

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning . . . 2006, ending . . . 20 . . . OMB No. 1545-0074

Your first name and initial . . . Morgan . . . Last name . . . Edwards . . . 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) . . . Apt. no. . .

City, town or post office, state, and ZIP code . . .

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

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

Filing Status

1 Single . . . 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. ▶

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full 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 . . . Boxes checked on 6a and 6b . . . 1

b Spouse . . . No. of children on 6c who: • lived with you . . . • did not live with you due to divorce or separation (see page 20) . . .

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 15)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed . . . 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 B if required . . . 8a . . .

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

9a Ordinary dividends. Attach Schedule B if required . . . 9a . . .

b Qualified dividends (see page 23) . . . 9b . . .

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24) . . . 10 . . .

11 Alimony received . . . 11 . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . 12 . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ . . . 13 . . .

14 Other gains or (losses). Attach Form 4797 . . . 14 . . .

15a IRA distributions . . . 15a . . . b Taxable amount (see page 25) . . . 15b . . .

16a Pensions and annuities . . . 16a . . . b Taxable amount (see page 26) . . . 16b . . .

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . 17 . . .

18 Farm income or (loss). Attach Schedule F . . . 18 . . .

19 Unemployment compensation . . . 19 . . .

20a Social security benefits . . . 20a . . . b Taxable amount (see page 27) . . . 20b . . .

21 Other income. List type and amount (see page 29) . . . 21 . . .

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ . . . 22 . . . 0 . . . 00

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853 . . . 23 . . .

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . 24 . . .

25 Health savings account deduction. Attach Form 8889 . . . 25 . . .

26 Moving expenses. Attach Form 3903 . . . 26 . . .

27 One-half of self-employment tax. Attach Schedule SE . . . 27 . . .

28 Self-employed SEP, SIMPLE, and qualified plans . . . 28 . . .

29 Self-employed health insurance deduction (see page 29) . . . 29 . . .

30 Penalty on early withdrawal of savings . . . 30 . . .

31a Alimony paid b Recipient's SSN ▶ . . . 31a . . .

32 IRA deduction (see page 31) . . . 32 . . .

33 Student loan interest deduction (see page 33) . . . 33 . . .

34 Jury duty pay you gave to your employer . . . 34 . . .

35 Domestic production activities deduction. Attach Form 8903 . . . 35 . . .

36 Add lines 23 through 31a and 32 through 35 . . . 36 . . .

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ . . . 37 . . . 0 . . . 00

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 34.

• All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)		38	0	00
39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a				
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	5150	00
41	Subtract line 40 from line 38		41	-5150	00
42	If line 38 is over \$112,675, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d		42	3300	00
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0	00
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		44		
45	Alternative minimum tax (see page 39). Attach Form 6251		45		
46	Add lines 44 and 45		46	0	00
47	Foreign tax credit. Attach Form 1116 if required	47			
48	Credit for child and dependent care expenses. Attach Form 2441	48			
49	Credit for the elderly or the disabled. Attach Schedule R	49			
50	Education credits. Attach Form 8863	50			
51	Retirement savings contributions credit. Attach Form 8880	51			
52	Residential energy credits. Attach Form 5695	52			
53	Child tax credit (see page 42). Attach Form 8901 if required	53			
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54			
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55			
56	Add lines 47 through 55. These are your total credits	56			
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57		0	00

Other Taxes

58	Self-employment tax. Attach Schedule SE	58			
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59			
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60			
61	Advance earned income credit payments from Form(s) W-2, box 9	61			
62	Household employment taxes. Attach Schedule H	62			
63	Add lines 57 through 62. This is your total tax	63		0	00

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64			
65	2006 estimated tax payments and amount applied from 2005 return	65			
66a	Earned income credit (EIC)	66a			
66b	Nontaxable combat pay election ▶ 66b				
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67			
68	Additional child tax credit. Attach Form 8812	68			
69	Amount paid with request for extension to file (see page 60)	69			
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70			
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71			
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72		0	00

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73			
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a			
b	Routing number <input type="text"/>				
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
d	Account number <input type="text"/>				
75	Amount of line 73 you want applied to your 2007 estimated tax ▶	75			

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ▶	76		0	00
77	Estimated tax penalty (see page 62)	77			

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? 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.

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

Date 2/4/07 Your occupation Daytime phone number

Spouse's signature: If a joint return, both must sign. Date Spouse's occupation

CALENDAR YEAR 2006		PAYER'S federal identification number	RECIPIENT'S identification number	Account number (see instructions)	2nd TIN box <input type="checkbox"/>
PAYER'S name, street address, city, state, and ZIP code			RECIPIENT'S name, street address, city, state, and ZIP code Morgan Edwards		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.
1 Fees \$	2 Royalties \$	3 Other income \$		4 Federal income tax withheld \$	
5 Licensing fees 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 25,000 or more of consumer products to a buyer (check one) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	11	12	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
15a Section 4053 dividend \$	15b Section 4054 income \$	16 State tax withheld \$		17 State/Payer's state no. \$	
				18 State income \$	

This corrected form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment to the party identified above as "RECIPIENT" of "gains, profit, or income" made in the course of a "trade or business".

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.

Morgan Edwards

2/4/07
Date