

**Label**  
(See instructions on page 16.)

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

**Presidential Election Campaign**  
(See page 16.)

For the year Jan. 1–Dec. 31, 2004, or other tax year beginning \_\_\_\_\_, 2004, ending \_\_\_\_\_, 2004

OMB No. 1545-0074

Your first name and initial: Peter E. Last name: Hendrickson Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address (number and street, if you have a P.O. box, see page 16): \_\_\_\_\_ Apt. no.: \_\_\_\_\_

**Important!**  
You must enter your SSN(s) above.

**Filing Status**

Check only one box.

- Note.** Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?  Yes  No  Yes  No
- 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. Dorren M. Hendrickson  
 4  Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.  Qualifying widow(er) with dependent child (see page 17)

**Exemptions**

If more than four dependents, see page 18.

6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse

**Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed: 1

Boxes checked on 6a and 6b: 1  
 No. of children on 6c who:  
 • lived with you: \_\_\_\_\_  
 • did not live with you due to divorce or separation (see page 18): \_\_\_\_\_  
 Dependents on 6c not entered above: \_\_\_\_\_  
 Add numbers on lines above: 1

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	<u>-0-</u>
8a	Taxable interest. Attach Schedule B if required	8a	<u>63 41</u>
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 20)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 22)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 22)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
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. List type and amount (see page 24)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	<u>63 41</u>

**Adjusted Gross Income**

23	Educator expenses (see page 26)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
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 8889	28	
29	Moving expenses. Attach Form 3903	29	
30	One-half of self-employment tax. Attach Schedule SE	30	
31	Self-employed health insurance deduction (see page 30)	31	
32	Self-employed SEP, SIMPLE, and qualified plans	32	
33	Penalty on early withdrawal of savings	33	
34a	Alimony paid b Recipient's SSN	34a	
35	Add lines 23 through 34a	35	<u>-0-</u>
36	Subtract line 35 from line 22. This is your adjusted gross income	36	<u>63 41</u>

**Tax and Credits**

**Standard Deduction for—**

- People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.
- All others:
  - Single or Married filing separately, \$4,850
  - Married filing jointly or Qualifying widow(er), \$9,700
  - Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	63	41
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked ▶ 38a			
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	4850	00
40	Subtract line 39 from line 37	40	4786	59
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	3100	00
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	-0-	-
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	-0-	-
44	Alternative minimum tax (see page 35). Attach Form 6251	44		
45	Add lines 43 and 44	45	-0-	-
46	Foreign tax credit. Attach Form 1118 if required	46		
47	Credit for child and dependent care expenses. Attach Form 2441	47		
48	Credit for the elderly or the disabled. Attach Schedule R	48		
49	Education credits. Attach Form 8863	49		
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit (see page 37)	51		
52	Adoption credit. Attach Form 8839	52		
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53		
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54		
55	Add lines 46 through 54. These are your total credits	55	-0-	-
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	-0-	-

**Other Taxes**

57	Self-employment tax. Attach Schedule SE	57	-0-	-
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	-0-	-
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	-0-	-
60	Advance earned income credit payments from Form(s) W-2	60	-0-	-
61	Household employment taxes. Attach Schedule H	61	-0-	-
62	Add lines 56 through 61. This is your total tax	62	-0-	-

**Payments**

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	10,484	47
64	2004 estimated tax payments and amount applied from 2003 return	64	-0-	-
65a	Earned income credit (EIC)	65a	-0-	-
65b	Nontaxable combat pay election ▶ 65b			
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	-0-	-
67	Additional child tax credit. Attach Form 8812	67	-0-	-
68	Amount paid with request for extension to file (see page 54)	68	-0-	-
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	-0-	-
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	10,484	47

**Refund**

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	10,484	47
72a	Amount of line 71 you want refunded to you	72a	10,484	47
72b	Routing number			
72c	Account number			
72d	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
73	Amount of line 71 you want applied to your 2005 estimated tax	73		

**Amount You Owe**

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74		
75	Estimated tax penalty (see page 55)	75		

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 56)?  Yes. Complete the following.  No

Designee's name ▶ \_\_\_\_\_ Phone no. ▶ ( ) \_\_\_\_\_ Personal identification number (PIN) ▶ \_\_\_\_\_

**Sign Here**

Under 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 preparer has any knowledge.

Your signature ll Date 3/3/05 Your occupation American Daytime phone number ( ) \_\_\_\_\_

Department of the Treasury - Internal Revenue Service  
**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.**

OMB No.  
1545-0458

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

1. Name (First, middle, last) **Peter E. Hendrickson** 2. Social security number (SSN) [REDACTED]

3. Address [REDACTED]

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRA's, Insurance Contracts, etc., from my employer or payer named below. I hereby notify the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2004 (year)

5. Employer's or payer's name, address and ZIP code [REDACTED] 6. Employer's or payer's identification number (if known) [REDACTED]

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for taxes, insurance, etc.)	-0-	f. Federal income tax withheld	\$5708.51
b. Social security wages	-0-	g. State tax withheld (Name or state)	Michigan \$1973.81
c. Medicare wages	-0-	h. Local tax withheld (Name of locality)	-0-
d. Advance EIC payments	-0-	i. Social security tax withheld	\$3870.79
e. Social security tips	-0-	j. Medicare tax withheld	\$905.17

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	-0-	4. Federal Income Tax Withheld	-0-
2a. Taxable Amount	-0-	5. State Income Tax Withheld	-0-
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	-0-
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	-0-
3. Capital Gains (included in 2a)	-0-	8. Enter Distribution Code	-

8. How did you determine the amounts in item 7 above?  
Company provided records and the statutory language behind IRC sections 3401, 3121, and others.

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts. Request, but the company refuses to issue forms correctly listing payments of "wages as defined in 3401(a) and 3121(a) for fear of IRS retaliation. The amounts listed as withheld on the W-2 if submitted are correct, however.

**Importance Notice:** If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.

**Paperwork Reduction Act Notice:**  
We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paper Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

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.

10. Your signature [REDACTED] 11. Date (mmdd/yyyy) **02/22/05**