

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning _____, 2004, ending _____, 20		CMB No. 1545-0074
Label (See instructions or page 15.) Use the IRS label. Otherwise, please print or type.	Label Your first name and initial Laura	Last name Johnson
	Your social security number	
	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 16.	Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.	

▲ Important! ▲

You must enter your SSN(s) above.

Presidential Election Campaign
(See page 15.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ▶

You Yes No Spouse Yes No

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. ▶
- 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 widower (with dependent child (see page 17))

Exemptions

If more than four dependents, see page 18.

- 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 you qualify, enter on line 24d to get a credit (see page 16) |
|----------------|-----------|--|-------------------------------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
- d Total number of exemptions claimed

Boxes checked on 6a and 6b: **1**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 16)

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

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.

If you did not get a W-2, see page 15.

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

- | | | | |
|--|-----|------|----|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 0 | |
| 8a Taxable interest. Attach Schedule B if required | 8a | 55 | 64 |
| b Tax-exempt interest. Do not include on line 8a | 8b | | |
| 9a Ordinary dividends. Attach Schedule B if required | 9a | 0 | |
| b Qualified dividends (see page 20) | 9b | | |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) | 10 | 0 | |
| 11 Alimony received | 11 | 5431 | 44 |
| 12 Business income or (loss). Attach Schedule C or C-EZ | 12 | 0 | |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13 | 0 | |
| 14 Other gains or (losses). Attach Form 4797 | 14 | 0 | |
| 15a IRA distributions | 15a | 0 | |
| b Taxable amount (see page 22) | 15b | 0 | |
| 16a Pensions and annuities | 16a | 0 | |
| b Taxable amount (see page 22) | 16b | 0 | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | 0 | |
| 18 Farm income or (loss). Attach Schedule F | 18 | 0 | |
| 19 Unemployment compensation | 19 | 0 | |
| 20a Social security benefits | 20a | 0 | |
| b Taxable amount (see page 24) | 20b | 0 | |
| 21 Other income. List type and amount (see page 24) | 21 | 0 | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 0 | |

Adjusted Gross Income

- | | | | |
|---|-----|------|----|
| 23 Educator expenses (see page 26) | 23 | | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | | |
| 25 IRA deduction (see page 26) | 25 | | |
| 26 Student loan interest deduction (see page 28) | 26 | | |
| 27 Tuition and fees deduction (see page 29) | 27 | | |
| 28 Health savings account deduction. Attach Form 8889 | 28 | | |
| 29 Moving expenses. Attach Form 3903 | 29 | | |
| 30 One-half of self-employment tax. Attach Schedule SE | 30 | | |
| 31 Self-employed health insurance deduction (see page 30) | 31 | | |
| 32 Self-employed SEP, SIMPLE, and qualified plans | 32 | | |
| 33 Penalty on early withdrawal of savings | 33 | | |
| 34a Alimony paid b Recipient's SSN ▶ | 34a | | |
| 35 Add lines 23 through 34a | 35 | 0 | |
| 36 Subtract line 35 from line 22. This is your adjusted gross income ▶ | 36 | 5487 | 08 |

Tax and Credits

37	Amount from line 36 (adjusted gross income)		37	5487	08
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked ▶ 38a				
b	If your spouse files on a separate return or you were a dual-status alien, see page 37 and check here ▶ 38b				
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		39	4850	00
40	Subtract line 39 from line 37		40	637	08
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33		41	3100	00
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-		42	0	
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8014, b <input type="checkbox"/> Form 4972		43	0	
44	Alternative minimum tax (see page 35). Attach Form 6251		44	0	
45	Add lines 43 and 44		45	0	
46	Foreign tax credit. Attach Form 1116 if required	46			
47	Credit for child and dependent care expenses. Attach Form 2441	47			
48	Credit for the elderly or the disabled. Attach Schedule R	48			
49	Education credits. Attach Form 8863	49			
50	Retirement savings contributions credit. Attach Form 8880	50			
51	Child tax credit (see page 37)	51			
52	Adoption credit. Attach Form 8839	52			
53	Credits from: a <input type="checkbox"/> Form 8396, b <input type="checkbox"/> Form 8859	53			
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800, b <input type="checkbox"/> Form 8801, c <input type="checkbox"/> Specify _____	54			
55	Add lines 46 through 54. These are your total credits		55	0	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-		56	0	

Other Taxes

57	Self-employment tax. Attach Schedule SE		57	0	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		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(s) W-2		60	0	
61	Household employment taxes. Attach Schedule H		61	0	
62	Add lines 56 through 61. This is your total tax		62	0	

Payments

63	Federal income tax withheld from Forms W-2 and 1099	63	216	88	
64	2004 estimated tax payments and amount applied from 2003 return	64	0		
65a	Earned income credit (EIC)	65a	0		
b	Nontaxable combat pay election ▶ 65b				
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	123	62	
67	Additional child tax credit. Attach Form 8812	67	0		
68	Amount paid with request for extension to file (see page 54)	68	0		
69	Other payments from: a <input type="checkbox"/> Form 2435, b <input type="checkbox"/> Form 4136, c <input type="checkbox"/> Form 8855	69	0		
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments		70	339	90

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid		71	339	90
72a	Amount of line 71 you want refunded to you		72a	339	90
b	Routing number				
c	Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
d	Account number				
73	Amount of line 71 you want applied to your 2005 estimated tax		73		

Amount You Owe

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55		74		
75	Estimated tax penalty (see page 55)		75		

Third Party Designee

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 no. 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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
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.

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)
Laura Johnson

2. Social security number (SSN)

3. Address

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, IRAs, 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
Meijer Stores Ltd Partnership,

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

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	f. Federal income tax withheld	216.88
b. Social security wages	0	g. State tax withheld (Name or state)	63.44
c. Medicare wages	0	h. Local tax withheld (Name of locality)	
d. Advance EIC payments	0	i. Social security tax withheld	99.70
e. Social security tips	0	j. Medicare tax withheld	23.32

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

1. Gross Distribution	0	4. Federal Income Tax Withheld	0
2a. Taxable Amount	0	5. State Income Tax Withheld	0
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	0
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	0
3. Capital Gains (included in 2a)	0	8. Enter Distribution Code	0

8. How did you determine the amounts in item 7 above?

Company provided W-2 which erroneously alleged payments of IRC section 3121 & 3401 wages hereby DISPUTED.

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

None, W-2 was issued before "wage" errors were noted. The amounts they list as withheld are correct, as shown in 7 above.

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 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 16 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

11. Date (mm/dd/yyyy)