

This return is for calendar year ▶ **2004** , or fiscal year ended ▶

Please print or type	Your first name and initial CATHERINE M.	Last name WALSH	Your social security number [REDACTED]	
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
	Home address (no. and street) or P.O. box if mail is not delivered to your home [REDACTED]		Apt. no.	Phone number ([REDACTED])
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 3 of the instructions. [REDACTED]			

A If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change it in our records? ▶ Yes No

B Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.

On original return ▶ Single Married filing jointly Married filing separately Head of household Qualifying widow(er)
On this return ▶ Single Married filing jointly Married filing separately Head of household* Qualifying widow(er)
* If the qualifying person is a child but not your dependent, see page 3 of the instructions.

Use Part II on the back to explain any changes		A. Original amount or as previously adjusted (see page 3)	B. Net change—amount of increase or (decrease)—explain in Part II	C. Correct amount
Income and Deductions (see instructions)				
	1 Adjusted gross income (see page 3)	1 16,575	-16,575	0.00
	2 Itemized deductions or standard deduction (see page 4)	2 4,850	0	4,850.00
	3 Subtract line 2 from line 1	3 11,725	-11,725	0.00
	4 Exemptions. If changing, fill in Parts I and II on the back (see page 4)	4 3,100	0	3,100.00
	5 Taxable income. Subtract line 4 from line 3	5 8,625	-8,625	0.00
Tax Liability	6 Tax (see page 5). Method used in col. C.....	6 1,323	-1,323	0.00
	7 Credits (see page 5)	7 0	0	0.00
	8 Subtract line 7 from line 6. Enter the result but not less than zero	8 1,323	-1,323	0.00
	9 Other taxes (see page 5)	9 0	0	0.00
	10 Total tax. Add lines 8 and 9	10 1,323	-1,323	0.00
Payments	11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 5	11 1,455.35	1,076.94	2,532.29
	12 Estimated tax payments, including amount applied from prior year's return	12 0	0	0.00
	13 Earned income credit (EIC)	13 0	0	0.00
	14 Additional child tax credit from Form 8812	14 0	0	0.00
	15 Credits: Federal telephone excise tax or from Forms 2439, 4136, 8885, or 8801 (if refundable)	15 0	0	0.00
	16 Amount paid with request for extension of time to file (see page 5)			16 0.00
	17 Amount of tax paid with original return plus additional tax paid after it was filed			17 0.00
	18 Total payments. Add lines 11 through 17 in column C			18 2,532.29
Refund or Amount You Owe				
	19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS			19 -132.00
	20 Subtract line 19 from line 18 (see page 6)			20 2,400.29
	21 Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6			21 0.00
	22 If line 10, column C, is less than line 20, enter the difference			22 2,400.29
	23 Amount of line 22 you want refunded to you			23 2,400.29
	24 Amount of line 22 you want applied to your estimated tax 24			

Sign Here

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 2. Keep a copy for your records. ▶

Your signature: *Catherine M. Walsh* | Date: *7/3/08*

Spouse's signature. If a joint return, both must sign. _____ | Date: _____

Part I Exemptions. See Form 1040 or 1040A instructions.

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

A. Original number of exemptions reported or as previously adjusted

B. Net change

C. Correct number of exemptions

25	Yourself and spouse Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.	25																	
26	Your dependent children who lived with you	26																	
27	Your dependent children who did not live with you due to divorce or separation	27																	
28	Other dependents	28																	
29	Total number of exemptions. Add lines 25 through 28	29																	
30	Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here.	30																	
	<table border="1"> <thead> <tr> <th>Tax year</th> <th>Exemption amount</th> <th>But see the instructions for line 4 on page 4 if the amount on line 1 is over:</th> </tr> </thead> <tbody> <tr> <td>2007</td> <td>\$3,400</td> <td>\$117,300</td> </tr> <tr> <td>2008</td> <td>3,300</td> <td>112,875</td> </tr> <tr> <td>2005</td> <td>3,200</td> <td>109,475</td> </tr> <tr> <td>2004</td> <td>3,100</td> <td>107,025</td> </tr> </tbody> </table>	Tax year	Exemption amount	But see the instructions for line 4 on page 4 if the amount on line 1 is over:	2007	\$3,400	\$117,300	2008	3,300	112,875	2005	3,200	109,475	2004	3,100	107,025	30		
Tax year	Exemption amount	But see the instructions for line 4 on page 4 if the amount on line 1 is over:																	
2007	\$3,400	\$117,300																	
2008	3,300	112,875																	
2005	3,200	109,475																	
2004	3,100	107,025																	
31	If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2006 (see instructions for line 4). Otherwise enter -0-	31																	
32	Add lines 30 and 31. Enter the result here and on line 4	32																	

33 Dependents (children and other) not claimed on original (or adjusted) return:				No. of children on 33 who:
(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 6)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

lived with you
 did not live with you due to divorce or separation (see page 6)
 Dependents on 33 not entered above

Part II Explanation of Changes

Enter the line number from the front of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here

For lines 1, 3, 5, 6, 8, 10 and 11 made from corrections reported on Form 4852 and my corrected 1099-Misc.

Please be advised that I have received no "income" or "wages" within the meaning of the relevant law or as defined in the IRS Code,

either directly or indirectly, for work performed for any government agency, federal, state or local, nor in any way connected with performance of such work, whether directly or indirectly, contracting or sub-contracting.

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here
 If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

1 Type or print your first name and middle initial. **Last name** **2** Social security number (SSN)
CATHERINE M. WALSH

3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2004, I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code **6** Employer's or payer's identification number (if known)

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	_____ -0-	g State income tax withheld	_____
b Social security wages	_____ -0-	(Name of state)	_____
c Medicare wages and tips	_____ -0-	h Local income tax withheld	_____
d Advance EIC payment	_____	(Name of locality)	_____
e Social security tips	_____	i Social security tax withheld	_____ 872.82
f Federal income tax withheld	_____ 1,455.35	j Medicare tax withheld	_____ 204.12

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	_____	f Federal income tax withheld	_____
b Taxable amount	_____	g State income tax withheld	_____
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	_____
d Total distribution	<input type="checkbox"/>	i Employee contributions	_____
e Capital gain (included in 8b)	_____	j Distribution codes	_____

9 How did you determine the amounts on lines 7 and 8 above?

W-2 Attached

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None

Sign Here

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ▶ Catherine M. Walsh

Date ▶ 7/3/08