

Label (See instructions.)	Your first name and initial Lowell	Last name R Thompson	OMB No. 1545-0074
	Your social security number		
Use the IRS label. Otherwise, please print or type.	If a joint return, spouse's first name and initial Joan	Last name C Thompson	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see instructions.		Apartment no.
City, town or post office. If you have a foreign address, see instructions.		State ZIP code MN 55422	<p>▲ You must enter your SSN(s) above ▲</p> <p>Checking a box below will not change your tax or refund</p>

Presidential Election Campaign

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ... **You** **Spouse**

Filing status

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 instructions.)
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 instructions)

Check only one box.

Exemptions

6a **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b **Spouse**

c **Dependents:**

(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	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation

d Total number of exemptions claimed Add numbers on lines above ► **2**

Boxes checked on 6a and 6b **2**

Dependents on 6c not entered above

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**

8a **Taxable interest.** Attach Schedule 1 if required **8a** 6,053.

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule 1 if required **9a** 125.

b Qualified dividends (see instructions) **9b** 125.

10 Capital gain distributions (see instructions) **10**

11a IRA distributions **11a** **11b Taxable amount** **11b**

12a Pensions and annuities **12a** 16,286. **12b Taxable amount** **12b** 466.

13 Unemployment compensation and Alaska Permanent Fund dividends **13**

14a Social security benefits **14a** **14b Taxable amount** **14b**

15 Add lines 7 through 14b (far right column). This is your **total income** ► **15** 6,644.

Adjusted gross income

16 Educator expenses (see instructions) **16**

17 IRA deduction (see instructions) **17**

18 Student loan interest deduction (see instructions) **18**

19 Tuition and fees deduction (see instructions) **19**

20 Add lines 16 through 19. These are your **total adjustments** **20**

21 Subtract line 20 from line 15. This is your **adjusted gross income** ► **21** 6,644.

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income)	22	6,644.
	23a	Check <input checked="" type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind Total boxes checked 2	23a	2
		b If you are married filing separately and your spouse itemizes deductions, see instructions and check here	23b	<input type="checkbox"/>
	24	Enter your standard deduction (see left margin)	24	12,000.
	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	0.
	26	If line 22 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	26	6,400.
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income	27	0.
	28	Tax , including any alternative minimum tax (see instructions)	28	0.
	29	Credit for child and dependent care expenses. Attach Schedule 2	29	
	30	Credit for the elderly or the disabled. Attach Schedule 3	30	
31	Education credits. Attach Form 8863	31		
32	Retirement savings contributions credit. Attach Form 8880	32		
33	Child tax credit (see instructions). Attach Form 8901 if required	33		
34	Adoption credit. Attach Form 8839	34		
35	Add lines 29 through 34. These are your total credits	35		
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-	36	0.	
37	Advance earned income credit payments from Form(s) W-2	37		
38	Add lines 36 and 37. This is your total tax	38	0.	
39	Federal income tax withheld from Forms W-2 and 1099	39	47.	
40	2005 estimated tax payments and amount applied from 2004 return	40		
41a	Earned income credit (EIC)	41a		
	b Nontaxable combat pay election	41b		
42	Additional child tax credit. Attach Form 8812	42		
43	Add lines 39, 40, 41a, and 42. These are your total payments	43	47.	

Refund	44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid	44	47.
	45a	Amount of line 44 you want refunded to you	45a	47.
	b	Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number XXXXXXXXXXXXXXXXXXXX		
	46	Amount of line 44 you want applied to your 2006 estimated tax	46	

Amount you owe	47	Amount you owe . Subtract line 43 from line 38. For details on how to pay, see instructions	47	
	48	Estimated tax penalty (see instructions)	48	

Third party designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No

Designee's name	Phone no.	Personal identification number (PIN)
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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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

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

Standard Deduction for -
 • People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
 • All others:
 Single or Married filing separately, \$5,000
 Married filing jointly or Qualifying widow(er), \$10,000
 Head of Household, \$7,300

If you have a qualifying child, attach Schedule EIC.

Direct deposit? See instructions and fill in 45b, 45c, and 45d.

Joint return? See instructions. Keep a copy for your records.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Mark		1 Rents \$ 0.00	OMB No. 1545-0115 2005 Form 1099-MISC	Miscellaneous Income	
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		Copy B For Recipient
PAYER'S Federal identification number	RECIPIENT'S identification number <i>ON 1/1/01</i>	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name Joan Thompson		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	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.)	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> 2004		10 Crop insurance proceeds \$
		City, state, and ZIP code	11		12
Account number (see instructions)	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$			
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.		18 State income \$



CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115 2005 Form 1099-MISC	Miscellaneous Income
		2 Royalties		
PAYER'S Federal identification number	RECIPIENT'S identification number	3 Other Income \$0.00	4 Federal income tax withheld	Copy B For Recipient 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.
RECIPIENT'S name, street address, city, state, and ZIP code LOWELL THOMPSON		5 Fishing boat proceeds	6 Medical and health care payments	
		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
		11	12	
Account number (see instructions)		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 405A deferrals	15b Section 405A income	16 State tax withheld	17 State/Payer's state no. MN/	18 State income

PAYER'S name, street address, city, state, and ZIP code

INVESTMENTS

1 Gross distribution

\$15,561.12

OMB No. 1545-0119

2005

2a Taxable amount

\$0.00

Form 1099-R

2b Taxable amount

not determined

Total

distribution

DB724265-001

Copy B
Report this income
on your federal tax
return. If this form
shows federal income
tax withheld in box
4, attach this copy
to your return.This information is being
furnished to the Internal
Revenue Service

PAYER'S Federal identification number

RECIPIENT'S identification number

3 Capital gain (included in box 2a)

\$0.00

4 Federal income tax withheld

\$47.20

RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code

ENV#0316689

LOWELL THOMPSON

5 Employee contributions or
insurance premiums

\$0.00

6 Net unrealized appreciation
in employer's securities

\$0.00

7 Distribution code(s)

7

IRA/SEP/
SIMPLE

8 Other

\$

%

9a Your percentage of
total distribution

%

9b Total employee contributions

\$

10 State tax withheld

\$300.00

11 State/Payer's state no.

MN 2782387

12 State distribution

\$

Account number (see instructions)

IBM PERSONAL PENSION PLAN

13 Local tax withheld

\$

14 Name of locality

15 Local distribution

\$



CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Steve		1 Rents \$ 0.00	OMB No. 1545-0115 2005 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient	
PAYER'S Federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name Joan Thompson Street address (including apt. no.) City, state, and ZIP code		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$		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.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11	12		
Account number (see instructions)	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$			
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Payer		COMPANY	Corrected	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
RECIPIENT			<input checked="" type="checkbox"/>	PAYER'S Federal identification nr.		RECIPIENT'S identification nr.
LOWELL R THOMPSON			Copy B			
Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.						
1 Gross distribution	2a Taxable amount	2b Taxable amount not determined	Total distribution	3 Amount in Box 2a eligible for capital gain election		
253.08	0.00	<input type="checkbox"/>	<input type="checkbox"/>			
4 FEDERAL INCOME TAX WITHHELD		5 Employee contributions or insurance premiums		6 Net unrealized appreciation in employer's securities		
0.00						
7 Distribution code	IRA/SEP/SIMPLE	8 Other		9a Your percentage of total distribution		
7	<input type="checkbox"/>			%		
				9b Total Employee Contributions		
10 State tax withheld	11 State/Payer's state no.	12 State distribution	13 Local tax withheld	14 Name of locality	15 Local distribution	
	NN					
				8772946		

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code

1 Gross distribution \$6.15

OMB No. 1545-0119

2005

Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2a Taxable amount \$0.00

2b Taxable amount not determined

Total distribution

Copy C
For Recipients
Records

This information is
being furnished to
the Internal
Revenue Service.

PAYER'S Federal identification number

RECIPIENT'S identification number

3 Capital gain (included in box 2a)

4 Federal income tax withheld

5 Employee contributions or insurance premiums

6 Net unrealized appreciation in employer's securities

7 Distribution code(s) IRA/SEP/SIMPLE
7

8 Other %

9a Your percentage of total distribution %

9b Total employee contributions

10 State tax withheld \$0.00

11 State/Payer's state no.

12 State distribution \$0.00

13 Local tax withheld \$0.00

14 Name of locality

15 Local distribution \$0.00

RECIPIENT'S name, street address, city, state, and ZIP code

THOMPSON JOAN C

Account number (see instructions)



Financial

Copy B
For Recipient

Interest Income

KEEP FOR YOUR RECORDS.

035117

Recipient:
JOAN CAROLINE THOMPSON TOD
Payer:
MINNEAPOLIS MN 55474-9900
Taxpayer ID:
OMB No. 1545-0112
Federal ID Number:
 CORRECTED (if checked)**ACCOUNT NUMBER:**

1. Interest income not included on line 3	\$.00
2. Early withdrawal penalty	\$.00
3. Interest on U.S. Savings Bonds and Treasury obligations	\$.00
4. Federal income tax withheld	\$.00

The above information is being reported to the IRS.

Value of account on December 31, 2005 \$100,895.16

Please read the instructions on the back of this form and consult your tax advisor to properly report this information on your tax return. If you have questions, please write to the above address or call 1-800-862-7919.