2004

Publication 3194

Laminated Tax Forms



The IRS Mission

Provide America's taxpayers top quality service by helping them understand and meet their tax responsibilities and by applying the tax law with integrity and fairness to all.

Reproducible Copies of Federal Tax Forms

Publication 3194 contains reproducible copies of tax forms. These forms may be reproduced and filed with the Internal Revenue Service.

The following products are included in this publication:

Publication 2053-B, Join in the Programs

Form 1040, U.S. Individual Income Tax Return

Form 1040A, U.S. Individual Income Tax Return

Form 1040EZ, Income Tax Return for Single and Joint Filers With No Dependents

Form 1040 Sch. A&B, Itemized Deductions/Interest and Ordinary Dividends

Form 1040 Sch. C, Profit or Loss From Business

Form 1040 Sch. D, Capital Gains and Losses

Form 1040 Sch. E, Supplemental Income and Loss

Form 1040 Sch. EIC, Earned Income Credit

Form 1040 Sch. SE, Self-Employment Tax

Form 1040X, Amended U.S. Individual Income Tax Return

Form 2106, Employee Business Expenses

Form 2441, Child and Dependent Care Expenses

Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return

Form 6251, Alternative Minimum Tax - Individuals

Form 8822, Change of Address

Form 8863, Education Credits (Hope and Lifetime Learning Credits)

Helpful Hints

- To obtain clean, clear copies, follow the machine instructions completely.
- Do not tear or destroy the original copy.
- Handle all originals with care.
- Do not remove the publication or original from this location.

Quick and Easy Access To Tax Products

To obtain products that are not included in this publication, see inside for additional information about other sources for tax material and assistance.



Don't guess whether you qualify for the EITC. Know!



The EITC is a tax credit for people who work hard and don't make much money. You must meet certain requirements to be eligible.

There's a lot to know about qualifying for the Earned Income Tax Credit. But the most important thing to know is you can get help figuring it all out.

Find out if you qualify for the EITC.
Call 1-800-829-3676 for the free IRS Publication 596, *Earned Income Credit*. Visit us on the web at **www.irs.gov/eitc**, call 1-800-TAX-1040 or ask your tax preparer if you qualify. When it comes to getting help claiming everything you honestly deserve, **consider it done!**

Join In The Programs

Community Based Outlet Programs

The Internal Revenue Service and local community businesses and government across the United States are working together to increase accessibility of tax materials to the public.



Copy Center Program

Through this program, copy centers can offer taxpayers a wide variety of IRS forms with instructions for photocopying.



Credit Union Program

The IRS provides credit unions with a variety of reproducible tax materials to make available to their members



Grocery Store/Pharmacy Program

Grocery stores and pharmacies are provided laminated tax forms, which they may attach to a self-service photocopy machine.



City and County Governments Program

City and County government agencies are provided a variety of tax products so that the community will have easy access to federal tax materials and information.



Corporate Partnership Program

This program provides employers, of 100 or more employees, with a free copy of the **Publication 1796**, *Federal Tax Products* on CD-ROM. The employer can load this information on their Intranet or local area network so employees can access information.

 For further information on any of the above programs contact our Customer Service Representative at 1-916-636-7705.



Post Office Program

The IRS supplies various tax materials to over 16,000 post offices nationwide. These include individual forms, schedules and instructions.



Library Program

Participating libraries make available forms, schedules and instructions in either reproducible format, or bulk forms. Currently over 11,000 libraries participate in this program.

 Post offices and libraries may contact the IRS at 1-800-829-2765.

General Assistance Information

Earned Income Tax Credit

Find out if you're eligible. **Call 1-800-829-3676** for our free IRS **Publication 596**, *Earned Income Credit*, or visit our web site at **www.irs.gov**.



61 Million People Know the Quick, Easy, Smart Way to Get Their Taxes DONE!

IRS e-file is the fastest, easiest and most convenient way to file your income tax return. So easy, millions of people prefer to e-file over filing a paper tax return. You can e-file through a tax professional, a personal computer, or if you receive a TeleFile Tax Package, over the telephone. With IRS e-file, your return is quickly checked for errors or other missing information and you receive a receipt that your return was accepted for processing within 48 hours. You also get your refund in half the time as paper filers do and even faster with Direct Deposit. Sign your return electronically and file a completely paperless return. And if you have a balance due, you can file early and authorize an electronic funds withdrawl from your checking or savings account or pay by credit card up to and including April 15, 2005. Millions of taxpayers are eligible to use FREE FILE services accessible through IRS.gov. FREE FILE allows you to use free online commercial tax preparation software and e-file services to file your federal income tax return. If you don't qualify for FREE FILE other low-cost electronic filing options are available on our Partners Page located on IRS.gov.

For more information about this fast, convenient filing method, visit www.irs.gov.

Do more than surf the web with your computer. Do your taxes that way too.

Taxpayer Advocacy Panel (TAP)

The IRS Taxpayer Advocacy Panel is an independent volunteer advisory group appointed by the Secretary of the Treasury. The TAP assists the IRS in identifying ways and methodologies of improving service and customer satisfaction. For more information, visit their web site at www.improveirs.org.

Taxpayer Advocate Service

If you have an ongoing issue with the IRS that has not been resolved through normal channels, or are about to suffer a significant hardship as a result of the application of the tax laws, contact the Taxpayer Advocate Service for assistance at 1-877-777-4778.



Quick and Easy Access to IRS Tax Help and Tax Products



Personal Computer

You can access the IRS website 24 hours a day, 7 days a week, at **www.irs.gov** to:

- Access commercial tax preparation and e-file services available for FREE to eligible taxpayers
- Check the status of your 2004 refund
- Download forms, instructions, and publications
- Order IRS products online
- See answers to frequently asked tax questions
- Search publications online by topic or keyword
- Figure your withholding allowances using our Withholding Calculator
- Send us comments or request help by email
- Sign up to receive local and national tax news by email



Mail

Send your order for tax products to the Distribution Center nearest you. You should receive your products within 10 days after we receive your order.

Western part of U.S.

Western Area Distribution Center Rancho Cordova, CA 95743-0001

Central part of U.S.

Central Area Distribution Center P.O. Box 8903 Bloomington, IL 61702-8903

Eastern part of U.S. and foreign addresses:

Eastern Area Distribution Center P.O. Box 85074 Richmond, VA 23261-5074



IRS TaxFax Service

Dial 703-368-9694 from your fax machine to get up to 3 items per call. Long-distance charges may apply. Follow the directions of the prompts and your items will be immediately faxed back to you.

For help with transmission problems, call the FedWorld Help Desk at **(703) 487-4608.**



Phone

Obtain forms, instructions, and publications by calling:

1-800-829-3676 to order current year forms, instructions, and publications and prior year forms and instructions. You should receive your order within 10 days.



Walk-In

Pick up certain forms, instructions and publications at many post offices, libraries and IRS offices. Some grocery stores, copy centers, city and county government offices, credit unions and office supply stores have a collection of reproducible tax forms available to photocopy or print from a CD-ROM.



CD-ROM

Order IRS Publication 1796, Federal Tax Products on CD-ROM, and obtain:

- Current tax forms, instructions, and publications
- Prior-vear tax forms and instructions
- Popular tax forms which may be filled-in electronically, printed out for submission, and saved for recordkeeping
- Internal Revenue Bulletin

Purchase the CD-ROM via Internet at http://www.irs.gov/cdorders from the National Technical Information Service (NTIS) for \$22 (no handling fee). Order by phone at 1-877-CDFORMS (1-877-233-6767) for \$22 (plus \$5 handling fee).

Availability: First release—early January Final release—late February

Minimum System Requirements:

The 2004 Federal Tax Products CD-ROM can be used with the following operating systems (Windows 98SE, NT 4 (w/ SP 6), ME, 2000 (w/ SP 2), XP; Mac OS X v.10.2.2-10.3). It requires a minimum of 64 MB RAM, 128 MB RAM recommended; and a minimum of 120 MB available hard drive space. System requires either an Intel® Pentium® processor or PowerPC® G3 processor. Software is provided to view, search, fill-in and save forms using the free Adobe® Reader® 6.02. IRS applies document rights to their PDF forms so they can be filled in and saved locally using the free Adobe Reader. Some forms on the CD-ROM are intended as information only and may not be filled in and submitted as an official IRS form (e.g., Forms 1099, W-2, and W-3). Additionally, this CD-ROM does not support electronic filing.

1040	- 1	6. Individual Income Tax Re	2004	. ∣	(J) IRS Use	Only—Do no	t write or	staple in this space.
	For	the year Jan. 1-Dec. 31, 2004, or other tax year beg	ginning , 20	04, endir		20 ``_		DMB No. 1545-0074
Label	You	ur first name and initial	Last name				Your	social security number
(See L A								
instructions on page 16.)	If a	joint return, spouse's first name and initial	Last name				Spous	e's social security numbe
Use the IRS Label.	Ho	me address (number and street). If you have	a P.O. box, see page 10	6.	Apt. n	o. [
Otherwise,	1	, ,	, ,		'			Important!
please print or type.	City	y, town or post office, state, and ZIP code. If	f you have a foreign add	lress, se	ee page 16.			ou must enter our SSN(s) above.
Presidential Election Campaign		Note. Checking "Yes" will not change	vour tay or reduce v	OUR ro	fund		Yo	u Spouse
(See page 16.)		Do you, or your spouse if filing a joint	•				Ye	s □ No □ Yes □ No
	1	Single		4	Head of housel	nold (with d	qualifyin	g person). (See page 17.)
Filing Status	2	Married filing jointly (even if only one	e had income)		. ,		child bu	t not your dependent, ente
Check only	3	Married filing separately. Enter spou	ıse's SSN above		this child's nam			
one box.		and full name here. ▶		5 🗀			າ depen າ	dent child (see page 17) Boxes checked
Exemptions	6a b	Yourself. If someone can claim yourself.	•	do not	check box 6a		}	on 6a and 6b ——— No. of children
Exciliptions	C	Spouse	(2) Dependent's		(3) Dependent's	(4) if qua	ifying	on 6c who:
		(1) First name Last name	social security numb	oer	relationship to you	child for chi		lived with youdid not live with
			1 1				<u> </u>	you due to divorce or separation
If more than four dependents, see			1 1					(see page 18)
page 18.			1 1					Dependents on 6c not entered above
								Add numbers on
	d	Total number of exemptions claimed				<u> </u>		lines above ▶
Income	7	Wages, salaries, tips, etc. Attach Forn	` '				7	
	8a	Taxable interest. Attach Schedule B if	•	 8b			8a	
Attach Form(s) W-2 here. Also	b 9a	Tax-exempt interest. Do not include Ordinary dividends. Attach Schedule E		OD			9a	
attach Forms	b			9b				
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of		ne taxe	es (see page 2	0)	10	
was withheld.	11					,	11	
	12	Business income or (loss). Attach Sch	nedule C or C-EZ .				12	
	13	Capital gain or (loss). Attach Schedule	e D if required. If not	require	ed, check here	▶ □	13	
If you did not	14	Other gains or (losses). Attach Form 4	1797				14	
get a W-2, see page 19.	15a	IRA distributions 15a			ole amount (see	,	15b	
	16a	Pensions and annuities 16a			ole amount (see	0 /	16b	
Enclose, but do not attach, any	17	Rental real estate, royalties, partnershi					18	
payment. Also,	18 19	Farm income or (loss). Attach Schedu Unemployment compensation					19	
please use Form 1040-V.	20a	Social security benefits . 20a		· · · Taxab	le amount (see	page 24)	20b	
	21	Other income. List type and amount (s					21	
	22	Add the amounts in the far right column	n for lines 7 through 2	1. This	is your total in	come 🕨	22	
Adjusted	23	Educator expenses (see page 26) .		23			_	
Gross	24	Certain business expenses of reservists, p	0 ,	04				
Income	0.5	fee-basis government officials. Attach Fo		25				
moonic	25 26	IRA deduction (see page 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	ction (see page 30)	31				
	32	Self-employed SEP, SIMPLE, and qua		32				
	33	Penalty on early withdrawal of savings		33				
	34a	Alimony paid b Recipient's SSN ►		34a			35	
	35 36	Add lines 23 through 34a 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 \[\subseteq \textbf{You} \text{ were born before January 2, 1940,} \] 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.

1040A	U.S	. Individual Ind	come Ta	x Re	turn		200	04 (J) IRS U	se Only-	—Do	not writ	te or staple in this s	space.
Label	Your fir	rst name and initial		Last nar	ne					`\	C	OMB No. 1545-008	5
(See page 18.)											our soc	ial security numb	er
A B										<u> </u>		1 1	
E	If a join	nt return, spouse's first name	and initial	Last nar	me					: 8	Spouse's	social security nun	nber
IDC lobel	<u> </u>					_				-		<u> </u>	
Otherwise E	1	address (number and street).	If you have a P.C	J. box, see	page 18	5.		Ap	t. no.	ı	A I	mportant	! A
please print R	City to	wn or post office, state, and	7IP code If you	have a fore	ian add	rece see nad	o 18			┨		ı must enter yo	
or type.	Oity, to	wit of post office, state, and	Zii code. ii you	nave a lore	igii add	ress, see pag	6 10.)		SSN(s) above.	Jui
Presidential										-			
Election Campaign	ı 🕟 N	lote. Checking "Yes"	will not chan	ge your	tax or	reduce yo	ur refu	nd.			You	u Spou	se
(See page 18.)		o you, or your spouse	e if filing a joi	int return	n, wan	t \$3 to go	to this	fund?	. ▶		Yes	□ No □ Yes □	No
Filing	1	Single					4 🗌	Head of housel	hold (wi	th qı	ualifying	person). (See pag	e 19.)
status	2	Married filing jointly	(even if only	one ha	d inco	me)		If the qualifying	persor	is a	a child b	out not your deper	
Check only	3	☐ Married filing separ	ately. Enter s	spouse's	SSN	above and	d	enter this child					
one box.		full name here. ►					5 🗌	, ,	,		depende	ent child (see page	9 19)
Exemptions	6a			an clai	m yo	ou as a c	lepen	dent, do no	t chec	ck)	Boxes checked on	
	b		x 6a.									6a and 6b	
		Dependents:					(2)	Dependent's	(4) Vi	f qua	alifying	No. of children on 6c who:	
		_ 0,000.000.000			•	nt's social	٠,	ationship to	child	for	child t (see	lived with you	
If more than six		(1) First name La	st name	Sec	unity ii	number		you		age 2		did not live	
dependents,						1 1 1						with you due	
see page 20.												to divorce or separation	
	-					! !				$\underline{\sqcup}$		(see page 21)	
										\underline{H}		Dependents on 6c not	
										$\frac{H}{H}$		entered above	
										Ш		Add numbers	
	d	Total number of	exemption	s claim	ned							on lines above ▶	
Income		Total Hamber of C	oxomption.	o olalii								ubovo r	
	7	Wages, salaries,	tips, etc.	Attach	Forn	n(s) W-2					7		
Attach Form(s) W-2			•										
here. Also		Taxable interest.					d				8a		
attach		Tax-exempt inte					. 8	0					
Form(s) 1099-R if tax	9a	Ordinary dividend				t require		_			9a		
was withheld.	10	Qualified dividen Capital gain dist	<u> </u>			3/	91	3			10		
If you did not		IRA	indutions (see pa	ge 20	ار. ا	11h	Taxable am	ount		10		
get a W-2, see		distributions.	11a					(see page 2			11b		
page 22.	12a	Pensions and					12b						
Enclose, but do not attach, any		annuities.	12a					(see page 2			12b		
payment.													
	13	Unemployment of	compensa	tion an	d Ala	aska Per				3.	13		
	14a	Social security	4.4				14b	Taxable am			4.41		
		benefits.	14a					(see page 2	26).		14b		
	15	Add lines 7 throu	ah 14h (far	riaht c	colum	n) This	is vou	r total incon	ne.		15		
Adjusted	16	Educator expens	<u> </u>			,. 11110	16			_	10		
gross	17	IRA deduction (s			, .		17				_		
income	18	Student loan inte			see p	age 29).	18				_		
HICOHIC	19	Tuition and fees					19				_		
	20	Add lines 16 thro	ough 19. T	hese a	are yo	our total	adju	stments.			20		
											<u>.</u>		
	21	Subtract line 20	trom line	15. Thi	s is y	∕our adj ı	usted	gross inco	me.		21		

Department of the Treasury-Internal Revenue Service

Form

Form 1040A	(2004)		ŀ	Page :
Tax,	22	Enter the amount from line 21 (adjusted gross income).		22	
credits,	00			1	
and	23a	Check			
payments	b	(speace mas zero camas, z, 10 to, zmma, encentar.)	23a <u> </u>	<u>-</u>	
Standard	b	deductions, see page 30 and check here	23b 🔲		
Deduction for—	24	Enter your standard deduction (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 or		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.		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 Schedule 3.			
Married filing jointly or	21	Schedule 3. 30 Education credits. Attach Form 8863. 31		_	
Qualifying	31 32	Retirement savings contributions credit. Attach		_	
widow(er), \$9,700	32	Form 8880. 32			
Head of	33	Child tax credit (see page 36).		-	
household, \$7,150	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	
	37	Advance earned income credit payments from Form(s) W-2.		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 a qualifying		applied from 2003 return. 40		_	
child, attach	<u>41a</u>	Earned income credit (EIC). 41a		_	
Schedule EIC.	<u>b</u>	Nontaxable combat pay election. 41b Additional child tax credit. Attach Form 8812. 42			
	42 43	Additional child tax credit. Attach Form 8812. 42 Add lines 39, 40, 41a, and 42. These are your total payments .	•	43	1
	44	If line 43 is more than line 38, subtract line 38 from line 43.		40	+
Refund	77	This is the amount you overpaid.		44	
Direct	45a	Amount of line 44 you want refunded to you.	•	45a	+
deposit? See page 50	▶ b	Routing Till Till Till Till Till Till Till Til			
and fill in		number	avings		
45b, 45c,	▶ d	Account			
and 45d.		number		_	
	46	Amount of line 44 you want applied to your			
		2005 estimated tax. 46		_	1
Amount	47	Amount you owe. Subtract line 43 from line 38. For details on ho		47	
you owe	48	to pay, see page 51. Estimated tax penalty (see page 51). 48		47	
		Do you want to allow another person to discuss this return with the IRS (see page 5	:2\2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Complete the following.	
Third party			,		г
designee		Designee's Phone no. ▶ ()	Personal iden number (PIN)		
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedule	es and statement	ts, and to the best of my	
here		knowledge and belief, they are true, correct, and accurately list all amounts and sources of income of preparer (other than the taxpayer) is based on all information of which the preparer has any k		the tax year. Declaration	
Joint return?	,	Your signature Date Your occupation		Daytime phone numb	ber
See page 18.				()	
Keep a copy for your		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation			
records.	7				
Paid			eck if	Preparer's SSN or PTIN	1
preparer's	-		f-employed L	1	
use only	,	cirm's name (or vours if self-employed),	EIN	()	
,		address and ZIP code	Phone no	()	

Department of the Treasury—Internal Revenue Service Form **Income Tax Return for Single and** 2004 **1040EZ Joint Filers With No Dependents** OMB No. 1545-0675 Your first name and initial Your social security number Label (See page 11.) If a joint return, spouse's first name and initial Last name Spouse's social security number Use the IRS label. Home address (number and street). If you have a P.O. box, see page 11. Apt. no Otherwise. ▲ Important! н please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. You must enter your or type. SSN(s) above. Presidential Election You **Spouse** Note. Checking "Yes" will not change your tax or reduce your refund. Campaign (page 11) Do you, or your spouse if a joint return, want \$3 to go to this fund? . Yes No Yes Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. **Income** Attach your Form(s) W-2. Attach Form(s) W-2 2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. here. Enclose, but Unemployment compensation and Alaska Permanent Fund dividends do not attach. 3 (see page 13). any payment. Add lines 1, 2, and 3. This is your adjusted gross income. 4 Can your parents (or someone else) claim you on their return? Note. You Enter amount from If single, enter \$7,950. Yes. No. must check If married filing jointly, enter \$15,900. worksheet on back. Yes or No. 5 See back for explanation. Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income. 6 **Payments** 7 Federal income tax withheld from box 2 of your Form(s) W-2. and tax 8a Earned income credit (EIC). 8a **b** Nontaxable combat pay election. 8b 9 9 Add lines 7 and 8a. These are your total payments. 10 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 24-32 of the booklet. Then, enter the tax from the table on this line. 10 Refund 11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. 11a Have it directly deposited! See page 18 and fill in 11b, 11c, **b** Routing number and 11d. d Account number **Amount** If line 10 is larger than line 9, subtract line 9 from line 10. This is 12 the amount you owe. For details on how to pay, see page 19. you owe Do you want to allow another person to discuss this return with the IRS (see page 19)? Yes. Complete the following. No Third party Designee's Personal identification designee number (PIN) name no. 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 Sign 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. here Daytime phone number Your signature Date Your occupation Joint return? See page 11.

Date

Preparer's

signature

Firm's name (or

yours if self-employed), address, and ZIP code

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

Кеер а сору

preparer's

use only

for your records.

Paid

Check if

self-employed

EIN

Phone no.

Spouse's occupation

Date

Preparer's SSN or PTIN

Form 1040EZ (2004) Page **2**

Use this form if

• Your filing status is single or married filing jointly. If you are not sure about your filing status, see page 11.

- You (and your spouse if married filing jointly) were under age 65 and not blind at the end of 2004. If you were born on January 1, 1940, you are considered to be age 65 at the end of 2004.
- You do not claim any dependents. For information on dependents, use TeleTax topic 354 (see page 6).
- Your taxable income (line 6) is less than \$100,000.
- You do not claim any adjustments to income. For information on adjustments to income, use TeleTax topics 451-458 (see page 6).
- The only tax credit you can claim is the earned income credit. For information on credits, use TeleTax topics 601-608 and 610 (see page 6).
- You had only wages, salaries, tips, taxable scholarship or fellowship grants, unemployment compensation, or Alaska Permanent Fund dividends, and your taxable interest was not over \$1,500. But if you earned tips, including allocated tips, that are not included in box 5 and box 7 of your Form W-2, you may not be able to use Form 1040EZ (see page 12). If you are planning to use Form 1040EZ for a child who received Alaska Permanent Fund dividends, see page 13.
- You did not receive any advance earned income credit payments. If you cannot use this form, use TeleTax topic 352 (see page 6).

Filling in your return

For tips on how to avoid common mistakes, see page 20.

If you received a scholarship or fellowship grant or tax-exempt interest income, such as on municipal bonds, see the booklet before filling in the form. Also, see the booklet if you received a Form 1099-INT showing federal income tax withheld or if federal income tax was withheld from your unemployment compensation or Alaska Permanent Fund dividends.

Remember, you must report all wages, salaries, and tips even if you do not get a Form W-2 from your employer. You must also report all your taxable interest, including interest from banks, savings and loans, credit unions, etc., even if you do not get a Form 1099-INT.

Worksheet for dependents who checked "Yes" on line 5

(keep a copy for your records)

Use this worksheet to figure the amount to enter on line 5 if someone can claim you (or your spouse if married filing jointly) as a dependent, even if that person chooses not to do so. To find out if someone can claim you as a dependent, use TeleTax topic 354 (see page 6).

A. Amount, if any, from line 1 on front		_		
•	+ 250.00	Enter total ▶	A	
B. Minimum standard deduction			В	800.00
C. Enter the larger of line A or line B l	nere		C	
D. Maximum standard deduction. If sing filing jointly, enter \$9,700			D	
E . Enter the smaller of line C or line D deduction	•		E	
F. Exemption amount.)		
• If single, enter -0				
 If married filing jointly and— 			F.	
—both you and your spouse can be—only one of you can be claimed as				

G. Add lines E and F. Enter the total here and on line 5 on the front . . **G. If you checked "No" on line 5** because no one can claim you (or your spouse if married filing jointly) as a dependent, enter on line 5 the amount shown below that applies to you.

- Single, enter \$7,950. This is the total of your standard deduction (\$4,850) and your exemption (\$3,100).
- Married filing jointly, enter \$15,900. This is the total of your standard deduction (\$9,700), your exemption (\$3,100), and your spouse's exemption (\$3,100).

Mailing return

Mail your return by **April 15, 2005.** Use the envelope that came with your booklet. If you do not have that envelope or if you moved during the year, see the back cover for the address to use.

SCHEDULES A&B

Department of the Treasury

(Form 1040)

(Schedule B is on back)

Schedule A—Itemized Deductions

OMB No. 1545-0074 Attachment Sequence No. 07

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040). Name(s) shown on Form 1040 Your social security number Medical Caution. Do not include expenses reimbursed or paid by others. 1 and Medical and dental expenses (see page A-2) . . . Dental 2 Enter amount from Form 1040, line 37 | 2 Multiply line 2 by 7.5% (.075). **Expenses** 3 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-4 Taxes You 5 State and local (check only one box): 5 Paid a Income taxes, or **b** General sales taxes (see page A-2) (See page A-2.) Real estate taxes (see page A-3). 6 6 7 Personal property taxes 7 8 Other taxes. List type and amount ▶ 8 Add lines 5 through 8 9 9 10 Interest 10 Home mortgage interest and points reported to you on Form 1098 You Paid 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-4 (See page A-3.) and show that person's name, identifying no., and address 11 Note. Personal Points not reported to you on Form 1098. See page A-4 interest is 12 not deductible. 13 Investment interest. Attach Form 4952 if required. (See 13 14 Add lines 10 through 13 14 Gifts to Gifts by cash or check. If you made any gift of \$250 or 15 Charity 15 more, see page A-4 If you made a 16 Other than by cash or check. If any gift of \$250 or more, gift and got a 16 see page A-4. You must attach Form 8283 if over \$500 benefit for it. 17 17 see page A-4. Add lines 15 through 17 18 Casualty and Theft Losses 19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.). 19 Job Expenses 20 Unreimbursed employee expenses—job travel, union and Most dues, job education, etc. Attach Form 2106 or 2106-EZ Other if required. (See page A-6.) ▶ Miscellaneous **Deductions** 20 21 21 Other expenses—investment, safe deposit box, etc. List 22 (See page A-5.) type and amount ▶..... 22 23 23 Add lines 20 through 22 . . . Enter amount from Form 1040, line 37 | 24 | 24 25 Multiply line 24 by 2% (.02) 26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-26 Other 27 Other—from list on page A-6. List type and amount ▶ Miscellaneous **Deductions** 27 **Total** Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** 28 for lines 4 through 27. Also, enter this amount on Form 1040, line 39. Yes. Your deduction may be limited. See page A-6 for the amount to enter.

Your social security number

		Schedule B—Interest and Ordinary Dividends		Attac Sequ	hment ence N	o. 08
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address		_	ount	
(See page B-1 and the instructions for Form 1040, line 8a.)			1			
Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the						
payer and enter the total interest						
shown on that form.		Add the amounts on line 1	2			
	4	Attach Form 8815	<u>3</u> 4			
	No	ote. If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer ▶				
Ordinary Dividends						
(See page B-2 and the instructions for Form 1040, line 9a.)						
Note. If you			5			
received a Form 1099-DIV or substitute statement from a brokerage firm,						
list the firm's name as the payer and enter the ordinary dividends shown						
on that form.						
	6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a .	6			
	No	ote. If line 6 is over \$1,500, you must complete Part III.				
Part III		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary divide eign account; or (c) received a distribution from, or were a grantor of, or a transferor to,			Yes	No
Foreign Accounts		At any time during 2004, did you have an interest in or a signature or other authority	over a	a financial		
and Trusts	_	account in a foreign country, such as a bank account, securities account, or other fin See page B-2 for exceptions and filing requirements for Form TD F 90-22.1.				
(See page B-2.)	8 8	If "Yes," enter the name of the foreign country ▶		eror to, a		

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Attachment

OMB No. 1545-0074

Internal Revenue Service

C

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F

G

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▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B. Department of the Treasury ► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040). Name of proprietor Social security number (SSN) Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-7, 8, & 9 Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code (1) Cash (2) Accrual (3) ☐ Other (specify) ► Accounting method: Did you "materially participate" in the operation of this business during 2004? If "No," see page C-3 for limit on losses Part I Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory 1 employee" box on that form was checked, see page C-3 and check here 2 3 Subtract line 2 from line 1 4 Cost of goods sold (from line 42 on page 2) 5 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) 6 Gross income. Add lines 5 and 6 7 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 19 Advertising 19 Pension and profit-sharing plans 20 Rent or lease (see page C-5): Car and truck expenses (see 9 20a a Vehicles, machinery, and equipment . page C-3). 10 20b **b** Other business property. . Commissions and fees 21 11 Contract labor (see page C-4) 21 Repairs and maintenance . 12 22 22 Supplies (not included in Part III) . Depletion 23 23 Taxes and licenses Depreciation and section 179 24 Travel, meals, and entertainment: deduction (not expense 24a a Travel . . included in Part III) (see 13 page C-4) **b** Meals and entertainment Employee benefit programs c Enter nondeduct-14 (other than on line 19). ible amount in-15 Insurance (other than health) . cluded on line 24b Interest: (see page C-5) . 16a 24d d Subtract line 24c from line 24b a Mortgage (paid to banks, etc.) . 16b 25 **b** Other 25 Utilities 26 Wages (less employment credits) . 26 Legal and professional 17 27 Other expenses (from line 48 on services page 2) Office expense 18 27 28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 29 Tentative profit (loss). Subtract line 28 from line 7 30 Expenses for business use of your home. Attach Form 8829 . . . Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. 31 • If a loss, you must go to line 32.

• If you checked 32b, you must attach Form 6198.

If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2

(statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.

32a All investment is at risk.

32b Some investment is not

at risk.

Pa	rt III Cost of Goods Sold (see page C-6)			
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	☐ Ot	ther (attach exp	lanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing i "Yes," attach explanation	nventor	y? If \(Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42 Pa	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 Information on Your Vehicle. Complete this part only if you are claimiline 9 and are not required to file Form 4562 for this business. See the in C-4 to find out if you must file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/			
44	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used y	our veh	nicle for:	
а	Business b Commuting c Other	r		
45	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	☐ No
46	Was your vehicle available for personal use during off-duty hours?		🗆 Yes	☐ No
47a	Do you have evidence to support your deduction?		🗌 Yes	☐ No
b Pa	If "Yes," is the evidence written?	or lin	<u>Yes</u>	□ No
		1		
48	Total other expenses. Enter here and on page 1, line 27	48		

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (J)

Capital Gains and Losses

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2004
Attachment
Sequence No. 12

Name(s) shown on Form 1040

Your social security number

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or oth (see page D the instruct	-6 of	(f) Gain or (los Subtract (e) from	
1	((IVIO., day, yr.)	(= , = 3, 3 ,	the instructions)	the instruct	ions)	(-)	
2	Enter your short-term totals, if any line 2							
3	Total short-term sales price amount column (d)							
4	Short-term gain from Form 6252 and s	short-term gain	or (loss) from F	·	•	4		!
5	Net short-term gain or (loss) from Schedule(s) K-1					5		
6	Short-term capital loss carryover. En Carryover Worksheet on page D-6 c	ter the amount	, if any, from	line 8 of your Ca	pital Loss	6	(
7	Net short-term capital gain or (loss). Combine line	s 1 through 6	in column (f)		7		
	rt II Long-Term Capital Gains	-						'
	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or oth (see page D the instruct	-6 of	(f) Gain or (los Subtract (e) from	
8		(, , , , , , , , , , , , , , , , , , ,						
								:
						:		:
								!
			1					1
9	Enter your long-term totals, if any line 9							
	Enter your long-term totals, if any line 9	 s. Add lines 8 a	9 and 9 in					
10	Total long-term sales price amount column (d)		9 and 9 in 			11		
10 11	line 9	s. Add lines 8 a m gain from For 24 partnerships, S	9 and 9 in 10 mms 2439 and	, estates, and t	rusts from	11 12		
10 11 12	line 9	s. Add lines 8 a m gain from For 24 partnerships, S	and 9 in 10 10 10 corporations	estates, and t	rusts from	12		
9 10 11 12 13 14	line 9	s. Add lines 8 a gain from For 4 partnerships, S c	and 9 in 10 10 10 10 10 10 10 10 10 10 10 10 10	estates, and t	rusts from		1	

Schedule D (Form 1040) 2004 Page 2

Part III Summary 16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and 16 go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below . . . 17 Are lines 15 and 16 both gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the 18 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on 19 Are lines 18 and 19 both zero or blank? ☐ Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 34 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 42, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: 21 • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) Note. When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, line 9b? Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and

Capital Gain Tax Worksheet on page 34 of the Instructions for Form 1040.

No. Complete the rest of Form 1040.

Schedule D (Form 1040) 2004

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule E (Form 1040).

Department of the Treasury Internal Revenue Service (J) Name(s) shown on return Attachment Sequence No.

Your social security number

OMB No. 1545-0074

3 3 3 4 1 3 3 3 3 3 3 3 3 3	me: Rents received				liste use pur • 1	ed on line e it during rposes for 14 days c	tal real estat 1, did you o the tax year more than t	or your fan r for perso	nily nal	Yes	S No
	me: Rents received				• 1						
xpe	Rents received					fair rental	ne total days value?	s rented a	ıt _	В	
xpe	Rents received				(Se	ee page E	-3.)			С	
3	Rents received				Properties					otals	
xpe	Royalties received		Α		В		С	(Add	d colum	ıns A, B, a	and C.
xpe 5 / 6 / 7 (8 (9 1 1 2	enses:	3						3			
5 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 /		4						4			
6 / 7 (6 8 (9) 10 11 12	1 duartiaina										
7 (3 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	Advertising	5									
3 (9 1 2	Auto and travel (see page E-4)	6									
) 	Cleaning and maintenance	7									
) i l i 2 i	Commissions	8									
1 i 2 i	nsurance	9									
2	_egal and other professional fees	10									
	Management fees	11									
	Mortgage interest paid to banks,										
6	etc. (see page E-4)	12						12			
3 (Other interest	13									
1	Repairs	14									
5 5	Supplies	15									
6	Taxes	16									
7 I	Jtilities	17									
3 (Other (list) ▶							_			
		l						_			
		18									
								_			
9 /	Add lines 5 through 18	19						19			₩
) (Depreciation expense or depletion										
	see page E-4)	20						20			
1 -	Total expenses. Add lines 19 and 20	21									
	ncome or (loss) from rental real										
	estate or royalty properties. Subtract line 21 from line 3 (rents)										
	or line 4 (royalties). If the result is a										
(loss), see page E-4 to find out if	_									
}	you must file Form 6198	22									
	Deductible rental real estate loss.										
	Caution. Your rental real estate oss on line 22 may be limited. See										
	page E-4 to find out if you must										
	file Form 8582. Real estate										
1	professionals must complete line	02 /									
	43 on page 2	23 (<u> </u>		Д					
	ncome. Add positive amounts show							24			+
	L osses. Add royalty losses from line 22 Fotal rental real estate and royalty ir				m line 23. En	iter total l	osses here	25	1		

Sche	edule E (Form 1040) 2004						Attachr	ment Sequence	No. I)		Page 4
Nam	e(s) shown on return. Do not enter	name and so	cial security nu	mber if showr	n on other side				You	r socia	I security	number
Car	ution. The IRS compares ar	mounts ran	orted on vo	ur tav retu	rn with amo	unts	s shown on	Schadula(s)	K_1		: :	
	rt II Income or Los							ou report a		an	at-risk	activity fo
	which any amount i										at non e	activity ic
27	Are you reporting any loss no	ot allowed ir	n a prior year	due to the	at-risk or ba	sis lir	mitations, a	orior year una	allowed	 b		
	loss from a passive activity (if that loss v	vas not repo	rted on Forr	ກ 8582), or ເ						Yes	☐ No
	If you answered "Yes," see	e page E-6	before con	npleting thi	1							
28	(a) Name			(b) Enter P f partnership;		(c) Check if foreign	(d) Em identifi				Check if mount is
					for S corpora		partnership	num				at risk
A												
В												
C D												
ע	Passive Income	and Loss				Nor	npassive Ir	come and	Loss			
	(f) Passive loss allowed		ive income	(h) No	npassive loss		i	ion 179 expens		(i) N	onpassive	income
	(attach Form 8582 if required)		hedule K-1		Schedule K-1			n from Form 4			m Sched	
Α												
В												
С												
D												
29a	Totals						T			L_		
	Totals								-			
	Add columns (g) and (j) of								30	1		
31	Add columns (f), (h), and (i	-							31	(,
32	Total partnership and S result here and include in	the total of	on income on line 41 k	or (IOSS). Delow	Combine III	nes	30 and 31.	Enter the	32			
Pa	rt III Income or Loss						· · · · ·					
			(a) Nai	ma						(b)	Employe	r
33			(a) Ivai	116						identifi	cation nu	mber
Α												
В	Decelor											
		Income						passive Ind				
	(c) Passive deduction or loss all (attach Form 8582 if require			Passive incom n Schedule K -			(e) Deduction from Sched				er income nedule K-	
Α												
В												
34a	Totals											
	Totals											
35	Add columns (d) and (f) of	line 34a							35			
36	Add columns (c) and (e) of								36	(
37	Total estate and trust in	•	,	oine lines 3	35 and 36.	Ente	er the result	here and				
Da	include in the total on line irt IV Income or Loss			Mortgag	o Invoctm	ont.	Conduite	(DEMICs)	37 	eidus	al Hold	lor
Га	illicome of Loss	(b) Emp			s inclusion fro			ncome (net loss)				
38	(a) Name	identificatio			ules Q, line 2c e page E-6)			ules Q, line 1b			ncome fro ules Q, lir	
				(1 1 1 1 1							
39	Combine columns (d) and	(e) only. En	nter the resu	It here and	l include in	the t	total on line	41 below	39			
Pa	rt V Summary											
40	Net farm rental income or	,			•				40	<u> </u>		
41	Total income or (loss). Combi	ne lines 26, 3	32, 37, 39, and	d 40. Enter th	ne result here	and (on Form 1040), line 17 >	41			
42	Reconciliation of farming a	and fishing	income. Ent	ter your gro	ss farming							
	and fishing income report											
	(Form 1065), box 14, c					42						
	box 17, code N; and Sched	•	* * * * * * * * * * * * * * * * * * * *		, ,	74	+					
43	Reconciliation for real est professional (see page E-1)											
	anywhere on Form 1040 f											
	you materially participated					43						

SCHEDULE EIC (Form 1040A or 1040)

Earned Income Credit

Qualifying Child Information



OMB No. 1545-0074

Attachment Sequence No. 43

Department of the Treasury
Internal Revenue Service (J)
Name(s) shown on return

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

Your social security number

Before you begin:

See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 65a and 65b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Q	ualifying Child Information	С	hild 1	Child 2			
1	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name	Last name	First name	Last name		
2	Child's SSN The child must have an SSN as defined on page 42 of the Form 1040A instructions or page 44 of the Form 1040 instructions unless the child was born and died in 2004. If your child was born and died in 2004 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.						
3	Child's year of birth	Year If born after and 4b; go to		Year If born after and 4b; go to	1985, skip lines 4a) line 5.		
-	If the child was born before 1986— Was the child under age 24 at the end of 2004 and a student?	Yes. Go to line 5.	No. Continue	Yes. Go to line 5.	No. Continue		
b	Was the child permanently and totally disabled during any part of 2004?	Yes. Continue	No. The child is not a qualifying child.	Yes. Continue	No. The child is not a qualifying child.		
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)						
6	Number of months child lived with you in the United States during 2004 If the child lived with you for more than half of 2004 but less than 7 months, enter "7." If the child was born or died in 2004 and your home was the child's home for the entire time he or she was alive during 2004, enter "12."	Do not enter m	months ore than 12 months.	Do not enter m	months nore than 12 months.		



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2004, (b) is claimed as your dependent on line 6c of Form 1040A or Form 1040, and (c) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 67 of Form 1040.

Purpose of Schedule

The purpose of this schedule is to give the IRS information about your qualifying child after you have figured your earned income credit (EIC).

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 65a and 65b.

Taking the EIC when not eligible. If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

Qualifying Child

A qualifying child is a child who is your . . .

Son, daughter, adopted child, stepchild, or a descendant of any of them (for example, your grandchild)

or

Brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your niece or nephew), whom you cared for as you would your own child

or

Foster child (any child placed with you by an authorized placement agency whom you cared for as you would your own child)



was at the end of 2004...

Under age 19 or Under age 24 and a student or

Any age and permanently and totally disabled



who . . .

Lived with you in the United States for more than half of 2004. If the child did not live with you for the required time, see *Exception to "time lived with you" condition* on page 41 of the Form 1040A instructions or page 44 of the Form 1040 instructions.



If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse if filing a joint return), special rules apply. For details, see page 42 of the Form 1040A instructions or page 44 of the Form 1040

instructions.



Do you want part of the EIC added to your take-home pay in 2005? To see if you qualify, get Form W-5 from your employer, call the IRS at 1-800-TAX-FORM (1-800-829-3676), or go to www.irs.gov.

SCHEDULE SE

(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2004

Attachment
Sequence No. 17

Department of the Treasury Internal Revenue Service

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Name of person with **self-employment** income (as shown on Form 1040)

Social security number of person with **self-employment** income ▶

Who Must File Schedule SE

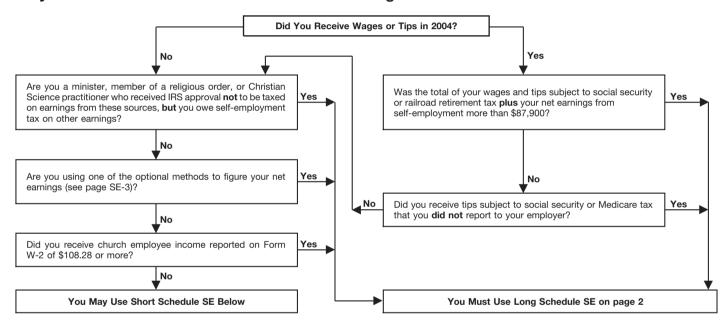
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 57.

May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	
3	Combine lines 1 and 2	3	
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	
5	Self-employment tax. If the amount on line 4 is:		
	• \$87,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57.	5	
	 More than \$87,900, multiply line 4 by 2.9% (.029). Then, add \$10,899.60 to the result. Enter the total here and on Form 1040, line 57. 		
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (5). Enter the result here and on Form 1040, line 30		

Schedule SE (Form 1040) 2004	Attachment Sequence No. 17	Page 2
	/ illustration coquerios its:	

Name of person with **self-employment** income (as shown on Form 1040)

Social security number of person with self-employment income

Section B—Long Schedule SE

Part I	Self-Employ	yment Tax
--------	-------------	-----------

box 14, code A.

Note. If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

	. •				
Α		der, or Christian Science practitioner and you filed self-employment, check here and continue with Par			
1	. , ,	36, and farm partnerships, Schedule K-1 (Form ou use the farm optional method (see page SE-4)	1		
2	14, code A (other than farming); and Schedule K	edule C-EZ, line 3; Schedule K-1 (Form 1065), box K-1 (Form 1065-B), box 9. Ministers and members is to report on this line. See page SE-2 for other the nonfarm optional method (see page SE-4)	2		
3	Combine lines 1 and 2	, , ,	3		
		35% (.9235). Otherwise, enter amount from line 3	4a		
		ds, enter the total of lines 15 and 17 here	4b		
С	Combine lines 4a and 4b. If less than \$400, stop If less than \$400 and you had church employee	y; you do not owe self-employment tax. Exception. income, enter -0- and continue	4c		
5a	Enter your church employee income from Forn				
	for definition of church employee income		5b		
_	, ,		6		
6	Net earnings from self-employment. Add line				
7	Maximum amount of combined wages and self tax or the 6.2% portion of the 7.65% railroad re	f-employment earnings subject to social security retirement (tier 1) tax for 2004	7	87,900	00
	Total social security wages and tips (total of box W-2) and railroad retirement (tier 1) compensations skip lines 8b through 10, and go to line 11	on. If \$87,900 or more, 8a			
b	Unreported tips subject to social security tax (fr	rom Form 4137, line 9) 8b			
С	Add lines 8a and 8b		8c		
9	Subtract line 8c from line 7. If zero or less, enter	er -0- here and on line 10 and go to line 11 . 🕨	9		
10	Multiply the smaller of line 6 or line 9 by 12.49	% (.124)	10		
11	Multiply line 6 by 2.9% (.029)		11		
12	Self-employment tax. Add lines 10 and 11. Er	nter here and on Form 1040, line 57	12		
13	Deduction for one-half of self-employment to 50% (.5). Enter the result here and on Form 10				
Par	t II Optional Methods To Figure Net Ea	rnings (see page SE-3)			
	n Optional Method. You may use this method \$2,400 or (b) your net farm profits2 were less the	only if (a) your gross farm income¹ was not more			
14	Maximum income for optional methods	141,700	14	1,600	00
15	·	arm income ¹ (not less than zero) or \$1,600. Also		,,	
10	include this amount on line 4b above		15		
than	farm Optional Method. You may use this meth	hod only if (a) your net nonfarm profits ³ were less oss nonfarm income ⁴ and (b) you had net earnings			
Caut	tion. You may use this method no more than fiv	ve times.			
16	Subtract line 15 from line 14		16		
17		onfarm income ⁴ (not less than zero) or the amount above	17		
	m Sch. F, line 11, and Sch. K-1 (Form 1065),	rom Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 10 ch. K-1 (Form 1065-B), box 9.		x 14, code A; and	d
² Fror	m Sch. F, line 36, and Sch. K-1 (Form 1065),	rom Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 106	5), box	14, code C; and	Sch.

K-1 (Form 1065-B), box 9.

OMB No. 1545-0091

_		vember 2004) (J) See Sepa			110.					
Thi	s re	eturn is for calendar year ▶ , or fiscal year e	ended 🕨	•					, .	
•	Yo	our first name and initial	Last nam	е				Your soc	cial security number	
λ									1 1	
or type	If a	a joint return, spouse's first name and initial	Last nam	е				Spouse's	social security number	
¥								1 1		
print	Ho	ome address (no. and street) or P.O. box if mail is not delivered to your home				Apt.	no.	Phone number		
ē		,						1	1	
Please	C:+	ity, town or post office, state, and ZIP code. If you have a foreign address, se		the in	atu intinun			()	
<u>ā</u>	Cit	ity, town or post office, state, and zir code. If you have a foreign address, se	e page 2 01	uie iii	structions.				erwork Reduction Act see page 6.	
В	Has Filin On c		or have ot chang larried filir larried filir	you je fro	been notifier om joint to se parately	d that eparat	it will be' e returns ad of house	? after the ehold _	☐ Yes ☐ No	
		Use Part II on the back to explain any change	S		A. Original am as previously a	djusted	B. Net ch amount of or (decre	increase	C. Correct amount	
		Income and Deductions (see pages 2-6)			(see page	3)	explain ir			
	1	Adjusted gross income (see page 3)		1						
	2			2						
	3			3						
	4	Exemptions. If changing, fill in Parts I and II on the bac		4						
	5		,	5						
	<u> </u>			6						
Tax Liability	6	(1 3)		7						
abi	7	, , , , , , , , , , , , , , , , , , , ,								
	8			8						
a×.	9	Other taxes (see page 4)		9						
듸	10	Total tax. Add lines 8 and 9		10						
	11	Federal income tax withheld and excess social security	v and							
		tier 1 RRTA tax withheld. If changing, see page 4	, I	11						
	12	Estimated tax payments, including amount applied from								
ts		year's return		12						
eu	13	Earned income credit (EIC)		13						
Ę۱		Additional child tax credit from Form 8812		14						
Payments				15						
	15	,			ı			16		
		Amount paid with request for extension of time to file (see						17		
		Amount of tax paid with original return plus additional				•				
\Box	10							18		
		Refund or Amount You						40		
	19	· 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1						19		
	20							20		
	21	Amount you owe. If line 10, column C, is more than line	20, enter	the o	difference and	d see	page 5 .	21		
	22	If line 10, column C, is less than line 20, enter the di	fference					22		
	23	Amount of line 22 you want refunded to you			, .			23		
	24	Amount of line 22 you want applied to your	estim	ated	tax 24					
See	ere t retur page :	irn? 2. opy for	is amende	d retur	rn is true, corre	ct, and	complete. D	eclaration	of preparer (other than	
your	recor	ords. Your signature Date		7	Spouse's signate	ure. If a	joint return, b	oth must s	ign. Date	
Pai		Preparer's signature		Date		Check i self-em		Prepar	er's SSN or PTIN	
	pare Only					EII	N	1		
USE	UIII	yours if self-employed), address, and ZIP code				Ph	one no. ()		

Form	1040X (Rev. 11-2004)											Page 2
Pa	If you are not ch If claiming more	ns. See Form 104 nanging your exem exemptions, comp r exemptions, comp	ptions, olete line	do not comp es 25-31.			A. Origir number exemptic reported of previous adjuste	of ons or as sly	B. Net change		C. Cor number exemp	er of
25	Yourself and spo		: -			25						
	Caution. If some exemption for you	one can claim you as urself.	a depen	dent, you canı	not claim an							
26	•	children who lived v	•			26						
27		children who did no		-		27						
28	Other dependen	ts				28						
29 30		exemptions. Add lin		•		29						
30		er of exemptions clain ear you are amending										
	Tax year	Exemption amount	lin	ee the instruction of the second seco	if the							
	2004	\$3,100		\$107,025								
	2003 2002	3,050 3,000		104,625 103,000								
	2001	2,900		99,725	j	30						
31	Dependents (chi	ldren and other) not	claimed	d on original (or adjusted) i	return:				No. of on 31 v	children who:	
					dent's social		Dependent's	(d) ✓ if qua	ld tax	livedyou	∣ with ▶	
	(a) First name	me Last name security number relationship to you credit (see page				age 5)		not live	•			
				1	1						ou due to	
				1 1	1 1 1 1					separa	tion (see	
										Depend	dents	
				:	<u> </u>					on 31 i	not d above ▶	
Pa	Enter the change. A	on of Changes to line number from t ttach only the supp n, your Form 1040) its.	he fron	t of the form orms and sc	for each ite hedules for t	em yo	u are cha ms change	ed. If you	do no	t atta	ch the re	equired
If th that	e change relates shows the year in	to a net operating long which the loss or o	oss carry credit oc	yback or a ge ccurred. See	eneral busine page 2 of the	ss cree instru	dit carryba ıctions. Als	ck, attach o, check	the so	chedu 	le or form	n ▶ □
Pa	rt III President	ial Election Cam	paign F	und. Check	king below v	vill no	t increase	your tax	c or re	duce	your re	fund.
If yo	ou did not previou	sly want \$3 to go to	the fun	d but now w	ant to, check	here					1	<u> </u>
lf a	joint return and yo	our spouse did not p	previous	ly want \$3 to	go to the fur	nd but	now wants	s to, chec	k here		<u> </u>	<u>▶ □</u>

Employee Business Expenses

► See separate instructions.

Attachment Sequence No. 54

OMB No. 1545-0139

Department of the Treasury

Your name

► Attach to Form 1040.

Occupation in which you incurred expenses Social security number Part I **Employee Business Expenses and Reimbursements** Column A Column B **Step 1 Enter Your Expenses** Other Than Meals Meals and and Entertainment Entertainment Vehicle expense from line 22 or line 29. (Rural mail carriers: See 1 Parking fees, tolls, and transportation, including train, bus, etc., that 2 did not involve overnight travel or commuting to and from work . . . Travel expense while away from home overnight, including lodging. airplane, car rental, etc. Do not include meals and entertainment. Business expenses not included on lines 1 through 3. Do not **5** Meals and entertainment expenses (see instructions) Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 6 Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions) Step 3 Figure Expenses To Deduct on Schedule A (Form 1040) Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as 8 income on Form 1040, line 7 Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return. In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 70% (.70) instead of 50%. For details, see instructions.) 10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on

Schedule A (Form 1040), line 20. (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules

10

Page 2 Form 2106 (2004)

Par	t II Vehicle Expenses									
	tion A—General Information (claiming vehicle expenses.)	You i	nust complete t	this section	n if you		(a) Vehicle	1	(b) Vehicle	2
11	Enter the date the vehicle was pla	aced	in service			11	/ /		/ /	
12	Total miles the vehicle was driver					12	ı	miles		miles
13	Business miles included on line 1					13	ı	miles		miles
14	Percent of business use. Divide li					14		%		%
15	Average daily roundtrip commutir		•			15	1	miles		miles
16	Commuting miles included on line	_				16	ı	miles		miles
17	Other miles. Add lines 13 and 16					17	ı	miles		miles
18	Do you (or your spouse) have and	other	vehicle available t	or persona	use?				. 🗆 Yes [No
19	Was your vehicle available for per									□No
20	Do you have evidence to support									□ No
21	If "Yes," is the evidence written?.								. 🗌 Yes	No
	tion B—Standard Mileage Rartion C.)	te (Se	ee the instruction	ns for Par	t II to find	d ou	t whether to c	ompl	ete this section	on or
22	Multiply line 13 by 37.5¢ (.375) .							22		T
	tion C—Actual Expenses	•		Vehicle 1					hicle 2	
			(6	y vornoio i				b) vo	111010 2	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23								
242	Vehicle rentals	24a								
	Inclusion amount (see instructions)	24b								
	Subtract line 24b from line 24a	24c								T
25	Value of employer-provided									
	vehicle (applies only if 100% of annual lease value was included									
	on Form W-2—see instructions)	25								
26	Add lines 23, 24c, and 25	26								
 27	Multiply line 26 by the									
~ 1	percentage on line 14	27								
28	Depreciation (see instructions) .	28								
2 9	Add lines 27 and 28. Enter total									
	here and on line 1	29								
	ction D—Depreciation of Vehic	cles	Use this section	n only if yo	ou owned	l the	vehicle and a	re co	mpleting Sec	tion C
for	the vehicle.)									
			(a) Vehicle 1				b) Ve	hicle 2	
30	Enter cost or other basis (see									
	instructions)	30								
31	Enter section 179 deduction									
	and special allowance (see									
	instructions)	31								
32	Multiply line 30 by line 14 (see									
	instructions if you claimed the									
	section 179 deduction or									
	special allowance)	32								
33	Enter depreciation method and									
	percentage (see instructions) .	33								
34	Multiply line 32 by the percentage									
	on line 33 (see instructions)	34				\dashv				
35	Add lines 31 and 34	35								
36	Enter the applicable limit explained	000								
	in the line 36 instructions	36								
37	Multiply line 36 by the	07								
	percentage on line 14	37				\dashv				+
38	Enter the smaller of line 35 or									
	line 37. Also enter this amount on line 28 above	38								

Child and Dependent Care Expenses

► Attach to Form 1040.

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

► See separate instructions.

ONB NO. 1545-0066
2004
ZOUT
Attachment
Sequence No. 21

Your social security number

											1 1		
Bef	ore you begin: `	You need to	understand th	ne follov	wing te	rms. S	ee Definit	i ons on p	age 1	of tl	ne instruct	ions.	
• D	ependent Care	Benefits		• 0	Qualifyi	ng Pe	rson(s)			•	Qualified	Ехреі	nses
Pa			tions Who Proce, use the bo				ou must co	mplete th	nis pa	ırt.			
1	(a) Care provider's name		(number, street, a	(b) Addr		ınd ZIP co	ode)	(c) Identify (SSN	ing num or EIN)	nber	(d) Amou (see instr		
				_									
	d	Did you ependent ca	receive ire benefits?				→ Cor	nplete only nplete Parl					
Cau	tion. If the care wa	as provided in	your home, you	⅃ ı may ow	ve emplo	oyment						61.	
			Dependent Ca										
2	Information abou						two qualifyi	ng persons	s, see	the ir	structions.		
	First	(a) Qualifying	person's name	Last				g person's so ty number	cial	incurr	Qualified expe ed and paid in rson listed in o	2004 fo	r the
							!						
							:						
3	Add the amounts person or \$6,000 line 32	for two or me	ore persons. If y	ou comp	oleted Pa	art III, e	nter the amo	ount from	3				
4	Enter your earne								4				
5	If married filing jo or was disabled,	ointly, enter y	our spouse's ea	arned ind	come (if	your s	pouse was		5				
6	Enter the smalle								6				
7	Enter the amoun												
8	Enter on line 8 th	ne decimal ar	nount shown be	low that	applies	s to the	amount on	line 7					
	If line 7 is:			ı	lf line 7 i	is:							
	_		ecimal mount is		Over	But no		mal unt is					
	\$0—15		.35	(\$29,000-			27					
	15,000—17		.34		31,000-	-		26					
	17,000—19	-	.33		33,000-			25	8			× .	
	19,000—21		.32		35,000-	-		24					
	21,000—23	-	.31		37,000-			23					
	23,000—25		.30		39,000-			22					
	25,000—27 27,000—29	•	.29 .28		41,000– 43,000–			21 20					
9	Multiply line 6 by		amount on line	8. If vo				2004. see					
•	the instructions			-			•		9				
10	Enter the amoun			_					10				
11	Credit for child here and on For								11				

Form 2441 (2004) Page **2**

Pa	rt III Dependent Care Benefits		
12	Enter the total amount of dependent care benefits you received in 2004. Amounts you		
	received as an employee should be shown in box 10 of your Form(s) W-2. Do not include		
	amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner,		
	include amounts you received under a dependent care assistance program from your sole		
	proprietorship or partnership	12	
13	Enter the amount forfeited, if any (see the instructions)	13	
14	Subtract line 13 from line 12	14	
15	Enter the total amount of qualified expenses incurred		
	in 2004 for the care of the qualifying person(s) 15		
16	Enter the smaller of line 14 or 15		
17	Enter your earned income . See instructions		
18	Enter the amount shown below that applies		
	to you.		
	• If married filing jointly, enter your)		
	spouse's earned income (if your spouse		
	was a student or was disabled, see the		
	instructions for line 5).		
	If married filing separately, see the		
	instructions for the amount to enter.		
	All others, enter the amount from line 17.		
19	Enter the smallest of line 16, 17, or 18		
20	Enter the amount from line 12 that you received from your sole proprietorship or		
	partnership. If you did not receive any such amounts, enter -0	20	
21	Subtract line 20 from line 14		
22	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your		
	spouse's earned income on line 18)	22	
23	Deductible benefits. Enter the smallest of line 19, 20, or 22. Also, include this amount		
	on the appropriate line(s) of your return (see the instructions)	23	
24	Enter the smaller of line 19 or 22		
25	Enter the amount from line 23		
26	Excluded benefits. Subtract line 25 from line 24. If zero or less, enter -0	26	
27	Taxable benefits. Subtract line 26 from line 21. If zero or less, enter -0 Also, include		
	this amount on Form 1040, line 7. On the dotted line next to line 7, enter "DCB"	27	
	To claim the child and dependent care		
	credit, complete lines 28–32 below.		
	,		
28	Enter \$3,000 (\$6,000 if two or more qualifying persons)	28	
29	Add lines 23 and 26	29	
30	Subtract line 29 from line 28. If zero or less, stop. You cannot take the credit.		
	Exception. If you paid 2003 expenses in 2004, see the instructions for line 9	30	
31	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on		
	line 29 above. Then, add the amounts in column (c) and enter the total here	31	
32	Enter the smaller of line 30 or 31. Also, enter this amount on line 3 on the front of this		
	form and complete lines 4–11	32	

Form 4868 Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0188



It's Convenient, Safe, and Secure

IRS *e-file* is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You will receive an electronic acknowledgment or confirmation number once you complete the transaction. Keep it with your records. Do not send in Form 4868 if you file electronically.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you will need to estimate your total tax liability and subtract how much you have already paid (lines 4, 5, and 6 below).

If you think you may owe tax and wish to make a payment, you may pay by electronic funds withdrawal using option 1 or 2 below or you may pay by credit card using option 3.



E-file by Phone—February 7–April 15 Call toll free 1-888-796-1074

Anyone who filed a tax return for 2003 can file Form 4868 by phone. The telephone system will accept extensions any time from February 7 through April 15, 2005, and your extension will be good through August 15, 2005. Filing by telephone is advantageous because it is free and you get a confirmation number.

If you wish to make a payment by electronic funds withdrawal, you will be asked for the adjusted gross income (AGI) from your 2003 tax return. The AGI for your 2003 tax return is located on your Form 1040, line 34; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 33; Form 1040NR-EZ, line 10; or your TeleFile Tax Record, line I. If you choose, you may also file your extension by phone and mail a payment to the address shown in the middle column on page 4.

2



E-file Using Your Personal Computer or Through a Tax Professional

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2003 tax return

— you will be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal (see page 4) or send your payment to the address shown in the middle column on page 4.

3



E-file and Pay by Credit Card

You can get an extension if you pay part or all of your estimate of income tax due by using a credit card (American Express® Card, Discover® Card, MasterCard® card, or Visa® card). Your payment must be at least \$1. You may pay by phone or over the Internet through one of the service providers listed below.

Each service provider will charge a convenience fee based on the amount of the tax payment you are making. Fees may vary between service providers. You will be told what the fee is during the transaction and will have the option to continue or cancel the transaction. You may also obtain the convenience fee by calling the providers' toll-free automated customer service numbers or visiting their websites. Do not add the convenience fee to your tax payment.

Official Payments Corporation

1-800-2PAY-TAXsm (1-800-272-9829) 1-877-754-4413 (Customer Service) www.officialpayments.com Link2Gov Corporation

1-888-PAY-1040sm (1-888-729-1040) 1-888-658-5465 (Customer Service) www.PAY1040.com



File a Paper Form 4868

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown on page 4.

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Form 4868

Department of the Treasury
Internal Revenue Service ()

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB	No.	1545-	0188

2004

Internal Revenue Servi		dar year 2004, or other tax year beginni	ng	, 2004, ending ,		Z0 04					
Part I Iden	tification		Part II	Individual Income	Гах						
1 Your name(s)	(see instructions)		4 Estimate of total tax liability for 2004 . \$								
			5 Tota	al 2004 payments							
Address (see	instructions)			ance due. Subtract 5 fro							
			7 Amount you are paying ▶								
City, town or	post office, state, and	d ZIP code	Confirmation Number								
			If you file electronically, you will receive a confirmation number tellin								
2 Your social sec	curity number	3 Spouse's social security number	,	your Form 4868 has been	accepted.	Enter the confirmation					
	1 1 1			here and keep it for cords							

Cat. No. 13141W

Form 4868 (2004) Page **2**

General Instructions

What's New

Form 4868 no longer contains entries for a gift or GST tax payment. See *Gift or generation-skipping transfer (GST) tax return (Form 709)* below for details on paying gift or GST tax.

Purpose of Form

Use Form 4868 to apply for 4 more months to file Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

To get the extra time you must:

- Properly estimate your 2004 tax liability using the information available to you,
- Enter your total tax liability on line 4 of Form 4868, and
- File Form 4868 by the regular due date of your return.



Although you are not required to make a payment of the tax you estimate as due, Form 4868 does not extend the time to pay taxes. If you do not pay the

amount due by the regular due date, you will owe interest. You may also be charged penalties. For more details, see Interest on this page and Late Payment Penalty on page 3. Any remittance you make with your application for extension will be treated as a payment of tax.

You do not have to explain why you are asking for the extension. We will contact you only if your request is denied.

Do not file Form 4868 if you want the IRS to figure your tax or you are under a court order to file your return by the regular due date.

If you need an additional extension, see If You Need Additional Time on this page.

Gift or generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2004 calendar year income tax return also extends the time to file Form 709 for 2004. However, it does not extend the time to pay any gift or GST tax you may owe for 2004. To make a payment of gift or GST tax, see Form 8892. If you do not pay the amount due by the regular due date for Form 709, you will owe interest and may also be charged penalties. If the donor died during 2004, see the instructions for Forms 709 and 8892.

When To File Form 4868

File Form 4868 by April 15, 2005. Fiscal year taxpayers, file Form 4868 by the regular due date of the return.

If you are a U.S. citizen or resident "out of the country" (defined on this page) on the regular due date of your return, you are allowed 2 extra months to file your return. For a calendar year return, this is June 15, 2005. File this form if you need an additional 2 months to file your return. Write "Taxpayer Abroad" across the top of Form 4868.

Out of the country means either:

- 1. You live outside the United States and Puerto Rico and your main place of work is outside the United States and Puerto Rico or
- 2. You are in military or naval service outside the United States and Puerto Rico.

If you qualify as being "out of the country," you will still be eligible for the extension, even if you are physically present in the United States or Puerto Rico on the regular due date of the return.

If You Need Additional Time

If the automatic 4-month extension (until August 15, 2005, for most calendar year taxpayers) does not give you enough time, you can ask for additional time later. But you will have to give a good reason, and it must be approved by the IRS. To ask for the additional time, you must either:

- 1. File Form 2688, Application for Additional Extension of Time To File U.S. Individual Income Tax Return or
- 2. Explain your reason in a letter. Mail it to the address in the right column under *Where To File a Paper Form 4868* on page 4.

File Form 4868 before you file Form 2688 or write a letter asking for more time. Only in cases of undue hardship will the IRS approve your request for an additional extension without receiving Form 4868 first. Ask early for this extra time. Then, you can still file your return on time if your request is not approved.

Filing Your Tax Return

You may file your tax return any time before the extension expires.

Do not attach a copy of Form 4868 to your return.

You will owe interest on any tax not paid by the regular due date of your return. The interest runs until you pay the tax. Even if you had a good reason for not paying on time, you will still owe interest.

Form 4868 (2004) Page **3**

Late Payment Penalty

The penalty is usually $\frac{1}{2}$ of 1% of any tax (other than estimated tax) not paid by the regular due date. It is charged for each month or part of a month the tax is unpaid. The maximum penalty is 25%.

The late payment penalty will not be charged if you can show reasonable cause for not paying on time. Attach a statement to your return fully explaining the reason. Do not attach the statement to Form 4868.

You are considered to have "reasonable cause" for the period covered by this automatic extension if at least 90% of your actual 2004 tax liability is paid before the regular due date of your return through withholding, estimated tax payments, or with Form 4868.

Late Filing Penalty

A penalty is usually charged if your return is filed after the due date (including extensions). The penalty is usually 5% of the amount due for each month or part of a month your return is late. Generally, the maximum penalty is 25%. If your return is more than 60 days late, the minimum penalty is \$100 or the balance of the tax due on your return, whichever is smaller. You might not owe the penalty if you have a good reason for filing late. Attach a statement to your return

fully explaining the reason. Do not attach the statement to Form 4868.

How To Claim Credit for Payment Made With This Form

When you file your 2004 return, include the amount of any payment you made with Form 4868 on the appropriate line of your tax return.

The instructions for the following line of your tax return will tell you how to report the payment.

- Form 1040, line 68.
- Form 1040A, line 43.
- Form 1040EZ, line 9.
- Form 1040NR, line 62.
- Form 1040NR-EZ, line 21.

If you and your spouse each filed a separate Form 4868 but later file a joint return for 2004, enter the total paid with both Forms 4868 on the appropriate line of your joint return.

If you and your spouse jointly file Form 4868 but later file separate returns for 2004, you may enter the total amount paid with Form 4868 on either of your separate returns. Or you and your spouse may divide the payment in any agreed amounts. Be sure each separate return has the social security numbers of both spouses.

Specific Instructions

How To Complete Form 4868

Part I—Identification

Enter your name(s) and address. If you plan to file a joint return, include both spouses' names in the order in which they will appear on the return.

If you want correspondence regarding this extension to be sent to you at an address other than your own or to an agent acting for you, include the agent's name, if any, and enter that address instead.

If you changed your name after you filed your last return because of marriage, divorce, etc., be sure to report this to your local Social Security Administration office before filing Form 4868. This prevents delays in processing your extension request.

If you changed your mailing address after you filed your last return, you should use Form 8822, Change of Address, to notify the IRS of the change. Showing a new address on Form 4868 will not update your record. You can get IRS forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also download forms from the IRS website at www.irs.gov.

If you plan to file jointly, enter on line 2 the social security number (SSN) that you will show first on your return. Enter your spouse's SSN on line 3.

If you are filing Form 1040NR or 1040NR-EZ, and do not have (and are not eligible to obtain) an SSN, enter your IRS-issued individual taxpayer identification number (ITIN). For information on obtaining an ITIN, see Form W-7, Application for IRS Individual Taxpayer Identification Number.

Part II—Individual Income Tax

Line 4—Estimate of Total Tax Liability for 2004

Enter on line 4 the total tax liability you expect to report on your 2004:

- Form 1040, line 62.
- Form 1040A, line 38.
- Form 1040EZ, line 10.
- Form 1040NR, line 57.
- Form 1040NR-EZ, line 17.

 If you expect this amount to be zero, enter -0-.



null and void.

Make your estimate as accurate as you can with the information you have. If we later find that the estimate was not reasonable, the extension will be

Line 5—Total 2004 Payments

Line 5—Total 2004 Payments

Enter on line 5 the total payments from:

- Form 1040, line 70 (excluding line 68).
- Form 1040A, line 43.
- Form 1040EZ, line 9.
- Form 1040NR, line 68 (excluding line 62).
- Form 1040NR-EZ, line 21.



For Forms 1040A, 1040EZ, and 1040NR-EZ, do not include on line 5 the amount you are paying with this Form 4868.

Line 6—Balance Due

Subtract line 5 from line 4. If line 5 is more than line 4, enter -0-.

Line 7—Amount You Are Paying

If you find you cannot pay the amount shown on line 6, you can still get the extension. But you should pay as much as you can to limit the amount of interest you will owe. Also, you may be charged the late payment penalty on the unpaid tax from the regular due date of your return. See *Late Payment Penalty* on this page.

Form 4868 (2004) Page **4**

How To Make a Payment With Your Extension

Paying by Electronic Funds Withdrawal

You can e-file Form 4868 using IRS e-file option 1 or 2 on page 1 and make a payment by authorizing an electronic funds withdrawal from your checking or savings account. Check with your financial institution to make sure that an electronic funds withdrawal is allowed and to get the correct routing and account numbers.

If you owe tax and wish to have the money electronically withdrawn from your account, you will be asked to make the following declaration:

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated for payment of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Note. This is your written copy of the electronic funds withdrawal authorization you made to have the amount you owe withdrawn. Keep it for your records.

Paying by Credit Card

You can e-file Form 4868 using IRS e-file option 3 on page 1 and pay by credit card.

Paying by Check or Money Order

- When paying by check or money order with Form 4868, use the addresses in the middle column under *Where To File a Paper Form 4868* below.
- Make your check or money order payable to the "United States Treasury." Do not send cash.
- Write your social security number, daytime phone number, and "2004 Form 4868" on your check or money order.
- Do not staple or attach your payment to the form.

Where To File a Paper Form 4868 If you live in:	And you are making a payment, send Form 4868 with your payment to IRS:	And you are not making a payment, send Form 4868 to Internal Revenue Service Center:
Alabama, Florida, Georgia, Mississippi, North Carolina, Rhode Island, South Carolina, West Virginia	P.O. Box 105050 Atlanta, GA 30348-5050	Atlanta, GA 39901-0002
Maine, Massachusetts, New Hampshire, New York, Vermont	P.O. Box 37003 Hartford, CT 06176-0003	Andover, MA 05501-0002
District of Columbia, Maryland, New Jersey, Pennsylvania	P.O. Box 80109 Cincinnati, OH 45280-000	9 Philadelphia, PA 19255-0002
Arkansas, Colorado, Kentucky, Louisiana, New Mexico, Oklahoma, Tennessee, Texas	P.O. Box 660575 Dallas, TX 75266-0575	Austin, TX 73301-0002
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Virginia, Washington, Wyoming	P.O. Box 7122 San Francisco, CA 94120-7	7122 Fresno, CA 93888-0002
Conneticut, Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	P.O. Box 970028 St. Louis, MO 63197-002	28 Kansas City, MO 64999-0002
Ohio	P.O. Box 105073 Atlanta, GA 30348-5073	Memphis, TN 37501-0002
American Samoa or Puerto Rico (or if excluding income under Internal Revenue Code section 933); are a nonpermanent resident of Guam or the Virgin Islands; have an APO, FPO, or foreign address; are a dual-status alien; or file Form 2555, 2555-EZ, or 4563	P.O. Box 80109 Cincinnati, OH 45280-000	9 Philadelphia, PA 19255-0215
Guam: Permanent residents	Send Form 4868 and payments to:	Department of Revenue and Taxation Government of Guam P.O. Box 23607 GMF, GU 96921
Virgin Islands: Permanent residents	Send Form 4868 and payments to:	V.I. Bureau of Internal Revenue 9601 Estate Thomas Charlotte Amalie, St. Thomas, VI 00802

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. We need this information so that our records will reflect your intention to file your individual income tax return within 4 months after the regular due date. If you choose to apply for an automatic extension of time to file, you are required by Internal Revenue Code section 6081 to provide the information requested on this form. Under section 6109, you must disclose your social security number (SSN) or individual taxpayer identification number (ITIN). Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, or to federal and state agencies to enforce federal nontax criminal laws and to combat terrorism. If you fail to provide this information in a timely manner or provide incomplete or false information, you may be liable for penalties and interest.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 26 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 11 min.; and **Copying, assembling, and sending the form to the IRS**, 10 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to us at the following address: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224. Do not send the form to this address. Instead, see *Where To File a Paper Form 4868* above.

Form **6251**

Alternative Minimum Tax—Individuals

► See separate instructions.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

2004

Attachment Sequence No. 32

Department of the Treasury
Internal Revenue Service (J)

Name(s) shown on Form 1040

Sequence No. 32

Your social security number

Par	Alternative Minimum Taxable Income (See instructions for how to comple	te each line.)	
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 40, and go to line 2. Otherwise,		
	enter the amount from Form 1040, line 37, and go to line 7. (If less than zero, enter as a negative amount.)	1	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or $2\frac{1}{2}$ % of Form 1040, line 37 .	2	
3	Taxes from Schedule A (Form 1040), line 9	3	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	
6	If Form 1040, line 37, is over \$142,700 (over \$71,350 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet on page B-1 of the Instructions for Schedules A & B (Form 1040)	6 ()
7	Tax refund from Form 1040, line 10 or line 21	7 ()
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	٠,
24	Income from certain installment sales before January 1, 1987	24 (
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	+
27	Alternative tax net operating loss deduction	27 (
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see page 6 of the instructions.)	28	
Par	t II Alternative Minimum Tax		
29	Exemption. (If this form is for a child under age 14, see page 6 of the instructions.)		
	AND line 28 is THEN enter on		
	IF your filing status is not over line 29		
	Single or head of household	29	
	Married filing jointly or qualifying widow(er)	23	
	Married filing separately		
20	If line 28 is over the amount shown above for your filing status, see page 6 of the instructions. Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here	30	
30 31	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends	00	
31	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured		
	for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here.	31	
	• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.		
32	Alternative minimum tax foreign tax credit (see page 7 of the instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	
34	Tax from Form 1040, line 43 (minus any tax from Form 4972 and any foreign tax credit from Form 1040,		
J-4	line 46). If you used Schedule J to figure your tax, the amounts for lines 43 and 46 of Form 1040 must		
	be refigured without using Schedule J (see page 8 of the instructions)	34	
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form		
	1040, line 44	35	

Form 6251 (2004) Page **2**

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30	36	
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 43, or the amount from line 13 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 8 of the instructions)		
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 8 of the instructions)		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)		
40	Enter the smaller of line 36 or line 39	40	
41	Subtract line 40 from line 36	41	
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	1	
43	Enter: • \$58,100 if married filing jointly or qualifying widow(er), • \$29,050 if single or married filing separately, or • \$38,900 if head of household.		
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 43, or the amount from line 14 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0		
45	Subtract line 44 from line 43. If zero or less, enter -0		
46	Enter the smaller of line 36 or line 37		
47	Enter the smaller of line 45 or line 46		
48	Multiply line 47 by 5% (.05)	48	
49	Subtract line 47 from line 46		
50	Multiply line 49 by 15% (.15)	50	
	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.		
51	Subtract line 46 from line 40		
52	Multiply line 51 by 25% (.25)	52	
53	Add lines 42, 48, 50, and 52	53	
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		
55	Enter the smaller of line 53 or line 54 here and on line 31	55	

(Rev. December 2003)

Change of Address

► Please type or print.

OMB No. 1545-1163

Department of the Treasury Internal Revenue Service (J) ► See instructions on back. ▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address		
Check all boxes this change affects:		
1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.	;.)	
▶ If your last return was a joint return and you are now establishing a residence s		
from the spouse with whom you filed that return, check here	. ▶ ⊔	
2 Ciff cotate or generation objuning transfer to returns (Forms 70/ 700 etc.)		
 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.) ► For Forms 706 and 706-NA, enter the decedent's name and social security nu 	mhar halaw	
► For Forms 700 and 700-NA, enter the decedent's name and social security nu	ilibei below.	;
➤ Decedent's name	ty number	
3a Your name (first name, initial, and last name)	3b Your social sec	curity number
42 Chausele name (First name initial and last name)	4b Spouse's socia	al accurity myselson
4a Spouse's name (first name, initial, and last name)	4D Spouse's socia	ii security number
5 Prior name(s). See instructions.		•
6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instruction	ns.	Apt. no.
6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box of	or foreign address, see instruction	ons. Apt. no.
Spouse 3 old address, it different from the ba (i.o., street, city of town, state, and 211 code). If a 1.o. box (or foreight address, see mistraction	113.
7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructi	ons.	Apt. no.
Part II Complete This Part To Change Your Business Mailing Address of	r Business Location	
Check all boxes this change affects:	7 041 000 1041 10/5	1100 -+- \
8 ☐ Employment, excise, income, and other business returns (Forms 720, 940, 940-E 9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.).	.2, 941, 990, 1041, 1065,	, 1120, etc.)
10 D Business location		
11a Business name	11b Employer ide	ntification number
Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see i	nstructions.	Room or suite no.
13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see	instructions.	Room or suite no.
14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instruction	S.	Room or suite no.
Dank III Ciamashama		
Part III Signature		
Daytime telephone number of person to contact (optional) ▶ ()		
Dayanne telephone number of person to contact (optional)	_	
Sign \		I
Sign Here Your signature Date If Part II complete	ed, signature of owner, officer, or repre	sentative Date
	sa, signature or owner, officer, or repres	ocinative Date
If joint return, spouse's signature Date Title		

Form 8822 (Rev. 12-2003) Page 2

Purpose of Form

You may use Form 8822 to notify the Internal Revenue Service if you changed your home or business mailing address or your business location. If this change also affects the mailing address for your children who filed income tax returns, complete and file a separate Form 8822 for each child. If you are a representative signing for the taxpayer, attach to Form 8822 a copy of your power of attorney.

Changing Both Home and Business Addresses? If you are, use a separate Form 8822 to show each change.

Prior Name(s)

If you or your spouse changed your name because of marriage, divorce, etc., complete line 5. Also, be sure to notify the **Social Security Administration** of your new name so that it has the same name in its records that you have on your tax return. This prevents delays in processing your return and issuing refunds. It also safeguards your future social security benefits.

Addresses

Be sure to include any apartment, room, or suite number in the space provided.

P.O. Box

Enter your box number instead of your street address **only** if your post office does not deliver mail to your street address.

Foreign Address

Enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please **do not** abbreviate the country name.

Signature

If you are completing Part II, the owner, an officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid power of attorney to handle tax matters or is otherwise authorized to sign tax returns for the business.

Where To File

Send this form to the **Internal Revenue Service Center** shown next that applies to you.



If you checked the box on line 2, see Filers Who Checked the Box on Line 2 or Completed Part II for where to file this form.

Filers Who Checked the Box on Line 1 and Completed Part I

IF your old home mailing address was in	THEN use this address
Alabama, Florida, Georgia, Mississippi, North Carolina, Rhode Island, South Carolin West Virginia	a, Atlanta, GA 39901
Arkansas, Colorado, Kentuc Louisiana, New Mexico, Oklahoma, Tennessee, Texa	Austin, TX 73301
Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming	Fresno, CA 93888
Maine, Massachusetts, New Hampshire, New York, Vermont	Andover, MA 05501
Delaware, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	Kansas City, MO 64999
Ohio, Virginia	Memphis, TN 37501
Connecticut, District of Columbia, Maryland, New Jersey, Pennsylvania	Philadelphia, PA 19255
American Samoa	Philadelphia, PA 19255
Guam: Permanent residents	Department of Revenue and Taxation Government of Guam P.O. Box 23607 GMF, GU 96921
Guam: Nonpermanent residents Puerto Rico (or if excluding income under Internal Revenue Code section 933) Virgin Islands: Nonpermanent residents	Philadelphia, PA 19255
Virgin Islands: Permanent residents	V. I. Bureau of Internal Revenue 9601 Estate Thomas Charlotte Amalie St. Thomas, VI 00802
Foreign country: U.S. citizens and those filing Form 2555, Form 2555-EZ, or Form 4563	Philadelphia, PA 19255

Filers Who Checked the Box on Line 2 or Completed Part II

IF your old business address was in	THEN use this address			
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire,				
New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina	Cincinnati, OH 4599			

Alabama, Alaska, Arizona, Arkansas, California Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Ogden, UT 84201 Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming Outside the United States Philadelphia, PA 19255

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. We may give the information to the Department of Justice and to other Federal agencies, as provided by law. We may give it to cities, states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may give it to foreign governments because of tax treaties they have with the United States. We may also give this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

Our legal right to ask for information is Internal Revenue Code sections 6001 and 6011, which require you to file a statement with us for any tax for which you are liable. Section 6109 requires that you provide your social security number on what you file. This is so we know who you are, and can process your form and other papers.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The use of this form is voluntary. However, if you fail to provide the Internal Revenue Service with your current mailing address, you may not receive a notice of deficiency or a notice and demand for tax. Despite the failure to receive such notices, penalties and interest will continue to accrue on the tax deficiencies.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 16 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **Do not** send the form to this address. Instead, see **Where To File** on this page.



Vermont, Virginia, West

Virginia, Wisconsin

status aliens

All APO and FPO addresses

Form **8863**

Department of the Treasury Internal Revenue Service (J)

Education Credits (Hope and Lifetime Learning Credits)

► See instructions.

► Attach to Form 1040 or Form 1040A.

OMB No. 1545-1618

2004

Attachment
Sequence No. 50

Name(s) shown on return

Your social security number

	tion: You cannot take bo		lit and the tuition a	nd fees deduc	ction (Fo	orm 1040, li	ine 27	, or Form 104	40A,
line	19) for the same student	in the same year.							
Part I Hope Credit. Caution: You cannot take the Hope credit for more than 2 tax years for the same student.									
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,000 for each student.	(d) Enter the smaller of the amount in column (c) \$1,000	the the in column (d) f		rom	(f) Enter one-half	
2	Add the amounts in co	olumns (d) and (f) .	2_	() () ()	<u> </u>				
3	Tentative Hope credit. the lifetime learning cr						2		
Par			dent, go to Fart ii	i, Otherwise, g	go to F	art III	3		
4	Caution: You cannot take the Hope credit and	aution: You (a) Student's name (as shown on page 1 nnnot take the of your tax return) ppe credit and First name Last name			number	lent's social se (as shown on your tax return	page	(c) Qualified expenses (see instructions)	
	the lifetime learning credit for the same student in the								
_	same year.					<u> </u>	-		
5 6 7	Add the amounts on li Enter the smaller of li Tentative lifetime learn	ne 5 or \$10.000				· · · · · · · · · · · · · · · · · · ·	5 6 7		
Pai	t III Allowable Educ		,	,					
8	Tentative education cr	edits. Add lines 3 a	nd 7				8		
9	Enter: \$105,000 if mai household, or qualifyir	rried filing jointly; \$5		9					
10	Enter the amount from	Form 1040, line 37'	, or Form 1040A,	line 22 10					
11	Subtract line 10 from any education credits			11					
12	Enter: \$20,000 if marr household, or qualifyir		0,000 if single, h	140					
	If line 11 is equal to o go to line 15. If line 11 a decimal (rounded to	is less than line 12 at least three place	2, divide line 11 by es)	y line 12. Ent	er the r	result as	13	× .	ı
14	Multiply line 8 by line						14		
15						15			
16	 6 Enter the total, if any, of your credits from Form 1040, lines 46 through 48, or Form 1040A, lines 29 and 30					16			
17	credits					🕨	17		
18	Education credits. En line 49, or Form 1040	A, line 31				•	18		
	* If you are filing Form 2555	5, 2555-EZ, or 4563 or ye	ou are excluding inco	me from Puerto	Rico, see	e Pub. 970 fo	r the a	mount to enter.	

Form 8863 (2004) Page **2**

General Instructions Purpose of Form

Use Form 8863 to figure and claim your education credits. The education credits are:

- The Hope credit and
- The lifetime learning credit.

Who Can Take the Credits

You may be able to take the credits if you, your spouse, or a dependent you claim on your tax return was a student enrolled at or attending an eligible educational institution. The credits are based on the amount of qualified expenses paid for the student in 2004 for academic periods beginning in 2004 and the first 3 months of 2005.



Qualified expenses must be reduced by any expenses paid directly or indirectly using tax-free educational assistance. See Tax-Free Educational Assistance and Refunds of Qualified Expenses on this page.

Note. If a student is claimed as a dependent on another person's tax return, only the person who claims the student as a dependent can claim the credits for the student's qualified expenses. If a student is not claimed as a dependent on another person's tax return, only the student can claim the credits.

Generally, qualified expenses paid on behalf of the student by someone other than the student (such as a relative) are treated as paid by the student. Also, qualified expenses paid (or treated as paid) by a student who is claimed as a dependent on your tax return are treated as paid by you. Therefore, you are treated as having paid expenses that were paid from your dependent student's earnings, gifts, inheritances, savings, etc.

You cannot take the education credits if any of the following apply.

- You are claimed as a dependent on another person's tax return, such as your parent's return (but see the *Note* above).
- Your filing status is married filing separately.
- Your adjusted gross income on Form 1040, line 37, or Form 1040A, line 22, is (a) \$105,000 or more if married filing jointly, or (b) \$52,000 or more if single, head of household, or qualifying widow(er).
- You are taking a deduction for tuition and fees on Form 1040, line 27, or Form 1040A, line 19, for the same student.
- You (or your spouse) were a nonresident alien for any part of 2004 and the nonresident alien did not elect to be treated as a resident alien.

Additional Information

See Pub. 970, Tax Benefits for Education, for more information about these credits.

Rules That Apply to Both Credits What Expenses Qualify?

Generally, qualified expenses are amounts paid in 2004 for tuition and fees required for the student's enrollment or attendance at an eligible educational institution. It does not matter whether the expenses were paid in cash, by check, by credit card, or with borrowed funds.

Qualified expenses do not include amounts paid for:

 Room and board, insurance, medical expenses (including student health fees), transportation, or other similar personal, living, or family expenses.

- Course-related books, supplies, equipment, and nonacademic activities, except for fees required to be paid to the institution as a condition of enrollment or attendance.
- Any course or other education involving sports, games, or hobbies, unless such course or other education is part of the student's degree program or (for the lifetime learning credit only) helps the student to acquire or improve job skills.

If you or the student take a deduction for higher education expenses, such as on Schedule A or Schedule C (Form 1040), you cannot use those expenses when figuring your education credits.



Any qualified expenses used to figure the education credits cannot be taken into account in determining the amount of a distribution from a Coverdell ESA or a qualified tuition program that

is excluded from gross income.

Tax-Free Educational Assistance and Refunds of Qualified Expenses

Tax-free educational assistance includes a tax-free scholarship or Pell grant or tax-free employer-provided educational assistance.

You must reduce the total of your qualified expenses by any tax-free educational assistance and by any refunds of qualified expenses. If the refund or tax-free assistance is received in the same year in which the expenses were paid or in the following year before you file your tax return, reduce your qualified expenses by the amount received and figure your education credits using the reduced amount of qualified expenses. If the refund or tax-free assistance is received after you file your return for the year in which the expenses were paid, you must figure the amount by which your education credits would have been reduced if the refund or tax-free assistance had been received in the year for which you claimed the education credits. Include that amount as an additional tax for the year the refund or tax-free assistance was received on the tax line of your 2004 tax return (Form 1040, line 43, or Form 1040A, line 28). Enter the amount and "ECR" next to that line.

Example. You paid \$2,250 tuition on December 26, 2003, and your child began college on January 27, 2004. You filed your 2003 tax return on February 2, 2004, and claimed a Hope credit of \$1,500. After you filed your return, your child dropped two courses (but maintained one-half of a full-time workload), and you received a refund of \$750. You must refigure your 2003 Hope credit using \$1,500 of qualified expenses instead of \$2,250. The refigured credit is \$1,250. You must include the difference of \$250 on your 2004 Form 1040, line 43, or Form 1040A, line 28.

Prepaid Expenses

Qualified expenses paid in 2004 for an academic period that begins in the first 3 months of 2005 can be used in figuring your 2004 education credits. For example, if you pay \$2,000 in December 2004 for qualified tuition for the 2005 winter quarter that begins in January 2005, you can use that \$2,000 in figuring your 2004 education credits (if you meet all the other requirements).



You cannot use any amount paid in 2003 or 2005 to figure your 2004 education credits.

Form 8863 (2004) Page **3**

What Is an Eligible Educational Institution?

An eligible educational institution is generally any accredited public, nonprofit, or proprietary (private) college, university, vocational school, or other postsecondary institution. Also, the institution must be eligible to participate in a student aid program administered by the Department of Education. Virtually all accredited postsecondary institutions meet this definition.

Specific Instructions

Part I Hope Credit

You may be able to take a credit of up to \$1,500 for qualified expenses (defined earlier) paid for each student who qualifies for the Hope credit. You can take the Hope credit for a student if all of the following apply.

- As of the beginning of 2004, the student had not completed the first 2 years of postsecondary education (generally, the freshman and sophomore years of college), as determined by the eligible educational institution. For this purpose, do not include academic credit awarded solely because of the student's performance on proficiency examinations.
- The student was enrolled in 2004 in a program that leads to a degree, certificate, or other recognized educational credential
- The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2004.
- The Hope credit was not claimed for that student's expenses in more than one prior tax year.
- The student has not been convicted of a felony for possessing or distributing a controlled substance.



If a student does not meet all of the above conditions, you may be able to take the lifetime learning credit for part or all of that student's qualified expenses instead.

Line 1

Complete columns (a) through (f) on line 1 for each student who qualifies for and for whom you elect to take the Hope credit.

Column (c)

Enter only qualified expenses paid for the student in 2004 for academic periods beginning after 2003 but before April 1, 2005, as explained earlier. If the student's expenses are more than \$2,000, enter \$2,000.

Note. If you have more than three students who qualify for the Hope credit, enter "See attached" next to line 1 and attach a statement with the required information for each additional student. Include the totals from line 1, columns (d) and (f), for all students in the amount you enter on line 2, columns (d) and (f).

Part II Lifetime Learning Credit

The maximum lifetime learning credit for 2004 is \$2,000, regardless of the number of students.



You cannot take the lifetime learning credit for any student for whom you are taking the Hope credit.

Line 4

Complete columns (a) through (c) for each student for whom you are taking the lifetime learning credit.

Column (c)

Enter only qualified expenses paid for the student in 2004 for academic periods beginning after 2003 but before April 1, 2005, as explained earlier.

Note. If you are taking the lifetime learning credit for more than three students, enter "See attached" next to line 4 and attach a statement with the required information for each additional student. Include the totals from line 4, column (c), for all students in the amount you enter on line 5.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 12 min.; **Learning about the law or the form**, 8 min.; **Preparing the form**, 32 min.; **Copying, assembling, and sending the form to the IRS**, 33 min

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the Instructions for Form 1040 or Form 1040A.

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