

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20 OMB No. 1545-0074

Your first name and initial [redacted] Last name [redacted] Your social security number [redacted]

If a joint return, spouse's first name and initial [redacted] Last name [redacted] Spouse's social security number [redacted]

Home address (number and street). If you have a P.O. box, see page 16. Apt. no. [redacted]

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Important!
You must enter your SSN(s) above.

You Spouse
 Yes No Yes No

Label
(See instructions on page 16.)

Use the IRS label.
Otherwise, please print or type.

Presidential Election Campaign
(See page 16.)

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No

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.
- 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)

Exemptions
If more than four dependents, see page 18.

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

d Total number of exemptions claimed 1

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 18)
Dependents on 6c not entered above

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 19.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	-	00
8a	Taxable interest. Attach Schedule B if required	8a	50	00
b	Tax-exempt interest. Do not include on line 8a	8b	-	00
9a	Ordinary dividends. Attach Schedule B if required	9a	-	00
b	Qualified dividends (see page 20)	9b	-	00
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10	-	00
11	Alimony received	11	-	00
12	Business income or (loss). Attach Schedule C or C-EZ	12	-	00
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-	00
14	Other gains or (losses). Attach Form 4797	14	-	00
15a	IRA distributions	15a	-	00
b	Taxable amount (see page 22)	15b	-	00
16a	Pensions and annuities	16a	-	00
b	Taxable amount (see page 22)	16b	-	00
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-	00
18	Farm income or (loss). Attach Schedule F	18	-	00
19	Unemployment compensation	19	-	00
20a	Social security benefits	20a	-	00
b	Taxable amount (see page 24)	20b	-	00
21	Other income. List type and amount (see page 24)	21	-	00
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	50	00

Adjusted Gross Income

23	Educator expenses (see page 26)	23	-	00
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	-	00
25	IRA deduction (see page 26)	25	-	00
26	Student loan interest deduction (see page 28)	26	-	00
27	Tuition and fees deduction (see page 29)	27	-	00
28	Health savings account deduction. Attach Form 8889	28	-	00
29	Moving expenses. Attach Form 3903	29	-	00
30	One-half of self-employment tax. Attach Schedule SE	30	-	00
31	Self-employed health insurance deduction (see page 30)	31	-	00
32	Self-employed SEP, SIMPLE, and qualified plans	32	-	00
33	Penalty on early withdrawal of savings	33	-	00
34a	Alimony paid	34a	-	00
b	Recipient's SSN			
35	Add lines 23 through 34a	35	-	00
36	Subtract line 35 from line 22. This is your adjusted gross income	36	50	00

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

1 Type or print your first name and middle initial. Last name Social security number (SSN)

3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2004.
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 or line 8 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 payee's name, address, and ZIP code Employer's or payer's identification number (if known)

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

a Wages, tips, and other compensation	<u>0</u>	g State income tax withheld	<u>130.14</u>
b Social security wages	<u>0</u>	(Name of state) <u>RI</u>	
c Medicare wages and tips	<u>0</u>	h Local income tax withheld	<u>0</u>
d Advance EIC payment	<u>0</u>	(Name of locality) <u>---</u>	
e Social security tips	<u>0</u>	i Social security tax withheld	<u>4875.56</u>
f Federal income tax withheld	<u>16,235.00</u>	j Medicare tax withheld	<u>1140.91</u>

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

a Gross distribution	<u>---</u>	f Federal income tax withheld	<u>---</u>
b Taxable amount	<u>---</u>	g State income tax withheld	<u>---</u>
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	<u>---</u>
d Total distribution	<input type="checkbox"/>	i Employee contributions	<u>---</u>
e Capital gain (included in 8b)	<u>---</u>	j Distribution codes	<u>---</u>

9 How did you determine the amounts on lines 7 and 8 above?
Company provided records (w 2) which erroneously alleged payments of IRC Section 3401(a), 3121(a) and others

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None, W-2 was issued before wage errors were noted, the amounts the payer (line 5) withheld were correct, 11/10/04 line 7 above.

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 Signature] Date ▶ [Redacted Date]