

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20 OMB. No. 1545-0074 Your first name and initial Last name Your social security number If a joint return, spouse's first name and initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see page 16. Apt. no. City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. Important! You must enter your SSN(s) above.

Presidential Election Campaign (See page 16.) Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You Yes No Spouse Yes No

Filing Status Check only one box. 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child (see page 17)

Exemptions 6 a Yourself. If someone can claim you as a dependent, do not check box 6a. b Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 18) No. of children on 6c who: lived with you did not live with you due to divorce or separation (see page 18) Dependents on 6c not entered above Add numbers on lines above d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends (see page 20) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see page 22) 15b 16a Pensions and annuities 16a b Taxable amount (see page 22) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount (see page 24) 20b 21 Other income. 21 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 26) 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 IRA deduction (see page 26) 25 26 Student loan interest deduction (see page 28) 26 27 Tuition and fees deduction (see page 29) 27 28 Health savings account deduction. Attach Form 8889 28 29 Moving expenses. Attach Form 3903 29 30 One-half of self-employment tax. Attach Schedule SE 30 31 Self-employed health insurance deduction (see page 30) 31 32 Self-employed SEP, SIMPLE, and qualified plans 32 33 Penalty on early withdrawal of savings 33 34a Alimony paid b Recipient's SSN 34a 35 Add lines 23 through 34a 35 36 Subtract line 35 from line 22. This is your adjusted gross income 36