

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 22.
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 78.

Cast. No. 113208

Form 1040 (2005)

OMB No. 1545-0074

Your social security number

Spouse's social security number

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

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. **▶ W. H.**
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 Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse

Boxes checked on 6a and 6b
No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see page 20)
Dependents on 6c not entered above

Add numbers on lines above **▶ 1**

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 (see page 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 -0-**

8a Taxable interest. Attach Schedule D if required **8a -0-**

b Tax-exempt interest. Do not include on line 8a **8b -0-**

9a Ordinary dividends. Attach Schedule B if required **9a -0-**

b Qualified dividends (see page 23) **9b -0-**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) **10 -0-**

11 Alimony received **11 -0-**

12 Business income or (loss). Attach Schedule C or C-EZ **12 -0-**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13 -0-**

14 Other gains or (losses). Attach Form 4797 **14 -0-**

15a IRA distributions **15a -0-** **b** Taxable amount (see page 25) **15b -0-**

16a Pensions and annuities **16a -0-** **b** Taxable amount (see page 25) **16b -0-**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 -0-**

18 Farm income or (loss). Attach Schedule F **18 -0-**

19 Unemployment compensation **19 -0-**

20a Social security benefits **20a -0-** **b** Taxable amount (see page 27) **20b -0-**

21 Other income. List type and amount (see page 28) **21 -0-**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22 -0-**

23 Educator expenses (see page 29) **23 -0-**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24 -0-**

25 Health savings account deduction. Attach Form 8889 **25 -0-**

26 Moving expenses. Attach Form 3903 **26 -0-**

27 One-half of self-employment tax. Attach Schedule SE **27 -0-**

28 Self-employed SEP, SIMPLE, and qualified plans **28 -0-**

29 Self-employed health insurance deduction (see page 30) **29 -0-**

30 Penalty on early withdrawal of savings **30 -0-**

31a Alimony paid **b** Recipient's SSN **▶** **31a -0-**

32 IRA deduction (see page 31) **32 -0-**

33 Student loan interest deduction (see page 33) **33 -0-**

34 Tuition and fees deduction (see page 34) **34 -0-**

35 Domestic production activities deduction. Attach Form 8903 **35 -0-**

36 Add lines 23 through 31a and 32 through 35 **36 -0-**

37 Subtract line 36 from line 22. This is your adjusted gross income **▶ 37 -0-**

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Form 1040 (2005)

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 36.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widower, \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	- 0 -
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,000
41	Subtract line 40 from line 38	41	<5,000>
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	- 0 -
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	44	- 0 -
45	Alternative minimum tax (see page 39). Attach Form 6251	45	- 0 -
46	Add lines 44 and 45	46	- 0 -
47	Foreign tax credit. Attach Form 1116 if required	47	- 0 -
48	Credit for child and dependent care expenses. Attach Form 2441	48	- 0 -
49	Credit for the elderly or the disabled. Attach Schedule R	49	- 0 -
50	Education credits. Attach Form 8863	50	- 0 -
51	Retirement savings contributions credit. Attach Form 8860	51	- 0 -
52	Child tax credit (see page 41). Attach Form 8901 if required	52	- 0 -
53	Adoption credit. Attach Form 8839	53	- 0 -
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	- 0 -
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	- 0 -
56	Add lines 47 through 55. These are your total credits	56	- 0 -
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	- 0 -

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	- 0 -
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	- 0 -
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	- 0 -
61	Advance earned income credit payments from Form(s) W-2	61	- 0 -
62	Household employment taxes. Attach Schedule H	62	- 0 -
63	Add lines 57 through 62. This is your total tax	63	- 0 -

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	6,650
65	2005 estimated tax payments and amount applied from 2004 return	65	- 0 -
66a	Earned income credit (EIC)	66a	- 0 -
b	Nonrefundable combat pay election ▶ [66b] - 0 -		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	- 0 -
68	Additional child tax credit. Attach Form 8812	68	- 0 -
69	Amount paid with request for extension to file (see page 59)	69	- 0 -
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	- 0 -
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	6,650

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	6,650
73a	Amount of line 72 you want refunded to you	73a	6,650
b	Routing number [] [] [] [] [] [] [] [] [] [] ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number []		
74	Amount of line 72 you want applied to your 2006 estimated tax ▶	74	

Amount You Owe

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60 ▶	75	- 0 -
76	Estimated tax penalty (see page 60)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? Yes. Complete the following. No

Designee's name ▶ Phone no. ▶ () Personal identification number (PIN) ▶ [] [] [] [] [] []

Sign Here

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

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
		American Citizen	() () () ()
Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	

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.

CMB No. 1545-0074

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

1 Type or print your first name and middle initial. Last name
M Last name **H**

2 Social security number (SSN)
 [REDACTED]

3 Address
P. O. Box [REDACTED] Alabama [REDACTED]

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
 [REDACTED]

6 Employer's or payer's identification number (if known)
 20 [REDACTED]

7(A) Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	- 0 -	g State income tax withheld	513.89
b Social security wages	- 0 -	(Name of state) <u>Alabama</u>	
c Medicare wages and tips	- 0 -	h Local income tax withheld	- 0 -
d Advance EIC payment	- 0 -	(Name of locality)	
e Social security tips	- 0 -	i Social security tax withheld	932.80
f Federal income tax withheld	163.88	j Medicare tax withheld	218.15
		k. Garnishment	5,335.44

NOTE →

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

1 Gross distribution	- 0 -	4 Federal income tax withheld	- 0 -
2a Taxable amount	- 0 -	5 State income tax withheld	- 0 -
2b Taxable amount not determined <input type="checkbox"/>		6 Local income tax withheld	- 0 -
Total distribution <input type="checkbox"/>		7 Employee contributions	- 0 -
3 Capital gain (included in 2a)	- 0 -	8 Distribution codes	

8 How did you determine the amounts in lines 7(A) and 7(B) above?
 Company provided records and the statutory language behind IRC sections 3401 and 3121 and others as well.

9 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
 None: Company has a history of refusal to issue forms correctly, I believe for fear of IRS retaliation. Amts. indicated as withheld as reported by them are correct, however.

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 ▶ [REDACTED] Date ▶ 12-17-07

U.S. POSTAL SERVICE CERTIFIED MAIL:

Item Number: 700 [REDACTED]

Date Mailed: December 17, 2007

RETURN RECEIPT REQUESTED.

THIRD PARTY MAILER _____

M [REDACTED] H [REDACTED]

P. O. Box [REDACTED]

S [REDACTED] AL [REDACTED]

Monday, December 17, 2007

Department of the Treasury
Internal Revenue Service
Internal Revenue Service Center
Atlanta, GA 39901-0014

Re: 2005, Tax Return

Dear Sir/Madam,

Please find attached as part of this communication the enclosed original filing of my 1040 return for calendar year 2005. Please note that with the enclosed return, I have attached Form 4852; corrected W-2, properly documented. It is being presented to you as my notification that I am rebutting the erroneous information known to have been submitted to you on a form W-2 by my company; alleging payments to me of IRC Section 3401(a) or 3121(a) "wages". You will note that on the form 4852, under 7a, I have added a line item I identify as "K", reporting amounts garnished from my pay in that year. I know of no other means to challenge this action taken in error by my company. **If there is another form required for reporting garnisheed amounts, please notify me of which form that is, and I will submit it.**

This as my Sworn Statement that I am a private sector citizen, {non-Federal worker}, and that during 2005, I was in the service of a private sector company, {non-Federal entity}, as defined in IRC Section 3401(c) (d). I was not engaged in a "trade or business", nor am I an "officer of a corporation". Therefore, I had no IRC Section 3401(a) or 3121(a), "wages", paid to me in 2005. However, the amounts indicated on the form my company submitted as withheld are correct. All amounts indicated were withheld in error, claiming that they were Sec. 3401(a) or 3121(a) "wages" resultant from "income". Resultantly, all amounts withheld and all garnisheed amounts are subject to my claim for refund, as they did not emanate from activity on my part subject to the IRC.

With this filing, I expect a full resolution of this matter within 30 days, pursuant to IRC Section 6402(a), 26 CFR Section 6402-3(a) (1) (5), and Section 6401(b) (c).

Under penalty of perjury, I declare that I have examined the above statement and that it is true and correct to the best of my knowledge and belief.

[REDACTED]
M [REDACTED] H [REDACTED]

Private Sector Worker