

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

Label
(See instructions on page 15.)
Use the IRS label. Otherwise, please print or type.

IRS

▲ You must enter your SSN(s) above. ▲

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

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 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 Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

(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 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed 1

Bases checked on 6a and 6b:
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see page 20)
Dependents on 6c not entered above

Add numbers on lines above ▶

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0 00

8a Taxable interest. Attach Schedule B if required 8a 3 72

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 3 72

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 8803 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 3 72

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 372

39a Check You were born before January 2, 1942, Blind. Total boxes
 if: Spouse was born before January 2, 1942, Blind. checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 7869 55

41 Subtract line 40 from line 38 41 1865 83

42 If line 38 is over \$112,575, or you provided housing to a person displaced by Hurricane Katrina, see page 38. 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 Form(s) 8814 b Form 4972 44

45 Alternative minimum tax (see page 39). Attach Form 6251 45

46 Add lines 44 and 45 46

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 Form 8396 b Form 8329 c Form 8859 54

55 Other credits: a Form 3800 b Form 8901 c 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

64 Federal income tax withheld from Forms W-2 and 1099 64 5656 73

65 2006 estimated tax payments and amount applied from 2005 return 65

66a Earned income credit (EIC) 66a

b Nonrefundable 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 Form 2436 b Form 4136 c Form 8885 70

71 Credit for federal telephone excise tax paid. Attach Form 8813 if required 71

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72 5656 73

Refund

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73 5656 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 5656 73

b Routing number ▶ c Type: Checking Savings

d Account number

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

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.

Your Date 4-17-07 Your occupation Daytime phone number ()

Preparer's name Date Preparer's occupation

Joint return? See page 17. Keep a copy.

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
KURT S. ROWE

3 Address
[REDACTED]

4 Enter year in space provided and check main tax for the tax year ending December 31, **2006**.
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 or line 8 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
[REDACTED]

6 Employer's or payer's
[REDACTED]

7 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>—</u>
b Social security wages	<u>0</u>	(Name of state)	<u> </u>
c Medicare wages and tips	<u>0</u>	h Local income tax withheld	<u>—</u>
d Advance EIC payment	<u>0</u>	(Name of locality)	<u> </u>
e Social security tips	<u>0</u>	i Social security tax withheld	<u>418.72</u>
f Federal income tax withheld	<u>636.24</u>	j Medicare tax withheld	<u>97.93</u>

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

a Gross distribution	<u>0</u>	f Federal income tax withheld	<u>0</u>
b Taxable amount	<u>0</u>	g State income tax withheld	<u>0</u>
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	<u>0</u>
d Total distribution	<input type="checkbox"/>	i Employee contributions	<u>0</u>
e Capital gain (included in 8b)	<u>0</u>	j Distribution codes	<u>0</u>

9 How did you determine the amounts on lines 7 and 8 above?
Company provided W-2 which erroneously alleged payments of IRC Section 3401(a) and 3121(a) "wages" hereby DISPUTED. I received no such "wages".

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
NONE

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 [REDACTED] Date 4-17-07

Sign Here

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.

1 Type or print your first name and middle initial. Last name
KURT S. ROWE

3 Address
 [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2006, 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 or line 8 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
 [REDACTED]

6 Employer's or payer's
 [REDACTED]

7 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>—</u>
b Social security wages	<u>0</u>	(Name of state)	<u>—</u>
c Medicare wages and tips	<u>0</u>	h Local income tax withheld	<u>—</u>
d Advance EIC payment	<u>0</u>	(Name of locality)	<u>—</u>
e Social security tips	<u>0</u>	i Social security tax withheld	<u>1471.58</u>
f Federal income tax withheld	<u>2688.03</u>	j Medicare tax withheld	<u>344.23</u>

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

a Gross distribution	<u>0</u>	f Federal income tax withheld	<u>0</u>
b Taxable amount	<u>0</u>	g State income tax withheld	<u>0</u>
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	<u>0</u>
d Total distribution	<input type="checkbox"/> <u>0</u>	i Employee contributions	<u>0</u>
e Capital gain (included in 8b)	<u>0</u>	j Distribution codes	<u>0</u>

9 How did you determine the amounts on lines 7 and 8 above?
 Company provided W-2 which erroneously alleged payment of IRC section 3401(a) and 3(2)(B) "wages" hereby DISPUTED. I received no such "wages".

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
NONE

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 ▶ [REDACTED] Date ▶ **4-17-07**

Sign Here