

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

Filing Status

Check only one box.

Exemptions

If more than four dependents, see page 19.

Income

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

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

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 WILLIAM R.	Last name BARNES	Your social security number [REDACTED]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see page 16. [REDACTED]		Apt. no. [REDACTED]
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. [REDACTED]		Checking a box below will not change your tax or refund.

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)

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b	1
b <input type="checkbox"/> Spouse	No. of children on 6c who:	
c Dependents:	• lived with you	
(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)	• did not live with you due to divorce or separation (see page 20)	
Dependents on 6c not entered above		
d Total number of exemptions claimed	Add numbers on lines above ▶	1

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7		
8a Taxable interest. Attach Schedule B if required	8a	2	58
b Tax-exempt interest. Do not include on line 8a	8b		
9a Ordinary dividends. Attach Schedule B if required	9a	135	01
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 ▶ <input type="checkbox"/>	13	4391	65
14 Other gains or (losses). Attach Form 4797	14		
15a IRA distributions	15a	12000	00
b Taxable amount (see page 25)	15b	12000	00
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	16529	24

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	0	00
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	16529	24

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	16529	24
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			
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b <input type="checkbox"/>			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13115	63
41	Subtract line 40 from line 38	41	3413	61
42	If line 38 is over \$112,875, 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		
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	3413	61
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	343	00
45	Alternative minimum tax (see page 39). Attach Form 6251	45		
46	Add lines 44 and 45	46	343	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	0	00
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	343	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	343	00

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	3987	99
65	2006 estimated tax payments and amount applied from 2005 return	65		
66a	Earned income credit (EIC)	66a		
b	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	3987	99

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	3644	99
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	3644	99
b	Routing number			
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> 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 signature	Date	Your occupation	Daytime phone number
<i>[Signature]</i>	02/14/2007	Accountant	()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature <input type="text"/>	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. WILLIAM R.	Last name BARNES	2 Social security number (SSN) [REDACTED]
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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 identification number (if known)
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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>845.56</u>
b Social security wages <u>0</u>	(Name of state) <u>Pennsylvania</u>
c Medicare wages and tips <u>0</u>	h Local income tax withheld <u>358.08</u>
d Advance EIC payment <u>0</u>	(Name of locality) <u>Bethel Park</u>
e Social security tips <u>0</u>	i Social security tax withheld <u>1707.46</u>
f Federal income tax withheld <u>1881.15</u>	j Medicare tax withheld <u>399.38</u>

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

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

9 How did you determine the amounts on lines 7 and 8 above?
Records provided by the payor listed on Line 5 above.

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

Sign Here	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 ▶ <u>Oct 14 2007</u>