

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

AJ [Redacted] MARCIANNE [Redacted]

IRS no.

OMB No. 1545-0074 Your social security number [Redacted] spouse's social security number [Redacted]

You must enter your SSN(s) above.

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

Filing Status

- 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 [X] 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

- 6a [X] 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) If qualifying child for child tax credit (see page 19)
d Total number of exemptions claimed 3

Income

Table with 22 rows for income items (7-22) and columns for amount and taxable amount. Includes wages, interest, dividends, and other income.

Adjusted Gross Income

Table with 11 rows for adjusted gross income items (23-37) and columns for amount and taxable amount. Includes educator expenses, health savings account deduction, and other adjustments.

Tax and Credits 36 Amount from line 37 (adjusted gross income) 36 1715 36a Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind <input type="checkbox"/> Total blind <input type="checkbox"/> <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse <input type="checkbox"/> 36a		
b If your spouse (or you) is a spouse (or you) who is a blind individual, see page 36 and check box <input type="checkbox"/> 36b		
Standard Deduction 40 Itemized deductions from Schedule A or your standard deduction (see left margin) 40 1500 41 Subtract line 40 from line 36 41 5015		
42 If line 36 is over \$108,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,000 by the total number of exemptions claimed on line 63		
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 7600		
44 Tax (see page 25). Check if any tax is from: a <input type="checkbox"/> Form 9874 b <input type="checkbox"/> Form 4372 44 -		
45 Alternative minimum tax (see page 36). Attach Form 6251 45 -		
46 Add lines 44 and 45 46 -		
47 Foreign tax credit. Attach Form 1118 if required 47 0		
48 Credit for child and dependent care expenses. Attach Form 2441 48 0		
49 Credit for the elderly or the disabled. Attach Schedule R 49 0		
50 Education credits. Attach Form 8863 50 0		
51 Retirement savings contributions credit. Attach Form 8880 51 0		
52 Child tax credit (see page 41). Attach Form 8881 if required 52 0		
53 Adoption credit. Attach Form 8839 53 0		
54 Credits from: a <input type="checkbox"/> Form 2390 b <input type="checkbox"/> Form 8899 54 0		
55 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 8801 b <input type="checkbox"/> Form <input type="checkbox"/> 55 0		
56 Add lines 47 through 55. These are your total credits 56 0		
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57 0		
Other Taxes 58 Self-employment tax. Attach Schedule SE 58 0		
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4327 59 0		
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5295 if required 60 0		
61 Advance earned income credit payments from Form 942 61 0		
62 Household employment taxes. Attach Schedule H 62 0		
63 Add lines 57 through 62. This is your total tax 63 0		
Payments 64 Federal income tax withheld from Forms 941 and 1099 64 0		
65 2001 estimated tax payments and amount applied from 2004 return 65 0		
66a Earned income credit (EIC) 66a 0 b Reasonable combat pay election <input type="checkbox"/> 2001 b 2001		
67 Excess social security and tier 1 RRTA tax withheld (see page 38) 67 0		
68 Additional child tax credit. Attach Form 8812 68 0		
69 Amount paid with request for extension to file (see page 38) 69 2.0		
70 Payments from: a <input type="checkbox"/> Form 1433 b <input type="checkbox"/> Form 438 a <input type="checkbox"/> Form 888 70 0		
71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments 71 2.0		
Refund 72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid 72 2.0		
Direct deposit? <input type="checkbox"/> 73a Amount of line 72 you want refunded to you 73a 2.0 a Routing number <input type="text"/> a Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings b Account number <input type="text"/>		
74 Amount of line 72 you want applied to your 2004 estimated tax 74 0		
Amount You Owe 75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 62 75 -		
76 Estimated tax penalty (see page 62) 76 -		
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 61)? <input type="checkbox"/> Yes, Complete the following. <input checked="" type="checkbox"/> No		
Designee's name <input type="text"/>	Print name <input type="text"/>	Personal identification number (PIN) <input type="text"/>
Under penalty 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 the taxpayer) is based on all information of which preparer has any knowledge.		
Your signature <i>Marcianne</i>	Date <i>1/15/05</i>	Preparer's signature <i>W. J. ...</i>

AFFIDAVIT OF FILING

Re: Form 1040-2005

Marcianne [REDACTED]

I, Marcianne [REDACTED] being of sound mind, and over the age of 21, hereby declares:

I am a U.S. citizen.

I am not an "employee" defined as: a federal government worker or office holder; worker or office holder of the local government of the District of Columbia and the territories and possessions; worker or office holder of any federal, D.C., or territorial or possessions government agency or instrumentality; or officer of any federal corporation.

I did not receive "income" defined as: remuneration of any kind, and by any name (including salary, fee, etc.) paid to any employee, and to others in positions in the federal civil or military services.

I did not receive proceeds from a trade or business, defined as: the performance of the functions of a public office.

I did not receive proceeds from a federal (U.S.) corporation or instrumentality such as national banks, railroads, etc.

I did not receive benefits paid by the federal government.

I certify under penalty of perjury that these statements are true and correct to the best of my knowledge. Executed, October, 16, 2006.

_____ signed

Marcianne [REDACTED]