Form **1040EZ**

Department of the Treasury—Internal Revenue Service

Income Tax Return for Single and Joint Filers With No Dependents (99) 2004

OMB No. 1545-0675

Label (See page 11.) Use the IRS label. Otherwise, please print or type.	Your first name and initial: Carolyn [redacted]	Last name: [redacted]	Your social security number: [redacted]
	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 11. [redacted]	Apt. no.	**▲ Important! ▲** You **must** enter your SSN(s) above.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. [redacted]		

Presidential Election Campaign (page 11)

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if a joint return, want $3 to go to this fund? ▶ You: ☐ Yes ☑ No Spouse: ☐ Yes ☐ No

Income

Attach Form(s) W-2 here. Enclose, but do not attach, any payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	0	00
2	Taxable interest. If the total is over $1,500, you cannot use Form 1040EZ.	2	0	00
3	Unemployment compensation and Alaska Permanent Fund dividends (see page 13).	3	0	00
4	Add lines 1, 2, and 3. This is your **adjusted gross income.**	4	0	00
5	Can your parents (or someone else) claim you on their return? **Yes.** ☐ Enter amount from worksheet on back. **No.** ☑ If **single**, enter $7,950. If **married filing jointly**, enter $15,900. See back for explanation.	5	7950	00
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your **taxable income.** ▶	6	0	00

Note. You must check Yes or No.

Payments and tax

7	Federal income tax withheld from box 2 of your Form(s) W-2.	7	2071	61
8a	**Earned income credit (EIC).**	8a	0	00
b	Nontaxable combat pay election. 8b N/A			
9	Add lines 7 and 8a. These are your **total payments.** ▶	9	2071	61
10	**Tax.** Use the amount on **line 6 above** to find your tax in the tax table on pages 24–32 of the booklet. Then, enter the tax from the table on this line.	10	0	00

Refund

Have it directly deposited! See page 18 and fill in 11b, 11c, and 11d.

11a	If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund.** ▶	11a	2071	61

▶ b Routing number ▶ c Type: ☐ Checking ☐ Savings

▶ d Account number

Amount you owe

12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe.** For details on how to pay, see page 19. ▶ 12

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 19)? ☐ **Yes.** Complete the following. ☑ **No**

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

Sign here

Joint return? See page 11. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists 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	Your occupation	Daytime phone number
[redacted]	[redacted]	American citizen	( )
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)*
Carolyn [redacted]

2. Social security number *(SSN)*
[redacted]

3. Address
[redacted]

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
[redacted]

6. Employer's or payer's identification number *(if known)*
[redacted]

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.)	0.00	f. Federal income tax withheld	29.00
b. Social security wages	0.00	g. State tax withheld (Name or state)	0.00
c. Medicare wages	0.00	h. Local tax withheld (Name of locality)	0.00
d. Advance EIC payments	0.00	i. Social security tax withheld	1655.47
e. Social security tips	0.00	j. Medicare tax withheld	387.14

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

1. Gross Distribution	0.00	4. Federal Income Tax Withheld	0.00
2a. Taxable Amount	0.00	5. State Income Tax Withheld	0.00
2b. Taxable Amount not determined ☐		6. Employee Contribution	0.00
Total Distribution ☐		7. Net Unrealized Appreciation	0.00
3. Capital Gains *(included in 2a)*	0.00	8. Enter Distribution Code	0.00

8. How did you determine the amounts in item 7 above?
Company provided records and the 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 the company refuses to issue correctly listing 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.

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 is 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
[redacted]

11. Date *(mmddyyyy)*
[redacted]

Date: February 6, 2006

Taxpayer Identification Number:
[redacted]

Tax Form: 1040EZ
Tax Year: December 31, 2004

CAROLYN [redacted]

Overpaid Tax Applied to Other Taxes You Owe

We applied $374.25 of the overpaid tax on your 2004 tax return to the unpaid balance of other Federal Taxes which our records show you owe.

You may still be due a refund if we applied only part of your overpayment to other taxes. You also may be due a refund if you recently made a payment against the other taxes that we had not credited when we applied your overpayment. In either case, you will receive a check for any refund due you as long as the amount is greater than one dollar. You must request a refund of less than one dollar. If you have any questions, please call us at the number listed above.

The figures below show our calculation:

How We Applied Your Overpayment

Amount of Overpaid Tax on Your Return	$2,071.61
Amount of Interest You Earned on Overpayment	$.00
Total Amount Due You	$2,071.61
Total Amount Applied	$374.25
Amount You Will Receive as a Refund (any interest due you will be added)	$1,697.36

Where We Applied Your Overpayment

Form(s)	Tax Period(s)	Amount(s) Applied	Balance Remaining
1040	Dec. 31, 1996	$374.25	$.00