

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

For the year Jan. 1–Dec. 31, 2005, or other tax year beginning _____, 2005, ending _____, 20

Your first name and initial: **Susan D** Last name: **Wolfe**

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. _____

OMB No. 1545-0074

Your social security number: _____

Spouse's social security number: _____

▲ 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
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 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

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 13)
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

d Total number of exemptions claimed **1**

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	0	00
8a	Taxable interest. Attach Schedule B if required	8a	0	00
b	Tax-exempt interest. Do not include on line 8a	8b	0	00
9a	Ordinary dividends. Attach Schedule B if required	9a	0	00
b	Qualified dividends (see page 23)	9b	0	00
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	0	00
11	Alimony received	11	0	00
12	Business income or (loss). Attach Schedule C or C-EZ	12	0	00
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	0	00
14	Other gains or (losses). Attach Form 4797	14	0	00
15a	IRA distributions	15a	0	00
b	Taxable amount (see page 25)	15b	0	00
16a	Pensions and annuities	16a	0	00
b	Taxable amount (see page 25)	16b	0	00
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0	00
18	Farm income or (loss). Attach Schedule F	18	0	00
19	Unemployment compensation	19	0	00
20a	Social security benefits	20a	0	00
b	Taxable amount (see page 27)	20b	0	00
21	Other income. List type and amount (see page 28)	21	0	00
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	Educator expenses (see page 29)	23	0	00
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0	00
25	Health savings account deduction. Attach Form 8889	25	0	00
26	Moving expenses. Attach Form 3903	26	0	00
27	One-half of self-employment tax. Attach Schedule SE	27	0	00
28	Self-employed SEP, SIMPLE, and qualified plans	28	0	00
29	Self-employed health insurance deduction (see page 30)	29	0	00
30	Penalty on early withdrawal of savings	30	0	00
31a	Alimony paid b Recipient's SSN ▶ _____	31a	0	00
32	IRA deduction (see page 31)	32	0	00
33	Student loan interest deduction (see page 33)	33	0	00
34	Tuition and fees deduction (see page 34)	34	0	00
35	Domestic production activities deduction. Attach Form 8903	35	0	00
36	Add lines 23 through 31a and 32 through 35	36	0	00
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 36.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	0	00
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a	0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ 39b <input type="checkbox"/>			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5000	00
41	Subtract line 40 from line 38	41	<5000	00>
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3200	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 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0	00
45	Alternative minimum tax (see page 39). Attach Form 6251	45	0	00
46	Add lines 44 and 45	46	0	00
47	Foreign tax credit. Attach Form 1116 if required	47	0	00
48	Credit for child and dependent care expenses. Attach Form 2441	48	0	00
49	Credit for the elderly or the disabled. Attach Schedule R	49	0	00
50	Education credits. Attach Form 8863	50	0	00
51	Retirement savings contributions credit. Attach Form 8880	51	0	00
52	Child tax credit (see page 41). Attach Form 8901 if required	52	0	00
53	Adoption credit. Attach Form 8839	53	0	00
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	0	00
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	0	00
56	Add lines 47 through 55. These are your total credits	56	0	00
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	0	00
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	0	00
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	0	00
61	Advance earned income credit payments from Form(s) W-2	61	0	00
62	Household employment taxes. Attach Schedule H	62	0	00
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	870	69
65	2005 estimated tax payments and amount applied from 2004 return	65	0	00
66a	Earned income credit (EIC)	66a	0	00
b	Nontaxable combat pay election ▶ 66b 0 00			
67	Excess social security and tier 1 RRTA tax withheld (see page 58)	67	1309	65
68	Additional child tax credit. Attach Form 8812	68	0	00
69	Amount paid with request for extension to file (see page 59)	69	0	00
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	0	00
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	2180	34

Refund

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

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	2180	34
73a	Amount of line 72 you want refunded to you	73a	2180	34
b	Routing number			
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number			
74	Amount of line 72 you want applied to your 2006 estimated tax	74	0	00

Amount You Owe

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	0	00
76	Estimated tax penalty (see page 60)	76	0	00

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? 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 <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	

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.

Susan D

Last name

Wolfe

2 Social security number (SSN)

3 Address

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

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>335.40</u>
b Social security wages	<u>0</u>	(Name of state) <u>ME</u>	
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>1061.35</u>
f Federal income tax withheld	<u>870.69</u>	j Medicare tax withheld	<u>248.30</u>

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

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

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

Studied records and statutory language behind IRC sections 3401 and 3121 and others.

9 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.

Sign Here

Signature ▶ _____

Date ▶ _____



Tax Form: 1040

Tax Year: December 31, 2005

SUSAN D WOLFE

Amount of Refund

\$870.69

Why We Are Sending You This Notice

We are writing to you because there is an error on your 2005 Federal Income Tax Return. We will explain why we made the change and what you need to do.

Why We Made The Change

- We changed the amount claimed as excess social security tax withheld or tier 1 RRTA withheld on Line 67 of Form 1040 due to a computation error.

What You Should Do If You Agree With The Change

- You do not need to do anything. If you owe no other amounts that we are required to collect, you should receive your corrected refund within six weeks.

What You Should Do If You Disagree With The Change

- If you disagree with the change we made or you have additional information that corrects the error we found, please call us at 1-800-829-0922 to discuss your account.
- Our representative will explain the change we made. You can explain why you disagree with the change and provide the representative with any corrective information you have. We will correct any mistakes on your account.
- You also can handle this matter by mail. You may write to us at the address on the stub at the end of this notice. Please attach the stub to your correspondence. The stub will help us process your inquiry quicker.

2005 Tax Return Form 1040 as of March 20, 2006

Line Item On Your Return	Your Figures	IRS Figures
Adjusted Gross Income	\$ 00	\$ 00
Taxable Income	\$ 00	\$ 00
Total Tax	\$ 00-	\$ 00-
Total Payments		\$870.69-
Amount of Overpayment		\$870.69-
Less: Penalties (computed below, if applicable)		\$ 00
Less: Interest computed through March 20, 2006 (computed below)		\$ 00
Less: Amount applied to next year's estimated tax		\$ 00
Total Amount of Refund Per This Notice (Interest added, if any)		\$870.69