<b>1040</b>	- 1	6. Individual Income Tax Re	eturn 20 <b>04</b>		(99) IRS Use	Only—Do no	t write or	staple in this space.	
	_	the year Jan. 1-Dec. 31, 2004, or other tax year be		04, endin	( )	20 ``_		DMB No. 1545-0074	
Label	_	Your first name and initial Last name						social security number	
(See L									
instructions on page 16.)	If a	If a joint return, spouse's first name and initial Last name						e's social security numbe	
Use the IRS	Ho	Home address (number and street). If you have a P.O. box, see page 16. Apt. no.					A A		
Iabel. H Otherwise, E		nie dadress (names) and streety. If you have	74			.,		▲ Important! ▲	
please print or type.	City	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.						You <b>must</b> enter your SSN(s) above.	
Presidential Election Campaign		Note. Checking "Yes" will not change	vour tax or reduce v	our re	fund		Yo	u Spouse	
(See page 16.)		Do you, or your spouse if filing a joint	•			•	Ye	s □ No □ Yes □ No	
E O	1 Single 4 Head of household (with							g person). (See page 17.)	
Filing Status	2	Married filing jointly (even if only one had income) the qualifying person is a cl						t not your dependent, ente	
Check only	3								
one box.		and full name here.		5 🗀			aepen	Boxes checked	
Exemptions  If more than four dependents, see page 18.	6a b	Yourself. If someone can claim year Spouse	•	io not	спеск рох ба		}	on 6a and 6b ——— No. of children	
	c	Dependents:	(2) Dependent's	Ť	(3) Dependent's	(4) if qua		on 6c who:	
		(1) First name Last name	social security numb	per	relationship to you	child for chi		<ul><li>lived with you</li><li>did not live with</li></ul>	
			1 1		-			you due to divorce or separation	
			1 1					(see page 18)	
			1 1					Dependents on 6c not entered above	
		Total a select of a security as also as a	<u> </u>					Add numbers on	
	d	Total number of exemptions claimed					7	lines above ▶	
Income	7 8a	Wages, salaries, tips, etc. Attach Form	` '				8a		
	oa b	Taxable interest. Attach Schedule B in Tax-exempt interest. Do not include	•	 8b			Oa		
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. Attach Schedule I					9a		
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	b			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 15b		
	15a	IRA distributions 15a  Pensions and appuities 16a			le amount (see	,	16b		
	16a 17	Pensions and annuities <b>16a b</b> Taxable amount (see page 22)  Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					17		
not attach, any payment. Also, please use Form 1040-V.	18	Farm income or (loss). Attach Schedu					18		
	19	Unemployment compensation					19		
	20a	Social security benefits . 20a	b	Taxab	le amount (see	page 24)	20b		
	21	Other income. List type and amount (s	see page 24)				21		
	22	Add the amounts in the far right column			is your <b>total in</b>	come ►	22		
Adjusted	23	Educator expenses (see page 26) .		23			-		
Gross	24	Certain business expenses of reservists, p	0 /	24					
Income	25	fee-basis government officials. Attach Fo IRA deduction (see page 26)		25			_		
	26	Student loan interest deduction (see p		26					
	27	Tuition and fees deduction (see page		27					
	28	Health savings account deduction. Att	•	28					
	29	Moving expenses. Attach Form 3903		29			_		
	30	One-half of self-employment tax. Attac	h Schedule SE	30			-		
	31	Self-employed health insurance deduc		31					
	32	Self-employed SEP, SIMPLE, and qua		32					
	33	Penalty on early withdrawal of savings		34a					
	34a 35	Alimony paid <b>b</b> Recipient's SSN ► Add lines 23 through 34a			1		35		
	36	Subtract line 35 from line 22. This is y				•	36		

Form 1040 (2004) Page 2 37 Amount from line 36 (adjusted gross income) . . . Tax and 38a Check [ You were born before January 2, 1940, Credits Spouse was born before January 2, 1940. ☐ Blind, Checked ► 38a If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ 38b □ Standard **Deduction** 39 Itemized deductions (from Schedule A) or your standard deduction (see left margin). 40 People who If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on checked any box on line 41 line 6d. If line 37 is over \$107,025, see the worksheet on page 33 . . . . . . . . . 38a or 38b or 42 42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0who can be claimed as a 43 Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 43 dependent. 44 see page 31. 44 Alternative minimum tax (see page 35). Attach Form 6251 . . . 45 All others: 45 Add lines 43 and 44 . . . . . . . . . . . . . . 46 46 Foreign tax credit. Attach Form 1116 if required Single or Married filing 47 47 Credit for child and dependent care expenses. Attach Form 2441 separately, 48 Credit for the elderly or the disabled. Attach Schedule R . . . 48 \$4.850 49 Married filing Education credits, Attach Form 8863 iointly or 50 50 Retirement savings contributions credit. Attach Form 8880. Qualifying 51 51 widow(er). \$9.700 52 52 Adoption credit. Attach Form 8839 . . . . . . . . Head of 53 **b** Form 8859 . . . 53 Credits from: a Form 8396 household. 54 Other credits. Check applicable box(es): a Form 3800 \$7,150 **b** Form 8801 c Specify \_ Add lines 46 through 54. These are your total credits 55 55 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-56 56 57 57 Self-employment tax. Attach Schedule SE . . . . . . . . . . . . . . . Other 58 58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 **Taxes** 59 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 61 Household employment taxes. Attach Schedule H 62 Add lines 56 through 61. This is your total tax 62 63 63 Federal income tax withheld from Forms W-2 and 1099 . . . **Payments** 64 64 2004 estimated tax payments and amount applied from 2003 return 65a If you have a 65a Earned income credit (EIC) . . . . . qualifying Nontaxable combat pay election ▶ 65b b child, attach 66 Excess social security and tier 1 RRTA tax withheld (see page 54) Schedule EIC. 66 67 67 Additional child tax credit. Attach Form 8812 . . . . 68 Amount paid with request for extension to file (see page 54) Other payments from: **a** Form 2439 **b** Form 4136 **c** Form 8885 . 69 69 70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments 70 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid Refund 71 72a 72a Amount of line 71 you want refunded to you . . . Direct deposit? See page 54 b Routing number ► c Type: ☐ Checking ☐ Savings and fill in 72b, d Account number 72c, and 72d. 73 Amount of line 71 you want applied to your 2005 estimated tax 74 Amount 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 ▶ You Owe Do you want to allow another person to discuss this return with the IRS (see page 56)? 

Yes. Complete the following. 
No **Third Party** Personal identification Designee's **Designee** no. number (PIN) Sign 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. Here Your signature Your occupation Daytime phone number Date Joint return? See page 17. Keep a copy Spouse's signature. If a joint return, both must sign. Spouse's occupation for your records. Date Preparer's SSN or PTIN Preparer's **Paid** Check if signature self-employed Preparer's Firm's name (or FIN Use Only yours if self-employed). address, and ZIP code Phone no.