
Test Package for Electronic Filers of Individual Income Tax Returns for Tax Year 2004

Internal Revenue Service
Electronic Tax Administration



Department of the Treasury
Internal Revenue Service

www.irs.gov

Publication 1436 (Rev. 10-2004)
Catalog Number 10459B

ATTENTION

THE SCENARIO PACKAGE, WITH SCRIPTED TEXT, WILL BE PROVIDED ON THE ELECTRONIC FILING BULLETIN BOARD.

TO RECEIVE THE PRINTED VERSION OF THIS PUBLICATION NEXT YEAR, YOU MUST COMPLETE THE FORM BELOW:

NAME OF FIRM	
NAME OF CONTACT	
TITLE	
MAILING ADDRESS	
CITY	
STATE	ZIP
SOFTWARE DEVELOPER	
ELECTRONIC RETURN ORIGINATOR	
TRANSMITTER	PREPARER
EFIN	ETIN
TELEPHONE	

SEND TO THE FOLLOWING ADDRESS BEFORE JUNE 1, 2005:

INTERNAL REVENUE SERVICE
PUBLICATION 1436
Shelia Rogers-Allen
SE:W:CAS:SP:IEF:R C4-272 NCFB
5000 ELLIN ROAD
LANHAM, MD 20706

PARTICIPANTS ACCEPTANCE TESTING SYSTEM (PATS) TY 2004

WHO MUST FILE?

The Electronic Program Operations requires that all software developers and transmitters perform the tests in this Test Package before they can be accepted into the electronic filing program for the 2005 (Tax Year 2004) filing season. Anyone who plans to transmit must test and be accepted using asynchronous protocol.

WHY TEST?

The purpose of testing is to ensure, prior to live processing that:

- 1) filers transmit in the correct format and meet the IRS electronic filing specifications;
- 2) returns have few validation or math errors;
- 3) required fields post to the IRS master file; and
- 4) filers understand and are familiar with the mechanics of electronic filing.

WHAT IS TESTED?

The test package for the 2004 Participants Acceptance Testing System (PATS) consists of thirty-seven (38) return scenarios. Each scenario includes the applicable W-2s, W-2Gs, 1099G, 1099-Rs, 1040s, 1040As, and 1040EZs. The test returns include all forms and schedules accepted for electronic filing. Test 8 is the return to be used if you will be participating in the Federal/State electronic filing program. You should add the appropriate information in the generic state record and transmit the return as part of your regular transmission. Specific instructions are available from participating states.

The scenarios provide the information needed to prepare the appropriate forms and schedules; however, computations and data for all lines have not been provided. Therefore, knowledge of tax law and tax preparation is necessary. You must correctly prepare and compute these returns before transmitting the tests. To eliminate the time spent by IRS staff in reviewing your final transmissions, it will be to your advantage to use the phrases and abbreviations appearing in the test package, and enter the data in the same order as it appears in the scenario. You must also transmit the test returns in consecutive ascending SSN order. It is important that you enter the correct Return Type and Source Return Indicator.

Test Password - New or revised applicants who will be transmitting to the IRS for PY 2005 will receive an eight-digit alphanumeric test password. This password will be mailed to the applicants. It will be valid at the beginning of PATS, which will begin November 09, 2004. The production Passwords will be mailed out as we have done in the past. **Please remember to contact your home-processing site if you forget your test password.**

New Changes in PATS Transmission Sites and Assistance - Last year you could only transmit to three (3) sites. This year, PATS Test returns will be transmitted to the same sites as all e-file returns. The five sites are: Andover, Austin, Kansas City, Memphis and Philadelphia. You will be able to transmit and received your acknowledgements from these sites.

Last year, there were three sites available for PATS Testing Assistance. However, this year there will be only two sites available for PATS Testing Assistance (Andover and Austin). Memphis will not handle inquiries for PATS Testing this year. All Memphis inquiries will be handled by the tax examiners in Austin. For PATS Testing Assistance, you should continue to call 1-866-255-0654.

SPECIAL NOTES CONCERNING TEST SCENARIOS

The Answer File can provide only one answer for each scenario line item. Since there may be alternative ways to prepare the return, it may be necessary to discuss your method of preparation with the tax examiner to resolve any mismatches. In each scenario, under the heading "OTHER", information may be present which might help clarify the scenario. Any optional forms mentioned in the test are included in the PATS Answer File. Some W-2s may be non-standard.

Since every conceivable condition cannot be represented in the test scenarios, you may want to test any conditions you feel are appropriate once you have passed the test scenarios provided in the test package. Suggestions for the additional scenarios are welcome and, if accepted, can be added to the Tax Year 2005 package.

Some tests will indicate under the heading "PREPARED BY" that they were prepared by a specific fictitious paid preparer, or that the IRS assisted the taxpayer (non-paid preparer information), or that the taxpayer prepared the return. You must provide for the transmission of Third-Party Paid and Non-Paid Preparer information as specified in the scenarios. Where this information is blank, you are to supply the information that is appropriate for your situation; i.e., as if a preparer in your office(s) had prepared the return. (See Attachment 6 of the File Specifications, Pub. 1346, for more information on Non-Paid and Paid Preparer fields.)

Tests 33 and 34 have Electronic Filing Identification Numbers (EFINs) printed on the top of the first page of the scenario. These are to be used by Electronic Return Originators who wish to test their ability to monitor and assign DCNs on returns collected from other EROs. If you are not a collector, then use your own EFIN in the DCN.

Forms W-2, W-2G, and 1099R contain state wages and withholding. If the test scenario includes a Schedule A, the state withholding is included in the amount given for line 5 of the Schedule A.

WHEN TO TEST

When you are ready to test, starting November 09, 2004, please call the e-Help desk at the new centralized toll-free number:

1-866-255-0654

They will assign a tax examiner to assist you in successfully completing the tests.

REVIEWING ACK FILES AND CORRECTING TESTS

You may transmit as many test returns as necessary until you receive no error messages; **however, Test 11 will always be rejected.** This is to provide you with experience in reading the Error Records contained in the Acknowledgement File. Test 11 will be rejected with Error Reject Code 0500. The Primary-SSN (Field 0003) of the Record ID for Form 1040, Page 01, and the Name Control (SEQ 0050) must match the corresponding data in the IRS Master File, and you will not be able to correct it. While you are solving problems, you may transmit only the problem returns until you have no rejects. You may modify tests to include only conditions your software will handle, e.g., if you can transmit only 10 W-2s, then on the test with 20 W-2s, transmit 10, and adjust your figures accordingly. You must inform the tax examiners of any forms you do not intend to file so they will understand why the answers do not agree with the Answer File.

FINAL TRANSMISSION

Once you receive no rejects, other than Test 11, you will be required to transmit the returns in two separate, same-day transmissions, including the test with the Error Reject Code 0500 rejection. You are required to make two separate transmissions in the same day in order to test the ability of your software to increment the transmission sequence number that appears in the TRANA record. Tests 1-19 should be in the first transmission and Tests 20-38 in the second transmission (exclude the on-line test scenarios if not applicable to you).

REVIEW OF PARTICIPANTS RETURNS FILE (PRF) AGAINST PATS ANSWER FILE

This transmission (PATS I) will be compared against the **PATS ELF Answer File**. The comparison program checks each byte and prints out the fields that differ. The tax examiner will review the printout and will discuss any problems with you. Some fields will differ and are not considered incorrect, but others **MUST AGREE EXACTLY**. These fields are all SSNs, ATINs, EINs, ITINs, RTNs, account numbers, percentage and date fields, and the entity portion of the 1040 Family and ETD Forms 56, 2350, 2688 4868 and 9465. When these mis-compare are either accepted or corrected, you will pass PATS Testing.

Remember: The Tax Examiner will not run a "Compare" until there are no reject conditions for the test returns on the ACK file (with the exception of the forced reject of Test 11).

COMMUNICATIONS TEST FOR THE e-file SYSTEM

There are two primary EMS sites: Tennessee Computing Center (TCC), (which hosts Kansas City and Memphis nodes) and Austin Submission Processing Center (AUSC), (which hosts Andover, Austin and Philadelphia nodes). If you are a Software Developer/Transmitter and plan to transmit returns to more than one service center, you are only required to send a transmission to one node (your primary service center). You must then complete an e-file communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in other). A Software Developer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

If you are a Preparer/Transmitter using accepted software, you must complete an error-free communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other) to one EMS site. The communication test must reflect the types of returns you will be filing (i.e. if you will be transmitting all three types of Forms 1040, your test should consist of at least one 1040, 1040A, and 1040EZ). A Preparer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

A Software Developer who will not transmit need not perform a communications test for the ELF system.

TESTING ON THE ELECTRONIC TRANSMITTED DOCUMENT (ETD) SYSTEM

The Electronic Transmitted Document, or (ETD) System, processes forms that are not attached to a Form 1040, 1040A, or Form 1040EZ. A separate transmission file (PATS II) should be created for the ETD System using prescribed data from selected scenarios.

The ETD file is composed of thirty-seven (38) intermixed Form 9465, Form 4868, Form 2688, Form 56 and Form 2350.

This transmission will be compared against the **PATS ETD Answer File**. Once you receive no rejects, you will be required to transmit the returns in two separate, same-day transmissions. Test 1-17 should be in the first transmission and 17-33 in the second transmission.

COMMUNICATIONS TEST FOR THE ETD SYSTEM

If you are a Software/Transmitter and plan to transmit returns to more than one center, you may send a transmission to one node at EMS site for your primary service center. You must then complete an ETD communications test by transmitting five returns in two same-day transmissions (three returns in one transmission and two in the other) with each EMS site. A Software Developer/Transmitter must pass the communications test with software using the asynchronous (ASC) protocol.

If you are a Preparer/Transmitter using accepted ETD software and you have passed PATS communications testing for 1040 electronic returns, it will not be necessary for you to do an ETD communications test. A Software Developer, who will "NOT" transmit, need not perform a communications test for the ETD system.

USING YOUR OWN TEST

When you have been notified that you have passed the PATS test, you may test with data of your own, provided that you are using your TEST password. You must use the word "TEST" as the first name of the taxpayer, and you may use any of the SSNs within the test package. DO NOT use any other SSNs.

TESTING GUIDELINES FOR SOFTWARE DEVELOPERS

You must advise the Service Center of all limitations to your software package at time of first contact, before testing begins. Your software does not have to provide for all forms and schedules, nor for all occurrences of a particular form or schedule.

If your software cannot provide for all occurrences of a particular form or schedule or series of fields, as specified in Publication 1346, no statement record is allowed.

You must do the complete form with all fields included. An acceptable limitation would be the number of field occurrences.

Your software must be able to create a statement if a statement is necessary to complete a form.

Your software must be able to accept different addresses from multiple W-2 Forms. The 1040 entity address must "NOT" automatically transfer to the W-2 address. All information on Form W-2 must be entered in the Form W-2 record. There are no exceptions.

You must advise the Service Center of all names you will be using to market your product.

ELECTRONIC FILING BULLETIN BOARD SYSTEM

The Electronic Filing Bulletin System operates seven days a week. The system is unavailable at 4:00 a.m. Eastern Time for about 30-60 minutes for maintenance. This system provides general Electronic Filing Program information as well as specific information concerning changes to this and other publications.

Filers, using an asynchronous modem (14.4 or less) and communication software can access the bulletin board by dialing:

(859) 292-0137

The communication software should have the following protocol: Full Duplex, No parity, 8 data bits, and 1 stop bit.

For additional information and assistance regarding the bulletin board, contact the bulletin board technical staff at (859) 669-5031.

FEDERAL/STATE PARTICIPANTS ACCEPTANCE TESTING (PATS)

Software Developers will be tested by each individual state using a state provided test package. The applicable State Liaison will respond to all Software Developer questions related to state testing.

CONCURRENT TESTING

Concurrent Testing allows Software Developers to begin state testing, through any IRS ELF Service Center, prior to obtaining final acceptance from the IRS for the Federal PATS process. [The primary service center is defined as the center that supports the state where the Software Developer is physically located.] The Software Developer must contact the state coordinator who, in turn, will schedule state testing with the primary service center.

The Software Developer may be required to create specific data from state test scenarios. The state coordinator will have information about specific testing procedures for each state.

TECHNICAL ASSISTANCE

The Software Developer will continue separate federal testing, at the primary EMS site, using the Federal test scenarios until they accept them for federal filing. Procedures in place for Federal Participants Acceptance Testing will not change.

The primary Service Center will provide technical assistance on Federal returns only. The state coordinator must respond to any problem encountered by the Software Developer with state data. The state coordinator will work with the Software Developer to resolve all reject conditions on state returns.

The primary IRS will perform limited testing on the state generic and unformatted records. If these records are not rejected by the automatic checks in the IRS programs, the IRS will make the state data available to each state agency for further testing.

The IRS will not perform a "Compare" to look at specific state data. Each state will test the state data and provide feedback to electronic filers. Filers should refer to each state's procedures and specifications.

Software Developers and Transmitters have requested that the IRS and states use different Social Security Numbers (SSNs) for their respective Acceptance Testing process. The following range of Test SSNs has been designated for use by the participating states in the state test packages:

ELF STATE ASSIGNED TEST SSNS

Arkansas	400-00-5500 to 400-00-5599
Alabama	400-00-7400 to 400-00-7499
Arizona	400-00-7500 to 400-00-7599
Colorado	400-00-5600 to 400-00-5699
Connecticut	400-00-5700 to 400-00-5799
Delaware	400-00-5800 to 400-00-5899
District of Columbia	400-00-7300 to 400-00-7399
Georgia	400-00-6600 to 400-00-6699
Hawaii	400-00-7900 to 400-00-7999
Idaho	400-00-5900 to 400-00-5999
Illinois	400-00-3500 to 400-00-3599
Indiana	400-00-4000 to 400-00-4099
Iowa	400-00-6000 to 400-00-6099
Kansas	400-00-4100 to 400-00-4199
Kentucky	400-00-4200 to 400-00-4299
Louisiana	400-00-4300 to 400-00-4399
Maryland	400-00-7200 to 400-00-7299
Michigan	400-00-4500 to 400-00-4599
Mississippi	400-00-4600 to 400-00-4699
Missouri	400-00-6100 to 400-00-6199
Montana	400-00-6800 to 400-00-6899
Nebraska	400-00-6200 to 400-00-6299
New Jersey	400-00-6300 to 400-00-6399
New Mexico	700-00-0000 to 700-00-2000
New York	400-00-4800 to 400-00-4899
North Carolina	400-00-4900 to 400-00-4999
North Dakota	400-00-7700 to 400-00-7799
Ohio	400-00-7600 to 400-00-7699
Oklahoma	400-00-5000 to 400-00-5099
Oregon	400-00-6400 to 400-00-6499
Pennsylvania	400-00-7100 to 400-00-7199
Rhode Island	400-00-6900 to 400-00-6999
South Carolina	400-00-5100 to 400-00-5199
Utah	400-00-5200 to 400-00-5299
Vermont	400-00-8000 to 400-00-8099
Virginia	400-00-7000 to 400-00-7099
West Virginia	400-00-5300 to 400-00-5399
Wisconsin	400-00-5400 to 400-00-5499

The IRS will only accept these SSNs during Participants Acceptance Testing (PATs). They will be rejected if submitted during live processing. The IRS Error Reject Code provided will advise filers that the SSN is not within the valid range of Social Security Numbers. Electronic filers who have been accepted into the Federal Electronic Filing System, and have begun transmitting federal returns, but wish to continue state testing must obtain a Test ETIN from the applicable IRS service center. Check the state procedures to determine if the state allows testing beyond January 16, 2005.

New Procedures for forms not in test scenarios - All the new forms to e-file were not included in the test scenarios. However, if you plan to develop any of these new forms, you may include them in one of the test scenarios. If there are no reject codes related to that particular form(s), this will indicate that you have met the file specification and may file the form(s). Your acceptance notification will include any of the new forms you transmit. After you have completed your PATS testing select a return(s) and attach whatever forms you plan to file that were not already included in the test scenarios. To ensure the form is completed according to our specifications, the money amounts that apply to other forms or schedules in that test scenario must be completed. There will be no compares on these forms.

Preliminary Answer files - will be in variable format. It will be posted as a file consisting of all the forms and schedules that are included in each test scenario. All the fields (sequence numbers) with the appropriate values will be in the file. When you have finished developing your test scenarios, your fields and values should be consistent with the field/values on the file.

HIGHLIGHTS FOR TAX YEAR 2004

New Form(s)/Schedule(s)

Five (5) additional forms and one new record will be accepted for Electronic Filing for Tax Year 2004:

- Form 8833 - Treaty-Based Return Position Disclosure under Section 6114 or 7701(b)
- Form 8886 - Reportable Transaction Disclosure Statement
- Form 8889 - Health Savings Account
- Form 8891 - U.S. Information Return for Beneficiaries of Certain Canadian Registered Retirement Plans
- Form T - Timber Forest Industries Schedule

New Record

Allocation Record - Used with Married Filing Separate in Community Property States Returns

e-file Submission Processing Center Changes

Effective July 1, 2005, Memphis Submission Processing Center will no longer process Individual tax returns forms 1040 family and/or Electronic Tax Documents (ETDs). Kansas City Submission Processing Center will process transmissions for states that Memphis used to serve. The site designator for Memphis (D) should be replaced with (F). Effective July 1, 2005, allowable site designators for IMF Submission Processing Centers will be Andover (C), Austin (E), Kansas City (F), and Philadelphia (G).

Effective January 2005, Memphis Submission Processing Center will not process Tax Year 2004 Forms 8453, U.S. Individual Income Tax Declaration for an IRS e-file Return or Tax Year 2004 Forms 8453-OL, U.S. Individual Income Tax Declaration for an IRS e-file Online Return. Forms for states that would have been processed by Memphis should be sent to Austin.

See transmission charts in Section 1, Data Communication to determine where to transmit, e-Help Desk location and where to send Forms 8453/8453-OL.

Please note the first chart applies to January 2005 - June 2005 return transmissions and the subsequent chart apply to July 2005 - October 2005 return transmissions.

Country Codes Table for Forms 2555/2555-EZ and the FEC Record, with Alphabetic Values

The numeric Post of Duty (POD) Codes Table, formerly provided in Part I, Attachment 10, for use with filing Forms 2555 and 2555-EZ and the Foreign Employer Compensation (FEC) Record, is being entirely replaced by the new alphabetic Country Codes Table. In addition to the codes presented in the table, the value "US" is provided only for completion of the Country Code (SEQ 0130) field of the Foreign Employer Compensation Record, when services for the foreign employer were performed in the U.S.

HIGHLIGHTS FOR TAX YEAR 2004

EIC Indicator

Continuing in Tax Year 2004, taxpayers who are selected for the Service's EIC Residency Certification Test will receive an Indicator of "Y" on their Acknowledgement File Record (SEQ 0010). See Section 3.01, Items 25 and 26.

Front-End Processing Subsystem

- Modified Communication Error Message regarding INVALID SITE DESIGNATOR
- New Communication Error Messages regarding STATE ACKNOWLEDGEMENTS
- New guidelines for Trading Partner communicating with EMS
- Examples of a State Transaction Report
- Examples of Scripts Used to Pick-up Acknowledgements and Send a File

Global Date of Death Check

Beginning in January 2005 (for Tax Year 2004 returns), Individual e-file will check every Social Security Number (SSN) listed on a tax return against the National Account Profile (NAP) for a date of death. Returns with a date of death shown on the NAP that is prior to the current tax year will be rejected with Error Reject Codes (ERC) 0531, 0532 or 0533. See Attachment 1 for the explanation of ERC 0531, 0532 and 0533.

Married Filing Separate in Community Property States

For processing Tax Year 2005, e-file will electronically accept returns from the filing segment, "Married Filing Separate in Community Property States". There are three conditions that must be met for the return to be accepted electronically: Filing Status equals "3", taxpayer files using Form 1040 and an Allocation Record must be present with the return. The Allocation Record serves as a definer for persons who reside in a Community Property State and elects to follow the rules for Community Property States. The Allocation Record serves the same purpose as the Allocation Worksheet when filing a paper return and following the rules for Community Property States. See Attachment 1 for explanation of the following new and revised Error Reject Codes: 0119, 1094 and 1095.

Returns Signed Using Self-Select PIN Method

Returns filed either Online or through a tax professional using the Self-Select PIN Method requires the entry of the taxpayers' DOB & prior year original AGI. The AGI the taxpayer uses to authenticate their PIN is the AGI amount the taxpayer submitted on their TY 2003 tax return when it was accepted for processing. This is not the AGI from an amended return or the amount resulting from a math error correction. If the taxpayer did not file a return for TY 2003, they should enter zero as their prior year AGI. If the taxpayer's TY 2003 AGI is negative, the AGI amount should be entered as a negative; tax preparation software should support this requirement. If the TY 2003 tax return was received and accepted by IRS after December 18, 2004, the taxpayer must enter zero as their prior year AGI.

HIGHLIGHTS FOR TAX YEAR 2004 continued

State Acknowledgements

As of January 2005, the Internal Revenue Service will provide State Acknowledgement service on its Front End Processing System, known as EMS (Electronic Management System). Participating Federal States will send their State Acknowledgements to EMS for trading partners to pick up when they pick up their Federal Acknowledgement.

The States should store the Global Transaction (GTX) Key provided by IRS for use by State Help Desk. If a State Acknowledgement file needs to be rehung, the Trading Partner will contact the State to look up the GTX Key. If the Trading Partner has a question about the file, they should contact their State.

Taxpayer PIN Assignment

If the taxpayer agrees, it is acceptable for an ERO and/or software program to generate or assign the taxpayer PIN. The taxpayer consents to the ERO's choice by completing and signing an IRS e-file signature authorization containing the intended taxpayer PIN. The taxpayer PIN can be systemically generated or manually assigned into the electronic return format and/or the signature authorization form. However, the ERO must receive the signature authorization signed by the taxpayer(s) before they transmit the return or release it for transmission to IRS. This guideline refers to returns filed using the Self-Select or Practitioner PIN method.

Form T (Timber) Forest Activities Schedule

The Form T PAGE numbering "1" through "5" of the electronic Record Layout presented in Part II appear on the equivalent pages of the paper version of Form T as PAGE numbers "2" through "6" (e.g., Electronic Form T Record Layout PAGE numbered "1" represents the page of the paper version Form T PAGE numbered "2", etc.). PAGE 1 of the paper version of Form T consists entirely of instructions, and is unnecessary for electronic submission.

Form 1040 Changes

1. One of the dependent lines was deleted from the front of the Form 1040.
2. Educator Expense, Post-May 5 CDG, Reserve Component lines were deleted.
3. New line 23 was added to capture deduction for clean-fuel vehicles.
4. New line 24 was added to capture certain business expenses of reservists, performing artist and fee-basis government officials.
5. Majority of the lines were renumbered.

Form 1040A Changes

1. One of the dependent lines was deleted from the front of the Form 1040A.
2. Educator Expense and Post-May 5 CDG lines were deleted.
3. New line 16 was added to capture deduction for clean-fuel vehicles.
4. Majority of the lines were renumbered.

HIGHLIGHTS FOR TAX YEAR 2004 continued

Form 8582 - Passive Activity Loss Limitations

If you are required to file two copies of Worksheet 4 and/or two or more copies of Worksheet 7, see the special notes for these Worksheets in the Record Layouts in Part II of this Publication.

Form 8858 - Information Return of U.S. Persons With Respect To Foreign Disregarded Entities

This is a new form that requires an organizational chart to be attached. This form cannot be accepted electronically at this time but a paper copy of the form may be filed attached to Form 8453 (U.S. Individual Income Tax Declaration for an IRS e-file Return). The corresponding "Paper Document Indicator" should be set in the Summary Record if a paper Form 8858 is attached to Form 8453.

Form 8865 - Return of U.S. Persons with Respect to Certain Foreign Partnerships

Because of extensive forms changes for Form 8865, page 4 and Schedule K-1 (Form 8865), the record layouts for these forms have been completely revised.

HELP

If you need assistance in formatting and transmitting your returns or have questions regarding these tests, contact the appropriate service center. Suggestions for scenarios are welcome. If you find errors or would like to comment on this Test Package, please write Carolyn J. Martin or Sheila Rogers-Allen at the following address:

Internal Revenue Service
SE:W:CAS:SP:IEF:R
C4-273 NCFB
5000 Ellin Road
Lanham, MD 20706

TEST # 1

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 63
FORM 1040EZ, LINE 3: 200
FORM 1040EZ, LINE 8b: 6700 (COMBAT PAY)

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11125

PREPARED BY:

TAXPAYER: NAME: TEST I WHY SSN: 400-00-1001
DOB: 08-19-1969 OCCUPATION: MILITARY
DISABLED: NO PRES ELEC FUND: NO
DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: GWEN R KNOTT SSN: 400-00-2001
DOB: 06-03-1972 OCCUPATION: HOMEMAKER
DISABLED: NO PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: HS

ADDRESS: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD
WYNOT, NE 68792

FILING STATUS: MARRIED FILING JOINTLY

DIRECT DEPOSIT: NAME OF INSTITUTION: PLAINS CREDIT UNION
RTN: 123456780
ACCT#: 02135763
TYPE OF ACCOUNT: CHECKING

ETD TRANSMISSION:

FORM 4868:
LINE 4: 0
LINE 5: 390
LINE 6: 0

Label (See page 12.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (page 12) Your first name and initial TEST A Last name EAU DE TOILETTE Your social security number 400-00-1002

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment. Note: You must check Yes or No. 1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. 1 9,000

Payments and tax 7 Federal income tax withheld from box 2 of your Form(s) W-2. 7 75 8a Earned income credit (EIC). 8a 162

Refund Have it directly deposited! See page 19 and fill in 11b, 11c, and 11d. 11 a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. 11a 96

Amount you owe 12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. For details on how to pay, see page 20. 12

Third party designee Do you want to allow another person to discuss this return with the IRS (see page 20)? Yes. Complete the following. No

Sign here Joint return? See page 11. Keep a copy for your records. Your signature Date Your occupation SALES CLERK Daytime phone number

Paid preparer's use only Preparer's signature Date Check if self-employed Preparer's SSN or PTIN Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov.	
b Employer identification number 01-1234567				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code US MILITARY 101 SW WASHINGTON ST WASHINGTON DC 20044				3 Social security wages 6,700		4 Social security tax withheld 415	
				5 Medicare wages and tips 6,700		6 Medicare tax withheld 97	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1001				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST I WHY 12457 WILSHIRE-ON-THE-HAMPTONS BLVD WYNOT NE 68792				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other Q 6700		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. NE 123456		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 2

FORMS REQUIRED: FORM 1040EZ, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: EIC WAS DENIED IN 2003
401(k) DISTRIBUTIONS RECEIVED IN 2003: 800

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A EAU DE TOILETTE	SSN: 400-00-1002
DOB: 02-14-1976	OCCUPATION: SALES CLERK
DISABLED: NO	PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN	BLIND: NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
COLOGNE, MN 55322

FILING STATUS: SINGLE

FORM 8862:
PART I:
LINE 1: 2004
LINE 2: NO
LINE 3: NO

PART II:
LINE 4: 365

ETD TRANSMISSION:
FORM 4868:
LINE 4: 141
LINE 5: 237
LINE 6: 0

Label (See page 12.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (page 12)	L Your first name and initial TEST A	A Last name EAU DE TOILETTE	Your social security number 400-00-1002
	B If a joint return, spouse's first name and initial	E Last name	Spouse's social security number
	H Home address (number and street). If you have a P.O. box, see page 12. 5 GOTTA SMELL GOOD ST	E Apt. no.	▲ Important! ▲ You must enter your SSN(s) above.
R City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. COLOGNE MN 55322			
Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if a joint return, want \$3 to go to this fund?			You <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No

Income

Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1 9,000
	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2 370
	3 Unemployment compensation and Alaska Permanent Fund dividends (see page 14).	3
	4 Add lines 1, 2, and 3. This is your adjusted gross income .	4 9,370
Note: You must check Yes or No.	5 Can your parents (or someone else) claim you on their return? Yes. Enter amount from worksheet on page 2. <input type="checkbox"/> No. If single , enter \$7,950. If married filing jointly , enter \$15,900. See page 2 for explanation. <input checked="" type="checkbox"/>	5 7,950
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	▶ 6 1,420

Payments and tax

7 Federal income tax withheld from box 2 of your Form(s) W-2.	7 75
8a Earned income credit (EIC).	8a 162
b. Nontaxable combat pay election. 8b.	
9 Add lines 7 and 8a. These are your total payments .	▶ 9 237
10 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 24-28 of the booklet. Then, enter the tax from the table on this line.	10 141

Refund

Have it directly deposited! See page 19 and fill in 11b, 11c, and 11d.

11 a If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund**. **▶ 11a** **96**

▶ b Routing number **X X X X X X X X X X** **▶ c** Type: Checking Savings

▶ d Account number **X X X X X X X X X X X X X X X X X X**

Amount you owe

12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe**. For details on how to pay, see page 20. **▶ 12**

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 20)? **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 to the best of my knowledge and belief, it is true, correct, and accurately lists 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 SALES CLERK	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN

Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 41-8765432				1 Wages, tips, other compensation 9,000		2 Federal income tax withheld 75	
c Employer's name, address, and ZIP code SWEET AROMA HEALTH AND BEAUTY AIDES 7 FRAGRANT WAY COLOGNE MN 55322				3 Social security wages 9,500		4 Social security tax withheld 589	
				5 Medicare wages and tips 9,500		6 Medicare tax withheld 138	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1002				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST A EAU DE TOILETTE 5 GOTTA SMELL GOOD ST COLOGNE MN 55322				11 Nonqualified plans		12a See instructions for box 12 D 500	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. MN 41777		16 State wages, tips, etc. 9,000		17 State income tax 525		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 3

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 270

STATEMENTS:

OTHER: DIRECT DEPOSIT
DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST N ERTIA	SSN: 400-00-1003
DOB: 09-05-1989	OCCUPATION: COOK
DISABLED: NO	PRES ELEC FUND: NO
DAYTIME PHONE: 305-678-9012	BLIND: NO

CHECK DIGITS FROM IRS LABEL: FY

ADDRESS: 215 LAID BACK WAY
LAZY POINT, NY 11930-2150

FILING STATUS: SINGLE

DIRECT DEPOSIT: NAME OF INSTITUTION: LAST SAVINGS BANK
RTN: 012456778
ACCT #: 111-222-3456
TYPE OF ACCT: SAVINGS

ETD TRANSMISSION:
FORM 4868:
LINE 4: 2
LINE 5: 300
LINE 6: 0

Form
1040EZ

Department of the Treasury - Internal Revenue Service

**Income Tax Return for Single and
Joint Filers With No Dependents** (99) **2004**

OMB No. 1545-0675

<p>Label (See page 12.) Use the IRS label. Otherwise, please print or type.</p> <p>Presidential Election Campaign (page 12)</p>	<p>L A B E L</p>	Your first name and initial TEST N	Last name ERTIA	Your social security number 400-00-1003				
	<p>H E R E</p>	If a joint return, spouse's first name and initial	Last name	Spouse's social security number				
	Home address (number and street). If you have a P.O. box, see page 12. 215 LAID BACK WAY			Apt. no.				
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. LAZY POINT NY 11930-2150							
<p>Note. Checking "Yes" will not change your tax or reduce your refund.</p> Do you, or your spouse if a joint return, want \$3 to go to this fund?								
<table style="width: 100%;"> <tr> <td style="text-align: center;">You</td> <td style="text-align: center;">Spouse</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>					You	Spouse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
You	Spouse							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							

Income

<p>Attach Form(s) W-2 here. Enclose, but do not attach, any payment.</p>	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	2,150
	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	270
	3 Unemployment compensation and Alaska Permanent Fund dividends (see page 14).	3	
	4 Add lines 1, 2, and 3. This is your adjusted gross income.	4	2,420
<p>Note: You must check Yes or No.</p>	5 Can your parents (or someone else) claim you on their return? Yes. Enter amount from worksheet on page 2. <input checked="" type="checkbox"/> No. If single, enter \$7,950. If married filing jointly, enter \$15,900. See page 2 for explanation. <input type="checkbox"/>	5	2,400
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income.	6	20

Payments and tax

7 Federal income tax withheld from box 2 of your Form(s) W-2.	7	300
8a Earned income credit (EIC). NO	8a	
b. Nontaxable combat pay election. 8b.		
9 Add lines 7 and 8a. These are your total payments.	9	300
10 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 24-28 of the booklet. Then, enter the tax from the table on this line.	10	2

Refund

11 a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. 11a 298

Have it directly deposited! See page 19 and fill in 11b, 11c, and 11d.

b Routing number 012456778

c Type: Checking Savings

d Account number 111-222-3456

Amount you owe

12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. For details on how to pay, see page 20. 12

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 20)? 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 to the best of my knowledge and belief, it is true, correct, and accurately lists 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 COOK	Daytime phone number 305-678-9012
Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation	

Paid preparer's use only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____

Phone no. _____

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 11-6321571				1 Wages, tips, other compensation 2,150		2 Federal income tax withheld 300	
c Employer's name, address, and ZIP code LOAFERS SANDWICH SHOPPE 14A LOAFERS LAND LAZY POINT NY 11930				3 Social security wages 2,150		4 Social security tax withheld 133	
				5 Medicare wages and tips 2,150		6 Medicare tax withheld 31	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1003				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST N ERTIA 215 LAID BACK WAY LAZY POINT NY 11930-2150				11 Nonqualified plans		12a See instructions for box 12 C C C C	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C C C C	
				14 Other		12c C C C C	
						12d C C C C	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. NY 112176		16 State wages, tips, etc. 2,150		17 State income tax 215		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 4

FORMS REQUIRED: FORM 1040A, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: THE DEPENDENT SSN DISQUALIFIES EIC
TAXPAYER HAS FORM 8332 FROM CUSTODIAL PARENT TO ATTACH TO RETURN

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST N BLOWNAPART SSN: 400-00-1004
 DOB: 04-15-1962 OCCUPATION: WELDER
 DISABLED: NO PRES ELEC FUND: NO
 DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: FRED A T BLOWNAPART SSN: 400-00-2004

CHECK DIGITS FROM IRS LABEL: CB

ADDRESS: 781 WATERLOO WAY
 NAPOLEON, MI 49261

FILING STATUS: MARRIED FILING SEPARATELY LINE 6d: 3

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
JOSEPHINE BATTLE	16	900-78-3004	DAUGHTER	00	X
JACKIE CLAWS	70	400-00-4004	PARENT	12	

NOTE: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER

ETD TRANSMISSION:

FORM 2688:

LINE 1: 10-15-2005

LINE 2: DEATH IN FAMILY, TAXPAYER OUT OF COUNTRY

LINE 3: YES

PIN: 12345

PY AGI: 22300

DATE: 04-15-2005

Label (See page 17.)	Your first name and initial	Last name	OMB No. 1545-0085
	TEST N	BLOWNAPART	Your social security number 400-00-1004
Use the IRS label. Otherwise, please print or type.	If a joint return, spouse's first name and initial	Last name	Spouse's social security number 400-00-2004
	Home address (number and street). If you have a P.O. box, see page 18.		Apt. no.
781 WATERLOO WAY			
City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.			
NAPOLEON MI 49261			

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

Presidential Election Campaign (See page 18.) **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? **You** Yes No **Spouse** Yes No

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. **FREDA T BLOWNAPART**

4 Head of household (with qualifying person). (See page 19.) 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 19)

Exemptions

6 a **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) Check if qualifying child for child tax credit (see pg. 21)	No. of children on 6c who:
JOSEPHINE	BATTLE	900-78-3004	DAUGHTER	<input checked="" type="checkbox"/>	● lived with you
JACKIE	CLAWS	400-00-4004	PARENT	<input type="checkbox"/>	● did not live with you due to divorce or separation (see page 20)
				<input type="checkbox"/>	Dependents on 6c not entered above
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed. **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7 22,300**

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

8 a Taxable interest. Attach Schedule 1 if required. **8a**

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

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

b Qualified dividends (see page 22). **9b**

10 Capital gain distributions (see page 23). **10**

11 a IRA distributions. **11a**

11 b Taxable amount (see page 23). **11b**

12 a Pensions and annuities. **12a**

12 b Taxable amount (see page 24). **12b**

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

14 a Social security benefits. **14a**

14 b Taxable amount (see page 25). **14b**

15 Add lines 7 through 14b (far right column). This is your **total income**. **15 22,300**

Adjusted gross income

16 Educator expenses (see page 26). **16**

17 IRA deduction (see page 26). **17**

18 Student loan interest deduction (see page 29). **18**

19 Tuition and fees deduction (see page 29). **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 22,300**

Name(s) shown on page 1

Your social security number

TEST N BLOWNAPART

400-00-1004

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22 22,300
23a Check if: You were born before January 2, 1940, Blind Spouse was born before January 2, 1940, Blind Total boxes checked 23a
24 Enter your standard deduction (see left margin). 24 4,850
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 17,450
26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. 26 9,300
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 8,150
28 Tax, including any alternative minimum tax (see page 31). 28 869
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 page 35). 33 869
34 Adoption credit. Attach Form 8839. 34
35 Add lines 29 through 34. These are your total credits. 35 869
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 2,380
40 2004 estimated tax payments and amount applied from 2003 return. 40
41a Earned income credit (EIC). 41a
b Nontaxable combat pay election. 41b
42 Additional child tax credit. Attach Form 8812. 42 131
43 Add lines 39, 40, 41a, and 42. These are your total payments. 43 2,511

Standard Deduction for -
People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30.
All others:
Single or Married filing separately, \$4,850
Married filing jointly or Qualifying widow(er), \$9,700
Head of household, \$7,150

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See page 49 and fill in 45b, 45c, and 45d.

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44 2,511
45a Amount of line 44 you want refunded to you. 45a 2,511
b Routing number XXXXX XXXX Type: Checking Savings
d Account number XXXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX
46 Amount of line 44 you want applied to your 2005 estimated tax. 46

Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 50. 47
48 Estimated tax penalty (see page 50). 48

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 51)? Yes. Complete the following. No
Designee's name Phone no. Personal identification number (PIN)

Sign here

Joint return? See page 18. 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 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
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov .		
b Employer identification number 38-1425336				1 Wages, tips, other compensation 10,800		2 Federal income tax withheld 1,080				
c Employer's name, address, and ZIP code BONDO MAGIC COMPANY ONE PLUS ONE DRIVE NAPOLEON MI 49261				3 Social security wages 10,800		4 Social security tax withheld 670				
				5 Medicare wages and tips 10,800		6 Medicare tax withheld 157				
				7 Social security tips		8 Allocated tips				
d Employee's social security number 400-00-1004				9 Advance EIC payment		10 Dependent care benefits				
e Employee's first name and initial Last name TEST N BLOWNAPART 781 WATERLOO WAY NAPOLEON MI 49261				11 Nonqualified plans		12a See instructions for box 12				
				13 Statutory employee Retrnmt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
15 State Employer's state I.D. no. MI 382176		16 State wages, tips, etc. 10,800		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 38-3838196				1 Wages, tips, other compensation 11,500	2 Federal income tax withheld 1,300		
c Employer's name, address, and ZIP code WELDERS R WE 8888 CORKSCREW CIRCLE NAPOLEON MI 49261-8888				3 Social security wages 11,500	4 Social security tax withheld 713		
				5 Medicare wages and tips 11,500	6 Medicare tax withheld 167		
				7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-1004				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST N BLOWNAPART 781 WATERLOO WAY NAPOLEON MI 49261				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. MI 384759	16 State wages, tips, etc. 11,500	17 State income tax 805	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 5

FORMS REQUIRED: FORM 1040A, SCH 1, FORM PMT

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER
DIRECT DEBIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MAPLE
DOB: 04-15-1986
DISABLED: NO
DAYTIME PHONE: 201-555-1111

SSN: 400-00-1005
OCCUPATION: TREE TRIMMER
PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEEPING WILLOW LN
AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE

LINE 6d: 0

SCHEDULE 1:

PART I:

LINE 1: FIRST SECURITY	6500
MONEY BANK (TAX EXEMPT)	1000

PART II:

LINE 5: DOW SMITH (NON-QUALIFIED)	3000
-----------------------------------	------

FORM PAYMENT: ACH DEBIT

RTN: 012345672
ACCT #: 1234000000
TYPE OF ACCT: CHECKING
AMOUNT OF PAYMENT: 10
REQUESTED PAYMENT DATE: 04-15-2005
TAXPAYERS DAYTIME PHONE NUMBER: 201-555-1111
TYPE OF FORM BEING FILED: 1040A

SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: A
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19821

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 16500
PRIMARY DATE OF BIRTH: 04-15-1986
TAXPAYER SIGNATURE DATE: 03-21-2005

ETD TRANSMISSION:

FORM 9465:

LINE 3: (201) 555-1003; 10:00PM
LINE 4: (201) 555-1111; (no ext); 9:00AM
LINE 5: FIRST SECURITY
21 MAIN ST
AUDUBON NJ 08106-0021
LINE 6: OAKLEYS YARD AND GARDEN
87 KUDZU CENTER
AUDUBON NJ 08106

LINE 7: FORM 1040A
LINE 8: 2004
LINE 9: 54
LINE 10: 10
LINE 11: 26
LINE 12: 1

LINE 13(a): 012345672
LINE 13(b): 1234000000
ACCOUNT TYPE: CHECKING

TAXPAYER PIN: 19821
PRIOR YEAR AGI: 0
SIGNATURE DATE: 04-15-2005

Label (See page 17.)

L A B E L	Your first name and initial TEST O	Last name MAPLE
	If a joint return, spouse's first name and initial	Last name
H E R E	Home address (number and street). If you have a P.O. box, see page 18. 7842 WEEPING WILLOW LN	Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. AUDUBON NJ 08106-7842	

OMB No. 1545-0085

Your social security number
400-00-1005

Spouse's social security number

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

Presidential

Election Campaign (See page 18.)

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? You [X] Yes [] No Spouse [] Yes [] No

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 page 19.) 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 19)

Check only one box.

Exemptions

6 a 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) Check if qualifying child for child tax credit (see pg. 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed. Add numbers on lines above ▶ **0**

Boxes checked on 6a and 6b **0**

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

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	4,400
8a	Taxable interest. Attach Schedule 1 if required.	8a	6,500
b	Tax-exempt interest. Do not include on line 8a.	8b	1,000
9a	Ordinary dividends. Attach Schedule 1 if required.	9a	3,000
b	Qualified dividends (see page 22).	9b	
10	Capital gain distributions (see page 23).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see page 23).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see page 24).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see page 25).	14b	
15	Add lines 7 through 14b (far right column). This is your total income.	▶ 15	13,900
16	Educator expenses (see page 26).	16	
17	IRA deduction (see page 26).	17	
18	Student loan interest deduction (see page 29).	18	
19	Tuition and fees deduction (see page 29).	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	13,900

Adjusted gross income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment.

Name(s) shown on page 1

Your social security number

TEST O MAPLE

400-00-1005

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22 13,900

23a Check if: You were born before January 2, 1940, Blind; Spouse was born before January 2, 1940, Blind. Total boxes checked 23a

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here 23b

24 Enter your standard deduction (see left margin). 24 4,650

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 9,250

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. 26 0

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 9,250

28 Tax, including any alternative minimum tax (see page 31). 28 1,034

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 page 35). 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 1,034

37 Advance earned income credit payments from Form(s) W-2. 37

38 Add lines 36 and 37. This is your total tax. 38 1,034

39 Federal income tax withheld from Forms W-2 and 1099. 39 980

40 2004 estimated tax payments and amount applied from 2003 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. 43 980

Refund

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44

45a Amount of line 44 you want refunded to you. 45a

b Routing number; c Type: Checking; Savings

d Account number

46 Amount of line 44 you want applied to your 2005 estimated tax. 46

Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 50. 47 54

48 Estimated tax penalty (see page 50). 48

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 51)? 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 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.

Joint return? See page 18.

Your signature 19821; Date 2005-03-21; Your occupation TREE TRIMMER; Daytime phone number

Keep a copy for your records.

Spouse's signature. If a joint return, both must sign. Date; Spouse's occupation; 201-555-1111

Paid preparer's use only

Preparer's signature; Date; Check if self-employed; Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code; EIN

Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov .		
b Employer identification number 22-2244661				1 Wages, tips, other compensation 1,200		2 Federal income tax withheld 480				
c Employer's name, address, and ZIP code TREE TOPPERS INC 783 CHRISTMAS TREE DRIVE AUDUBON NJ 08106				3 Social security wages 1,200		4 Social security tax withheld 74				
				5 Medicare wages and tips 1,200		6 Medicare tax withheld 17				
				7 Social security tips		8 Allocated tips				
d Employee's social security number 400-00-1005				9 Advance EIC payment		10 Dependent care benefits				
e Employee's first name and initial Last name TEST O MAPLE 7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842				11 Nonqualified plans		12a See instructions for box 12				
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
15 State Employer's state I.D. no. NJ 22130		16 State wages, tips, etc. 1,200		17 State income tax 84		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 22-3355771		1 Wages, tips, other compensation 3,200		2 Federal income tax withheld 500	
c Employer's name, address, and ZIP code OAKLEYS YARD AND GARDEN 87 KUDZU CENTER AUDUBON NJ 08106		3 Social security wages 3,200		4 Social security tax withheld 198	
		5 Medicare wages and tips 3,200		6 Medicare tax withheld 46	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1005		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST O MAPLE 7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842		11 Nonqualified plans		12a See instructions for box 12 C O O E	
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C O O E	
		14 Other		12c C O O E	
				12d C O O E	
f Employee's address and ZIP code					
15 State Employer's state I.D. no. NJ 07543917	16 State wages, tips, etc. 3,200	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 6

FORMS REQUIRED: FORM 1040A, SCH 1, SCH 3

INFORMATION RETURNS ATTACHED: FORM 1099-R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 40: 500
FORM 1040A, LINE 46: 125

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 100

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST P BARRELL SSN: 400-00-1006
DOB: 06-18-1937 OCCUPATION: RETIRED
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: NZ

ADDRESS: 25000 HAM AND BACON JUNCTION
PIG TOWN, MD 21230

FILING STATUS: QUALIFYING WIDOW(ER) LINE 6d: 2
YEAR SPOUSE DIED: 2003

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
ROLAND BARRELL	19	400-55-3006	FOSTERCHILD	12	

SCHEDULE 1:

PART I:

LINE 1: BEST SAVINGS 6000
FORTUNE BANK 4000

SCHEDULE 3:

PART I:

LINE 1: X

ETD TRANSMISSION:

FORM 4868:
LINE 4: 0
LINE 5: 700
LINE 6: 0

Label (See page 17.)	Your first name and initial	Last name	OMB No. 1545-0085
	TEST P	BARRELL	Your social security number 400-00-1006
Use the IRS label. Otherwise, please print or type.	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see page 18.		Apt. no.
	25000 HAM AND BACON JUNCTION		
City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.		▲ Important! ▲ You must enter your SSN(s) above.	
PIG TOWN		MD	21230

Presidential Election Campaign (See page 18.) **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? **You** Yes No **Spouse** Yes No

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 page 19.)
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 19)
2003

Exemptions

6 a **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) Check if qualifying child for child tax credit (see pg. 21)
ROLAND	BARRELL	400-55-3006	FOSTERCHILD	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Income

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

8 a **Taxable interest.** Attach Schedule 1 if required. 8a 10,000

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

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

b **Qualified dividends** (see page 22). 9b

10 Capital gain distributions (see page 23). 10

11 a **IRA distributions.** 11a

11 b **Taxable amount** (see page 23). 11b 2,500

12 a **Pensions and annuities.** 12a

12 b **Taxable amount** (see page 24). 12b 4,500

13 Unemployment compensation and Alaska Permanent Fund dividends. 13

14 a **Social security benefits.** 14a

14 b **Taxable amount** (see page 25). 14b

15 Add lines 7 through 14b (far right column). This is your **total income.** ▶ 15 17,000

Adjusted gross income

16 Educator expenses (see page 26). 16

17 IRA deduction (see page 26). 17

18 Student loan interest deduction (see page 29). 18

19 Tuition and fees deduction (see page 29). 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 17,000

Name(s) shown on page 1

TEST P BARRELL

Your social security number

400-00-1006

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22 17,000

23a Check [X] You were born before January 2, 1940, [] Blind } Total boxes checked 23a 1
if: [] Spouse was born before January 2, 1940, [] Blind }

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here 23b []

24 Enter your standard deduction (see left margin). 24 10,650

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 6,350

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. 26 6,200

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 150

28 Tax, including any alternative minimum tax (see page 31). 28 16

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30 16

31 Education credits. Attach Form 8863. 31

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit (see page 35). 33

34 Adoption credit. Attach Form 8839. 34

35 Add lines 29 through 34. These are your total credits. 35 16

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. 39 200 FORM 1099

40 2004 estimated tax payments and amount applied from 2003 return. 40 500

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. 43 700

Refund

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44 700

45a Amount of line 44 you want refunded to you. 45a 575

b Routing number [X][X][X][X][X][X][X][X][X] c Type: [] Checking [] Savings

d Account number [X][X][X][X][X][X][X][X][X][X][X][X][X][X][X][X][X][X]

46 Amount of line 44 you want applied to your 2005 estimated tax. 46 125

Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 50. 47

48 Estimated tax penalty (see page 50). 48

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 51)? [X] Yes. Complete the following. [] No

Designee's name: JOHN DOE Phone no.: 888-555-1111 Personal identification number (PIN): 11122

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.

Joint return? See page 18. Keep a copy for your records.

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

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code OUR SHARE BANK & TRUST 72 MARKET PLACE PIG TOWN MD 21230-7272		1 Gross distribution \$ 2,500		OMB No. 1545-0119 2004 Form 1099-R	
PAYER'S Federal identification number 52-7754541		RECIPIENT'S identificaton number 400-00-1006		2a Taxable amount \$ 2,500	
RECIPIENT'S name TEST P BARRELL Street address (including apt. no.) 25000 HAM AND BACON JUNCTION City, state, and ZIP code PIG TOWN MD 21230		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$	
Account number (optional)		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
		7 Distribution Code 7		8 Other \$ %	
		9a Your percentage of total distribution %		9b Total employee contributions \$	
		10 State tax withheld \$		11 State/Payer's state no. MD	
		13 Local tax withheld \$		14 Name of locality	
				12 State distribution \$	
				15 Local distribution \$	

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.

Form **1099-R**

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code WECAN DUETTE LOBBYISTS 1000 BUCKS ST PIG TOWN MD 21230		1 Gross distribution \$ 4,500		OMB No. 1545-0119 2004 Form 1099-R	
PAYER'S Federal identification number 52-9081726		RECIPIENT'S identificaton number 400-00-1006		2a Taxable amount \$ 4,500	
RECIPIENT'S name TEST P BARRELL Street address (including apt. no.) 25000 HAM AND BACON JUNCTION City, state, and ZIP code PIG TOWN MD 21230		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 200	
Account number (optional)		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
		7 Distribution Code 7		8 Other \$ %	
		9a Your percentage of total distribution %		9b Total employee contributions \$	
		10 State tax withheld \$		11 State/Payer's state no. MD	
		13 Local tax withheld \$		14 Name of locality	
				12 State distribution \$	
				15 Local distribution \$	

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.

Form 1099-R

Department of the Treasury - Internal Revenue Service

TEST # 7

FORMS REQUIRED: FORM 1040A, FORM 8880

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 9a: 200
FORM 1040A, LINE 9b: 100
FORM 1040A, LINE 10: 2500
FORM 1040A, LINE 13: 200
FORM 1040A, LINE 16: 250
FORM 1040A, LINE 17: 2000
FORM 1040A, LINE 19: 1250

STATEMENTS:

OTHER: DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T BEHAVIOR
DOB: 01-01-1965
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1007
OCCUPATION: COUNSELOR
PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: YJ

ADDRESS: 1215 LONG ST
MORGAN, GA 31766

FILING STATUS: HEAD OF HOUSEHOLD
HOH QUALIFYING NAME: DARRELL BEHAVIOR

LINE 6d: 1
SSN: 400-55-3007

NOTE: DEPENDENT LIVED WITH TAXPAYER BUT IS CLAIMED ON SPOUSES RETURN FOR THE EXEMPTION

DIRECT DEPOSIT: NAME OF INSTITUTION: FIRST SAVINGS BANK
RTN: 012456778
ACCT #: 111-222-5555
TYPE OF ACCT: CHECKING

FORM 8880:
LINE 1: 2000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 0
LINE 5: 750
LINE 6: 0

Label (See page 17.)	Your first name and initial	Last name	OMB No. 1545-0085
	TEST T	BEHAVIOR	Your social security number 400-00-1007
Use the IRS label. Otherwise, please print or type.	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see page 18.		▲ Important! ▲ You must enter your SSN(s) above.
	1215 LONG ST		
City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.		MORGAN GA 31766	

Presidential Election Campaign (See page 18.)

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?

You: Yes No Spouse: Yes No

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 page 19.)
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 19)

DARRELL BEHAVIOR 400-55-3007

Exemptions

6 a 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) Check if qualifying child for child tax credit (see pg. 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed. Boxes checked on 6a and 6b: 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 12,000

8 a Taxable interest. Attach Schedule 1 if required. 8a

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

9 a Ordinary dividends. Attach Schedule 1 if required. 9a 200

b Qualified dividends (see page 22). 9b 100

10 Capital gain distributions (see page 23). 10 2,500

11 a IRA distributions. 11a 11 b Taxable amount (see page 23). 11b

12 a Pensions and annuities. 12a 12 b Taxable amount (see page 24). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. 13 200

14 a Social security benefits. 14a 14 b Taxable amount (see page 25). 14b

15 Add lines 7 through 14b (far right column). This is your total income. 15 14,900

Adjusted gross income

16 Educator expenses (see page 26). 16 250

17 IRA deduction (see page 26). 17 2,000

18 Student loan interest deduction (see page 29). 18

19 Tuition and fees deduction (see page 29). 19 1,250

20 Add lines 16 through 19. These are your total adjustments. 20 3,500

21 Subtract line 20 from line 15. This is your adjusted gross income. 21 11,400

Name(s) shown on page 1

Your social security number

TEST T BEHAVIOR

400-00-1007

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22 11,400

23a Check if: You were born before January 2, 1940, Blind; Spouse was born before January 2, 1940, Blind. Total boxes checked 23a

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here 23b

Standard Deduction for - People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30. All others: Single or Married filing separately, \$4,850; Married filing jointly or Qualifying widow(er), \$9,700; Head of household, \$7,150

24 Enter your standard deduction (see left margin). 24 7,150

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 4,250

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. 26 3,100

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 1,150

28 Tax, including any alternative minimum tax (see page 31). 28 58

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 58

33 Child tax credit (see page 35). 33

34 Adoption credit. Attach Form 8839. 34

35 Add lines 29 through 34. These are your total credits. 35 58

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. 39 750

40 2004 estimated tax payments and amount applied from 2003 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. 43 750

Refund

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44 750

Direct deposit? See page 49 and fill in 45b, 45c, and 45d.

45a Amount of line 44 you want refunded to you. 45a 750

b Routing number 012456778 c Type: X Checking Savings

d Account number 111-222-5555

46 Amount of line 44 you want applied to your 2005 estimated tax. 46

Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 50. 47

48 Estimated tax penalty (see page 50). 48

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 51)? Yes. Complete the following. X No

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

Sign here

Joint return? See page 18. 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 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 COUNSELOR Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov .							
b Employer identification number 58-2243633				1 Wages, tips, other compensation 12,000		2 Federal income tax withheld 750									
c Employer's name, address, and ZIP code MORGAN ELEMENTARY 1 MAIN ST MORGAN GA 31766				3 Social security wages 12,000		4 Social security tax withheld 744									
				5 Medicare wages and tips 12,000		6 Medicare tax withheld 174									
				7 Social security tips		8 Allocated tips									
d Employee's social security number 400-00-1007				9 Advance EIC payment		10 Dependent care benefits									
e Employee's first name and initial Last name TEST T BEHAVIOR 1215 LONG ST MORGAN GA 31766				11 Nonqualified plans		12a See instructions for box 12 C C C C C C C C									
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C C C C C C C C									
				14 Other		12c C C C C C C C C									
						12d C C C C C C C C									
f Employee's address and ZIP code				15 State Employer's state I.D. no. GA 5832524		16 State wages, tips, etc. 12,000		17 State income tax 375		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 8

FORMS REQUIRED: FORM 1040, FORM 1310, FORM 4136, FORM 8880

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 8a: 290
FORM 1040, LINE 9a: 223 (NON-QUALIFIED)
FORM 1040, LINE 19: 3560
FORM 1040, LINE 25: 1000

STATEMENTS:

OTHER: FED/STATE TEST RETURN - FULL YEAR STATE RESIDENT
TAXPAYER HAS FORM 8332 FROM CUSTODIAL PARENT TO ATTACH TO RETURN
TAXPAYER DIED 10/15/2004

THIRD PARTY DESIGNEE: NAME: IMA LUCKYONE II
PHONE: 888-555-1212
PIN: 12345

PREPARED BY:

TAXPAYER: NAME: TEST M. LUCKY SSN: 400-00-1008
DOB: 02-15-1965 OCCUPATION: GROUNDSKEEPER
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: LR

ADDRESS: 13 WINNERS CIR
HORSE SHOE, NC 28742

NOTE: JOINT ELECTRONIC FILING FOR STATES OTHER THAN NORTH CAROLINA
REQUIRE CHANGING STATE/ZIP ON FORMS 1040 AND W-2 AS FOLLOWS:

ALABAMA	AL 36427	MONTANA	MT 59835
ARKANSAS	AR 71655	NEBRASKA	NE 68123
ARIZONA	AZ 85014	NEW JERSEY	NJ 07066
COLORADO	CO 80045	NEW MEXICO	NM 87035
CONNECTICUT	CT 06511	NEW YORK	NY 13802
DELAWARE	DE 19877	NORTH DAKOTA	ND 58504
GEORGIA	GA 30055	OHIO	OH 45334
HAWAII	HI 96809	OKLAHOMA	OK 73091
IDAHO	ID 83388	OREGON	OR 97899
ILLINOIS	IL 62794	PENNSYLVANIA	PA 17128
INDIANA	IN 46011	RHODE ISLAND	RI 02866
IOWA	IA 50288	SOUTH CAROLINA	SC 29913
KANSAS	KS 66109	UTAH	UT 84063
KENTUCKY	KY 45275	VERMONT	VT 05609
LOUISIANA	LA 71749	VIRGINIA	VA 24611
MARYLAND	MD 21411	WEST VIRGINIA	WV 26161
MICHIGAN	MI 48017	WISCONSIN	WI 53424
MISSISSIPPI	MS 38642	WASHINGTON	DC 20202
MISSOURI	MO 63111		

FILING STATUS: SINGLE

LINE 6d: 2

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	#	MO	CHILD TAX CR
GOTTABE LUCKY	7	400-55-3008	SON		00	X

NOTE: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER
NOTE 2: TAXPAYER DID NOT MEET QUALIFICATIONS FOR HEAD OF HOUSEHOLD

FORM 1310:

CALENDAR YEAR DECEDENT WAS DUE REFUND: 2004
NAME OF DECEDENT: TEST M LUCKY
DATE OF DEATH: 10-15-2004
DECEDENT'S SSN: 400-00-1008
NAME OF PERSON CLAIMING REFUND: JOHN M LUCKY
PERSON CLAIMING REFUND SSN: 400-55-1008
HOME ADDRESS: 13 WILLOW BRANCH
CITY, STATE, ZIP: HORSE SHOE, NC 28742

PART I:
LINE C: X

PART II:
LINE 1: NO
LINE 2(a): NO
LINE 2(b): NO
LINE 3: YES

DATE CLAIM FOR REFUND WAS SIGNED: 10-15-2005

FORM 4136:

(a) (c)
LINE 1c: 03 560

FORM 8880:

LINE 1: 1000

ETD TRANSMISSION:

FORM 2688:
LINE 1: 10-15-2005
LINE 2: HAVE BEEN UNABLE TO COMPILE TAX RETURN DATA TIMELY DUE TO DEATH OF TAXPAYER
LINE 3: YES
PIN: 22222

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

Label (See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.

Your first name and initial: TEST M
 Last name: DECEASED - 20041015 LUCKY
 Your social security number: 400-00-1008

If a joint return, spouse's first name and initial: JOHN A LUCKY
 Last name: LUCKY
 Spouse's social security number:

Home address (number and street). If you have a P.O. box, see page 16.
 13 WINNERS CIR
 Apt. no.:

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
 HORSE SHOE NC 28742

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 Yes No

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

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

6 a 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) Check if qualifying child for child tax credit (see pg 18)	No. of children on 6c who:
GOTTABE	LUCKY	400-55-3008	SON	<input checked="" type="checkbox"/>	1
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 21,000

8a Taxable interest. Attach Schedule B if required 290

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

9a Ordinary dividends. Attach Schedule B if required 223

b Qualified dividends (see page 20) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 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 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount (see page 22) 15b

16a Pensions and annuities 16a b Taxable amount (see page 22) 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 3,560

20a Social security benefits 20a b Taxable amount (see page 24) 20b

21 Other income 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 25,073

Adjusted Gross Income

23 Educator expenses (see page 26) 23

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

25 IRA deduction (see page 26) 1,000

26 Student loan interest deduction (see page 28) 26

27 Tuition and fees deduction (see page 29) 27

28 Health savings account deduction. Attach Form 8889 28

29 Moving expenses. Attach Form 3903 29

30 One-half of self-employment tax. Attach Schedule SE 30

31 Self-employed health insurance deduction (see page 30) 31

32 Self-employed SEP, SIMPLE, and qualified plans 32

33 Penalty on early withdrawal of savings 33

34a Alimony paid b Recipient's SSN 34a

35 Add lines 23 through 34a 1,000

36 Subtract line 35 from line 22. This is your adjusted gross income 24,073

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-56 for Tax and Credits.

Standard Deduction for—
• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.
• All others: Single or Married filing separately, \$4,850
Married filing jointly or Qualifying widow(er), \$9,700
Head of household, \$7,150

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-62 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 for Payments.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? [X] Yes. Complete the following. [] No
Designee's name: IMA LUCKYONE II
Phone no.: 888-555-1212
Personal identification number (PIN): 12345

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.

Signature and occupation fields for Taxpayer and Spouse. Taxpayer occupation: GROUNDSKEEPER.

Paid Preparer's Use Only

Fields for Preparer's signature, date, SSN or PTIN, firm's name, EIN, and phone number.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 56-1234567				1 Wages, tips, other compensation 21,000	2 Federal income tax withheld 800		
c Employer's name, address, and ZIP code THOROUGHbred FARMS 1 LICKSKILLET LANE HORSE SHOE NC 28742				3 Social security wages 21,000	4 Social security tax withheld 1,302		
				5 Medicare wages and tips 21,000	6 Medicare tax withheld 305		
				7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-1008				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST M LUCKY 13 WINNERS CIR HORSE SHOE NC 28742				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. NC 568866	16 State wages, tips, etc. 21,000	17 State income tax 980	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 9

FORMS REQUIRED: FORM 1040, SCH A, FORM 2120

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 23: 250

STATEMENTS:

OTHER: SPOUSE ITEMIZES DEDUCTIONS

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST C ACAPPELLA
DOB: 03-16-1968
DISABLED: NO
DAYTIME PHONE: 314-555-1008

SSN: 400-00-1009
OCCUPATION: TEACHER
PRES ELEC FUND: YES
BLIND: NO

SPOUSE: NAME: DUET ACAPPELLA

SSN: 400-00-2009

CHECK DIGITS FROM IRS LABEL: QQ

ADDRESS: 4 QUARTET CTR
SOLO, MO 65564

FILING STATUS: MARRIED FILING SEPARATELY LINE 6d: 2

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
FORTISSIMO ARIA	12	400-55-3009	DAUGHTER	00	X

NOTE: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER

SCHEDULE A:

LINE 5: 800

LINE 10: 1300

FORM 2120:

FOR CALENDAR YEAR: 2004

PERSON BEING CLAIMED: FORTISSIMO ARIA

INFORMATION FOR PERSON NOT CLAIMING CHILD: TRIO ARIA, 400-55-4009
3 KINGSTON TRIO ST
SOLO, MO 65564

NOTE: ORIGINAL SIGNATURE MAINTAINED ON FILE SIGNATURE DATE: 12-31-2004

ETD TRANSMISSION:

FORM 9465:

LINE 3: (LEAVE BLANK)

LINE 4: (314)555-1008; EXT 1245; 8:00AM

LINE 5: NONE

LINE 6: SOLO CITY ORCHESTRA
SOLO CENTER SUITE 420
SOLO, MO 65564

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 101

LINE 10: 21

LINE 11: 25

LINE 12: 1

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning _____, 2004, ending _____, 20

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

Your first name and initial: **TEST C** Last name: **ACAPPELLA** Your social security number: **400-00-1009**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: **400-00-2009**

Home address (number and street). If you have a P.O. box, see page 16. Apt. no.: **4 QUARTET CTR**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. **MO 65564**

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? **You** Yes No **Spouse** Yes No

Filing Status Check only one box. **1** Single **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. **2** Married filing jointly (even if only one had income) **3** Married filing separately. Enter spouse's SSN above and full name here. **5** Qualifying widow(er) with dependent child (see page 17)

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

Exemptions

6 a 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) Check if qualifying child for child tax credit (see pg18)
FORTISSIMO	ARIA	400-55-3009	DAUGHTER	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **2**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 26,250

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 20) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) **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 **13**

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

15a IRA distributions **15a** **b** Taxable amount (see page 22) **15b**

16a Pensions and annuities **16a** **b** Taxable amount (see page 22) **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 24) **20b**

21 Other income **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22** 26,250

Adjusted Gross Income

23 Educator expenses (see page 26) **23** 250

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

25 IRA deduction (see page 26) **25**

26 Student loan interest deduction (see page 28) **26**

27 Tuition and fees deduction (see page 29) **27**

28 Health savings account deduction. Attach Form 8889 **28**

29 Moving expenses. Attach Form 3903 **29**

30 One-half of self-employment tax. Attach Schedule SE **30**

31 Self-employed health insurance deduction (see page 30) **31**

32 Self-employed SEP, SIMPLE, and qualified plans **32**

33 Penalty on early withdrawal of savings **33**

34a Alimony paid **b** Recipient's SSN **34a**

35 Add lines 23 through 34a **35** 250

36 Subtract line 35 from line 22. This is your adjusted gross income **36** 26,000

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-56 for Tax and Credits, and lines 57-62 for Other Taxes.

Standard Deduction for—
• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.
• All others:
Single or Married filing separately, \$4,850
Married filing jointly or Qualifying widow(er), \$9,700
Head of household, \$7,150

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 for Payments.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. [X] 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.

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

Your signature, Date, Your occupation (TEACHER), Daytime phone number (314-555-1008), Spouse's signature, Date, Spouse's occupation

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 43-7685943				1 Wages, tips, other compensation 26,250		2 Federal income tax withheld 1,200	
c Employer's name, address, and ZIP code SOLO CITY ORCHESTRA SOLO CENTER SUITE 420 SOLO MO 65564				3 Social security wages 26,250		4 Social security tax withheld 1,628	
				5 Medicare wages and tips 26,250		6 Medicare tax withheld 381	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1009				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST C ACAPPELLA 4 QUARTET CTR SOLO MO 65564				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. MO 43918273		16 State wages, tips, etc. 26,250		17 State income tax 800		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 10

FORMS REQUIRED: FORM 1040A, SCH EIC, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 19: 250
FORM 1040A, LINE 37: 412 (FROM FORM W-2)
FORM 1040A, LINE 41b: 2000 (COMBAT PAY)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JANE SMITH
PHONE: 123-456-7890
PIN: 34567

PREPARED BY:

TAXPAYER: NAME: TEST U PHROZINTOWES SSN: 400-00-1010
DOB: 06-12-1968 OCCUPATION: CLERICAL
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: IA

ADDRESS: 1832 NORTH POLE LN
COLDFOOT, AK 99701

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
JESSICA LEE	15	400-55-3010	DAUGHTER	12	X
TAMMY TY	11	400-55-4010	FOSTERCHILD	12	X
SAMMY PHROZINTOWES	7	400-55-5010	SON	12	X

SCHEDULE EIC:

(CHILD 1)	(CHILD 2)
LINE 1: SAMMY PHROZINTOWES	TAMMY TY
LINE 2: 400-55-5010	400-55-4010
LINE 3: 1997	1993
LINE 5: SON	FOSTERCHILD
LINE 6: 12	12

ETD TRANSMISSION:

FORM 4868:
LINE 4: 412
LINE 5: 5,335
LINE 6: 0

Label (See page 17.) Use the IRS label. Otherwise, please print or type.	L A B E L	Your first name and initial TEST U	Last name PHROZINTOWES	OMB No. 1545-0085		
		If a joint return, spouse's first name and initial		Last name	Your social security number 400-00-1010	
		Home address (number and street). If you have a P.O. box, see page 18. 1832 NORTH POLE LN			Apt. no.	Important! You must enter your SSN(s) above.
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. COLDFOOT AK 99701				

Presidential Election Campaign (See page 18.) **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?

You: Yes No
 Spouse: Yes No

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 page 19.) 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 19)

Check only one box.

Exemptions

6 a 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) Check if qualifying child for child tax credit (see pg. 21)	No. of children on 6c who:
JESSICA	LEE	400-55-3010	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/> lived with you <input checked="" type="checkbox"/> did not live with you due to divorce or separation (see page 20)
TAMMY	TY	400-55-4010	FOSTERCHILD	<input checked="" type="checkbox"/>	
SAMMY	PHROZINTOWES	400-55-5010	SON	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Boxes checked on 6a and 6b: **1**

Dependents on 6c not entered above: **3**

d Total number of exemptions claimed. **4**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7 10,650**

8 a Taxable interest. Attach Schedule 1 if required. **8a**

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

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

b Qualified dividends (see page 22). **9b**

10 Capital gain distributions (see page 23). **10**

11 a IRA distributions. **11a**

11 b Taxable amount (see page 23). **11b**

12 a Pensions and annuities. **12a**

12 b Taxable amount (see page 24). **12b**

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

14 a Social security benefits. **14a**

14 b Taxable amount (see page 25). **14b**

15 Add lines 7 through 14b (far right column). This is your total income. **15 10,650**

Adjusted gross income

16 Educator expenses (see page 26). **16**

17 IRA deduction (see page 26). **17**

18 Student loan interest deduction (see page 29). **18**

19 Tuition and fees deduction (see page 29). **19 250**

20 Add lines 16 through 19. These are your total adjustments. **20 250**

21 Subtract line 20 from line 15. This is your adjusted gross income. **21 10,400**

Name(s) shown on page 1

TEST U PHROZINTOWES

Your social security number

400-00-1010

22 Enter the amount from line 21 (adjusted gross income). 22 10,400

Tax, credits, and payments

23a Check if: You were born before January 2, 1940, Blind Total boxes checked 23a Spouse was born before January 2, 1940, Blind

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here 23b

Standard Deduction for - People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30. All others: Single or Married filing separately, \$4,850 Married filing jointly or Qualifying widow(er), \$9,700 Head of household, \$7,150

24 Enter your standard deduction (see left margin). 24 7,150

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 3,250

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. 26 12,400

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 page 31). 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 page 35). 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. 37 412

38 Add lines 36 and 37. This is your total tax. 38 412

39 Federal income tax withheld from Forms W-2 and 1099. 39 1,065

40 2004 estimated tax payments and amount applied from 2003 return. 40

41a Earned income credit (EIC). 41a 4,300

b Nontaxable combat pay election. 41b 2,000

42 Additional child tax credit. Attach Form 8812. 42 285

43 Add lines 39, 40, 41a, and 42. These are your total payments. 43 5,650

Refund

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44 5,238

45a Amount of line 44 you want refunded to you. 45a 5,238

b Routing number XXXXX XXXX C Type: Checking Savings

d Account number XXXXX XXXX XXXX XXXX XXXX XXXX XXXX

46 Amount of line 44 you want applied to your 2005 estimated tax. 46

Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 50. 47

48 Estimated tax penalty (see page 50). 48

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 51)? Yes. Complete the following. No

Designee's name JANE SMITH Phone no. 123-456-7890 Personal identification number (PIN) 34567

Sign here

Joint return? See page 18. 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 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 CLERICAL Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

a Control number		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov.			
b Employer identification number 38-9391949		1 Wages, tips, other compensation 10,650		2 Federal income tax withheld 1,065					
c Employer's name, address, and ZIP code PHRIEZ, EYCICKLE, AND GLACIER 21 APPEAL ST KANATA ONTARIO K2K1X-3		3 Social security wages 10,650		4 Social security tax withheld 660					
		5 Medicare wages and tips 10,650		6 Medicare tax withheld 154					
		7 Social security tips		8 Allocated tips					
d Employee's social security number 400-00-1010		9 Advance EIC payment 412		10 Dependent care benefits					
e Employee's first name and initial Last name TEST U PHROZINTOWES 1832 NORTH POLE LN COLDFOOT AK 99701		11 Nonqualified plans		12a See instructions for box 12 D 1,500					
		13 Statutory Retmnt. Third-party employee plan sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b					
		14 Other		12c					
				12d					
f Employee's address and ZIP code		15 State Employer's state I.D. no. MI 382461		16 State wages, tips, etc. 10,650		17 State income tax 480			
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name			

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov.	
b Employer identification number 01-1234567		1 Wages, tips, other compensation		2 Federal income tax withheld			
c Employer's name, address, and ZIP code US MILITARY 101 SW WASHINGTON ST WASHINGTON DC 20044		3 Social security wages 2,000		4 Social security tax withheld 124			
		5 Medicare wages and tips 2,000		6 Medicare tax withheld 29			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 400-00-1010		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name TEST U PHROZINTOWES 1832 NORTH POLE LN COLDFOOT AK 99701		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay		12b			
		14 Other Q 2000		12c			
				12d			
f Employee's address and ZIP code							
15 State Employer's state I.D. no. AK 234567	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

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TEST # 11

4 FORMS REQUIRED: FORM 1040, SCH EIC, FORM 2106, FORM 4137, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (15)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: EIC WAS DENIED IN 2003
DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T HUNTER	SSN: 400-00-1011
DOB: 03-16-1968	OCCUPATION: MUSICIAN
DISABLED: NO	PRES ELEC FUND: NO
DAYTIME PHONE: 205-555-1020	BLIND: NO

CHECK DIGITS FROM IRS LABEL: RY

ADDRESS: 1234 LUKE THOMAS BLVD
QUINTON, AL 35130

FILING STATUS: SINGLE

LINE 6d: 1

DIRECT DEPOSIT: NAME OF INSTITUTION: MOUNTAIN STATE BANK
RTN: 053111674
ACCT #: 123-444-5678
TYPE OF ACCT: CHECKING

SCHEDULE EIC:
(CHILD 1)

LINE 1: DEERE HUNTER
LINE 2: 400-55-3011
LINE 3: 1994
LINE 5: SON
LINE 6: 12

NOTE: ALTHOUGH DEERE HUNTER LIVED WITH TAXPAYER 12 MONTHS, HE IS BEING CLAIMED AS A DEPENDENT ON ANOTHER'S RETURN. ALSO, TEST HUNTER DID NOT MEET THE REQUIREMENTS FOR HEAD OF HOUSEHOLD FILING STATUS.

FORM 2106:
NAME: TEST T HUNTER SSN: 400-00-1011
OCCUPATION: MUSICIAN

LINE 4: 625

NOTE: TAXPAYER IS A QUALIFIED PERFORMING ARTIST

FORM 4137:

NAME: TEST T HUNTER

SSN: 400-00-1011

NAME OF EMPLOYER: MUSIC ROW CONCERTS CONCERT 2

LINE 1: 500

FORM 8862:

PART I:

LINE 1: 2004

LINE 2: NO

LINE 3: NO

PART III:

LINE 6a: 365

LINE 8a: 1234 LUKE THOMAS BLVD

QUINTON, AL 35130

LINE 9: NO

ETD TRANSMISSION:

FORM 4868:

LINE 4: 787

LINE 5: 2717

LINE 6: 0

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

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Form fields for name (TEST T HUNTER), social security number (400-00-1011), and address (1234 LUKE THOMAS BLVD, QUINTON AL 35130).

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

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.

Filing status options: 1 Single (checked), 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions

6 a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b: 1

b [] Spouse. No. of children on 6c who:

c Dependents:

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Check if qualifying child for child tax credit.

If more than four dependents, see page 18.

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

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.

Main income table with rows 7-22. Total income on line 22 is 15,950.

Adjusted Gross Income

Adjusted gross income table with rows 23-36. Total adjusted gross income on line 36 is 15,325.

	37	Amount from line 36 (adjusted gross income)	37	15,325
Tax and Credits	38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked ▶ 38a <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 38b <input type="checkbox"/>		
	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	4,850
	40	Subtract line 39 from line 37	40	10,475
	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	3,100
	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	7,375
	43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	749
	44	Alternative minimum tax (see page 35). Attach Form 6251	44	
	45	Add lines 43 and 44	45	749
	Standard Deduction for— ● People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. ● All others: Single or Married filing separately, \$4,850 Married filing jointly or Qualifying widow(er), \$9,700 Head of household, \$7,150	46	Foreign tax credit. Attach Form 1116 if required	46
47		Credit for child and dependent care expenses. Attach Form 2441	47	
48		Credit for the elderly or the disabled. Attach Schedule R	48	
49		Education credits. Attach Form 8863	49	
50		Retirement savings contributions credit. Attach Form 8880	50	
51		Child tax credit (see page 37)	51	
52		Adoption credit. Attach Form 8839	52	
53		Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54		Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55		Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	749	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	38
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H	61	
	62	Add lines 56 through 61. This is your total tax	62	787
Payments	63	Federal income tax withheld from Forms W-2 and 1099	63	422
	64	2004 estimated tax payments and amount applied from 2003 return	64	
	65a	Earned income credit (EIC)	65a	2,295
	b	Nontaxable combat pay election ▶ 65b		
	66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
	67	Additional child tax credit. Attach Form 8812	67	
	68	Amount paid with request for extension to file (see page 54)	68	
	69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	2,717
	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	1,930
Refund Direct deposit? See page 54 and fill in 72b, 72c, and 72d.	72a	Amount of line 71 you want refunded to you	72a	1,930
	b	Routing number 0 5 3 1 1 1 6 7 4 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 1 2 3 - 4 4 4 - 5 6 7 8		
	73	Amount of line 71 you want applied to your 2005 estimated tax ▶ 73	73	
Amount You Owe	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 ▶	74	
	75	Estimated tax penalty (see page 55)	75	

Do you want to allow another person to discuss this return with the IRS (see page 56)? 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.

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

Your signature _____ Date _____ Your occupation **MUSICIAN** Daytime phone number _____
Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____ 205-555-1020

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____
Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____
Phone no. _____

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov	
b Employer identification number 63-1234561		1 Wages, tips, other compensation 1,690		2 Federal income tax withheld 192	
c Employer's name, address, and ZIP code SOUTH SEA CONCERTS CONCERT 1 123 JAMES STREET QUINTON AL 35130		3 Social security wages 1,690		4 Social security tax withheld 105	
		5 Medicare wages and tips 1,690		6 Medicare tax withheld 25	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 1,690	
		17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234562				1 Wages, tips, other compensation 775	2 Federal income tax withheld 50		
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 2 123 JAMES STREET QUINTON AL 35130				3 Social security wages 775	4 Social security tax withheld 48		
				5 Medicare wages and tips 775	6 Medicare tax withheld 11		
				7 Social security tips	8 Allocated tips 500		
d Employee's social security number 400-00-1011				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. AL 63123	16 State wages, tips, etc. 775	17 State income tax 244	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

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a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234563				1 Wages, tips, other compensation 1,440		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 3 123 JAMES STREET QUINTON AL 35130				3 Social security wages 1,440		4 Social security tax withheld 89	
				5 Medicare wages and tips 1,440		6 Medicare tax withheld 21	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retmnt. plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 1,440	
				17 State income tax 74		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

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a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234564		1 Wages, tips, other compensation 1,970		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 4 123 JAMES STREET QUINTON AL 35130		3 Social security wages 1,970		4 Social security tax withheld 122	
		5 Medicare wages and tips 1,970		6 Medicare tax withheld 29	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory Retmnt. Third-party employee plan sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 1,970	
		17 State income tax 173		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

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a Control number		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234565		1 Wages, tips, other compensation 1,585		2 Federal income tax withheld 40			
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 5 123 JAMES STREET QUINTON AL 35130		3 Social security wages 1,585		4 Social security tax withheld 98			
		5 Medicare wages and tips 1,585		6 Medicare tax withheld 23			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 1,585		17 State income tax 111	
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

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a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234566		1 Wages, tips, other compensation 1,700		2 Federal income tax withheld 30	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 6 123 JAMES STREET QUINTON AL 35130		3 Social security wages 1,700		4 Social security tax withheld 105	
		5 Medicare wages and tips 1,700		6 Medicare tax withheld 25	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 1,700	
		17 State income tax 119		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

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This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234567				1 Wages, tips, other compensation 1,400		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 7 123 JAMES STREET QUINTON AL 35130				3 Social security wages 1,400		4 Social security tax withheld 87	
				5 Medicare wages and tips 1,400		6 Medicare tax withheld 20	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory Retmnt. Third-party employee plan sick pay		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no.		16 State wages, tips, etc.	
AL 63123		1,400		98		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** **Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

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This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234568		1 Wages, tips, other compensation 300		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 8 123 JAMES STREET QUINTON AL 35130		3 Social security wages 300		4 Social security tax withheld 19	
		5 Medicare wages and tips 300		6 Medicare tax withheld 4	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory Retmnt. Third-party employee plan sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 300	
		17 State income tax 21		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

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This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234569		1 Wages, tips, other compensation 450		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 9 123 JAMES STREET QUINTON AL 35130		3 Social security wages 450		4 Social security tax withheld 28	
		5 Medicare wages and tips 450		6 Medicare tax withheld 7	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory Retmnt. Third-party employee plan sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no.		16 State wages, tips, etc.	
AL 63123		450		31	
		17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** **Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

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This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov	
b Employer identification number 63-1234560		1 Wages, tips, other compensation 475		2 Federal income tax withheld	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 10 123 JAMES STREET QUINTON AL 35130		3 Social security wages 475		4 Social security tax withheld 29	
		5 Medicare wages and tips 475		6 Medicare tax withheld 7	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retmnt. plan Third-party sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 475	
		17 State income tax 33		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

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This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234511				1 Wages, tips, other compensation 530		2 Federal income tax withheld 10	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 11 123 JAMES STREET QUINTON AL 35130				3 Social security wages 530		4 Social security tax withheld 33	
				5 Medicare wages and tips 530		6 Medicare tax withheld 8	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory Retmnt. Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 530	
				17 State income tax 37		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234512		1 Wages, tips, other compensation 1,100		2 Federal income tax withheld 20	
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 12 123 JAMES STREET QUINTON AL 35130		3 Social security wages 1,100		4 Social security tax withheld 68	
		5 Medicare wages and tips 1,100		6 Medicare tax withheld 16	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory Retmnt. Third-party employee plan sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state I.D. no. AL 63123	16 State wages, tips, etc. 1,100	17 State income tax 77	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov.	
b Employer identification number 63-1234513		1 Wages, tips, other compensation 275		2 Federal income tax withheld			
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 13 123 JAMES STREET QUINTON AL 35130		3 Social security wages 275		4 Social security tax withheld 17			
		5 Medicare wages and tips 275		6 Medicare tax withheld 4			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 275		17 State income tax 19	
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file			Visit the IRS website at www.irs.gov .	
b Employer identification number 63-1234514		1 Wages, tips, other compensation 980		2 Federal income tax withheld 20		
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 14 123 JAMES STREET QUINTON AL 35130		3 Social security wages 980		4 Social security tax withheld 61		
		5 Medicare wages and tips 980		6 Medicare tax withheld 14		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 400-00-1011		9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee Retmnt. plan Third-party sick pay		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State Employer's state I.D. no. AL 63123	16 State wages, tips, etc. 980	17 State income tax 69	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file			Visit the IRS website at www.irs.gov .			
b Employer identification number 63-1234515		1 Wages, tips, other compensation 780			2 Federal income tax withheld 20			
c Employer's name, address, and ZIP code MUSIC ROW CONCERTS CONCERT 15 123 JAMES STREET QUINTON AL 35130		3 Social security wages 780			4 Social security tax withheld 48			
		5 Medicare wages and tips 780			6 Medicare tax withheld 11			
		7 Social security tips			8 Allocated tips			
d Employee's social security number 400-00-1011		9 Advance EIC payment			10 Dependent care benefits			
e Employee's first name and initial Last name TEST T HUNTER 1234 LUKE THOMAS BLVD QUINTON AL 35130		11 Nonqualified plans			12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay			12b			
		14 Other			12c			
					12d			
f Employee's address and ZIP code		15 State Employer's state I.D. no. AL 63123		16 State wages, tips, etc. 780	17 State income tax 55	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 12

FORMS REQUIRED: FORM 1040, SCH EIC, FORM 4970, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 19: 6000
FORM 1040, LINE 34a: 1200 SSN: 400-55-5012
FORM 1040, LINE 34a: 2000 SSN: 400-55-6012
FORM 1040, LINE 60: 500
FORM 1040, LINE 65b: 4525 (COMBAT PAY)
FORM 1040, LINE 73: 500

STATEMENTS: FORM 1040, LINE 34a, ALIMONY RECIPIENT STATEMENT

OTHER: FORM 1040, LINE 62: LITERAL: ADT 1215
REFUND ANTICIPATION LOAN

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST Z CANASTA SSN: 400-00-1012
DOB: 03-01-1963 OCCUPATION: DEALER
DISABLED: NO PRES ELEC FUND: NO
DAYTIME PHONE #: 888-555-2222 BLIND: NO

CHECK DIGITS FROM IRS LABEL: PW

ADDRESS: % ROYAL FLUSH
12 QUEEN OF HEARTS BLVD
BLACKJACK, MS 39759

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 3

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
SAMUEL CANASTA	8	400-55-3012	SON	12	X
MARY CANASTA	12	400-55-4012	DAUGHTER	12	X

DIRECT DEPOSIT: NAME OF INSTITUTION: SOUTHEAST NORTHWEST BANK
RTN: 012344589
ACCT #: LOANXXXX400001012
TYPE OF ACCT: CHECKING

SCHEDULE EIC:

	(CHILD 1)	(CHILD 2)
LINE 1:	SAMUEL CANASTA	MARY CANASTA
LINE 2:	400-55-3012	400-55-4012
LINE 3:	1996	1992
LINE 5:	SON	DAUGHTER
LINE 6:	12	12

FORM 4970:

LINE C: SOLITAIRE TRUST FUND
64 W PARKWAY
MARIETTA GA 30303

LINE D: 58-4504244

LINE E: DOMESTIC

LINE F: 03-01-1963

LINE G: 1

PART I:

LINE 1:	12000				
LINE 4:	620				
LINE 6:	232				
LINE 8:	5				
LINE 11:	5				
LINE 13:					
(a)	(b)	(c)	(d)	(e)	
12040	32150	31500	27200	37600	

PART II:

	(a)	(b)	(c)	
LINE 17:	4694	5096	4451	
LINE 18:	4326	4729	4084	

PREPARER NOTES:

PLEASE NOTE THAT THIS RETURN IS TO BE SENT TO THE CARE OF ROYAL FLUSH.

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1715

LINE 5: 5764

LINE 6: 0

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning 01/01/2004, ending 12/31/2004, OMB No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

Personal information section including name (TEST Z CANASTA), address (12 QUEEN OF HEARTS BLVD), and city (BLACKJACK MS 39759).

Social Security numbers: Your social security number 400-00-1012, Spouse's social security number.

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

Presidential Election Campaign Note. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No

Filing Status: 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions: 6a Yourself, 6b Spouse, 6c Dependents (SAMUEL CANASTA, MARY CANASTA), 6d Total number of exemptions claimed 3.

Income section: 7 Wages, salaries, tips, etc. Attach Form(s) W-2 10,000; 8a Taxable interest; 9a Ordinary dividends; 10 Taxable refunds; 11 Alimony received; 12 Business income; 13 Capital gain; 14 Other gains; 15a IRA distributions; 16a Pensions and annuities; 17 Rental real estate; 18 Farm income; 19 Unemployment compensation; 20a Social security benefits; 21 Other income; 22 Total income 16,000.

Adjusted Gross Income section: 23 Educator expenses; 24 Business expenses; 25 IRA deduction; 26 Student loan interest; 27 Tuition and fees; 28 Health savings account; 29 Moving expenses; 30 Self-employment tax; 31 Self-employed health insurance; 32 Self-employed SEP; 33 Penalty on early withdrawal; 34a Alimony paid 3,200; 35 Add lines 23 through 34a 3,200; 36 Adjusted gross income 12,800.

Tax and Credits		37	Amount from line 36 (adjusted gross income)	37	12,800
38a Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a					
if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 38a					
b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here <input type="checkbox"/> 38b					
Standard Deduction for—		39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	7,150
● People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.		40	Subtract line 39 from line 37	40	5,650
● All others: Single or Married filing separately, \$4,850		41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	9,300
Married filing jointly or Qualifying widow(er), \$9,700		42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	0
Head of household, \$7,150		43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	0
		44	Alternative minimum tax (see page 35). Attach Form 6251	44	
		45	Add lines 43 and 44	45	
		46	Foreign tax credit. Attach Form 1116 if required	46	
		47	Credit for child and dependent care expenses. Attach Form 2441	47	
		48	Credit for the elderly or the disabled. Attach Schedule R	48	
		49	Education credits. Attach Form 8863	49	
		50	Retirement savings contributions credit. Attach Form 8880	50	
		51	Child tax credit (see page 37)	51	
		52	Adoption credit. Attach Form 8839	52	
		53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
		54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
		55	Add lines 46 through 54. These are your total credits	55	
		56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	0
Other Taxes		57	Self-employment tax. Attach Schedule SE	57	
		58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
		59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
		60	Advance earned income credit payments from Form(s) W-2	60	500
		61	Household employment taxes. Attach Schedule H	61	
		62	Add lines 56 through 61. This is your total tax ADT	62	1,715
Payments		63	Federal income tax withheld from Forms W-2 and 1099	63	1,000
If you have a qualifying child, attach Schedule EIC.		64	2004 estimated tax payments and amount applied from 2003 return	64	
		65a	Earned income credit (EIC)	65a	4,198
		b	Nontaxable combat pay election <input type="checkbox"/> 65b 4,525		
		66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
		67	Additional child tax credit. Attach Form 8812	67	566
		68	Amount paid with request for extension to file (see page 54)	68	
		69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
		70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	5,764
Refund		71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	4,049
Direct deposit? See page 54 and fill in 72b, 72c, and 72d.		72a	Amount of line 71 you want refunded to you	72a	3,549
		b	Routing number		
		d	Account number		
		73	Amount of line 71 you want applied to your 2005 estimated tax	73	500
Amount You Owe		74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
		75	Estimated tax penalty (see page 55)	75	

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. No

Designee's name: JOHN DOE Phone no.: 888-555-1111 Personal identification number (PIN): 11122

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.

Joint return? See page 17.	Your signature	Date	Your occupation	Daytime phone number
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	888-555-2222

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP code: _____ EIN: _____ Phone no.: _____

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 64-1234567		1 Wages, tips, other compensation 10,000		2 Federal income tax withheld 1,000	
c Employer's name, address, and ZIP code UCAN WINABUNDLE RIVERBOAT 21 JOKERS FERRY BLACKJACK MS 39759		3 Social security wages 10,000		4 Social security tax withheld 620	
		5 Medicare wages and tips 10,000		6 Medicare tax withheld 145	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1012		9 Advance EIC payment 500		10 Dependent care benefits	
e Employee's first name and initial Last name TEST Z CANASTA 12 QUEEN OF HEARTS BLVD BLACKJACK MS 39759		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory Retmnt. Third-party employee plan sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 01-1234567				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code US MILITARY 101 SW WASHINGTON ST WASHINGTON DC 20044				3 Social security wages 4,525		4 Social security tax withheld 281	
				5 Medicare wages and tips 4,525		6 Medicare tax withheld 66	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1012				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST Z CANASTA 12 QUEEN OF HEARTS BLVD BLACKJACK MS 39759				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory Retmnt. Third-party employee plan sick pay		12b	
				14 Other Q 4525		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no. MS 345678		16 State wages, tips, etc.	
				17 State income tax		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 13

FORMS REQUIRED: FORM 1040A, SCH 2, FORM 8812, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 13: 1650
FORM 1040A, LINE 17: 1200
(TAXPAYER: 800, SPOUSE : 400)

STATEMENTS: FORM 1040, LINE 6c, DEPENDENT LISTING
SCH 2, LINE 1, CHILD CARE PROVIDERS
SCH 2, LINE 2, QUALIFYING PERSONS

OTHER: DIRECT DEPOSIT
IRA DISTRIBUTIONS RECEIVED IN 2001: 1800 (TAXPAYER)
1500 (SPOUSE)

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY:

TAXPAYER: NAME: TEST U GRASS SSN: 400-00-1013
DOB: 01-01-1954 OCCUPATION: CONSULTANT
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: YES

SPOUSE: NAME: MAY B GRASS SSN: 400-00-2013
DOB: 08-22-1959 OCCUPATION: SALESPERSON
DISABLED: NO PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: XU

ADDRESS: 74131 FESCUE DR
SAINT THOMAS, VI 00802

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 8

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	#	MO	CHILD TAX CR
TIMOTHY GRASS	4	400-55-3013	SON	12		X
MARY GRASS	6	400-55-4013	DAUGHTER	12		X
DAVID GRASS	8	400-55-5013	SON	12		X
SUSAN GRASS	10	400-55-6013	DAUGHTER	12		X
PHILIP GRASS	12	400-55-7013	SON	12		X
ANGELA GRASS	14	400-55-8013	DAUGHTER	12		X

DIRECT DEPOSIT: NAME OF INSTITUTION: SAVINGS CREDIT UNION
RTN: 253174576
ACCT #: 06542153
TYPE OF ACCT: SAVINGS

SCHEDULE 2:

PART I:

LINE 1:

(a)	(b)		(c)	(d)
CHILDREN RUS	55 PLAY ST	SAINT THOMAS VI 00802	02-7777777	400
SUSAN CAREGIVER	FIRST ST NW	SAINT THOMAS VI 00802	02-6789000	800
A CHILDS PLACE	16 LEARNING WAY	SAINT THOMAS VI 00802	02-1245556	1940

PART II:

LINE 2:

(a)	(b)	(c)	
TIMOTHY GRASS	400-55-3013	1040	(NOTE: TOTAL PAID 1340)
MARY GRASS	400-55-4013	700	(NOTE: TOTAL PAID 1000)
DAVID GRASS	400-55-5013	500	(NOTE: TOTAL PAID 800)

(NOTE: COLUMN C FOR EACH DEPENDENT IS ADJUSTED BY \$300 EACH OF EXCLUDED BENEFITS)

LINE 3: 2240

PART III:

LINE 14: 1000

LINE 15: 100

FORM 8863:

PART I:

LINE 1:

(a)	(b)	(c)
TEST U GRASS	400-00-1013	2000
MAY B GRASS	400-00-2013	1500

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 6138

LINE 6: 0

Label (See page 17.) Use the IRS label. Otherwise, please print or type.	Your first name and initial TEST U	Last name GRASS	OMB No. 1545-0085	
	If a joint return, spouse's first name and initial MAY B	Last name GRASS	Your social security number 400-00-1013	
	Home address (number and street). If you have a P.O. box, see page 18. 74131 FESCUE DR		Apt. no. _____	Spouse's social security number 400-00-2013
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. SAINT THOMAS VI 00802		Important! You must enter your SSN(s) above.	

Presidential Election Campaign

(See page 18.) **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? You Yes No Spouse Yes No

Filing status

Check only one box.

1 Single 4 Head of household (with qualifying person). (See page 19.)
 2 Married filing jointly (even if only one had income) if the qualifying person is a child but not your dependent, enter this child's name here.
 3 Married filing separately. Enter spouse's SSN above and full name here. 5 Qualifying widow(er) with dependent child (see page 19)

Exemptions

6 a Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **2**

b Spouse No. of children on 6c who:

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg. 21)	
STATEMENT # 1				<input type="checkbox"/>	<input checked="" type="checkbox"/> lived with you 6
				<input type="checkbox"/>	<input type="checkbox"/> did not live with you due to divorce or separation (see page 20)
				<input type="checkbox"/>	Dependents on 6c not entered above
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed. Add numbers on lines above **8**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 **42,000**

8 a Taxable interest. Attach Schedule 1 if required. 8a

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

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

b Qualified dividends (see page 22). 9b

10 Capital gain distributions (see page 23). 10

11 a IRA distributions. 11a 11b Taxable amount (see page 23). 11b

12 a Pensions and annuities. 12a 12b Taxable amount (see page 24). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. 13 **1,650**

14 a Social security benefits. 14a 14b Taxable amount (see page 25). 14b

15 Add lines 7 through 14b (far right column). This is your total income. 15 **43,650**

Adjusted gross income

16 Educator expenses (see page 26). 16

17 IRA deduction (see page 26). 17 **1,200**

18 Student loan interest deduction (see page 29). 18

19 Tuition and fees deduction (see page 29). 19

20 Add lines 16 through 19. These are your total adjustments. 20 **1,200**

21 Subtract line 20 from line 15. This is your adjusted gross income. 21 **42,450**

Name(s) shown on page 1: TEST U & MAY B GRASS
Your social security number: 400-00-1013

22 Enter the amount from line 21 (adjusted gross income). 22 42,450

Tax, credits, and payments

23a Check if: You were born before January 2, 1940, Spouse was born before January 2, 1940, Blind Blind Total boxes checked 23a 1

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here 23b

Standard Deduction for -

People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30.

All others: Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

24 Enter your standard deduction (see left margin). 24 10,650

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 31,800

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. 26 24,800

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 7,000

28 Tax, including any alternative minimum tax (see page 31). 28 703

29 Credit for child and dependent care expenses. Attach Schedule 2. 29 470

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8863. 31 233

32 Retirement savings contributions credit. Attach Form 8880. 32

33 Child tax credit (see page 35). 33

34 Adoption credit. Attach Form 8839. 34

35 Add lines 29 through 34. These are your total credits. 35 703

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 1,450

40 2004 estimated tax payments and amount applied from 2003 return. 40

41a Earned income credit (EIC). 41a

b Nontaxable combat pay election. 41b

42 Additional child tax credit. Attach Form 8812. 42 4,688

43 Add lines 39, 40, 41a, and 42. These are your total payments. 43 6,138

Refund

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44 6,138

45a Amount of line 44 you want refunded to you. 45a 6,138

45b Routing number 253174576 Type: Checking Savings

45c Account number 06542153

46 Amount of line 44 you want applied to your 2005 estimated tax. 46

Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 50. 47

48 Estimated tax penalty (see page 50). 48

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 51)? Yes. Complete the following. No
Designee's name: JOHN DOE Phone no.: 888-555-1111 Personal identification number (PIN): 11112

Sign here

Joint return? See page 18. 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 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: CONSULTANT Daytime phone number:
Spouse's signature: Date: Spouse's occupation: SALESPERSON

Paid preparer's use only

Preparer's signature: Date: Check if self-employed: Preparer's SSN or PTIN:
Firm's name (or yours if self-employed), address, and ZIP code: EIN: Phone no.:

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 02-9876543		1 Wages, tips, other compensation 24,500		2 Federal income tax withheld 900	
c Employer's name, address, and ZIP code LAST JOB INC 97 WHEATLEY AVE SAINT THOMAS VI 00802		3 Social security wages 24,500		4 Social security tax withheld 1,519	
		5 Medicare wages and tips 24,500		6 Medicare tax withheld 355	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1013		9 Advance EIC payment		10 Dependent care benefits 1,000	
e Employee's first name and initial Last name TEST U GRASS 74131 FESCUE DR SAINT THOMAS VI 00802		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory Retmnt. Third-party employee plan sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. VI 02888		16 State wages, tips, etc. 24,500	
		17 State income tax 1,715		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 02-5689124			1 Wages, tips, other compensation 17,500		2 Federal income tax withheld 550		
c Employer's name, address, and ZIP code SNODGRASS FEED AND SEED 1 PLANTATION ST SAINT THOMAS VI 00802			3 Social security wages 17,500		4 Social security tax withheld 1,085		
			5 Medicare wages and tips 17,500		6 Medicare tax withheld 254		
			7 Social security tips		8 Allocated tips		
d Employee's social security number 400-00-2013			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name MAY B GRASS 74131 FESCUE DR SAINT THOMAS VI 00802			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee Retmnt. plan Third-party sick pay		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State Employer's state I.D. no. VI 023456		16 State wages, tips, etc. 17,500	17 State income tax	18 Local wages, tips, etc. 2,000	19 Local income tax 10	20 Locality name BC	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 14

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG 2, FORM 8615

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 600
FORM 1040, LINE 68: 109

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: PREPARER

PREPARED BY: ROBERT R ROBERTS (SELF-EMPLOYED) SSN: 400-55-4014
ROBERTS ENTERPRISES EIN: 88-6868686
645 SALEM ST PHONE: 775-555-1313
NIXON, NV 89424

TAXPAYER: NAME: TEST D RICHARD SSN: 400-00-1014
DOB: 03-13-1991 OCCUPATION: STUDENT
DISABLED: NO PRES ELEC FUND: NO
DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: BT

ADDRESS: 94022 PATRICIA CT
HAPPY JACK, AZ 86024

FILING STATUS: SINGLE LINE 6d: 0

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME	AMOUNT
FOREFATHERS BANK	1514

PART II:

LINE 5:

PAYER NAME	AMOUNT
WIZE INVESTMENT	582 (NON-QUALIFIED)

PART III:

LINE 7a: NO

LINE 8: NO

SCHEDULE D:

PART I:

LINE 1:	(a)	(b)	(c)	(d)	(e)
	100 SHS WIZE	03-24-2004	06-02-2004	1000	1800

SCHEDULE E, PAGE 2:

PART III:

LINE 33A(a): LONG TIME GONE
LINE 33A(b): 04-5763211
LINE 33A(d): 5200

FORM 8615:

LINE A: RICHARD D RICHARD
LINE B: 400-55-3014
LINE C: MARRIED FILING JOINTLY

PART II:

LINE 6: 40100
LINE 7: 1620
LINE 10: 5304

ETD TRANSMISSION:

FORM 56:

PART I:

NAME OF PERSON FOR WHOM YOU ARE ACTING: TEST D RICHARD
IDENTIFYING NUMBER: 400-00-1014
ADDRESS OF PERSON FOR WHOM YOU ARE ACTING: 94022 PATRICIA CT
CITY, STATE, ZIP: HAPPY JACK, AZ 86024
FIDUCIARY'S NAME: RICHARD D RICHARD
ADDRESS OF FIDUCIARY: 94022 PATRICIA CT
CITY, STATE, ZIP: HAPPY JACK, AZ 86024
TELEPHONE NUMBER: 987-654-3210

PART II:

LINE 1(b)1: X
LINE 1(b)2: 05-15-2004

PART III:

LINE 2: ESTATE/TRUST
LINE 3: 1040
LINE 4: 2002 2003 2004
LINE 5: X

PART V:

NAME OF COURT: US DISTRICT COURT, NINTH DISTRICT
ADDRESS OF COURT: 123 N SAN FRANCISCO ST, SUITE 200
CITY, STATE, ZIP: FLAGSTAFF, AZ 86001
DATE PROCEEDING INITIATED: 04-20-2004
DOCKET NUMBER OF PROCEEDING: 123AX
DATE: 05-15-2004
TIME: 10:00 A.M.

PIN: 74125

SIGNATURE DATE: 04-15-2005

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Form fields for name (TEST D RICHARD), address (94022 PATRICIA CT), and other personal information.

Fields for social security numbers: 400-00-1014

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

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 checkboxes for You and Spouse.

Filing Status

Check only one box.

Options for filing status: Single (checked), Married filing jointly, Married filing separately, Qualifying widow(er).

Exemptions

Exemption details including 6a (Yourself), 6b (Spouse), and 6c (Dependents) table.

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.

Table for income reporting with columns for line number, description, and amount. Total income: 6,496.

Adjusted Gross Income

Table for adjusted gross income adjustments (lines 23-36) resulting in an adjusted gross income of 6,496.

Tax and Credits		37	Amount from line 36 (adjusted gross income)	37	6,496
38a Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind, Total boxes checked <input type="checkbox"/> 38a			if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind, <input type="checkbox"/> 38b		
Standard Deduction for—		39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	800
● People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.		40	Subtract line 39 from line 37	40	5,696
● All others: Single or Married filing separately, \$4,850		41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	0
Married filing jointly or Qualifying widow(er), \$9,700		42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	5,696
Head of household, \$7,150		43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	813
		44	Alternative minimum tax (see page 35). Attach Form 6251	44	
		45	Add lines 43 and 44	45	813
		46	Foreign tax credit. Attach Form 1116 if required	46	
		47	Credit for child and dependent care expenses. Attach Form 2441	47	
		48	Credit for the elderly or the disabled. Attach Schedule R	48	
		49	Education credits. Attach Form 8863	49	
		50	Retirement savings contributions credit. Attach Form 8880	50	
		51	Child tax credit (see page 37)	51	
		52	Adoption credit. Attach Form 8839	52	
		53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
		54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
		55	Add lines 46 through 54. These are your total credits	55	
		56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	813
Other Taxes		57	Self-employment tax. Attach Schedule SE	57	
		58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
		59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
		60	Advance earned income credit payments from Form(s) W-2	60	
		61	Household employment taxes. Attach Schedule H	61	
		62	Add lines 56 through 61. This is your total tax	62	813
Payments		63	Federal income tax withheld from Forms W-2 and 1099	63	
If you have a qualifying child, attach Schedule EIC.		64	2004 estimated tax payments and amount applied from 2003 return	64	600
		65a	Earned income credit (EIC)	65a	
		b	Nontaxable combat pay election <input type="checkbox"/> 65b		
		66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
		67	Additional child tax credit. Attach Form 8812	67	
		68	Amount paid with request for extension to file (see page 54)	68	109
		69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
		70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	709
Refund		71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	
Direct deposit? See page 54 and fill in 72b, 72c, and 72d.		72a	Amount of line 71 you want refunded to you	72a	
		b	Routing number		
		c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d	Account number		
		73	Amount of line 71 you want applied to your 2005 estimated tax	73	
Amount You Owe		74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	104
		75	Estimated tax penalty (see page 55)	75	

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. No

Third Party Designee

Designee's name: Phone no.: Personal identification number (PIN):

PREPARER

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.

Joint return? See page 17.	Your signature	Date	Your occupation	Daytime phone number
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature: Date: 11-04-2004 Check if self-employed: Preparer's SSN or PTIN: 400-55-4014

Firm's name (or yours if self-employed), address, and ZIP code: ROBERTS ENTERPRISES, 645 SALEM ST, NIXON, NV 89424 EIN: 88-6868686 Phone no.: 775-555-1313

TEST # 15

FORMS REQUIRED: FORM 1040A, FORM 8812, FORM 8839, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 8a: 390
FORM 1040A, LINE 14a: 5200
FORM 1040A, LINE 18: 135

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST J CAESAR SSN: 400-00-1015
DOB: 10-15-1956 OCCUPATION: ACTOR
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: 601-555-5430 BLIND: NO

SPOUSE: NAME: CLEO P CAESAR SSN: 400-00-2015
DOB: 09-18-1959 OCCUPATION: UNEMPLOYED
DISABLED: YES PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: YC

ADDRESS: 15 IDES OF MARCH PKWY
ROME, MS 38768

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	#	MO	CHILD TAX CR
SALLY CAESAR	6	400-55-3015	DAUGHTER	12		X
JULIUS BRUTUS	10	900-93-4015	SON	6		X

FORM 8839:

PART I:

LINE 1: (a) (b) (f)
CHILD 1: JULIUS BRUTUS 1994 900-93-4015

PART II:

LINE 3: NO
LINE 5: 12000
LINE 8: 66675

PART III:

LINE 20: NO

FORM 8863:

PART II:

LINE 4:

(a)	(b)	(c)
CLEO P CAESAR	400-00-2015	1500

ETD TRANSMISSION:

FORM 4868:

LINE 4: 0

LINE 5: 4500

LINE 6: 0

Label (See page 17.)	L A B E L	Your first name and initial	Last name	OMB No. 1545-0085	
		TEST J	CAESAR	Your social security number 400-00-1015	
		If a joint return, spouse's first name and initial	Last name	Spouse's social security number 400-00-2015	
		CLEO P	CAESAR		
Use the IRS label. Otherwise, please print or type.	H E R E	Home address (number and street). If you have a P.O. box, see page 18.		Apt. no.	
		15 IDES OF MARCH PKWY			
		ROME MS 38768			
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.		▲ Important! ▲ You must enter your SSN(s) above.	

Presidential Election Campaign (See page 18.)

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?

You: Yes No Spouse: Yes No

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 page 19.) 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 19)

Exemptions

6 a 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) Check if qualifying child for child tax credit (see pg. 21)
SALLY	CAESAR	400-55-3015	DAUGHTER	<input checked="" type="checkbox"/>
JULIUS	BRUTUS	900-93-4015	SON	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b: 2

No. of children on 6c who:

- lived with you: 2
- did not live with you due to divorce or separation (see page 20):

Dependents on 6c not entered above:

d Total number of exemptions claimed: 4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 62,000

8a Taxable interest. Attach Schedule 1 if required. 8a 390

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

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

b Qualified dividends (see page 22). 9b

10 Capital gain distributions (see page 23). 10

11a IRA distributions. 11a 11b Taxable amount (see page 23). 11b

12a Pensions and annuities. 12a 12b Taxable amount (see page 24). 12b

13 Unemployment compensation and Alaska Permanent Fund dividends. 13

14a Social security benefits. 14a 5,200 14b Taxable amount (see page 25). 14b 4,420

15 Add lines 7 through 14b (far right column). This is your total income. 15 66,810

Adjusted gross income

16 Educator expenses (see page 26). 16

17 IRA deduction (see page 26). 17

18 Student loan interest deduction (see page 29). 18 135

19 Tuition and fees deduction (see page 29). 19

20 Add lines 16 through 19. These are your total adjustments. 20 135

21 Subtract line 20 from line 15. This is your adjusted gross income. 21 66,675

Name(s) shown on page 1: TEST J & CLEO P CAESAR
Your social security number: 400-00-1015

Tax, credits, and payments

Table with 3 columns: Line number, Description, Amount. Includes lines 22-43 covering adjusted gross income, standard deduction, exemptions, credits, and total payments.

Standard Deduction for -
People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30.
All others: Single or Married filing separately, \$4,850; Married filing jointly or Qualifying widow(er), \$9,700; Head of household, \$7,150.

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See page 49 and fill in 45b, 45c, and 45d.

Table with 3 columns: Line number, Description, Amount. Includes lines 44-46 covering refund amount, routing/account numbers, and amount applied to 2005 estimated tax.

Amount you owe

Table with 3 columns: Line number, Description, Amount. Includes lines 47-48 covering amount to pay and estimated tax penalty.

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 51)? Yes. Complete the following. [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign here

Joint return? See page 18. 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 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 (ACTOR), Daytime phone number (601-555-5430)
Spouse's signature, Date, Spouse's occupation (UNEMPLOYED)

Paid preparer's use only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 64-2131415		1 Wages, tips, other compensation 62,000		2 Federal income tax withheld 2,500	
c Employer's name, address, and ZIP code THE GREEK PLAYHOUSE 98 PARTHANON PLACE ROME MS 38768		3 Social security wages 63,000		4 Social security tax withheld 3,906	
		5 Medicare wages and tips 63,000		6 Medicare tax withheld 914	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1015		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST J CAESAR 15 IDES OF MARCH PKWY ROME MS 38768		11 Nonqualified plans		12a See instructions for box 12 T 1,000	
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. MS 641213		16 State wages, tips, etc. 62,000	
		17 State income tax 4,340		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 16

FORMS REQUIRED: FORM 1040, SCH C, SCH E PG 2, FORM 5329, FORM 8859, FORM 8860

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 3000

STATEMENTS:

OTHER: STATUTORY EMPLOYEE
DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T ISLANDER	SSN: 400-00-1016
DOB: 08-22-1968	OCCUPATION: INSURANCE BROKER
DISABLED: NO	PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN	BLIND: NO

CHECK DIGITS FROM IRS LABEL: JU

ADDRESS: 123 PLAY HERE ST
WASHINGTON, DC 20011

FILING STATUS: HEAD OF HOUSEHOLD	LINE 6d: 1
HOH QUALIFYING NAME: MICHAEL ISLANDER	SSN: 400-55-3016

DIRECT DEPOSIT: NAME OF INSTITUTION: NINTH BANK OF DESTIN
ROUTING TRANSIT NUMBER: 024567891
ACCOUNT NUMBER: ABC-123-4567890
TYPE OF ACCOUNT: SAVINGS

SCHEDULE C:

NAME OF PROPRIETOR: TEST T ISLANDER	SSN: 400-00-1016
LINE A: INSURANCE SALES	
LINE B: 524290	
LINE D: 65-7044337	
LINE F: CASH	
LINE G: YES	

PART I:

LINE 1: 28900 STATUTORY EMPLOYEE BOX = X

PART II:

LINE 18: 640
LINE 22: 4065
LINE 23: 820
LINE 26: 8300

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): SANDY SHORES, INC

LINE 28A(b): S

LINE 28A(d): 56-8523699

LINE 28A(j): 24400

FORM 5329:

NAME: TEST T ISLANDER

SSN: 400-00-1016

PART I:

LINE 1: 3000

LINE 2:

EXCEPTION #: 05

AMOUNT: 1500

FORM 8859:

PART I:

LINE B: 12B

LINE C: 1474

LINE D: 02-12-2004

PART II:

LINE 1: 3195

LINE 2: 47475

FORM 8860:

PART I:

LINE 2a: 267

LINE 2b: 56-8523699

PART II:

LINE 5: 0

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1762

LINE 5: 3500

LINE 6: 0

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

Label (See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.

Your first name and initial: **TEST T** Last name: **ISLANDER** Your social security number: **400-00-1016**

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

Home address (number and street). If you have a P.O. box, see page 16. Apt. no.: **123 PLAY HERE ST**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.: **WASHINGTON DC 20011**

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

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? **You** Yes No **Spouse** 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. **MICHAEL ISLANDER 400-55-3016**

5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

6 a Yourself. If someone can claim you as a dependent, do not check box 6a **Boxes checked on 6a and 6b 1**

b Spouse **No. of children on 6c who:**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 18)	● lived with you	● did not live with you due to divorce or separation (see page 18)

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

Income

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

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 20) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12 15,075**

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

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

15a IRA distributions **15a** b Taxable amount (see page 22) **15b**

16a Pensions and annuities **16a** b Taxable amount (see page 22) **16b 3,000**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 24,400**

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

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount (see page 24) **20b**

21 Other income. **BLACKJACK 5,000** **21 5,000**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 47,475

Adjusted Gross Income

23 Educator expenses (see page 26) **23**

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

25 IRA deduction (see page 26) **25**

26 Student loan interest deduction (see page 28) **26**

27 Tuition and fees deduction (see page 29) **27**

28 Health savings account deduction. Attach Form 8889 **28**

29 Moving expenses. Attach Form 3903 **29**

30 One-half of self-employment tax. Attach Schedule SE **30**

31 Self-employed health insurance deduction (see page 30) **31**

32 Self-employed SEP, SIMPLE, and qualified plans **32**

33 Penalty on early withdrawal of savings **33**

34a Alimony paid b Recipient's SSN **34a**

35 Add lines 23 through 34a **35**

36 Subtract line 35 from line 22. This is your **adjusted gross income** **36 47,475**

	37	Amount from line 36 (adjusted gross income)	37	47,475
Tax and Credits	38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 38a <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here <input type="checkbox"/> 38b <input type="checkbox"/>		
Standard Deduction for— ● People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. ● All others: Single or Married filing separately, \$4,850 Married filing jointly or Qualifying widow(er), \$9,700 Head of household, \$7,150	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	7,150
	40	Subtract line 39 from line 37	40	40,325
	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	3,100
	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	37,225
	43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	5,074
	44	Alternative minimum tax (see page 35). Attach Form 6251	44	
	45	Add lines 43 and 44	45	5,074
	46	Foreign tax credit. Attach Form 1116 if required	46	
	47	Credit for child and dependent care expenses. Attach Form 2441	47	
	48	Credit for the elderly or the disabled. Attach Schedule R	48	
	49	Education credits. Attach Form 8863	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see page 37)	51	
	52	Adoption credit. Attach Form 8839	52	
	53	Credits from: a <input type="checkbox"/> Form 8396 b <input checked="" type="checkbox"/> Form 8859	53	3,195
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input checked="" type="checkbox"/> Specify 8860	54	267	
55	Add lines 46 through 54. These are your total credits	55	3,462	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	1,612	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	150
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H	61	
	62	Add lines 56 through 61. This is your total tax	62	1,762
Payments If you have a qualifying child, attach Schedule EIC.	63	Federal income tax withheld from Forms W-2 and 1099	63	500
	64	2004 estimated tax payments and amount applied from 2003 return	64	3,000
	65a	Earned income credit (EIC)	65a	
	b	Nontaxable combat pay election <input type="checkbox"/> 65b <input type="checkbox"/>		
	66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
	67	Additional child tax credit. Attach Form 8812	67	
	68	Amount paid with request for extension to file (see page 54)	68	
	69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	3,500
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	1,738	
Refund Direct deposit? See page 54 and fill in 72b, 72c, and 72d.	72a	Amount of line 71 you want refunded to you	72a	1,738
	b	Routing number 0 2 4 5 6 7 8 9 1 <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	d	Account number A B C - 1 2 3 - 4 5 6 7 8 9 0		
	73	Amount of line 71 you want applied to your 2005 estimated tax	73	
Amount You Owe	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	
	75	Estimated tax penalty (see page 55)	75	

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. No

Third Party Designee

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

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____ Phone no. _____

a Control number		Safe, accurate, FAST! Use irs e-file			Visit the IRS website at www.irs.gov .	
b Employer identification number 58-2346821		1 Wages, tips, other compensation 28,900		2 Federal income tax withheld		
c Employer's name, address, and ZIP code OUT OF STATE INSURANCE SERVICES 7000 SIX FLAGS DR ATLANTA GA 30301		3 Social security wages 28,900		4 Social security tax withheld 1,792		
		5 Medicare wages and tips 28,900		6 Medicare tax withheld 419		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 400-00-1016		9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name TEST T ISLANDER 123 PLAY HERE ST WASHINGTON DC 20011		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee Retmnt. plan Third-party sick pay <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code		15 State Employer's state I.D. no. DC 5822768		16 State wages, tips, etc. 28,900		
		17 State income tax 2,023		18 Local wages, tips, etc.		
				19 Local income tax		
				20 Locality name		

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED

OMB No. 1545-0238

PAYER'S name GULF CRUISE LINES Street address DOCK 106 HARBOR ROW City, state, and ZIP code DESTIN FL 32540 Federal identification number Telephone number 65-7294862	1 Gross winnings 5,000	2 Federal income tax withheld 500
	3 Type of wager BLACKJACK	4 Date won 2004-02-14
	5 Transaction	6 Race
	7 Winnings from identical wagers	8 Cashier
WINNER'S name TEST T ISLANDER Street address (including apt. no.) 123 PLAY HERE ST City, state, and ZIP code WASHINGTON DC 20011	9 Winner's taxpayer ID no. 400-00-1016	10 Window
	11 First I.D.	12 Second I.D.
	13 State/Payer's state ID no. DC5822768	14 State income tax withheld
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments. Signature ▶		Date ▶

2004
Form W-2G
Certain
Gambling
Winnings

For Privacy Act and
 Paperwork Reduction Act
 Notice, see the **2004**
General Instructions for
Forms 1099, 1098, 5498,
and W2-G.

File with Form 1096.

Copy A
For Internal Revenue
Service Center

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code VACATION INSURANCE SERVICES 93 BAY ST DESTIN FL 32540		1 Gross distribution \$ 3,000	OMB No. 1545-0119 2004 Form 1099-R	
		2a Taxable amount \$ 3,000	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>	
PAYER'S Federal identification number 65-9687321	RECIPIENT'S identificaton number 400-00-1016	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
RECIPIENT'S name TEST T ISLANDER Street address (including apt. no.) 123 PLAY HERE ST City, state, and ZIP code WASHINGTON DC 20011		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
		7 Distribution Code 2	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %
		9a Your percentage of total distribution %	9b Total employee contributions \$	
Account number (optional)		10 State tax withheld \$ \$	11 State/Payer's state no.	
		13 Local tax withheld \$ \$	14 Name of locality	
			12 State distribution \$	
			15 Local distribution \$	

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.

Form **1099-R**

Department of the Treasury - Internal Revenue Service

TEST # 17

FORMS REQUIRED: FORM 1040, SCH B, FORM 2555-EZ, FORM 5329, FORM 8853, FORM 8889

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 50

STATEMENTS: SCHEDULE B, LINE 1, SELLER-FINANCED MORTGAGE

OTHER: FORM 1040, LINE 21: LITERAL: FORM 2555-EZ, AMOUNT: (62000)
FORM 1040, LINE 21: LITERAL: MSA, AMOUNT: 80
FORM 1040, LINE 35: LITERAL: MSA, AMOUNT: 2625
FORM 1040, LINE 62: LITERAL: MSA, AMOUNT: 12

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST M EDGEWOOD SSN: 400-00-1017
 DOB: 03-13-1954 OCCUPATION: CHEMIST
 DISABLED: NO PRES ELEC FUND: NO
 DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: ROSEANNE G EDGEWOOD SSN: 400-00-2017
 DOB: 09-26-1955 OCCUPATION: HOMEMAKER
 DISABLED: NO PRES ELEC FUND: YES
 BLIND: NO

CHECK DIGITS FROM IRS LABEL: XZ

ADDRESS: 86 OUTSIDE CIR
 PERIMETERSCENTERSVILLE, GA 30555-0086

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME	AMOUNT	
SALLY ROCKINGHAM, 400-22-4017 PO BOX 676 FRANKLIN NC 28744	120	(SELLER FINANCED)
JAMES STONEBROOK, 400-22-5017 24 W QUARRY RD ATLANTA GA 30301	206	(SELLER FINANCED)
AURORA S & L	6240	
WEEDS AND SEEDS CU	9044	

PART II:

LINE 5:

PAYER NAME	AMOUNT	
MONY MUTUAL	429	(NON-QUALIFIED)

PART III:

LINE 7a: NO

LINE 8: NO

FORM 2555-EZ:

NAME: TEST M EDGEWOOD

SSN: 400-00-1017

PART I:

LINE 1a: YES

LINE 1b: 10-01-1996; CONTINUES

LINE 3: YES

PART II:

LINE 4: 4700 GRANDE AVE LIMA PERU
POST OF DUTY CODE: 54

LINE 5: CHEMIST

LINE 6: WEEDS AND SEEDS INC

LINE 7: 88 DANDELION DR
PASTURELAND NY 14818

LINE 8: 960 BURDOCK HILL
LIMA PERU

LINE 9a: X

LINE 10a: 2003

LINE 10c: NO

LINE 11a: 4700 GRANDE AVE LIMA PERU; 10-01-1997

LINE 11b: UNITED STATES

PART III:

LINE 12a: 12-15-2004

LINE 12b: 12-28-2004

NOTE: TAXPAYER & SPOUSE WERE NOT IN U.S. FOR BUSINESS PURPOSES

PART IV:

LINE 14: 366

LINE 17: 62000

FORM 5329: TAXPAYER ONLY

PART VI:

LINE 39: 900

NOTE: 5000 VALUE OF ARCHER MSA ON 12-31-2004

FORM 8853:

NOTE: THE TAXPAYER AND SPOUSE WERE NOT ELIGIBLE FOR MEDICARE BENEFITS DURING
2004 AND THEY CARRIED FAMILY COVERAGE ON THE FIRST DAY OF ALL 12 MONTHS

PART I:

LINE 1a: YES

LINE 1b: NO

LINE 1c: FAMILY

LINE 2a: NO

PART II:

LINE 4: 3525

LINE 6: 62000

PART III:

LINE 8a: 380

LINE 9: 300

LINE 5 LIMITATION CHART AND WORKSHEET:

FAMILY COVERAGE ANNUAL DEDUCTIBLE: 3500

NUMBER OF MONTHS IN PLAN: 12

FORM 8889:

PART I:

LINE 1: FAMILY

LINE 2: 5000

LINE 3: 5000

LINE 9: 0

PART II:

LINE 12a: 1600

LINE 12b: 0

LINE 13: 1900

ETD TRANSMISSION:

FORM 4868:

LINE 4: 66

LINE 5: 50

LINE 6: 16

LINE 7: 16

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

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

Personal information section including names (TEST M, EDGWOOD, ROSEANNE G, EDGWOOD), social security numbers (400-00-1017, 400-00-2017), and address (86 OUTSIDE CIR, PERIMETERSCENTERSVILLE GA 30555-0086).

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

Presidential Election Campaign section with checkboxes for 'Yes' or 'No' for both taxpayer and spouse.

Filing Status section with options: 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions section including 6a (checked) Yourself, 6b Spouse, and 6c Dependents table with columns for name, SSN, and relationship.

Income section (lines 7-22) listing various income sources like wages (62,000), interest (15,610), dividends (429), and total income (16,119).

Adjusted Gross Income section (lines 23-36) listing deductions like educator expenses, IRA deduction, and health savings account deduction, resulting in an adjusted gross income of 12,019.

Tax and Credits

Standard Deduction for... People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. All others: Single or Married filing separately, \$4,850. Married filing jointly or Qualifying widow(er), \$9,700. Head of household, \$7,150.

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-62 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 for Payments.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and PIN.

Sign Here

Declaration of preparer and signature lines for taxpayer and spouse.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, and identification.

a Control number		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov.	
b Employer identification number 13-4243335		1 Wages, tips, other compensation 62,000		2 Federal income tax withheld			
c Employer's name, address, and ZIP code WEEDS AND SEEDS INC 88 DANDELION DR PASTURELAND NY 14818		3 Social security wages 62,000		4 Social security tax withheld 3,844			
		5 Medicare wages and tips 62,000		6 Medicare tax withheld 899			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 400-00-1017		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name TEST M EDGEWOOD 86 OUTSIDE CIR PERIMETERSCENTERSVILLE GA 30555-0086		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state I.D. no. GA 58325424		16 State wages, tips, etc. 62,000		17 State income tax 1,245	
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 18

FORMS REQUIRED: FORM 1040, SCH A, SCH C-EZ, SCH E (5), SCH E PG2,
SCH SE, FORM 8283, FORM 8884

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 38b: X
FORM 1040, LINE 64: 1400
FORM 1040, LINE 68: 300

STATEMENTS:

OTHER: SPOUSE ITEMIZES DEDUCTIONS

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST T THOMAS SSN: 400-00-1018
DOB: 11-11-1959 OCCUPATION: ENTREPRENEUR
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: CLARA THOMAS SSN: 400-00-2018

CHECK DIGITS FROM IRS LABEL: FD

ADDRESS: 511 JONATHAN CAROL BLVD
JEWELL, OH 43530

FILING STATUS: MARRIED FILING SEPARATELY LINE 6d: 1

SCHEDULE A:

LINE 5: 280
LINE 7: 300
LINE 10: 1200
LINE 16: 580

SCHEDULE C-EZ:

PROPIETOR NAME: TEST T THOMAS SSN: 400-00-1018

PART I:

LINE A: CATERING SERVICE
LINE B: 812990
LINE C: THOMS TASTY TREATS
LINE E: 30 COOK ST
JEWELL OH 43530

PART II:

LINE 1: 1800
LINE 2: 821 (NOTE: CAR & TRUCK EXPENSE 263
SUPPLIES 558)

SCHEDULE C-EZ (CONTINTUED):

PART III:

LINE 4: 06-01-2004
LINE 5: (a) 700 (b) 200 (c) 12600
LINE 6: NO
LINE 7: YES
LINE 8a: YES
LINE 8b: YES

NOTE FOR ALL SCHEDULE E RENTAL PROPERTIES:

ALL ARE ACTIVE PARTICIPATION, ALL AMTS ARE AT RISK, ALL ARE FULLY DEPRECIATED,
AND NONE OF THE PROPERTIES QUALIFY AS REAL ESTATE PROFESSIONAL PROPERTY.

SCHEDULE E #1:

PART I:

LINE 1A: TOWNHOUSE A
201 FRANKLIN RD JEWELL OH
LINE 2A: NO
LINE 3A: 5200
LINE 5A: 250
LINE 7A: 400
LINE 9A: 300
LINE 14A: 180
LINE 16A: 270
LINE 17A: 600

LINE 1B: TOWNHOUSE B
202 FRANKLIN RD JEWELL OH
LINE 2B: NO
LINE 3B: 4100
LINE 5B: 250
LINE 6B: 225
LINE 7B: 500
LINE 10B: 150
LINE 11B: 125
LINE 16B: 450
LINE 17B: 1600

LINE 1C: TOWNHOUSE C
203 FRANKLIN RD JEWELL OH
LINE 2C: NO
LINE 3C: 5300
LINE 5C: 450
LINE 7C: 130
LINE 9C: 490
LINE 12C: 895
LINE 14C: 140
LINE 15C: 430
LINE 16C: 620

SCHEDULE E #2:

PART I:

LINE 1A: TOWNHOUSE D
204 FRANKLIN RD JEWELL OH
LINE 2A: NO
LINE 3A: 4400
LINE 5A: 260
LINE 6A: 180
LINE 7A: 495
LINE 8A: 220
LINE 9A: 1204
LINE 14A: 600
LINE 16A: 300
LINE 18A: 120 (PEST CONTROL)

LINE 1B: TOWNHOUSE E
205 FRANKLIN RD JEWELL OH
LINE 2B: NO
LINE 3B: 5300
LINE 5B: 450
LINE 7B: 180
LINE 9B: 630
LINE 11B: 125
LINE 14B: 400
LINE 16B: 380
LINE 17B: 260
LINE 18B: 160 (PEST CONTROL)

LINE 1C: TOWNHOUSE F
206 FRANKLIN RD JEWELL OH
LINE 2C: NO
LINE 3C: 6200
LINE 5C: 500
LINE 7C: 280
LINE 8C: 630
LINE 9C: 720
LINE 14C: 1850
LINE 15C: 204
LINE 16C: 680
LINE 18C: 260 (PEST CONTROL)

SCHEDULE E #3:

PART I:

LINE 1A: CONDO 1
600A W FIRST ST JEWELL OH
LINE 1A: NO
LINE 3A: 8300
LINE 5A: 690
LINE 6A: 522
LINE 7A: 360
LINE 9A: 1090
LINE 10A: 400
LINE 12A: 1800
LINE 14A: 620
LINE 16A: 660
LINE 18A: 100 (DUES)

SCHEDULE E #3 (CONTINUED):

LINE 1B: CONDO 2
600C W FIRST ST JEWELL OH
LINE 2B: NO
LINE 3B: 5600
LINE 5B: 260
LINE 7B: 180
LINE 8B: 500
LINE 9B: 925
LINE 12B: 1800
LINE 16B: 660
LINE 18B: 100 (DUES)

LINE 1C: CONDO 3
600E W FIRST ST JEWELL OH
LINE 2C: NO
LINE 3C: 6870
LINE 5C: 600
LINE 7C: 180
LINE 9C: 1096
LINE 10C: 1244
LINE 12C: 1800
LINE 15C: 200
LINE 16C: 660
LINE 18C: 100 (DUES)

SCHEDULE E #4:

PART I:

LINE 1A: CONDO 4
600G W FIRST ST JEWELL OH
LINE 2A: NO
LINE 3A: 6300
LINE 5A: 150
LINE 7A: 819
LINE 9A: 1044
LINE 10A: 860
LINE 12A: 1800
LINE 14A: 3960
LINE 16A: 660
LINE 18A: 100 (DUES)

LINE 1B: 3 BR HOME
180 MOCKINGBIRD LN JEWELL OH
LINE 2B: NO
LINE 3B: 4500
LINE 5B: 160
LINE 7B: 520
LINE 9B: 884
LINE 10B: 605
LINE 12B: 1480
LINE 15B: 650
LINE 16B: 340
LINE 17B: 1406
LINE 18B: 600 (PEST CONTROL)

SCHEDULE E #4 (CONTINUED):

LINE 1C: MOBILE HOME LOT
1400 ROUNDOFF CIR JEWELL OH
LINE 2C: NO
LINE 3C: 1800
LINE 10C: 120
LINE 16C: 206

SCHEDULE E #5:

PART I:
LINE 1A: OIL PROPERTIES
LINE 4A: 1603

LINE 1B: MINERAL PROPERTIES
LINE 4B: 640

SCHEDULE E, PAGE 2:

PART II:
LINE 27: NO

LINE 28A(a): THOMAS CATERING LTD
LINE 28A(b): S
LINE 28A(d): 31-4295477
LINE 28A(j): 3400

LINE 28B(a): THOMAS BROTHERS OF NY
LINE 28B(b): S
LINE 28B(d): 63-4243544
LINE 28B(h): 604

LINE 28C(a): THOMAS AND THOMAS
LINE 28C(b): P
LINE 28C(d): 31-0422233
LINE 28C(j): 4365
(NOTE: PARTNERSHIP SELF-EMPLOYMENT INCOME)

SCHEDULE SE:

NAME : TEST T THOMAS **SSN:** 400-00-1018
SECTION A:
LINE 2: 5344 (NOTE: FROM C-EZ AND K-1 INCOME)

FORM 8283:

SECTION A:
PART I:
LINE 1A(a): BEST WILL
JEWELL OH 43530
LINE 1A(b): FURNITURE
LINE 1A(c): 11-10-2004
LINE 1A(d): 06-1997
LINE 1A(e): PURCHASED
LINE 1A(f): 1800
LINE 1A(g): 580
LINE 1A(h): THRIFT SHOP VALUE

FORM 8884:
PART I:
LINE 8: 600

ETD TRANSMISSION:

FORM 9465:
LINE 3: (614)555-1021; 6:30PM
LINE 4: (LEAVE BLANK)
LINE 5: NONE
LINE 6: NONE

LINE 7: FORM 1040
LINE 8: 2004
LINE 9: 494
LINE 10: 31
LINE 11: 25
LINE 12: 10

TAXPAYER PIN: 19821
PRIOR YEAR AGI: 0
SIGNATURE DATE: 04-15-2005

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

Label
 (See instructions on page 16.)
 Use the IRS label. Otherwise, please print or type.

Your first name and initial: **TEST T** Last name: **THOMAS**
 If a joint return, spouse's first name and initial: Last name:
 Home address (number and street). If you have a P.O. box, see page 16. Apt. no.:
511 JONATHAN CAROL BLVD
 City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
JEWELL OH 43530

Your social security number: **400-00-1018**
 Spouse's social security number: **400-00-2018**
▲ Important! ▲
 You must enter your SSN(s) above.

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? **You** Yes No **Spouse** 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. **CLARA THOMAS**
 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
 6 a 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) Check if qualifying child for child tax credit (see pg 18)
 If more than four dependents, see page 18.
 d Total number of exemptions claimed
 Add numbers on lines above **1**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	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 20)	9b
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	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 22)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 22)	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 24)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	21,799

Adjusted Gross Income	23	Educator expenses (see page 26)	23
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
	25	IRA deduction (see page 26)	25
	26	Student loan interest deduction (see page 28)	26
	27	Tuition and fees deduction (see page 29)	27
	28	Health savings account deduction. Attach Form 8889	28
	29	Moving expenses. Attach Form 3903	29
	30	One-half of self-employment tax. Attach Schedule SE	30
	31	Self-employed health insurance deduction (see page 30)	31
	32	Self-employed SEP, SIMPLE, and qualified plans	32
33	Penalty on early withdrawal of savings	33	
34a	Alimony paid b Recipient's SSN	34a	
35	Add lines 23 through 34a	35	
36	Subtract line 35 from line 22. This is your adjusted gross income	36	21,421

Table with 3 columns: Line number, Description, and Amount. Rows include Tax and Credits (37-56), Other Taxes (57-62), Payments (63-70), Refund (71-73), and Amount You Owe (74-75).

Do you want to allow another person to discuss this return with the IRS (see page 56)? [X] Yes. Complete the following. [] No
Designee's name: JOHN DOE Phone no.: 888-555-1111 Personal identification number (PIN): 11122

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.
Your signature: [] Date: [] Your occupation: ENTREPRENEUR Daytime phone number: []
Spouse's signature: [] Date: [] Spouse's occupation: []

Paid Preparer's Use Only
Preparer's signature: [] Date: [] Check if self-employed: [] Preparer's SSN or PTIN: []
Firm's name (or yours if self-employed), address, and ZIP code: [] EIN: [] Phone no.: []

TEST # 19:

FORMS REQUIRED: FORM 1040, SCH C, SCH D, SCH SE, FORM 2555(2), FORM 4972,
FORM 6252

INFORMATION RETURNS ATTACHED: FORM 1099-R (3), FORM W-2 (1), FORM 2439 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 31: 1313

STATEMENTS: FORM 1040, LINE 21, OTHER INCOME
FORM 2555, LINE 42, DEDUCTIONS

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST A HOAGIE SSN: 400-00-1019
DOB: 04-15-1939 OCCUPATION: SPORT FISHING GUIDE
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: TUNA S HOAGIE SSN: 400-00-2019
DOB: 04-15-1949 OCCUPATION: WAITRESS
DISABLED: NO PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: VX

ADDRESS: 123 FRONT ST
PUNTA GORDA BELIZE .

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE C:

NAME OF PROPRIETOR: TEST A HOAGIE SSN: 400-00-1019
LINE A: FISHING GUIDE
LINE B: 114110
LINE C: PUNTA GORDA SPORT FISHING ASSOCIATION
LINE E: 101 FRONT STREET
PUNTA GORDA BELIZE
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 20000

PART II:
LINE 8: 500
LINE 15: 1500
LINE 22: 3000

SCHEDULE D:

PART II:

LINE 11: (f)

2852 (NOTE: FROM FORMS 6252 AND 2439)

SCHEDULE SE :

NAME: TEST A HOAGIE

SSN: 400-00-1019

SECTION A:

LINE 2: 15000

FORM 2555 #1:

NAME: TEST A HOAGIE

SSN: 400-00-1019

PART I:

LINE 1: 123 FRONT ST PUNTA GORDA BELIZE

POST OF DUTY CODE: 45

LINE 2: SPORT FISHING GUIDE

LINE 3: PUNTA GORDA SPORT FISHING ASSOCIATION

LINE 4b: 101 FRONT ST PUNTA GORDA BELIZE

LINE 5c: X

LINE 6a: 2003

LINE 6c: NO

LINE 7: UNITED STATES

LINE 8a: NO

LINE 9: PUNTA GORDA BELIZE 02-10-2001

PART II:

LINE 10: BEGAN 02-10-2001 AND ENDED 12-31-2004

LINE 11a: X

LINE 12a: YES

LINE 12b: SPOUSE 02-10-2001 TIL 12-31-2004

LINE 13a: YES

LINE 13b: YES

LINE 15a: NONE

LINE 15b: EMPLOYMENT

LINE 15c: NO

LINE 15d: NO

PART IV:

LINE 20a: 20000

PART V:

CLAIMING HOUSING EXCLUSION: NO

PART VII:

LINE 36: 366

PART VIII:

LINE 42: 7373

LINE 42 LITERAL: (STATEMENT #2)

FORM 2555 #2:

NAME: TUNA S HOAGIE

SSN: 400-00-2019

PART I:

LINE 1: 123 FRONT ST PUNTA GORDA BELIZE
POST OF DUTY CODE: 45
LINE 2: WAITRESS
LINE 3: RONS RIB RACK ON THE RIVER
LINE 4b: 15 RIVERFRONT RD PUNTA GORDA BELIZE
LINE 5a: X
LINE 6a: 2003
LINE 6c: NO
LINE 7: UNITED STATES
LINE 8a: NO
LINE 9: PUNTA GORDA BELIZE 02-10-2001

PART II:

LINE 10: BEGAN 02-10-2001 AND ENDED 12-31-2004
LINE 11a: X
LINE 12a: YES
LINE 12b: SPOUSE 02-10-2001 TIL 12-31-2004
LINE 13a: YES
LINE 13b: YES
LINE 15a: NONE
LINE 15b: EMPLOYMENT
LINE 15c: NO
LINE 15d: NO

PART IV:

LINE 19: 5000

PART V:

CLAIMING HOUSING EXCLUSION: NO

PART VII:

LINE 36: 366

FORM 4972:

NAME: TEST A HOAGIE

SSN: 400-00-1019

PART I:

LINE 1: YES
LINE 2: NO
LINE 3: YES
LINE 4: NO
LINE 5a: NO
LINE 5b: NO

PART II:

LINE 6: 8000

PART III:

LINE 8: 35800

FORM 6252:

LINE 1: LAKEFRONT PROPERTY
LINE 2a: 02-20-1996
LINE 2b: 05-01-1999
LINE 3: NO

PART II:

LINE 19: 40.000
LINE 21: 2130
LINE 23: 22967

ETD TRANSMISSION:

FORM 2350:

LINE 1: 06-15-2005
LINE 2: NO
LINE 3: NO
LINE 4a: 02-10-2001
LINE 4b: BEGINS 02-10-2001; ENDS 12-31-2004
LINE 4c: 123 FRONT ST PUNTA GORDA BELIZE
LINE 4d: 06-10-2005
LINE 5: 0

TAXPAYER PIN: 95135

SPOUSE PIN: 35715

SIGNATURE DATE: 04-15-2005

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

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Form fields for personal information: Your first name and initial (TEST A), Last name (HOAGIE), Spouse's first name and initial (TUNA S), Last name (HOAGIE), Home address (123 FRONT ST), City, town or post office, state, and ZIP code (PUNTA GORDA, FLORIDA 33450).

Form fields for social security numbers: Your social security number (400-00-1019), Spouse's social security number (400-00-2019). Includes 'Important!' warning to enter SSN(s) above.

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? [X] Yes [] No [X] Yes [] No

Filing Status

Check only one box.

Filing status options: 1 Single, 2 [X] Married filing jointly (even if only one had income), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions

6 a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b: 2

b [X] Spouse. No. of children on 6c who: lived with you, did not live with you due to divorce or separation.

Table for dependents with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Check if qualifying child for child tax credit.

d Total number of exemptions claimed: 2

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.

Main income table with rows 7-22. Includes wages (5,000), taxable interest (8a), tax-exempt interest (8b), ordinary dividends (9a), qualified dividends (9b), taxable refunds, alimony, business income (12, 15,000), capital gain (13, 2,852), other gains, IRA distributions (15a, 11,500), pensions (16a, 46,000), rental real estate, farm income, unemployment compensation, social security benefits, and other income (21, 17,627). Total income (22) is 59,225.

Adjusted Gross Income

Adjusted gross income table with rows 23-36. Includes educator expenses (23), business expenses (24), IRA deduction (25), student loan interest (26), tuition and fees (27), health savings account (28), moving expenses (29), self-employment tax (30, 1,060), self-employed health insurance (31, 1,313), penalty on early withdrawal (33), alimony paid (34a), and adjusted gross income (36) of 56,852.

Tax and Credits

Standard Deduction for—
• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.
• All others:
Single or Married filing separately, \$4,850
Married filing jointly or Qualifying widow(er), \$9,700
Head of household, \$7,150

Table with 3 columns: Line number, Description, and Amount. Includes lines 37 (56,852), 38a (Total boxes 1), 39 (10,650), 40 (46,202), 41 (6,200), 42 (40,002), 43 (10,084), 45 (10,084), 56 (10,084).

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57 (2,120), 58, 59, 60, 61, 62 (12,204).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63 (13,000), 64, 65a, 66, 67, 68, 69 (100), 70 (13,100).

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71, 72a (896), 72b, 73, 74.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74, 75.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? [X] Yes. Complete the following. [] No
Designee's name: JOHN DOE
Phone no.: 828-555-1111
Personal identification number (PIN): 11122

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: SPORT FISHING GUIDE
Date:
Your occupation:
Spouse's signature: WAITRESS
Date:
Spouse's occupation:

Paid Preparer's Use Only

Preparer's signature:
Date:
Check if self-employed:
Preparer's SSN or PTIN:
Firm's name (or yours if self-employed), address, and ZIP code:
EIN:
Phone no.:

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov.	
b Employer identification number 99-1234567				1 Wages, tips, other compensation 5,000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code RONS RIB RACK ON THE RIVER 15 RIVERFRONT RD PUNTA GORDA BELIZE				3 Social security wages 5,000		4 Social security tax withheld 310	
				5 Medicare wages and tips 5,000		6 Medicare tax withheld 73	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-2019				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TUNA S HOAGIE 123 FRONT ST PUNTA GORDA BELIZE				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no.		16 State wages, tips, etc.	
				17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code PROVOLONE CREDIT UNION 106 PROVOLONE CENTER SANDWICH MA 02563		1 Gross distribution \$ 11,500		OMB No. 1545-0119 2004 Form 1099-R	
PAYER'S Federal identification number 04-2131324		RECIPIENT'S identificaton number 400-00-1019		2a Taxable amount \$ 10,000	
RECIPIENT'S name TEST A HOAGIE Street address (including apt. no.) 123 FRONT ST City, state, and ZIP code PUNTA GORDA BELIZE		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,000	
Account number (optional)		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
		7 Distribution Code 7		8 Other \$ %	
		9a Your percentage of total distribution %		9b Total employee contributions \$	
		10 State tax withheld \$		11 State/Payer's state no. MA	
		13 Local tax withheld \$		14 Name of locality	
				12 State distribution \$	
				15 Local distribution \$	

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.

Form 1099-R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code PUMPERNICKLE RYE AND HOAGIE 87 SUBWAY CENTER SANDWICH MA 02563		1 Gross distribution \$ 46,000		OMB No. 1545-0119 2004 Form 1099-R	
PAYER'S Federal identification number 04-9876542		RECIPIENT'S identificaton number 400-00-2019		2a Taxable amount \$ 44,000	
RECIPIENT'S name TUNA S HOAGIE Street address (including apt. no.) 123 FRONT ST City, state, and ZIP code PUNTA GORDA BELIZE		3 Capital gain (included in box 2a) \$ 8,000		4 Federal income tax withheld \$ 8,800	
Account number (optional)		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
		7 Distribution Code 7		8 Other \$ %	
		9a Your percentage of total distribution %		9b Total employee contributions \$	
		10 State tax withheld \$		11 State/Payer's state no. MA	
		13 Local tax withheld \$		14 Name of locality	
				12 State distribution \$	
				15 Local distribution \$	

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.

Form 1099-R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code ASSOCIATED RETIREMENT 1402 RESTFUL WAY ATLANTA GA 30301		1 Gross distribution \$ 43,800	OMB No. 1545-0119 2004	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 43,800	Form 1099-R		
PAYER'S Federal identification number 04-1466321		RECIPIENT'S identification number 400-00-1019	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	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.
RECIPIENT'S name TEST A HOAGIE Street address (including apt. no.) 123 FRONT ST City, state, and ZIP code PUNTA GORDA BELIZE		3 Capital gain (included in box 2a) \$ 8,000	4 Federal income tax withheld \$ 2,200		
		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the Internal Revenue Service.
		7 Distribution Code 7A <input type="checkbox"/>	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
Account number (optional)		9a Your percentage of total distribution %	9b Total employee contributions \$		12 State distribution \$
		10 State tax withheld \$	11 State/Payer's state no. MA		\$
		13 Local tax withheld \$	14 Name of locality		15 Local distribution \$
		\$			\$

Form 1099-R

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

Name, address, and ZIP code of RIC or REIT ACME INVESTMENT CORP 2041 INVEST STREET AUSTIN TX 78774	OMB No. 1545-0145 2004 Form 2439	Notice to Shareholder of Undistributed Long-Term Capital Gains For calendar year 2004, or other tax year of the regulated investment company (RIC) or the real estate investment trust (REIT) beginning _____ ending _____	
Identification number of RIC or REIT 111111111	1a Total undistributed long-term capital gains 2,000		Copy B Attach to the shareholder's income tax return for the tax year that includes the last day of the RIC or REIT's tax year.
Shareholder's identifying number 400-00-1019	1b Unrecaptured section 1250 gain		
Shareholder's name, address, and ZIP code TEST A HOAGIE 123 FRONT ST PUNTA GORDA BELIZE	1c Section 1202 gain	1d Collectibles (28%) gain	
	2 Tax paid by the RIC or REIT on the box 1a gains 100		
Form 2439			Department of the Treasury - Internal Revenue Service

TEST # 20

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH C-EZ, SCH E PG 2, SCH SE,
SCH SE PG2, FORM 2106, FORM 3903, FORM 4684, FORM 6251,
FORM 8812, FORM 8839

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 19: 2670
FORM 1040, LINE 64: 500
FORM 1040, LINE 66: 198

STATEMENTS: FORM 1040, LINE 6C, DEPENDENT LIST

OTHER: W-2 FROM FICA CIRCUS IS NON-STANDARD

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST R DE LA HALO
DOB: 04-10-1975
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1020
OCCUPATION: TREE TRIMMER
PRES ELEC FUND: NO
BLIND: NO

SPOUSE: NAME: RUBY D MONDAY
DOB: 03-20-1977
DISABLED: NO

SSN: 400-00-2020
OCCUPATION: ANIMAL TRAINER
PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: DV

ADDRESS: 7 HEAVENS LN
BETHLEHEM, KY 40007

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 9

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	#	MO	CHILD TAX CR
ANGELA DE LA HALO	6	400-55-3020	DAUGHTER	12		X
GABRIEL DE LA HALO	9	400-55-4020	SON	12		X
MICHAEL MONDAY	10	400-55-5020	SON	12		X
LUCKY MONDAY	11	400-55-6020	DAUGHTER	12		X
ARCHIBALD DE LA HALO	12	900-93-7020	SON	12		X
DAVID SAINT	60	400-55-8020	PARENT	0		
MARY SAINT	58	400-55-9020	PARENT	0		

SCHEDULE A:

LINE 1: 10500
LINE 5: 1273 (FORM W-2)
LINE 6: 97
LINE 7: 186
LINE 10: 3500
LINE 15: 2000
LINE 20: 1978 (FORM 2106)
LINE 21: 150

SCHEDULE C:

NAME OF PROPRIETOR: TEST R DE LA HALO **SSN:** 400-00-1020
LINE A: LAWN SERVICES
LINE B: 561730
LINE C: HALO LAWN SERVICES
LINE E: 12 GREENWAY LN
 LOS ANGELES CA 90075
LINE F: CASH
LINE G: YES

PART I:

LINE 1: 16780

PART II:

LINE 15: 2216
LINE 21: 1502
LINE 22: 1800

SCHEDULE C-EZ:

NAME OF PROPRIETOR: RUBY D MONDAY **SSN:** 400-00-2020
PART I:
LINE A: ANIMAL TRAINING
LINE B: 812910
LINE C: RUBYS RULES

PART II:

LINE 1: 1667
LINE 2: 768 (NOTE: CAR & TRUCK EXPENSE 323
 SUPPLIES 445)

PART III:

LINE 4: 01-25-2004
LINE 5: (a) 860 (b) 200 (c) 16700
LINE 6: YES
LINE 7: YES
LINE 8a: YES
LINE 8b: YES

SCHEDULE E, PAGE 2:

PART II

LINE 27: NO

LINE 28A(a): TREES, INC
LINE 28A(b): S
LINE 28A(d): 56-1823899
LINE 28A(g): 1200

SCHEDULE SE #1:

NAME : TEST R DE LA HALO **SSN:** 400-00-1020
SECTION A:
LINE 2: 11262

SCHEDULE SE #2 (PAGE 2):

NAME : RUBY D MONDAY

SSN: 400-00-2020

SECTION B:

PART I:

LINE 2: 899

FORM 2106:

NAME: RUBY D MONDAY

SSN: 400-00-2020

OCCUPATION: ANIMAL TRAINER

PART I:

STEP 1: (A) (B)

LINE 1: 1888

LINE 2: 45

LINE 5: 190

LINE 7: 100

PART II:

SECTION A: (a)VEHICLE 1

LINE 11: 05-01-2000

LINE 12: 4000

LINE 13: 3000

LINE 15: 2

LINE 16: 520

LINE 18: YES

LINE 19: YES

LINE 20: YES

LINE 21: YES

SECTION C: (a)VEHICLE 1

LINE 23: 742

LINE 27: 557

LINE 28: 1331

SECTION D: (a)VEHICLE 1

LINE 30: 18000

LINE 32: 13500

LINE 33: 200 DB 11.52%

FORM 3903:

MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1100

MILEAGE FROM OLD HOME TO OLD WORKPLACE: 12

LINE 1: 500

LINE 2: 763

LINE 4: 1000 (NOTE: FROM W-2)

FORM 4684:

INCIDENT DATE: 07-04-2004

SECTION A:

LINE 1:	TYPE	LOCATION	DATE ACQUIRED
PROPERTY A:	JEWELRY	7 HEAVENS LN	12-24-2001

PROPERTY A

LINE 2: 14000

LINE 3: 3400

LINE 5: 14800

LINE 6: 0

FORM 8839:

PART I:

LINE 1:	(a)	(b)	(e)	(f)
CHILD 1:	ARCHIBALD DE LA HALO	1992	X	900-93-7020

PART II:

LINE 3: NO
LINE 5: 5000
LINE 8: 95860

ETD TRANSMISSION:

FORM 4868:
LINE 4: 1615
LINE 5: 13637
LINE 6: 0

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 61-6270532		1 Wages, tips, other compensation 77,700		2 Federal income tax withheld 10,800	
c Employer's name, address, and ZIP code ANIMAL STAR CIRCUS RR 72 BOX 187 BETHLEHEM KY 40007		3 Social security wages 87,900		4 Social security tax withheld 5,450	
		5 Medicare wages and tips 87,900		6 Medicare tax withheld 1,275	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-2020		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name RUBY D MONDAY 7 HEAVENS LN BETHLEHEM KY 40007		11 Nonqualified plans		12a See instructions for box 12 P 1,000	
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b D 10,200	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. KY 617283		16 State wages, tips, etc. 77,700	
		17 State income tax 1,250		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 61-2987342				1 Wages, tips, other compensation 3,200		2 Federal income tax withheld 78	
c Employer's name, address, and ZIP code FICA CIRCUS 123 BLUEBIRD CIRCLE BETHLEHEM KY 40007				3 Social security wages 3,200		4 Social security tax withheld 198	
				5 Medicare wages and tips 3,200		6 Medicare tax withheld 46	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-2020				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name RUBY D MONDAY 7 HEAVENS LN BETHLEHEM KY 40007				11 Nonqualified plans		12a See instructions for box 12 L 100	
				13 Statutory employee Retmnt. plan Thjrd-party sick pay		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no.		16 State wages, tips, etc.	
				KY 619823		3,200	
				17 State income tax		18 Local wages, tips, etc.	
				23		19 Local income tax	
						20 Locality name	

Department of the Treasury-Internal Revenue Service

Form **W-2 Wage and Tax Statement** **2004**
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

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

Label
(See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.

Your first name and initial TEST R	Last name DE LA HALO
If a joint return, spouse's first name and initial RUBY D	Last name MONDAY
Home address (number and street). If you have a P.O. box, see page 16. 7 HEAVENS LN	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. BETHLEHEM KY 40007	

Your social security number
400-00-1020

Spouse's social security number
400-00-2020

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

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

You Yes No Spouse Yes No

Filing Status
Check only one box. name here. ▶

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

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

b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 18)	No. of children on 6c who:
STATEMENT # 1				<input type="checkbox"/>	● lived with you
				<input type="checkbox"/>	● did not live with you due to divorce or separation (see page 18)
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed **9**

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	80,900
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	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 20)	9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10	
	11 Alimony received	11	
	12 Business income or (loss). Attach Schedule C or C-EZ	12	12,161
	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 22)	15b		
16a Pensions and annuities	16a		
b Taxable amount (see page 22)	16b		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,200	
18 Farm income or (loss). Attach Schedule F	18		
19 Unemployment compensation	19	2,670	
20a Social security benefits	20a		
b Taxable amount (see page 24)	20b		
21 Other income.	21		
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22		96,931

Adjusted Gross Income	23 Educator expenses (see page 26)	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25 IRA deduction (see page 26)	25	
	26 Student loan interest deduction (see page 28)	26	
	27 Tuition and fees deduction (see page 29)	27	
	28 Health savings account deduction. Attach Form 8889	28	
	29 Moving expenses. Attach Form 3903	29	263
	30 One-half of self-employment tax. Attach Schedule SE	30	808
	31 Self-employed health insurance deduction (see page 30)	31	
	32 Self-employed SEP, SIMPLE, and qualified plans	32	
33 Penalty on early withdrawal of savings	33		
34a Alimony paid b Recipient's SSN▶	34a		
35 Add lines 23 through 34a	35		1,071
36 Subtract line 35 from line 22. This is your adjusted gross income	36		95,860

Table with 2 main columns: Description and Amount. Rows include Tax and Credits (37-56), Other Taxes (57-62), Payments (63-70), Refund (71-74), and Amount You Owe (74-75).

Do you want to allow another person to discuss this return with the IRS (see page 56)? [] Yes. Complete the following. [X] No

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.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Firm's name, address, and ZIP code, EIN, Phone no.

TEST # 21

FORMS REQUIRED: FORM 1040, SCH A, SCH D, SCH E, SCH E PG2, FORM 2106 (2),
FORM 4562, FORM 8082, FORM 8271, FORM 8582, FORM 8606 (2),
FORM 8814 (3)

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 34a: 1200 SSN: 400-66-2021
FORM 1040, LINE 35: 400 SUB-PAY TRA
1500 CLEAN-FUEL VEHICLE
FORM 1040, LINE 64: 200

STATEMENTS: FORM 1040, LINE 35, ADJUSTMENTS
SCHEDULE A, LINE 20, UNREIMBURSED EMPLOYEE EXPENSES

OTHER: FORM W-2 FROM "WORKINGHARD INDUSTRIES" HAS 4 STATES

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST L CHARITY SSN: 400-00-1021
DOB: 01-17-1962 OCCUPATION: CONSTRUCTION FOREMAN
DISABLED: NO PRES ELEC FUND: NO
DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: MARY B CHARITY SSN: 400-00-2021
DOB: 05-21-1963 OCCUPATION: REAL ESTATE PROFESSIONAL
DISABLED: NO PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: AF

ADDRESS: 923 HOPE ST
FAITH, NC 28041-0923

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 5

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	#	MO	CHILD TAX CR
JEFFREY CHARITY	8	400-55-3021	SON	12		X
SAMUEL CHARITY	10	400-55-4021	SON	12		X
SANDRA CHARITY	11	400-55-5021	DAUGHTER	12		X

SCHEDULE A:

LINE 5: 1795 (INCLUDING \$600 OF STATE ESTIMATED TAXES)
LINE 7: 800
LINE 10: 4700
LINE 15: 400
LINE 20: 1896 FORM 2106
2580 FORM 2106
75 UNION DUES

SCHEDULE D:

PART II:

LINE 8:	(a)	(b)	(c)	(d)	(e)
	5 SHS ACME	02-03-2001	06-15-2004	620	580

LINE 13(f): 17

LINE 13 LITERAL: FORM 8814

SCHEDULE E:

PART I:

LINE 1A: CONDOMINIUMS (REAL ESTATE PROFESSIONAL PROPERTY)
24 ROSEANNE ST FAITH NC

LINE 2A: NO

LINE 3A: 72500

LINE 5A: 4900

LINE 6A: 4662

LINE 7A: 9763

LINE 8A: 5200

LINE 9A: 7644

LINE 10A: 1200

LINE 11A: 800

LINE 12A: 4255

LINE 13A: 618

LINE 14A: 3204

LINE 15A: 509

LINE 16A: 8411

LINE 17A: 2870

LINE 18A: 200 (DUES & SUBSCRIPTIONS)

1860 (PEST CONTROL)

NOTE: PROPERTY IS FULLY DEPRECIATED - NO DEPRECIATION TAKEN

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): CHARITY AND COMPANY

LINE 28A(b): P

LINE 28A(d): 56-0124344

LINE 28A(g): 3240

LINE 28B(a): FAITH CITY PARTNERS

LINE 28B(b): P

LINE 28B(d): 56-9485555

LINE 28B(f): 3240

(NOTE: TOTAL LOSS FROM FAITH CITY PARTNERS IS 4162 - SEE FORM 8582.)

LINE 28C(a): SHELTERS, LTD

LINE 28C(b): S

LINE 28C(d): 56-4712345

LINE 28C(j): 52

PART V:

LINE 43: 16404

FORM 2106 #1:
NAME: TEST L CHARITY SSN: 400-00-1021
OCCUPATION: CONSTRUCTION FOREMAN

PART I:
STEP 1: (A) (B)
LINE 3: 1600
LINE 4: 460
LINE 5: 350

STEP 2:
LINE 7: 329 21 (NOTE: FROM FORM W-2)

FORM 2106 #2:
NAME: MARY B CHARITY SSN: 400-00-2021
OCCUPATION: REAL ESTATE PROFESSIONAL

PART I:
STEP 1: (A) (B)
LINE 1: 1365
LINE 3: 890
LINE 4: 325
LINE 5: 988

STEP 2:
LINE 7: 414 161 (NOTE: FROM FORM W-2)

PART II:
SECTION A: (a)VEHICLE 1
LINE 11: 12-01-2000
LINE 12: 18000
LINE 13: 3640
LINE 15: 5
LINE 16: 520

NOTE: TAKE STANDARD MILEAGE RATE

LINE 18: YES
LINE 19: YES
LINE 20: YES
LINE 21: YES

FORM 4562:
ACTIVITY: SCHEDULE E - 1

PART V:
LINE 24a: YES
LINE 24b: YES
LINE 27:
(a) (b) (c)
AUTOMOBILE 06-01-2001 37%

(a)VEHICLE 1
LINE 30: 12432
LINE 31: 2600
LINE 32: 18536
LINE 34: YES
LINE 35: YES
LINE 36: YES

NOTE: TAKE STANDARD MILEAGE RATE

FORM 8082:

PART I:

LINE 1(a): X
LINE 3(a): X
LINE 4: 56-0124344
LINE 5: CHARITY & COMPANY
1876 GIVE AWAY BLVD
FAITH, NC 28041-0923
LINE 7: CINCINNATI, OH
LINE 8: 01-01-2004 TO 12-31-2004
LINE 9: 01-01-2004 TO 12-31-2004

PART II:

LINE 10:

(a)	(b)	(c)	(d)	(e)
K-1 PART II LN N	AMOUNT OF ITEM (X)	26140	37620	11480

PART III:

EXPLANATION:

10. ENDING CAP ACCT S/B 37620 SINCE WITHDRAWLS & DIST ARE OVERSTATED BY 11480

FORM 8271:

NAME: TEST L & MARY B CHARITY SSN: 400-00-1021

TAX YEAR ENDED: 12-31-2004

LINE 1:	(a)	(b)	(c)
	SHELTERS, LTD.	APPLIED FOR	56-4712345

APPLICANT NAME: SAMUEL SHIELDS

FORM 8582:

PART I:

LINE 3a: 3240 (NOTE: GAIN FROM CHARITY & COMPANY)
LINE 3b: 4162 (NOTE: TOTAL LOSS FROM FAITH CITY PARTNERS)

FORM 8606 #1:

NAME: TEST L CHARITY SSN: 400-00-1021

PART I:

LINE 1: 870 (NOTE: TOTAL CONTRIBUTIONS 3000)
LINE 2: 11800

FORM 8606 #2:

NAME: MARY B CHARITY SSN: 400-00-2021

PART I:

LINE 1: 870 (NOTE: TOTAL CONTRIBUTIONS 3000)
LINE 2: 18940

FORM 8814 #1:

LINE A: JEFFREY CHARITY

LINE B: 400-55-3021

LINE C: X

PART I:

LINE 1a: 600

LINE 1a LITERAL: TAX-EXEMPT INTEREST 32

LINE 1b: 32

LINE 2: 330 (NON-QUALIFIED)

FORM 8814 #2:

LINE A: SAMUEL CHARITY

LINE B: 400-55-4021

LINE C: X

PART I:

LINE 1a: 860

LINE 2: 750 (NON-QUALIFIED)

LINE 3: 120

LINE 6 LITERAL: CGD 9

FORM 8814 #3:

LINE A: SANDRA CHARITY

LINE B: 400-55-5021

LINE C: X

PART I:

LINE 1a: 2948

LINE 1a LITERAL: TAX-EXEMPT INTEREST 420

LINE 1b: 420

LINE 2: 180 (NON-QUALIFIED)

LINE 3: 17

LINE 6 LITERAL: CGD 8

ETD TRANSMISSION:

FORM 4868:

LINE 4: 2030

LINE 5: 1760

LINE 6: 270

LINE 7: 270

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

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Form fields for name (TEST L CHARITY), spouse (MARY B CHARITY), address (923 HOPE ST), and city/state/zip (FAITH NC 28041-0923).

Form fields for social security numbers (400-00-1021, 400-00-2021) and an important notice to enter SSN(s).

Presidential Election Campaign (See page 16.)

Checkboxes for 'You' and 'Spouse' regarding the \$3 contribution to the Presidential Election Campaign.

Filing Status

Check only one box.

Filing status options: 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions

If more than four dependents, see page 18.

Exemption details including 'Yourself' (checked), 'Spouse' (checked), and a table of dependents (JEFFREY, SAMUEL, SANDRA CHARITY) with their social security numbers and relationships.

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.

Income section table with rows 7 through 22, including wages (52,840), interest, dividends, and other income (1,658), totaling 71,011.

Adjusted Gross Income

Adjusted Gross Income section table with rows 23 through 36, including educator expenses, IRA deduction (4,260), and other adjustments, totaling 63,651.

Tax and Credits

Standard Deduction for... People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. All others: Single or Married filing separately, \$4,850. Married filing jointly or Qualifying widow(er), \$9,700. Head of household, \$7,150.

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-56 for Tax and Credits, and lines 57-62 for Other Taxes.

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 for Payments and lines 71-72a for Refund.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 for Amount You Owe.

Third Party Designee

Form for Third Party Designee including fields for Designee's name, Phone no., and 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.

Signature section with fields for Your signature, Date, Your occupation (CONSTRUCTION FOREMAN), Spouse's signature, Date, Spouse's occupation (REAL ESTATE PROFESSIONAL), and Daytime phone number.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only including fields for Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, and Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .									
b Employer identification number 56-1241111				1 Wages, tips, other compensation 37,000	2 Federal income tax withheld 680										
c Employer's name, address, and ZIP code WORKINGHARD INDUSTRIES 280 LABOR ST FAITH NC 28041-0280				3 Social security wages 37,000	4 Social security tax withheld 2,294										
				5 Medicare wages and tips 37,000	6 Medicare tax withheld 537										
				7 Social security tips	8 Allocated tips										
d Employee's social security number 400-00-1021				9 Advance EIC payment		10 Dependent care benefits									
e Employee's first name and initial Last name TEST L CHARITY 923 HOPE ST FAITH NC 28041-0923				11 Nonqualified plans		12a See instructions for box 12 L 350									
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b									
				14 Other		12c									
						12d									
f Employee's address and ZIP code				15 State Employer's state I.D. no.		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
				NC 562211		7,000		175							
				GA 586671		10,000		248							
				VA 548745		5,000		124							
				AL 635698		15,000		373							

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov.	
b Employer identification number 56-3046224		1 Wages, tips, other compensation 15,840		2 Federal income tax withheld 880			
c Employer's name, address, and ZIP code GOLD BLAZER REAL ESTATE 459 DWELLING AVE FAITH NC 28041		3 Social security wages 15,840		4 Social security tax withheld 982			
		5 Medicare wages and tips 15,840		6 Medicare tax withheld 230			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 400-00-2021		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name MARY B CHARITY 923 HOPE ST FAITH NC 28041-0923		11 Nonqualified plans		12a See instructions for box 12 L 575			
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state I.D. no. NC 563754		16 State wages, tips, etc. 15,840		17 State income tax 275	
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 22

FORMS REQUIRED: FORM 1040, SCH C(5), SCH H, SCH SE(2), FORM 4562(5),
FORM 4797, FORM 8829(5), FORM 970

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 32: 750
FORM 1040, LINE 64: 7500

STATEMENTS: FORM 970, LINE 11

OTHER: IRA DISTRIBUTIONS RECEIVED IN 2001: 1000 (TAXPAYER)

THIRD PARTY DESIGNEE: NONE

PREPARED BY: IRS-PREPARED

TAXPAYER: NAME: TEST L TONTO SR SSN: 400-00-1022
DOB: 08-10-1959 OCCUPATION: SELF-EMPLOYED
DISABLED: NO PRES ELEC FUND: NO
DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: SILVER N TONTO SSN: 400-00-2022
DOB: 07-11-1964 OCCUPATION: SELF-EMPLOYED
DISABLED: NO PRES ELEC FUND: NO
BLIND: YES

CHECK DIGITS FROM IRS LABEL: ZW

ADDRESS: 21 LONE RANGER CIR
SMOKE SIGNAL, AZ 86503

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE C #1:
NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022
LINE A: PIANO TUNING
LINE B: 811490
LINE C: FINE TUNING
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 14300

PART II:
LINE 8: 600
LINE 9: 816
LINE 13: 1240
LINE 22: 600
LINE 23: 250
LINE 24a: 197
LINE 30: 780

SCHEDULE C #1 (CONTINUED):

PART III:

LINE 37: 250

PART V:

OTHER EXPENSES:

DESCRIPTION	AMOUNT
PERIODICALS	249
IVORY WHITENER	50
STRING STRAIGHTENER	60
SCRATCH FILLER	70
TUNING FORK	80
METRONOME	90
PEDAL POLISHER	100
BENCH LEVELER	110
ADJUSTING TOOLS	250

SCHEDULE C #2:

NAME OF PROPRIETOR: TEST L TONTO SR

SSN: 400-00-1022

LINE A: CELLO LESSONS

LINE B: 541990

LINE C: TONTOS TUNES

LINE D: 86-7457658

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 19894

PART II:

LINE 8: 750

LINE 13: 7880

LINE 22: 900

LINE 23: 298

LINE 26: 3500

LINE 30: 1223

SCHEDULE C #3:

NAME OF PROPRIETOR: TEST L TONTO SR

SSN: 400-00-1022

LINE A: RECORD AND CD SALES

LINE B: 451220

LINE C: SOUNDS GALORE

LINE D: 86-7457660

LINE E: 1615 MAIN ST

SMOKE SIGNAL AZ 86503

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 82434

LINE 2: 35

LINE 6: 120

SCHEDULE C #3 (CONTINUED) :

PART II:

LINE 8: 1200
LINE 13: 5260
LINE 15: 800
LINE 16b: 450
LINE 21: 300
LINE 23: 765
LINE 26: 9000
LINE 30: 1553

PART III:

LINE 33: COST
LINE 34: NO
LINE 35: 34566
LINE 36: 48231
LINE 38: 953
LINE 39: 172
LINE 41: 32488

SCHEDULE C #4:

NAME OF PROPRIETOR: SILVER N TONTO

SSN: 400-00-2022

LINE A: TELEMARKETING

LINE B: 561420

LINE C: SILVER SALES

LINE D: 86-1010101

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 41628

PART II:

LINE 8: 700
LINE 9: 6687
LINE 13: 7000
LINE 15: 800
LINE 20b: 2400
LINE 22: 2250
LINE 23: 323
LINE 25: 620
LINE 26: 3800
LINE 30: 578

PART III:

LINE 33: LOWER OF COST OR MARKET

LINE 34: NO

LINE 35: 1200

LINE 38: 3240

LINE 41: 1200

SCHEDULE C #5:

NAME OF PROPRIETOR: SILVER N TONTO

SSN: 400-00-2022

LINE A: TUTORING

LINE B: 812990

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 16480

PART II:

LINE 8: 400

LINE 13: 720

LINE 15: 800

LINE 20b: 2200

LINE 22: 2450

LINE 23: 514

LINE 24b: 644

LINE 26: 8100

LINE 30: 686

SCHEDULE H:

EMPLOYER NAME: SILVER N TONTO

SSN: 400-00-2022

EIN: 86-1010102

LINE A: YES

PART I:

LINE 1: 2000

LINE 3: 2000

LINE 9: NO

SCHEDULE SE #1:

NAME: TEST L TONTO SR

SSN: 400-00-1022

SECTION A:

LINE 2: 25608

SCHEDULE SE #2:

NAME: SILVER N TONTO

SSN: 400-00-2022

SECTION A:

LINE 2: 13518

FORM 4562 #1:

ACTIVITY: SCHEDULE C - 1

PART III:

LINE 19b:

(c)	(d)	(e)	(f)	
6200	5	HY	200 DB	(NOTE: TUNING EQUIPMENT 01-15-2004)

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 27:

(a)	(b)	(c)
AUTOMOBILE	01-23-2004	24%

(a) VEHICLE 1

LINE 30: 2176

LINE 31: 690

LINE 32: 6389

LINE 34: YES

LINE 35: YES

LINE 36: YES

(NOTE: TAKE STANDARD MILEAGE)

FORM 4562 #2:

ACTIVITY: SCHEDULE C - 2

PART III:

LINE 17: 2880

BACKGROUND INFORMATION:

DESCRIPTION: MUSIC CABINET

PLACED IN SERVICE: 09-12-2003

BASIS: 3500

RECOVERY PERIOD: 5

CONVENTION: HY

METHOD: 200 DB

DESCRIPTION: CELLO (SOLD 07-01-2004)

PLACED IN SERVICE: 01-01-2003

BASIS: 11000

RECOVERY PERIOD: 5

CONVENTION: HY

METHOD: 200 DB

LINE 19b:

(c)	(d)	(e)	(f)	
25000	5	HY	200 DB	(NOTE: CELLO 07-01-2004)

FORM 4562 #3:

ACTIVITY: SCHEDULE C - 3

PART III:

LINE 17: 1760

BACKGROUND INFORMATION:	DESCRIPTION: FIXTURES
	PLACED IN SERVICE: 04-15-2003
	BASIS: 5500
	RECOVERY PERIOD: 5
	CONVENTION: HY
	METHOD: 200 DB

LINE 19b:

(c)	(d)	(e)	(f)
17500	5	HY	200 DB (NOTE: LISTENING EQUIP 03-22-2004)

FORM 4562 #4:

ACTIVITY: SCHEDULE C - 4

PART I:

LINE 2: 59300

LINE 6:

(a)	(b)	(c)
PHONE SYSTEM	7000	7000 (NOTE: IN SERVICE 02-14-2004)

LINE 11: 44086

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 26:

(a)	(b)	(c)
AUTOMOBILE	06-15-1995	66% (NOTE: VEHICLE IS FULLY DEPRECIATED)

(a)VEHICLE 1

LINE 30: 16575

LINE 31: 0

LINE 32: 8639

LINE 34: YES

LINE 35: YES

LINE 36: YES

NOTE: DO NOT TAKE STANDARD MILEAGE

FORM 4562 #5:

ACTIVITY: SCHEDULE C - 5

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 26:

(a)	(b)	(c)	(d)	(e)	(f)	(g)
COMPUTER	01-02-2004	75%	4800	3600	5	200DBHY

FORM 4797:

PART I:

LINE 2:

(a)	(b)	(c)	(d)	(e)	(f)
CELLO	01-01-2003	07-01-2004	5000	3960	11000

FORM 8829 #1 (SCHEDULE C #1):
NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022
PART I:
LINE 1: 300
LINE 2: 3200
LINE 3: 9.38%

PART II:
 (a)DIRECT (b)INDIRECT
LINE 10: 3000
LINE 11: 300
LINE 18: 320
LINE 19: 20

PART III:
LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #2 (SCHEDULE C #2):
NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022
PART I:
LINE 1: 420
LINE 2: 3200
LINE 3: 13.13%

PART II:
LINE 8: 4526
 (a)DIRECT (b)INDIRECT
LINE 10: 3000
LINE 11: 300
LINE 18: 568
LINE 19: 40

PART III:
LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #3 (SCHEDULE C #3):
NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022
PART I:
LINE 1: 250
LINE 2: 3200
LINE 3: 7.81%

PART II:
 (a)DIRECT (b)INDIRECT
LINE 10: 3000
LINE 11: 300
LINE 18: 1142
LINE 19: 45

PART III:
LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #4 (SCHEDULE C #4):

NAME OF PROPRIETOR: SILVER N TONTO SSN: 400-00-2022

PART I:

LINE 1: 280
LINE 2: 3200
LINE 3: 8.75%

PART II:

	(a) DIRECT	(b) INDIRECT
LINE 10:		3000
LINE 11:		300
LINE 18:	48	
LINE 19:	120	

PART III:

LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999)
LINE 36: 12000
LINE 39: 2.5640%

FORM 8829 #5 (SCHEDULE C #5):

NAME OF PROPRIETOR: SILVER N TONTO SSN: 400-00-2022

PART I:

LINE 1: 310
LINE 2: 3200
LINE 3: 9.69%

PART II:

	(a) DIRECT	(b) INDIRECT
LINE 10:		3000
LINE 11:		300
LINE 18:	180	
LINE 19:	52	

PART III:

LINE 35: 66000 (NOTE: PLACED IN SERVICE 06-30-1999)
LINE 36: 12000
LINE 39: 2.5640%

FORM 970:

FIRST ELECTION

PART I:

LINE A: 12-31-2005; ALL INVENTORY ITEMS
LINE C: YES
LINE D: YES

PART II:

LINE 1: TELEMARKETING
LINE 2: LOWER OF COST OR MARKET
LINE 3: YES
LINE 5: YES
LINE 6a: NO
LINE 7a: MOST RECENT PURCHASES
LINE 8: UNIT METHOD
LINE 11: INVENTORY HAS TO BE REVALUED EACH YEAR AT THE LOWER OF COST OR MARKET VALUE.
LINE 12: NO
LINE 13: NO

PREPARER NOTES:

THE TAXPAYER IS ELECTING OUT OF THE ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 11, 2001.

ETD TRANSMISSION:

FORM 9465:

LINE 3: (520)555-1020; 1:00PM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 128

LINE 10: 28

LINE 11: 50

LINE 12: 3

TAXPAYER PIN: 19821

SPOUSE PIN: 29821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Form fields for name (TEST L, TONTO SR), social security number (400-00-1022), spouse's name (SILVER N, TONTO), spouse's SSN (400-00-2022), and home address (21 LONE RANGER CIR, SMOKE SIGNAL, AZ 86503).

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

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?

You Yes No Spouse Yes No

Filing Status

Check only one box.

Filing status options: 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions

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

b X Spouse

c Dependents:

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Check if qualifying child for child tax credit.

If more than four dependents, see page 18.

d Total number of exemptions claimed 2

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.

Main income section with lines 7 through 22. Includes wages (39,126), dividends (2,040), and total income (37,086).

Adjusted Gross Income

Adjusted gross income section with lines 23 through 36. Includes deductions for educator expenses, IRA, student loan interest, tuition, health savings, moving expenses, self-employment tax, and SEP/IRA plans, resulting in an adjusted gross income of 33,572.

Table with 3 columns: Line number, Description, and Amount. Rows include Tax and Credits (37-56), Other Taxes (57-62), Payments (63-70), Refund (71-73), and Amount You Owe (74-75).

Standard Deduction for—
• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.
• All others: Single or Married filing separately, \$4,850
Married filing jointly or Qualifying widow(er), \$9,700
Head of household, \$7,150

Other Taxes

Payments

Refund

Amount You Owe

Third Party Designee

Sign Here

Paid Preparer's Use Only

Do you want to allow another person to discuss this return with the IRS (see page 56)? [] Yes. Complete the following. [X] No
Designee's name, Phone no., Personal identification number (PIN)

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: SELF-EMPLOYED, Daytime phone number
Spouse's signature, Date, Spouse's occupation: SELF-EMPLOYED

Preparer's signature: IRS-PREPARED, Date, Check if self-employed, Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

TEST # 23

FORMS REQUIRED: FORM 1040, SCH B, SCH C(5), SCH E(2), SCH F, FORM 3903(2),
FORM 4562(8), FORM 6198(5), FORM 8815, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 10: 180
FORM 1040, LINE 11: 12000
FORM 1040, LINE 13: (X) 25
FORM 1040, LINE 26: 131
FORM 1040, LINE 33: 26

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST J CADEN SSN: 400-00-1023
DOB: 04-15-1965 OCCUPATION: SAILOR
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: TA

ADDRESS: USS ROBERT E LEE
FPO, AP 96222

FILING STATUS: HEAD OF HOUSEHOLD LINE 6d: 2

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
JASMINE CADEN	19	400-55-3023	DAUGHTER	12	

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME	AMOUNT
SAMUEL LIVINGSTON, 400-44-1023	
16 WALLINGTON RD FRANKLIN NC 28734	415 (SELLER FINANCED)
RIDGECREST SAVINGS BANK	610
US SAVINGS BOND	180
US S & L	80 (TAX-EXEMPT)
OFFSPRING BANK	39 (NOMINEE DIST)
FIRST ISSUE	47 (OID ADJUSTMENT)
A TO Z BROKERS	67 (ACCRUED INTEREST)
LINE 3: 180	

SCHEDULE B (CONTINUED):

PART II:

LINE 5:

PAYER NAME

AMOUNT

A & B CORP

120 (QUALIFIED)

ABC CORP

44 (NOMINEE)

SCHEDULE C #1:

NAME OF PROPRIETOR: TEST J CADEN

SSN: 400-00-1023

LINE A: PAINTING

LINE B: 235210

LINE C: QUALITY HOUSE PAINTING

LINE E: 16 MAIN ST

WILMINGTON NC 28403

LINE F: CASH

LINE G: YES

LINE H: X (NOTE: BUSINESS WAS ACQUIRED DURING 2004)

PART I:

LINE 1: 1980

PART II:

LINE 13: 1300

LINE 22: 760

LINE 32b: X (NOTE: SOME NOT AT RISK)

SCHEDULE C #2:

NAME OF PROPRIETOR: TEST J CADEN

SSN: 400-00-1023

LINE A: VENDING MACHINES

LINE B: 454210

LINE C: CADENS SNACKS

LINE E: 16 MAIN ST

WILMINGTON NC 28403

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 2955

PART II:

LINE 9: 486

LINE 13: 968

LINE 15: 118

LINE 22: 26

LINE 23: 120

LINE 32b: X (NOTE: SOME NOT AT RISK)

PART III:

LINE 33a: X

LINE 34: NO

LINE 35: 415

LINE 36: 1623

LINE 41: 659

SCHEDULE C #3:

NAME OF PROPRIETOR: TEST J CADEN

SSN: 400-00-1023

LINE A: FLEA MARKET

LINE B: 454390

LINE C: CADENS BARGAINS

LINE E: 22 MAIN ST
WILMINGTON NC 28403

LINE F: CASH

LINE G: YES

LINE H: X (NOTE: BUSINESS WAS ACQUIRED DURING 2004)

PART I:

LINE 1: 420

PART II:

LINE 13: 80

LINE 22: 206

LINE 32b: X (NOTE: SOME NOT AT RISK)

PART III:

LINE 33a: X

LINE 34: NO

LINE 36: 300

LINE 38: 120

SCHEDULE C #4:

NAME OF PROPRIETOR: TEST J CADEN

SSN: 400-00-1023

LINE A: BAKERY

LINE B: 311800

LINE C: CADENS COOKIES

LINE E: 22 MAIN ST
WILMINGTON NC 28403

LINE F: CASH

LINE G: YES

PART I:

LINE 1: 1946

PART II:

LINE 8: 120

LINE 9: 262

LINE 13: 623

LINE 18: 76

LINE 22: 196

LINE 23: 100

LINE 25: 400

LINE 32b: X (NOTE: SOME NOT AT RISK)

PART III:

LINE 38: 1165

SCHEDULE C #5:

NAME OF PROPRIETOR: TEST J CADEN

SSN: 400-00-1023

LINE A: VARIOUS ENDEAVORS

LINE B: 453990

LINE C: ODDS & ENDS

LINE E: 16 MAIN ST
WILMINGTON NC 28403

LINE F: CASH

LINE G: YES

LINE H: X (NOTE: BUSINESS WAS ACQUIRED DURING 2004)

PART I:

LINE 1: 400

PART II:

LINE 13: 200

LINE 22: 180

LINE 23: 50

LINE 32b: X (NOTE: SOME NOT AT RISK)

PART V:

OTHER EXPENSES:

DESCRIPTION	AMOUNT
MISCELLANEOUS	60

NOTE FOR SCHEDULE E PROPERTIES: ALL AMOUNTS AT RISK, TAXPAYER DID MATERIALLY PARTICIPATE IN THE RENTAL ACTIVITIES, TAXPAYER IS NOT A REAL ESTATE PROFESSIONAL

SCHEDULE E #1:

PART I:

LINE 1A: MOBILE HOME
1800 S MAPLE ST WILMINGTON NC

LINE 2A: NO

LINE 3A: 1200

LINE 9A: 320

LINE 12A: 480

LINE 16A: 100

LINE 17A: 60

LINE 20A: 355

LINE 1B: MOBILE HOME
1802 S MAPLE ST WILMINGTON NC

LINE 2B: NO

LINE 3B: 800

LINE 5B: 25

LINE 7B: 44

LINE 9B: 200

LINE 16B: 122

LINE 1C: MOBILE HOME
1804 S MAPLE ST WILMINGTON NC

LINE 2C: NO

LINE 3C: 1300

LINE 9C: 342

LINE 12C: 480

LINE 16C: 209

SCHEDULE E #2:

PART I:

LINE 1A: MOBILE HOME
1806 S MAPLE ST WILMINGTON NC
LINE 2A: NO
LINE 3A: 850
LINE 5A: 50
LINE 9A: 360
LINE 14A: 15
LINE 16A: 167
LINE 20A: 567

SCHEDULE F:

NAME OF PROPRIETOR: TEST J CADEN SSN: 400-00-1023
LINE A: EMU
LINE B: 112900
LINE C: CASH
LINE E: YES

PART I:

LINE 4: 4200

PART II:

LINE 16: 525
LINE 18: 600
LINE 22: 180
LINE 24: 1500
LINE 26b: 1200
LINE 33: 100

FORM 3903 #1:

MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1200
MILEAGE FROM OLD HOME TO OLD WORKPLACE: 15
LINE 1: 160
LINE 2: 309

FORM 3903 #2:

LITERAL: MILITARY MOVE
MILEAGE FROM OLD HOME TO NEW WORKPLACE: 600
MILEAGE FROM OLD HOME TO OLD WORKPLACE: 22
LINE 1: 605
LINE 2: 233
LINE 4: 500 (NOTE: FROM FORM W-2)

FORM 4562 #1:

ACTIVITY: SCHEDULE C - 1

PART III:

LINE 19b:

(c)	(d)	(e)	(f)	
1200	5	HY	200 DB	(NOTE: TOOLS 03-15-2004)

FORM 4562#1 (CONTINUED):

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 26:

(a)	(b)	(c)	(d)	(e)	(f)	(g)
VAN	06-15-2004	100%	5300	5300	5	200DBHY

(a)VEHICLE 1

LINE 30: 2000

LINE 31: 0

LINE 32: 0

LINE 34: NO

LINE 35: YES

LINE 36: YES

NOTE: DO NOT TAKE MILEAGE EXPENSE

FORM 4562 #2:

ACTIVITY: SCHEDULE C - 2

PART III:

LINE 17: 768

BACKGROUND INFORMATION: PROPERTY: VENDING MACHINES
PLACED IN SERVICE: 01-01-2002
BASIS: 4000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 200 DB

LINE 19b:

(c)	(d)	(e)	(f)	
1000	5	HY	200 DB	(NOTE: VENDING MACHINE 03-16-2004)

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 26:

(a)	(b)	(c)
TRUCK	01-01-2000	100%

(a)VEHICLE 1

LINE 30: 1296

LINE 31: 0

LINE 32: 0

LINE 34: NO

LINE 35: YES

LINE 36: YES

NOTE: TAKE STANDARD MILEAGE EXPENSE

FORM 4562 #3:

ACTIVITY: SCHEDULE C - 3

PART III:

LINE 19b:

(c)	(d)	(e)	(f)	
400	5	HY	200 DB	(NOTE: TABLES 03-12-2004)

FORM 4562 #4:

ACTIVITY: SCHEDULE C - 4

PART III:

LINE 17: 553

BACKGROUND INFORMATION: PROPERTY: COMMERCIAL OVEN
PLACED IN SERVICE: 01-12-2000
BASIS: 4800
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 200 DB

LINE 19b:

(c)	(d)	(e)	(f)	
350	5	HY	200 DB	(NOTE: MIXER 03-24-2004)

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 27:

(a)	(b)	(c)
AUTO	01-24-1999	6%

(a)VEHICLE 1

LINE 30: 699

LINE 31: 250

LINE 32: 10175

LINE 34: YES

LINE 35: YES

LINE 36: YES

NOTE: TAKE STANDARD MILEAGE EXPENSE

FORM 4562 #5:

ACTIVITY: SCHEDULE C - 5

PART III:

LINE 19b:

(c)	(d)	(e)	(f)	
1000	5	HY	200 DB	(NOTE: EQUIPMENT 04-16-2004)

FORM 4562 #6:

ACTIVITY: SCHEDULE E - 1

PART III:

LINE 19h:

(b)	(c)	
06-2004	18000	(NOTE: PROPERTY A MOBILE HOME)

FORM 4562 #7:

ACTIVITY: SCHEDULE E - 2

PART III:

LINE 19h:

(b)	(c)	
04-2004	22000	(NOTE: PROPERTY A MOBILE HOME)

FORM 4562 #8:

ACTIVITY: SCHEDULE F - 1

PART III:

LINE 19b:

(c)	(d)	(e)	(f)
3500	5	HY	150 DB (NOTE: INCUBATOR 02-25-2004)

FORM 6198 #1:

DESCRIPTION: PAINTING

PART II:

LINE 6: 0

LINE 7: 1000

LINE 9: 500

FORM 6198 #2:

DESCRIPTION: VENDING MACHINES

PART II:

LINE 6: 4000

LINE 9: 300

FORM 6198 #3:

DESCRIPTION: FLEA MARKET

PART II:

LINE 6: 0

LINE 7: 200

FORM 6198 #4:

DESCRIPTION: BAKERY

PART II:

LINE 6: 4600

LINE 9: 2000

FORM 6198 #5:

DESCRIPTION: VARIOUS ENDEAVORS

PART II:

LINE 6: 0

LINE 7: 500

FORM 8815:

LINE 1(a): JASMINE CADEN

LINE 1(b): SMALLTOWN JUNIOR COLLEGE

1800 LEARNING WAY

SMALLTOWN NC 28455

LINE 2: 8960

LINE 3: 1000

LINE 5: 1180

LINE 6: 180

LINE 9: 38138

FORM 8863:

PART I:

LINE 1:

(a)	(b)	(c)
JASMINE CADEN	400-55-3023	2000

PREPARER NOTE:

THE TAXPAYER IS ELECTING OUT OF THE ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 10, 2001 AND MAY 5, 2003.

ETD TRANSMISSION:

FORM 9465:

LINE 3: (503)555-1023; 11:00AM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: US NAVY
1100 MILITARY AVE
WASHINGTON DC 20222-1643

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 236

LINE 10: 36

LINE 11: 100

LINE 12: 5

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Header section containing personal information: Your first name and initial (TEST J), Last name (CADEN), Your social security number (400-00-1023), Spouse's social security number, Home address (USS ROBERT E LEE), City, town or post office, state, and ZIP code (FPO AP 96222).

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

Election Campaign 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? [X] Yes [] No [] Yes [] No

Filing Status: 1 Single [X], 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions: 6a [X] Yourself, 6b Spouse, 6c Dependents (JASMINE CADEN, 400-55-3023, DAUGHTER), 6d Total number of exemptions claimed (2).

Income section: 7 Wages, salaries, tips, etc. (26,600); 8a Taxable interest (1,025); 9a Ordinary dividends (120); 10 Taxable refunds, credits, or offsets of state and local income taxes (180); 11 Alimony received (12,000); 12 Business income or (loss) (-1,508); 13 Capital gain or (loss) (25); 14 Other gains or (losses); 15a IRA distributions; 16a Pensions and annuities; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (254); 18 Farm income or (loss) (95); 19 Unemployment compensation; 20a Social security benefits; 21 Other income; 22 Add the amounts in the far right column for lines 7 through 21. This is your total income (38,791).

Adjusted Gross Income section: 23 Educator expenses; 24 Certain business expenses of reservists, performing artists, and fee-basis government officials; 25 IRA deduction; 26 Student loan interest deduction (131); 27 Tuition and fees deduction; 28 Health savings account deduction; 29 Moving expenses (807); 30 One-half of self-employment tax; 31 Self-employed health insurance deduction; 32 Self-employed SEP, SIMPLE, and qualified plans; 33 Penalty on early withdrawal of savings (26); 34a Alimony paid b Recipient's SSN; 35 Add lines 23 through 34a (964); 36 Subtract line 35 from line 22. This is your adjusted gross income (37,827).

Tax and Credits

37 Amount from line 36 (adjusted gross income) 37 37,827

38a Check You were born before January 2, 1940, Blind. } Total boxes
 if: Spouse was born before January 2, 1940, Blind. } checked ▶ 38a

b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 38b

39 Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . 39 7,150

40 Subtract line 39 from line 37 40 30,677

41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33 41 6,200

42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- . . 42 24,477

43 Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 43 3,146

44 Alternative minimum tax (see page 35). Attach Form 6251 44

45 Add lines 43 and 44 ▶ 45 3,146

46 Foreign tax credit. Attach Form 1116 if required 46

47 Credit for child and dependent care expenses. Attach Form 2441 47

48 Credit for the elderly or the disabled. Attach Schedule R 48

49 Education credits. Attach Form 8863 49 1,500

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see page 37) 51

52 Adoption credit. Attach Form 8839 52

53 Credits from: a Form 8396 b Form 8859 53

54 Other credits. Check applicable box(es): a Form 3800
 b Form 8801 c Specify 54

55 Add lines 46 through 54. These are your total credits 55 1,500

56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- ▶ 56 1,646

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . 59

60 Advance earned income credit payments from Form(s) W-2 60

61 Household employment taxes. Attach Schedule H 61

62 Add lines 56 through 61. This is your total tax ▶ 62 1,646

Payments

63 Federal income tax withheld from Forms W-2 and 1099 63 1,410

64 2004 estimated tax payments and amount applied from 2003 return 64

65a Earned income credit (EIC) 65a

b Nontaxable combat pay election . . ▶ 65b

66 Excess social security and tier 1 RRTA tax withheld (see page 54) 66

67 Additional child tax credit. Attach Form 8812 67

68 Amount paid with request for extension to file (see page 54) 68

69 Other payments from: a Form 2439 b Form 4136 c Form 8885 69

70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments ▶ 70 1,410

Refund

71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid 71

72a Amount of line 71 you want refunded to you ▶ 72a

▶ b Routing number ▶ c Type: Checking Savings

▶ d Account number

73 Amount of line 71 you want applied to your 2005 estimated tax ▶ 73

Amount You Owe

74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 ▶ 74 236

75 Estimated tax penalty (see page 55) 75

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. No

Third Party Designee

Designee's name JOHN DOE Phone no. 888-555-1111 Personal identification number (PIN) 1 1 1 2 2

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 SAILOR Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN

Phone no.

a Control number		Safe, accurate, FAST! Use irs e-file			Visit the IRS website at www.irs.gov .	
b Employer identification number 99-1236541		1 Wages, tips, other compensation 24,800		2 Federal income tax withheld 1,200		
c Employer's name, address, and ZIP code US NAVY 1100 MILITARY AVE WASHINGTON DC 20222-1643		3 Social security wages 24,800		4 Social security tax withheld 1,538		
		5 Medicare wages and tips 24,800		6 Medicare tax withheld 360		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 400-00-1023		9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial Last name TEST J CADEN USS ROBERT E LEE FPO AP 96222		11 Nonqualified plans		12a See instructions for box 12 P 2004 500		
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code		15 State Employer's state I.D. no. NC 56124022		16 State wages, tips, etc. 24,800		
		17 State income tax 1,600		18 Local wages, tips, etc.		
				19 Local income tax		
				20 Locality name		

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 56-1242342		1 Wages, tips, other compensation 1,800		2 Federal income tax withheld 210	
c Employer's name, address, and ZIP code WILSONS SUPERMARKET 91 FISH HAWK CT WILMINGTON NC 28403		3 Social security wages 1,800		4 Social security tax withheld 112	
		5 Medicare wages and tips 1,800		6 Medicare tax withheld 26	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1023		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST J CADEN USS ROBERT E LEE FPO AP 96222		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retmnt. plan Third-party sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. NC 56420214		16 State wages, tips, etc. 1,800	
		17 State income tax 20		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 24

FORMS REQUIRED: FORM 1040, SCH C, SCH E PG 2, SCH SE, FORM 2210, FORM 3800,
FORM 6251, FORM 6765, FORM 8820, FORM 8834, FORM 8873, FORM
8582-CR, FORM 8881, FORM 8882

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 6765, LINE 16
FORM 8873, LINE 19, OTHER EXPENSES

OTHER:

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST G HERBALIST SSN: 400-00-1024
DOB: 04-15-1967 OCCUPATION: CHEMIST
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: 805-555-2121 BLIND: NO

CHECK DIGITS FROM IRS LABEL: LW

ADDRESS: 50 FEEL GOOD AVENUE
GREEN VALLEY LAKE, CA 92341

FILING STATUS: SINGLE

LINE 6d: 1

SCHEDULE C:

LINE A: DRUG RESEARCH
LINE B: 325900
LINE C: POTIONS, TINCTURES, AND WHAT NOT
LINE D: 95-0505020
LINE F: CASH
LINE G: YES

PART I:

LINE 1: 87800
LINE 6: 4000

PART II:

LINE 15: 1500
LINE 22: 4250
LINE 25: 250
LINE 26: 9000

PART V:

OTHER EXPENSES:

DESCRIPTION	AMOUNT
FORM 8873	1200

SCHEDULE E, PG 2:

PART II:

LINE 27: NO

LINE 28A(a): WORLD OF DRUGS

LINE 28A(b): P

LINE 28A(d): 53-1234567

LINE 28A(g): 12462

NOTE: CREDITS FROM THE FOLLOWING FORMS ARE FROM THIS PARTNERSHIP:

FORM 8881 - 500

FORM 8882 - 275

FORM 8820 - 1800

FORM 8834 - 2100

SCHEDULE SE:

NAME: TEST G HERBALIST

SSN: 400-00-1024

LINE 2: 75600

FORM 2210: (NOTE: WILL BE FILED ON THE DUE DATE)

PART I:

LINE 8: 25000

PART II:

LINE C: X

SCHEDULE AI:

PART I:	(a)	(b)	(c)	(d)
LINE 1:	10000	20000	35000	
LINE 16:	0	0	0	4345

PART II:	(a)	(b)	(c)	(d)
LINE 26:	9937	19874	34780	69817

FORM 3800:

LINE 3: 2575

LINE 5: 1787

LINE 16: 11042

FORM 6765:

PART I:

LINE 4: 8000

LINE 5: 3000

LINE 9: 3% (START DATE 05-01-2003)

LINE 10: 16150

LINE 16: SCHEDULE C LINE 22 SUPPLIES - TOTAL AMOUNT OF SUPPLIES WAS 4550
AND WAS REDUCED BY 300 FROM FORM 6765 LINE 16 CR
SCHEDULE C LINE 26 WAGES - TOTAL AMOUNT OF WAGES WAS 9800 AND
WAS REDUCED BY 800 FROM FORM 6765 LINE 16 CR

FORM 8582-CR:

PART I:

LINE 4a: 4675

LINE 6: 3245

FORM 8820:
PART I:
LINE 3: 1800

FORM 8834:
PART I:
LINE 9: 2100
LINE 11: 2100
LINE 13: 1458

FORM 8873:
PART I:
LINE 4a: YES
LINE 5a: 325900
LINE 5b: PHARMACEUTICALS
LINE 5c(1)(a): X

PART II:
LINE 6: 6000
LINE 13: 3000
LINE 19: 1000

NOTE: SHIPPING	125
OFFICE EXPENSE	200
PROFESSIONAL SERVICES	167
TAXES & LICENSE	508

NOTE: MARGINAL COSTING METHOD IS NOT USED

FORM 8881:
PART I:
LINE 3: 500

FORM 8882:
PART I:
LINE 5: 275
EIN: 56-1234567

ETD TRANSMISSION:

FORM 9465
LINE 3: (805) 555-1222; 8:00PM
LINE 4: (805) 555-2121; NO EXT; 9:00AM
LINE 5: NONE
LINE 6: (LEAVE BLANK)

LINE 7: FORM 1040
LINE 8: 2004
LINE 9: 22405
LINE 10: 10000
LINE 11: 700
LINE 12: 12

LINE 13(a): 012345672
LINE 13(b): 58592310
ACCOUNT TYPE: CHECKING

TAXPAYER PIN: 19821
PRIOR YEAR AGI: 0
SIGNATURE DATE: 04-15-2005

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

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: TEST G Last name: HERBALIST Your social security number: 400-00-1024
If a joint return, spouse's first name and initial: Last name: Spouse's social security number:
Home address (number and street): 50 FEEL GOOD AVENUE Apt. no.:
City, town or post office, state, and ZIP code: GREEN VALLEY LAKE CA 92341

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

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? [X] Yes [] No [] Yes [] No

Filing Status Check only one box. 1 [X] 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 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [] Spouse. (4) Check if qualifying child for child tax credit (see pg 18)
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 18)
d Total number of exemptions claimed 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
8a Taxable interest. Attach Schedule B if required 8a
8b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
9b Qualified dividends (see page 20) 9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12 75,600
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount (see page 22) 15b
16a Pensions and annuities 16a b Taxable amount (see page 22) 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 12,462
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see page 24) 20b
21 Other income 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 88,062

Adjusted Gross Income 23 Educator expenses (see page 26) 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 IRA deduction (see page 26) 25
26 Student loan interest deduction (see page 28) 26
27 Tuition and fees deduction (see page 29) 27
28 Health savings account deduction. Attach Form 8889 28
29 Moving expenses. Attach Form 3903 29
30 One-half of self-employment tax. Attach Schedule SE 30 5,341
31 Self-employed health insurance deduction (see page 30) 31
32 Self-employed SEP, SIMPLE, and qualified plans 32
33 Penalty on early withdrawal of savings 33
34a Alimony paid b Recipient's SSN 34a
35 Add lines 23 through 34a 35 5,341
36 Subtract line 35 from line 22. This is your adjusted gross income 36 82,721

Tax and Credits		37	Amount from line 36 (adjusted gross income)	37	82,721
38a		Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked ▶ 38a <input type="checkbox"/>			
Standard Deduction for— ● People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. ● All others: Single or Married filing separately, \$4,850 Married filing jointly or Qualifying widow(er), \$9,700 Head of household, \$7,150	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here ▶ 38b <input type="checkbox"/>			
	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	4,850	
	40	Subtract line 39 from line 37	40	77,871	
	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	3,100	
	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	74,771	
	43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	15,564	
	44	Alternative minimum tax (see page 35). Attach Form 6251	44		
	45	Add lines 43 and 44	45	15,564	
	46	Foreign tax credit. Attach Form 1116 if required	46		
	47	Credit for child and dependent care expenses. Attach Form 2441	47		
	48	Credit for the elderly or the disabled. Attach Schedule R	48		
	49	Education credits. Attach Form 8863	49		
	50	Retirement savings contributions credit. Attach Form 8880	50		
	51	Child tax credit (see page 37)	51		
52	Adoption credit. Attach Form 8839	52			
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53			
54	Other credits. Check applicable box(es): a <input checked="" type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input checked="" type="checkbox"/> Specify 8834	54	4,345		
55	Add lines 46 through 54. These are your total credits	55	4,345		
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	11,219		
Other Taxes		57	Self-employment tax. Attach Schedule SE	57	10,682
58		Social security and Medicare tax on tip income not reported to employer. Attach Form 4137			
59		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			
60		Advance earned income credit payments from Form(s) W-2			
61		Household employment taxes. Attach Schedule H			
62		Add lines 56 through 61. This is your total tax			
Payments		63	Federal income tax withheld from Forms W-2 and 1099	63	
64		2004 estimated tax payments and amount applied from 2003 return			
If you have a qualifying child, attach Schedule EIC.	65a	Earned income credit (EIC)	65a		
	b	Nontaxable combat pay election ▶ 65b	65b		
66		Excess social security and tier 1 RRTA tax withheld (see page 54)			
67		Additional child tax credit. Attach Form 8812			
68		Amount paid with request for extension to file (see page 54)			
69		Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885			
70		Add lines 63, 64, 65a, and 66 through 69. These are your total payments			
71		If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid			
Refund		71		71	
72a		Amount of line 71 you want refunded to you			
Direct deposit? See page 54 and fill in 72b, 72c, and 72d.	b	Routing number	▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number			
73		Amount of line 71 you want applied to your 2005 estimated tax ▶ 73			
Amount You Owe		74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	22,405
75		Estimated tax penalty (see page 55) ▶ 75 504			

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. No

Third Party Designee

Designee's name ▶ JOHN DOE Phone no. ▶ 888-555-1111 Personal identification number (PIN) ▶ 1 1 1 2 2

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.

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

Your signature: _____ Date: _____ Your occupation: CHEMIST Daytime phone number: 805-555-2121

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP code: _____ EIN: _____

Phone no. _____

SCHEDULE B:

PART I:

LINE 1:

PAYER NAME	AMOUNT	
LAST CITIZENS	950	(ACCRUED)
CBA BANK	3200	(NOMINEE)
MYPLACE	1255	(TAX-EXEMPT)
AMERICAN FINANCE	1770	(OID ADJUSTMENT)
MUNICIPAL INT	2444	(TAX-EXEMPT)
PAB	32000	(TAX-EXEMPT FROM PAB AFTER 08-07-1986)
MIDDLE UNION	2575	
NOWBANK	7800	
FIRST BANK	1200	
SECOND BANK	2600	
THIRD BANK	3650	
SIXTH BANK	4160	
SEVENTH BANK	63	
EIGHTH BANK	44	
NINTH BANK	129	
TENTH BANK	261	

PART II:

LINE 5:

PAYER NAME	AMOUNT	
ABC CORP	1450	(QUALIFIED)
DEF CORP	1475	(QUALIFIED)
GHI CORP	1260	(QUALIFIED)
JKL CORP	1850	(QUALIFIED)
MNO CORP	2500	(QUALIFIED)
PQR CORP	550	(QUALIFIED)
STU CORP	425	(QUALIFIED)
VWX CORP	350	(QUALIFIED)
YZZ CORP	575	(QUALIFIED)
1ST CO	555	(QUALIFIED)
2ND CO	933	(QUALIFIED)
3RD CO	975	(QUALIFIED)
4TH CO	125	(QUALIFIED)
5TH CO	28	(QUALIFIED)
6TH CO	290	(QUALIFIED)
7TH CO	390	(QUALIFIED)
8TH CO	599	(QUALIFIED)
9TH CO	47	(QUALIFIED)
KIDDIE INVESTMENTS	430	(NOMINEE)
MULTI INVESTORS	1789	(NON-QUALIFIED)

PART III:

LINE 7a: NO

LINE 8: NO

SCHEDULE D:

PART I:

LINE 1: (a)	(b)	(c)	(d)	(e)
ABC	01-25-2004	01-31-2004	5000	2000
DEF	03-24-2003	02-05-2004	10000	3000
GHI	02-28-2004	05-06-2004	10000	9000
JKL	04-29-2004	11-17-2004	7000	4000
MNO	05-23-2003	05-05-2004	15000	13000
STOCK OPTION	12-15-2003	10-31-2004	EXPIRED	1325

PART II:

LINE 8: (a)	(b)	(c)	(d)	(e)
PQR	12-02-2001	03-16-2004	15000	16600
STU	08-14-2000	06-17-2004	2575	2000
50 SHS WERGONE	VARIOUS	WORTHLESS	-0-	2500
VWX	INHERIT	06-27-2004	8100	8500
RUG	03-27-1986	08-15-2004	25000	3000

(NOTE: THE RUG IS CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD BE TAXED AT THE 28% RATE GAIN)

LINE 13: (f)
515

LINE 18: 22016

NOTE: 22000 - GAIN ON RUG

16 - CAPITAL GAIN DISTRIBUTION ON LINE 13

LINE 19: 99

FORM 6251:

PART I:

LINE 2: 1798
LINE 3: 3750
LINE 5: 687
LINE 11: 32000

FORM 8801:

PART I:

LINE 1: 35000
LINE 2: 34100
LINE 11: USE "ALL OTHERS" CALCULATION
LINE 14: 5500

PART II:

LINE 16: 3000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1595
LINE 5: 1000
LINE 6: 595
LINE 7: 1500

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

Label

(See instructions on page 16.)

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

Form fields for personal information: Your first name and initial (TEST O), Last name (OLYMPICS), Your social security number (400-00-1025), Spouse's social security number, Home address (121 TORCH ST), City, town or post office, state, and ZIP code (ATLANTA GA 30301).

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

Presidential Election Campaign

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? [X] Yes [] No [] Yes [] No

Filing Status

Check only one box.

Filing status options: 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 [X] Qualifying widow(er) with dependent child (see page 17) 2003

Exemptions

Exemption details: 6a [X] Yourself, 6b Spouse, 6c Dependents table with columns for name, SSN, relationship, and child tax credit. Total number of exemptions claimed: 2

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.

Income section table with rows 7 through 22. Total income: 71,913

Adjusted Gross Income

Adjusted Gross Income section table with rows 23 through 36. Adjusted gross income: 71,913

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 37 (71,913), 38a (Total boxes checked), 39 (34,044), 40 (37,869), 41 (6,200), 42 (31,669), 43 (2,595), 44, 45 (2,595), 46-54 (Credits), 55 (1,000), 56 (1,595).

Standard Deduction for... People who checked any box on line 38a or 38b... All others: Single or Married filing separately, \$4,850. Married filing jointly or Qualifying widow(er), \$9,700. Head of household, \$7,150.

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 57, 58, 59, 60, 61, 62 (1,595).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 63, 64 (1,000), 65a, 65b, 66, 67, 68, 69, 70 (1,000).

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 2 columns: Line number and Amount. Rows include 71, 72a, 72b, 72c, 72d, 73, 74 (595).

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 74 (595), 75.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. [X] 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.

Joint return? See page 17. Keep a copy for your records. Your signature, Date, Your occupation (INVESTMENT SPECIALIST), Daytime phone number (404-555-1020). Spouse's signature, Date, Spouse's occupation.

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

TEST # 26

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG2, FORM 1116 (5),
FORM 4972, FORM 6781, FORM 8275

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 27: 2000
FORM 1040, LINE 64: 500

STATEMENTS: FORM 1116 (#1), BOX C, FINANCIAL SERVICES INCOME
FORM 1116, LINE 3b, OTHER DEDUCTIONS

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST F STILES SSN: 400-00-1026
DOB: 06-28-1976 OCCUPATION: STOCK BROKER
DISABLED: NO PRES ELEC FUND: NO
DAYTIME PHONE: NOT GIVEN BLIND: NO

CHECK DIGITS FROM IRS LABEL: KC

ADDRESS: 4664 COUSINS PL
TILLAMOOK, OR 97141

FILING STATUS: SINGLE

LINE 6d: 1

SCHEDULE B:

PART II:

LINE 5:

PAYER NAME	AMOUNT	
AMERICAN INVESTMENTS	3650	(NON-QUALIFIED)
ACME	80	(NON-QUALIFIED)
WIZE INV	220	(NON-QUALIFIED)
INSIDER	650	(NON-QUALIFIED)
FINE ARTS COUNCIL	260	(NON-QUALIFIED)

PART III:

LINE 7a: NO

LINE 8: NO

SCHEDULE D:

PART I:

LINE 1:	(a)	(b)	(c)	(d)	(e)
	100 SHS ACME	04-25-2004	07-15-2004	5700	3970

PART II:

LINE 8:	(a)	(b)	(c)	(d)	(e)
	60 SHS WIZE INV	02-13-1995	12-15-2004	1260	624
	15 SHS INSIDER	03-12-2001	05-22-2004	150	330

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): ARGENTINIAN CRUISE LINES

LINE 28A(b): P

LINE 28A(c): X

LINE 28A(d): 04-5763210

LINE 28A(g): 5430

LINE 28B(a): IRISH-AMERICA EXPORTS LTD

LINE 28B(b): S

LINE 28B(d): 99-4243000

LINE 28B(g): 9200

LINE 28C(a): ISRAELI SALES INC

LINE 28C(b): S

LINE 28C(d): 99-1234455

LINE 28C(j): 7500

LINE 28D(a): FRENCH FINANCIAL SERVICES

LINE 28D(b): S

LINE 28D(d): 99-1010112

LINE 28D(g): 6700

FORM 1116 #1:

INCOME CATEGORY: (c) X

STATEMENT: BANKING INCOME 6700

LINE k: UNITED STATES

PART I: (A)

LINE 1: FRANCE

LINE 1: 6700 GROSS INCOME SOURCE: BANKING

LINE 3a: 4850

LINE 3b: 2000

LINE 3d: 6700

LINE 3e: 52276

PART II:

LINE A:

(m)	(o)	(w)
X	03-12-2004	416

FORM 1116 #2:

INCOME CATEGORY: (d) X

LINE k: UNITED STATES

PART I: (A)

LINE 1: ARGENTINA

LINE 1: 5430 GROSS INCOME SOURCE: SHIP LEASES

LINE 3a: 4850

LINE 3b: 2000

LINE 3d: 5430

LINE 3e: 52276

PART II:

LINE A:

(m)	(o)	(w)
X	12-05-2004	200

FORM 1116 #3:
INCOME CATEGORY: (e) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: IRELAND
LINE 1: 9200 GROSS INCOME SOURCE: EXPORT LEASING
LINE 3a: 4850
LINE 3b: 2000
LINE 3d: 9200
LINE 3e: 52276

PART II:
LINE A:
(m) (o) (u)
X 12-15-2004 540

FORM 1116 #4:
INCOME CATEGORY: (f) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: ISRAEL
LINE 1: 7500 GROSS INCOME SOURCE: EXPORT SALES
LINE 3a: 4850
LINE 3b: 2000
LINE 3d: 7500
LINE 3e: 52276

PART II:
LINE A:
(m) (o) (w)
X 06-18-2004 700

FORM 1116 #5:
INCOME CATEGORY: (j) X
LINE k: UNITED STATES

PART I: (A)
LINE 1: MEXICO
LINE 1: 17400 GROSS INCOME SOURCE: WAGES
LINE 3a: 4850
LINE 3b: 2000
LINE 3d: 17400
LINE 3e: 52276

PART II:
LINE A:
(m) (o) (w)
X 12-31-2004 1600

FORM 4972:

NAME: TEST F STILES

SSN: 400-00-1026

PART I:

LINE 1: YES
LINE 2: NO
LINE 3: YES
LINE 4: NO
LINE 5a: NO
LINE 5b: NO

PART III:

LINE 8: 7600
LINE 9: 5000
LINE 29 LITERAL: MRD

FORM 6781

PART I:

LINE 1

(a) (c)
FORM 1099-B PORKBELLIES R US 1000

PART II:

SECTION A:

LINE 10

(a) (b) (c) (d) (e)
ABC 1299CAL 06-30-2004 10-15-2004 10000 15000

PART II:

SECTION B:

LINE 12

(a) (b) (c) (d) (e)
ABC 1299PUT 06-30-2004 10-15-2004 15000 12000

FORM 8275:

PART I:

LINE 1

(a) (b) (c) (d) (e) (f)
274 (M) 3 1120s SHAREHOLDER FORMER SPOUSE E 28B 3000
CRUISE SHIP TRAVEL EXP

PART II:

LINE 1: FORMER SPOUSE OF SHAREHOLDER, WHO IS ALSO A COMPANY EMPLOYEE, TRAVELED ON OVERSEAS CRUISE IN ORDER TO HELP SHAREHOLDER ENTERTAIN CLIENTS ON THE SHIP.

PART III:

LINE 1: IRISH-AMERICA EXPORTS LTD

500 MAIN ST
TILLAMOOK OR 97141

LINE 2: 99-4243000

LINE 3: 01-01-2004 TO 12-31-2004

LINE 4: OGDEN, UT

ETD TRANSMISSION:

FORM 9465:

LINE 3: (503) 555-1254; 7:00PM

LINE 4: (LEAVE BLANK)

LINE 5: (LEAVE BLANK)

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 748

LINE 10: 148

LINE 11: 50

LINE 12: 26

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

Header section containing personal information: Name (TEST F STILES), Social Security Number (400-00-1026), Address (4664 COUSINS PL, TILLAMOOK OR 97141), and filing year (2004).

Presidential Election Campaign section with a note: '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?' with 'No' selected for both.

Filing Status section with options: 1 Single (selected), 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions section: 6a X Yourself, 6b Spouse. Includes a table for dependents with columns for name, SSN, relationship, and child tax credit eligibility. Total exemptions claimed: 1.

Income section (lines 7-22) listing various income sources: Wages (17,400), Dividends (4,860), Capital gain (1,186), IRA distributions, Pensions, Rental real estate (28,830), Social security benefits, and Total income (52,276).

Adjusted Gross Income section (lines 23-36) listing deductions: Educator expenses, Business expenses, IRA deduction, Student loan interest, Tuition and fees (2,000), Health savings account, Moving expenses, Self-employment tax, and Adjusted gross income (50,276).

Tax and Credits		37	Amount from line 36 (adjusted gross income)	37	50,276
38a Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a					
if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind.					
b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here <input type="checkbox"/> 38b					
Standard Deduction for—		39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	4,850
● People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.		40	Subtract line 39 from line 37	40	45,426
● All others: Single or Married filing separately, \$4,850		41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	3,100
Married filing jointly or Qualifying widow(er), \$9,700		42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	42,326
Head of household, \$7,150		43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input checked="" type="checkbox"/> Form 4972	43	7,284
		44	Alternative minimum tax (see page 35). Attach Form 6251	44	
		45	Add lines 43 and 44	45	7,284
		46	Foreign tax credit. Attach Form 1116 if required	46	3,456
		47	Credit for child and dependent care expenses. Attach Form 2441	47	
		48	Credit for the elderly or the disabled. Attach Schedule R	48	
		49	Education credits. Attach Form 8863	49	
		50	Retirement savings contributions credit. Attach Form 8880	50	
		51	Child tax credit (see page 37)	51	
		52	Adoption credit. Attach Form 8839	52	
		53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
		54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
		55	Add lines 46 through 54. These are your total credits	55	3,456
		56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	3,828
Other Taxes		57	Self-employment tax. Attach Schedule SE	57	
		58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
		59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
		60	Advance earned income credit payments from Form(s) W-2	60	
		61	Household employment taxes. Attach Schedule H	61	
		62	Add lines 56 through 61. This is your total tax	62	3,828
Payments		63	Federal income tax withheld from Forms W-2 and 1099	63	2,580
If you have a qualifying child, attach Schedule EIC.		64	2004 estimated tax payments and amount applied from 2003 return	64	500
		65a	Earned income credit (EIC)	65a	
		b	Nontaxable combat pay election <input type="checkbox"/> 65b		
		66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
		67	Additional child tax credit. Attach Form 8812	67	
		68	Amount paid with request for extension to file (see page 54)	68	
		69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
		70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	3,080
Refund		71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	
Direct deposit? See page 54 and fill in 72b, 72c, and 72d.		72a	Amount of line 71 you want refunded to you	72a	
		b	Routing number <input type="checkbox"/> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		d	Account number <input type="checkbox"/>		
		73	Amount of line 71 you want applied to your 2005 estimated tax	73	
Amount You Owe		74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	748
		75	Estimated tax penalty (see page 55)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? 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.

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

Your signature _____ Date _____ Your occupation **STOCK BROKER** Daytime phone number _____

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code _____ EIN _____ Phone no. _____

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 93-1422446		1 Wages, tips, other compensation 17,400		2 Federal income tax withheld 2,100	
c Employer's name, address, and ZIP code MEXICO AVENTURAS RIO LERMO NO 1665 81000 XALAPA VERACRUZ		3 Social security wages 17,400		4 Social security tax withheld 1,079	
		5 Medicare wages and tips 17,400		6 Medicare tax withheld 252	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1026		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST F STILES 4664 COUSINS PL TILLAMOOK OR 97141		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retmnt. plan Thjrd-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other FOR TAX 1,600		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. OR 934142		16 State wages, tips, etc. 17,400	
		17 State income tax 1,023		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code GOLDEN YEARS RETIREMENT FUNDS 129 QUEBEC BLVD ATLANTA GA 30348		1 Gross distribution \$ 3,800	OMB No. 1545-0119 2004 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 3,800	2b Taxable amount not determined <input type="checkbox"/>		
PAYER'S Federal identification number 99-5244433	RECIPIENT'S identification number 400-00-1026	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 480	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.	
RECIPIENT'S name TEST F STILES Street address (including apt. no.) 4664 COUSINS PL City, state, and ZIP code TILLAMOOK OR 97141		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Account number (optional)		7 Distribution Code 4A	8 Other \$ %	12 State distribution \$ \$	
		9a Your percentage of total distribution 50 %	9b Total employee contributions \$		
		10 State tax withheld \$ \$	11 State/Payer's state no.	14 Name of locality \$	
				15 Local distribution \$	

Form 1099-R

Department of the Treasury - Internal Revenue Service

TEST # 27

FORMS REQUIRED: FORM 1040, SCH F, SCH SE, FORM 3468, FORM 3800, FORM 4562,
FORM 5884, FORM 6251, FORM 6478, FORM 8824, FORM 8835,
FORM 8845, FORM 8861

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MACDONALD
DOB: 08-14-1954
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1027
OCCUPATION: TRUCK DRIVER
PRES ELEC FUND: NO
BLIND: NO

SPOUSE: NAME: DAISY MACDONALD
DOB: 09-25-1954
DISABLED: NO

SSN: 400-00-2027
OCCUPATION: FARMER
PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: DX

ADDRESS: 1 FIRST STREET APT 3
SUNSHINE, IA 52544

FILING STATUS: MARRIED FILING JOINT

LINE 6d: 4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
JETHRO MACDONALD	18	400-55-3027	SON	12	
ELLIE MAE MACDONALD	17	400-55-4027	DAUGHTER	12	

SCHEDULE F:

NAME OF PROPRIETOR: DAISY MACDONALD

SSN: 400-00-2027

LINE A: PRODUCE

LINE B: 111210

LINE C: CASH

LINE E: YES

PART I:

LINE 4: 145000

SCHEDULE F (CONTINUED):

PART II:

LINE 13: 2500
LINE 16: 104210
LINE 19: 2500
LINE 21: 4500
LINE 24: 25000
LINE 31: 500

SCHEDULE SE:

NAME: DAISY MACDONALD SSN: 400-00-2027
SECTION A:
LINE 1: 5790

FORM 3468:

PART 1:
LINE 2a: 2632

FORM 3800:

PART II:
LINE 16: 0

FORM 4562:

ACTIVITY: SCHEDULE F-1

PART I:

LINE 2: 106632

LINE 6:

(a)	(b)	(c)	
COMBINE	100000	100000	(NOTE: PLACED IN SERVICE 03-15-2004)

PART II:

LINE 14: 2750

PART III:

LINE 17: 983

BACKGROUND INFORMATION: DESCRIPTION: 99 MASSEY TRACTOR
PLACED IN SERVICE: 12-01-2002
BASIS: 6000
RECOVERY PERIOD: 7
CONVENTION: MQ
METHOD: 150 DB

DESCRIPTION: 99 JOHN DEERE TRACTOR
PLACED IN SERVICE: 10-12-2004
BASIS: 6000
(NOTE: BECAUSE OF THE LIKE-KIND EXCHANGE ON
FORM 8824 THIS ASSET STEPS INTO THE
REMAINING RECOVERY PERIOD AND SAME
DEPRECIATION METHOD AND CONVENTION OF THE
99 MASSEY TRACTOR)
RECOVERY PERIOD: 7
CONVENTION: MQ
METHOD: 150 DB

FORM 4562 (CONTINUED):

LINE 19b:

(c) (d) (e) (f)
1750 5 HY 150 DB

BACKGROUND INFORMATION: DESCRIPTION: SOLAR ENERGY PANELS
PLACED IN SERVICE: 04-15-2004
BASIS: 1750
(NOTE: COST OF \$2632 LESS 1/4 OF ORIGINAL ITC OF 132)
(NOTE: COST BASIS OF 2500 LESS 30% SPECIAL DEPRECIATION ALLOWANCE OF 750)

LINE 19c:

(c) (d) (e) (f)
2000 7 HY 150 DB

BACKGROUND INFORMATION: DESCRIPTION: FERTILIZER SPREADER
PLACED IN SERVICE: 06-15-2004
BASIS: 2000
(NOTE: COST BASIS OF 4000 LESS 50% SPECIAL DEPRECIATION ALLOWANCE OF 2000)

FORM 5884:

PART I:

LINE 1a: 1250 WORKED AT LEAST 120 HOURS

FORM 6251:

PART I:

LINE 26: -728 (FROM FORM 6478)

FORM 6478:

(a) (b)
LINE 2a: 2000
LINE 4: 4000
LINE 7b: 6000
LINE 7b: NOTE: >= 10% ETHANOL

FORM 8824:

PART I:

LINE 1: 99 MASSEY TRACTOR
LINE 2: 99 JOHN DEERE TRACTOR
LINE 3: 12-01-2002
LINE 4: 10-12-2004
LINE 5: 09-18-2004
LINE 6: 10-12-2004
LINE 7: NO

PART III:

LINE 16: 5000
LINE 18: 3810

FORM 8835

PART I:

LINE 4: 29412 (NOTE: KILOWATT-HOURS PRODUCED AND SOLD)

LINE 5: 0

FORM 8845:

PART I:

LINE 1: 5500

LINE 2: 3000

FORM 8861:

PART I:

LINE 1a: 1429

LINE 1b: 1000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 818

LINE 5: 749

LINE 6: 69

LINE 7: 69

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

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

Personal information section including name (TEST O MACDONALD), social security number (400-00-1027), spouse's name (DAISY MACDONALD), spouse's SSN (400-00-2027), and home address (1 FIRST STREET APT 3, SUNSHINE IA 52544).

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

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: 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions: 6a Yourself (checked), 6b Spouse (checked), 6c Dependents (JETHRO MACDONALD, ELLIE MAE MACDONALD), 6d Total number of exemptions claimed (4).

Income section (7-22): 7 Wages, salaries, tips, etc. Attach Form(s) W-2 (37,967); 8a Taxable interest; 9a Ordinary dividends; 10 Taxable refunds; 11 Alimony received; 12 Business income; 13 Capital gain; 14 Other gains; 15a IRA distributions; 16a Pensions and annuities; 17 Rental real estate; 18 Farm income (5,790); 19 Unemployment compensation; 20a Social security benefits; 21 Other income (FORM 6478, 728); 22 Total income (44,485).

Adjusted Gross Income section (23-36): 23 Educator expenses; 24 Business expenses; 25 IRA deduction; 26 Student loan interest; 27 Tuition and fees; 28 Health savings account; 29 Moving expenses; 30 Self-employment tax (409); 31 Self-employed health insurance; 32 Self-employed SEP, SIMPLE, and qualified plans; 33 Penalty on early withdrawal; 34a Alimony paid; 35 Add lines 23 through 34a (409); 36 Subtract line 35 from line 22. This is your adjusted gross income (44,076).

Tax and Credits

Standard Deduction for... People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. All others: Single or Married filing separately, \$4,850. Married filing jointly or Qualifying widow(er), \$9,700. Head of household, \$7,150.

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-62 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 for Payments.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone number, and 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.

Signature area with fields for Your signature, Date, Your occupation (TRUCK DRIVER), Spouse's signature, Date, Spouse's occupation (FARMER), and Daytime phone number.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, self-employed status, SSN/PTIN, firm name, EIN, and phone number.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 42-8765421		1 Wages, tips, other compensation 30,000		2 Federal income tax withheld 749	
c Employer's name, address, and ZIP code TURNIP TRUCK PRODUCE 8439 VEGGIE LANE VINING IA 52348		3 Social security wages 30,000		4 Social security tax withheld 1,860	
		5 Medicare wages and tips 30,000		6 Medicare tax withheld 435	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1027		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST O MACDONALD 1 FIRST STREET APT 3 SUNSHINE IA 52544		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. IA 4200001		16 State wages, tips, etc. 30,000	
		17 State income tax 2,100		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 42-6651220		1 Wages, tips, other compensation 7,967		2 Federal income tax withheld	
c Employer's name, address, and ZIP code PACK AND MOVE 321 TRAVELLERS REST SUNSHINE IA 52544		3 Social security wages 7,967		4 Social security tax withheld 494	
		5 Medicare wages and tips 7,967		6 Medicare tax withheld 116	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1027		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST O MACDONALD 1 FIRST STREET APT 3 SUNSHINE IA 52544		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retmnt. plan Thjrd-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. IA 4201240		16 State wages, tips, etc. 7,967	
		17 State income tax 26		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 28

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH SE, FORM 2106-EZ, FORM 3800,
FORM 4562, FORM 6251, FORM 8826, FORM 8844, FORM 8846,
FORM 8866, FORM 8874

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 4562, LINE 19C, 7 YEAR PROPERTY

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A LOTT
DOB: 01-16-1954
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1028
OCCUPATION: SELF-EMPLOYED
PRES ELEC FUND: YES
BLIND: NO

SPOUSE: NAME: EDNA K LOTT
DOB: 09-15-1954
DISABLED: NO

SSN: 400-00-2028
OCCUPATION: BANKER
PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: UK

ADDRESS: 45020 GREEN WAY
DALLAS, TX 75202

FILING STATUS: MARRIED FILING JOINT

LINE 6d: 2

SCHEDULE A:

LINE 6: 19000
LINE 7: 700
LINE 15: 117500
LINE 20: 3750 (NOTE: FORM 2106-EZ)
LINE 21: 1000

SCHEDULE C:

PROPRIETOR: TEST A LOTT SSN: 400-00-1028
LINE A: RECORDING STUDIO
LINE B: 512200
LINE C: GOOD VIBES
LINE D: 76-1188111

LINE E: 453 PALM TREE BLVD
DALLAS TX 75258

LINE F: CASH
LINE G: YES

PART I:

LINE 1: 738000

SCHEDULE C (CONTINUED):

PART II:

LINE 8: 8000
LINE 9: 19900
LINE 13: 127847
LINE 15: 15000
LINE 16a: 83000
LINE 17: 1700
LINE 18: 180
LINE 20a: 25000
LINE 21: 12100
LINE 23: 240
LINE 25: 12500
LINE 26: 170000

PART III:

LINE 33a: X
LINE 34: NO
LINE 35: 35000
LINE 36: 60000
LINE 38: 20000
LINE 39: 3000
LINE 41: 65000

PART V:

OTHER EXPENSES:

DESCRIPTION	AMOUNT
CONTRACT MUSICIANS	39000

SCHEDULE SE:

NAME: TEST A LOTT SSN: 400-00-1028
SECTION A:
LINE 2: 170533

FORM 2106-EZ:

NAME: EDNA K LOTT SSN: 400-00-2028
OCCUPATION: BANKER

PART I:

LINE 2: 275
LINE 3: 2800
LINE 4: 600
LINE 5(a): 150
LINE 5(b): 75

FORM 4562:
ACTIVITY: SCHEDULE C-1
PART II:
LINE 16: 126175

BACKGROUND INFORMATION: DESCRIPTION: RECORDING EQUIPMENT
PLACED IN SERVICE: 06-06-2001
BASIS: 875000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: INCOME FORECAST - 14.42%

PART III:

LINE 19C:

(c)	(d)	(e)	(f)	
7800	7	HY	200 DB	(NOTE: FURNITURE AND FIXTURES 04-15-2004)
3900	7	HY	200 DB	(NOTE: FURNITURE AND FIXTURES 12-31-2004)

FORM 8826:
PART I:
LINE 1: 8800

FORM 8844:
PART I:
LINE 1a: 25000

FORM 8846:
PART I:
LINE 1: 200

FORM 8866:

	(a)	(b)	(c)
LINE 1:	12-2001	12-2002	12-2003
	704994	1222641	991128
LINE 2:	72625	111125	80500
LINE 4:	276092	485593	350276
LINE 5:	247696	442699	322101
LINE 7:	4095	3736	1183

FORM 8874:
PART I:
LINE 1:

(a)	(b)	(c)	(d)
LOW INCOME DEV INC	56-0001234	06-15-2004	5000
15 MAIN STREET			
DALLAS, TX 75202			

PREPARER NOTE:

THE TAXPAYER IS ELECTING OUT OF THE ADDITIONAL DEPRECIATION FOR SEVEN YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 10, 2001 AND MAY 5, 2003.

ETD TRANSMISSION:

FORM 9465:

LINE 4: 716-555-1028; NO EXT

LINE 6: THIRD REGIONAL BANK
ONE TOWER SQUARE
DALLAS TX 75266

LINE 7: FORM 1040

LINE 8: 2004

LINE 9: 21547

LINE 10: 10547

LINE 11: 1000

LINE 12: 10

TAXPAYER PIN: 19821

SPOUSE PIN: 29821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 04-15-2005

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

Label
(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

Your first name and initial TEST A	Last name LOTT
If a joint return, spouse's first name and initial EDNA K	Last name LOTT
Home address (number and street). If you have a P.O. box, see page 16. Apt. no. 45020 GREEN WAY	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. DALLAS TX 75202	

Your social security number
400-00-1028

Spouse's social security number
400-00-2028

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

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 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

6 a Yourself. If someone can claim you as a dependent, do not check box 6a **2**

b Spouse **2**

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 1,225,500**

8 a Taxable interest. Attach Schedule B if required **8a**

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

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

b Qualified dividends (see page 20) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12 170,533**

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

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

15 a IRA distributions **15a** b Taxable amount (see page 22) **15b**

16 a Pensions and annuities **16a** b Taxable amount (see page 22) **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**

20 a Social security benefits **20a** b Taxable amount (see page 24) **20b**

21 Other income **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22 1,396,033**

Adjusted Gross Income

23 Educator expenses (see page 26) **23**

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

25 IRA deduction (see page 26) **25**

26 Student loan interest deduction (see page 28) **26**

27 Tuition and fees deduction (see page 29) **27**

28 Health savings account deduction. Attach Form 8889 **28**

29 Moving expenses. Attach Form 3903 **29**

30 One-half of self-employment tax. Attach Schedule SE **30 7,734**

31 Self-employed health insurance deduction (see page 30) **31**

32 Self-employed SEP, SIMPLE, and qualified plans **32**

33 Penalty on early withdrawal of savings **33**

34 a Alimony paid b Recipient's SSN **34a**

35 Add lines 23 through 34a **35 7,734**

36 Subtract line 35 from line 22. This is your adjusted gross income **36 1,388,299**

Table with 2 main columns: Description and Amount. Rows include Tax and Credits (37-56), Other Taxes (57-62), Payments (63-70), Refund (71-73), and Amount You Owe (74-75). Total amounts are shown on the right side of the table.

Third Party Designee section. Includes fields for Designee's name, Phone no., and Personal identification number (PIN).

Sign Here section. Includes fields for Joint return?, Your signature, Date, Your occupation (SELF-EMPLOYED), Spouse's signature, Date, Spouse's occupation (BANKER), and Daytime phone number.

Paid Preparer's Use Only section. Includes fields for Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, and Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 73-1111222				1 Wages, tips, other compensation 1,225,500	2 Federal income tax withheld 419,000		
c Employer's name, address, and ZIP code THIRD REGIONAL BANK ONE TOWER SQUARE DALLAS TX 75266				3 Social security wages 87,900	4 Social security tax withheld 5,450		
				5 Medicare wages and tips 1,225,500	6 Medicare tax withheld 17,770		
				7 Social security tips	8 Allocated tips		
d Employee's social security number 400-00-2028				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name EDNA K LOTT 45020 GREEN WAY DALLAS TX 75202				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no. OK 73012456		16 State wages, tips, etc. 1,200	
				17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

TEST # 29

FORMS REQUIRED: FORM 1040, SCH D, SCH F, SCH J, SCH SE, FORM 2210-F,
FORM 4255, FORM 4562, FORM 4797, FORM 8828, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 64: 3000 (ALL PAID BY 1-15-2005)

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 2200
DIRECT DEBIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST T LIVINGWATERS SSN: 400-00-1029
 DOB: 12-11-1933 OCCUPATION: RETIRED
 DISABLED: NO PRES ELEC FUND: YES
 DAYTIME PHONE: NOT GIVEN BLIND: YES

SPOUSE: NAME: ISABEL H LIVINGWATERS SSN: 400-00-2029
 DOB: 07-07-1937 OCCUPATION: FARMER
 DISABLED: NO PRES ELEC FUND: YES
 BLIND: NO

CHECK DIGITS FROM IRS LABEL: WH

ADDRESS: 341 RONALD RD
 HULL, IL 62343

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE D:

PART II:

LINE 8:

(a)	(b)	(c)	(d)	(e)
ANTIQUES	05-21-1984	09-13-2004	4500	3500

NOTE: THE ANTIQUES ARE CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD
BE TAXED AT THE 28% RATE GAIN

SCHEDULE F:

NAME OF PROPRIETOR: ISABEL H LIVINGWATERS SSN: 400-00-2029
LINE A: WHEAT
LINE B: 111100
LINE C: ACCRUAL
LINE D: 37-3012345
LINE E: YES

SCHEDULE F (CONTINUED) :

PART II:

LINE 12: 2500
LINE 13: 500
LINE 15: 250
LINE 16: 17008
LINE 17: 1562
LINE 19: 800
LINE 20: 1020
LINE 21: 4000
LINE 22: 1200
LINE 23a: 1890
LINE 24: 12400
LINE 26a: 1500
LINE 27: 750
LINE 28: 644
LINE 29: 1200
LINE 30: 1980
LINE 31: 1054
LINE 32: 2518
LINE 34a: SUBSCRIPTIONS 95

PART III:

LINE 38: 71030
LINE 39a: 1400
LINE 39b: 1400
LINE 40a: 230
LINE 40b: 230
LINE 42: 350
LINE 43: 1400
LINE 44: 980
LINE 46: 16010
LINE 47: 4400
LINE 49: 19655

SCHEDULE J:

NOTE: FILING STATUS FOR 2003 WAS 3-MARRIED FILING SEPARATELY. 2002 AND 2001 WERE 2-MARRIED FILING JOINTLY.

NOTE 2: SCHEDULE D WAS NOT FILED IN 2001, 2002, OR 2003. USE THE TAX RATE SCHEDULES TO COMPUTE THE TAX FOR THOSE YEARS.

LINE 2: 6064
LINE 5: 200
LINE 9: 2005
LINE 13: (2000)
LINE 18: 32
LINE 19: 201
LINE 20: 0

SCHEDULE SE:

NAME: ISABEL H LIVINGWATERS

SSN: 400-00-2029

SECTION A:

LINE 1: 21764

FORM 2210-F

NOTE: FORM 2210-F TAX INCLUDES SELF EMPLOYMENT TAX, SCHEDULE J TAX USES INCOME TAX ONLY.

PART I:

LINE 1b: X

PART II:

LINE 14: 3270

PART III:

LINE 18: 04-15-2005

FORM 4255:

PROPERTY A: SOLAR POWER COLLECTOR

LINE 1A: 10%

LINE 2A: 25000

LINE 4A: 04-01-2003

LINE 5A: 04-15-2004

LINE 7A: 80%

FORM 4562:

ACTIVITY: SCHEDULE F - 1

PART II:

LINE 14: 7500

PART III:

LINE 17: 8383

BACKGROUND INFORMATION:

DESCRIPTION: FARM EQUIPMENT
PLACED IN SERVICE: 01-24-2002
BASIS: 30000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

DESCRIPTION: SOLAR POWER COLLECTOR
(NOTE: SOLD 04-15-2004)
PLACED IN SERVICE: 04-01-2003
BASIS: 23750
(NOTE: COST OF 25000 LESS 1/2 original ITC)
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

LINE 19b:

(c)	(d)	(e)	(f)
7500	5	HY	150 DB

BACKGROUND INFORMATION:

DESCRIPTION: TRACTOR
PLACED IN SERVICE: 06-15-2004
BASIS: 7500
(NOTE: COST BASIS OF 15000 LESS 50% SPECIAL DEPREC ALLOWANCE OF 7500)

FORM 4562 (CONTINUED):

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 26:

(a)	(b)	(c)
TRUCK	03-18-1996	100% (NOTE: TRUCK HAS BEEN FULLY DEPRECIATED)

(a) VEHICLE 1

LINE 30: 6000

LINE 31: 0

LINE 32: 0

LINE 34: NO

LINE 35: YES

LINE 36: YES

NOTE: DO NOT TAKE MILEAGE EXPENSE

FORM 4797:

PART III:

LINE 19A:

(a)	(b)	(c)
SOLAR POWER COLLECTOR	04-01-2003	04-15-2004

PROPERTY TYPE: 1245

PROPERTY A

LINE 20: 21747

LINE 21: 25000

LINE 22: 6841 (NOTE: TOTAL DEPRECIATION ALLOWED PLUS 1/2 OF ORIGINAL INVESTMENT TAX CREDIT LESS 50% OF THE INVESTMENT CREDIT RECAPTURE TAX)

FORM 8828:

PART I:

LINE 1: 128 SOUTH MACON AVE
HULL IL 62343

LINE 2b: X

LINE 3: IL; ALAMANCE; FMHA

LINE 4: SECOND BANK
255 MONEY LENDING ST
HULL IL 62343

LINE 5: 10-25-2000

LINE 6: 04-25-2004

LINE 7: 3 YRS 6 MOS

LINE 8: 04-25-2004

PART II:

LINE 9: 180000

LINE 10: 9000

LINE 12: 69700

LINE 15: 24814

LINE 16: 18000

LINE 19: 3750

LINE 20: 20%

PAYMENT:

ROUTING TRANSIT NUMBER: 012456778

BANK ACCOUNT NUMBER: 111-333-6543

TYPE OF ACCOUNT: CHECKING

AMOUNT: 3333

PAYMENT DATE: 04-15-2005

DAYTIME PHONE: 618-555-1020

FORM: 1040E (for ETD transmission, Form type is: 4868E)

ETD TRANSMISSION:

FORM 4868:

LINE 4: 6330

LINE 5: 3000

LINE 6: 3330

LINE 7: 3330

TAXPAYER PIN: 12345

SPOUSE PIN: 67890

ERO PIN: 28734

SIGNATURE DATE: 04-15-2005

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

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Personal information section including name (TEST T LIVINGWATERS), spouse's name (ISABEL H LIVINGWATERS), and address (341 RONALD RD HULL IL 62343).

Social Security numbers: 400-00-1029 (You), 400-00-2029 (Spouse). Includes 'Important!' warning to enter SSN(s).

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? [X] Yes [] No [X] Yes [] No

Filing Status

Check only one box.

Filing status options: 1 Single, 2 [X] Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions

6 a [X] Yourself. If someone can claim you as a dependent, do not check box 6a Boxes checked on 6a and 6b 2

b [X] Spouse No. of children on 6c who:

c Dependents:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Check if qualifying child for child tax credit.

If more than four dependents, see page 18.

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

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.

Main income table with rows 7-22. Includes wages (1,000), qualified dividends (3,588), farm income (21,764), and total income (26,352).

Adjusted Gross Income

Adjusted gross income table with rows 23-36. Includes educator expenses, IRA deduction, and self-employment tax deduction (1,538), resulting in an adjusted gross income of 24,814.

Tax and Credits

Standard Deduction for... People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. All others: Single or Married filing separately, \$4,850. Married filing jointly or Qualifying widow(er), \$9,700. Head of household, \$7,150.

Table with 3 columns: Line number, Description, and Amount. Rows include: 37 Amount from line 36 (adjusted gross income) 24,814; 38a Check boxes for birth date and blindness 3; 39 Itemized deductions 12,550; 40 Subtract line 39 from line 37 12,264; 41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. 6,200; 42 Taxable income. Subtract line 41 from line 40. 6,064; 43 Tax (see page 33). 505; 44 Alternative minimum tax (see page 35). Attach Form 6251; 45 Add lines 43 and 44 505; 46 Foreign tax credit. Attach Form 1116 if required; 47 Credit for child and dependent care expenses. Attach Form 2441; 48 Credit for the elderly or the disabled. Attach Schedule R; 49 Education credits. Attach Form 8863; 50 Retirement savings contributions credit. Attach Form 8880; 51 Child tax credit (see page 37); 52 Adoption credit. Attach Form 8839; 53 Credits from: a Form 8396 b Form 8859; 54 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Specify; 55 Add lines 46 through 54. These are your total credits; 56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-

Other Taxes

ICR 2,000 FMSR 750

Table with 3 columns: Line number, Description, and Amount. Rows include: 57 Self-employment tax. Attach Schedule SE 3,075; 58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137; 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required; 60 Advance earned income credit payments from Form(s) W-2; 61 Household employment taxes. Attach Schedule H; 62 Add lines 56 through 61. This is your total tax 6,330

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include: 63 Federal income tax withheld from Forms W-2 and 1099; 64 2004 estimated tax payments and amount applied from 2003 return 3,000; 65a Earned income credit (EIC); 65b Nontaxable combat pay election; 66 Excess social security and tier 1 RRTA tax withheld (see page 54); 67 Additional child tax credit. Attach Form 8812; 68 Amount paid with request for extension to file (see page 54); 69 Other payments from: a Form 2439 b Form 4136 c Form 8885; 70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments 3,000

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Rows include: 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid; 72a Amount of line 71 you want refunded to you; 72b Routing number; 72c Account number; 72d Type: Checking Savings; 73 Amount of line 71 you want applied to your 2005 estimated tax; 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 3,333; 75 Estimated tax penalty (see page 55) 3

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include: 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 3,333; 75 Estimated tax penalty (see page 55) 3

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. [X] 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 (RETIRED), Daytime phone number, Spouse's signature, Date, Spouse's occupation (FARMER)

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

TEST # 30

FORMS REQUIRED: FORM 1040, SCH A, SCH E PG2, SCH F, SCH SE, FORM 2210-F, .
FORM 4562, FORM 4684 PG2, FORM 4797, FORM 4835(2), FORM 4952,
FORM 8283 PG2, FORM 8396, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 8a: 390
FORM 1040, LINE 10: 2000

STATEMENTS: WAIVER EXPLANATION FOR FORM 2210-F
OPTION NOT TO USE ADDITIONAL 50% DEPRECIATION
FORM 4562, LINE 19b, 5 YEAR PROPERTY

OTHER: DIRECT DEBIT
ELECTS 30% ADDITIONAL DEPRECIATION

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER: NAME: TEST E RATT SSN: 400-00-1030
DOB: 06-10-1951 OCCUPATION: FARMER
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: WHARF B RATT SSN: 400-00-2030
DOB: 04-17-1955 OCCUPATION: FARMER
DISABLED: NO PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: PB

ADDRESS: 452 MOUSETRAP CT
CHEESETOWN, PA 17201

FILING STATUS: MARRIED FILING JOINTLY LINE 6d: 2

SCHEDULE A:

LINE 1: 2119
LINE 5: 480
LINE 7: 1120
LINE 10: 1217 (NOTE: TOTAL MTG INTEREST PAID 1352)
LINE 11: JAMES BOWLIN
PO BOX 123 FRANKLIN PA 17304
400-44-3030
AMOUNT PAID: 360
LINE 12: 100
LINE 13: 71
LINE 15: 300
LINE 16: 7000 (NOTE: LIMITED BY AGI TO 6833)

SCHEDULE E, PAGE 2:

PART V:

LINE 42: 16060

SCHEDULE F:

NAME OF PROPRIETOR: TEST E RATT

SSN: 400-00-1030

LINE A: SOYBEANS

LINE B: 111900

LINE C: ACCRUAL

LINE E: YES

PART II:

LINE 12: 360

LINE 13: 963

LINE 15: 120

LINE 16: 149491

LINE 19: 1496

LINE 20: 3950

LINE 21: 4303

LINE 22: 1900

LINE 23a: 1200

LINE 23b: 300

LINE 24: 28200

LINE 26a: 1010

LINE 26b: 1200

LINE 27: 3044

LINE 28: 2690

LINE 29: 5854

LINE 30: 231

LINE 31: 842

LINE 32: 1800

LINE 34a: TRACTOR TIRES 4105

PART III:

LINE 38: 226717

LINE 39a: 1800

LINE 39b: 1500

LINE 40a: 400

LINE 40b: 400

LINE 42: 200

LINE 43: 500

LINE 44: 325

LINE 46: 34308

LINE 47: 6790

LINE 49: 33601

SCHEDULE SE:

NAME : TEST E RATT

SSN: 400-00-1030

SECTION A:

LINE 1: 9086

FORM 2210-F:

PART I:

LINE 1a: X

FORM 2210-F (CONTINUED):

PART II:

LINE 14: 1795

PART III:

LINE 18: 04-15-2005

LINE 20: LITERAL: AMOUNT WAIVED 10

LITERAL FOR WAIVER STATEMENT: FINANCIAL HARDSHIP DUE TO MAJOR TORNADO DAMAGE

FORM 4562:

ACTIVITY: SCHEDULE F - 1

PART I:

LINE 2: 438000

LINE 6:

(a)	(b)	(c)
JOHN DEERE COMBINE	190000	62000

PART II:

LINE 14: 38400

PART III:

LINE 17: 2295

BACKGROUND INFORMATION: PROPERTY: TRACTOR
(NOTE: SOLD 12-31-2004)
PLACED IN SERVICE: 08-01-2003
BASIS: 18000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

LINE 19b:

(c)	(d)	(e)	(f)
142000	5	HY	150 DB (NOTE: TRACTOR 06-01-2004)
46000	5	HY	150 DB (NOTE: TRUCK 06-15-2004)
60000	5	HY	150 DB (NOTE: GRAIN TRAILER 06-15-2004)

LINE 19c:

(c)	(d)	(e)	(f)
89600	7	HY	150 DB

BACKGROUND INFORMATION: PROPERTY: JOHN DEERE COMBINE
PLACED IN SERVICE: 05-15-2004
BASIS: 89600
(NOTE: COST BASIS OF 190000 LESS SECTION
179 EXPENSE OF 62000 LESS 30% SPECIAL
DEPRECIATION OF 38400)

FORM 4562 (CONTINUED):

PART V:

LINE 24 (a): YES

LINE 24 (b): YES

LINE 26:

(a)	(b)	(c)	
TRUCK	03-21-2001	100%	(NOTE: TRUCK IS FULLY DEPRECIATED)

(a)VEHICLE 1

LINE 30: 1500

LINE 31: 0

LINE 32: 0

LINE 34: NO

LINE 35: YES

LINE 36: YES

NOTE: DO NOT TAKE MILEAGE EXPENSE

FORM 4684, PAGE 2:

INCIDENT DATE: 03-24-2004

SECTION B:

PART I:

LINE 19:	TYPE	LOCATION	DATE ACQUIRED
PROPERTY A:	SILO-DESTROYED BY TORNADO	CHEESETOWN PA	03-24-1983

PROPERTY A

LINE 20: 12640

LINE 21: 8000

LINE 23: 12640

LINE 24: 0

PART II:

LINE 29:

(a)	(b) (i)
SILO-DESTROYED BY TORNADO	4640

FORM 4797:

PART II:

LINE 14: (4640)

PART III:

LINE 19A:

(a)	(b)	(c)
TRACTOR	08-01-2003	12-31-2004

PROPERTY TYPE: 1245

PROPERTY A

LINE 20: 17730

LINE 21: 18000

LINE 22: 4995

FORM 4835 #1:
LINE A: NO

PART I:
LINE 1: 12460

PART II:
LINE 19a: 1460
LINE 27: 260

FORM 4835 #2:
LINE A: NO

PART I:
LINE 1: 3600

PART II:
LINE 18: 750
LINE 19a: 2100
LINE 27: 632

FORM 4952
PART I:
LINE 1: 60
LINE 2: 11

FORM 8283:
SECTION B:
PART I:
LINE 4: ART (CONTRIBUTION OF LESS THAN \$20,000)
LINE 5A:

(a)	(b)	(c)	(d)	(e)	(f)
PAINTING	EXCELLENT	7000	02-1988	PURCHASED	5100

PART IV:
DATE: 09-12-2004
DOES THE ORGANIZATION INTEND TO USE PROPERTY FOR UNRELATED USE: NO
NAME OF CHARITABLE ORGANIZATION: CHEESETOWN MUSEUM
ADDRESS: MAIN ST CHEESETOWN PA 17201
EIN: 23-1421452

FORM 8396:
ADDRESS: 1644 FELINE DR
CHEESETOWN PA 17201
PART I:
LINE 1: 1352
LINE 2: 10%
LINE 6: 120

FORM PAYMENT: ACH DEBIT
RTN: 312345699
ACCT #: 12345678999
TYPE OF ACCT: CHECKING
AMOUNT OF PAYMENT: 522
REQUESTED PAYMENT DATE: 04-15-2005
TAXPAYERS DAYTIME PHONE NUMBER: 814-555-1024
TYPE OF FORM BEING FILED: 1040E

PREPARER NOTE:
THE TAXPAYER IS ELECTING OUT OF THE 50% ADDITIONAL DEPRECIATION AND ELECTING THE 30% ADDITIONAL DEPRECIATION FOR SEVEN YEAR MACRS PROPERTY PLACED IN SERVICE AFTER MAY 5, 2003.

THE TAXPAYER IS ELECTING OUT OF THE 30% ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER SEPTEMBER 11, 2001 AND ELECTING OUT OF THE 50% ADDITIONAL DEPRECIATION FOR FIVE YEAR MACRS PROPERTY PLACED IN SERVICE AFTER MAY 5, 2003.

ETD TRANSMISSION:
FORM 9465:
LINE 3: (814)555-1024; 1:00PM
LINE 4: (LEAVE BLANK)
LINE 5: NONE
LINE 6: (LEAVE BLANK)

LINE 7: FORM 1040
LINE 8: 2004
LINE 9: 1522
LINE 10: 522
LINE 11: 300
LINE 12: 16

TAXPAYER PIN: 19821
SPOUSE PIN: 29821
PRIOR YEAR AGI: 0
SIGNATURE DATE: 04-15-2005

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.
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 Last name Your social security number
TEST E RATT 400-00-1030
If a joint return, spouse's first name and initial Last name Spouse's social security number
WHARF B RATT 400-00-2030
Home address (number and street). If you have a P.O. box, see page 16. Apt. no.
452 MOUSETRAP CT
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
CHEESETOWN PA 17201

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

Presidential Election Campaign 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?
[X] Yes [] No [X] Yes [] No

Filing Status
1 [] Single
2 [X] 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
6 a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [X] Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 18)
d Total number of exemptions claimed 2

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
8a Taxable interest. Attach Schedule B if required 8a 390
9a Ordinary dividends. Attach Schedule B if required 9a
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10 2,000
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 [] 13
14 Other gains or (losses). Attach Form 4797 14 85
15a IRA distributions 15a b Taxable amount (see page 22) 15b
16a Pensions and annuities 16a b Taxable amount (see page 22) 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 10,858
18 Farm income or (loss). Attach Schedule F 18 9,086
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see page 24) 20b
21 Other income 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 22,419

Adjusted Gross Income
23 Educator expenses (see page 26) 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 IRA deduction (see page 26) 25
26 Student loan interest deduction (see page 28) 26
27 Tuition and fees deduction (see page 29) 27
28 Health savings account deduction. Attach Form 8889 28
29 Moving expenses. Attach Form 3903 29
30 One-half of self-employment tax. Attach Schedule SE 30 642
31 Self-employed health insurance deduction (see page 30) 31
32 Self-employed SEP, SIMPLE, and qualified plans 32
33 Penalty on early withdrawal of savings 33
34a Alimony paid b Recipient's SSN 34a
35 Add lines 23 through 34a 35 642
36 Subtract line 35 from line 22. This is your adjusted gross income 36 21,777

Tax and Credits

Standard Deduction for... People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31. All others: Single or Married filing separately, \$4,850. Married filing jointly or Qualifying widow(er), \$9,700. Head of household, \$7,150.

Table with 3 columns: Line number, Description, and Amount. Rows include: 37 Amount from line 36 (adjusted gross income) 21,777; 38a Check boxes for blindness and spouse; 39 Itemized deductions 10,667; 40 Subtract line 39 from line 37 11,110; 41 Exemption calculation 6,200; 42 Taxable income 4,910; 43 Tax 493; 44 Alternative minimum tax; 45 Add lines 43 and 44 493; 46-54 Credits (foreign tax, child care, elderly, education, retirement, child, adoption, etc.); 55 Total credits 255; 56 Subtract line 55 from line 45 238.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include: 57 Self-employment tax 1,284; 58 Social security and Medicare tax on tip income; 59 Additional tax on IRAs; 60 Advance earned income credit payments; 61 Household employment taxes; 62 Add lines 56 through 61. This is your total tax 1,522.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include: 63 Federal income tax withheld from Forms W-2 and 1099; 64 2004 estimated tax payments and amount applied from 2003 return; 65a Earned income credit (EIC); 65b Nontaxable combat pay election; 66 Excess social security and tier 1 RRTA tax withheld; 67 Additional child tax credit; 68 Amount paid with request for extension to file; 69 Other payments from forms; 70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments 0.

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Rows include: 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid; 72a Amount of line 71 you want refunded to you; 72b Routing number; 72c Type: Checking Savings; 72d Account number; 73 Amount of line 71 you want applied to your 2005 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include: 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 1,522; 75 Estimated tax penalty (see page 55) 0.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? [X] Yes. Complete the following. [] No. Designee's name: JOHN DOE. Phone no.: 888-555-1111. Personal identification number (PIN): 11122.

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. Joint return? See page 17. Your signature, Date, Your occupation (FARMER), Daytime phone number. Spouse's signature, Date, Spouse's occupation (FARMER).

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

SCHEDULE E, CONTINUED:

BACKGROUND INFORMATION: PROPERTY: HOUSE

PLACED IN SERVICE: 08-01-2000
BASIS: 125000
RECOVERY PERIOD: 27.5
CONVENTION: MM
METHOD: SL

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): NATURAL DISCOVERIES

LINE 28A(b): P

LINE 28A(d): 45-0000827

LINE 28A(g): 1500

LINE 28B(a): ACQUIRED PROPERTIES

LINE 28B(b): P

LINE 28B(d): 45-0000828

LINE 28B(g): 1000

SCHEDULE R:

PART I:

LINE 2: X

PART II:

LINE 2: X

FORM 982:

PART I:

LINE 1(b): X

LINE 2: 800

LINE 3: NO

PART II:

LINE 7: 267

FORM 3800:

PART I:

LINE 3: 1675

LINE 5: 478

FORM 8582-CR:

PART I:

LINE 3a: 175

LINE 4a: 1500

LINE 6: 303

PART IV:

LINE 35: 356

FORM 8586:

PART I:

LINE 1: 1 (NOTE: CREDIT IS FROM RENTAL HOUSE ON SCH E)
LINE 2: 250000
LINE 3a: 125000
LINE 3b: NO

FORM 8609:

(NOTE: CREDIT IS FROM RENTAL HOUSE ON SCH E)

LINE A: 150 HELPFUL HEIGHTS
STARKWEATHER, ND 58377
LINE B: HOUSING CREDIT AUTHORITY
100 MAIN STREET
BISMARCK, ND 58505
LINE C: TEST L PARTNER
123 FRIGID LANE STARKWEATHER, ND 58377
400-00-1031
LINE D: 98-7654000
LINE E: 123143150
LINE 1a: 12-15-2004
LINE 1b: 9963
LINE 2: 7.97
LINE 3a: 125000
LINE 5: 01-01-2003
LINE 6b: X

FORM 8609A:

(NOTE: CREDIT IS FROM RENTAL HOUSE ON SCH E)

LINE A: TEST L PARTNER
LINE C: 123143150
LINE D: YES
LINE E: YES
LINE F: NO (NOTE: ENTIRE CREDIT HAS NOT BEEN CLAIMED IN PRIOR YEARS)
LINE 1: 250000
LINE 2: .5000
LINE 5: .0797
LINE 14: 9788
LINE 16: 175

FORM 8611

NOTE: CREDIT RECAPTURE IS FROM PARTNERSHIP ON SCH E, PG 2

LINE C: 123 CARING PLACE
STARKWEATHER ND 58377
LINE D: 978143145
LINE E: 05-05-1997
LINE 8: 560 (NOTE: FROM 1065 KI LINE 15)
LINE 11: SECTION 42(j)(5)

FORM 8830

PART I:

LINE 3: 1500 (NOTE: CREDIT IS FROM PARTNERSHIP ON SCH E, PG 2)

ETD TRANSMISSION:

FORM 4868:

LINE 4: 560

LINE 5: 350

LINE 6: 210

LINE 7: 210

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

Label

(See instructions on page 16.)

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

Form fields for personal information: Your first name and initial (TEST L), Last name (PARTNER), Your social security number (400-00-1031), Spouse's social security number, Home address (123 FRIGID LN), City, town or post office, state, and ZIP code (STARKWEATHER ND 58377).

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

Presidential Election Campaign

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.

Filing status options: 1 Single (checked), 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions

Exemption section: 6a Yourself (checked), 6b Spouse, c Dependents table with columns for name, SSN, relationship, and child tax credit.

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.

Income section: 7 Wages, salaries, tips, etc. Attach Form(s) W-2; 8a Taxable interest; 8b Tax-exempt interest; 9a Ordinary dividends; 9b Qualified dividends; 10-14 Other income; 15a-16a IRA and pension distributions; 17-21 Other income; 22 Total income: 13,500.

Adjusted Gross Income

Adjusted Gross Income section: 23 Educator expenses; 24-33 Deductions; 34a Alimony paid; 35 Add lines 23 through 34a; 36 Subtract line 35 from line 22. This is your adjusted gross income: 13,500.

Table with 3 columns: Line number, Description, and Amount. Includes sections for Tax and Credits (lines 37-56), Other Taxes (lines 57-62), Payments (lines 63-70), Refund (lines 71-73), and Amount You Owe (lines 74-75).

Third Party Designee section. Includes fields for Designee's name, Phone no., and Personal identification number (PIN).

Sign Here section. Includes fields for Your signature, Date, Your occupation (PROPERTY MANAGER), Spouse's signature, Date, and Spouse's occupation.

Paid Preparer's Use Only section. Includes fields for Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, and Phone no.

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code HARTFORD FINANCIAL SERVICES 1158 NEW BEDFORD STREET FRANKLIN NC 28734		1 Gross distribution \$ 5,000	OMB No. 1545-0119 2004 Form 1099-R		<p>Copy B</p> <p>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.</p> <p>This information is being furnished to the Internal Revenue Service.</p>	
		2a Taxable amount \$ 5,000	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number 56-2667891	RECIPIENT'S identification number 400-00-1031	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 350			
RECIPIENT'S name TEST L PARTNER Street address (including apt. no.) 123 FRIGID LN City, state, and ZIP code STARKWEATHER ND 58377		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$			
		7 Distribution Code 3	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
		9a Your percentage of total distribution %	9b Total employee contributions \$			
Account number (optional)		10 State tax withheld \$	11 State/Payer's state no.			12 State distribution \$
		\$	\$			\$
		13 Local tax withheld \$	14 Name of locality			15 Local distribution \$
		\$	\$			\$
		\$	\$			\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

TEST # 32 - STATE ONLY RETURN

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: STATE ONLY RETURN

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST A EAU DE TOILETTE
DOB: 01-04-1976
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1032
OCCUPATION: SALES CLERK
PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
OTTO, NC 28763

FILING STATUS: SINGLE

ETD TRANSMISSION:

FORM 4868:
LINE 4: 141
LINE 5: 912
LINE 6: 0

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov.	
b Employer identification number 41-8765432		1 Wages, tips, other compensation 9,000		2 Federal income tax withheld 750	
c Employer's name, address, and ZIP code SWEET AROMA HEALTH AND BEAUTY AIDES 7 FRAGRANT WAY COLOGNE MO 64188		3 Social security wages 9,000		4 Social security tax withheld 558	
		5 Medicare wages and tips 9,000		6 Medicare tax withheld 131	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1032		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST A EAU DE TOILETTE 5 GOTTA SMELL GOOD ST OTTO NC 28763		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory Retmnt. Third-party employee plan sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state I.D. no. NC 41777		16 State wages, tips, etc. 9,000	
		17 State income tax 525		18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 33

EFIN:999998

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 14a: 23000
(TAXPAYER 12000, SPOUSE 11000)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST Y INSIGHTFUL	SSN: 400-00-1033
DOB: 03-15-1940	OCCUPATION: RETIRED
DISABLED: NO	PRES ELEC FUND: NO
DAYTIME PHONE: NOT GIVEN	BLIND: NO

SPOUSE: NAME: IRENE K INSIGHTFUL	SSN: 400-00-2033
DOB: 05-12-1938	OCCUPATION: RETIRED
DISABLED: NO	PRES ELEC FUND: NO
	BLIND: YES

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR
WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT LINE 6d: 2

SCHEDULE 1:
PART 1:
LINE 1: CORPORATE BONDS 12000

ETD TRANSMISSION:
FORM 4868:
LINE 4: 813
LINE 5: 0
LINE 6: 813
LINE 7: 813

SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: E
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 26500
PRIMARY DATE OF BIRTH: 03-15-1940
SPOUSE PRIOR YEAR AGI: 26500
SPOUSE DATE OF BIRTH: 05-12-1938
TAXPAYER SIGNATURE DATE: 02-12-2005

Label (See page 17.) Use the IRS label. Otherwise, please print or type.	L A B E L H E R E	Your first name and initial TEST Y	Last name INSIGHTFUL	OMB No. 1545-0085
	If a joint return, spouse's first name and initial IRENE K	Last name INSIGHTFUL	Your social security number 400-00-1033	Spouse's social security number 400-00-2033
	Home address (number and street). If you have a P.O. box, see page 18. 512 HOWARD DR		Apt. no.	▲ Important! ▲ You must enter your SSN(s) above.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. WINTER PARK FL 32789			

Presidential

Election Campaign
(See page 18.)

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 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 19.) 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 19)

Exemptions

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

b Spouse

c Dependents:

If more than six dependents, see page 19.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg. 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b 2

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

d Total number of exemptions claimed.

Add numbers on lines above 2

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
8 a	Taxable interest. Attach Schedule 1 if required.	8 a	12,000
b	Tax-exempt interest. Do not include on line 8a.	8 b	
9 a	Ordinary dividends. Attach Schedule 1 if required.	9 a	
b	Qualified dividends (see page 22).	9 b	
10	Capital gain distributions (see page 23).	10	
11 a	IRA distributions.	11 a	700
11 b	Taxable amount (see page 23).	11 b	100
12 a	Pensions and annuities.	12 a	15,000
12 b	Taxable amount (see page 24).	12 b	12,000
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14 a	Social security benefits.	14 a	23,000
14 b	Taxable amount (see page 25).	14 b	1,800
15	Add lines 7 through 14b (far right column). This is your total income.	15	25,900
16	Educator expenses (see page 26).	16	
17	IRA deduction (see page 26).	17	
18	Student loan interest deduction (see page 29).	18	
19	Tuition and fees deduction (see page 29).	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	25,900

Adjusted gross income

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code THEME PARK PENSION PLAN 1 BUENA VISTA WAY ANAHEIM CA 92812		1 Gross distribution \$ 15,000	OMB No. 1545-0119 2004 Form 1099-R	
PAYER'S Federal identification number 33-4234444		2a Taxable amount \$ 12,000	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S identification number 400-00-2033		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
RECIPIENT'S name IRENE K INSIGHTFUL Street address (including apt. no.) 512 HOWARD DR City, state, and ZIP code WINTER PARK FL 32789		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Account number (optional)		7 Distribution Code 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %
		9a Your percentage of total distribution %	9b Total employee contributions \$	
		10 State tax withheld \$ 100	11 State/Payer's state no. CA 330011	
		13 Local tax withheld \$	14 Name of locality	
			15 Local distribution \$	

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.

Form 1099-R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code BIG BROKERS 12 WALL STREET NEW YORK CITY NY 10005		1 Gross distribution \$ 700	OMB No. 1545-0119 2004 Form 1099-R		<p>Copy B</p> <p>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.</p> <p>This information is being furnished to the Internal Revenue Service.</p>
		2a Taxable amount \$ 100	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number 13-4433221	RECIPIENT'S identificaton number 400-00-2033	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
RECIPIENT'S name IRENE K INSIGHTFUL Street address (including apt. no.) 512 HOWARD DR City, state, and ZIP code WINTER PARK FL 32789		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution Code 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	
Account number (optional)		9a Your percentage of total distribution %	9b Total employee contributions \$		
		10 State tax withheld \$	11 State/Payer's state no. NY 132143	12 State distribution \$ 100	
		13 Local tax withheld \$	14 Name of locality		
		\$	15 Local distribution \$		

Form 1099-R

Department of the Treasury - Internal Revenue Service

TEST # 34

EFIN:999999

FORMS REQUIRED: FORM 1040, SCH E PG2, SCH H, FORM 2441, FORM 8275-R, FORM 8379, FORM 8606, FORM 8812

INFORMATION RETURNS ATTACHED: FORM W-2 (2), FORM 1099R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 20a: 13000 (TAXPAYER)
FORM 1040, LINE 25: 1000 (TAXPAYER)
1000 (SPOUSE)

STATEMENTS: FORM 1040, LINE 6c, DEPENDENT LIST

OTHER: FORM 1040, UPPER LEFT HAND CORNER: INJURED SPOUSE

THIRD PARTY DESIGNEE: NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY:

TAXPAYER: NAME: TEST T HAMMER SSN: 400-00-1034
DOB: 07-07-1939 OCCUPATION: CONSTRUCTION
DISABLED: NO PRES ELEC FUND: YES
DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: MARY B HAMMER SSN: 400-00-2034
DOB: 09-10-1964 OCCUPATION: BANK TELLER
DISABLED: NO PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: IH

ADDRESS: 74 BUILDER DR
GREENVILLE, SC 29601

FILING STATUS: MARRIED FILING JOINT LINE 6d: 8

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CR
BILL HAMMER	19	400-55-3034	SON	12	
BOB HAMMER	12	400-55-4034	SON	12	X
KIM HAMMER	10	400-55-5034	DAUGHTER	12	X
KATIE HAMMER	9	400-55-6034	DAUGHTER	12	X
LEAH HAMMER	6	400-55-7034	DAUGHTER	12	X
LANCE HAMMER	4	400-55-8034	SON	12	X

SCHEDULE E, PAGE 2 (SPOUSE):

PART II:
LINE 27: NO

LINE 28A(a): BD PARTNERSHIP
LINE 28A(b): P
LINE 28A(d): 57-1111117
LINE 28A(g): 6000

SCHEDULE H:

NAME OF EMPLOYER: TEST T HAMMER

EIN: 57-1212123

LINE A: YES

PART I:

LINE 1: 2200

LINE 3: 2200

LINE 9: YES

PART II:

LINE 10: YES

LINE 11: YES

LINE 12: YES

LINE 13: SC

LINE 14: 3745452

LINE 15: 136

LINE 16: 2200

LINE 28: YES

FORM 2441:

PART I:

LINE 1:

(a)	(b)	(c)	(d)
KINDER CARE	12 FUN ST GREENVILLE, SC 29601	57-4322211	3000

PART II:

LINE 2:

(a)	(b)	(c)	
LANCE HAMMER	400-55-8034	2000	(NOTE: TOTAL PAID 3000)

(NOTE: COLUMN C FOR DEPENDENT IS ADJUSTED BY \$1000 OF EXCLUDED BENEFITS)

LINE 3: 2000

PART III:

LINE 14: 3400

FORM 8275-R:

PART I:

LINE 1:

(a)	(b)	(c)	(d)	(e)	(f)
2D 99-5187	1065	RACE CAR OPERATING EXPENSES	E	28A	5000

PART II:

LINE 1: RACE CAR OPERATING EXPENSES WITH COMPANY ADVERTISING. RACE CAR HAS COMPANY LOGO ON THE SIDE.

PART III:

LINE 1: BD PARTNERSHIP
1000 MAIN ST
GREENVILLE, SC 29601

LINE 2: 57-1111117

LINE 3: 01-01-2004 TO 12-31-2004

LINE 4: ATLANTA, GA

FORM 8379:

PART I:

LINE 1: NAME: TEST T HAMMER SSN: 400-00-1034
NAME: MARY B HAMMER SSN: 400-00-2034 (NOTE: INJURED SPOUSE)
LINE 5: X
LINE 6: NO

PART II:

	(a)	(b)	(c)
LINE 7a: INCOME TYPE	28400	1000	27400
LINE 7b: TAXABLE PENSIONS	500		500
SOCIAL SECURITY	3700		3700
SCHEDULE E INCOME	6000	6000	
LINE 8:	2000	1000	1000
LINE 9:	10650	5325	5325
LINE 11:	8	4	4
LINE 12:	2106	796	1310
LINE 13:	355		355
LINE 14:	500		500

FORM 8606:

NAME: TEST T HAMMER SSN: 400-00-1034

PART III:

LINE 19: 1400
LINE 20: 500
LINE 24: 400

ETD TRANSMISSION:

FORM 4868:

LINE 4: 355
LINE 5: 3148
LINE 6: 0

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

Label (See instructions on page 16.)
 Use the IRS label. Otherwise, please print or type.

L Your first name and initial A TEST T B Last name HAMMER E Your social security number 400-00-1034	L If a joint return, spouse's first name and initial M MARY B E Last name HAMMER L Spouse's social security number 400-00-2034
H Home address (number and street). If you have a P.O. box, see page 16. Apt. no. 74 BUILDER DR	
R City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. GREENVILLE SC 29601	

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

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? **You** Yes No **Spouse** Yes No

Filing Status (Check only one box.)

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> 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.
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.	
5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)	

Exemptions

6 a Yourself. If someone can claim you as a dependent, do not check box 6a **Boxes checked on 6a and 6b** 2

b Spouse **No. of children on 6c who:**

c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 18)	● lived with you	6
(1) First name Last name			<input type="checkbox"/>	● did not live with you due to divorce or separation (see page 18)	
STATEMENT # 1			<input type="checkbox"/>		
			<input type="checkbox"/>		

d Total number of exemptions claimed **Add numbers on lines above** 8

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 DCB 2,400 **7** 28,400

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 20) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) **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 **13**

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

15a IRA distributions **15a** 1,400 **b** Taxable amount (see page 22) **15b** 500

16a Pensions and annuities **16a** **b** Taxable amount (see page 22) **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** 6,000

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

19 Unemployment compensation **19**

20a Social security benefits **20a** 13,000 **b** Taxable amount (see page 24) **20b** 3,700

21 Other income. **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22** 38,600

Adjusted Gross Income

23 Educator expenses (see page 26) **23**

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

25 IRA deduction (see page 26) **25** 2,000

26 Student loan interest deduction (see page 28) **26**

27 Tuition and fees deduction (see page 29) **27**

28 Health savings account deduction. Attach Form 8889 **28**

29 Moving expenses. Attach Form 3903 **29**

30 One-half of self-employment tax. Attach Schedule SE **30**

31 Self-employed health insurance deduction (see page 30) **31**

32 Self-employed SEP, SIMPLE, and qualified plans **32**

33 Penalty on early withdrawal of savings **33**

34a Alimony paid **b** Recipient's SSN **34a**

35 Add lines 23 through 34a **35** 2,000

36 Subtract line 35 from line 22. This is your adjusted gross income **36** 36,600

a Control number		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 57-2587950		1 Wages, tips, other compensation 25,000		2 Federal income tax withheld 500	
c Employer's name, address, and ZIP code TIMELY BUILDERS 12 BUILDER DR GREENVILLE SC 29601		3 Social security wages 25,000		4 Social security tax withheld 1,550	
		5 Medicare wages and tips 25,000		6 Medicare tax withheld 363	
		7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1034		9 Advance EIC payment		10 Dependent care benefits 3,400	
e Employee's first name and initial Last name TEST T HAMMER 74 BUILDER DR GREENVILLE SC 29601		11 Nonqualified plans		12a See instructions for box 12 record	
		13 Statutory employee Retmnt. plan Thjrd-party sick pay 		12b record	
		14 Other		12c record	
				12d record	
f Employee's address and ZIP code					
15 State Employer's state I.D. no. SC 5712345	16 State wages, tips, etc. 25,000	17 State income tax 500	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use		irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 57-8234588		1 Wages, tips, other compensation 1,000		2 Federal income tax withheld			
c Employer's name, address, and ZIP code GREENVILLE BANK 1200 CENTRAL AVE GREENVILLE SC 29601		3 Social security wages 1,000		4 Social security tax withheld 62			
		5 Medicare wages and tips 1,000		6 Medicare tax withheld 15			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 400-00-2034		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name MARY B HAMMER 74 BUILDER DR GREENVILLE SC 29601		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state I.D. no. SC 5734246		16 State wages, tips, etc. 1,000		17 State income tax	
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code PHILLIP JOHNSON BROKERS 12 WALL STREET NEW YORK CITY NY 10009		1 Gross distribution \$ 1,400 2a Taxable amount \$ 1,400		OMB No. 1545-0119 2004 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number 57-8888875		RECIPIENT'S identification number 400-00-1034		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name TEST T HAMMER Street address (including apt. no.) 74 BUILDER DR City, state, and ZIP code GREENVILLE SC 29601		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		This information is being furnished to the Internal Revenue Service.
		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution Code T		8 Other \$ %		
Account number (optional)		9a Your percentage of total distribution %		9b Total employee contributions \$		12 State distribution \$ 1,400
		10 State tax withheld \$		11 State/Payer's state no. SC 5701434		
		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$
						\$

Form 1099-R

Department of the Treasury - Internal Revenue Service

TEST # 35 - TO BE USED ONLY FOR ON-LINE FILING TESTING

EFIN: 999999

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST O MAPLE

SSN: 400-00-1035

DOB: 04-15-1986

OCCUPATION: TREE TRIMMER

DISABLED: NO

PRES ELEC FUND: YES

DAYTIME PHONE: 201-555-1111

BLIND: NO

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEEPING WILLOW LN
AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE

LINE 6d: 0

SCHEDULE 1:

PART I:

LINE 1: FIRST SECURITY	6500
MONEY BANK (TAX EXEMPT)	1000

PART II:

LINE 5: DOW SMITH (NON-QUALIFIED)	3000
-----------------------------------	------

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1034

LINE 5: 1360

LINE 6: 0

ON-LINE SELF-SELECT PIN INFORMATION WITH DIRECT DEBIT:

JURAT/DISCLOSURE VERSION INDICATOR: A
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19821

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 16500
PRIMARY DATE OF BIRTH: 04-15-1986
TAXPAYER SIGNATURE DATE: 03-21-2005

TRANA DATA: SEQ 0170: TRANSMISSION TYPE CODE: O

SUMMARY RECORD DATA: SEQ 0190: IP ADDRESS: 123.456.789.000
SEQ 0200: IP DATE: 20050321
SEQ 0210: IP TIME: 1107
SEQ 0220: E-MAIL INDICATOR: Y

Label (See page 17.)	L A B E L	Your first name and initial	Last name	OMB No. 1545-0085		
		TEST O	MAPLE	Your social security number	400-00-1035	
Use the IRS label. Otherwise, please print or type.	H E R E	If a joint return, spouse's first name and initial	Last name	Spouse's social security number		
		Home address (number and street). If you have a P.O. box, see page 18.			Apt. no.	
		7842 WEEPING WILLOW LN				
City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.			AUDUBON NJ 08106-7842			

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

Presidential Election Campaign (See page 18.)

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?

You: Yes No Spouse: Yes No

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 page 19.) 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 19)

Exemptions

6 a 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) Check if qualifying child for child tax credit (see pg. 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b: 0

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

d Total number of exemptions claimed. Add numbers on lines above ▶ 0

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	4,400
8a	Taxable interest. Attach Schedule 1 if required.	8a	6,500
b	Tax-exempt interest. Do not include on line 8a.	8b	1,000
9a	Ordinary dividends. Attach Schedule 1 if required.	9a	3,000
b	Qualified dividends (see page 22).	9b	
10	Capital gain distributions (see page 23).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see page 23).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see page 24).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see page 25).	14b	
15	Add lines 7 through 14b (far right column). This is your total income.	15	13,900
16	Educator expenses (see page 26).	16	
17	IRA deduction (see page 26).	17	
18	Student loan interest deduction (see page 29).	18	
19	Tuition and fees deduction (see page 29).	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	13,900

Name(s) shown on page 1

Your social security number

TEST O MAPLE

400-00-1035

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income). 22 13,900

23a Check if: You were born before January 2, 1940, Spouse was born before January 2, 1940, Blind, Total boxes checked 23a

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here 23b

Standard Deduction for -

People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30.

All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

24 Enter your standard deduction (see left margin). 24 4,650

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 9,250

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. 26 0

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 9,250

28 Tax, including any alternative minimum tax (see page 31). 28 1,034

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 page 35). 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 1,034

37 Advance earned income credit payments from Form(s) W-2. 37

38 Add lines 36 and 37. This is your total tax. 38 1,034

39 Federal income tax withheld from Forms W-2 and 1099. 39 1,360

40 2004 estimated tax payments and amount applied from 2003 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 1,360

Refund

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid. 44 326

45a Amount of line 44 you want refunded to you. 45a 326

45b Routing number XXXXX XXXXX Type: Checking Savings

45c Account number XXXXX XXXXX XXXXX XXXXX XXXXX XXXXX XXXXX

46 Amount of line 44 you want applied to your 2005 estimated tax. 46

Amount you owe

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 50. 47

48 Estimated tax penalty (see page 50). 48

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 51)? Yes. Complete the following. No
Designee's name Phone no. Personal identification number (PIN)

Sign here

Joint return? See page 18. 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 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 19821 Date 2005-03-21 Your occupation TREE TRIMMER Daytime phone number 201-555-1111

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 22-2244661				1 Wages, tips, other compensation 1,200		2 Federal income tax withheld 480	
c Employer's name, address, and ZIP code TREE TOPPERS INC 783 CHRISTMAS TREE DRIVE AUDUBON NJ 08106				3 Social security wages 1,200		4 Social security tax withheld 74	
				5 Medicare wages and tips 1,200		6 Medicare tax withheld 17	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1035				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST O MAPLE 7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory <input type="checkbox"/> Retmnt. <input type="checkbox"/> Third-party <input type="checkbox"/> employee plan sick pay		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no. NJ 22130		16 State wages, tips, etc. 1,200	
		17 State income tax 84		18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		Safe, accurate, FAST! Use irs e-file			Visit the IRS website at www.irs.gov .	
b Employer identification number 22-3355771		1 Wages, tips, other compensation 3,200			2 Federal income tax withheld 880	
c Employer's name, address, and ZIP code OAKLEYS YARD AND GARDEN 87 KUDZU CENTER AUDUBON NJ 08106		3 Social security wages 3,200			4 Social security tax withheld 198	
		5 Medicare wages and tips 3,200			6 Medicare tax withheld 46	
		7 Social security tips			8 Allocated tips	
d Employee's social security number 400-00-1035		9 Advance EIC payment			10 Dependent care benefits	
e Employee's first name and initial Last name TEST O MAPLE 7842 WEEPING WILLOW LN AUDUBON NJ 08106-7842		11 Nonqualified plans			12a See instructions for box 12	
		13 Statutory Retmnt. Thjrd-party employee plan sick pay			12b	
		14 Other			12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state I.D. no. NJ 07543917	16 State wages, tips, etc. 3,200	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 36 - TO BE USED ONLY FOR ON-LINE FILING TESTING

FORMS REQUIRED: FORM 1040A, SCH 1

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 14a: 23000
(TAXPAYER 12000, SPOUSE 11000)

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER: NAME: TEST Y INSIGHTFUL	SSN: 400-00-1036
DOB: 03-15-1940	OCCUPATION: RETIRED
DISABLED: NO	PRES ELEC FUND: NO
DAYTIME PHONE: NOT GIVEN	BLIND: NO

SPOUSE: NAME: IRENE K INSIGHTFUL	SSN: 400-00-2036
DOB: 05-12-1937	OCCUPATION: RETIRED
DISABLED: NO	PRES ELEC FUND: NO
	BLIND: YES

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR
WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT LINE 6d: 2

SCHEDULE 1:

PART 1:

LINE 1: CORPORATE BONDS 12000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 813

LINE 5: 0

LINE 6: 813

LINE 7: 813

ON-LINE SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: B
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 26500
PRIMARY DATE OF BIRTH: 03-15-1940
SPOUSE PRIOR YEAR AGI: 26500
SPOUSE DATE OF BIRTH: 05-12-1937
TAXPAYER SIGNATURE DATE: 02-12-2005

TRANA DATA: SEQ 0170: TRANSMISSION TYPE CODE: 0

SUMMARY RECORD DATA: SEQ 0190: IP ADDRESS: 123.456.789.999
SEQ 0200: IP DATE: 20050212
SEQ 0210: IP TIME: 1107
SEQ 0220: E-MAIL INDICATOR: Y

Label (See page 17.) Use the IRS label. Otherwise, please print or type.	L	Your first name and initial TEST Y	Last name INSIGHTFUL	OMB No. 1545-0085	
	A	If a joint return, spouse's first name and initial IRENE K	Last name INSIGHTFUL	Your social security number 400-00-1036	
	B	Home address (number and street). If you have a P.O. box, see page 18. 512 HOWARD DR		Spouse's social security number 400-00-2036	
	E	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. WINTER PARK FL 32789		▲ Important! ▲ You must enter your SSN(s) above.	

Presidential

Election Campaign
(See page 18.)

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 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 19.) 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 19)

Exemptions

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

b Spouse

c Dependents:

If more than six dependents, see page 19.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg. 21)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 ▶ **2**

d Total number of exemptions claimed.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
8a	Taxable interest. Attach Schedule 1 if required.	8a	12,000
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule 1 if required.	9a	
b	Qualified dividends (see page 22).	9b	
10	Capital gain distributions (see page 23).	10	
11a	IRA distributions.	11a	700
		11b	Taxable amount (see page 23). 100
12a	Pensions and annuities.	12a	15,000
		12b	Taxable amount (see page 24). 12,000
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	23,000
		14b	Taxable amount (see page 25). 1,800
15	Add lines 7 through 14b (far right column). This is your total income.	15	25,900
16	Educator expenses (see page 26).	16	
17	IRA deduction (see page 26).	17	
18	Student loan interest deduction (see page 29).	18	
19	Tuition and fees deduction (see page 29).	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	25,900

Adjusted gross income

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code THEME PARK PENSION PLAN 1 BUENA VISTA WAY ANAHEIM CA 92812		1 Gross distribution \$ 15,000 2a Taxable amount \$ 12,000 2b Taxable amount not determined <input type="checkbox"/>	OMB No. 1545-0119 2004 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. 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 33-4234444	RECIPIENT'S identification number 400-00-2036	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
RECIPIENT'S name IRENE K INSIGHTFUL Street address (including apt. no.) 512 HOWARD DR City, state, and ZIP code WINTER PARK FL 32789		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Account number (optional)		7 Distribution Code 7	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$	
		10 State tax withheld \$	11 State/Payer's state no. CA 330011	12 State distribution \$ 1,000
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$

Form 1099-R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

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

PAYER'S name, street address, city, state, and ZIP code BIG BROKERS 12 WALL STREET NEW YORK CITY NY 10005		1 Gross distribution \$ 700	OMB No. 1545-0119 2004 Form 1099-R		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.
		2a Taxable amount \$ 100	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
PAYER'S Federal identification number 13-4433221	RECIPIENT'S identification number 400-00-2036	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$		
RECIPIENT'S name IRENE K INSIGHTFUL Street address (including apt. no.) 512 HOWARD DR City, state, and ZIP code WINTER PARK FL 32789		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Account number (optional)		7 Distribution Code 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	12 State distribution \$ 100
		9a Your percentage of total distribution %	9b Total employee contributions \$		
		10 State tax withheld \$	11 State/Payer's state no. NY 132143		15 Local distribution \$
		13 Local tax withheld \$	14 Name of locality		

Form 1099-R

Department of the Treasury - Internal Revenue Service

SCHEDULE E (CONTINUED):

LINE 1B: COMMERCIAL BUILDING

461 PARADISE RD FREEPORT, GRAND BAHAMA ISLAND

LINE 2B: NO

LINE 3B: 25730

LINE 9B: 1000

LINE 12B: 1000

LINE 14B: 1000

LINE 20B: 2730

BACKGROUND INFORMATION: PROPERTY: OFFICE BUILDING

PLACED IN SERVICE: 06-01-1987

BASIS: 86000

RECOVERY PERIOD: 31.5

CONVENTION: MM

METHOD: SL

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): OVERSEAS BROKERS

LINE 28A(b): P

LINE 28A(c): X

LINE 28A(g): 29500

SCHEDULE F:

NAME OF PROPRIETOR: TEST C MAKERS

SSN: 400-00-1037

LINE A: TIMBER

LINE B: 113000

LINE C: CASH

LINE E: YES

PART I:

LINE 4: 30000

LINE 24: 3400

LINE 34: 4000 DEPLETION

LINE 37a: X

FORM 4563:

LINE 1: 01-01-2003; CONTINUES

LINE 2: PURCHASED HOME

LINE 3(a): NO

LINE 4(a): NO

LINE 5: MONEY MAKER INVESTMENTS

4256 HARRISON DR

ATLANTA, GA 30348

LINE 6(a): 12-23-2004

LINE 6(b): 12-28-2004

LINE 6(c): 6

LINE 6(d): VISITING FAMILY IN US FOR HOLIDAYS

LINE 7: 27000

FORM 5074:
 PART I:
 LINE 1(GUAM): 7500

PART III:
 LINE 32: 750

FORM 5471:
 LINE B: CATEGORY OF FILER: 4
 LINE C: 51%
 FILERS TAX YEAR: 01-01-2004 - 12-31-2004
 LINE 1a: LOTS OF EXPORTS, INC
 PO BOX F-127A
 FREEPORT, GRAND BAHAMA ISLAND
 LINE 1c: BAHAMAS
 LINE 1d: 06-18-2001
 LINE 1e: BAHAMAS
 LINE 1f: 315230
 LINE 1g: WOMEN'S & GIRL'S CUT & SEW APPAREL MFG
 LINE 1h: BAHAMIAN DOLLAR
 LINE 2c: JACKSON T FISCHER
 PO BOX G-4267
 FREEPORT, GRAND BAHAMA ISLAND
 LINE 2d: JACKSON T FISCHER
 PO BOX G-4267
 FREEPORT, GRAND BAHAMA ISLAND

SCHEDULE A:

PART I:

(a)	(b)	
	BEGINNING	ENDING
COMMON STOCK	200	200
PREFERRED STOCK	100	100

SCHEDULE B:

(a)	(b)	(c)	(d)	(e)
1 ST SHAREHOLDER: TEST C MAKERS MAD 1 OTTO BRIDGE RD PAGO PAGO, AS 96799 400-00-1037	COMMON STOCK	102	102	51%
	PREFERRED STOCK	51	51	
2 ND SHAREHOLDER: JACKSON T FISCHER PO BOX G-4267 FREEPORT, GRAND BAHAMA ISLAND 400-55-2037	COMMON STOCK	38	38	19%
	PREFERRED STOCK	19	19	
3 RD SHAREHOLDER: MADISON SMITH PO BOX A-7788 FREEPORT, GRAND BAHAMA ISLAND 400-55-3037	COMMON STOCK	30	30	15%
	PREFERRED STOCK	15	15	
4 TH SHAREHOLDER: JACK BLACK 147 WINSTON CIRCLE FREEPORT, GRAND BAHAMA ISLAND 400-55-4037	COMMON STOCK	30	30	15%
	PREFERRED STOCK	15	15	

SCHEDULE C: FUNCTIONAL CURRENCY

		US DOLLARS
LINE 1a:	174000	174000
LINE 2:	57000	57000
LINE 8:	26000	26000
LINE 10:	25000	25000
LINE 11:	16000	16000
LINE 13:	6000	6000

FORM 5471 (CONTINUED):

SCHEDULE F:	(a)	(b)
LINE 1:	7500	7200
LINE 3:	23000	27000
LINE 4:	3000	2000
LINE 8a:	10000	12000
LINE 8b:	5500	6800
LINE 14:	8000	8300
LINE 18a:	12500	12500
LINE 18b:	10000	10000
LINE 20:	7500	10600

SCHEDULE G:

LINE 1: NO
LINE 2: NO
LINE 3: NO

SCHEDULE H:

LINE 1: 96000
LINE 2b: 1300 (NET ADDITIONS)
LINE 5d: 1.0000 (EXCHANGE RATE)

SCHEDULE I:

LINE 1: 26000
WAS ANY INCOME OF THE FOREIGN CORPORATION BLOCKED: NO
DID ANY SUCH INCOME BECOME UNBLOCKED DURING THE TAX YEAR: NO

SCHEDULE M:

LINE 15: 16000

FORM 5713:

TAX YEAR: 01-01-2004 TO 12-31-2004
ADDRESS OF SERVICE CENTER: PHILADELPHIA, PA
TYPE OF FILER: INDIVIDUAL
LINE 1: 85600
LINE 7(a): NO
LINE 7(c): NO
LINE 7(d): NO
LINE 7(e): NO
LINE 7(f): NO
LINE 7(g): NO
LINE 7(h): NO
LINE 7(i): NO
LINE 7(j): NO

PART I:

LINE 8: YES
LINE 8a(1): KUWAIT
LINE 8a(2): 400-00-1037
LINE 8a(3): 315230
LINE 8a(4): WOMEN'S & GIRL'S CUT & SEW APPAREL MFG
LINE 9: NO
LINE 10: NO
LINE 11: NO
LINE 12: NO

FORM 5713 (CONTINUED):

PART II:

LINE 13a(1) (a): REQUESTS: NO
AGREEMENTS: NO
LINE 13a(1) (b): REQUESTS: NO
AGREEMENTS: NO
LINE 13a(1) (c): REQUESTS: NO
AGREEMENTS: NO
LINE 13a(1) (d): REQUESTS: NO
AGREEMENTS: NO
LINE 13a(2): REQUESTS: NO
AGREEMENTS: NO

FORM 8865:

LINE A: CATEGORY OF FILER: 2
LINE B: 01-01-2004 TO 12-31-2004
LINE C: (OTHER) 2000
LINE F1: OVERSEAS BROKERS
PO BOX B-4606
FREEPORT, GRAND BAHAMA ISLAND
LINE F3: BAHAMAS
LINE F4: 06-30-2002
LINE F5: BAHAMAS
LINE F6: 523120
LINE F7: SECURITIES BROKERAGE
LINE F8(a): BAHAMIAN DOLLAR
LINE F8(b): 1.0000

LINE G3: MAXWELL CARTER
PO BOX C-6633
FREEPORT, GRAND BAHAMA ISLAND
LINE G4: MAXWELL CARTER
PO BOX C-6633
FREEPORT, GRAND BAHAMA ISLAND
LINE G5: NO
LINE G6: 0
LINE G7: PARTNERSHIP

SCHEDULE A:

BOX A: X

SCHEDULE B:

LINE 1a: 210000
LINE 9: 35000
LINE 11: 1500
LINE 13: 20000
LINE 14: 6000

SCHEDULE N:

LINE 15: 20000

SCHEDULE K-1:

PART I:

BOX B: PARTNERSHIP'S NAME, ADDRESS, & ZIP CODE: OVERSEAS BROKERS
PO BOX B-4606
FREEPORT, GRAND BAHAMA ISLAND

FORM 8865 (CONTINUED):

PART II:

BOX C: PARTNER'S IDENTIFYING NUMBER: 400-00-1037

BOX D: PARTNER'S NAME, ADDRESS, & ZIP CODE: TEST T MAKERS
MAD1 OTTO BRIDGE RD
PAGO PAGO, AS 96799

BOX E: PARTNER'S SHARE OF PROFIT, LOSS AND DEDUCTIONS:

	BEGINNING	ENDING
PROFIT:	20%	20%
LOSS:	20%	20%
CAPITAL:	20%	20%
DEDUCTIONS:	20%	20%

BOX F: ANALYSIS OF PARTNER'S CAPITAL ACCOUNT:

BEGINNING CAPITAL ACCOUNT: 100000
CURRENT YEAR INCREASE: 29500
WITHDRAWALS AND DISTRIBUTIONS: 20000
TAX BASIS: X

PART III:

BOX 1: 29500

FORM 8886:

LINE 1a: ABUSIVE FOREIGN TAX CREDIT INTERMEDIARY TRANSACTION

LINE 1b: 12345678912

LINE 2a: X (LISTED TRANSACTION)

LINE 3: NOTICE 2004-20 ACQUISITION & SALE OF FOREIGN CORPORATION STOCK UNDER SECTION 338 OF IRC

LINE 4: 1

LINE 6(a): PHILLIP UNDERWOOD

LINE 6(b): 145 PLAZA SQUARE, SUITE 3
TRENTON, NJ 08647

LINE 7: AFTER PURCHASE OF FOREIGN STOCK AN ELECTION UNDER SECTION 338 IS MADE TO TREAT PURCHASE AS A DEEMED SALE GIVING PURCHASER A STEPPED UP BASIS. THE SALE OF THE STOCK TO ANOTHER ENTITY DOES NOT CREATE A TAX ON THE GAIN BUT PROVIDES FOR A FOREIGN TAX CREDIT.

XANADU CORPORATION - SELLER	APARTADO POSTAL 5056 CARACAS 1010A
MIDAS CORPORATION - MIDDLEMAN	176 WEST MAIN PLAZA TRENTON, NJ 08647
TEST C MAKERS - FINAL PURCHASE	

LINE 8: THE SALE OF STOCK CREATES A FOREIGN TAX ON THE GAIN BUT NO US TAXABLE INCOME. THE FOREIGN TAX IS THEN USED TO CLAIM A CREDIT FOR TAXES PAID EVEN THOUGH INCOME IS NOT ON US RETURN. ALSO PROVIDES A STEPPED UP BASIS IN THE STOCK.

LINE 9: TAX YEAR 2004 - 12000

FORM T:

NOTE: ELECTING UNDER SECTION 631(a) TO TREAT THE CUTTING OF TIMBER AS A SALE OR EXCHANGE

PART III:

LINE 34: BLOCK - NORTHWEST
ACCOUNT - TREE TRIMMERS

LINE 35: CLACKAMUS, OREGON

LINE 36a: NATIONWIDE SAWMILLS, INC
145 FLAGSHIP DR
OKLAHOMA CITY, OK 73126

LINE 36b: 07-01-2004

LINE 37: 30000

LINE 40a:	# OF UNITS	COST	TOTAL COST
	10	4000	40000

LINE 40i: 3400

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

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Form fields for personal information: Your first name and initial (TEST C), Last name (MAKERS), Your social security number (400-00-1037), Spouse's social security number, Home address (147 WEST BURLINGTON ST), City, town or post office, state, and ZIP code (SAINT PAUL MN 55145).

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

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?

You Spouse Yes No Yes No

Filing Status

Check only one box.

Filing status options: 1 Single (checked), 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child.

Exemptions

Exemption details: 6a Yourself (checked), 6b Spouse, 6c Dependents table with columns for first name, last name, social security number, and relationship.

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.

Income table with columns for line number, description, and amount. Total income is 85,600.

Adjusted Gross Income

Adjusted Gross Income table with columns for line number, description, and amount. Adjusted gross income is 85,600.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 56-5588964				1 Wages, tips, other compensation 7,500		2 Federal income tax withheld 750	
c Employer's name, address, and ZIP code INVESTWISE BROKERAGE 145 HAMPTON DRIVE RALEIGH NC 27634				3 Social security wages 7,500		4 Social security tax withheld 465	
				5 Medicare wages and tips 7,500		6 Medicare tax withheld 109	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1037				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST C MAKERS 147 WEST BURLINGTON ST ST PAUL MN 55145				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state I.D. no.		16 State wages, tips, etc.	
				17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** **Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 58-1234521				1 Wages, tips, other compensation 27,000		2 Federal income tax withheld 5,000	
c Employer's name, address, and ZIP code MONEY MAKER INVESTMENTS 4256 HARRISON DRIVE ATLANTA GA 30348				3 Social security wages 27,000		4 Social security tax withheld 1,674	
				5 Medicare wages and tips 27,000		6 Medicare tax withheld 392	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1037				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST C MAKERS 147 WEST BURLINGTON ST SAINT PAUL MN 55145				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory Retmnt. Third-party employee plan sick pay		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. AS 785413		16 State wages, tips, etc. 27,000		17 State income tax 2,000		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

TEST # 38

FORMS REQUIRED: FORM 1040, FORM 8833

INFORMATION RETURNS ATTACHED: W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER: NAME: TEST A RESARCH
DOB: 02-14-1970
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1038
OCCUPATION: INTERIOR DECORATOR
PRESIDENTIAL ELECTION FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 146 KASHEN UNIVERSITY DR
SPRUCE PINE, NC 28777

FILING STATUS: SINGLE

LINE 6d: 1

FORM 8833:

ADDRESS IN COUNTRY OF RESIDENCE: POST 4b MEINERZHAGEN
58540 GERMANY

ADDRESS IN UNITED STATES: 146 KASHEN UNIVERSITY DR
SPRUCE PINE, NC 28777

TAXPAYER IS DISCLOSING A TREATY-BASED RETURN POSITION: X

LINE 1a: GERMANY

LINE 1b: ARTICLE 20

LINE 2: IRC SECTION 1

LINE 3: NORTH CAROLINA UNIVERSITY
101 WILDCAT DR
SPRUCE PINE, NC 28777

LINE 5: THE TREATY ALLOWS RESIDENTS OF GERMANY TO EXEMPT TEACHING INCOME FROM US TAX FOR 2 YEARS. TAXPAYER WAS BROUGHT OVER TO HELP WITH CULTURAL INTERIOR DESIGN FOR A NEW BUILDING BUT ENDED UP TEACHING A GERMAN CULTURE AND RESEARCH CLASS FOR 22% OF THE TIME. THIS \$10,000 ATTRIBUTABLE TO TEACHING SHOULD BE EXEMPT UNDER THE TREATY.

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.

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 Last name
TEST A RESEARCH
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see page 16. Apt. no.
146 KASHEN UNIVERSITY DR
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.
SPRUCE PINE NC 28777

Your social security number
400-00-1038
Spouse's social security number
Important! You must enter your SSN(s) above.

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 X Yes No

Filing Status Check only one box. name here.
1 X 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
6 a X 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) Check if qualifying child for child tax credit (see pg 18)
d Total number of exemptions claimed 1

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 45,000
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 20) 9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 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 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount (see page 22) 15b
16a Pensions and annuities 16a b Taxable amount (see page 22) 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 24) 20b
21 Other income. FORM 8833 (10,000) 21 (10,000)
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 35,000

Adjusted Gross Income
23 Educator expenses (see page 26) 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 IRA deduction (see page 26) 25
26 Student loan interest deduction (see page 28) 26
27 Tuition and fees deduction (see page 29) 27
28 Health savings account deduction. Attach Form 8889 28
29 Moving expenses. Attach Form 3903 29
30 One-half of self-employment tax. Attach Schedule SE 30
31 Self-employed health insurance deduction (see page 30) 31
32 Self-employed SEP, SIMPLE, and qualified plans 32
33 Penalty on early withdrawal of savings 33
34a Alimony paid b Recipient's SSN 34a
35 Add lines 23 through 34a 35
36 Subtract line 35 from line 22. This is your adjusted gross income 36 35,000

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include: 37 Amount from line 36 (adjusted gross income) 37 35,000; 38a Check if: You were born before January 2, 1940, Blind. Total boxes checked 38a; 39 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 39 4,850; 40 Subtract line 39 from line 37 40 30,150; 41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33 41 3,100; 42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- 42 27,050; 43 Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 43 3,704; 44 Alternative minimum tax (see page 35). Attach Form 6251 44; 45 Add lines 43 and 44 45 3,704; 46 Foreign tax credit. Attach Form 1116 if required 46; 47 Credit for child and dependent care expenses. Attach Form 2441 47; 48 Credit for the elderly or the disabled. Attach Schedule R 48; 49 Education credits. Attach Form 8863 49; 50 Retirement savings contributions credit. Attach Form 8880 50; 51 Child tax credit (see page 37) 51; 52 Adoption credit. Attach Form 8839 52; 53 Credits from: a Form 8396 b Form 8859 53; 54 Other credits. Check applicable box(es): a Form 3800 b Form 8801 c Specify 54; 55 Add lines 46 through 54. These are your total credits 55; 56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- 56 3,704

Standard Deduction for—
• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.
• All others:
Single or Married filing separately, \$4,850
Married filing jointly or Qualifying widow(er), \$9,700
Head of household, \$7,150

Other Taxes

Table with 2 columns: Line number and Amount. Rows include: 57 Self-employment tax. Attach Schedule SE 57; 58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 58; 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59; 60 Advance earned income credit payments from Form(s) W-2 60; 61 Household employment taxes. Attach Schedule H 61; 62 Add lines 56 through 61. This is your total tax 62 3,704

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include: 63 Federal income tax withheld from Forms W-2 and 1099 63 4,000; 64 2004 estimated tax payments and amount applied from 2003 return 64; 65a Earned income credit (EIC) 65a; 65b Nontaxable combat pay election 65b; 66 Excess social security and tier 1 RRTA tax withheld (see page 54) 66; 67 Additional child tax credit. Attach Form 8812 67; 68 Amount paid with request for extension to file (see page 54) 68; 69 Other payments from: a Form 2439 b Form 4136 c Form 8885 69; 70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments 70 4,000

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

Table with 2 columns: Line number and Amount. Rows include: 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid 71 296; 72a Amount of line 71 you want refunded to you 72a 296; 72b Routing number XXXXX XXXX Type: Checking Savings; 72c Account number XXXXX XXXX XXXX XXXX XXXX; 73 Amount of line 71 you want applied to your 2005 estimated tax 73; 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 74

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include: 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 74; 75 Estimated tax penalty (see page 55) 75

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. [X] 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 Daytime phone number
INTERIOR DESIGNER
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN
Phone no.

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file		Visit the IRS website at www.irs.gov .	
b Employer identification number 56-9876543				1 Wages, tips, other compensation 45,000		2 Federal income tax withheld 4,000	
c Employer's name, address, and ZIP code NORTH CAROLINA UNIVERSITY 101 WILDCAT DR SPRUCE PINE NC 28777				3 Social security wages 45,000		4 Social security tax withheld 2,790	
				5 Medicare wages and tips 45,000		6 Medicare tax withheld 653	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-1038				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST A RESEARCH 146 KASHEN UNIVERSITY DR SPRUCE PINE NC 28777				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory <input type="checkbox"/> Retmnt. <input type="checkbox"/> Third-party <input type="checkbox"/> employee plan sick pay		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state I.D. no. NC 12345		16 State wages, tips, etc. 45,000	17 State income tax 2,000	18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Internal Revenue Service
Attn: SE:W:CAS:SP:IEF:R
5000 Ellin Road
Lanham, MD 20706

Official Business Penalty for Private Use, \$300