For the year Jan. 1–Dec. 31, 2005, or other tax year beginning , 2005, ending , 20 OMB No. 1545-0074  Your first name and initial Last name  Your social security number	<b>1040</b>			rtment of the Treasury—Internal Revenue Individual Income Tax Re		5	(99) IRS Use	Only Do n	at urita ar	atanla in this anges		
Vour social security number   Vour							,	<del>,</del>				
See instructions on page 13, 1   Use the IRS   Use the I	Label	- }										
Use the IRS label. Use the IRS	(See				-	i i i						
Use the IRS behalvising. Home address (number and street). If you have a P.O. box, see page 16.	on page 16.)	В	If a joint return, spouse's first name and initial Last name							Spouse's social security number		
Otherwise, please print or type.  City, town or post office, state, and ZPP code. If you have a foreign address, see page 16.  Presidential Election Campalan ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ▶ Vou Solygis) above.  Presidential 1 □ Imple 1 □ Imple 2 □ Married filing jointly (even if only one had income) □ Imple 2 □ Married filing separately. Enter spouse's SSN above and full amen here. ▶ □ Oualifying widow(ev) with dependent child (see page 17) □ Imple 2 □ Married filing separately. Enter spouse's SSN above and full amen here. ▶ □ Oualifying widow(ev) with dependent child (see page 17) □ Imple 2 □ Married filing interest characters and income by Spouse □ Imple 3 □			Hon	no address (number and atreet) If you have	1 1							
Presidential Election Campaign   Check corly Single Check only Sin	Otherwise,	E	Hor	ne address (number and street). It you have								
Check only   1   2	or type.		City	y, town or post office, state, and ZIP code. If you have a foreign address, see page 16.								
Filing Status  Check only one box.  Exemptions  Sample of the qualifying person is a brild but not your dependent, enter this child's name here. ▶  Sample of the qualifying person is a brild but not your dependent, enter this child's name here. ▶  Sample of the qualifying person is a brild but not your dependent, enter this child's name here. ▶  Sample of the qualifying person is a brild but not your dependent, enter this child's name here. ▶  Sample of the qualifying person is a brild but not your dependent thild (see page 17)  Boxes chacked:  (2) Dependent's (9) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Boxes chacked:  (1) First name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Boxes chacked:  (1) First name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Boxes chacked:  (1) First name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Boxes chacked:  (1) First name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Boxes chacked:  (1) First name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Boxes chacked:  (1) First name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Traully name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Travally name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 17)  Travally name Last name (2) Dependent's (14) Traullying widow(er) with dependent child (see page 18)  Travally name Last name (14) Travally name the child (see page 23)  Travally name Last name (14) Travally name the child (see page 23)  Travally name Last name (14) Travally name the child (see page 23)  Travally name Last name (14) Travally name the child (see page 23)  Travally name Last name (14) Travally name the child (see page 24)  Travally name Last name (14) Travally nam		ign	► Cl	neck here if you, or your spouse if filing	g jointly, want \$3 to g	jo to th	nis fund (see p	age 16)	- č	,		
Check only one box.    S	E.I. O. 1		1 🛚	Single		4	Head of househ	old (with	qualifyin	g person). (See pag	je 17.) If	
and full name here. ▶ 5 □ Qualifying widow(er) with dependent child (see page 17)  Exemptions  Sa	Filing Status	5	2	Married filing jointly (even if only one	child bu	t not your depender	nt, enter					
Exemptions    6a	•		3 _							1 1 1 1 1 1		
Exemptions    Sopuse   Sopuse	one box.							w(er) with	า depen า		ge 17)	
on 6e who:	Evemntions				•	lo not	check box 6a		}	on 6a and 6b		
If more than four dependents, see page 19.   If sind name   Last name   Social Security number   relationship to   relition to last   relationship to   relitionship to   r	Exemptions	,				· ·	(3) Dependent's		alifying			
If more than four dependents, see page 19.  d Total number of exemptions claimed    Total number of exemptions claimed   Dependents on 8c not entered above			·	•			relationship to			-		
d Total number of exemptions claimed  d Total number of exemptions claimed  Attach Form(s) W-2 here. Also attach Forms W-2 and Unger, and Unge				(1) That hame	1 1		you	Credit (see p	age 19)	you due to divorce		
Total number of exemptions claimed   Total numbers on lines above					1 1							
d Total number of exemptions claimed  Wages, salaries, tips, etc. Attach Form(s) W-2 Taxable interest. Attach Schedule B if required  Attach Form(s) W-2 here. Also attach Forms W-2 hare. Also attac		е			1 1							
Income	page 19.				1 1							
Nation   Sa   Taxable interest. Attach Schedule B if required   Sa			d	Total number of exemptions claimed								
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)  11 Alimony received  12 Business income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  14 Other gains or (losses). Attach Form 4797  15a IRA distributions  15a b Taxable amount (see page 25) 16b b Taxable amount (see page 25) 16c lease use  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  18 Permi 1040-V.  20a Social security benefits  20a Social security benefits  20b Corte income. List type and amount (see page 29)  21 Corte income. List type and amount (see page 29)  22 Add the amounts in the far right column for lines 7 through 21. This is your total income   23 Educator expenses (see page 29)  24 Cortain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 3903  25 Eff-employed SEP, SIMPLE, and qualified plans  26 Moving expenses. Attach Form 3903  27 One-half of self-employment tax. Attach Schedule SE  28 Self-employed SEP, SIMPLE, and qualified plans  29 Self-employed SEP, SIMPLE, and qualified plans  21 IRA deduction (see page 31)  31 Alimony paid b Recipient's SSN ►  31 Domestic production activities deduction (see page 34)  30 Domestic production activities deduction activities deduction. Attach Form 8903			7	Wages, salaries, tips, etc. Attach Form	m(s) W-2				7			
We2-here. Also attach Forms We2- here. Also attach Forms We3- here. Also attach Forms 100- here. Also	Income		8a	Taxable interest. Attach Schedule B i	f required	: .			8a			
tattach Forms W-2G and 1099-Ri if tax was withheld.  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 11 Alimony received 11 Alimony received 11 Alimony received 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 12 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13 14 14 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15				•		8b			90			
W-2G and 1099-R if tax was withheld.  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 11				•	•				Ja		+	
Alimony received   11   Alimony received   12   Business income or (loss). Attach Schedule C or C-EZ   13   Capital gain or (loss). Attach Schedule D if required. If not required, check here		-		, , , , ,			ne (ean page 2	3)	10			
12   Business income or (loss). Attach Schedule C or C-EZ   13   12   13     14   14   15   15   15   15   15					State and local incom	iie taxe	ss (see page 2	3)				
13				•	nedule C or C-F7							
If you did not get a W-2, see page 22.   15a   IRA distributions   15a     b Taxable amount (see page 25)   15b     16b     16b				• •				<b>▶</b> □	13			
See page 22.  16a Pensions and annuities  16a b Taxable amount (see page 25)  16b 17  Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  18 Farm income or (loss). Attach Schedule F  19 Unemployment compensation  20a Social security benefits  20a D Taxable amount (see page 27)  21 Other income. List type and amount (see page 29)  22 Add the amounts in the far right column for lines 7 through 21. This is your total income  23 Educator expenses (see page 29)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  25 Health savings account deduction. Attach Form 8889  26 Moving expenses. Attach Form 3903  27 One-half of self-employment tax. Attach Schedule SE  28 Self-employed SEP, SIMPLE, and qualified plans  29 Self-employed health insurance deduction (see page 30)  30 Penalty on early withdrawal of savings  31 Alimony paid b Recipient's SSN ▶  31 IRA deduction (see page 31)  32 Student loan interest deduction (see page 33)  33 Student loan interest deduction (see page 34)  35 Domestic production activities deduction. Attach Form 8903	If you did not	1	14						14			
Enclose, but do not attach, any payment. Also, please use Form 1040-V.  20a Social security benefits		1	I5a	IRA distributions 15a	b	Taxab	le amount (see p	age 25)	15b			
not attach, any payment. Also, please use Form 1040-V.  18 Farm income or (loss). Attach Schedule F.  19 Unemployment compensation  20a Social security benefits 20a b Taxable amount (see page 27)  21 Other income. List type and amount (see page 29)  22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22  Adjusted Gross Income  23 Educator expenses (see page 29)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  25 Health savings account deduction. Attach Form 8889.  26 Moving expenses. Attach Form 3903  27 One-half of self-employment tax. Attach Schedule SE  28 Self-employed SEP, SIMPLE, and qualified plans  29 Self-employed health insurance deduction (see page 30)  30 Penalty on early withdrawal of savings  31 Alimony paid b Recipient's SSN ▶  31 Alimony paid b Recipient's SSN ▶  31 IRA deduction (see page 31)  32 IRA deduction (see page 31)  33 Student loan interest deduction (see page 33)  34 Tuition and fees deduction (see page 34)  35 Domestic production activities deduction. Attach Form 8903	see page 22.	1	l6a	Pensions and annuities 16a	b	Taxabl	le amount (see p	age 25)				
payment. Also, please use  Form 1040-V. 20a Social security benefits 20a b Taxable amount (see page 27) 21 Other income. List type and amount (see page 29) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income    23 Educator expenses (see page 29) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction (see page 30) 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction (see page 31) 33 Student loan interest deduction (see page 33) 34 Tuition and fees deduction (see page 34) 35 Domestic production activities deduction. Attach Form 8903	Enclose, but do	1	17	Rental real estate, royalties, partnershi	ips, S corporations, tr	usts, e	tc. Attach Sch	edule E	17			
please use Form 1040-V.  20a Social security benefits . 20a   b Taxable amount (see page 27)  21 Other income. List type and amount (see page 29)		1	18	Farm income or (loss). Attach Schedu	le F							
21 Other income. List type and amount (see page 29) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income    23 Educator expenses (see page 29) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  25 Health savings account deduction. Attach Form 8889.  26 Moving expenses. Attach Form 3903	• • •	1	19								_	
Adjusted Gross Income  23 Educator expenses (see page 29)	Form 1040-V.			coolar coolarity somerito .				,			-	
Adjusted Gross Income  23 Educator expenses (see page 29) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ Income  25 Health savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903. 27 One-half of self-employment tax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction (see page 30) 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN   32 IRA deduction (see page 31). 33 Student loan interest deduction (see page 33). 34 Tuition and fees deduction (see page 34). 35 Domestic production activities deduction. Attach Form 8903											+	
Adjusted Gross  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ Income  25 Health savings account deduction. Attach Form 8889.  26 Moving expenses. Attach Form 3903.  27 One-half of self-employment tax. Attach Schedule SE.  28 Self-employed SEP, SIMPLE, and qualified plans.  29 Self-employed health insurance deduction (see page 30)  30 Penalty on early withdrawal of savings.  31a Alimony paid b Recipient's SSN   31a Alimony paid b Recipient's SSN   32 IRA deduction (see page 31).  33 Student loan interest deduction (see page 33).  34 Tuition and fees deduction (see page 34).  35 Domestic production activities deduction. Attach Form 8903							S your total line	Joine P			+	
Gross fee-basis government officials. Attach Form 2106 or 2106-EZ 24   Income 25 Health savings account deduction. Attach Form 8889. 25   26 Moving expenses. Attach Form 3903. 26   27 One-half of self-employment tax. Attach Schedule SE. 27   28 Self-employed SEP, SIMPLE, and qualified plans. 28   29 Self-employed health insurance deduction (see page 30) 29   30 Penalty on early withdrawal of savings. 30   31a Alimony paid b Recipient's SSN ▶ 31a   32 IRA deduction (see page 31) 32   33 Student loan interest deduction (see page 33) 33   34 Tuition and fees deduction (see page 34) 34   35 Domestic production activities deduction. Attach Form 8903	Adjusted			,								
Health savings account deduction. Attach Form 8889 . 25	Gross	-			•	24						
26 Moving expenses. Attach Form 3903	Income	2	25			25						
27 One-half of self-employment tax. Attach Schedule SE						26						
Self-employed health insurance deduction (see page 30)  30 Penalty on early withdrawal of savings		2	27			27						
30 Penalty on early withdrawal of savings		2	28	Self-employed SEP, SIMPLE, and qua	alified plans	28						
31a Alimony paid b Recipient's SSN ▶		2	29	Self-employed health insurance deduc	ction (see page 30)	29						
32 IRA deduction (see page 31)		3	30	Penalty on early withdrawal of savings	s	30						
33 Student loan interest deduction (see page 33)		3	31a	Alimony paid <b>b</b> Recipient's SSN ▶								
Tuition and fees deduction (see page 34)		3	32									
35 Domestic production activities deduction. Attach Form 8903					-							
Belliotic production detailed academin mader of the cool					,							
30 Agg lines 23 infough 31a and 32 infough 33				•					26			
37 Subtract line 36 from line 22. This is your adjusted gross income								•			+	

Form 1040 (2005)				Page A
Tour out	38	Amount from line 37 (adjusted gross income)	38	
Tax and	39a	Check [ You were born before January 2, 1941, Blind.] Total boxes		
Credits	oou	if: Spouse was born before January 2, 1941, ☐ Blind.   Checked ▶ 39a ☐		
	١ .	,	Ħ	
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here >39b		
for—	_40 _	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
People who	41	Subtract line 40 from line 38	41	
checked any	42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina,		
box on line		see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	
39a or 39b <b>or</b> who can be	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
claimed as a	44	Tax (see page 37). Check if any tax is from: a  Form(s) 8814 b Form 4972	4.4	
dependent, see page 36.	45	Alternative minimum tax (see page 39). Attach Form 6251	l	
		· · · ·	46	
All others:	46	Add lines 44 and 45	.0	
Single or Married filing	47	Torogin tax credit. Attach Form Fire dured	$\dashv$	
separately,	48	Credit for child and dependent care expenses. Attach Form 2441	-	
\$5,000	49	Credit for the elderly or the disabled. Attach Schedule R 49	_	
Married filing	50	Education credits. Attach Form 8863		
jointly or	51	Retirement savings contributions credit. Attach Form 8880 51		
Qualifying widow(er),	52	Child tax credit (see page 41). Attach Form 8901 if required 52		
\$10,000	53	Adoption credit. Attach Form 8839		
Head of	54	Credits from: a Form 8396 b Form 8859 54		
household,		ordination. a 1 form dood b 1 form dood	$\dashv$	
\$7,300	55	Other credits. Check applicable box(es): a Form 3800		
		<b>5</b> — Form 600 Form		
	56	Add lines 47 through 55. These are your <b>total credits</b>	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	
Other	58	Self-employment tax. Attach Schedule SE	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		
	61	Advance earned income credit payments from Form(s) W-2		
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your <b>total tax</b>	63	
			03	
Payments <b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099 64	$\dashv$	
	65	2005 estimated tax payments and amount applied from 2004 return 65	_	
If you have a	_66a	Earned income credit (EIC)	_	
qualifying child, attach	b	Nontaxable combat pay election ▶ 66b		
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 59)		
	68	Additional child tax credit. Attach Form 8812		
	69	Amount paid with request for extension to file (see page 59)		
	70	Payments from: a $\square$ Form 2439 b $\square$ Form 4136 c $\square$ Form 8885 . 70		
	71	Add lines 64, 65, 66a, and 67 through 70. These are your <b>total payments</b>	71	
			72	
Refund	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you <b>overpaid</b>		
Direct deposit?	73a	Amount of line 72 you want <b>refunded to you</b>	73a	
	▶ b	Routing number Savings Checking Savings		
and fill in 73b, 73c, and 73d.	► d	Account number		
750, and 750.	74	Amount of line 72 you want applied to your 2006 estimated tax     74		
Amount	75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60 ▶	75	
You Owe	76	Estimated tax penalty (see page 60)		
	Do	you want to allow another person to discuss this return with the IRS (see page 61)?	. Compl	ete the following.
Third Party				J
Designee	De: nar	signee's Phone Personal ident ne ▶ no. ▶ ( ) number (PIN)	itication	
Ciara		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements,	and to the	heet of my knowledge and
Sign	bel	ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	which pre	parer has any knowledge.
Here		ur signature   Date   Your occupation		time phone number
Joint return?	10	an signature Date From occupation	Day	ine phone number
See page 17.	_		(	)
Keep a copy for your	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		
records.	7			
Doid	Dro	parer's Date Check if	Prep	parer's SSN or PTIN
Paid		check if self-employed	1   .	
Preparer's		n's name (or EIN		
Use Only	VOI	urs if self-employed)		
•	ado	dress, and ZIP code Phone no.	(	J