1040A	U.S	5. Individual Income Ta	ax Retur	<b>n</b> (99)	200	<b>)4</b> IRS U	se Only	—Do not wri	te or staple in this spa	ice.
Label	Your fir	rst name and initial	Last name				`	` (	OMB No. 1545-0085	
I .								Your soc	cial security number	
`										
B	If a join	nt return, spouse's first name and initial	Last name					Spouse's	social security number	er
Use the									1 1	
IRS label. Otherwise	Home a	address (number and street). If you have a P.	O. box, see page	18.		Ap	t. no.	A 1.	man a wha mall	<b>A</b>
Otherwise, please print R			4	mportant! .						
or type.	City, to	own or post office, state, and ZIP code. If you		u <b>must</b> enter your	r					
								/	SSN(s) above.	
Presidential								Yo	u Spouse	,
Election Campaign		<b>lote.</b> Checking "Yes" will not chan To you, or your spouse if filing a jo						Yes		
(See page 18.)			oint return, wa	बार केउ राठ go	to this		. –			
Filing	1	_ Single				person). (See page 1				
status	2	Married filing jointly (even if only one had income)  If the qualifying person is a child but not your depend								ent,
Check only one box.	3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ► ☐ Qualifying widow(er) with dependent child (see								ent child (see page 1)	<u>0</u> )
	0-	full name here. ►							Boxes	3)
Exemptions	6a	☐ Yourself. If someone of box 6a.	can claim y	ou as a c	aepen	dent, <b>do no</b>	t cned	CK (	checked on	
	b							ſ	6a and 6b	
	С	Dependents:			(3)	Dependent's	(4) √i	f qualifying	No. of children on 6c who:	
				dent's social number		ationship to		d for child	<ul><li>lived with you</li></ul>	
If more than six		(1) First name Last name	Security	/ number		you		credit (see age 21)	•	
dependents,			1	!					<ul> <li>did not live with you due</li> </ul>	
see page 20.			1	1					to divorce or separation	
									(see page 21)	
				į					Dependents	
				1					on 6c not entered above	
			i	1 1 1					_	
									Add numbers on lines	
	d	Total number of exemption	s claimed.	•					above ▶	_
Income	_		=	( ) ) 4 ( 0				_		
Attach	_7	Wages, salaries, tips, etc.	Attach Fo	rm(s) W-2				7		
Form(s) W-2	0-	Ba Taxable interest. Attach Schedule 1 if required.								
here. Also		<ul> <li>Taxable interest. Attach Schedule 1 if required.</li> <li>Tax-exempt interest. Do not include on line 8a. 8b</li> </ul>								
attach Form(s)	•						—— 9а			
1099-R if tax		Qualified dividends (see page 2)		ii require	u. 9k	`		Ja		
was withheld.	10	Capital gain distributions (		23)	31	,		10		
If you did not		IRA	doo pago		11h	Taxable an	ount	10		
get a W-2, see page 22.	ı ıu	distributions. 11a			110	(see page 2		11b		
	12a	Pensions and			12b	Taxable an		110		
Enclose, but do		annuities. 12a				(see page 2		12b		
not attach, any payment.				'						
	13	Unemployment compensa	tion and A	laska Per	mane	nt Fund divi	dends	s. 13		
	14a	Social security			14b	Taxable an	nount			
		benefits. 14a				(see page 2	26).	14b		
	15	Add lines 7 through 14b (fa		mn). This			ne.	▶ 15		
Adjusted	16	Educator expenses (see page 26).								
gross	17 IRA deduction (see page 26).									
income	18	Student loan interest dedu			18					
	19	Tuition and fees deduction			19				1	
	20	Add lines 16 through 19.	These are	your <b>total</b>	adju	stments.		20		
	04	Cubtroot line OO from !!	15 Thi- :-	VOL: *	1046-1	aroco in a	me	0.1		
	21	Subtract line 20 from line	io. IIIIS IS	your <b>adj</b> t	ารเลต	gross inco	me.	▶ 21		

Department of the Treasury-Internal Revenue Service

Form

Form 1040A	(2004	)		F	age :			
Tax,	22	Enter the amount from line 21 (adjusted gross income).		22				
credits,	00			1				
and	23a	Check	23a L					
payments	b	(   speace mas zem	23a <u> </u>	-				
Standard	ı	deductions, see page 30 and check here	23b 🔲					
Deduction for—	24	Enter your <b>standard deduction</b> (see left margin).						
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter	-0	25	+			
checked any	26	If line 22 is \$107,025 or less, multiply \$3,100 by the total number						
box on line 23a or 23b <b>or</b>		exemptions claimed on line 6d. If line 22 is over \$107,025, see the						
who can be		worksheet on page 32.		26				
claimed as a dependent,	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter	-0					
see page 31.		This is your taxable income.	<u> </u>	27				
All others:	28	Tax, including any alternative minimum tax (see page 31).		28				
Single or Married filing	29	Credit for child and dependent care expenses.						
separately,		Attach Schedule 2. 29		_				
\$4,850	30	Credit for the elderly or the disabled. Attach						
Married filing jointly or		Schedule 3. 30		_				
Qualifying	31	Education credits. Attach Form 8863. 31		_				
widow(er), \$9,700	32	Retirement savings contributions credit. Attach Form 8880. 32						
Head of	33	Child tax credit (see page 36).		_				
household, \$7,150	34	Adoption credit. Attach Form 8839. 34		_				
\$7,150	35	Add lines 29 through 34. These are your <b>total credits.</b>		_ 35				
	36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-		36	+			
	37	Advance earned income credit payments from Form(s) W-2.		37				
	38	Add lines 36 and 37. This is your <b>total tax.</b>	<b>•</b>	38				
	39	Federal income tax withheld from Forms W-2 and 1099. 39						
	40	2004 estimated tax payments and amount		_				
If you have		applied from 2003 return. 40						
a qualifying child, attach	41a	Earned income credit (EIC). 41a		_				
Schedule	b	Nontaxable combat pay election. 41b						
EIC.	42	Additional child tax credit. Attach Form 8812. 42		_				
	43	Add lines 39, 40, 41a, and 42. These are your total payments.		43	_			
Refund	44	If line 43 is more than line 38, subtract line 38 from line 43.		4.4				
Divers	45	This is the amount you overpaid.		44	_			
Direct deposit?	45a	Amount of line 44 you want <b>refunded to you.</b>	<u> </u>	45a				
See page 50	<b>▶</b> b	Routing number	vings					
and fill in 45b, 45c,			9-					
and 45d.	► d	Account number						
	46	Amount of line 44 you want applied to your		_				
	40	2005 estimated tax.						
Amount	47	Amount you owe. Subtract line 43 from line 38. For details on ho		_				
	71	to pay, see page 51.	<b>&gt;</b>	47				
you owe	48	Estimated tax penalty (see page 51). 48						
Third party		Do you want to allow another person to discuss this return with the IRS (see page 5	2)? Yes. (	Complete the following.	N			
Third party		Designee's Phone	Personal ider	ntification ———				
designee		name ▶ no. ▶ ( )	number (PIN)					
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedule						
here	of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.							
Joint return?		our signature Date Your occupation		Daytime phone numb	ser			
See page 18.				( )				
Keep a copy for your		Spouse's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation						
records.	7							
Paid			eck if	Preparer's SSN or PTIN	J			
preparer's	-	y Son	f-employed L	<u> </u>				
use only	,	Firm's name (or ours if self-employed),	EIN	( )				
,		address and ZIP code	Phone no	\ /				