

Label (See page 11.) Use the IRS label. Otherwise, please print or type.

Form section for name and address: Your first name and initial, Last name, Home address (number and street), City, town or post office, state, and ZIP code.

Your social security number, Spouse's social security number

Important! You must enter your SSN(s) above.

Presidential Election Campaign (page 11)

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if a joint return, want \$3 to go to this fund? Yes No

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.

Table with 3 columns: Line number, Description, Amount. Rows include: 1 Wages, salaries, and tips; 2 Taxable interest; 3 Unemployment compensation; 4 Adjusted gross income; 5 Can your parents claim you?; 6 Taxable income.

Payments and tax

Table with 3 columns: Line number, Description, Amount. Rows include: 7 Federal income tax withheld; 8a Earned income credit; 9 Total payments; 10 Tax.

Refund

Form section for refund: 11a If line 9 is larger than line 10, subtract line 10 from line 9. 11b Routing number, 11c Type, 11d Account number.

Amount you owe

12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe.

Third party designee

Do you want to allow another person to discuss this return with the IRS? Yes. Complete the following. Designer's name, Phone no., Personal identification number (PIN).

Sign here

Under penalties of perjury, I declare that I have examined this return... Your signature, Date, Your occupation, Spouse's occupation, Daytime phone number.

Paid preparer's use only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, 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.**

OMB No.
1545-0458

Attach to Form 1040,1040A, 1040-EZ or 1040X

1. Name (First, middle, last)

Troy [REDACTED]

2. Social security number (SSN)

[REDACTED]

3. Address

[REDACTED]

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 IRA's, 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

[REDACTED]

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

[REDACTED]

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.)	0.00	f. Federal income tax withheld	24.00
b. Social security wages	0.00	g. State tax withheld (Name or state)	0.00
c. Medicare wages	0.00	h. Local tax withheld (Name of locality)	0.00
d. Advance EIC payments	0.00	i. Social security tax withheld	569.47
e. Social security tips	0.00	j. Medicare tax withheld	133.14

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

1. Gross Distribution	0.00	4. Federal Income Tax Withheld	0.00
2a. Taxable Amount	0.00	5. State Income Tax Withheld	0.00
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	0.00
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	0.00
3. Capital Gains (included in 2a)	0.00	8. Enter Distribution Code	0.00

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

Company provided records and the statutory language behind IRC Sections 3401 and 3121 and others.

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

Request, but the company refuses to issue correctly listing payments of "wages as defined in 3401 (a) and 3121 (a)" for fear of IRS retaliation. The amounts listed as withheld on the W-2 it submitted are correct, however.

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 18 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

[REDACTED]

11. Date (mmdd/yyyy)

09/27/2005

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.**

OMB No.
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1. Name (First, middle, last)
Troy [REDACTED]

2. Social security number (SSN)
[REDACTED]

3. Address
[REDACTED]

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 IRA's, 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
[REDACTED]

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

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.)	0.00	f. Federal income tax withheld	0.00
b. Social security wages	0.00	g. State tax withheld (Name or state)	0.00
c. Medicare wages	0.00	h. Local tax withheld (Name of locality)	0.00
d. Advance EIC payments	0.00	i. Social security tax withheld	788.23
e. Social security tips	0.00	j. Medicare tax withheld	184.34

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

1. Gross Distribution	0.00	4. Federal Income Tax Withheld	0.00
2a. Taxable Amount	0.00	5. State Income Tax Withheld	0.00
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	0.00
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	0.00
3. Capital Gains (included in 2a)	0.00	8. Enter Distribution Code	0.00

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

Company provided records and the statutory language behind IRC Sections 3401 and 3121 and others.

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

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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
[REDACTED]

11. Date (mm/dd/yyyy)

09/27/2005