1040A	U.S	. Individual Incon	ne Tax	x Ret	turn (99)	20	004	IRS Us	se Only-	—Do not writ	te or staple in this s	space.	
Label	Your fir	rst name and initial		Last nan	ne				,	`	OMB No. 1545-0085	ō	
(See page 18.)										Your soc	ial security number	ər	
A B										i	1 1		
E	If a join	nt return, spouse's first name and ini	tial	Last nan	ne					Spouse's	social security num	ıber	
IDC lobel	L												
Otherwise.	Home a	e address (number and street). If you have a P.O. box, see page 18. Apt. no.							▲ Important! ▲				
please print R	City to	town or post office, state, and ZIP code. If you have a foreign address, see page 18.								4	You must enter your		
or type.	Oity, to	town or post office, state, and zir code. If you have a foreign address, see page 18.							SSN(s) above.				
Presidential													
Election Campaign	ı N	lote. Checking "Yes" will no	ot chang	e your t	tax or reduce	your re	fund.			You	u Spous	se	
(See page 18.)		o you, or your spouse if fili	ng a join	nt return	, want \$3 to	go to th	is fund?.		. ▶	Yes	NoYes _	No	
Filing	1 🗆	Single				4 [Head of	househ	old (wi	th qualifying	person). (See pag	e 19.)	
status Check only 2 ☐ Married filing jointly (even if only one had income) 3 ☐ Married filing separately. Enter spouse's SSN above and enter this child's name here. ▶													
one box.		full name here. ▶				5 _				-	ent child (see page	: 19)	
Exemptions	6a	☐ Yourself. If some		an clai	m you as a	a depe	ndent, d	o not	chec	ck)	Boxes checked on		
	b	□ Spouse box 6a.	•								6a and 6b		
		Dependents:				19	(3) Dependent's		(4) Vi	f qualifying	No. of children on 6c who:		
					pendent's soc urity number	all `		ationship to		for child credit (see	lived with you		
If more than six		(1) First name Last name	me	360	unity number		you			age 21)	did not live	-	
dependents,					 						with you due		
see page 20.					!						to divorce or separation		
				- !							(see page 21)		
											Dependents on 6c not		
				į		-					entered above		
				- :	<u> </u>						Add numbers		
	d	Total number of exen	notions	claim	ed						on lines above		
Income		Total Hamber of exem	рионо	Olaiiii							above P	\equiv	
	7	Wages, salaries, tips	, etc. A	Attach	Form(s) W	-2.				7			
Attach Form(s) W-2					, ,								
here. Also		Taxable interest. Atta								8a			
attach		Tax-exempt interest. Do not include on line 8a. 8b											
Form(s) 1099-R if tax	9a							9a		_			
was withheld.		Qualified dividends (see page 23).				9b							
16	10	Capital gain distributions (see page 23). IRA						10		-			
If you did not get a W-2, see page 22.	па		la			111	(see pa			11b			
	12a	Pensions and	ıa			12k				110		+-	
Enclose, but do	124		2a				(see pa			12b			
not attach, any payment.							, ,		,				
	13	Unemployment comp	pensati	ion an	d Alaska F	ermar	ent Func	divid	dends	s. 13			
	14a	Social security				14b Taxable amount							
		benefits. 14	1a				(see pa	age 2	6).	14b_			
	15	Add lines 7 through 1	1h (for	riaht a	olumn) Th	o io vo	ur total i	naam		45			
Adinatad	15 16	Add lines 7 through 14b (far right column). This is your total income . Educator expenses (see page 26).							15				
Adjusted	17	Educator expenses (see page 26). 16 IRA deduction (see page 26). 17											
gross	18	Student loan interest deduction (see page 29). 18											
income	19	Tuition and fees deduction (see page 29).											
	20	Add lines 16 through 19. These are your total adjustments. 20											
						_							
	21	Subtract line 20 from	<u>line</u> 1	5. This	s is your a	djuste	d gross	incor	ne.	▶ 21			

Department of the Treasury-Internal Revenue Service

Form

Form 1040A	(2004					F	Page
Tax,	22	Enter the amount from line 21 (adjusted gross inco	me).			22	
credits,						1	
and	23a	,	lind Total bo		,		
payments	h		lind checked		sa <u> </u>	ļ	
Standard	b	If you are married filing separately and your sp deductions, see page 30 and check here	ouse itemiz	es ▶ 23	≀h □		1
Deduction	24	Enter your standard deduction (see left margin).		20		24	
for—	25	Subtract line 24 from line 22. If line 24 is more than	n line 22 en	ter -0-		25	+
 People who checked any 	26	If line 22 is \$107,025 or less, multiply \$3,100 by the	•		•	20	+-
box on line 23a or 23b or	20	exemptions claimed on line 6d. If line 22 is over \$1					
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	n line 25, en	ter -0-			
see page 31.		This is your taxable income.				27	
All others:	28	Tax, including any alternative minimum tax (see pa	ıge 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).	33			-	
household, \$7,150	34	Adoption credit. Attach Form 8839.	34		-	-	
Ψ1,130	35	Add lines 29 through 34. These are your total cred				- 35	
	36	Subtract line 35 from line 28. If line 35 is more than li		-0		36	+
	37	Advance earned income credit payments from Form				37	
	38	Add lines 36 and 37. This is your total tax.	· /			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	<u>41a</u>	Earned income credit (EIC).	41a			-	
Schedule EIC.	b	Nontaxable combat pay election. 41b					
EIO.	42	Additional child tax credit. Attach Form 8812.	42				1
	43	Add lines 39, 40, 41a, and 42. These are your tota		ı		43	_
Refund	44	If line 43 is more than line 38, subtract line 38 from This is the amount you overpaid.	i line 43.			44	
Direct	45a	Amount of line 44 you want refunded to you.				45a	+
deposit?	► b	Bouting	_			434	
See page 50 and fill in		number	hecking \square	Saving	ļS		
45b, 45c,	▶ d	Account Account	$\overline{}$				
and 45d.		number				_	
	46	Amount of line 44 you want applied to your					
		2005 estimated tax.	46			-	
Amount	47	Amount you owe. Subtract line 43 from line 38. Fo	or details on	how			
you owe	40	to pay, see page 51.	40		<u> </u>	4/	
	48	Estimated tax penalty (see page 51).	48	- 50\0		Name alaka dan fallandan	
Third party		Do you want to allow another person to discuss this return with the	ne IRS (see pag	,	_	complete the following.	N
designee		Designee's Phone no. ▶ ()		ersonal iden umber (PIN)	tification	
Sign		Jnder penalties of perjury, I declare that I have examined this return and ac	companying sch	edules an	d statements	s, and to the best of my	
here		knowledge and belief, they are true, correct, and accurately list all amounts and preparer (other than the taxpayer) is based on all information of which the				the tax year. Declaration	
Joint return?			Your occupation	,	J	Daytime phone numl	ber
See page 18.						()	
Keep a copy for your		Spouse's signature. If a joint return, both must sign. Date S	Spouse's occupat	ion			
records.							
Paid		Preparer S	ate	Check if		Preparer's SSN or PTIN	1
preparer's	-	signature	self-emp		<u> </u>		
use only		Firm's name (or yours if self-employed),			IN	1	
oy		address, and ZIP code		P	hone no.	()	