

**Label** (See page 18.)

Your first name and initial: **JOHN J** Last name: **BULTEN**

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 18. Act. no. **D2**

**2444 E 51ST ST**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.

**TULSA OK 741056019**

OMB No. 1545-0074

Your social security number: [REDACTED]

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential Election Campaign:  You  Spouse

**Filing status** Check only one box.

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. **PENNI L BULTEN**

4  Head of household (with qualifying person). (See page 19.) 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 19)

**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 relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 21)
				<input type="checkbox"/>
				<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: **1**

- lived with you
- did not live with you due to divorce or separation (see page 22)

Dependents on 6c not entered above: **0**

Add numbers on lines above: **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7** **0 00**

8a Taxable interest. Attach Schedule 1 if required. **8a** **0 00**

b Tax-exempt interest. Do not include on line 8a. **8b** **0 00**

9a Ordinary dividends. Attach Schedule 1 if required. **9a**

b Qualified dividends (see page 25). **9b**

10 Capital gain distributions (see page 25). **10**

11a IRA distributions. **11a**

11b Taxable amount (see page 25). **11b**

12a Pensions and annuities. **12a**

12b Taxable amount (see page 26). **12b**

13 Unemployment compensation and Alaska Permanent Fund dividends. **13**

14a Social security benefits. **14a**

14b Taxable amount (see page 28). **14b**

15 Add lines 7 through 14b (far right column). This is your total income. **15** **0 00**

**Adjusted gross income**

16 Educator expenses (see page 28). **16**

17 IRA deduction (see page 28). **17**

18 Student loan interest deduction (see page 31). **18**

19 Tuition and fees deduction (see page 32). **19**

20 Add lines 16 through 19. These are your total adjustments. **20** **0 00**

21 Subtract line 20 from line 15. This is your adjusted gross income. **21** **0 00**

**Tax, credits, and payments**

**Standard Deduction for—**

- People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.
- All others:
  - Single or Married filing separately, \$5,000
  - Married filing jointly or Qualifying widow(er), \$10,000
  - Head of household, \$7,300

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See page 53 and fill in 45b, 45c, and 45d.

**Amount you owe**

**Third party designee**

**Sign here**

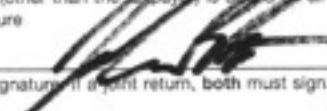
Joint return? See page 18. Keep a copy for your records.

22	Enter the amount from line 21 (adjusted gross income).	22	0	00
23a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind } checked ▶ 23a <input type="checkbox"/>			
b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ▶ 23b <input type="checkbox"/>			
24	Enter your <b>standard deduction</b> (see left margin).	24	0	00
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	0	00
26	If line 22 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 33. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d.	26	3200	00
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	▶ 27	0	00
28	<b>Tax</b> , including any alternative minimum tax (see page 34).	28	0	00
29	Credit for child and dependent care expenses. Attach Schedule 2.	29		
30	Credit for the elderly or the disabled. Attach Schedule 3.	30		
31	Education credits. Attach Form 8863.	31		
32	Retirement savings contributions credit. Attach Form 8880.	32		
33	Child tax credit (see page 38). Attach Form 8901 if required.	33		
34	Adoption credit. Attach Form 8839.	34		
35	Add lines 29 through 34. These are your <b>total credits</b> .	35	0	00
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-.	36	0	00
37	Advance earned income credit payments from Form(s) W-2.	37	0	00
38	Add lines 36 and 37. This is your <b>total tax</b> .	▶ 38	0	00
39	Federal income tax withheld from Forms W-2 and 1099.	39	1094	25
40	2005 estimated tax payments and amount applied from 2004 return.	40	0	00
41a	<b>Earned income credit (EIC)</b> .	41a		
b	Nontaxable combat pay election. 41b			
42	Additional child tax credit. Attach Form 8812.	42		
43	Add lines 39, 40, 41a, and 42. These are your <b>total payments</b> .	▶ 43	1094	25
44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you <b>overpaid</b> .	44	1094	25
45a	Amount of line 44 you want <b>refunded to you</b> .	▶ 45a	1094	25
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>			
46	Amount of line 44 you want <b>applied to your 2006 estimated tax</b> .	46		
47	<b>Amount you owe</b> . Subtract line 43 from line 38. For details on how to pay, see page 54.	▶ 47		
48	Estimated tax penalty (see page 54).	48		

Do you want to allow another person to discuss this return with the IRS (see page 55)?  Yes. Complete the following.  No

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

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature 	Date <b>03 04 06</b>	Your occupation	Daytime phone number ( ) ( ) ( )
Spouse's signature (if a joint return, both must sign)	Date	Spouse's occupation	

**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.

1 Type or print your first name and middle initial. **JOHN J**  
Last name **BULTEN**  
2 Social security number (SSN)

3 Address **2444 E 51ST ST STE D2 TULSA OK 74105 6019**

4 Enter year in space provided and check one box. For the tax year ending December 31, **2005**.  
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 **KEYLY SERVICES, Inc., PO Box 33117A, DETROIT, MI 48266-0051**  
6 Employer's or payer's identification number (if known) **38 1510762**

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

a Wages, tips, and other compensation	<u>0.00</u>	g State income tax withheld	<u>0.00</u>
b Social security wages	<u>0.00</u>	(Name of state)	
c Medicare wages and tips	<u>0.00</u>	h Local income tax withheld	<u>0.00</u>
d Advance EIC payment	<u>0.00</u>	(Name of locality)	
e Social security tips	<u>0.00</u>	i Social security tax withheld	<u>214.18</u>
f Federal income tax withheld	<u>365.75</u>	j Medicare tax withheld	<u>92.08</u>

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?

**AMOUNTS MISREPORTED BY PAYER ARE DISPUTED AND CORRECTED HEREBY PER IRS INSTRUCTIONS.**

9 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

**COMPANY HAS CORRECT AMOUNTS WITHHELD BUT WOULD NOT ISSUE W-2c TO CORRECT OTHER AMOUNTS.**

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.  
Signature ▶  Date ▶ **03 04 06**

Sign Here

1 Type or print your first name and middle initial. **JOHN J** Last name **BULTEN** 2 Social security number (SSN) [REDACTED]

3 Address **2444 E 51ST ST STE D2 TULSA OK 74105 6019**

4 Enter year in space provided and check one box. For the tax year ending December 31, **2005**, 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 **MANPOWER INTERNATIONAL, INC, 5301 N IRONWOOD RD, MILWAUKEE WI 53201** 6 Employer's or payer's identification number (if known) **39 1836586**

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

a Wages, tips, and other compensation	<u>0.00</u>	g State income tax withheld	<u>0.00</u>
b Social security wages	<u>0.00</u>	(Name of state)	_____
c Medicare wages and tips	<u>0.00</u>	h Local income tax withheld	<u>0.00</u>
d Advance EIC payment	<u>0.00</u>	(Name of locality)	_____
e Social security tips	<u>0.00</u>	i Social security tax withheld	<u>360.36</u>
f Federal income tax withheld	<u>12.34</u>	j Medicare tax withheld	<u>84.28</u>

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?

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9 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

**COMPANY HAS CORRECT AMOUNTS WITHHELD BUT WOULD NOT ISSUE W-2C TO CORRECT OTHER AMOUNTS**

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.

Sign Here

Signature ▶ 

Date ▶ **03 04 06**

**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

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3 Address **2444 E 51ST ST STE D2 TULSA OK 74105 6019**

4 Enter year in space provided and check one box. For the tax year ending December 31, **2005**, 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 **SPECTRUM ATLANTIC WORKFORCE LLC, 2050 SPECTRUM BLVD, FT. LAUDERDALE, FL 33309**

6 Employer's or payer's identification number (if known) **38 3655575**

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

a Wages, tips, and other compensation	<u>0.00</u>	g State income tax withheld	<u>0.00</u>
b Social security wages	<u>0.00</u>	(Name of state)	
c Medicare wages and tips	<u>0.00</u>	h Local income tax withheld	<u>0.00</u>
d Advance EIC payment	<u>0.00</u>	(Name of locality)	
e Social security tips	<u>0.00</u>	i Social security tax withheld	<u>4.34</u>
f Federal income tax withheld	<u>1.90</u>	j Medicare tax withheld	<u>1.02</u>

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	_____

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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.

Sign Here  Date ▶ **03 04 06**