND ELECTING THE 30% ADDITIONAL DEPRECIATION FOR SEVEN YEAR MACRS PROPERTY PLACED IN SERVICE AFTER MAY 5, 2003.

THE TAXPAYER IS ELECTING OUT OF THE 30% ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 11, 2001 AND ELECTING OUT OF THE 50% ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER MAY 5, 2003.

ETD TRANSMISSION:

FORM 9465:

LINE 3: (814)555-1024; 1:00PM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: (LEAVE BLANK)

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 1522

LINE 10: 522

LINE 11: 300

LINE 12: 16

TAXPAYER PIN: 19821 SPOUSE PIN: 29821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Form 1040	Dep	partment of the Treasury - Internal Revenue Service S. Individual Income Tax Re	eturn	2004	(99) IRS	ise Oniv	-Do not w	rite or staple in this sp	nace
		the year Jan. 1-Dec. 31, 2004, or other tax year beginn		, 2004,			, 20	OMB. No. 154	
- 1	Your first n	ame and initial	Last name			Г	Your soc	ial security number	
(See A	TEST	ГЕ	RATT				400	0-00-1030	
		turn, spouse's first name and initial	Last name				Spouse's	social security numb	er
Use the IRS	WHAE	RF B	RATT				400	0-00-2030	
label. H		ress (number and street). If you have a P.O. box, see p	age 16.		Apt.	no.		Important	
Otherwise, E please print	452	MOUSETRAP CT					-	You must enter	-
or type.	City, town	or post office, state, and ZIP code. If you have a foreign	n address, see page 1			•		your SSN(s) abov	/e.
Presidential		ESETOWN Note. Checking "Yes" will not change y	PA	17201	d		You	Spouse	
Election Campa (See page 16.)	aign	Do you, or your spouse if filing a joint r				· > [x Yes		No
1	Single		4 F	lead of house	ehold (with qualifyin	g person). (See pa	ge 17.) If	
Filing 2	X Marrie	ed filing jointly (even if only one had income)	ti	ne qualifying his child's nar	person is a child bu me here.	t not you	r aepenae	nt, enter	
Status 3	Married	d filing separately. Enter spouse's SSN above and full	>						
Check only one box. nam	ne here.			, ,	vidow(er) with d	epende	ent child	· · · · · · · · · · · · · · · · · · ·	
Exemptions	6 a	X Yourself. If someone can claim you as	a dependent, do r	not check l	oox 6a • • • •	• • • •	7	Boxes checked on 6a and 6b	2
Exemplions		X Spouse · · · · · · · · · · · · · · · · · · ·					[No. of children on 6c who:	
	<u>b</u>		(2) Dependent	'e	(3) Dependent's	(4) C	heck if	,	
	(1) First na		social security nur		relationship to	for cl	ying child hild tax (see pg18	 lived with you did not live with you due to divorce 	
	(1)1 113(114	THE ELECTRONIC				1		or separation (see page 18)	
If more than four dependents, see									
page 18.						_		Dependents on 6c not entered above	
								Add numbers on	١.
	d							lines above	2
	7	Wages, salaries, tips, etc. Attach Form(s) \	VV-2				7		
Income	8a	Taxable interest. Attach Schedule B if requ	ired				. 8a		390
Attach Form(s)		Tax-exempt interest. Do not include on lin		- 8b					
W-2 here. Also attach Forms	9a	Ordinary dividends. Attach Schedule B if n					. 9a		
W-2G and	b	Qualified dividends (see page 20) · · · ·		- 9b					
1099-R if tax was withheld.	10	Taxable refunds, credits, or offsets of state	and local income	taxes (see	page 20)		- 10	2,	000
	11	Alimony received • • • • • • • • • •		• • • • •		• • •	· 11		
If you did not	12	Business income or (loss). Attach Schedu				• • •	· 12		
get a W-2, see page 19.	13	Capital gain or (loss). Attach Schedule D if			ck here 🕨 · ·	• •	13		
	14	Other gains or (losses). Attach Form 4797	· • • • • • • • • • • • • • • • • • • •			• • • •	- 14	· · · · · · · · · · · · · · · · · · ·	85
Enclose, but do not attach, any	15a	IRA distributions • • • • 15a			ible amount (see				
payment. Also,	16a	Pensions and annuities • • 16a			ible amount (see		′ 	1.0	050
please use Form 1040-V.	17	Rental real estate, royalties, partnerships,	S corporations, tru	ists, etc. <i>F</i>	Attach Schedule	E···	· 17 · 18		858
	18	Farm income or (loss). Attach Schedule F					. 19	9,	086
	19 20a	Unemployment compensation · · · · · · Social security benefits · · 20a		1	ible amount (see				
	21	Other income.				page 24	' 		
							21		
	22	Add the amounts in the far right column for	r lines 7 through 2	1. This is y	our total incon	ie · ·)	22	22,	419
	23	Educator expenses (see page 26) · · ·		- 23					
Adjusted	24	Certain business expenses of reservists, performing a							
Gross		fee-basis government officials. Attach Form 2106 or 2		• 24			4 1		
Income	25	IRA deduction (see page 26) · · · · ·					- 1		
	26	Student loan interest deduction (see page					- 1		
	27	Tuition and fees deduction (see page 29)		<u> </u>		····	- 1		
	28	Health savings account deduction. Attach if Moving expenses. Attach Form 3903 • •					-		
	29 30	One-half of self-employment tax. Attach So				342	-		
	30 31	Self-employed health insurance deduction				, z <u> </u>	+		
	32	Self-employed SEP, SIMPLE, and qualified					1		
	33	Penalty on early withdrawal of savings •					1 1		
	34a	Alimony paid b Recipient's SSN▶		34a			1 1		
	35	Add lines 23 through 34a · · · · · ·		• • • •			. 35		642
	36	Subtract line 35 from line 22. This is your a					36	21,	

Form 1040 (200)4)TE	ST E & WHARF B RATT						400-	-00-1030 Page 2
Tax and	37	Amount from line 36 (adjusted gross inco	me) · · ·	• • • •	• • • • • •		• •	37	21,777
Tax and	38a	· Check / You were born before Janua		_	Blind. Tot	tal boxes			
Credits	,	if: Spouse was born before Ja	nuary 2, 194	40,	Blind. F che	ecked ▶38a			
Standard Deduction	b	If your spouse itemizes on a separate return or you	were a dual-st	atus alien	, see pg 31 & c	heck here >38	b 🔃		
for	_39	Itemized deductions (from Schedule A)	or your star	ndard d	eduction (se	ee left margin)		39	10,667
People who	40	Subtract line 39 from line 37 - · · · ·			• • • • • •			40	11,110
checked any	41	If line 37 is \$107,025 or less, multiply \$3,	100 by the to	otal nun	nber of exem	ptions claimed	on		
box on line 38a or 38b or who can be	}	line 6d. If line 37 is over \$107,025, see th	e worksheet	t on pag	e 33 · · ·			41	6,200
claimed as a	42	Taxable income. Subtract line 41 from li	ine 40. If lin	e 41 is	more than lin	ne 40, enter -0-		42	4,910
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from	om: a F	orm(s) 8	3814 b	Form 4972 •		43	493
All others:	44	Alternative minimum tax (see page 35).	Attach Forr	n 6251	• • • • • •			44	
Single or	45	Add lines 43 and 44					• ▶	45	493
Married filing	46	Foreign tax credit. Attach Form 1116 if re	equired •		46				
separately, \$4,850	47	Credit for child and dependent care expenses, Atta	ch Form 2441		47				
	48	Credit for the elderly or the disabled. Atta	ach Schedule	eR •	48				
Married filing jointly or	49	Education credits. Attach Form 8863 •			49		-		
Qualifying widow(er),	50	Retirement savings contributions credit. A	ttach Form	8880 -	50				
\$9,700	51	Child tax credit (see page 37)			51				
Head of	52	Adoption credit. Attach Form 8839	. .		52				
household,	53	Credits from: a X Form 8396 b	Form 885	9	53		55		
\$7,150	54	Other credits. Check applicable box(es):	a Forr	m 3800		<u></u>	-		
	,	b Form 8801 c Specify			54				
	55	Add lines 46 through 54. These are your t	total credits	_				55	255
	56	Subtract line 55 from line 45. If line 55 is r	more than lin	ne 45, e	nter -0- •	<i></i>	. ▶	56	238
	57	Self-employment tax. Attach Schedule S	E					57	1,284
Other	58	Social security and Medicare tax on tip ind	come not rep	ported to	employer.	Attach Form 4137	.	58	1/201
Taxes	59	Additional tax on IRAs, other qualified reti					- 6	59	
	60	Advance earned income credit payments	-					60	
	61	Household employment taxes. Attach Sci	hedule H ·		 .			61	
	62	Add lines 56 through 61. This is your total	ltax				. ▶ أ	62	1,522
Daymanta	63	Federal income tax withheld from Forms V						4.4	1,522
Payments	64	2004 estimated tax payments and amount applied fr	om 2003 return	,	- 64				
If you have a qualifying	65a	Earned income credit (EIC)			65a				
child, attach	┌ b	Nontaxable combat pay election 65b				· · · · · · · · · · · · · · · · · · ·			
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld	(see page 54)		66		6		
	67	Additional child tax credit. Attach Form 88			- 67				. ,
	68	Amount paid with request for extension to	file (see pag	ge 54)	- 68				
	69	Other payments from: a Form 2439 b For	_	Form 8					
	70	Add lines 63, 64, 65a, and 66 through 69.	These are y	our tota	payments		· 🖊 🕆	70	0
	71	If line 70 is more than line 62, subtract line 62 from li	ine 70. This is t	he amour	t vou overp	aid · · · ·		71	<u></u>
Refund	72a	Amount of line 71 you want refunded to y			· • • • • •		. ▶	72a	
Direct deposit? See page 54	▶ b	Routing number		Dc Ty	/pe: Che	cking Savin	gs		
and fill in 72b,	▶ d	Account number			TT				
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 es	timated tax		73				
Amount	74	Amount you owe. Subtract line 70 from li	ne 62. For d	etails o	n how to pay	, see page 55		74	1,522
You Owe	75	Estimated tax penalty (see page 55) • •			- 75	•	0		
	Do yo	u want to allow another person to discuss	this return w	ith the I	RS (see pag	e 56)? X Y	es. Co	mplete 1	the following. No
Third Party	Design	ee's name		Phone	no.	Persona	l idostific	nation	
Designee	▶JOE	N DOE		▶88	8-555-	·1111 number	(PIN)	Lation	1 1 1 2 2
Sign	Under	penalties of perjury, I declare that I have examined thi	is return and ac	company	ing schedules a	and statements, and	to the b	est of my	knowledge and
Here	belief,	hey are true, correct, and complete. Declaration of pr	eparer (other th	nan taxpa	yer) is based or	all information of v	vhich pre	eparer has	s any knowledge.
Joint return?	Yours	gnature	Date	1,	Your occupation	1			Daytime phone number
See page 17.				E	ARMER				
Keep a copy for your	Spous	's signature, If a joint return, both must sign.	ate	;	Spouse's occup	ation			
records.				E	ARMER			ē.	
Deid	Prepar	er's		Date		Check if		Prepare	er's SSN or PTIN
Paid	signatu					self-employed			
Preparer's		name (or					EIN		
Use Only	•	self-employed), s, and ZIP code							
							Phone n	0.	

Form 1040 (2004)

TEST # 31

FORMS REQUIRED: FORM 1040, SCH B, SCH E, SCH E PG 2, SCH R, FORM 982,

FORM 3800, FORM 6251, FORM 8582-CR, FORM 8586, FORM 8609,

FORM 8609A, FORM 8611, FORM 8830

INFORMATION RETURNS ATTACHED: 1099-R (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 1600

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST L PARTNER

DOB: 05-15-1954

DISABLED: YES

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1031

OCCUPATION: PROPERTY MANAGER

PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: BY

ADDRESS: 123 FRIGID LN

STARKWEATHER, ND 58377

FILING STATUS: SINGLE

LINE 6d: 1

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME

AMOUNT

FIRST BANK

7500 (ACCRUED)

PART II:

LINE 5:

PAYER NAME

AMOUNT

GATEWAY

4000 (QUALIFIED)

PART III:

LINE 7a: NO

LINE 8: NO

SCHEDULE E:

NOTE: DID NOT ACTIVELY PARTICIPATE

LINE 1A: RENTAL HOUSE

150 HELPFUL HEIGHTS STARKWEATHER, ND 58377

LINE 2A: NO

LINE 3A: 6545

LINE 20: 4545

SCHEDULE E, CONTINUTED:

BACKGROUND INFORMATION: PROPERTY: HOUSE

PLACED IN SERVICE: 08-01-2000

125000

BASIS:

RECOVERY PERIOD: 27.5

CONVENTION:

MM

METHOD:

SL

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): NATURAL DISCOVERIES

LINE 28A(b): P

LINE 28A(d): 45-0000827

LINE 28A(g): 1500

LINE 28B(a): ACQUIRED PROPERTIES

LINE 28B(b): P

LINE 28B(d): 45-0000828

LINE 28B(g): 1000

SCHEDULE R:

PART I:

LINE 2: X

PART II:

LINE 2: X

FORM 982:

PART I:

LINE 1(b): X

LINE 2: 800

LINE 3: NO

PART II:

LINE 7: 267

FORM 3800:

PART I:

LINE 3: 1675

LINE 5: 478

FORM 8582-CR:

PART I:

LINE 3a: 175

LINE 4a: 1500

LINE 6: 303

PART IV:

LINE 35: 356

FORM 8586:

PART I:

LINE 1: 1 (NOTE: CREDIT IS FROM RENTAL HOUSE ON SCH E)

LINE 2: 250000 LINE 3a: 125000 LINE 3b: NO

DINE 3D: NO

FORM 8609:

(NOTE: CREDIT IS FROM RENTAL HOUSE ON SCH E)

LINE A: 150 HELPFUL HEIGHTS

STARKWEATHER, ND 58377

LINE B: HOUSING CREDIT AUTHORITY

100 MAIN STREET

BISMARCK, ND 58505

LINE C: TEST L PARTNER

123 FRIGID LANE STARKWEATHER, ND 58377

400-00-1031

LINE D: 98-7654000

LINE E: 123143150

LINE 1a: 12-15-2004

LINE 1b: 9963

LINE 2: 7.97

LINE 3a: 125000

LINE 5: 01-01-2003

LINE 6b: X

FORM 8609A:

(NOTE: CREDIT IS FROM RENTAL HOUSE ON SCH E)

LINE A: TEST L PARTNER

LINE C: 123143150

LINE D: YES

LINE E: YES.

LINE F: NO (NOTE: ENTIRE CREDIT HAS NOT BEEN CLAIMED IN PRIOR YEARS)

LINE 1: 250000

LINE 2: .5000

LINE 5: .0797

LINE 14: 9788

LINE 16: 175

FORM 8611

NOTE: CREDIT RECAPTURE IS FROM PARTNERSHIP ON SCH E, PG 2

LINE C: 123 CARING PLACE

STARKWEATHER ND 58377

LINE D: 978143145

LINE E: 05-05-1997

LINE 8: 560 (NOTE: FROM 1065 K1 LINE 15)

LINE 11: SECTION 42(j)(5)

FORM 8830

PART I:

LINE 3: 1500 (NOTE: CREDIT IS FROM PARTNERSHIP ON SCH E, PG 2)

ETD TRANSMISSION:

FORM 4868: ·

LINE 4: 560

LINE 5: 350

LINE 6: 210

LINE 7: 210

Form 1040 (200	4)TES	ST L PARTNER	400	-00-1031	Page 2
	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·	37	13,	500
Tax and	38a	Check You were born before January 2, 1940, Blind. Total boxes			
Credits	_	if: Spouse was born before January 2, 1940, Blind. Checked ▶38a			
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here			
Deduction for-	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39	4,8	350
People who	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	8,6	<u>650</u>
checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on			
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	3,3	100
who can be claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	5,5	550
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43		<u>356</u>
• All others:	44	Alternative minimum tax (see page 35). Attach Form 6251 • • • • • • • • • • • • • • • • • • •	44		
Single or	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	45		<u> 356</u>
Married filing	46	Foreign tax credit. Attach Form 1116 if required • • • • • • 46			
separately, \$4,850	47	Credit for child and dependent care expenses. Attach Form 2441			
Married filing	48	Credit for the elderly or the disabled. Attach Schedule R • • • 48 60]		
jointly or	49	Education credits. Attach Form 8863 · · · · · · · · · 49			
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 · · · 50			
\$9,700	51	Child tax credit (see page 37) · · · · · · · · · · · 51			
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · · 52			
household,	53	Credits from: a Form 8396 b Form 8859 · · · · 53			
\$7,150	54	Other credits. Check applicable box(es): a X Form 3800			
	.	b Form 8801 c Specify 54 296			
	55	Add lines 46 through 54. These are your total credits	55		356
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56		0
Other	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57		
LIHER	5 9 90	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 •	58		
laxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59		
	60	Advance earned income credit payments from Form(s) W-2	60		
	61	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	61	·	
	62	Add lines 56 through 61. This is your total tax	62	E	60
Pavments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 350	92	FORM 1099	
Payments		Federal income tax withheld from Forms W-2 and 1099 · · · · 63 350 2004 estimated tax payments and amount applied from 2003 return · · · · 64			
If you have a	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 350 2004 estimated tax payments and amount applied from 2003 return · · · · 64 Earned income credit (EIC) · · · · · · · · · · · · · · · 65a			
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If you have a qualifying child, attach	63 64 65a b 66	Federal income tax withheld from Forms W-2 and 1099 · · · 63 350 2004 estimated tax payments and amount applied from 2003 return · · · 64 Earned income credit (EIC) · · · · · · · · · · · · · · · · · 65a Nontaxable combat pay election · · • 65b Excess social security and tier 1 RRTA tax withheld (see page 54) · · · · 66 Additional child tax credit. Attach Form 8812 · · · · · · 67 Amount paid with request for extension to file (see page 54) · · 68			
If you have a qualifying child, attach	63 64 65a b 66	Federal income tax withheld from Forms W-2 and 1099 · · · 63 350 2004 estimated tax payments and amount applied from 2003 return · · · 64 Earned income credit (EIC) · · · · · · · · · 65a Nontaxable combat pay election · ► 65b Excess social security and tier 1 RRTA tax withheld (see page 54) · · · 66 Additional child tax credit. Attach Form 8812 · · · · · · 67 Amount paid with request for extension to file (see page 54) · · 68 Other payments from: a Form 2439 b Form 4136 c Form 8885		FORM 1099	
If you have a qualifying child, attach	63 64 65a b 66 67 68 69 70	Federal income tax withheld from Forms W-2 and 1099 · · · 63 350 2004 estimated tax payments and amount applied from 2003 return Earned income credit (EIC) · · · · · · · · · · · · · · · · · · ·	70	FORM 1099	
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If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See page 54	63 64 65a b 66 67 68 69 70 71 72a	Federal income tax withheld from Forms W-2 and 1099 · · · 63 350 2004 estimated tax payments and amount applied from 2003 return · · · 64 Earned income credit (EIC) · · · · · · 65a Nontaxable combat pay election · ▶ 65b Excess social security and tier 1 RRTA tax withheld (see page 54) · · · 66 Additional child tax credit. Attach Form 8812 · · · · · 67 Amount paid with request for extension to file (see page 54) · · 68 Other payments from: a Form 2439 b Form 4136 c Form 8885 Add lines 63, 64, 65a, and 66 through 69. These are your total payments · · · ▶ If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid · · · · • Routing number	70 71	FORM 1099	
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If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See page 54 and fill in 72b, 72c, and 72d.	63 64 65a b 66 67 68 69 70 71 72a b d 73	Federal income tax withheld from Forms W-2 and 1099 · · · 63 350 2004 estimated tax payments and amount applied from 2003 return Earned income credit (EIC) · · · · 64 Nontaxable combat pay election · ▶ 65b Excess social security and tier 1 RRTA tax withheld (see page 54) · · · 66 Additional child tax credit. Attach Form 8812 · · · · 67 Amount paid with request for extension to file (see page 54) · · 68 Other payments from: a Form 2439 b Form 4136 c Form 8885 Add lines 63, 64, 65a, and 66 through 69. These are your total payments · · · ▶ If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid · · · · ▶ Routing number Amount of line 71 you want refunded to you · · · ▶ C Type: Checking Savings Account number Amount of line 71 you want applied to your 2005 estimated tax · · · ▶ 73	70 71 72a	FORM 1099	350
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If you have a qualifying child, attach Schedule EIC. Refund Direct deposit? See page 54 and fill in 72b, 72c, and 72d. Amount You Owe Third Party	63 64 65a b 66 67 68 69 70 71 72a b d 73 74 75 Do y	Federal income tax withheld from Forms W-2 and 1099 63 350 2004 estimated tax payments and amount applied from 2003 return Earned income credit (EIC) 65a Nontaxable combat pay election 65b Excess social security and tier 1 RRTA tax withheld (see page 54) 66 Additional child tax credit. Attach Form 8812 67 Amount paid with request for extension to file (see page 54) 68 Other payments from: a Form 2439 b Form 4136 c Form 8885 69 Add lines 63, 64, 65a, and 66 through 69. These are your total payments If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid Amount of line 71 you want refunded to you Routing number Account number Account number Account number Amount of line 71 you want applied to your 2005 estimated tax Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 Estimated tax penalty (see page 55) 75 ou want to allow another person to discuss this return with the IRS (see page 56)? Yes. Conee's name	70 71 72a 74	FORM 1099	350
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	COF	RECTED (if checke	ed)	_	
PAYER'S name, street address, city, sta	ate, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Per	Distributions From Isions, Annuities, Retirement or
HARTFORD FINANCI	AL SERVICES	\$ 5,000 2a Taxable amount	2004	,	Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
1158 NEW BEDFORD	STREET	\$ 5,000	Form 1099-R	İ	Torritable, oto
FRANKLIN	NC 28734	2b Taxable amount not determined	Total distribution ·	7	Copy B Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld		income on your Federal tax return. If this
56-2667891	400-00-1031	\$	\$	350	form shows Federal income
RECIPIENT'S name		5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		tax withheld in box 4, attach this copy to your return.
TEST L PARTNER		7 Distribution IRA/	\$ Other		your return.
Street address (including apt. no.)		Code SIMPL	E		This information is being furnished to
123 FRIGID LN		3	\$	%	the Internal
City, state, and ZIP code STARKWEATHER	ND 58377	9a Your percentage of total distribution %	9b Total employee contribu	tions	Revenue Service.
Account number (optional)		10 State tax withheld	11 State/Payer's state no.		12 State distribution
• • • •		\$			\$
		\$			\$
		13 Local tax withheld	14 Name of locality		15 Local distribution
		\$			\$
		\$			\$

TEST # 32 - STATE ONLY RETURN

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: STATE ONLY RETURN

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A EAU DE TOILETTE SSN: 400-00-1032

DOB: 01-04-1976 OCCUPATION: SALES CLERK

DOB: 01-04-1976 DISABLED: NO

DAYTIME PHONE: NOT GIVEN

PRES ELEC FUND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST

OTTO, NC 28763

FILING STATUS: SINGLE

ETD TRANSMISSION:

FORM 4868:

LINE 4: 141

LINE 5: 912

LINE 6: 0

	,		

1040EZ		ncome Tax Return for Single a		2004					
1040EZ	J	oint Filers With No Dependent		(99) 2004					OMB No. 1545-0675
Label		our first name and initial	Last na			nm m	1		urity number -1032
	L A -	TEST A		J DE TOII	<u>. L</u>	TE			
Use the IRS	B I E L L	f a joint return, spouse's first name and initial	Last na	ime			Spous	se's socia	I security number
Otherwise	н	Home address (number and street). If you have a F		see page 12.		Apt. no.		<u>, i l</u>	mportant!
please print	EL	5 GOTTA SMELL GOOD S					⊣ −	Yo	u must enter your
	RE	City, town or post office, state, and ZIP code. If yo OTTO	u have a	foreign address, see NC 28					SSN(s) above.
Election	N	lote. Checking "Yes" will not change you	r tax or	reduce your refu	and.			You	Spouse
Campaign (page 12)		o you, or your spouse if a joint return, w					• • ▶ [X Yes	No Yes No
Income	1	Wages, salaries, and tips. This shoul	id be sh	own in box 1 of	your	Form(s) W-2.			,
Attach		Attach your Form(s) W-2.					1		9,000
Form(s) W-2 here.	2						2		370
Enclose, but	3	Unemployment compensation and Al	laska P	ermanent Fund o	bivid	ends			
do not attach,		(see page 14).					3		
any payment.		_		_		·			0 000
	_4		usted g	ross income.			4		9,370
Note: You	5	outing out purchase (as also							
must check Yes or No.				single, enter \$7, married filing ic		y, enter \$15,900.			
res or No. 🚅		Worksheet on page 2.		e page 2 for exp			5		7,950
	6	Subtract line 5 from line 4. If line 5 is	larger th	an line 4 enter	-n-			 	7,950
	٠	This is your taxable income.	iaigoi ti				▶ 6		1,420
		This is your taxable income.							27120
Payments	7	Federal income tax withheld from box	2 of yo	ur Form(s) W-2.			7		750
and tax	82			· · · · · · · · · · · · · · · · · · ·			8a		162
		. Nontaxable combat pay election.		8	b.				
	9					· · · · · · · · · · · · · · · · · · ·	▶ 9		912
	10								
		24-28 of the booklet. Then, enter the	tax fron	n the table on thi	s lin	e.	10		141
Refund		l a If line 9 is larger than line 10, subtrac	t lina 10	from line 0. This	e ie s	your refund	▶ 11a		771
Have it directly	17	if line 9 is larger than line 10, subtract	Lillie 10	mom me 3. mis	3 13	your returns.	<i>y</i> 110	-	· // L
deposited! See	•	b Routing number XXXXX	(X)	x x x >	С	Type: Checking	Savi	ngs	
page 19 and fill in 11b, 11c,			<u>- 1 1-</u>					•	
and 11d.	>	d Account number XXXXX	X X	X X X X X	()	XXXXXX			
									
Amount	12								
you owe		the amount you owe. For details on					▶ 12		
Third party	E	Do you want to allow another person to d	iscuss t				Yes. Co	mplete	the following.
designee		Pesignee's name		Phon	e no.	Per	sonal identif	ication	
designee				<u> </u>			nber (PIN)		1
Sign	į	Under penalties of perjury, I declare that I have exa occurately lists all amounts and sources of income on all information of which the preparer has any kno	imined thi I received owledge.	s return, and to the t I during the tax year.	Dec	aration of preparer (other	than the tax	payer) is t	u pased
here Joint retum?	١	our signature		Date		Your occupation			Daytime phone number
See page 11.	_	SALES CLER							
Keep a copy for your	5	Spouse's signature. If a joint return, both must sig	n.	Date		Spouse's occupation			
records.							w		
Paid		Preparer's signature			Date	Che	eck if	_ P	reparer's SSN or PTIN
preparer's	-	7				self	-employed		
use only		irm's name (or					EIN		
	ý	ours if self-employed), address, and ZIP code					Phone -		•
			4 54 44				Phone n	U.	Form 1040E7 (2004)

a Control number		OMB No. 1545-0	Safe, accurate, FAST! Use	^{irs} e-fi	Visit i le at ww	the IRS website vw.irs.gov.
b Employer identification number			1 Wages, tips, other compens	sation	2 Federal in	come tax withheld
41-8765432			9.0	000		750
C Employer's name, address, and ZIP code			3 Social security wages		4 Social sec	urity tax withheld
SWEET AROMA HEALTH	AND BEAUTY A	IDES	9,0	000	www.	558
			5 Medicare wages and tips	ļ	6 Medicare	tax withheld
7 FRAGRANT WAY			9,0	000		131
COLOGNE	MO 641	.88	7 Social security tips		8 Allocated	tips
d Employee's social security number			9 Advance EIC payment		10 Depender	t care benefits
400-00-1032			11 Nonqualified plans		12a See instru	ctions for box 12
e Employee's first name and initial	Last name		Nonqualified plans		§	
TEST A EAU 5 GOTTA SMELL GOOD			13 Statutory Retmnt. Third employee plan sick	d-party pay	12b	
OTTO	NC 287	763	14 Other		12c 8	
					12d 6 8 8	
f Employee's address and ZIP code	47		10	B		<u> </u>
· ' '			18 Local wages, tips, etc. 19	Local inco	ome tax	20 Locality name
NC 41777	9,000	525				

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 33 **EFIN:**999998

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 14a: 23000

(TAXPAYER 12000, SPOUSE 11000)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST Y INSIGHTFUL SSN: 400-00-1033
DOB: 03-15-1940 OCCUPATION: RETIRED

DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SPOUSE: NAME: IRENE K INSIGHTFUL

DOB: 05-12-1938 DISABLED: NO

SSN: 400-00-2033

OCCUPATION: RETIRED PRES ELEC FUND: NO

PRES ELEC FUND: NO

BLIND: YES

BLIND: NO

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR

WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT LINE 6d: 2

SCHEDULE 1:

PART 1:

LINE 1: CORPORATE BONDS 12000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 813

LINE 5: 0

LINE 6: 813

LINE 7: 813

SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: E
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 26500
PRIMARY DATE OF BIRTH: 03-15-1940
SPOUSE PRIOR YEAR AGI: 26500
SPOUSE DATE OF BIRTH: 05-12-1938
TAXPAYER SIGNATURE DATE: 02-12-2005

Form		rtment of the Treasury - Interna			•	204					
1040A	U.S	S. Individual Inc	ome Tax Ret	urn ₍₉₉₎	20	004	IRS Use			te or staple in thi	
Label	Your	first name and initial	Last nar	me			ļ)MB N	lo. 1545-008	5
(See page 17.)	<u> </u>						i			curity number	
,	A TES			<u>NSIGHTFU</u>	<u>L</u>			400-	<u>-00-</u>	-1033	
	E Ifajo	int return, spouse's first name	and initial Last nar	me						l security numbe	a.
Use the		NE K		<u>NSIGHTFU</u>	L			400-	****	-2033	····
IRS label.	H Home	address (number and street).	If you have a P.O. box,	see page 18.		Ap	. no.		lm	portant!	1
Otherwise, please print	R 1512	HOWARD DR							You n	nust enter yo	ur —
or type.	E City,	town or post office, state, and 2	ZIP code. If you have a fo	oreign address, see					SS	N(s) above.	
	WIN'	TER PARK		FL	3:	2789					
Presidential											
Election Campa	aign 🔪	Note. Checking "Yes"						You		Spouse	-
(See page 18.)		Do you, or your spouse	e if filing a joint return	n, want \$3 to go	to this	fund? • • • •	<u>· · · ▶</u>	Yes	ΧN	o Yes X	No
Filing	1	Single			4	Head of househo	old (with qu	ualifying pe	rson). (See page 19.)	
status	2	X Married filing jointly (e	even if only one had	income)		If the qualifying penter this child's	name her	e.	ot your	dependent,	
otutuo	3	Married filing separately. El	nter spouse's SSN above	and							
Check only		full name here.			5	Qualifying wid	łow(er) v	with depe	ndent	child (see pa	age 19)
one box.				www							
Exemptions	6 a	X Yourself. If some	eone can claim you	as a dependent	, do no	t check				Boxes checked on	
Exemptions		box 6a	1.						>	6a and 6b	2
	b	X Spouse		·				(4) (4)	ᆗ.	No. of children on 6c who:	
	С	Dependents:		(2) Dependent's		(3) Depende relationship		(4)Check if ifying child child tax c	uuai-	lived with	
If more (1) F	irst name	Last n	name	security nur	nber	you		(see pg.	21)	you	
than six dependents, ———										did not live with you due	
see page 19.										to divorce or separation	
										(see page 20)	
										Dependents on 6c not	
										entered above	
				1							
	d	Total number of exem	ptions claimed.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Add numbers on lines above	_ 2
Income	_	tat		M/ 0				7			
Attach	7	Wages, salaries, tips,	etc. Attach Form(s)	VV-2.							
Form(s) W-2	_		I Oak alaba 4 Kasa					8a		10	000
here. Also		8a Taxable interest. Attach Schedule 1 if required.					Oh			. 12,	000
attach		b Tax-exempt interest. Do not include on line 8a. 8b						 9a			
Form(s) 1099-R if tax	9 a	Ordinary dividends. At		equirea.		<u></u>		96			
was withheld.	<u>b</u>	Qualified dividends (se				9b	····	10			
	10	Capital gain distribution	ons (see page 23).		11b	Taxable amou					
If you did not	11a	IRA	44.	700	in			11	L		100
get a W-2, see page 22.		distributions.	11a	700	12b	(see page 23). Taxable amou			<u> </u>		100
	12a	Pensions and	40-	15 000	120			12	h	1.0	000
Enclose, but do not attach, any		annuities.	12a	15,000		(see page 24).		12		14,	000
payment.				D				13	1	•	
	13	Unemployment compe	ensation and Alaska	Permanent Fur							
	14a	Social security		00 000	14D	Taxable amou	nτ	44	.	1	000
		benefits.	14a	23,000	····	(see page 25).		14	<u> </u>	<u> </u>	800
				ment to A.S.					. -	0.5	000
	15	Add lines 7 through 14		inis is your to	Lai Inco) 1		25,	900
Adjusted	16	Educator expenses (s				16					
gross	17	IRA deduction (see pa		00.		17					
income	18	Student loan interest of		29).		18					
	19	Tuition and fees dedu			4-	19			^		
	20	Add lines 16 through 1	19. These are your t	otal adjustmen	rs.			2	<u> </u>		
	21	Subtract line 20 from I	line 15. This is your	adjusted gross	incom	ie.		> 2	1	25,	900

Name(s) shown on p	age 1		Your soci	al security number
• • •		NE K INSIGHTFUL	40	0-00-1033
	22	Enter the amount from line 21 (adjusted gross income).		22 25,900
Tax,				
credits,	23a	Check You were born before January 2, 1940, Blind Total boxes		T
and	23a			
payments				<u>1</u>
	b	If you are married filing separately and your spouse itemizes		
Standard		deductions, see page 30 and check here ▶ 23b)	
Deduction for -	24	Enter your standard deduction (see left margin).		24 11,600
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25 14,300
checked any box on line	26	If line 22 is \$107,025 or less, multiply \$3,100 by the total number of		
23a or 23b or who can be		exemptions claimed on line 6d. If line 22 is over \$107,025, see the		
claimed as a		worksheet on page 32.		26 6,200
dependent, see page 30.	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0		5/200
All others:	21	This is your taxable income.	•	27 8,100
Single or				<u> </u>
Married filing	28	Tax, including any alternative minimum tax (see page 31).		28 813
separately, \$4,850	29	Credit for child and dependent care expenses.		
Married filing		Attach Schedule 2. 29		•
jointly or Qualifying	30	Credit for the elderly or the disabled. Attach		
widow(er), \$9,700		Schedule 3. 30	•	
Head of	31	Education credits. Attach Form 8863.		
household, \$7,150	32	Retirement savings contributions credit. Attach		
\$1,100		Form 8880. 32		
	33	Child tax credit (see page 35).		
	34	Adoption credit. Attach Form 8839. 34		
		Add lines 29 through 34. These are your total credits.		35
	35	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0		36 813
	36			
	37	Advance earned income credit payments from Form(s) W-2.		37
	38	Add lines 36 and 37. This is your total tax.		38 813
	39	Federal income tax withheld from Forms W-2 and 1099. 39		
	40	2004 estimated tax payments and amount		
If you have		applied from 2003 return.		
a qualifying	41a	Earned income credit (EIC). 41a		
Schedule EIC.	b	Nontaxable combat pay election. 41b		·
L	42	Additional child tax credit. Attach Form 8812. 42		
	43	Add lines 39, 40, 41a, and 42. These are your total payments.		43 0
<u> </u>	44	If line 43 is more than line 38, subtract line 38 from line 43.		
Refund		This is the amount you overpaid.		44
Direct	45a	Amount of line 44 you want refunded to you.		45a
deposit?				100
See page 49 and fill in	▶b	Routing Checking Savings		
45b, 45c,	▶d	Account		
and 45d.		number		
	46	Amount of line 44 you want applied to your		
		2005 estimated tax. 46	·····	
Amount	47	Amount you owe. Subtract line 43 from line 38. For details on how		
you owe		to pay, see page 50.	<u> </u>	47 813
•	48	Estimated tax penalty (see page 50). 48		
Third party	Do	you want to allow another person to discuss this return with the IRS (see page 51)?	ete the foll	lowing. X No
designee		Phone no	aalidaaks	
uesignee	•	1 01301	nal identifi er (PIN)	► I
	Line	ter penalties of periury. I declare that I have examined this return and accompanying schedules and statements, a	and to the	best of my
Sign	kno	wledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during t	the tax yea	ar. Declaration
here		reparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. Date Your occupation		Daytime phone number
Joint return? See page 18.	You	ur signature 19360 Date Your occupation 2005-02-12 RETIRED		
Keep a copy) —			
for your	Spo	ouse's signatural Ba30AnDeturn, both must sign. Date Spouse's occupation		
records.		RETIRED		
		post of the second seco	k if self-	Preparer's SSN or PTIN
Paid		nature empl	oyed	
preparer's		n's name (or rs if self-		EIN
use only	émp	ployed),		Phone no.
•		ress, and code		
FFA				Form 1040A (2004)

PAYER'S name, street address, city.	state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Pen	istributions From sions, Annuities, Retirement or
THEME PARK PENS		\$ 15,000 2a Taxable amount \$ 12,000	2004 Form 1099-R		Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
ANAHEIM	CA 92812	2b Taxable amount	Total distribution	· 	Сору В
PAYER'S Federal identification number	RECIPIENT'S identification number	not determined 3 Capital gain (included in box 2a)	4 Federal income tax withheld		Report this income on your Federal tax return. If this form shows
33-4234444 RECIPIENT'S name IRENE K INSIGHT	400-00-2033	\$ 5Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		Federal income tax withheld in box 4, attach this copy to your return.
Street address (including apt. no.) 512 HOWARD DR City, state, and ZIP code WINTER PARK	FL 32789	7 Distribution Code IRA/ SEP/ SIMPLE 7 9a Your percentage of total distribution %	8 Other \$ 9b Total employee contribu	% tions	This information is being furnished to the Internal Revenue Service.
Account number (optional)	11 32.09	10 State tax withheld \$ 1.00	11 State/Payer's state no. CA 330011		12 State distribution \$ 1,000
		13 Local tax withheld	14 Name of locality		15 Local distribution
		\$.			\$

	COF	RRECTED (if check	ed)	
PAYER'S name, street address, city, sta	ne, street address, city, state, and ZIP code		OMB No. 1545-0119	_ Distributions From
BIG BROKERS 12 WALL STREET		\$ 700 2a Taxable amount \$ 100	2004	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
NEW YORK CITY	NY 10005	2b Taxable amount	Total	Сору В
PAYER'S Federal identification number	RECIPIENT'S identification number	not determined 3 Capital gain (included in box 2a)	distribution 4 Federal income tax withheld	Report this income on your Federal tax return. If this
13-4433221	400-00-2033	\$	\$	form shows
RECIPIENT'S name		5 Employee contribution or insurance premium	s 6 Net unrealized appreciation in employer's securities	Federal income tax withheld in box 4, attach this copy to your return.
IRENE K INSIGHTFU	JL	7 Distribution IRA/	\$	your return.
Street address (including apt. no.)		7 Distribution IRA/ SEP/ SIMPL	, • Other	This information is
512 HOWARD DR		7 X	\$	being furnished to
City, state, and ZIP code WINTER PARK	FL 32789	9a Your percentage of total distribution %	9b Total employee contributions \$	Revenue Service.
Account number (optional)		10 State tax withheld	11 State/Payer's state no.	12 State distribution
		\$	NY 132143	\$ 100
		\$	144	\$
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$
		\$		\$

TEST # 34 EFIN: 999999

FORMS REQUIRED: FORM 1040, SCH E PG2, SCH H, FORM 2441, FORM 8275-R, FORM 8379, FORM 8606, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (2), FORM 1099R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 20a: 13000 (TAXPAYER) FORM 1040, LINE 25: 1000 (TAXPAYER)

1000 (SPOUSE)

STATEMENTS: FORM 1040, LINE 6c, DEPENDENT LIST

OTHER: FORM 1040, UPPER LEFT HAND CORNER: INJURED SPOUSE

THIRD PARTY DESIGNEE: NAME: JOHN DOE

PHONE: 888-555-1111

PIN: 11112

PREPARED BY:

TAXPAYER: NAME: TEST T HAMMER SSN: 400-00-1034

DOB: 07-07-1939 OCCUPATION: CONSTRUCTION

DISABLED: NO PRES ELEC FUND: YES

DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: MARY B HAMMER SSN: 400-00-2034

DOB: 09-10-1964 OCCUPATION: BANK TELLER

DISABLED: NO PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: IH

ADDRESS: 74 BUILDER DR

GREENVILLE, SC 29601

FILING STATUS: MARRIED FILING JOINT LINE 6d: 8

DEPENDENT INFORMATION: SSN RELATIONSHIP # MO CHILD TAX CR AGE . NAME 19 BILL HAMMER 400-55-3034 SON 12 12 BOB HAMMER 400-55-4034 SON 12 Х DAUGHTER 10 KIM HAMMER 400-55-5034 12 Х KATIE HAMMER 9 6 DAUGHTER 400-55-6034 12 Х 400-55-7034 DAUGHTER · 12 LEAH HAMMER Х 4 LANCE HAMMER 400-55-8034 SON 12 X

SCHEDULE E, PAGE 2 (SPOUSE):

PART II:

LINE 27: NO

LINE 28A(a): BD PARTNERSHIP

.LINE 28A(b): P

LINE 28A(d): 57-1111117

LINE 28A(g): 6000

SCHEDULE H: NAME OF EMPLOYER: TEST T HAMMER **EIN:** 57-1212123 LINE A: YES PART I: LINE 1: 2200 LINE 3: 2200 LINE 9: YES PART II: LINE 10: YES LINE 11: YES LINE 12: YES LINE 13: SC LINE 14: 3745452 **LINE 15:** 136 LINE 16: 2200 LINE 28: YES FORM 2441: PART I: LINE 1: (c) (đ) (b) (a) 12 FUN ST GREENVILLE, SC 29601 57-4322211 3000 KINDERCARE PART II: LINE 2: (b) (c) (a) 400-55-8034 2000 (NOTE: TOTAL PAID 3000) LANCE HAMMER (NOTE: COLUMN C FOR DEPENDENT IS ADJUSTED BY \$1000 OF EXCLUDED BENEFITS) LINE 3: 2000 PART III: **LINE 14:** 3400 FORM 8275-R: PART I: LINE 1: (d) (e) (f) (a) (b) (c) 2D 99-5187 1065 RACE CAR OPERATING EXPENSES E 28A 5000 PART II: LINE 1: RACE CAR OPERATING EXPENSES WITH COMPANY ADVERTISING. RACE CAR HAS COMPANY LOGO ON THE SIDE. PART III: LINE 1: BD PARTNERSHIP

1000 MAIN ST

GREENVILLE, SC 29601

LINE 2: 57-1111117

LINE 3: 01-01-2004 TO 12-31-2004

LINE 4: ATLANTA, GA

FORM 8379:

PART I:

LINE 1: NAME: TEST T HAMMER SSN: 400-00-1034

NAME: MARY B HAMMER SSN: 400-00-2034 (NOTE: INJURED SPOUSE)

LINE 5: X
LINE 6: NO

PART II:

FILL						
		INCOME TYPE	(a)	(b)	(c)	
LINE	7a:		28400	1000	27400	
LINE	7b:	TAXABLE PENSIONS	500		500	
		SOCIAL SECURITY	3700		3700	
		SCHEDULE E INCOME	6000	6000		
LINE	8:		2000	1000	1000	
LINE	9:		10650	5325	5325	
LINE	11:		8	4	4	
LINE			2106	796.	1310	
LINE	13:		355		355	
LINE	14:		500		500	

FORM 8606:

NAME: TEST T HAMMER SSN: 400-00-1034

PART III:

LINE 19: 1400

LINE 20: 500

LINE 24: 400

ETD TRANSMISSION:

FORM 4868:

LINE 4: 355

LINE 5: 3148

LINE 6: 0 .

Form 1040	Dep	artment of the Treasury - Internal Revenue Service தி ர்வில்லில் Income Tax Re	turn	2004	(99) IRS U	se Only-Do not	write or staple in this sp	ace.
1040		the year Jan. 1-Dec. 31, 2004, or other tax year beginning		, 2004, €		, 20	OMB. No. 154	
		ame and initial	Last name			Your so	ocial security number	
(See A instructions B	TEST	ТТ	HAMMER			40	0-00-1034	
on page 16.) E	f a joint ret	urn, spouse's first name and initial	Last name			Spouse	e's social security numb	ег
Use the IRS	MARY	ИВ	HAMMER				0-00-2034	
Otherwise	Home addr	ess (number and street). If you have a P.O. box, see page	ge 16.		Apt. no	D. A	Important	! 🛦
please print	74 E	BUILDER DR					You must enter	•
or type.	•	or post office, state, and ZIP code. If you have a foreign					your SSN(s) abov	e.
Presidential	GREE	ENVILLE		<u> 29601</u>	 		0	
Election Campa	aign	Note. Checking "Yes" will not change yo				You		7
(See page 16.)		Do you, or your spouse if filing a joint re				Yes X Yes	No Yes X	NO
Filing 2	Single		th	e qualifying p	ehold (with qualifying person is a child but i			
Status		ed filing jointly (even if only one had income)	th.	is child's nan	ne here.			
Check only		filing separately. Enter spouse's SSN above and full	5 1 10	halifying y	vidow(er) with de	nendent chile	1 (see page 17)	····
one box. nam	ne here.	X Yourself. If someone can claim you as a		, , <u>, , , , , , , , , , , , , , , , , </u>	` '	—	Boxes checked	2
Exemptions	оа	X Toursen. It someone can claim you as a	acpendent, ao n	iot oncok t	30X 3u		on 6a and 6b	
•		X Spouse · · · · · · · · · · · · · · · · · · ·					No. of children on 6c who;	,
•		Dependents:	(2) Dependent		(3) Dependent's	(4) Check if	• lived with you	6
	(1) First na		social security nun		relationship to	(4) Check if qualifying child for child tax credit (see pg	e did not live with	<u>-</u>
	STATEM	The second secon					or separation (see page 18)	
If more than four dependents, see							(see page 10)	
page 18.							Dependents on 6c not entered above	
•							- Add numbers on	
•	d	Total number of exemptions claimed · · ·		• • • • •			lines above	8
	7	Wages, salaries, tips, etc. Attach Form(s) W	<i>I</i> -2				•	
Income				DCB	2,40		28,	400
Attach Form(s)	8a	Taxable interest. Attach Schedule B if requi		1	• • • • • • •	• • • • 8a		
W-2 here. Also	b	Tax-exempt interest. Do not include on line		- 8b				
attach Forms W-2G and	9a	Ordinary dividends. Attach Schedule B if re		05	• • • • • • •	• • • • <u>9a</u>	2	
1099-R if tax	b	Qualified dividends (see page 20)			nago 20)	10		
was withheld.	10	Taxable refunds, credits, or offsets of state a	and local income	laxes (see	page 20)	11		
If you did not	11	Alimony received • • • • • • • • • • • • • • • • • • •	C or C-E7			12		
If you did not get a W-2,	12 13	Capital gain or (loss). Attach Schedule D if r			eck here			
see page 19.		Other gains or (losses). Attach Form 4797				14		
Enclose, but do	14 15a	IRA distributions · · · · · 15a	1,400	b Taxa	ble amount (see p			500
not attach, any	16a	Pensions and annuities • • 16a			ble amount (see p			000
payment. Also, please use	17	Rental real estate, royalties, partnerships, S	corporations, tru				6,	000
Form 1040-V.	18	Farm income or (loss). Attach Schedule F				18	•	
	19	Unemployment compensation · · · · ·				19		
	20a	Social security benefits 20a	13,000	b Taxa	ble amount (see p	age 24) 20b	3,	700
	21	Other income.	. /					
						21		
	22	Add the amounts in the far right column for I	lines 7 through 21		our total income	→ · · ▶ 22	38,	600
	23	Educator expenses (see page 26) · · · ·		- 23				
Adjusted	24	Certain business expenses of reservists, performing ar		. 24				
Gross	0.5	fee-basis government officials. Attach Form 2106 or 21 IRA deduction (see page 26)		. 25	2,00			
Income	25 26	Student loan interest deduction (see page 20)			2,0	-		
	27	Tuition and fees deduction (see page 29) •						
	28	Health savings account deduction. Attach Fo						
	29	Moving expenses. Attach Form 3903 •			· · · · · · · · · · · · · · · · · · ·			
	30	One-half of self-employment tax. Attach Sch						
	31	Self-employed health insurance deduction (s						
	32	Self-employed SEP, SIMPLE, and qualified						
	33	Penalty on early withdrawal of savings • •						
	34a	Alimony paid b Recipient's SSN▶		34a				
	35	Add lines 23 through 34a · · · · · · · · ·	• • • • • • •			35	2,	000
	36	Subtract line 35 from line 22. This is your ad	ljusted gross inc	ome · ·		▶ 36	36,	600

Form 1040 (200	4)TES	ST T & MARY B HAMMER	400-00-1034 Page 2
	37	Amount from line 36 (adjusted gross income) · · · · · · · · · · · · · · · · · · ·	37 36,600
Tax and	38a	Check X You were born before January 2, 1940, Blind. Total boxes	
Credits		if: Spouse was born before January 2, 1940, Blind. checked ▶38a 1	<u>]</u> :
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here	
Deduction for-	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39 10,650
• People who	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40 25,950
checked any	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	
box on line 38a or 38b or		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · · · · · · ·	41 24,800
who can be claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- • •	42 1,150
dependent,	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43 116
see page 31. • All others:	44	Alternative minimum tax (see page 35). Attach Form 6251 • • • • • • • • • • • • • • • • • • •	44
Single or	45	Add lines 43 and 44 · · · · · · · · · · · · · · · · · ·	45 116
Married filing	46	Foreign tax credit. Attach Form 1116 if required	
separately, \$4,850	47	Credit for child and dependent care expenses. Attach Form 2441 •••• 47 116	
	48	Credit for the elderly or the disabled. Attach Schedule R · · · 48	1
Married filing jointly or	49	Education credits. Attach Form 8863 · · · · · · · · · · 49	4
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 · · · 50	
\$9,700	51	Child tax credit (see page 37) • • • • • • • • • • • • • • • • • • •	4
Head of	52	Adoption credit. Attach Form 8839 · · · · · · · · · 52	1
household,	53	Credits from: a Form 8396 b Form 8859 · · · · 53	4
\$7,150	54	Other credits. Check applicable box(es): a Form 3800	
	=	b Form 8801 c Specify 54	
	55	Add lines 46 through 54. These are your total credits	55 116
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56 0
Other	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57
	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59
	60	Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61 355
	62	Add lines 56 through 61. This is your total tax	62 355
Payments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 500	4.
If you have a	_64	2004 estimated tax payments and amount applied from 2003 return • • • • 64	4 1
qualifying	65a	Earned income credit (EIC)	-
child, attach Schedule EIC.	b	Nontaxable combat pay election • • 65b	
Scriedule ElC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)	
	67	Additional child tax ordate / titleon 1 of the	
	68	A Thousand parts and the second parts are second parts and the second parts and the second parts are second parts and the second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts and the second parts are second parts are second parts and the second parts are second parts are second parts are second parts are second parts are second parts are second parts are second parts are second parts are second parts	-
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69 Add lines 63, 64, 65a, and 66 through 69. These are your total payments · · · · · · · ►	70 3,148
	70		71 2,793
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid · · · · · · Amount of line 71 you want refunded to you · · · · · · · · · · · · · · · · · · ·	72a 2,793
Direct deposit?	72a		2,133
See page 54 and fill in 72b,	▶ b	Account number X X X X X X X X X X X X X X X X X X X	
72c, and 72d.	▶ d		
	73 74	Amount of line 71 you want applied to your 2005 estimated tax •••• 73 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74
Amount	75	Estimated tax penalty (see page 55)	
You Owe		rou want to allow another person to discuss this return with the IRS (see page 56)? X Yes. (Complete the following. No
Third Party	•	Dhana na	
Designee	-	mee's name Prioritio. Personal iden HN DOE ▶888-555-1111 number (PIN)	
Sian	Linder	r penalties of periury. I declare that I have examined this return and accompanying schedules and statements, and to the	ne best of my knowledge and
Sign	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer has any knowledge.
Here Joint return?	Your	signature Date Your occupation	Daytime phone number
See page 17.		CONSTRUCTION	
Кеер а сору	Spou	se's signature. If a joint return, both must sign. Date Spouse's occupation	
for your records.	7	BANK TELLER	
	Prepa	Date	Preparer's SSN or PTIN
Paid	signa	200	
Preparer's	Firm's	s name (or EIN	
Use Only	yours	if self-employed),	
	addre	ess, and ZIP code Phon	ne no.
			Form 1040 (2004)

400-00-1034 Page 2

a Control number		0	MB No. 1545-l	Safe, accurate, PAST! Use irs	e-file	Visit the IRS website at www.irs.gov.
b Employer identification number				1 Wages, tips, other compensation	2	Federal income tax withheld
57-2587950				25,000		500
C Employer's name, address, and ZIP	code			3 Social security wages	4	Social security tax withheld
TIMELY BUILDERS				25 , 000		1,550
				5 Medicare wages and tips	6	Medicare tax withheld
12 BUILDER DR				25,000		363
GREENVILLE	SC	2960.	1	7 Social security tips	8	Allocated tips
d Employee's social security number $400-00-1034$				9 Advance EIC payment	10	Dependent care benefits 3, 400
	Last name		····, ··· <u>-</u>	11 Nonqualified plans		See instructions for box 12
e Employee's first name and initial	Last Harrie) §	1
1001 1	AMMER			13 Statutory Retmnt. Third-par sick pay	ty 12 8	2b
74 BUILDER DR	20	2960	1	14 Other	12	
GREENVILLE	SC	2960	Ţ	14 Other	g	
					12	2d
					œ	
f Employee's address and ZIP code			·· ·			
5 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State in	come tax	18 Local wages, tips, etc. 19 Local	income	e tax 20 Locality name ·
C 5712345	25,000		500			

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 154	Safe, accurate, FAST! Use irs e-	file at	sit the IRS website www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation 1,000	2 Federa	al income tax withheld
57-8234588 c Employer's name, address, and ZIP code GREENVILLE BANK			3 Social security wages 1,000		security tax withheld
1200 CENTRAL AVE GREENVILLE	sc	29601	5 Medicare wages and tips 1,000 7 Social security tips		are tax withheld 15 ted tips
d Employee's social security number $400-00-2034$			9 Advance EIC payment		ndent care benefits
e Employee's first name and initial	Last name		11 Nonqualified plans	8	structions for box 12
MARY B HAM 74 BUILDER DR GREENVILLE f Employee's address and ZIP code	MER SC	29601	13 Statutory employee Plan Sick pay 14 Other	12b code 12c code 12d code	
	State wages, tips, etc. 1	7 State income tax	18 Local wages, tips, etc. 19 Local in	ncome tax	20 Locality name

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B-To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

	COR	RECTED (if checke	d)	
PAYER'S name, street address, city, sta	te, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Distributions From
PHILLIP JOHNSON BROKERS		\$ 1,400 2a Taxable amount	2004	Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
12 WALL STREET	10000	\$ 1,400	Form 1099-R	
NEW YORK CITY	NY 10009	2b Taxable amount not determined	Total distribution	Copy B Report this
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld	income on your Federal tax return. If this
57-8888875 400-00-1034		\$	form shows Federal income	
RECIPIENT'S name		5Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	tax withheld in box 4, attach this copy to your return.
TEST T HAMMER		\$	\$, , , , , , , , , , , , , , , , , , , ,
Street address (including apt. no.)		7 Distribution IRA/ SEP/ SIMPLE	8 Other	This information is
74 BUILDER DR		T	\$	being furnished to
City, state, and ZIP code	00.001	9a Your percentage of total distribution	9b Total employee contribution:	
GREENVILLE	SC 29601	% 10 State tax withheld	11 State/Payer's state no.	12 State distribution
Account number (optional)		\$	SC 5701434	\$ 1,400
		\$		\$
		13 Local tax withheld	14 Name of locality	15 Local distribution
		\$		\$
		\$		\$

TEST # 35 - TO BE USED ONLY FOR ON-LINE FILING TESTING

EFIN: 999999

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MAPLE

DOB: 04-15-1986

DISABLED: NO

DAYTIME PHONE: 201-555-1111 BLIND: NO

SSN: 400-00-1035

OCCUPATION: TREE TRIMMER

PRES ELEC FUND: YES

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEEPING WILLOW LN

AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE

LINE 6d: 0

SCHEDULE 1:

PART I:

LINE 1: FIRST SECURITY 6500
MONEY BANK (TAX EXEMPT) 1000

PART II:

LINE 5: DOW SMITH (NON-QUALIFIED) 3000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1034

LINE 5: 1360

LINE 6: 0

ON-LINE SELF-SELECT PIN INFORMATION WITH DIRECT DEBIT:

JURAT/DISCLOSURE VERSION INDICATOR: A PAID PREPARER SIGNATURE: EFIN + 28734 PRIMARY TAXPAYER SIGNATURE: 19821

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 16500
PRIMARY DATE OF BIRTH: 04-15-1986
TAXPAYER SIGNATURE DATE: 03-21-2005

TRANA DATA: SEQ 0170: TRANSMISSION TYPE CODE: O

SUMMARY RECORD DATA:

SEQ 0190: IP ADDRESS: 123.456.789.000

SEQ 0200: IP DATE: 20050321

SEQ 0210: IP TIME: 1107

SEQ 0220: E-MAIL INDICATOR: Y

Form	Depar	tment of the Treasury - Internal Revenue	e Service				
1040A	U.S	6. Individual Income	Tax Retu	ırn ₍₉₉₎ 20) 04 IR	S Use Only - Do not	write or staple in this space.
Labal	Your	irst name and initial	Last name	9		OME	No. 1545-0085
Label (See page 17.)	L					Your social s	security number
(See page 17.)	& TEST	Г О	400-0	0-1035			
į	E Ifajoi	int return, spouse's first name and initial	Last name	e		Spouse's so	cial security number
Use the	L					•	
IRS label.		address (number and street). If you have	ve a P.O. box, se	e page 18.	Apt. no	· 🛕 🚹	mportant!
Otherwise, please print		WEEPING WILLOW				You	must enter your
or type.	E City, t	own or post office, state, and ZIP code.	If you have a fore	eign address, see page 20.			SN(s) above.
	AUDI	JBON		NJ 08	3106-7842		
Presidential							
Election Campa	aign	Note. Checking "Yes" will not o		•		You	Spouse
(See page 18.)		Do you, or your spouse if filing	a joint return,	want \$3 to go to this	fund? • • • • •	· ▶ X Yes	No Yes No
Filing	1	Single		4		with qualifying person on is a child but not yo	
status	2	Married filing jointly (even if or	nly one had in	icome)	enter this child's nam		our dependent,
	3	Married filing separately. Enter spous	se's SSN above a				·····
Check only		full name here.		5	_ Qualifying widow	(er) with depende	ent child (see page 19)
one box.							
Exemptions	6 a	Yourself. If someone car	n claim you a	s a dependent, do no	t check		Boxes checked on
Lxcmpdono		box 6a.				1	Sa and 6b O
	b	Spouse		T	T :	MAChaek if aug	No. of children
	C	Dependents:		(2) Dependent's social	(3) Dependent's relationship to	(4)Check if qua ifying child for	1"
	irst name	Last name		security number	you	child tax credit (see pg. 21)	you
than six dependents, ———							 did not live with you due
see page 19.							to divorce or separation
,							(sée page 20)
							Dependents on 6c not
			···				entered above
							Add numbers on lines
	d	Total number of exemptions c	laimed.				above D
Income	7	Wages, salaries, tips, etc. Atta	ach Form(s) V	V-2.		7	4,400
Attach		vages, salaries, tips, etc. 7 tte	2011 0111(0) 1		· · · · · · · · · · · · · · · · · · ·		1/100
Form(s) W-2	8a	Taxable interest. Attach Sche	dule 1 if requi	ired		8a	6,500
here. Also	b	Tax-exempt interest. Do not			8b 1.	000	
attach Form(s)	9a	Ordinary dividends. Attach Sc				9a	3,000
1099-R if tax	b	Qualified dividends (see page			9b		
was withheld.	10	Capital gain distributions (see		· · · · · · · · · · · · · · · · · · ·		10	
If you did not	11a	IRA	·	11b	Taxable amount		·····
get a W-2, see		distributions. 11a			(see page 23).	11b	
page 22.	12a	Pensions and		12b	Taxable amount		
Enclose, but do		annuities. 12a			(see page 24).	12b	
not attach, any							
payment.	13	Unemployment compensation	and Alaska F	Permanent Fund divide	ends.	13	
	14a	Social security		14b	Taxable amount		
		benefits. 14a		•	(see page 25).	14b	
						1	
	15	Add lines 7 through 14b (far rig	ght column).	This is your total inco	me.	▶ 15	13,900
A 21 4 1	16	Educator expenses (see page	26).		16		
Adjusted	17	IRA deduction (see page 26).			17		
gross	18	Student loan interest deduction	n (see page 2	29).	18		
income	19	Tuition and fees deduction (se	e page 29).		19		
	20	Add lines 16 through 19. Thes	e are your to	tal adjustments.		20	
							
	21	Subtract line 20 from line 15. 7	This is your a c	djusted gross incom	e.	▶ 21	13,900

EEA

Form 1040A (2004)

a Control number			e, accurate, ST! Use	Visit the IRS website at www.irs.gov.
b Employer identification number 22-2244661		1 Wages, tip	os, other compensation 2 1,20.0	Federal income tax withheld 480
C Employer's name, address, and ZIP code TREE TOPPERS INC		3 Social sec	turity wages 4 1,200 wages and tips 6	Social security tax withheld 7 4 Medicare tax withheld
783 CHRISTMAS TREE DRIVI AUDUBON	E NJ 081	0 6 7 Social sec	1,200 surity tips	Allocated tips
d Employee's social security number $400-00-1035$		9 Advance B		5-5-5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6
e Employee's first name and initial Last name TEST O MAPLE 7842 WEEPING WILLOW LN AUDUBON f Employee's address and ZIP code	NJ 081	11 Nonqualif 13 Statutory employee 06-7842 14 Other	Retmnt. Third-party plan sick pay 122 68	CC
5 State Employer's state I.D. no. 16 State wages, IJ	tips, etc. 17 State 200	lincome tax 18 Local wage 8 4	es, tips, etc. 19 Local income	e tax 20 Locality name

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

a Control number		OMB No. 1545-	Safe, accurate, FAST! Use irs e-	file	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2	Federal income tax withheld
22-3355771			3,200		880
C Employer's name, address, and ZIP code			3 Social security wages	4	Social security tax withheld
OAKLEYS YARD AND GARD	EN		3,200		198
			5 Medicare wages and tips	6	Medicare tax withheld
87 KUDZU CENTER			3,200	1	46
AUDUBON	NJ	08106	7 Social security tips	8	Allocated tips
d Employee's social security number	·		9 Advance EIC payment	10	Dependent care benefits
400-00-1035			11 Nonqualified plans	12a	See instructions for box 12
₱ Employee's first name and initial Las	t name			ğ	
TEST O MAPLE			13 Statutory Retrnnt. Third-party sick pay	12b 8	ı
7842 WEEPING WILLOW I	ιN			₽ 40-	
AUDUBON	NJ	08106-7842	14 Other	12c 6 8	
				12d 6 9	
f Employee's address and ZiP code			•	313	
5 State Employer's state I.D. no. 16 State v		7 State income tax	18 Local wages, tips, etc. 19 Local in	come ta	ax 20 Locality name
NJ 07543917	3,200				

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 36 - TO BE USED ONLY FOR ON-LINE FILING TESTING

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 14a: 23000

(TAXPAYER 12000, SPOUSE 11000)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST Y INSIGHTFUL

DOB: 03-15-1940 DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1036

OCCUPATION: RETIRED PRES ELEC FUND: NO

BLIND: NO

SPOUSE: NAME: IRENE K INSIGHTFUL SSN: 400-00-2036

DOB: 05-12-1937 **DISABLED:** NO

SSN: 400-00-2036
OCCUPATION: RETIRED
PRES ELEC FUND: NO

BLIND: YES

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR

WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT LINE 6d: 2

SCHEDULE 1:

PART 1:

LINE 1: CORPORATE BONDS 12000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 813

LINE 5: 0

LINE 6: 813

LINE 7: 813

ON-LINE SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: B
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 26500
PRIMARY DATE OF BIRTH: 03-15-1940
SPOUSE PRIOR YEAR AGI: 26500
SPOUSE DATE OF BIRTH: 05-12-1937
TAXPAYER SIGNATURE DATE: 02-12-2005

TRANA DATA: SEQ 0170: TRANSMISSION TYPE CODE: O

SUMMARY RECORD DATA: SEQ 0190: IP ADDRESS: 123.456.789.999

SEQ 0200: IP DATE: 20050212 SEQ 0210: IP TIME: 1107

SEQ 0220: E-MAIL INDICATOR: Y

Form	Depart	ment of the Treasury - Intern	al Revenue Service								
1040A	U.S	. Individual Inc	ome Tax R	leturn (99)	20	004	IRS Use	e Only - Do	o not writ	te or staple in th	nis space.
	Your fi	rst name and initial	Last	t name	. "				OMB N	No. 1545-008	5
Label	L							Your s	ocial sec	curity number	
See page 17.)	A TEST	Y		INSIGHTFU	L			400	<u>-00-</u>	-1036	
	E Ifajoin	nt return, spouse's first name	and initial Last	t name				Spous	e's socia	l security numb	er '
Jse the		IE K		INSIGHTFU	L	·		400	<u>-00-</u>	-2036	
RS label.		address (number and street)	. If you have a P.O. b	ox, see page 18.			Apt. no.		lm	portant!	
Otherwise, please print	R 512	HOWARD DR							You n	nust enter yo	our
or type.	E City, to	own or post office, state, and	ZIP code. If you have	a foreign address, see					SS	N(s) above.	
	INIW	ER PARK		FL	32	2789		J			
Presidential					-					_	
Election Campa	aign	Note. Checking "Yes"					_	Yo		Spouse	
(See page 18.)		Do you, or your spous	e if filing a joint re	turn, want \$3 to go					s X N		χNο
Filing	1	Single			4	Head of house If the qualifying				See page 19.) dependent.	
status	-	Married filing jointly (enter this chil			, , , , , , , , ,	;,	
	3	Married filing separately. E	inter spouse's SSN at	oove and	5	Ovelifying	uidou/or\	with don		child (acc a	222 10\
Check only one box.		full name here.			5	Qualitying	widow(ei)	with dep	endeni	child (see p	age 19)
	6.0	X Yourself. If som	eone can claim v	ou as a dependent	do no	t check	··········		<u> </u>	Boxes	
Exemptions	6 a	X Yourself. If som	-	ou as a dependent	, uo 110	CONCOR				checked on 6a and 6b	2
	b		a.							No. of children	
		X Spouse Dependents:				(3) Deper	ident's	(4)Check		on 6c who:	•
		•	name	(2) Dependent security nul		relations		ifying ch child tax (see pg	credit	lived with you	
f more <u>(۱) r</u> han six	irst name	Last	Harrie			,,,,,		(See pg]	did not live	
lependents,									 	with you due to divorce or	
ee page 10.									1	separation (see page 20)	
,			yeve - 10.71			<u> </u>	******	Ī.	<u> </u>	Dependents	
										on 6c not entered above	
						<u> </u>					
			yanin					-		Add numbers on lines	
	d	Total number of exen	nptions claimed.			<u></u>				above >	
Income	7	Wages, salaries, tips	, etc. Attach Form	n(s) W-2.					7		
Attach				-							
Form(s) W-2 here. Also	8 a	Taxable interest. Atta	ach Schedule 1 if	required.				8	a	12,	000
attach	b	Tax-exempt interest.	Do not include o	n line 8a.		8b					
Form(s)	9 a	Ordinary dividends. A	ttach Schedule 1	if required.				9	a		
1099-R if tax	b	Qualified dividends (s	see page 22).			9b					
was withheld.	10	Capital gain distributi	ons (see page 23).				1	0		
If you did not	11a	IRA			11b	Taxable am	ount	•			
get a W-2, see		distributions.	11a	700	··	(see page 2		1	1b		100
page 22.	12a	Pensions and			12b	Taxable am	ount				
Enclose, but do		annuities.	12a	15,000		(see page 2	4).	1:	2b	12,	000
not attach, any payment.											
paymon	13	Unemployment comp	ensation and Alas	ska Permanent Fu				1	3		
	14a	Social security			14b	Taxable am				_	
		benefits.	14a	23,000		(see page 2	5).	1.	4b	1,	800
		Add lines 7 thus well d	Ah /for right agl	nn). This is your to	tal inco	nme		•	15	2 5	900
	15	Add lines 7 through 1		nn). This is your to	nai mcc				10	23,	900
Adjusted	16	Educator expenses (16 17					
gross	17	IRA deduction (see p		20)		18					
income	18	Student loan interest				19	· · · · · · · · · · · · · · · · · · ·				
•	19 20	Tuition and fees dedu Add lines 16 through							20		
	20	Add mies to through	is. These are you	ar tour adjustiller							
	21	Subtract line 20 from	line 15. This is vo	our adjusted gross	s incom	ıe.		> :	21	25.	900

Name(s) shown on p	age 1		/our soci	al securi	ity number
TEST Y &	IRE	NE K INSIGHTFUL	40	0-00)-1036
	22	Enter the amount from line 21 (adjusted gross income).		22	25,900
Tax,					
credits,		Check - You were born before January 2, 1940. Blind 3 Total boxes		7	
and	23a				
payments		if: X Spouse was born before January 2, 1940, X Blind ∫ checked ▶ 23a	2	<u>I</u>	
paymone	b	If you are married filing separately and your spouse itemizes			
Standard		deductions, see page 30 and check here			
Deduction	24	Enter your standard deduction (see left margin).		24	11,600
for-	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0		25	14,300
People who checked any					14,300
box on line 23a or 23b or	26	If line 22 is \$107,025 or less, multiply \$3,100 by the total number of			
who can be		exemptions claimed on line 6d. If line 22 is over \$107,025, see the			
claimed as a dependent,		worksheet on page 32.		26	6,200
see page 30.	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0			
All others:		This is your taxable income.	•	27	8,100
Single or	28	Tax, including any alternative minimum tax (see page 31).		28	813
Married filing separately, \$4,850		Credit for child and dependent care expenses.			010
\$4,850	29	•			
Married filing		Attach Schedule 2. 29			
jointly or Qualifying	30	Credit for the elderly or the disabled. Attach			
widow(er), \$9,700		Schedule 3. 30			
Head of	31	Education credits. Attach Form 8863.			
household, \$7,150	32	Retirement savings contributions credit. Attach			
\$7,150		Form 8880. 32			
	22				
	33	Office Control (1995)			
	34	Adoption credit. Attach Form 8839.			
	35	Add lines 29 through 34. These are your total credits.		35	
	36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0		36	813
	37	Advance earned income credit payments from Form(s) W-2.		37	
	38	Add lines 36 and 37. This is your total tax.	>	38	813
	39	Federal income tax withheld from Forms W-2 and 1099. 39			
					
	40	2004 estimated tax payments and amount			
If you have a qualifying		applied from 2003 return. 40			
child, attach	41a	Earned income credit (EIC). 41a			
Schedule EIC.	b	Nontaxable combat pay election. 41b			
	42	Additional child tax credit. Attach Form 8812. 42			
	43	Add lines 39, 40, 41a, and 42. These are your total payments.		43	0
	44	If line 43 is more than line 38, subtract line 38 from line 43.			· · · · · · · · · · · · · · · · · · ·
Refund		This is the amount you overpaid.		44	
Direct					
deposit?	45a	Amount of line 44 you want refunded to you.		45a	
See page 49	▶b	Routing Checking Savings			
and fill in					
45b, 45c, and 45d.	▶d	Account			
and 450.	46	Amount of line 44 you want applied to your			
		2005 estimated tax. 46			
	47	Amount you owe. Subtract line 43 from line 38. For details on how			
Amount	4/	·	•	47	813
you owe		to pay, see page 50.		 /	013
	48	Estimated tax penalty (see page 50).			
Third party	Do	you want to allow another person to discuss this return with the IRS (see page 51)? Yes. Comple	te the foll	lowing.	X No
designee	Des	signee's name Phone no. Persor	nal identifi	ication	
u00.g00	•		r (PIN)	•	
	Uno	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, a	nd to the	best of r	ny
Sign	kno	wierige and belief, they are true, correct, and accurately list all amounts and sources of income I received during t	ne tax yea	ar. Decla	aration
here		reparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.		1.	Daytime phone number
Joint return? See page 18.	You	ur signature 19300			
Keep a copy	 -	2005-02-12 RETIRED			
for your	Spo	ouse's signature 1 Pa 3 of Deturn, both must sign. Date Spouse's occupation		L	
records.	•	RETIRED			
	Pre	pparer's Date Chec	k if self-		Preparer's SSN or PTIN
Paid		nature	oved		
	Firm	n's name (or	·	EIN	
preparer's	you	ars if self-			9.00
use only		ployed), dress, and		Phon	6 IIU.
		code		Ь	F 46404 (005.11
FFA					Form 1040A (2004)

	COR	RECTED (if checke	ed)	,		
PAYER'S name, street address, city,	state, and ZIP code	1 Gross distribution	OMB No. 1545-0119	Poi	Distributions From	
THEME PARK PENSION PLAN 1 BUENA VISTA WAY		\$ 15,000 2a Taxable amount \$ 12,000	2004 Form 1099-R		nsions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
ANAHEIM	CA 92812	2b Taxable amount	Total	l .	Copy B	
ANAHEIM	011 72012	not determined	distribution		Report this	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld		income on your Federal tax return. If this form shows Federal income	
33-4234444	400-00-2036	\$				
RECIPIENT'S name			6 Net unrealized appreciation in employer's securities		tax withheld in box 4, attach this copy to your return.	
IRENE K INSIGHT	FUL	\$	\$		your return.	
Street address (including apt. no.)		7 Distribution IRA/ SEP/ SIMPL			This information is	
512 HOWARD DR	•	7	\$	%	being furnished to the Internal	
City, state, and ZIP code WINTER PARK FL 32789		9a Your percentage of total distribution %	percentage of distribution 9b Total employee contributions % \$		Revenue Service.	
Account number (optional)		10 State tax withheld	11 State/Payer's state no.		12 State distribution	
		\$	CA 330011		\$ 1,000	
		\$			\$	
		13 Local tax withheld	14 Name of locality		15 Local distribution	
		\$			\$	
			<u></u>		Ψ	

	COR	RECTED	if checke	ed)	_		
PAYER'S name, street address, city, state, and ZIP code			distribution	OMB No. 1545-0119	Distributions From		
	\$	700	1		ensions, Annuities, Retirement or Profit-Sharing		
BIG BROKERS		2a _{Taxable} amount		2004		Plans, IRAš, Insurance Contracts, etc.	
12 WALL STREET		\$	100	Form 1099-R			
NEW YORK CITY	NY 10005	2b Taxable amount not determined		Total distribution		Copy B Report this	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a) 4 Federal income tax withheld			income on your Federal tax return. If this form shows Federal income		
13-4433221	400-00-2036	\$	\$				
IRENE K INSIGHTFUL Street address (including apt. no.) 512 HOWARD DR City, state, and ZIP code		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		tax withheld in box 4, attach this copy to your return.	
							7 Distribu Code
		7	X	\$	%		
		9a Your percentage of total distribution		9b Total employee contributions \$		Revenue Service.	
		WINTER PARK FL 32789 Account number (optional)		10 State tax withheld		11 State/Payer's state no. NY 132143	
Account number (optional)	\$ 100						
	\$				\$		
		13 Local tax withheld		14 Name of locality		15 Local distribution	
	\$				\$		
	\$				\$		

TEST # 37

FORMS REQUIRED: FORM 1040, SCH B, SCH E, SCH E PG 2, SCH F, FORM 4563,

FORM 5074, FORM 5471, FORM 5713, FORM 8865, FORM 8886, FORM T

INFORMATION RETURNS ATTACHED: W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 18000

STATEMENTS:

OTHER: TAXPAYER LIVED IN AMERICAN SAMOA THE WHOLE TAX YEAR

TAXPAYER PURCHASED A PERMANENT RESIDENCE IN AMERICAN SAMOA

STANDARD DEDUCTION IS LIMITED BASED ON ALLOCATION BETWEEN EXCLUDED

INCOME & TOTAL INCOME

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST C MAKERS

DOB: 06-19-1949

DISABLED: NO

DAYTIME PHONE: NOT GIVEN BLIND: NO

SSN: 400-00-1037

OCCUPATION: ENTREPRENEUR

PRES ELEC FUND: NO

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 147 WEST BURLINGTON ST

ST PAUL, MN 55145

FILING STATUS: SINGLE

LINE 6d: 1

SCHEDULE B:

PART II:

LINE 5:

PAYER NAME

AMOUNT

LOTS OF EXPORTS, INC 26000

PART III:

LINE 7a: YES

LINE 7b: BAHAMAS

LINE 8: NO

SCHEDULE E:

PART 1:

LINE 1A: COMMERCIAL BUILDING

12 SHELL DR FREEPORT, GRAND BAHAMA ISLAND

LINE 2A: NO

LINE 3A: 20381

LINE 12A: 1000

LINE 14A: 1000

LINE 20A: 2381

BACKGROUND INFORMATION: PROPERTY: OFFICE BUILDING

PLACED IN SERVICE: 08-01-1990

BASIS:

75000

RECOVERY PERIOD: 31.5

MM

CONVENTION: METHOD:

 \mathtt{SL}

SCHEDULE E (CONTINUED):

LINE 1B: COMMERCIAL BUILDING

461 PARADISE RD FREEPORT, GRAND BAHAMA ISLAND

LINE 2B: NO

LINE 3B: 25730

LINE 9B: 1000

LINE 12B: 1000

LINE 12B: 1000

LINE 14B: 1000

LINE 20B: 2730

BACKGROUND INFORMATION: PROPERTY: OFFICE BUILDING

PLACED IN SERVICE: 06-01-1987

BASIS:

86000

RECOVERY PERIOD:

31.5 MM

CONVENTION:

MM

METHOD:

SL

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): OVERSEAS BROKERS

LINE 28A(b): P

LINE 28A(c): X

LINE 28A(g): 29500

SCHEDULE F:

NAME OF PROPIETOR: TEST C MAKERS

SSN: 400-00-1037

LINE A: TIMBER

LINE B: 113000

LINE C: CASH

LINE E: YES

PART I:

LINE 4: 30000

LINE 24: 3400

LINE 34: 4000 DEPLETION

LINE 37a: X

FORM 4563:

LINE 1: 01-01-2003; CONTINUES

LINE 2: PURCHASED HOME

LINE 3(a): NO

LINE 4(a): NO

LINE 5: MONEY MAKER INVESTMENTS

4256 HARRISON DR

ATLANTA, GA 30348

LINE 6(a): 12-23-2004

LINE 6(b): 12-28-2004

LINE 6(c): 6

LINE 6(d): VISITING FAMILY IN US FOR HOLIDAYS

LINE 7: 27000

FORM 5074:

PART I:

LINE 1(GUAM): 7500

PART III:

LINE 32: 750

FORM 5471:

LINE B: CATEGORY OF FILER: 4

LINE C: 51%

FILERS TAX YEAR: 01-01-2004 - 12-31-2004

LINE la: LOTS OF EXPORTS, INC

PO BOX F-127A

FREEPORT, GRAND BAHAMA ISLAND

LINE 1c: BAHAMAS

LINE 1d: 06-18-2001

LINE 1e: BAHAMAS

LINE 1f: 315230

LINE 1g: WOMEN'S & GIRL'S CUT & SEW APPAREL MFG

LINE 1h: BAHAMIAN DOLLAR

LINE 2c: JACKSON T FISCHER

PO BOX G-4267

FREEPORT, GRAND BAHAMA ISLAND

LINE 2d: JACKSON T FISCHER

PO BOX G-4267

FREEPORT, GRAND BAHAMA ISLAND

SCHEDULE A:

PART I:

(a)

(b)

	BEGINNING	ENDING
COMMON STOCK	200	200
PREFERRED STOCK	100	100

SCHEDULE B:

1 ST	SHAREHOLDER:	(a) TEST C MAKERS MAD 1 OTTO BRIDGE RD PAGO PAGO, AS 96799	(b) COMMON STOCK PREFERRED STOCK	(c) 102 51	(d) 102 51	(e) 51%
2 ND	SHAREHOLDER:	400-00-1037 JACKSON T FISCHER	COMMON STOCK PREFERRED STOCK		38 19	19%
3 RD	SHAREHOLDER:	400-55-2037 MADISON SMITH PO BOX A-7788 FREEPORT, GRAND BAHAMA ISLAND	COMMON STOCK PREFERRED STOCK			15%
4 TH	SHAREHOLDER:	400-55-3037	COMMON STOCK PREFERRED STOCK	30 15	30 15	15%

SCHE	DULE C:	FUNCTIONAL CURRENCY	US DOLLARS
LINE	1a:	174000	174000
LINE	2:	57000	57000
LINE	8:	26000	26000
LINE	10:	25000	25000
LINE	11:	16000	16000
LINE	13:	6000	6000

400-55-4037

```
LINE 1:
             7500
                         7200
                        27000
LINE 3:
            23000
                         2000
            3000
LINE 4:
LINE 8a:
            10000
                        12000
LINE 8b:
            5500
LINE 14:
            8000
                         8300
LINE 18a:
            12500
                        12500
LINE 18b:
            10000
                        10000
            7500
                        10600
LINE 20:
SCHEDULE G:
LINE 1: NO
LINE 2: NO
LINE 3: NO
SCHEDULE H:
LINE 1: 96000
LINE 2b: 1300 (NET ADDITIONS)
LINE 5d: 1.0000 (EXCHANGE RATE)
SCHEDULE I:
LINE 1: 26000
WAS ANY INCOME OF THE FOREIGN CORPORATION BLOCKED:
                                                            NO
DID ANY SUCH INCOME BECOME UNBLOCKED DURING THE TAX YEAR: NO.
SCHEDULE M:
LINE 15: 16000
FORM 5713:
TAX YEAR: 01-01-2004 TO 12-31-2004
ADDRESS OF SERVICE CENTER: PHILADELPHIA, PA
TYPE OF FILER: INDIVIDUAL
           85600
LINE 1:
LINE 7 (a): NO
LINE 7 (c): NO
LINE 7 (d): NO
LINE 7(e): NO
LINE 7(f): NO
LINE 7(g): NO
LINE 7(h): NO
LINE 7(i): NO
LINE 7(j): NO
PART I:
LINE 8:
            YES
LINE 8a(1): KUWAIT
LINE 8a(2): 400-00-1037
LINE 8a(3): 315230
LINE 8a(4): WOMEN'S & GIRL'S CUT & SEW APPAREL MFG
```

FORM 5471 (CONTINUED):

(b)

SCHEDULE F: (a)

LINE 9:

LINE 10:

LINE 11: LINE 12: NO NO

NO

NO

FORM 5713 (CONTINUED): PART II: LINE 13a(1)(a): REQUESTS: AGREEMENTS: NO LINE 13a(1)(b): REQUESTS: AGREEMENTS: NO LINE 13a(1)(c): REQUESTS: AGREEMENTS: NO LINE 13a(1)(d): REQUESTS: AGREEMENTS: NO LINE 13a(2): REQUESTS: NO AGREEMENTS: NO FORM 8865: CATEGORY OF FILER: 2 LINE A: LINE B: 01-01-2004 TO 12-31-2004 LINE C: (OTHER) 2000 LINE F1: OVERSEAS BROKERS PO BOX B-4606 FREEPORT, GRAND BAHAMA ISLAND LINE F3: BAHAMAS LINE F4: 06-30-2002 LINE F5: BAHAMAS LINE F6: 523120 LINE F7: SECURITIES BROKERAGE LINE F8 (a): BAHAMIAN DOLLAR LINE F8 (b): 1.0000 LINE G3: MAXWELL CARTER PO BOX C-6633 FREEPORT, GRAND BAHAMA ISLAND LINE G4: MAXWELL CARTER PO BOX C-6633 FREEPORT, GRAND BAHAMA ISLAND LINE G5: NO LINE G6: 0 LINE G7: PARTNERSHIP SCHEDULE A: BOX A: X SCHEDULE B: LINE 1a: 210000 LINE 9: 35000 LINE 11: 1500 LINE 13: 20000

SCHEDULE N:

LINE 14:

LINE 15: 20000

6000

SCHEDULE K-1:

PART I:

BOX B: PARTNERSHIP'S NAME, ADDRESS, & ZIP CODE: OVERSEAS BROKERS
PO BOX B-4606
FREEPORT, GRAND BAHAMA ISLAND

FORM 8865 (CONTINUED):

PART II:

BOX C: PARTNER'S IDENTIFYING NUMBER: 400-00-1037

BOX D: PARTNER'S NAME, ADDRESS, & ZIP CODE: TEST T MAKERS

MAD1 OTTO BRIDGE RD PAGO PAGO, AS 96799

BOX E: PARTNER'S SHARE OF PROFIT, LOSS AND DEDUCTIONS:

 BEGINNING
 ENDING

 PROFIT:
 20%
 20%

 LOSS:
 20%
 20%

 CAPITAL:
 20%
 20%

 DEDUCTIONS:
 20%
 20%

BOX F: ANALYSIS OF PARTNER'S CAPITAL ACCOUNT:

BEGINNING CAPITAL ACCOUNT: 100000
CURRENT YEAR INCREASE: 29500
WITHDRAWLS AND DISTRIBUTIONS: 20000

TAX BASIS: X

PART III: BOX 1: 29500

FORM 8886:

LINE 1a: ABUSIVE FOREIGN TAX CREDIT INTERMEDIARY TRANSACTION

LINE 1b: 12345678912

LINE 2a: X (LISTED TRANSACTION)

LINE 3: NOTICE 2004-20 ACQUISITION & SALE OF FOREIGN CORPORATION STOCK UNDER SECTION 338 OF IRC

SECTION 338 OF

LINE 4: 1

LINE 6(a): PHILLIP UNDERWOOD

LINE 6(b): 145 PLAZA SQUARE, SUITE 3
TRENTORN, NJ 08647

LINE 7: AFTER PURCHASE OF FOREIGN STOCK AN ELECTION UNDER SECTION 338 IS MADE TO TREAT PURCHASE AS A DEEMED SALE GIVING PURCHASER A STEPPED UP BASIS. THE SALE OF THE STOCK TO ANOTHER ENTITY DOES NOT CREATE A TAX ON THE GAIN BUT PROVIDES FOR A FOREIGN TAX CREDIT.

XANADU CORPORATION - SELLER

MIDAS CORPORATION - MIDDLEMAN

TEST C MAKERS - FINAL PURCHASE

APARTADO POSTAL 5056 CARACAS 1010A

176 WEST MAIN PLAZA TRENTON, NJ 08647

LINE 8: THE SALE OF STOCK CREATES A FOREIGN TAX ON THE GAIN BUT NO US TAXABLE INCOME. THE FOREIGN TAX IS THEN USED TO CLAIM A CREDIT FOR TAXES PAID EVEN THOUGH INCOME IS NOT ON US RETURN. ALSO PROVIDES A STEPPED UP BASIS IN THE STOCK.

LINE 9: TAX YEAR 2004 - 12000

FORM T:

NOTE: ELECTING UNDER SECTION 631(a) TO TREAT THE CUTTING OF TIMBER AS A SALE OR EXCHANGE

PART III:

LINE 34: BLOCK - NORTHWEST

ACCOUNT - TREE TRIMMERS

LINE 35: CLACKAMUS, OREGON

LINE 36a: NATIONWIDE SAWMILLS, INC

145 FLAGSHIP DR

OKLAHOMA CITY, OK 73126

LINE 36b: 07-01-2004

LINE 37: 30000

LINE 40a: # OF UNITS COST TOTAL COST

10 4000 40000

LINE 40i: 3400

r 40 <i>4</i> 0	Dep	artment of the Treasury - Internal Revenue Service S. Individual Income Tax I	Return 2	004	(99) IRS	Use Only	-Do not wri	te or staple in this space.
orm 1040		the year Jan. 1-Dec. 31, 2004, or other tax year beg		, 2004, e			, 20	OMB. No. 1545-0074
		ame and initial	Last name					al security number
See A	TEST	' C	MAKERS)-00-1037
on page 16.) E If a	a joint reti	urn, spouse's first name and initial	Last name				Spouse's	social security number
Use the IRS Label.		ess (number and street). if you have a P.O. box, see	e page 16.		Apt.	no.		Important!
abel. H Ho Otherwise, E			o pago 70.		•		— (You must enter
please print R	147	WEST BURLINGTON ST or post office, state, and ZIP code. If you have a form	eign address, see page 16.					our SSN(s) above.
	SAIN			5145		l		
. Toolaontia.		Note. Checking "Yes" will not chang			d.		You	Spouse
Election Campai (See page 16.)	gii 🕨	Do you, or your spouse if filing a join	it return, want \$3 to go	to this fu	ınd? • • • •	• ▶ [Yes	Yes No
1 X	Single		4 Hea	d of house	ehold (with qualifyir person is a child bu	g person). (See pag	ge 17.) If
Filing 2	Marrie	ed filing jointly (even if only one had incom	ne) this	child's nar		it flot you	пасренас	n, onto
Status 3	Married	I filing separately. Enter spouse's SSN above and fu	ıli •					
Check only one box. name	here.	>			vidow(er) with o	lepende	ent child	(see page 17) Boxes checked 1
	6 a	X Yourself. If someone can claim you a	as a dependent, do no	t check i	oox 6a · · · ·	• • •		on 6a and 6b
Exemptions								No. of children on 6c who:
	b	Spouse			(3) Dependent's	(4) (heck if	
	С	Dependents:	(2) Dependent's social security number	er	relationship to	quálit for c	ying child hild tax	lived with you did not live with) you due to divorce
<u>(1</u>	I) First na	me Last name			you	credit	(see pg18	or separation
If more than four -						_		(see page 18)
dependents, see page 18.								Dependents on 6c not entered above
page 10.								Add numbers on
-	d	Total number of exemptions claimed •						lines above 1
	7	Wages, salaries, tips, etc. Attach Form(s						
Income		-					7	7,500
	8a	Taxable interest. Attach Schedule B if re			• • • • • •	• • •	• 8a	
Attach Form(s) W-2 here. Also	b	Tax-exempt interest. Do not include on		8b			-	26 000
attach Forms	9a	Ordinary dividends. Attach Schedule B		ا مد ا			• 9a	26,000
W-2G and 1099-R if tax	b	Qualified dividends (see page 20) · · ·		9b	- nago 20\		. 10	
was withheld.	10	Taxable refunds, credits, or offsets of st	ate and local income ta	ixes (se	e page 20) • •		. 11	
	11	Alimony received · · · · · · · · · · · · · · · · · · ·	dula C or C-E7				. 12	
If you did not get a W-2,	12	Business income or (loss). Attach Sche Capital gain or (loss). Attach Schedule I	of required of the required of	ired ch	eck here 🕨 •		13	
see page 19.	13	Other gains or (losses). Attach Form 47				سما • • • •	. 14	
Enclose, but do	14 15a				able amount (se	e page 22	15b	
not attach, any	16a			b Tax	able amount (se	e page 22	16b	
payment. Also, please use	17	Rental real estate, royalties, partnership	s, S corporations, trus	ts, etc	Attach Schedul	е Е • •	- 17	65 , 500
Form 1040-V.	18	Farm income or (loss). Attach Scheduk	eF				· 18	(13,400
	19	Unemployment compensation · · · ·			• • • • • •	• • • •	• 19	
	20a	Social security benefits • • 20a		b Tax	able amount (se	e page 24) 20b	
	21	Other income.						
			* C = 7.0	This is a	in total inco	mo	21	85,600
	22	Add the amounts in the far right column	for lines / through 21.	23	your total inco	ille	22	83,000
	23	Educator expenses (see page 26) · ·		20		 	- 1	
Adjusted	24	Certain business expenses of reservists, perform		24				
Gross	25	fee-basis government officials. Attach Form 2106 IRA deduction (see page 26)		ļ			7	
Income	25 26	Student loan interest deduction (see page						
	27	Tuition and fees deduction (see page 29						
	28	Health savings account deduction. Attac						
	29	Moving expenses. Attach Form 3903 •	. 	29			_	
	30	One-half of self-employment tax. Attach	Schedule SE · · ·	30			4 . 1	
	31	Self-employed health insurance deducti	on (see page 30) · ·	31			_	
	32	Self-employed SEP, SIMPLE, and quali	fied plans • • • • •	32			4 1	
	33	Penalty on early withdrawal of savings	• • • • • • • • • • • • • • • • • • • •				-	•
	34a	Alimony paid b Recipient's SSN▶		34a			. 35	
	35	Add lines 23 through 34a · · · · · ·					· 35 ▶ 36	85,600
	26	Subtract line 35 from line 22. This is you	ur aqiusted gross ince	• • emc			- JO	03,000

Form 1040 (2004	4)TES	T C MAKERS				400-	-00-1037	Page 2
	37	Amount from line 36 (adjusted gross income)			37	85	,600
Tax and	38a	Check . You were born before January		Blind. Total	boxes			
Credits		if: Spouse was born before Janua		Blind. I chec	ked ▶38a			
Standard	b	If your spouse itemizes on a separate return or you we	-	, . see pa 31 & che	ck here ▶38t			
Deduction	39	Itemized deductions (from Schedule A) or				39	3	,686
for—	40	Subtract line 39 from line 37 · · · · ·				- 40		,914
 People who checked any 	41	If line 37 is \$107,025 or less, multiply \$3,100		ber of exemp	tions claimed o	on		,
box on line	71	line 6d. If line 37 is over \$107,025, see the v				• 41	3	,100
38a or 38b or who can be	40	Taxable income. Subtract line 41 from line						,814
claimed as a dependent.	42	Tax (see page 33). Check if any tax is from:						
see page 31.	43					. 44	10	,698
All others:	44	Alternative minimum tax (see page 35). Al	ttacii Folili 6251			· 4 5	1.0	600
Single or	45	Add lines 43 and 44		1 40 1		. 69	10	<u>, 698</u>
Married filing separately,	46	Foreign tax credit. Attach Form 1116 if requ						
\$4,850	47	Credit for child and dependent care expenses. Attach I		47				
Married filing	48	Credit for the elderly or the disabled. Attach		- 48				
jointly or Qualifying	49	Education credits. Attach Form 8863 • • •						
Qualitying widow(er),	50	Retirement savings contributions credit. Atta	ach Form 8880 -				•	
\$9,700	51	Child tax credit (see page 37) · · · · ·		• • 51				
Head of	52	Adoption ordait. Attaon 1 oim ood	• • • • • • • •				•	
household,	53	Ologito Il Cili.	Form 8859 • •	• • 53	.,			
\$7,150	54	Other credits. Check applicable box(es):	aForm 3800					
	,	b Form 8801 c Specify	• • •	54				
	55	Add lines 46 through 54. These are your tot	al credits · · ·	• • • • • •	• • • • • •	55		
• .	56	Subtract line 55 from line 45. If line 55 is mo					16	,698
	57	Self-employment tax. Attach Schedule SE				- 57		
Other	58	Social security and Medicare tax on tip inco	me not reported t	o employer. A	ttach Form 4137	- 58	•	
Taxes	59	Additional tax on IRAs, other qualified retirer	ment plans, etc. A	Attach Form 53	329 if required	• 59		
	60	Advance earned income credit payments fro	om Form(s) W-2			60		
	61	Household employment taxes. Attach Sche				• • 61		
	62	Add lines 56 through 61. This is your total to				· ▶ 62	16	,698
D	63	Federal income tax withheld from Forms W-		63	7	50		
Payments	64	2004 estimated tax payments and amount applied from		64	18,0	00		
If you have a	 65a			- · 65a				
qualifying child, attach	┌ b	Nontaxable combat pay election · ⋅▶ 65b						
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (se	ee nage 54)	• • 66				
	67	Additional child tax credit. Attach Form 8812		- 67				
	68	Amount paid with request for extension to fil		- 68				
	69	Other payments from: a Form 2439 b Form						
	70	Add lines 63, 64, 65a, and 66 through 69. Th				· ▶ 70	18	,750
	71	If fine 70 is more than line 62, subtract line 62 from line				. 71		,052
Refund		Amount of line 71 you want refunded to you				72a		,052
Direct deposit?	72a			vpe: Chec	king Savir			, 002
See page 54	▶ b	Routing number X X X X X X X A X X X X X X X X X X X	X X X X X		X X X			
and fill in 72b, 72c, and 72d.	▶ d	<u></u>		·► 73	MMM			
	73	Amount of line 71 you want applied to your 2005 estin Amount you owe. Subtract line 70 from line	nated tax		coo page EF	▶ 74		
Amount	74			75	See page 33	17		da 200400
You Owe	75	Estimated tax penalty (see page 55) • • • • • • • • • • • • • • • • • •			56)2	es Complet	e the following.	X No
Third Party	•				. 30):	Jo. Jonipiel	o and ronowing.	_A 140
Designee	Desig	nee's name	Phon	e no.		al identification		
	<u> </u>				number	- `		
Sign	Under	penalties of perjury, I declare that I have examined this they are true, correct, and complete. Declaration of prep	return and accompan	ying schedules ai aver) is based on	nu statements, an all information of	u to tne best of r which preparer I	ny knowledge and nas any knowledde	
Here		1		Your occupation			Daytime phone no	umber
Joint return?	Your	dignature Dat					July and priority in	
See page 17. Keep a copy				ENTREPR			4	
for your	Spou	e's signature. If a joint return, both must sign. Dat	te (Spouse's occupa	ation			SERVER 11 - 1 - 1 - 1 - 1 - 1 - 1
records.					· · · · · · · · · · · · · · · · · · ·		aveda SON - STI	
Paid	Prepa		Date		Check if	Prep	arer's SSN or PTIN	
	signa	ure 7			self-employed			
Preparer's		name (or				EIN		
Use Only		if self-employed), as, and ZIP code						
						Phone no.		
EEΔ							Form 104	10 (2004)

a Control number		OMB No. 15	Safe, accurate, FAST! Use irs e-	Visit the IRS website at www.irs.gov.
b Employer identification number 56-5588964			1 Wages, tips, other compensation 7,500	2 Federal income tax withheld 750
© Employer's name, address, and ZIP code INVESTWISE BROKERAGE			3 Social security wages 7,500	4 Social security tax withheld 465
145 HAMPTON DRIVE RALEIGH	NC	27634	5 Medicare wages and tips 7,500 7 Social security tips	6 Medicare tax withheld 109 8 Allocated tips
d Employee's social security number $400-00-1037$			9 Advance EIC payment	10 Dependent care benefits
		55145	11 Nonqualified plans 13 Statutory Retmnt. Third-party sick pay 14 Other	12a See instructions for box 12 g 12b g 12c g 12d g
f Employee's address and ZIP code 15 State Employer's state I.D. no. 16 State w	ages, tips, etc. 17	State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
				of the Treasury Internal Payanus Senire

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

a Control number		OMB No. 1545	Safe, accurate, FAST! Use irs e-	Visit the IRS website at www.irs.gov.
b Employer identification number			1 Wages, tips, other compensation	2 Federal income tax withheld
58-1234521			27,000	5,000
C Employer's name, address, and ZIP code	+		3 Social security wages	4 Social security tax withheld
MONEY MAKER INVEST	'MENTS		27,000	1,674
•			5 Medicare wages and tips	6 Medicare tax withheld
4256 HARRISON DRIV	'E		27,000	392
ATLANTA	GA	30348	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-1037	· · · · · · · · · · · · · · · · · · ·			
e Employee's first name and initial	Last name		11 Nonqualified plans	12a See instructions for box 12
11101 0	ERS		13 Statutory Retmnt. Third-party sick pay	12b 8
147 WEST BURLINGTO		F F 4 4 F	44	12c
SAINT PAUL	MN	55145	14 Other	l co
	•			12d 6 8
f Employee's address and ZIP code				
5 State Employer's state I.D. no. 16	State wages, tips, etc. 1	7 State income tax	18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name
AS 785413	27,000	2,000		

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 38

FORMS REQUIRED: FORM 1040, FORM 8833

INFORMATION RETURNS ATTACHED: W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST A RESARCH

DOB: 02-14-1970 DISABLED: NO

DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1038

OCCUPATION: INTERIOR DECORATOR PRESIDENTIAL ELECTION FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 146 KASHEN UNIVERSITY DR

SPRUCE PINE, NC 28777

FILING STATUS: SINGLE

LINE 6d: 1

FORM 8833:

ADDRESS IN COUNTRY OF RESIDENCE: POST 4b MEINERZHAGEN

58540 GERMANY

ADDRESS IN UNITED STATES:

146 KASHEN UNIVERSITY DR SPRUCE PINE, NC 28777

TAXPAYER IS DISCLOSING A TREATY-BASED RETURN POSITION: X

LINE 1a: GERMANY

LINE 1b: ARTICLE 20

LINE 2: IRC SECTION 1

LINE 3: NORTH CAROLINA UNIVERSITY

101 WILDCAT DR

SPRUCE PINE, NC 28777

LINE 5: THE TREATY ALLOWS RESIDENTS OF GERMANY TO EXEMPT TEACHING INCOME FROM US TAX FOR 2 YEARS. TAXPAYER WAS BROUGHT OVER TO HELP WITH CULTURAL INTERIOR DESIGN FOR A NEW BUILDING BUT ENDED UP TEACHING A GERMAN CULTURE AND RESEARCH CLASS FOR 22% OF THE TIME. THIS \$10,000 ATTRIBUTABLE TO TEACHING SHOULD BE EXEMPT UNDER THE TREATY.

Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 2004 Form 1040 IRS Use Only-Do not write or staple in this space. OMB. No. 1545-0074 2004, ending For the year Jan. 1-Dec. 31, 2004, or other tax year beginning Label Last name Your first name and initial Your social security number (See 400-00-1038 TEST A RESEARCH instructions В If a joint return, spouse's first name and initial Last name Spouse's social security number · on page 16.) Use the IRS label. Apt. no. Home address (number and street). If you have a P.O. box, see page 16. Important! Otherwise. E 146 KASHEN UNIVERSITY DR please print You must enter City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. or type. your SSN(s) above SPRUCE PINE Presidential Note. Checking "Yes" will not change your tax or reduce your refund. You **Spouse Election Campaign** Yes X No Yes Do you, or your spouse if filing a joint return, want \$3 to go to this fund? · · · · · ▶ (See page 16.) Head of household (with qualifying person). (See page 17.) If X Single the qualifying person is a child but not your dependent, enter Filing Married filing jointly (even if only one had income) 2 this child's name here. **Status** Married filing separately: Enter spouse's SSN above and full Check only Qualifying widow(er) with dependent child (see page 17) one box. 6 a X Yourself. If someone can claim you as a dependent, do not check box 6a · · · · · · · · on 6a and 6b Exemptions No. of children on 6c who: (4) Check if qualifying child for child tax credit (see pg 18) you due to divorce (3) Dependent's c Dependents: (2) Dependent's relationship to social security number (1) First name Last name you (see page 18) If more than four dependents, see Dependents on 6c not entered above page 18. d Total number of exemptions claimed lines above Wages, salaries, tips, etc. Attach Form(s) W-2 7 45,000 Income Taxable interest. Attach Schedule B if required 8a Attach Form(s) Tax-exempt interest. Do not include on line 8a · · · · · · · b W-2 here. Also 9a attach Forms Ordinary dividends. Attach Schedule B if required W-2G and Qualified dividends (see page 20) · · · · · · · · · · · · · · b 1099-R if tax 10 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) · · · · · was withheld. Alimony received 11 12 If you did not 12 Business income or (loss). Attach Schedule C or C-EZ · · · · · · get a W-2, Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ • • • • 13 13 see page 19. 14 14 Enclose, but do IRA distributions · · · · · 15a 15b b Taxable amount (see page 22) 15a not attach, any b Taxable amount (see page 22) 16b Pensions and annuities . . 16a payment. Also, Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E · · · 17 please use 17 Form 1040-V. 18 18 Farm income or (loss). Attach Schedule F 19 19 Unemployment compensation Social security benefits · · 20a b Taxable amount (see page 24) 20b 20a FORM 8833 (10,000)21 Other income. (10,000)22 22 Add the amounts in the far right column for lines 7 through 21. This is your total income • • • 35,000 Educator expenses (see page 26) 23 23 24 **Adjusted** Certain business expenses of reservists, performing artists, and 24 fee-basis government officials. Attach Form 2106 or 2106-EZ **Gross** IRA deduction (see page 26) 25 Income 25 26 26 Student loan interest deduction (see page 28) Tuition and fees deduction (see page 29) · · · · · 27 27 28 Health savings account deduction. Attach Form 8889 28 Moving expenses. Attach Form 3903 • • • • • • • 29 29 30 One-half of self-employment tax. Attach Schedule SE 30 31 Self-employed health insurance deduction (see page 30) · · 31 Self-employed SEP, SIMPLE, and qualified plans 32 32 Penalty on early withdrawal of savings 33 33 Alimony paid b Recipient's SSN▶ 34a

35

Subtract line 35 from line 22. This is your adjusted gross income

Form 1040 (2004	TES	ST A RESEARCH	400-00-1038 Page 2
	37	Amount from line 36 (adjusted gross income)	35,000
Tax and	38a	Check You were born before January 2, 1940, Blind Total boxes	
Credits		if: Spouse was born before January 2, 1940, ☐ Blind. Schecked ▶38a ☐	
Standard Deduction	_ b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here	
for	_39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) • •	39 4,850
People who	40	Subtract line 39 from line 37	40 30,150
checked any box on line	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	
38a or 38b or who can be		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · · · · · · ·	3,100
claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- • •	42 27,050 43 3.704
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43 3,704
All others:	44	Alternative minimum tax (see page 35). Attach Form 6251 - · · · · · · · · · · · · · · · · · ·	
Single or	45	Add lines 43 and 44	45 3,704
Married filing separately,	46	Foreign tax credit. Attach Form Fire II Togains	
\$4,850	47	Credit for child and dependent care expenses. Attach of the 244	
Married filing	48	Credit for the elderly or the disabled. Attach Schedule R · · · 48 Education credits. Attach Form 8863 · · · · · · · · · · · 49	
jointly or Qualifying	49	Retirement savings contributions credit. Attach Form 8880 50	
widow(er).	50	Child tax credit (see page 37)	
\$9,700	51 52	Adoption credit. Attach Form 8839 · · · · · · · 52	
Head of household,	52 53	Credits from: a Form 8396 b Form 8859 · · · · 53	
\$7,150	53 54	Other credits. Check applicable box(es): a Form 3800	
	J 4	b Form 8801 c Specify · · · · · 54	
	55	Add lines 46 through 54. These are your total credits	55
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56 3,704
	57	Self-employment tax. Attach Schedule SE	57
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59
	60	Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61
	62	Add lines 56 through 61. This is your total tax	62 3,704
Dovernanta	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 4,000	ė.
Payments	64	2004 estimated tax payments and amount applied from 2003 return • • • • 64	
If you have a gualifying	65a	Earned income credit (EIC) · · · · · · · · · · · · 65a	
child, attach	b	Nontaxable combat pay election • • ► 65b	
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54) • • • • 66	
	67	Additional child tax credit. Attach Form 8812 · · · · · · · 67	
	68	Amount paid with request for extension to file (see page 54) • • 68	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70 4,000
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid · · · · · ·	71 296
Direct deposit?	·72a	Amount of line 71 you want refunded to you Routing number X X X X X X X X X	72a 296
See page 54	▶ b	110 411 9 110 110 110 110 110 110 110 110 110	
and fill in 72b, 72c, and 72d.	▶ d		
	73	Amount of line 71 you want applied to your 2005 estimated tax → → ▼ 73 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74
Amount	74 75		
You Owe	75	Estimated tax penalty (ede page 44)	complete the following. X No
Third Party	-	Phone no	
Designee	Desig	nee's name Personal identi	fication •
Sign	Linder	r 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 p	reparer has any knowledge.
Here Joint return?	Your	signature Date Your occupation	Daytime phone number
See page 17.		INTERIOR DESIGNER	
Keep a copy for your records.	Spous	se's signature. If a joint return, both must sign. Date Spouse's occupation	
	Prepa	Date Check if	Preparer's SSN or PTIN
Paid .	signat	10.0	
Preparer's		s name (or EIN	
Use Only		if self-employed),	
	audre	ess, and ZIP code Phone	∍ no.

Form 1040 (2004)

a Control number		ОМЕ	3 No. 1545-000	Safe, accura FAST! Use	te, irs _{e-}	file a	Visit the IRS website at www.irs.gov.
b Employer identification number			7	Wages, tips, other con	npensation	2 Fede	eral income tax withheld
56-9876543				45	5,000		4,000
C Employer's name, address, and ZIP coo	le		[3	Social security wages		4 Soci	al security tax withheld
NORTH CAROLINA UN	IVERSITY			45	,000		2,790
				Medicare wages and t	ips	6 Medi	icare tax withheld
101 WILDCAT DR			_	45	,000		653
SPRUCE PINE	NC	28777	7	Social security tips		8 Alloc	cated tips
d Employee's social security number $400-00-1038$	··· ······		٤	Advance EIC payment	1	10 Depo	endent care benefits
e Employee's first name and initial	Last name		1	Nonqualified plans		12a See	instructions for box 12
TEST A RE 146 KASHEN UNIVER	SEARCH SITY DR				Third-party sick pay	12b & 8	
SPRUCE PINE	NC	28777	1	4 Other		12c co g	
						12d S 0	
f Employee's address and ZIP code							
	6 State wages, tips, etc.	17 State incor	ne tax 18	Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name
C 12345	45,000	2	,000				
1							

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2004

Department of the Treasury-Internal Revenue Service

Internal Revenue Service Attn: SE:W:CAS:SP:IEF:R

5000 Ellin Road Lanham, MD 20706

Official Business Penalty for Private Use, \$300