

## Label

(See instructions on page 15.)

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

Presidential Election Campaign (See page 15.)

LABEL HERE

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning _____, 2004, ending _____, 20__		OMB No. 1545-0074
Your first name and initial <b>Steven</b>	Last name _____	Your social security number ____-____-____
If a joint return, spouse's first name and initial _____	Last name _____	Spouse's social security number ____-____-____
Home address (number and street). If you have a P.O. box, see page 16. _____ Apt. no. _____		<b>▲ Important! ▲</b> You must enter your SSN(s) above.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. _____		

## 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. ☐ \_\_\_\_\_
- 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. ☐ \_\_\_\_\_
- 5 ☐ 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
- | (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
- Boxes checked on 6a and 6b:   
No. of children on 6c who:  
• lived with you   
• did not live with you due to divorce or separation (see page 16)   
Dependents on 6c not entered above   
Add numbers on lines above

## 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   | <input type="text" value="0"/> |
| 8a  | Taxable interest. Attach Schedule B if required   | 8a  | <input type="text" value="0"/> |
| b   | Tax-exempt interest. Do not include on line 8a  | 8b  | <input type="text" value="0"/> |
| 9a  | Ordinary dividends. Attach Schedule B if required   | 9a  | <input type="text" value="0"/> |
| b   | Qualified dividends (see page 20)   | 9b  | <input type="text" value="0"/> |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes (see page 20)                          | 10  | <input type="text" value="0"/> |
| 11  | Alimony received  | 11  | <input type="text" value="0"/> |
| 12  | Business income or (loss). Attach Schedule C or C-EZ  | 12  | <input type="text" value="0"/> |
| 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13  | <input type="text" value="0"/> |
| 14  | Other gains or (losses). Attach Form 4797   | 14  | <input type="text" value="0"/> |
| 15a | IRA distributions   | 15a | <input type="text" value="0"/> |
| b   | Taxable amount (see page 22)  | 15b | <input type="text" value="0"/> |
| 16a | Pensions and annuities  | 16a | <input type="text" value="0"/> |
| b   | Taxable amount (see page 22)  | 16b | <input type="text" value="0"/> |
| 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                 | 17  | <input type="text" value="0"/> |
| 18  | Form income or (loss). Attach Schedule F  | 18  | <input type="text" value="0"/> |
| 19  | Unemployment compensation   | 19  | <input type="text" value="0"/> |
| 20a | Social security benefits  | 20a | <input type="text" value="0"/> |
| b   | Taxable amount (see page 24)  | 20b | <input type="text" value="0"/> |
| 21  | Other income. List type and amount (see page 24)  | 21  | <input type="text" value="0"/> |
| 22  | Add the amounts in the far right column for lines 7 through 21. This is your total income                   | 22  | <input type="text" value="0"/> |

## Adjusted Gross Income

- |     |  |     |                                |
|-----|--|-----|--------------------------------|
| 23  | Educator expenses (see page 26)  | 23  | <input type="text" value="0"/> |
| 24  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24  | <input type="text" value="0"/> |
| 25  | IRA deduction (see page 26)  | 25  | <input type="text" value="0"/> |
| 26  | Student loan interest deduction (see page 28)  | 26  | <input type="text" value="0"/> |
| 27  | Tuition and fees deduction (see page 29)   | 27  | <input type="text" value="0"/> |
| 28  | Health savings account deduction. Attach Form 8899   | 28  | <input type="text" value="0"/> |
| 29  | Moving expenses. Attach Form 3903  | 29  | <input type="text" value="0"/> |
| 30  | One-half of self-employment tax. Attach Schedule SE  | 30  | <input type="text" value="0"/> |
| 31  | Self-employed health insurance deduction (see page 30)   | 31  | <input type="text" value="0"/> |
| 32  | Self-employed SEP, SIMPLE, and qualified plans   | 32  | <input type="text" value="0"/> |
| 33  | Penalty on early withdrawal of savings   | 33  | <input type="text" value="0"/> |
| 34a | Alimony paid b Recipient's SSN <input type="text" value="0"/>  | 34a | <input type="text" value="0"/> |
| 35  | Add lines 23 through 34a   | 35  | <input type="text" value="0"/> |
| 36  | Subtract line 35 from line 22. This is your adjusted gross income  | 36  | <input type="text" value="0"/> |

## 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, \$4,650

Married filing jointly or Qualifying widow(er), \$6,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37		
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 <input type="checkbox"/> 38a			
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <input type="checkbox"/> 38b			
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	\$4,650	00
40	Subtract line 39 from line 37	40		
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	\$3,100	00
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42		
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	43		
44	Alternative minimum tax (see page 35). Attach Form 6251	44		
45	Add lines 43 and 44	45		
46	Foreign tax credit. Attach Form 1116 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 9800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> 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		
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		
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		
63	Federal income tax withheld from Forms W-2 and 1099	63	\$5,714	43
64	2004 estimated tax payments and amount applied from 2003 return	64		
65a	Earned income credit (EIC)	65a		
b	Nontaxable combat pay election <input type="checkbox"/> 65b	65b		
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	\$3,226	57
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 <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8865	69		
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	\$9,940	99
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	\$9,940	99
72a	Amount of line 71 you want refunded to you	72a	\$9,940	99
b	Routing number			
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number			
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		
75	Estimated tax penalty (see page 55)	75		

## Payments

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 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  Date  Your occupation  Daytime phone number

Spouse's signature, if a joint return, both must sign.  Date  Spouse's occupation

## Paid Preparer's Use Only

Preparer's signature  Date  Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code  EIN  Phone no.

Form **4852**  
(Revised Oct. 1998)

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

OMB No.  
1545-0458

1. Name (First, middle, last)  
Steven

2. Social security number (SSN)

3. Address

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 have notified 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

6. Employer's or payer's identification number (if known)

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	\$6,714.42
b. Social security wages	-0-	g. State tax withheld (Name or state)	\$1,205.34 IL
c. Medicare wages	-0-	h. Local tax withheld (Name of locality)	-0-
d. Advance EIC payments	-0-	i. Social security tax withheld	\$2,615.00
e. Social security tips	-0-	j. Medicare tax withheld	\$611.57

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.

None

**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

11. Date (mmddyyyy)

09272005



**2004 Tax Return Form 1040 as of November 21, 2005**

<b>Line Item On Your Return</b>	<b>Your Figures</b>	<b>IRS Figures</b>
Adjusted Gross Income	\$ .00	\$ .00
Taxable Income	\$ .00	\$ .00
Total Tax	\$ .00	\$ .00
Total Payments		\$6,714.42
Amount of Overpayment		\$6,714.42
Less: Penalties (computed below, if applicable)		\$ .00
Less: Interest computed through November 21, 2005 (computed below)		\$ .00
Less: Amount applied to next year's estimated tax		\$ .00
Total Amount of Refund Per This Notice (Interest added, if any)		\$6,714.42

**Other Information**

- Check your return. The error correction(s) may also have caused changes to other areas of your return.
- **Estimated Tax Filers Note:** If you pay estimated taxes, check your computation of estimated tax to see if you should adjust your estimated tax payments.

For tax forms, instructions and information visit **[www.irs.gov](http://www.irs.gov)**. (Access to this site will not provide you with any taxpayer account information.)