

Label

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

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20 OMB No. 1545-0074
Your first name and initial Last name 050 Your social security number 010 020
If a joint return, spouse's first name and initial Last name 055 Spouse's social security number 030 040
Home address (number and street). If you have a P.O. box, see page 16. Apt. no. 062 080
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. 100
Presidential Election Campaign 064 066 083 087 095 097 098

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. 140 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. 150 153 5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a 160 Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b 167
6b 163 Spouse 164 165 No. of children on 6c who: 240
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 19)
*170 +171 +172 +175 +177 +178
180 181 182 185 187 188
190 191 192 195 197 198
200 201 202 205 207 208
d Total number of exemptions claimed 355

Income

357 358 362 364 7 366 367 368 369 370 371 372 373 @374 "STM nn" 375
7 378 379
8a 380
8a Taxable interest. Attach Schedule B if required 380
b Tax-exempt interest. Do not include on line 8a 8b 385
9a Ordinary dividends. Attach Schedule B if required
9a 391 394
b Qualified dividends (see page 23) 392 "F8814" 9b 396
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 420
11 Alimony received 11 430
12 Business income or (loss). Attach Schedule C or C-EZ 12 440
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 447 450
14 Other gains or (losses). Attach Form 4797 14 460 "F4684" 470
15a IRA distributions 15a 475 b 477 "ROLLOVER" Taxable amount (see page 25) 15b @479 "STM nn" 480
16a Pensions and annuities 16a 485 b Taxable amount (see page 25) 16b 487 "ROLLOVER" 495
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 510
18 Farm income or (loss). Attach Schedule F 18 520
19 Unemployment compensation 19 552
20a Social security benefits 545 "D" "LSE" 20a 553 b Taxable amount (see page 27) 20b 557
21 Other income. List type and amount (see page 29) *560 +570 / *574 +577 21 590
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 600

Adjusted Gross Income

23 Educator expenses (see page 29) 23 623
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 624
25 Health savings account deduction. Attach Form 8889 25 635
26 Moving expenses. Attach Form 3903 26 637
27 One-half of self-employment tax. Attach Schedule SE 27 640
28 Self-employed SEP, SIMPLE, and qualified plans 28 650
29 Self-employed health insurance deduction (see page 30) 29 670
30 Penalty on early withdrawal of savings 30 680
31a Alimony paid b Recipient's SSN *693 "STM nn" 31a +695 697
32 IRA deduction (see page 31) 32 700
33 Student loan interest deduction (see page 33) 33 702
34 Tuition and fees deduction (see page 34) 34 705
35 Domestic production activities deduction. Attach Form 8903 35 710
36 Add lines 23 through 31a and 32 through 35 *720 +730 732 733 735 36 740
37 Subtract line 36 from line 22. This is your adjusted gross income 37 750



Tax and Credits

38 Amount from line 37 (adjusted gross income) 774
39a Check if: You were born before January 2, 1941 774 Blind 778 Spouse was born before January 2, 1941 776 Blind 778 checked 39a 783
b If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here 39b 786
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 787 "SECT" 933 789
41 Subtract line 40 from line 38 800
42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d 810
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 820
44 Tax (see page 37). Check if any tax is from: a 853 Form(s) 8814 b 886 Form 4972 890 "ECR" 900
45 Alternative minimum tax (see page 39). Attach Form 6251 918
46 Add lines 44 and 45 920
47 Foreign tax credit. Attach Form 1116 if required 47 922
48 Credit for child and dependent care expenses. Attach Form 2441 48 925
49 Credit for the elderly or the disabled. Attach Schedule R 49 930
50 Education credits. Attach Form 8863 50 935
51 Retirement savings contributions credit. Attach Form 8880 51 937
52 Child tax credit (see page 41). Attach Form 8901 if required 52 940
53 Adoption credit. Attach Form 8839 53 960
54 Credits from: a 985 Form 8396 990 Form 8859 1000
55 Other credits. Check applicable box(es): a 1005 Form 8801 b 1006 Form 1010 1015 @1016 "STMbnn"
56 Add lines 47 through 55. These are your total credits 56 1020
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57 1030 1035

Other Taxes

58 Self-employment tax. Attach Schedule SE 58 1040
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59 1070 "RRTA" 1080
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60 1095 "NO" 1100
61 Advance earned income credit payments from Form(s) W-2 61 1105
62 Household employment taxes. Attach Schedule H 62 1107
63 Add lines 57 through 62. This is your total tax 63 1124 1126 1128 1129

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 1150 "Form b1099" 1160
65 2005 estimated tax payments and amount applied from 2004 return 65 1170 @1173 "STM nn"
66a Earned income credit (EIC) 66a 1180 1183 "CLERGY" or "NO"
b Nontaxable combat pay election 66b 1185
67 Excess social security and tier 1 RRTA tax withheld (see page 59) 67 1188
68 Additional child tax credit. Attach Form 8812 68 1192
69 Amount paid with request for extension to file (see page 59) 69 1197
70 Payments from: 1202 Form 2439 b 1205 Form 4136 c 1208 Form 8885 70 1210 1245 "FORM 8689" 1246
71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments 71 1250

Refund

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

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid 72 1260
73a Amount of line 72 you want refunded to you 73a 1270
b Routing number 1272 c Type: Checking Savings
d Account number 1278
74 Amount of line 72 you want applied to your 2006 estimated tax 74 1280

Amount You Owe

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60 75 1290
76 Estimated tax penalty (see page 60) 76 1276

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? 1303 Yes. Complete the following. 1305

Designee's name 1307 Phone no. 1309 Personal identification number (PIN) 1313

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 1321 Date Your occupation 1323 Daytime phone number () 1328 1329
Spouse's signature. If a joint return, both must sign. 1324 1325 1326 Date Spouse's occupation 1327

Paid Preparer's Use Only

Preparer's signature 1338 "IRS-PREPARED" 1340 "IRS-REVIEWED" 1340 Date 1350 Check if self-employed Preparer's SSN or PTIN 1360
Firm's name (or yours if self-employed), address, and ZIP code 1390 1400 1410 EIN 1380 Phone no. 1420

