

For the year Jan. 1-Dec. 31, 1999, or other tax year beginning 1999, ending OMB No. 1545-0074

**Label**  
(See instructions on page 18.)  
Use the IRS label.  
Otherwise, please print or type.  
**Presidential Election Campaign**  
(See page 18.)

**Label HERE**

Your first name and initial: **B** Last name: **A** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: Last name: [REDACTED]

Home address (number and street, if you have a P.O. box, see page 18): Apt. no.: [REDACTED]

City, state, and ZIP code (see page 18): [REDACTED]

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

Yes	No	Notes. Checking "Yes" will not change your tax or reduce your refund.
	<input checked="" type="checkbox"/>	

Do you want \$3 to go to this fund? . . . . .  
If a joint return, does your spouse want \$3 to go to this fund? . . . . .

**Filing Status**  
Check only one box.

1  Single  
2  Married filing joint return (even if only one had income)  
3  Married filing separate return. Enter spouse's social security no. above and full name here. [REDACTED]  
4  Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
5  Qualifying widow(er) with dependent child (year spouse died ▶ 19 ). (See page 18.)

**Exemptions**

6a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. . . . . No. of boxes checked on 6a and 6b: **1**

b  Spouse . . . . . No. of your children on 6c who:

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> Qualifying child for child tax credit (see page 19)
				<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 18)

Dependents on 6c not entered above: \_\_\_\_\_

Add numbers entered on lines above ▶ **1**

d Total number of exemptions claimed . . . . .

**Income**  
Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	<b>0</b>	<b>00</b>
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	<b>151</b>	<b>00</b>
b	Tax-exempt interest. DO NOT include on line 8a . . . . .	8b		
9	Ordinary dividends. Attach Schedule B if required . . . . .	9	<b>715</b>	<b>00</b>
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 21) . . . . .	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	<b>519</b>	<b>00</b>
14	Other gains or (losses). Attach Form 4797 . . . . .	14		
15a	Total IRA distributions . . . . . 15a	b		
15b	Taxable amount (see page 22)	15b		
16a	Total pensions and annuities . . . . . 16a	b		
16b	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		
20b	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	<b>1385</b>	<b>00</b>

**Adjusted Gross Income**

23	IRA deduction (see page 26) . . . . .	23		
24	Student loan interest deduction (see page 26) . . . . .	24		
25	Medical savings account deduction. Attach Form 8853 . . . . .	25		
26	Moving expenses. Attach Form 3903 . . . . .	26		
27	One-half of self-employment tax. Attach Schedule SE . . . . .	27		
28	Self-employed health insurance deduction (see page 26) . . . . .	28		
29	Keogh and self-employed SEP and SIMPLE plans . . . . .	29		
30	Penalty on early withdrawal of savings . . . . .	30		
31a	Alimony paid b Recipient's SSN ▶ . . . . .	31a		
32	Add lines 23 through 31a . . . . .	32		
33	Subtract line 32 from line 22. This is your adjusted gross income ▶	33	<b>1385</b>	<b>00</b>

Tax and Credits

Standard Deduction for Most People  
Single: \$4,300  
Head of household: \$6,350  
Married filing jointly or Qualifying widow(er): \$7,200  
Married filing separately: \$3,600

34 Amount from line 33 (adjusted gross income) . . . . . 34

35a Check if:  You were 65 or older,  Blind;  Spouse was 65 or older,  Blind.  
Add the number of boxes checked above and enter the total here . . . . . ▶ 35a

b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here . . . . . ▶ 35b

36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent . . . . . 36

37 Subtract line 36 from line 34 . . . . . 37

38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter . . . . . 38

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- . . . . . 39

40 Tax (see page 31). Check if any tax is from a  Form(s) 8814 b  Form 4972 . . . ▶ 40

41 Credit for child and dependent care expenses. Attach Form 2441 . . . . . 41

42 Credit for the elderly or the disabled. Attach Schedule R . . . . . 42

43 Child tax credit (see page 33) . . . . . 43

44 Education credits. Attach Form 8863 . . . . . 44

45 Adoption credit. Attach Form 8839 . . . . . 45

46 Foreign tax credit. Attach Form 1116 if required . . . . . 46

47 Other. Check if from a  Form 3800 b  Form 8398  
c  Form 8801 d  Form (specify) . . . . . 47

48 Add lines 41 through 47. These are your total credits . . . . . 48

49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- . . . . . ▶ 49

1385 00

36 3600  
(2215)

37

38 2750

39 0 00

40 0 00

48

49 0 00

Other Taxes

50 Self-employment tax. Attach Schedule SE . . . . . 50

51 Alternative minimum tax. Attach Form 6251 . . . . . 51

52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . . . . 52

53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required . . . . . 53

54 Advance earned income credit payments from Form(s) W-2 . . . . . 54

55 Household employment taxes. Attach Schedule H . . . . . 55

56 Add lines 49 through 55. This is your total tax . . . . . ▶ 56

Payments

57 Federal income tax withheld from Forms W-2 and 1099 . . . . . 57

58 1999 estimated tax payments and amount applied from 1998 return . . . . . 58

59a Earned income credit. Attach Sch. EIC if you have a qualifying child . . . . . 59a

b Nontaxable earned income: amount . . . ▶  and type ▶ . . . . . 59a

60 Additional child tax credit. Attach Form 8812 . . . . . 60

61 Amount paid with request for extension to file (see page 48) . . . . . 61

62 Excess social security and RRTA tax withheld (see page 48) . . . . . 62

63 Other payments. Check if from a  Form 2439 b  Form 4136 . . . . . 63

64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments . . . . . ▶ 64

8558

148,916

Refund

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID . . . . . 65

66a Amount of line 65 you want REFUNDED TO YOU. . . . . ▶ 66a

▶ b Routing number  ▶ c Type:  Checking  Savings

▶ d Account number

67 Amount of line 65 you want APPLIED TO YOUR 2000 ESTIMATED TAX ▶ 67

177,474

177,474

177,474

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49 . . . . . ▶ 68

69 Estimated tax penalty. Also include on line 68 . . . . . 69

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.

Yo  Date 5/12/05 Your occupation American Citizen Daytime telephone number (optional)

**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)

B A

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 1999 (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-

b. Social security wages -0-

c. Medicare wages -0-

d. Advance EIC payments -0-

e. Social security tips -0-

f. Federal income tax withheld \_\_\_\_\_

g. State tax withheld (Name or state) \_\_\_\_\_

h. Local tax withheld (Name of locality) \_\_\_\_\_

i. Social security tax withheld \$4501

j. Medicare tax withheld \$4057

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

1. Gross Distribution -0-

2a. Taxable Amount -0-

2b. Taxable Amount not determined

Total Distribution

3. Capital Gains (included in 2a) -0-

4. Federal Income Tax Withheld -0-

5. State Income Tax Withheld -0-

6. Employee Contribution -0-

7. Net Unrealized Appreciation -0-

8. Enter Distribution Code -

8. How did you determine the amounts in item 7 above?

company provided records and statutory language behind IRC sections 3401 and 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 company refuses to issue forms correctly listing of 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 it submitted are correct however.

**Proceeds From  
Broker and  
Barter Exchange  
Transactions**

PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED]		1a Date of sale 01-12-1999	OMB No. 1545-0715 <b>1999</b> Form <b>1099-B</b>	
		1b CUSIP No. [REDACTED]		
		2 Stocks, bonds, etc. \$ 0.00	Reported to IRS	<input type="checkbox"/> Gross proceeds <input type="checkbox"/> Gross proceeds less commissions and option premiums
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	3 Bartering \$	4 Federal income tax withheld \$	<b>Copy A For Internal Revenue Service Center</b>
RECIPIENT'S name B [REDACTED] A [REDACTED]		5 Description [REDACTED] <b>Regulated Futures Contracts</b>		
Street address (including apt. no.) [REDACTED]		6 Profit or (loss) realized in 1999 \$	7 Unrealized profit or (loss) on open contracts—12/31/98 \$	
City, state, and ZIP code [REDACTED]		8 Unrealized profit or (loss) on open contracts—12/31/99 \$	9 Aggregate profit or (loss) \$	
Account number (optional) [REDACTED]	2nd TIN No. <input type="checkbox"/>			

Form **1099-B** **SUBSTITUTE**

This corrected form 1099-B is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment to the party identified as the "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business." Under penalty of perjury, I declare that [REDACTED] and to the best of my knowledge and belief, it is true, correct and complete.

Date: 5/12/05

PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED]		1a Date of sale 01-12-1999	OMB No. 1545-0715 <b>1999</b> Form 1099-B		Proceeds From Broker and Barter Exchange Transactions
		1b CUSIP No. N/A			
		2 Stocks, bonds, etc. \$ 0.00	Reported to IRS } <input type="checkbox"/> Gross proceeds <input type="checkbox"/> Gross proceeds less commissions and option premiums		
PAYER'S Federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	3 Bartering \$	4 Federal income tax withheld \$		Copy A For Internal Revenue Service Center
RECIPIENT'S name E [REDACTED]		5 Description [REDACTED]			
Street address (including apt. no.) [REDACTED]		Regulated Futures Contracts			
City, state, and ZIP code [REDACTED]		6 Profit or (loss) realized in 1999 \$ 0.00	7 Unrealized profit or (loss) on open contracts—12/31/98 \$		
Account number (optional) [REDACTED]	2nd TIN Not <input type="checkbox"/>	8 Unrealized profit or (loss) on open contracts—12/31/99 \$	9 Aggregate profit or (loss) \$ 0.00		

## Form 1099-B SUBSTITUTE

This corrected form 1099-B is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment to the party identified as the "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business." Under penalty 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.

Date: 5/12/05