

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20
Your first name and initial K Last name T
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. WA

OMB No. 1545-0074
Your social security number
Spouse's social security number
You must enter your SSN(s) above.
Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) 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. D T
4 Head of household (with qualifying person). (See page 17.) 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 17)

Exemptions

If more than four dependents, see page 19.

6a Yourself. If someone can claim you as a dependent, do not check box 6a
6b Spouse
6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 19)
6d Total number of exemptions claimed

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.

Table with 2 columns: Description and Amount. Rows include Wages, salaries, tips, etc. (7); Taxable interest (8a); Tax-exempt interest (8b); Ordinary dividends (9a); Qualified dividends (9b); Taxable refunds, credits, or offsets of state and local income taxes (10); Alimony received (11); Business income or (loss) (12); Capital gain or (loss) (13); Other gains or (losses) (14); IRA distributions (15a); Pensions and annuities (16a); Rental real estate, royalties, partnerships, S corporations, trusts, etc. (17); Farm income or (loss) (18); Unemployment compensation (19); Social security benefits (20a); Other income (21); Total income (22).

Adjusted Gross Income

Table with 2 columns: Description and Amount. Rows include Educator expenses (23); Certain business expenses of reservists, performing artists, and fee-basis government officials (24); Health savings account deduction (25); Moving expenses (26); One-half of self-employment tax (27); Self-employed SEP, SIMPLE, and qualified plans (28); Self-employed health insurance deduction (29); Penalty on early withdrawal of savings (30); Alimony paid (31a); IRA deduction (32); Student loan interest deduction (33); Tuition and fees deduction (34); Domestic production activities deduction (35); Adjusted gross income (36); Total adjusted gross income (37).

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 36.
• All others:
Single or Married filing separately, \$5,000
Married filing jointly or Qualifying widow(er), \$10,000
Head of household, \$7,300

Table with columns for line numbers (38-55) and amounts. Includes entries for Adjusted Gross Income (24), Itemized Deductions (5,000.00), Taxable Income (3,200.00), and Total Credits (0).

Other Taxes

Table with columns for line numbers (58-63) and amounts. Includes entries for Self-employment tax, Social security and Medicare tax, and Total Tax (0).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with columns for line numbers (64-71) and amounts. Includes entries for Federal income tax withheld, Earned Income Credit, and Total Payments (0).

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

Table with columns for line numbers (72-74) and amounts. Includes entries for Overpaid amount and Applied to 2006 estimated tax.

Amount You Owe

Table with columns for line numbers (75-76) and amounts. Includes entries for Amount you owe and Estimated tax penalty.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and personal identification number (PIN).

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.

Joint return? See page 17. Keep a copy for your records.

Signature section with fields for taxpayer and spouse signatures, dates, and occupations.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, firm name, EIN, and phone number.

# COPY

Form **4852**  
(Rev. December 2005)  
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. 1545-0074

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

3 Address  
**WA**

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 **C W F & R WA** 6 Employer's or payer's identification number (if known)

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

a	Wages, tips, and other compensation	<u>0</u>	g	State income tax withheld	<u>0</u>
b	Social security wages	<u>0</u>		(Name of state)	
c	Medicare wages and tips	<u>0</u>	h	Local income tax withheld	<u>0</u>
d	Advance EIC payment	<u>0</u>		(Name of locality)	
e	Social security tips	<u>0</u>	i	Social security tax withheld	<u>0</u>
f	Federal income tax withheld	<u>0</u>	j	Medicare tax withheld	<u>0</u>

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

1	Gross distribution	<u>0</u>	4	Federal income tax withheld	<u>0</u>
2a	Taxable amount	<u>0</u>	5	State income tax withheld	<u>0</u>
2b	Taxable amount not determined	<input type="checkbox"/>	6	Local income tax withheld	<u>0</u>
	Total distribution	<input type="checkbox"/>	7	Employee contributions	<u>0</u>
3	Capital gain (included in 2a)	<u>0</u>	8	Distribution codes	<u>0</u>

8 How did you determine the amounts in lines 7(A) and 7(B) above?  
**Payer provided records and the statutory language behind IRC sections 3401 and 3121 and other sections.**

9 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
**Requested. The Payer has yet to issue forms correctly listing payments of "wages" as defined in IRC 3401(a) and 3121(a).**

**Sign Here**  
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 ▶ K T Date ▶ 15 Oct. 2006

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c and 1099-R and is completed by taxpayers or their representatives when (a) their employer or payer does not give them a Form W-2 or Form 1099-R and (b) when an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to your income tax return.  
You should always attempt to get Form W-2 or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. After February 14th, you may call the IRS at 1-800-829-1040 if you still have not received Form W-2 or Form 1099-R. Generally, do not file Form 4852 before April 15th. Employees affected by Hurricanes Katrina, Rita, and Wilma should call the IRS at 1-866-562-5227 for additional guidance.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.  
**Note.** Retain a copy of Form 4852 for your records. Check your Social Security statement (received at least a full year after the date shown on Line 4) against Form 4852. If the earnings you reported on Form 4852 are not shown in the statement, you should contact SSA at the telephone number shown on the statement.  
**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R, after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

COPY

Form **4852**  
(Rev. December 2005)  
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. 1545-0074

1 Type or print your first name and middle initial. Last name  
**K** **T**

2 Social security number (SSN)  
3 Address  
**WA**

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  
**C W F & R WA**

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

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

a Wages, tips, and other compensation	<u>0</u>	g State income tax withheld	<u>0</u>
b Social security wages	<u>0</u>	(Name of state)	
c Medicare wages and tips	<u>0</u>	h Local income tax withheld	<u>0</u>
d Advance EIC payment	<u>0</u>	(Name of locality)	
e Social security tips	<u>0</u>	i Social security tax withheld	<u>4.96</u>
f Federal income tax withheld	<u>0</u>	j Medicare tax withheld	<u>1.16</u>

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

1 Gross distribution	<u>0</u>	4 Federal income tax withheld	<u>0</u>
2a Taxable amount	<u>0</u>	5 State income tax withheld	<u>0</u>
2b Taxable amount not determined <input type="checkbox"/>		6 Local income tax withheld	<u>0</u>
Total distribution <input type="checkbox"/>		7 Employee contributions	<u>0</u>
3 Capital gain (included in 2a)	<u>0</u>	8 Distribution codes	<u>0</u>

8 How did you determine the amounts in lines 7(A) and 7(B) above?

**Payer provided records and the statutory language behind IRC sections 3401 and 3121 and other sections.**

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

**Requested. The Payer has yet to issue forms correctly listing payments of "wages" as defined in IRC 3401(a) and 3121(a). However, the amounts listed as withheld on the W-2 the Payer submitted are correct.**

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 ▶ **K T**

Date ▶ **15 Oct. 2006**

**Purpose of form.** Form 4852 serves as a substitute for Forms W-2, W-2c and 1099-R and is completed by taxpayers or their representatives when (a) their employer or payer does not give them a Form W-2 or Form 1099-R and (b) when an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to your income tax return.

You should always attempt to get Form W-2 or Form 1099-R from your employer or payer before contacting the IRS or filing Form 4852. After February 14th, you may call the IRS at 1-800-829-1040 if you still have not received Form W-2 or Form 1099-R. Generally, do not file Form 4852 before April 15th. Employees affected by Hurricanes Katrina, Rita, and Wilma should call the IRS at 1-866-562-5227 for additional guidance.

If you received an incorrect Form W-2 or Form 1099-R, you should always attempt to have your employer or payer issue a corrected form before filing Form 4852.

**Note.** Retain a copy of Form 4852 for your records. Check your Social Security statement (received at least a full year after the date shown on Line 4) against Form 4852. If the earnings you reported on Form 4852 are not shown in the statement, you should contact SSA at the telephone number shown on the statement.

**Will I need to amend my return?** If you receive a Form W-2, Form W-2c, or Form 1099-R, after your return is filed with Form 4852, and the information differs from the information reported on your return, you must amend your return by filing Form 1040X, Amended U.S. Individual Income Tax Return.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. S S'		1 Rents \$	OMB No. 1545-0115 <b>2005</b> Form 1099-MISC	Miscellaneous Income
		2 Royalties \$	3 Other income \$	
PAYER'S Federal identification number	RECIPIENT'S identification number	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	C For Re
RECIPIENT'S name, address, and ZIP code K T  WA		6 Medical and health care payments \$	7 Nonemployee compensation \$ 0.00	
Account number (see instructions)		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	This is important information being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or sanction may be imposed on this income if it is taxable and the recipient determines that it has no refund.
15a Section 409A deferrals \$	15b Section 409A income \$	10 Crop insurance proceeds \$	11	
		12	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
		16 State tax withheld \$	17 State/Payer's state no.	18 State income tax \$

Form 1099-MISC

Printed on Recycled Paper

(keep for your records)

Department of the Treasury - Internal Revenue Service

COPY

STATEMENT

This statement includes the above representation of a Form 1099-MISC. The above form is not intended to represent a corrected 1099-MISC filed by the party identified above as the "PAYER".

The corrected Form 1099-MISC, presented above, is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment or payments to the party identified above as the "RECIPIENT" of "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.

Dated this 15th day of October, 2006

K T

K T  
WA

COPY

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>INSURANCE COMPANY</b>		1 Rents	OMB No. 1545-0115	
		2 Royalties	<b>2005</b>	
			<b>Miscellaneous Income</b>	
			<b>Form 1099-MISC</b>	
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Other Income	4 Federal income tax withheld	<b>Copy B For Recipient</b> This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, street address, city, state, and ZIP code K T WA		5 Fishing boat proceeds	6 Medical and health care payments	
		7 Nonemployee compensation \$0	8 Substitute payments in lieu of dividends or interest	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
		11	12	
Account Number:		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no. WA/	18 State income

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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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.

Dated this 15th day of October, 2006

K  
K T

T

CORRECTED (if checked)

INSURANCE COMPANY

**TAX YEAR 2005**  
Substitute 1099

Payer Federal Identification Number:

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the income is taxable and the IRS determines that it has not been reported.

Recipient

T

K

Recipients Tax  
Identification  
Number

COPY

Corrected (if checked)

(OMB No. 1545-0115)

FORM 1099-MISC	MISCELLANEOUS INCOME	2005
Box 7. Nonemployee compensation		\$ 0
Account Number -		

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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.

Dated this 15th day of October, 2006

K      T  
K      T

# INSURANCE COMPANY

## 2005

### FORM 1099-MISC STATEMENT FOR RECIPIENTS OF MISCELLANEOUS INCOME

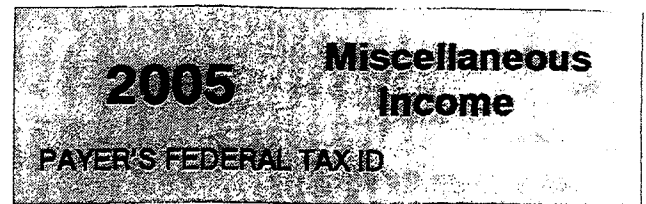
K. T.

Please keep THIS copy for your records. Do not attach to your Income Tax Return.

WA

**This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.**

COPY



RECIPIENTS ID NUMBER	7 NONEMPLOYEE COMPENSATION	3 OTHER INCOME	4 FEDERAL INCOME TAX WITHHELD	ACCOUNT NUMBER
	\$ 0	\$ .00	\$	

OMB NO.

### STATEMENT

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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.

Dated this 15th day of October, 2006

    K              T      
K.      T.



CORRECTED (if checked)

# INSURANCE COMPANY

## 2005

### FORM 1099-MISC STATEMENT FOR RECIPIENTS OF MISCELLANEOUS INCOME

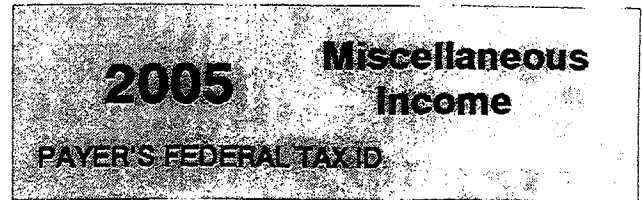
K T

Please keep THIS copy for your records. Do not attach to your Income Tax Return.

WA

**This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.**

COPY



RECIPIENTS ID NUMBER	7 NONEMPLOYEE COMPENSATION	3 OTHER INCOME	4 FEDERAL INCOME TAX WITHHELD	ACCOUNT NUMBER
	\$ 0	\$ .00	\$	

OMB NO.

### STATEMENT

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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.

Dated this 15th day of October, 2006

K T I

CORRECTED (if checked)

INSURANCE CO

Tax year 2005 Form 1099-Misc

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Recipient's Information

K T

WA

Payer's Information

INSURANCE CO

Federal ID Number:

COPY

Taxpayer ID Number:

Account Number:

Form 1099-Misc: Miscellaneous Income

Original

(OMB No: 1545-0115)

Box Description	Amount	Box Description	Amount
1. Rents	\$0.00	9. Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	
2. Royalties		10. Crop insurance proceeds	
3. Other income	\$0.00	13. Excess golden parachute payments	
4. Federal Income tax withheld	\$0.00	14. Gross proceeds paid to an attorney	\$0.00
5. Fishing boat proceeds		15a. Section 409A deferrals	
6. Medical and health care payments	\$0.00	15b. Section 409A income	
7. Nonemployee compensation	\$0	16. State tax withheld	
8. Substitute payment in lieu of dividends or interest		17. State/Payer's state no.	WA/
		18. State income	

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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.

Dated this 15th day of October, 2006

K T

K T

LEGAL SERVICES, INC.

CORRECTED (if checked)

2005 MISCELLANEOUS INCOME  
FORM 1099-MISC.  
COPY B, FOR RECIPIENT  
OMB No. \_\_\_\_\_  
PAGE

PAYER'S FEDERAL IDENTIFICATION NUMBER

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

K T

RECIPIENT'S IDENTIFICATION NUMBER

WA

COPY

NONEMPLOYEE COMPENSATION

FEDERAL INCOME TAX WITHHELD

\$0

.00

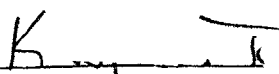
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The corrected Form 1099-MISC, presented above, is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment or payments to the party identified above as the "RECIPIENT" of "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.

Dated this 15th day of October, 2006

  
K T

CORRECTED (if checked)

1099-INT, INTEREST INCOME, OMB NO. 1545-011;  
1099-MISC, MISCELLANEOUS INCOME, OMB NO.

INSURANCE COMPANY

TAX YEAR 2005

THIS DOCUMENT ISSUED AS A YEAR 2005 TAX STATEMENT FOR A 1099 INTEREST INCOME OR 1099 MISC INCOME INFORMATION RETI

K T

WA

FOR THE YEAR  
2005

TAXPAYER ID NUMBER

2005 - 1099-MISC, MISCELLANEOUS INCOME

ACCOUNT NUMBER

BOX 7 NONEMPLOYEE COMPENSATION

\$

BOX 17 STATE/PAYER'S STATE NO.

WA

TOTAL NON-EMPLOYEE COMPENSATION

\$

COPY

STATEMENT

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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.

Dated this 15th day of October, 2006

K  
K T

T

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code  <b>INSURANCE COMPANY</b>		1 Rents \$ .00	OMB No. 1545-0115 <b>2005</b> Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ .00	3 Other income \$ .00	
PAYER'S Federal identification number	RECIPIENT'S identification number  0100	5 Fishing boat proceeds \$ .00	6 Medical and health care payments \$ .00	Copy B For Recipient  This is important information and furnished to the Revenue Service you are required to file a return, a neg penalty or other sanction may be imposed on you if income is taxable and it has not been reported.
RECIPIENT'S name, street address, city, state, and ZIP code  K T WA		7 Nonemployee compensation \$ 0	8 Substitute payments in lieu of dividends or interest \$ .00	
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$ .00	
		11	12	
		13 Excess golden parachute payments \$ .00	14 Gross proceeds paid to an attorney \$ .00	
15a Section 409A deferrals \$ .00	15b Section 409A income \$ .00	16 State tax withheld \$ .00	17 State/Payer's state no.	18 State income tax \$

Form 1099-MISC

Department of the Treasury-Internal Revenue Service

COPY

### STATEMENT

This statement includes the above representation of a Form 1099-MISC. The above form is not intended to represent a corrected 1099-MISC filed by the party identified above as the "PAYER".

The corrected Form 1099-MISC, presented above, is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment or payments to the party identified above as the "RECIPIENT" of "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.

Dated this 15th day of October, 2006

K Tl  
K Tl



Department of Treasury  
**Internal Revenue Service**  
 5045 E BUTLER AVE  
 FRESNO, CA 93888-0021

AUR Control:

Notice: CP2000  
 Notice Date: **October 01, 2007**

Social Security Number:

Form: 1040  
 Tax Year: 2005

To call for assistance:  
 1-800-829-3009 Toll free  
 between 7:00 AM - 8:00 PM

To FAX information:  
 559-456-5641 FAX

Contact:  
 Office of N Rymer

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**You Must Return the Response Form by October 31, 2007**

**1 Why are you getting this notice?**

The income and payment information (e.g., wages, miscellaneous income, interest, income tax withheld, earned income credit, etc.) that we have on file does not match entries on your 2005 Form 1040. If this information is correct, you will owe \$43,610.

The proposed changes to your tax are listed below.

<b>Summary of Proposed Changes</b>	
2005 Tax Increase	\$ 32,183
Payment Increase	\$ 0
Penalties - may not include all applicable penalties	\$ 6,437
Interest - if paid by <b>October 31, 2007</b>	\$ 4,990
<b>Proposed Balance Due</b>	<b>\$ 43,610</b>

**2 What steps should you take?**

Following these steps can help you understand this notice.

1. Review your 2005 tax return.
2. Compare your return to the information in the *Explanation Section* -- page 5.
3. Decide if the information in the *Explanation Section* is correct.
4. Check the answers to *Frequently Asked Questions* -- page 2.
5. Complete and return the *Response Form* in the enclosed envelope -- page 3.
6. Complete and return the *Installment Agreement Request* (enclosed) if you need to set up a payment plan.
7. Review your rights in *The Examination Process Booklet* (enclosed).

**3 What happens if you don't respond by October 31, 2007?**

We will send you a final notice, followed by a bill. During this time, interest will increase and certain penalties may apply.

**Response Form**

1. Review the Explanation Section to decide whether you agree or do not agree with IRS's proposed changes.
2. Complete and return the Response Form by **October 31, 2007**.
3. If you need additional time, call us at **1-800-829-3009**.

**STEP A Check only one of the three options. Then go to Step B.**

*If you agree with the changes IRS is proposing, return this form with your payment or with the completed Installment Agreement Request.*

**OPTION 1| I Agree with All Changes**

I agree with the changes to my **2005** tax return.  
 I understand that I owe **\$43,610** in additional tax, penalties, and interest.  
 I understand that the law requires IRS to charge interest on taxes that are not paid in full by **April 17, 2006**. In addition, I understand that the IRS will charge interest until I have paid the tax in full. Certain penalties may also apply.  
 I understand that I can challenge these changes in the U.S. Tax Court only if IRS determines after the date I sign this form that I owe additional taxes for **2005**.  
 I understand that I can file for a refund at a later date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If you do not agree with the changes IRS is proposing, return this form. When you return this form, include a signed statement that explains what you do not agree with. Also include copies of any documents, such as a corrected W-2, 1099, or missing forms, that support your statement.*

**OPTION 2| I Do Not Agree with Some of the Changes**

I've enclosed documentation to support the entries on my original return.

**OPTION 3| I Do Not Agree with Any of the Changes**

I've enclosed documentation to support the entries on my original return.

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29 Oct. 2007

**STEP B Check the applicable payment options. Then go to Step C.**

*Tip! Pay as much as you can now to keep penalty and interest charges low.  
 Make your check or money order payable to "United States Treasury." Write "Tax Year 2005 CP2000," this Social Security Number \_\_\_\_\_ and your phone number on your check or money order.*

**OPTION 1| I'm paying the full amount of \$43,610**

**OPTION 2| I'm making a payment of \$ \_\_\_\_\_ because either:**

- I'm paying the amount I agree with or
- I'm making a partial payment at this time

**OPTION 3| I'd like to request a payment plan to pay the tax I owe.**

*Complete the Installment Agreement Request (Form 9465) and mail it along with this form.*

**Explanation Section**

**How to Review This Section**

1. Compare your records with the records we received under **Information Reported to IRS**.
2. Review the **Reasons for the Changes** to see why we changed your return.
3. Proceed to **Changes to Your Return** to see how your new tax was calculated.
4. Once you have fully reviewed the **Explanation Section**, please complete and return the **Response Form** in the envelope provided.

**1. Information Reported to IRS that differs from the amounts shown on your return.**

This section tells you specifically what income information IRS has received about you from others (including your employers, banks, mortgage holders, etc.). The information listed below does not match the information you listed on your tax return. Use this table to compare the data IRS has received from others to the information you listed on your tax return to understand where the discrepancy or difference occurred.

If this information is correct, your tax increase is \$ 32,183 plus all applicable payment adjustments, penalties and interest. If you pay in full by October 31, 2007 you'll owe \$ 43,610.

TAXABLE WAGES Account Information	Amount Reported to IRS by Others	Amount Included on Your Return	Difference
#001 SSN: Form W-2 ACCT:  C W F & R ** 00000	\$ 80	\$ 0	\$ 80
#002 SSN: Form W-2 ACCT:  C W F & R ** 00000	\$ 1,053	\$ 0	\$ 1,053
<b>TAXABLE WAGES Total</b>	<b>\$ 1,133</b>	<b>\$ 0</b>	<b>\$ 1,133</b>

NONEMPLOYEE COMPENSATION Account Information	Amount Reported to IRS by Others	Amount Included on Your Return	Difference
#003 SSN: Form 1099-MISC ACCT:  S S	\$ 2,461	\$ 0	\$ 2,461



NONEMPLOYEE COMPENSATION		Amount	Amount	
Account Information		Reported to	Included on	Difference
		IRS by Others	Your Return	
#004 SSN: ACCT:	Form 1099-MISC	\$ 2,739	\$ 0	\$ 2,739
THE	INSURANCE COM			
#005 SSN: ACCT:	Form 1099-MISC	\$ 2,965	\$ 0	\$ 2,965
THE	INSURANCE COMPANY			
#006 SSN: ACCT:	Form 1099-MISC	\$ 77,249	\$ 0	\$ 77,249
	INSURANCE COMPANY			
#007 SSN: ACCT:	Form 1099-MISC	\$ 117	\$ 0	\$ 117
	INSURANCE COMPANY			
#008 SSN: ACCT:	Form 1099-MISC	\$ 9,062	\$ 0	\$ 9,062
	LIFE INSURANCE CO			
#009 SSN: ACCT:	Form 1099-MISC	\$ 658	\$ 0	\$ 658
	LEGAL SERVICES INC.			
#010 SSN: ACCT:	Form 1099-MISC	\$ 2,751	\$ 0	\$ 2,751
	INSURANCE COMPANY			
<b>NONEMPLOYEE COMPENSATION Total</b>		<b>\$ 98,002</b>	<b>\$ 0</b>	<b>\$ 98,002</b>

**3. Changes to your Return**

*Note: We only show the items that have been affected by the information we received in the following chart. All other items are correct as shown on your return. Unless noted, line numbers always refer to the line number on your tax return.*

Changes to Your Income and Deductions	Shown on Return	Reported to IRS, or as Corrected	Difference
TAXABLE WAGES	\$ 0	\$ 1,133	\$ 1,133
PATRONAGE DIVIDENDS	\$ 0	\$ 40	\$ 40
NONEMPLOYEE COMPENSATION	\$ 0	\$ 98,002	\$ 98,002
Income Net Difference			\$ 99,175
SELF-EMPLOYMENT TAX DEDUCTION	\$ 0	\$ 6,888	\$ 6,888
*Deductions Net Difference			\$ 6,888
Total Change to Taxable Income			\$ 92,287

Changes to Your Tax Computation	Shown on Return	As Corrected By IRS	Difference
Taxable Income, line 43	\$ -8,200	\$ 84,087	\$ 92,287
Tax, line 44	\$ 0	\$ 18,407	\$ 18,407
Self-Employment Tax, line 58	\$ 0	\$ 13,776	\$ 13,776
Total Tax, line 63	\$ 0	\$ 32,183	\$ 32,183
Net Tax Increase			\$ 32,183

Summary of Proposed Changes	
Amount of Tax Increase	\$ 32,183
Accuracy-Related Penalty, IRC Section 6662(a)	\$ 6,437
Interest, IRC Section 6601, From 04/17/2006 To 10/31/2007	\$ 4,990
Total Amount You Owe	\$ 43,610

\*Increases to Deductions result in a decrease to Taxable Income.

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November 28, 2007

Internal Revenue Service  
Fresno IRS Center  
5045 East Butler Avenue  
Fresno, CA 93888-0021

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**RE: Response to Notice CP2000- Proposed IRS Changes to 2005 Form 1040**  
Social Security Number  
AUR Control Number

To Whom It May Concern:

I received an unsigned Notice CP2000 (hereafter referred to as "Notice") dated October 1, 2007, a copy of which is enclosed, that stated in paragraph 1: "The income and payment information (e.g., wages, miscellaneous income, interest, income tax withheld, earned income credit, etc.) that we have on file does not match entries on your 2005 Form 1040."

You requested I reply by October 31, 2007. However, I requested and was granted a one month extension on October 29, 2007 by your Agent, Mrs. Marks, ID #8912945 to give me more time to reply to your Notice if necessary.

In accordance with the Notice, as stated on Page 3, I have completed Step A, and checked the box marked "OPTION 3" as I do not agree with any of the changes the Internal Revenue Service is proposing.

The information reported to you about me from "C W F & R" and "C W F & R" that you reference on Page 5 in your Notice under the section titled "TAXABLE WAGES" and from "S A S", "THE LIFE INSURANCE CO.", "THE INSURANCE COMPANY", "INSURANCE COMPANY", "LIFE INSURANCE CO.", "LEGAL SERVICES INC.", and "INSURANCE COMPANY" that you reference on Pages 5 and 6 in your Notice under the section titled "NONEMPLOYEE COMPENSATION", and using it as your basis to propose changes, is Bad Payer Data as described in the *Internal Revenue Manual*, Part 4.2.2.4.4(E).

C W F & R is a public corporation formed under the laws of the State of Washington providing fire suppression and emergency medical services, and they have not paid to me any Federally-connected money for any Federally-connected services performed by me as defined in 26 U.S.C. § 7701(a)(26). CWIFR has nothing to do with the performance of the functions of a public office.

S S, et cetera, are non-governmental, for-profit, private-sector business people and/or corporations, and have not paid to me any Federally-connected money for any Federally-connected services performed by me as defined in 26 U.S.C. § 7701(a)(26). These individual(s) and corporations have nothing to do with the performance of the functions of a public office. They were not required to report my private-sector payment on Form 1099-MISC, but did anyway. Of course their erroneous information on Form 1099-MISC do not match my correction of each.

The return I filed for 2005 had documents (signed by me under penalty of perjury) submitted with it that corrected the incorrect information that was reported, and the IRS has processed them in relation to my return to my satisfaction in that the the "Amount Included on Your Return" was correctly recorded as \$0 (zero dollars) EXCEPT that you have omitted reference to a corrected Form 1099-MISC from "Insurance Company" in your Notice. I have enclosed copies of those

documents for your reference to document and support my statement and I will use them in any court proceeding if needed. **I expect the IRS to correct its records as to what was reported to them based on these documents submitted by me.**

If the IRS has firsthand knowledge of any amounts reported other than what I have claimed and sworn to under penalty of perjury, I will require Section 6201(d) verification to support your position.

**No further action is required by the IRS other than to correct its information as I have reported it under penalty of perjury and correct its records regarding the omission of the Corrected Form 1099-MISC from \_\_\_\_\_ Insurance Company reported on the documents I have enclosed and respond to me that this matter is now closed.**

I request and demand any and all due process to which I am entitled or which is in any way appropriate and/or available to me under any provision or practice of common, statutory, and/or administrative law or protocol including, but not limited to, that to which your Notice refers; and incorporate by reference into this request and demand all relevant information included on or in that Notice or by requesting and demanding the due process referenced above.

Be advised that it is my intent to audio-record any and all proceedings for which such an option is lawfully available to me. I declare that I make no admissions as to my status, the legitimacy of your implicit or explicit assertions, or the fitness of any particular legal or administrative protocol by responding to your Notice or by requesting and demanding the due process referenced above.

Prior to any formal or informal due process hearing, I expect and require meaningful clarification as to the nature of, and reason for, any alleged assessment, the process by which any and all relevant determinations reflected in and by your office were arrived at, and anything else pertinent to the matter.

If the IRS or its officers/agents fail to rebut in writing within 30 days of receipt of this Response that with which they disagree, then they admit to all the above statements as truth and as fully binding upon them in any court of the United States of America without protest, objection, or that of those who represent you.

Under the penalties of perjury, I declare that I examined the facts stated in this letter, including any accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Thank you,

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**Note: This two (2) page letter and its enclosures was sent via the United States Postal Service's Certified Priority Mail service number \_\_\_\_\_ on November 28, 2007.**

Enclosures:

- Copy of Notice: CP2000 from IRS, Notice date October 1, 2007 (9 pages)
- Form 4852 for disputing and correcting C \_\_\_\_\_ W \_\_\_\_\_ F & R \_\_\_\_\_ reported information (2 copies, 1 page each)
- Corrected Form 1099-MISC with written statements by me disputing and correcting incorrect information reported to the IRS by "PAYEES" referred to above (8 copies, 1 page each)
- Corrected Form 1099-MISC with written statements by me disputing and correcting incorrect information reported to the IRS by \_\_\_\_\_ Insurance Company" referred to above (1 copy, 1 page each)



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE-UR  
FRESNO, CA 93888-0021

NOTICE NUMBER: CP-2005  
DATE OF THIS NOTICE: 12/31/2007  
SOCIAL SECURITY NUMBER:  
TAX FORM: 1040 TAX YEAR: 2005  
AUR CONTROL NUMBER:

FOR ASSISTANCE CONTACT THE  
OFFICE OF:  
Office of N Rymer

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Toll Free Number: 800-829-3009

#### CLOSING NOTICE

Thank you for providing us with additional information about the issue we recently wrote to you about. We are pleased to tell you that, with your help, we were able to clear up the differences between your records and your payers' records. If you sent us a payment based on our proposed changes, we will refund it to you if you owe no other taxes or have no other debts the law requires us to collect.

If you have already received a notice of deficiency, you may disregard it. You won't need to file a petition with the United States Tax Court to reconsider the tax you owe. If you have already filed a petition, the Office of the District Counsel will contact you on the final closing of this case.

If you have questions about this notice, please write to us at the address shown above. Include your telephone number and the best time to call you if we need additional information.

Thank you for your cooperation.