

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

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 2004, ending 20

Your first name and initial: **Robert B** Last name: **Bursher**

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.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
St Louis MO 63110

Your social security number: **[REDACTED]**

Spouse's social security number: **[REDACTED]**

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

Presidential Election Campaign
(See page 18.)

Name: Checking "Yes" will not change your tax or reduce your refund.
Do you or your spouse if filing a joint return, wish \$3 to go to this fund? Yes No

You Spouse
 Yes No Yes No

Filing Status
Check only one box.

1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately (Each spouse's SSN above and his/her name)
4 Head of household (with qualifying person. See page 17) (The qualifying person is a child, but not your dependent, first filial child's name here)
5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

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

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's residence in U.S. | (4) Is dependent under 18 or 24 (see page 17) |
|----------------|-----------|--|-----------------------------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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 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.

| | | | |
|-----|---|-----|--------------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | |
| 8a | Taxable interest. Attach schedule B if required | 8a | 29.00 |
| 8b | Tax-exempt interest. Do not include on the 8a | 8b | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | B |
| 9b | Qualified dividends (see page 20) | 9b | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see page 20) | 10 | B |
| 11 | Alimony received | 11 | B |
| 12 | Business income or loss. Attach Schedule C or C-EZ | 12 | B |
| 13 | Capital gain or loss. Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | B |
| 14 | Other gains or losses. Attach Form 4797 | 14 | B |
| 15a | IRA distributions | 15a | B |
| 15b | Taxable amount (see page 22) | 15b | B |
| 16a | Pensions and annuities | 16a | B |
| 16b | Taxable amount (see page 22) | 16b | B |
| 17 | Formal real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | B |
| 18 | Farm income or loss. Attach Schedule F | 18 | B |
| 19 | Unemployment compensation | 19 | B |
| 20a | Social security benefits | 20a | B |
| 20b | Taxable amount (see page 24) | 20b | B |
| 21 | Other income. List type and amount (see page 24) | 21 | B |
| 22 | Add the amounts on the far right column for lines 7 through 21. This is your total income | 22 | 29.00 |

Adjusted Gross Income

| | | | |
|-----|--|-----|----------------|
| 23 | Educator expenses (see page 26) | 23 | 1 |
| 24 | Charitable contributions of inventory, peo, collectibles, and real-estate-gains-related items. Attach Form 2106 or 2106-EZ | 24 | 1100.00 |
| 25 | IRA deduction (see page 25) | 25 | B |
| 26 | Student loan interest deduction (see page 26) | 26 | B |
| 27 | Tuition and fees deduction (see page 26) | 27 | B |
| 28 | Health savings account deduction. Attach Form 8889 | 28 | B |
| 29 | Moving expenses. Attach Form 3903 | 29 | B |
| 30 | One-half of self-employment tax. Attach Schedule SE | 30 | B |
| 31 | Self-employed health insurance deduction (see page 30) | 31 | B |
| 32 | Self-employed SEP, SIMPLE, and qualified plans | 32 | B |
| 33 | Penny on early withdrawal of savings | 33 | B |
| 34a | Amby. add. b Recipient's SSN | 34a | 1100.00 |
| 35 | Add lines 23 through 34a | 35 | B |
| 36 | Subtract line 35 from line 22. This is your adjusted gross income | 36 | 29.00 |

Add numbers on lines above: **1**

Add numbers on lines above: **1**

| | | | | |
|---|-----|--|----|-----------|
| Tax and Credits | 37 | Amount from line 26 adjusted gross income | 37 | 29,050 |
| | 38a | Check <input type="checkbox"/> You were born before January 2, 1940 <input type="checkbox"/> Blind Total taxes | | |
| | b | or <input type="checkbox"/> Spouse was born before January 2, 1940 <input type="checkbox"/> Blind checked <input type="checkbox"/> See | | |
| | 39 | Amount for amounts on a separate return or you also filed a separate return. See page 31 and attach Form 939. | | |
| Charitable Contribution Deduction | 40 | Itemized deductions from Schedule A for your charitable deduction (see instructions) | 40 | 4,850.00 |
| | 41 | See 39 from line 37 | 41 | 4,821.00 |
| People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. | 42 | If line 37 is \$107,025 or less, multiply 50,185 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see instructions on page 38. | 42 | 3,100.00 |
| | 43 | Visible income. Subtract line 41 from line 42. | 43 | 17,821.00 |
| All others: | 44 | Tax (see page 32). Check Form 941 from a <input type="checkbox"/> Federal 941 b <input type="checkbox"/> Form 942 | 44 | 0 |
| | 45 | Alternative minimum tax (see page 33). Attach Form 6251 | 45 | 0 |
| Single or Married filing separately, \$4,950 | 46 | Add lines 43 and 44. | 46 | 0 |
| Married filing jointly or Qualifying widow(er), \$9,700 | 47 | Foreign tax credit. Attach Form 788 if required. | 47 | 0 |
| Head of household, \$7,150 | 48 | Credit for child and dependent care expenses. Attach Form 2441. | 48 | 0 |
| | 49 | Credit for the elderly or the disabled. Attach Schedule B. | 49 | 0 |
| | 50 | Educator credit. Attach Form 5683. | 50 | 0 |
| | 51 | Retirement savings contributions credit. Attach Form 8880. | 51 | 0 |
| | 52 | Child tax credit (see page 37). | 52 | 0 |
| | 53 | Adoption credit. Attach Form 8839. | 53 | 0 |
| | 54 | Other credits. Check appropriate boxes: a <input type="checkbox"/> Form 8836 b <input type="checkbox"/> Form 8837 c <input type="checkbox"/> Form 8838 d <input type="checkbox"/> Form 8839 e <input type="checkbox"/> Form 8840 f <input type="checkbox"/> Form 8841 g <input type="checkbox"/> Form 8842 h <input type="checkbox"/> Form 8843 i <input type="checkbox"/> Form 8844 j <input type="checkbox"/> Form 8845 k <input type="checkbox"/> Form 8846 l <input type="checkbox"/> Form 8847 m <input type="checkbox"/> Form 8848 n <input type="checkbox"/> Form 8849 o <input type="checkbox"/> Form 8850 p <input type="checkbox"/> Form 8851 q <input type="checkbox"/> Form 8852 r <input type="checkbox"/> Form 8853 s <input type="checkbox"/> Form 8854 t <input type="checkbox"/> Form 8855 u <input type="checkbox"/> Form 8856 v <input type="checkbox"/> Form 8857 w <input type="checkbox"/> Form 8858 x <input type="checkbox"/> Form 8859 y <input type="checkbox"/> Form 8860 z <input type="checkbox"/> Form 8861 aa <input type="checkbox"/> Form 8862 ab <input type="checkbox"/> Form 8863 ac <input type="checkbox"/> Form 8864 ad <input type="checkbox"/> Form 8865 ae <input type="checkbox"/> Form 8866 af <input type="checkbox"/> Form 8867 ag <input type="checkbox"/> Form 8868 ah <input type="checkbox"/> Form 8869 ai <input type="checkbox"/> Form 8870 aj <input type="checkbox"/> Form 8871 ak <input type="checkbox"/> Form 8872 al <input type="checkbox"/> Form 8873 am <input type="checkbox"/> Form 8874 an <input type="checkbox"/> Form 8875 ao <input type="checkbox"/> Form 8876 ap <input type="checkbox"/> Form 8877 aq <input type="checkbox"/> Form 8878 ar <input type="checkbox"/> Form 8879 as <input type="checkbox"/> Form 8880 at <input type="checkbox"/> Form 8881 au <input type="checkbox"/> Form 8882 av <input type="checkbox"/> Form 8883 aw <input type="checkbox"/> Form 8884 ax <input type="checkbox"/> Form 8885 ay <input type="checkbox"/> Form 8886 az <input type="checkbox"/> Form 8887 ba <input type="checkbox"/> Form 8888 bb <input type="checkbox"/> Form 8889 bc <input type="checkbox"/> Form 8890 bd <input type="checkbox"/> Form 8891 be <input type="checkbox"/> Form 8892 bf <input type="checkbox"/> Form 8893 bg <input type="checkbox"/> Form 8894 bh <input type="checkbox"/> Form 8895 bi <input type="checkbox"/> Form 8896 bj <input type="checkbox"/> Form 8897 bk <input type="checkbox"/> Form 8898 bl <input type="checkbox"/> Form 8899 bm <input type="checkbox"/> Form 8900 bn | 54 | 0 |
| | 55 | ADD lines 46 through 54. These are your total credits. | 55 | 0 |
| | 56 | Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- | 56 | 0 |

| | | | | |
|--------------------|----|--|----|---|
| Other Taxes | 57 | Self-employment tax. Attach Schedule SE. | 57 | 0 |
| | 58 | State income and alternate tax or tax income not reported to employer. Attach Form 4131. | 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 1042. | 60 | 0 |
| | 61 | Household employment taxes. Attach Schedule H. | 61 | 0 |
| | 62 | Add lines 57 through 61. This is your total tax. | 62 | 0 |

| | | | | |
|-----------------|-----|---|-----|-----|
| Payments | 63 | Federal income tax withheld from Forms W-2 and 1099. | 63 | 500 |
| | 64 | 2004 estimated tax payments and amount paid on 2003 return. | 64 | 11 |
| | 65a | Earned income credit (EIC). | 65a | 11 |
| | b | Nonrefundable credits (see instructions). | 65b | 0 |
| | 66 | Excess social security and 1041 PRTN tax withheld (see page 54). | 66 | 11 |
| | 67 | Additional child tax credit. Attach Form 8812. | 67 | 11 |
| | 68 | Affordable care act credit for long-term care services (see page 54). | 68 | 11 |
| | 69 | Other payments for: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 716 c <input type="checkbox"/> Form 8875 | 69 | 11 |
| | 70 | Add lines 63, 64, 65a, and 66 through 69. This is your total payments. | 70 | 500 |

| | | | | |
|---|-----|--|-----|-----|
| Refund | 71 | If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid. | 71 | 500 |
| Direct deposit? See page 54 and fill in 72b, 72c, and 72d. | 72a | Amount of line 71 you want refunded to you. | 72a | 500 |
| | b | Routing number | | |
| | c | Account number | | |
| | 73 | Amount of line 71 you want applied to your 2005 income tax debt. | 73 | 0 |
| Amount You Owe | 74 | Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 56. | 74 | 0 |
| | 75 | Estimated tax penalty (see page 55). | 75 | 0 |

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: () _____

Power of attorney number: _____

Sign Here Under penalty of perjury, I declare that I have prepared 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.

Joint return? See page 17. Yes No

Date: 9/25/06 Your occupation: Const. Daytime phone number: _____

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20

Label (See instructions on page 15.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial
Robert B

Last name
Buscher

Your social security number
[REDACTED]

If a joint return, spouse's first name and initial

Last name

Spouse's social security number
[REDACTED]

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
St Louis MO 63110

Check the box below if you are filing a joint return with your spouse.
 Yes No

Presidential Election Campaign

Filing Status

Check only one box.

- Single
- Married filing jointly (see instructions)
- Married filing separately (see instructions)
- Head of household (see instructions)
- Qualifying widow(er) (see instructions)

Bernadette Buscher

Exemptions

If more than four dependents, see page 19.

| | | | | | |
|--------------------------------------|--|--|--|--|--|
| <input type="checkbox"/> Spouse | | | | | |
| <input type="checkbox"/> Dependents: | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

From Form 1040, 2005, page 10
 1. Do not use this space to claim an exemption for a dependent. See page 20.
 2. Do not use this space to claim an exemption for a dependent who is a nonresident alien.
 3. Do not use this space to claim an exemption for a dependent who is a nonresident alien who is a student.
 4. Do not use this space to claim an exemption for a dependent who is a nonresident alien who is a student and is not a U.S. citizen or resident.
 5. Do not use this space to claim an exemption for a dependent who is a nonresident alien who is a student and is not a U.S. citizen or resident and is not a member of the U.S. Armed Forces.

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 22.

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

| | | | | | | |
|-----|--|--|--|--|--|-------|
| 7 | Wages, salaries, tips, etc. | | | | | 5 |
| 8a | Taxable interest | | | | | 11 00 |
| 8b | Dividend income | | | | | 0 |
| 9 | Capital gains and losses | | | | | 0 |
| 10 | Retirement or annuity payments | | | | | 0 |
| 11 | Alimony received | | | | | 0 |
| 12 | Business income or loss (Attach Schedule C or E) | | | | | 0 |
| 13 | Capital gain or loss (Attach Schedule D and Form 8879, if not reported on Form 1040) | | | | | 0 |
| 14 | Other gains or losses (Attach Form 8879) | | | | | 0 |
| 15a | IRA distributions | | | | | 0 |
| 15b | IRA distributions | | | | | 0 |
| 16 | IRA distributions | | | | | 0 |
| 17 | IRA distributions | | | | | 0 |
| 18 | IRA distributions | | | | | 0 |
| 19 | IRA distributions | | | | | 0 |
| 20 | IRA distributions | | | | | 0 |
| 21 | IRA distributions | | | | | 0 |
| 22 | IRA distributions | | | | | 11 00 |

Adjusted Gross Income

| | | | | | | |
|-----|---|--|--|--|----|---|
| 23 | Educator expenses (see page 23) | | | | | 0 |
| 24 | Gift tax exclusion (see instructions) | | | | | 0 |
| 25 | Charitable contributions (see instructions) | | | | | 0 |
| 26 | State and local taxes (see instructions) | | | | | 0 |
| 27 | Employer's Social Security taxes (see instructions) | | | | | 0 |
| 28 | Self-employment taxes (see instructions) | | | | | 0 |
| 29 | Retirement savings (see instructions) | | | | | 0 |
| 30 | IRA distributions (see instructions) | | | | | 0 |
| 31 | IRA distributions (see instructions) | | | | | 0 |
| 32 | IRA distributions (see instructions) | | | | | 0 |
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