

Tax and Credits

Standard Deduction for

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 30.

• All others:
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widower, \$10,000

Head of household, \$7,300

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39a
39b
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3000 00
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Other Taxes

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71

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Payments

If you have a qualifying child, attach Schedule EIC.

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99
100

1,057 00
—
1,139 00

2196 00
2196 00
2196 00

Refund

Direct deposit? See page 58 and fill in 73b, 73c, and 73d.

72
73a
73b
73c
73d
74

Amount You Owe

75
76

Third Party Designee

89
90
91
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99
100

Sign Here

Joint return? See page 17. Keep a copy

Your signature: [Redacted] Date: 9/25/06 Your occupation: writer Daytime phone number: [Redacted]

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. 1545-0074

1 Type or print your first name and middle initial. **Bernadette M** Last name **Burcher** 2 Social security number (SSN) **[REDACTED]**

3 Address **[REDACTED] St Louis MO 63110**

4 Enter year in space provided and check one box. For the tax year ending December 31, **2006**, 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 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 **St Louis Community College** 6 Employer's or payer's identification number (if known) **43-0796590**
300 S. Broadway St Louis MO 63102-0000

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

a Wages, tips, and other compensation	g State income tax withheld	
b Social security wages	(Name of state)	
c Medicare wages and tips	h Local income tax withheld	
d Advance EIC payment	(Name of locality)	
e Social security tips	i Social security tax withheld	1139.00
f Federal income tax withheld	j Medicare tax withheld	266.00

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

1 Gross distribution	4 Federal income tax withheld	
2a Taxable amount	5 State income tax withheld	
2b Taxable amount not determined <input type="checkbox"/>	6 Local income tax withheld	
Total distribution <input type="checkbox"/>	7 Employee contributions	
3 Capital gain (included in 2a)	8 Distribution codes	

8 How did you determine the amounts in lines 7(A) and 7(B) above?
 Company provided records. Statutory language behind IRC Section 3401 and 3121 and others.

9 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
 Company refuses to issue forms correctly listing payments as not being connected with the performance of the functions of a public office or otherwise constituted gains, profit or income within the meaning of relevant law for fear of IRS 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.

of IRS 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.

Sign Here Signature ▶ **[REDACTED]** Date ▶ **9/25/06**

7979

 VOID CORRECTED

Proceeds From
Broker and
Barter Exchange
Transactions

PAYER'S name, street address, city, state, ZIP code, and telephone no. Compostshare Trust Company 2 North LaSalle St Chicago, IL 60602-0000		1a Date of sale or exchange 9-27-05	OMB No. 1545-0715 2005 Form 1099-B
PAYER'S Federal identification number		1b CUSIP no. 71902E109	2 Stock, bonds, etc. \$ 0
3 Bartering	4 Federal income tax withheld	Reported to IRS <input type="checkbox"/> Gross proceeds <input type="checkbox"/> Gross proceeds less commissions and other payments	
RECIPIENT'S identification number 84-0802197	5 No. of shares exchanged 0	6 Classes of stock exchanged 0	7 Description Plomin Company
RECIPIENT'S name Bernadette Buscher	8 Profit or (loss) realized in 2005 \$ 0	9 Unrealized profit or (loss) on open contracts—12/31/2004 \$ 0	10 Unrealized profit or (loss) on open contracts—12/31/2005 \$ 0
Street address (including apt. no.) [REDACTED]	11 Aggregate profit or (loss) \$ 0	12 Check the box if recipient cannot take a loss on their tax return based on the amount in box 2 <input type="checkbox"/>	
City, state, and ZIP code St Louis MO 63110	CORPORATION'S name, street address, city, state, and ZIP code		
Account number (see instructions) PNX-GOL C0002266224A	2nd TIN not <input type="checkbox"/>		

Copy A
For
Internal Revenue
Service Center

File with Form 1099.

For Privacy Act
and Paperwork
Reduction Act
Notice, see the
2005 General
Instructions for
Forms 1099, 1098,
5498, and W-2G.

Form 1099-B

Cat. No. 14411V

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page

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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 above as the "Recipient" made in connection with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of relevant law. 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.

[REDACTED]

9-25-06

Bernadette M. Buscher