

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.

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. 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. 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

c Dependents:		(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)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed Add numbers on lines above **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	000
8a	Taxable interest. Attach Schedule B if required	8a	
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 <input type="checkbox"/>	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	000

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	000

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	0	00
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			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5150	00
41	Subtract line 40 from line 38	41	(5150)	00
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	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 <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		
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 <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		
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57		

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

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64		
65	2006 estimated tax payments and amount applied from 2005 return	65		
66a	Earned income credit (EIC)	66a		
66b	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 8855	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	0	00

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		
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a		
74b	Routing number			
74c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
74d	Account number			
75	Amount of line 73 you want applied to your 2007 estimated tax ▶	75		
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		
			0	00

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 Citizen	Daytime phone number
Spouse's signature. If a joint return, both must sign. 	Date 	Spouse's occupation	

Joint return? See page 17. Keep a copy for your records.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

[REDACTED]

1 Rents

\$

2 Royalties

\$

3 Other income

\$

OMB No. 1545-0115

2006

Form 1099-MISC

**Miscellaneous
Income**

**Copy B
For Recipient**

PAYER'S federal identification
number

[REDACTED]

RECIPIENT'S identification
number

[REDACTED]

5 Copying good proceeds

\$

6 Married and with tax payments

\$

RECIPIENT'S name

J [REDACTED]

7 No employee compensation

\$

0.00

8 Substantive payments to his or
her child or grandchild

\$

This is important tax
information and is
being furnished to
the Internal Revenue
Service. If you are
required to file a
return, a negligence
penalty or other
sanction may be
imposed on you if
this income is
taxable and the IRS
determines that it
has not been
reported.

Street address (including apt. no.)

[REDACTED]

City, state, and ZIP code

[REDACTED]

9 Paper made deduct sale of
\$5,000 or more of certain
products to a payer
recipient, for resale

\$

10 Group insurance proceeds

\$

Account number (see instructions)

13 Certain gross purchase
payments

\$

14 Gross proceeds paid to
an attorney

\$

15a Section 409A payments

\$

15b Section 409A income

\$

16 State tax withheld

\$

17 State/Payer's state ret.

\$

18 State income

\$

\$

Form 1099-MISC

(keep for your records)

Department of the Treasury Internal Revenue Service

The above form 1099-MISC is filed to correct the form known to have been filed with the IRS by PAYER above which erroneously states payments to RECIPIENT above were for activity described in Internal Revenue Manual 4.6.2. I declare the information on this corrected form to be accurate and true, to the best of my knowledge.

Signed

[REDACTED]

Date

[REDACTED]

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED]		1 Rents \$	CMO No. 1542-0115	Miscellaneous Income
		2 Royalties \$	2006 Form 1099-MISC	
		3 Other income \$		
PAYER'S federal iden. (taxp. or number) [REDACTED]	RECIPIENT'S identification number [REDACTED]	5 Fishing and proceeds \$	6 Medical and health care payments \$	Copy B For Recipient
RECIPIENT'S name J. [REDACTED]		7 Self-employment compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apt. no.) [REDACTED]		9 Payer made direct sale of \$5,000 or more of tangible products to a buyer recipient, for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
City, state, and ZIP code [REDACTED]		11	12	
Account number (see instructions)		13 Expenses greater than whole payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals	15b Section 409A rollovers	16 State tax withheld \$	17 State/Payer's state ret. \$	
\$	\$	\$	\$	18 State income \$

Form 1099-MISC

(keep for your records)

Department of the Treasury Internal Revenue Service

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Signed

Date