1040		artment of the Treasury—Internal Revenue Service 2004 (99) IRS Use Only—Do no	of write or staple in this space.		
		the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20	OMB No. 1545-0074		
Label	<u> </u>	ur first name and initial Last name	Your social security purchase		
	1 .	ATHAN V: ANDERSON			
instructions B	li a	joint return, spouse's first name and initial Last name	Spouse a work seems,		
Use the IRS Label.	HΩ	me artifess injurities and street. If you have a P.O. box see page 16.	▲ Important! ▲		
Otherwise, E		三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	•		
please print R E	Cij	y town or post office, state and ZIP code. If you have a foreign address, see page 16.	You must enter your SSN(s) above.		
Presidential	_				
Election Campaign	1	Note. Checking "Yes" will not change your tax or reduce your refund.	You Spouse		
(See page 16.)		Do you, or your spouse if filing a joint return, want \$3 to go to this fund?	☐ Yes 🏿 No ☐ Yes 💆 No		
	1	Single 4 Head of household (with o	qualifying person). (See page 17.) If		
Filing Status	2		child but not your dependent, enter		
Check only	зД	Married filing separately. Enter spouse's SSN above this child's name here. ►			
one box.		and full name here. ► Khawitha Anderson 5 Qualifying widow(er) with	dependent child (see page 17)		
	6a	Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b		
Exemptions	b	Spouse	No. of children		
	C	Dependents: (2) Dependent's (3) Dependent's (4) V it qual child for chi			
		(1) First name Last name social security number you credit (see pa	ige 18) • did not live with		
			you due to divorce or separation		
If more than four dependents, see			(see page 18)		
page 18.			Dependents on 6c not entered above		
			Add numbers on		
	d	Total number of exemptions claimed	. , lines above 🛌		
	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7 -0+		
Income	8a	Taxable interest. Attach Schedule B if required	8a 89 54		
Attach Form(s)	Ь	Tax-exempt interest. Do not include on line 8a 8b	on and the second		
W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if required	9a		
attach Forms	b	Qualified dividends (see page 20) 9b			
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10		
was withheld.	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		
If you did not	14	Other gains or (losses). Attach Form 4797	14		
get a W-2,	15a	IRA distributions . 15a b Taxable amount (see page 22)	15b		
see page 19.	16a	Pensions and annuities 16a b Taxable amount (see page 22)	16b ~		
Enclose, but do	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
not attach, any	18	Farm income or (loss). Attach Schedule F	18		
payment. Also, please use	19	Unemployment compensation	19		
Form 1040-V.	20a	Social security benefits . 20a b Taxable amount (see page 24)	20b		
	21	Other income. List type and amount (see page 24)	21 90 -11		
<u> </u>	22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22 89 54		
Adjusted	23	Educator expenses (see page 26) ,			
Adjusted	24	Certain business expenses of reservists, performing artists, and			
Gross		fee-basis government officials. Attach Form 2106 or 2106-EZ			
Income	25	IRA deduction (see page 26)	- 4		
	26	Student loan littless deduction (see page 26)			
	27	Tuition and fees deduction (see page 29)			
	28	Health savings account deduction. Attach Form 8889 28			
	29	Moving expenses. Attach Form 3903			
	30	One-half of self-employment tax. Attach Schedule SE 30			
	31	Self-employed health insurance deduction (see page 30)			
	32	Self-employed SEP, SIMPLE, and qualified plans 32	1		
•	33	Penalty on early withdrawal of savings			
	34a	Alimony paid b Recipient's SSN ▶ : 34a 34a	29 67		
	35 26	Add lines 23 through 34a	35 01 02		

Form 1040 (20)	04)			·	Page Z
Tax and Credits	37 38a		37		087
Creuits		if: ∫ Spouse was born before January 2, 1940, ☐ Blind. ∫ checked ► 38a ☐			
Standard	p		- 3	4850	00
Deduction for—	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .	39 40	C U850	787
 People wh 	40	Subtract line 39 from line 37	40		00/
checked any		If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	41	3100	00
box on line 38a or 38b c	or	line 6d. If line 37 is over \$107,025, see the worksheet on page 33	42	<7950	08>
who can be claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0 Tax (see page 33) Check if any tax is from: a Form(s) 8814	43	- ()-	
dependent,	40	Tax (see page 33). Check if any tax is from: a Form(s) 8814	44	<u></u>	
see page 31.		Add lines 43 and 44	45	<u> </u>	-
All others:	45 46	Foreign tax credit. Attach Form 1116 if required	*		
Single or Married filing		Credit for child and dependent care expenses. Attach Form 2441		1	
separately, \$4,850	48	Credit for the elderly or the disabled. Attach Schedule R 48		į	
Married filing	1	Education credits. Attach Form 8863			
jointly or	50	Retirement savings contributions credit. Attach Form 8880 50	2		
Qualifying widow(er),	51	Child tax credit (see page 37)			
\$9,700	52	Adoption credit. Attach Form 8839			
Head of	53	Credite from: a Form 8396 h Form 8859 53			
household, \$7,150	54	Other credits. Check applicable box(es): a Form 3800			
ψ7,130	``ل	b Form 8801 c Specify 54		Α	L
	55	Add lines 46 through 54. These are your total credits	55	-0	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0 ▶	56		
Other	57	Self-employment tax. Attach Schedule SE	57	<u> </u>	
Taxes	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	<u> </u>	
layes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	59	<u>-6</u>	
	60	Advance earned income credit payments from Form(s) W-2	60	-0+	
	61	Household employment taxes. Attach Schedule H	61	- 0 - - 0-	
	62	Add lines 56 through 61. This is your total tax Exclored income tax withheld from Forms W-2 and 1099 63 27 66 1/	62		
Payments		redelal income tax withheld from to this w 2 and 1883			
	54	2004 estimated tax payments and amount applied from 2003 fetuni			
If you have a qualifying	Г	Earned Income Steam (LTG)			
child, attach		A _	4.0		
Schedule El0	J	Excess social security and tier 1 RRTA tax withheld (see page 54) Additional child tax credit. Attach Form 8812 67 67	3.0		
	67	Amount paid with request for extension to file (see page 54) 68 -0 -			
	68 69	Other payments from: a Form 2439 b Form 4136 c Form 8885 .	7	04-	6 .0
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	2466	H_{-}
Defined	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	2466	7]
Refund Direct deposit	70-	Amount of line 71 you want refunded to you	72a	2466	4
See page 54	, ▶ p	Routing number			•
and fill in 72b,	▶ d	Account number			•
72c, and 72d.	73	Amount of line 71 you want applied to your 2005 estimated tax ► 73	1.00		
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74		STATE STATE OF
You Owe	75	Estimated tax penalty (see page 55)			
Third Part	tv D	o you want to allow another person to discuss this return with the IRS (see page 56)? 🔲 Yes. (Comple	ete the following. [No
Designee	-	esignee's Phone Petsonal identific	ation .		.
	Us	me ► no. ► () number (PIN)	d to the	boot of my knowledge	
Sign	Ur be	nder penalties of perjury. I deciare that I have examined this return and accompanying schedules and statements, an ilief, they are true, correct, and complete. Deciaration of preparer (other than texpayer) is based on all information of wi	hich prep	parer has any knowled	ge.
Here		our signature Date Your occupation		me phone number	
Joint return? See page 17.	À.	7. The Chelen 4/5/05 California Resident	1	· `	
Кеер а сору	1940A P	pouse's signature if a joint return, both must sign. Date Spouse's occupation			
for your	1 2	Space a signature it a joint totally pour man aight			
records.		Date	Prepa	erer's SSN or PTIN	NAME OF TAXABLE PARTY O
Paid	si	reparer's Check if gnature self-employed			
Preparer's	s - Fi	rm's name (or EIN	· [
Use Only	yc	ours if self-employed), Phone no.	{)	

Form 4852 (Revised Oct. 1998)

Catalog No. 4205BU

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

Form 4852 (Rev. 10-98)

Attach to	Form 104	0,1040A, 1040-EZ or 104	iox	
Name (First, middle, last) Nathan V. Anderson			2. Social sec	urity number (SSN)
3 Address				
4. Please fill in the year at the end of the statement. I have Tax Statement, or Form 1099-R, Distributions From Pretc., from my employer or payer named below. I hereby best estimates of all wages or payments paid to m	ensions, Ann w notify the Ir	uities, Retirement or Profit-s itemal Revenue Service of t	haring Plans IRA's, I nis fact. The amounts	nsurance Contracts, s shown below are
5. Employer's or payer's name, address and ZIP code	·	· war · · · · · · · · · · · · · · · · · · ·	6. Employer's number (if kno	or payer's identification
		<u> </u>	*,	
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) 		f. Federal income tax w	ithheld	\$446.15
all other compensation before deductions for taxes, insurance, etc.)	-D-	g. State tax withheld	\$292.69 CA	· · · · · · · · · · · · · · · · · · ·
	-0-	(Name or state)		
b. Social security wages ———	-O=	 h. Local tax withheld (Name of locality) 		
c. Medicare wages	-0-	i, Social security tax wit	hheld	\$682.96
d. Advance EIC payments	-0-	j. Medicare tax withheld		\$159.72
e. Social security tips		•		
7(B). Enter distributions from pensions, annuities, retin	ement or prol	īt-sharing plans, IRAs, insur	ance contracts, etc.	
Gross Distribution	-0-	4. Federal Inco	me Tax Withheld	-0-
2a. Taxable Amount	-Ð-	5. State Incom	e Tax Withheid	-0-
2b. Taxable Amount not determined		Employee Contribution Net Unrealized Appreciation Enter Distribution Code		-0-
Total Distribution				-0-
3. Capital Gains (included in 2a)	-0-			-
8. How did you determine the amounts in Item 7 above Company provided records and the statutory late. 9. Explain your efforts to obtain Form W-2, 1099-R, of None. The amounts listed as withheld on the W.	nguage behi or W-2c, State	ement of Corrected Income		
Importance Notice: If your employer has ceased oper Social Security Administration office listed in your telep	rations or file phone directo	d for bankruptcy, you may w ry to ensure proper social se	ish to send a copy or ecurity credit.	this form to the
Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Intermined it to ensure that you are complying with these laws and information requested on a form that is subject to the Paper Frelating to a form or its instructions must be retained as long: Generally, tax returns and return information are confidential, depending on individual circumstances. The estimated average	to allow us to feeduction Act the street content as their content as required by the time is 18 m	igure and collect the right amounters the form displays a valid is may become material in the and the color of the color	int of tax. You are not n OMB control number, E administration of any Inte seeded to complete this concerning the occurrer	equired to provide the looks or records is ernal Revenue law. form will vary ce-of-this-time
estimate or suggestions for making this form simpler, we wou Distribution Center, Rancho Cordova, CA 95743 0001, DO No	OT send this fo	orm to this office. Instead, attacl	it to your tax return.	
Under penalties of perjury, I declare that I have examined this	statement, an	d to the best of my knowledge	and belief, it is true, cor	rect, and complete.
10. Your signature Jallen Jallen	·~		11. Date (mr	15/2005

Form **4852** (Revised Oct. 1998)

Catalog No. 42058U

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

Form 4852 (Rev. 10-98)

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

Attac		, 1040A, 1040-L2 01 7040A		
Name (First, middle, last) Nathan V. Anderson	<u></u>		2. Social securi	ty number (SSN)
3. Address				
4. Please fill in the year at the end of the statement. Tax Statement, or Form 1099-R, Distributions Froetc., from my employer or payer named below. I him y best estimates of all wages or payments paid to	m Pensions, Annu ereby notify the Int	ities, Retirement or Prom-snam emal Revenue Service of this fa	g Pians IKA's, ins ct. The amounts s	urance Contracts,
5. Employer's or payer's name, address and ZIP c	ode		6. Employer's or pumber (if known	payer's identification
		الما المعادلة المعادل		(
7(A) Enter wages, compensations and taxes withh	eld			
 a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) 	f. Federal income tax within		neld \$0.0	
all other compensation before deductions for taxes, insurance, etc.)	-0-	g. State tax withheld (Name or state) \$0	.00 CA -	
	-0-	h. Local tax withheld	-	
b. Social security wages	-0 -	(Name of locality)	·	
c. Medicare wages	-0-	i. Social security tax withheld		\$443.08
d. Advance EIC payments	-0-	j. Medicare tax withheld		\$103.64
e. Social security tips				
7(B). Enter distributions from pensions, annuities,	retirement or profi	t-sharing plans, IRAs, insurance	contracts, etc.	
1. Gross Distribution ——	-0 -	4. Federal Income 1	Fax Withheld .	-O-
2a. Taxable Amount	0-	5. State Income Tax Withheld		-0-
2b. Taxable Amount not determined		6. Employee Contri	bution .	-0-
Total Distribution		7. Net Unrealized Appreciation		-0-
Capital Gains (included in 2a)	-0-	8. Enter Distribution	Code	**
8. How did you determine the amounts in item 7 a Company provided records and the statutor 9. Explain your efforts to obtain Form W-2, 1099 None. The amounts listed as withheld on the	y language behii -R, or W-2c, State e W2 it submitte	ment of Corrected Income and I d are correct, however.	ax Amounts.	
Importance Notice: If your employer has ceased Social Security Administration office listed in your Paperwork Reduction Act Notice: We ask for the information on this form to carry out the information requested on a form that is subject to the Parelating to a form or its instructions must be retained as Generally, tax returns and return information are confide	telephone director ntemal Revenue law and to allow us to fi per Reduction Act us ong as their content ntial as required by	y to ensure proper social security of the United States. You are requipure and collect the right amount of nless the form displays a valid OMB of may become material in the admin Code section 6103. The time neede	y credit. ired to give us the intax. You are not requestrol number. Bot sistration of any intered to complete this fe	oformation, We uired to provide the oks or records is nal Revenue law. orm will vary
depending on individual circumstances. The estimated a estimate or suggestions for making this form simpler, we Distribution Center, Rancho Cordova, CA 95743 0001.	would be happy to OO NOT send this fo	hear from you. You can write to the rm to this office. Instead, attach it to	rax Forms Committe your tax return.	ee, Western Area
Under penalties of perjury, I declare that I have examine	d this statement, an	d to the best of my knowledge and b	elief, it is true, corre	ct, and complete.
10. Your signature Tallow Jel	<u> </u>		11. Date (mmo	2005

Form 4852 (Revised Oct. 1998)

Catalog No. 42058U

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

Attacific	3 ; OIIII 7040	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
Name (First, middle, last) Nathan V. Anderson			2. Social secur	itti sumber (SSN)
3. Address				
4. Please fill in the year at the end of the statement. I have a statement, or Form 1099-R, Distributions From P etc., from my employer or payer named below. I hereby my best estimates of all wages or payments paid to m	ensions, Annu ov notify the In	itties, Retirement or Proffi-sh temal Revenue Service of th	ianng Pians IKA's, ins nis fact. The amounts	surance Contracts.
5. Employer's or payer's name, address and ZIP code		2.52	6. Employer's or number (if knowr	payer's ideniffication
7(A) Enter wages, compensations and taxes withheld	<u> </u>			
Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for	=0 =	f. Federal income tax wit		\$17.81
taxes, insurance, etc.)	-0-	(Name or state)	\$3.68 CA	
b. Social security wages ———	-0-	h. Local tax withheld (Name of locality)		
c. Medicare wages	-0-	i. Social security tax with	held	\$496.61
d. Advance EIC payments	-0-	j. Medicare tax withheld		\$116.14
e. Social security tips	**************************************			
7(B). Enter distributions from pensions, annuities, retir	ement or profi	it-sharing plans, IRAs, insura	ince contracts, etc.	
1. Gross Distribution ———	-0-	4. Federal Incor	ne Tax Withheld	-0-
2a. Taxable Amount	-0-	 5. State Income Tax Withheld 6. Employee Contribution 7. Net Unrealized Appreciation 8. Enter Distribution Code 		-0-
2b. Taxable Amount not determined				-0-
Total Distribution				-0-
Capital Gains (included in 2a)	-0-			45
8. How did you determine the amounts in item 7 above Company provided records and the statutory is 9. Explain your efforts to obtain Form W-2, 1099-R, of None. The amounts listed as withheld on the W	inguage behi or W-2c, State /2 it submitte	ement of Corrected Income a d are correct, however.	nd Tax Amounts.	
Importance Notice: If your employer has ceased ope Social Security Administration office listed in your tele	rations or filed phone director	l for bankruptcy, you may wi ry to ensure proper social se	sh to send a copy of t curity credit.	his form to the
Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Interneed it to ensure that you are complying with these laws and information requested on a form that is subject to the Paper relating to a form or its instructions must be retained as long Generally, tax returns and return information are confidential depending on individual circumstances. The estimated avera estimate or suggestions for making this form simpler, we would bistribution Center, Rancho Cordova, CA 95743 0001. DO N	to allow us to fi Reduction Act u as their content , as required by ige time is 18 m uld be happy to	igure and collect the right amous inless the form displays a valid 0 is may become material in the a Code section 6103. The time no inutes. If you have comments or hear from you. You can write to	nt of tax. You are not reco DMB control number. So dministration of any thee seded to complete this fi oncerning the occurrence the Tax Forms Commit	juired to provide the oks or records is mal Revenue law. orm will vary e of this time
Under penalties of perjury, I declare that I have examined this	is statement, an	d to the best of my knowledge a	and belief, it is true, corre	ct, and complete.
10. Your signature Jalen Jolen	···		11. Date (mm)	12005
Catalog No. 4205811			Form 4	852 (Rev. 10-98)