

Label
(See instructions on page 19.)
Use the IRS label. Otherwise, please print or type.

Label Here

For the year Jan. 1–Dec. 31, 2001, or other tax year beginning _____, 2001, ending _____, 20

Your first name and initial: **Johnny M** Last name: **Waymire**

If a joint return, spouse's first name and initial: _____ Last name: _____

Home address (number and street). If you have a P.O. box, see page 19. _____ Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. _____

OMB No. 1545-0074

Your social security number _____

Spouse's social security number _____

▲ Important! ▲
You must enter your SSN(s) above.

Presidential Election Campaign
(See page 19.)

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? Yes No Yes No

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate return. Enter spouse's social security no. above and full name here. **▶ Don't know what it is**

4 Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. **▶**

5 Qualifying widow(er) with dependent child (year spouse died **▶** _____). (See page 19.)

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b Spouse or dependent child

(1) Name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 20)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of boxes checked on 6a and 6b: **1**

No. of your children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see page 20) _____
 Dependents on 6c not entered above _____

Add numbers entered on lines above **▶** **1**

d Total number of exemptions claimed _____

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 0 00**

8a Taxable interest. Attach Schedule B if required **8a 44 18**

b Tax-exempt interest. Do not include on line 8a **8b**

9 Ordinary dividends. Attach Schedule B if required **9 0 00**

10 Taxable refunds, credits, or offsets of state and local taxes (see page 22) **10 0 00**

11 Alimony received **11 0 00**

12 Business income or (loss). Attach Schedule C or C-EZ **12 0 00**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check **13 0 00**

14 Other gains or (losses). Attach Form 4797 **14 0 00**

15a Total IRA distributions **15a** **15b 0 00**

16a Total pensions and annuities **16a** **16b 0 00**

17 Rental real estate, royalties, partnerships, S-corporations, trusts, etc. Attach Schedule E **17 0 00**

18 Farm income or (loss). Attach Schedule F **18 0 00**

19 Unemployment compensation **19 0 00**

20a Social security benefits **20a** **20b 0 00**

21 Other income. List type and amount (see page 27) **21 0 00**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22 44 18**

Adjusted Gross Income

23 IRA deduction (see page 27) **23 0 00**

24 Student loan interest deduction (see page 28) **24 0 00**

25 Archer MSA deduction. Attach Form 8853 **25 0 00**

26 Moving expenses. Attach Form 3903 **26 0 00**

27 One-half of self-employment tax. Attach Schedule SE **27 0 00**

28 Self-employed health insurance deduction (see page 30) **28 0 00**

29 Self-employed SEP, SIMPLE, and qualified plans **29 0 00**

30 Penalty on early withdrawal of savings **30 0 00**

31a Alimony paid b Recipient's SSN **▶** **31 0 00**

32 Add lines 23 through 31a **32 0 00**

33 Subtract line 32 from line 22. This is your adjusted gross income **▶ 33 44 18**

Tax and Credits

Standard Deduction for—

• People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.

• All others:
Single, \$4,550

Head of household, \$6,650

Married filing jointly or Qualifying widow(er), \$7,600

Married filing separately, \$3,800

34	Amount from line 33 (adjusted gross income)		34	44	18
35a	Check if: <input type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here ▶ 35a	0			
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here ▶ 35b	<input type="checkbox"/>			
36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		36	3800	00
37	Subtract line 36 from line 34		37	-3755	82
38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet on page 32		38	2900	00
39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39	0	00
40	Tax (see page 33). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		40		
41	Alternative minimum tax (see page 34). Attach Form 6251		41		
42	Add lines 40 and 41		42	0	00
43	Foreign tax credit. Attach Form 1116 if required	43	0	00	
44	Credit for child and dependent care expenses. Attach Form 2441	44	0	00	
45	Credit for the elderly or the disabled. Attach Schedule R	45	0	00	
46	Education credits. Attach Form 8863	46	0	00	
47	Rate reduction credit. See the worksheet on page 36	47	0	00	
48	Child tax credit (see page 37)	48	0	00	
49	Adoption credit. Attach Form 8839	49	0	00	
50	Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	0	00	
51	Add lines 43 through 50. These are your total credits		51	0	00
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-		52	0	00

Other Taxes

53	Self-employment tax. Attach Schedule SE		53	0	00
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		54	0	00
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required		55	0	00
56	Advance earned income credit payments from Form(s) W-2		56	0	00
57	Household employment taxes. Attach Schedule H		57	0	00
58	Add lines 52 through 57. This is your total tax		58	0	00

Payments

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	512	73	
60	2001 estimated tax payments and amount applied from 2000 return	60	0	00	
61a	Earned income credit (EIC)	61a	0	00	
b	Nontaxable earned income	61b			
62	Excess social security and RRTA tax withheld (see page 51)	62	654	08	
63	Additional child tax credit. Attach Form 8812	63	0	00	
64	Amount paid with request for extension to file (see page 51)	64	0	00	
65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65	0	00	
66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments		66	1166	81

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid		67	1166	81
68a	Amount of line 67 you want refunded to you		68a	1166	81
b	Routing number				
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
d	Account number				
69	Amount of line 67 you want applied to your 2002 estimated tax		69		
70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see page 52		70	0	00

Amount You Owe

71	Estimated tax penalty. Also include on line 70		71		
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Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)? Yes. Complete the following. No

Designee's name ▶ _____ Phone no. ▶ () _____ Personal identification number (PIN) ▶ _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature [Signature] Date 12-12-06 Your occupation Freelance Citron Daytime phone number ()

**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R,
Distributions From Pensions, Annuities, Retirement or
Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.**OMB No.
1545-0458

Attach to Form 1040, 1040A, 1040-EZ or 1040X

1. Name (First, middle, last)
Johnny Micheal Waymire2. Social security number (SSN)
[REDACTED]3. Address
[REDACTED]

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRA's, Insurance Contracts, etc., from my employer or payer named below. I have notified the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2001 (year)

5. Employer's or payer's name, address and ZIP code
[REDACTED]6. Employer's or payer's identification number (if known)
[REDACTED]

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for taxes, insurance, etc.)	0	f. Federal income tax withheld	512.73
b. Social security wages	0	g. State tax withheld (Name or state)	0 Indiana
c. Medicare wages	0	h. Local tax withheld (Name of locality)	0
d. Advance EIC payments	0	i. Social security tax withheld	530.10
e. Social security tips	0	j. Medicare tax withheld	123.98

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	0	4. Federal Income Tax Withheld	0
2a. Taxable Amount	0	5. State Income Tax Withheld	0
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	0
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	0
3. Capital Gains (included in 2a)	0	8. Enter Distribution Code	0

8. How did you determine the amounts in item 7 above?

Records supplied by [REDACTED], and the statutory language used in IRC 3401 and 3121 as well as others.

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.

I have asked [REDACTED] to correct but they are afraid of IRS retaliation. The amounts listed as withheld on the W-2s submitted by [REDACTED] are accurate however.

Importance Notice: If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.

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 Paper 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 Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence 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 Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

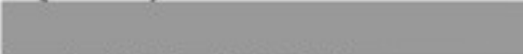
10. Your signature
[REDACTED]11. Date (mmddyyyy)
12-12-06

PAYER'S name (print address only, date and ZIP code)		1 Other	MAR 10 1949 311 P	
		\$	2001 Form 1099-MISC	
		2 Royalties		
PAYER'S Federal identification number		3 Other income	4 Total amount paid for	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1099. For Privacy Act and Paperwork Reduction Act Notice, see the 2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S Federal identification number		\$	\$	
RECIPIENT'S name		5 Filing and proceeds	6 Trade-related payments	
John Waymire		\$	\$	
Street address (including apt. no.)		7 Annuity or concentrate	8 Substantiated interest	
		\$ 0	\$	
City, state and ZIP code		9 Proceeds from sale of \$100,000 or more of stock or proceeds from sale of real property (see instructions) <input type="checkbox"/>	10 Crop insurance proceeds	
		\$	\$	
Account number (optional)		11	12	
		13 Excess union borrowing payments	14 Court awards (add no. in attorney)	
Date		\$	\$	
<input type="checkbox"/>		15	16 State tax withheld	17 State/Payer's state no.
		\$	\$	18 Other income
		\$	\$	\$

1099-MISC

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

This Corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment to the party identified above as "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business". Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct and complete.


 Johnny Michael, Waymire

 12-12-06
 Date