

This return is for calendar year **2005**, or fiscal year ended ▶

Please print or type	Your first name	MI	Last name	Your social security number
	David			
	If a joint return, spouse's first name	MI	Last name	Spouse's social security number
	Mabel			
	Home address (no. and street) or P.O. box if mail is not delivered to your home	Apt. no.	Phone number	
P O Box				
City, town or post office. If you have a foreign address, see instructions.			State ZIP code	For Paperwork Reduction Act Notice, see instructions.
Los Gatos			CA	

**A** If the address shown above is different from that shown on your last return filed with the IRS and you would like us to change it, check here ☐

**B** Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.

On original return ▶ ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)  
On this return ▶ ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household\* ☐ Qualifying widow(er)

\* If the qualifying person is a child but not your dependent, see instructions.

Use Part II on page 2 to explain any changes

		A Original amount or as previously adjusted (see instructions)	B Net change — amount of increase or (decrease) — explain in Part II	C Correct amount
<b>Income and Deductions (see instructions)</b>				
1	Adjusted gross income (see instructions)	142,593.	-173,121.	-30,528.
2	Itemized deductions or standard deduction (see instructions)	25,385.	-674.	24,711.
3	Subtract line 2 from line 1	117,208.	-172,447.	-55,239.
4	Exemptions. If changing, fill in Parts I and II on page 2	9,600.	0.	9,600.
5	Taxable income. Subtract line 4 from line 3	107,608.	-172,447.	0.
Tax Liability	6 Tax (see instructions). Method used in column C: <u>Tables</u>	20,232.	-20,232.	0.
	7 Credits (see instructions)	0.	0.	0.
	8 Subtract line 7 from line 6. Enter the result but not less than zero	20,232.	-20,232.	0.
	9 Other taxes (see instructions)	1,910.	-1,898.	12.
	10 Total tax. Add lines 8 and 9	22,142.	-22,130.	12.
Payments	11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see instructions	20,960.	0.	20,960.
	12 Estimated tax payments, including amount applied from prior year's return	0.	0.	0.
	13 Earned income credit (EIC)	0.	0.	0.
	14 Additional child tax credit from Form 8812	0.	0.	0.
	15 Credits from Form 2439, Form 4136, or Form 8885	0.	0.	0.
	16 Amount paid with request for extension of time to file (see instructions)			
	17 Amount of tax paid with original return plus additional tax paid after it was filed			1,182.
	18 Total payments. Add lines 11 through 17 in column C			22,142.
<b>Refund or Amount You Owe</b>				
19	Overpayment, if any, as shown on original return or as previously adjusted by the IRS			
20	Subtract line 19 from line 18 (see instructions)			22,142.
21	Amount you owe. If line 10, column C, is more than line 20, enter the difference and see instructions			
22	If line 10, column C, is less than line 20, enter the difference			22,130.
23	Amount of line 22 you want refunded to you			22,130.
24	Amount of line 22 you want applied to your estimated tax	24		

**Sign Here** Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instrs. Keep a copy for your records.	▶ <u>12/17/2007</u> ▶	▶ <u>12/13/07</u> ▶	
	Your signature	Date	Spouse's signature. If a joint return, both must sign
Paid Preparer's Use Only	Preparer's signature ▶	Date	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	Check if self-employed <input type="checkbox"/>	EIN
	Self-prepared		Phone no.

**Part I Exemptions.** See Form 1040 or 1040A instructions.Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina.

**A Original number**  
of exemptions  
reported or as  
previously adjusted**B Net change****C Correct**  
number of  
exemptions

- 25** Yourself and spouse ..... **25**
- Caution.** If someone can claim you as a dependent, you cannot claim an exemption for yourself.
- 26** Your dependent children who lived with you ..... **26**
- 27** Your dependent children who did not live with you due to divorce or separation ..... **27**
- 28** Other dependents ..... **28**
- 29** Total number of exemptions. Add lines 25 through 28 ..... **29**
- 30** Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.
- | Tax year | Exemption amount | But see the instructions for line 4 if the amount on line 1 is over: |
|----------|------------------|--|
| 2005     | \$3,200          | \$109,475  |
| 2004     | 3,100            | 107,025  |
| 2003     | 3,050            | 104,625  |
| 2002     | 3,000            | 103,000  |
- 31** If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 (see instructions for line 4) ..... **31**
- 32** Add lines 30 and 31. Enter the result here and on line 4 ..... **32**

**33 Dependents (children and other) not claimed on original (or adjusted) return:****(a)** First name

Last name

**(b)** Dependent's  
social security  
number**(c)** Dependent's  
relationship  
to you**(d)**  
✓ if  
qualifying  
child for  
child tax  
creditNumber of children  
on 33 who:• lived with you ▶ ☐• did not live  
with you due to  
divorce or sep-  
aration (see  
instructions) ▶ ☐Dependents  
on 33 not  
entered above ▶ ☐**Part II Explanation of Changes**

Enter the line number from page 1 of the form for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See the instructions. Also, check here ..... ☐

The differences for 1040X lines 1, 2, and 6 resulted from the corrections made

and reported on 2 forms 4852. The change on 1040X line 9 reflects the

corrections made and reported on 3 forms 1099-MISC (Corrected)

**Part III Presidential Election Campaign Fund.** Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here ..... ☐

If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here ..... ☐

☒ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>MICROELECTRONICS</b>  <b>CA</b>		1 Rents \$	OMB No. 1545-0115  <b>2005</b> Form <b>1099-MISC</b>		<b>Miscellaneous Income</b>
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S Federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$		<b>Copy B For Recipient</b>
RECIPIENT'S name, address, and ZIP code <b>DAVE</b>  <b>PO BOX</b>  <b>CA</b>		7 Nonemployee compensation \$ <u>0.00</u> <del>6396.40</del>	8 Substitute payments in lieu of dividends or interest \$		
Account number (see instructions)		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		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.
		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 \$		

Form **1099-MISC**



Printed on Recycled Paper

(keep for your records)

Department of the Treasury - Internal Revenue Service

The amount originally reported by the payer in box 7 did not qualify as "self employment income" as defined in sections 1401 and 7701 of the Internal Revenue Code.

Payers are generally unfamiliar with the proper application of the Internal Revenue Code, and are fearful of the IRS.

This is my sworn statement. I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signed \_\_\_\_\_

Date 12/13/07

Form **4852**  
(Rev. December 2005)**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. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

**1** Type or print your first name, middle initial and last name

Mabel

**2** Social security number (SSN)**3** Address

P O Box

CA

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2005,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 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

County of

fl

CA

**6** Employer's or payer's  
identification number (if known)**7A** Form W-2. Enter wages, tips, other compensation, and taxes withheld.**a** Wages, tips, and other compensation ..... 0.**b** Social security wages ..... 90,000.**c** Medicare wages and tips ..... 137,699.**d** Advance EIC payment .....**e** Social security tips .....**f** Federal income tax withheld ..... 20,960.**g** State income tax withheld ..... 9,304.(Name of state) CA**h** Local income tax withheld .....

(Name of locality) .....

**i** Social security tax withheld ..... 5,580.**j** Medicare tax withheld ..... 1,997.**7B** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.**1** Gross distribution .....**2 a** Taxable amount .....**2 b** Taxable amount not determined ..... ☐Total distribution ..... ☐**3** Capital gain (included in 2a) .....**4** Federal income tax withheld .....**5** State income tax withheld .....**6** Local income tax withheld .....**7** Employee contributions .....**8** Distribution codes .....**8** How did you determine the amounts in lines 7A and 7B above?

Amounts are from payer's records, except those from box 1 "Wages", and box 16 State "Wages". The amounts originally reported did not comply with Internal Revenue Code Section 3401 definition for "Wages".

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

None. Payers are generally unfamiliar with the correct application of the Internal Revenue Code, and are fearful of the IRS.

**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 ▶

Date 12/13/07

Form **4852**  
(Rev. December 2005)**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. 1545-0074

Department of the Treasury  
Internal Revenue Service

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

**1** Type or print your first name, middle initial and last name

David

**2** Social security number (SSN)**3** Address

P O Box

CA

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2005,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 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

Charles Schwab &amp; Co.

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

CA

**7A** Form W-2. Enter wages, tips, other compensation, and taxes withheld.**a** Wages, tips, and other compensation .....**b** Social security wages .....**c** Medicare wages and tips .....**d** Advance EIC payment .....**e** Social security tips .....**f** Federal income tax withheld .....**g** State income tax withheld .....

(Name of state) .....

**h** Local income tax withheld .....

(Name of locality) .....

**i** Social security tax withheld .....**j** Medicare tax withheld .....**7B** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.**1** Gross distribution ..... 0.**2 a** Taxable amount ..... 0.**2 b** Taxable amount not determined ☐Total distribution ☐**3** Capital gain (included in 2a) .....**4** Federal income tax withheld .....**5** State income tax withheld .....**6** Local income tax withheld .....**7** Employee contributions .....**8** Distribution codes .....**8** How did you determine the amounts in lines 7A and 7B above?

The payer filed a return when one was not required. The account from which monies were withdrawn does not qualify as an "Individual Retirement Account" as defined by Sections 408 and 3121 of the Internal Revenue Code.

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

None. Payers are generally unfamiliar with the proper application of the Internal Revenue Code, and are fearful of the IRS.

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.

**Sign  
Here**

Signature ▶

Date ▶ 12/3/07