

Label

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

Form fields for name, address, and SSN. Peter E. Hendrickson, Doreen M. Hendrickson.

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?

Filing Status

- 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er)

Exemptions

Exemption boxes 6a, b, c, d. 6a: Yourself, 6b: Spouse, 6c: Dependents table.

No. of boxes checked on 6a and 6b. No. of children on 6c who: lived with you, did not live with you due to divorce or separation.

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 22 rows for income items (7-22) and columns for taxable amounts.

Adjusted Gross Income

Table with 12 rows for adjusted gross income items (23-34) and columns for taxable amounts.

**Tax and Credits**

**Standard Deduction for—**

- People who checked any box on line 36a or 36b or who can be claimed as a dependent, see page 34.
- All others:
  - Single or Married filing separately, \$4,750
  - Married filing jointly or Qualifying widow(er), \$9,500
  - Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)		35	286	14
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked ▶ 36a				
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 36b <input type="checkbox"/>				
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		37	9500	00
38	Subtract line 37 from line 35		38	9213	86
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet on page 35		39	6100	00
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-		40	15313	86
41	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		41	-0	-
42	Alternative minimum tax (see page 38). Attach Form 6251		42		
43	Add lines 41 and 42		43	-0	-
44	Foreign tax credit. Attach Form 1116 if required	44			
45	Credit for child and dependent care expenses. Attach Form 2441	45			
46	Credit for the elderly or the disabled. Attach Schedule R	46			
47	Education credits. Attach Form 8863	47			
48	Retirement savings contributions credit. Attach Form 8880	48			
49	Child tax credit (see page 40)	49			
50	Adoption credit. Attach Form 8839	50			
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51			
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52			
53	Add lines 44 through 52. These are your total credits	53		-0	-
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54		-0	-

**Other Taxes**

55	Self-employment tax. Attach Schedule SE	55		-0	-
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56		-0	-
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57		28	34
58	Advance earned income credit payments from Form(s) W-2	58		-0	-
59	Household employment taxes. Attach Schedule H	59		-0	-
60	Add lines 54 through 59. This is your total tax	60		28	34

**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	10,256	34	
62	2003 estimated tax payments and amount applied from 2002 return	62	-0	-	
63	Earned income credit (EIC)	63	-0	-	
64	Excess social security and tier 1 RRTA tax withheld (see page 56)	64	-0	-	
65	Additional child tax credit. Attach Form 8812	65	-0	-	
66	Amount paid with request for extension to file (see page 56)	66	-0	-	
67	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	-0	-	
68	Add lines 61 through 67. These are your total payments	68			

**Refund**

Direct deposit? See page 56 and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	10,228	00	
70a	Amount of line 69 you want refunded to you ▶	70a	10,228	00	
b	Routing number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
d	Account number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] ▶				
71	Amount of line 69 you want applied to your 2004 estimated tax ▶	71			

**Amount You Owe**

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see page 57 ▶	72			
73	Estimated tax penalty (see page 58)	73			

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 58)?  Yes. Complete the following.  No

Designee's name ▶	Phone no. ▶ ( )	Personal identification number (PIN) [ ] [ ] [ ] [ ]
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**Sign Here**

Joint return? See page 20. Keep a copy for your records.

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/	Date	Your occupation	Daytime phone number
[Signature]	4-07-04	American Citizen	( )
Spouse's signature. If a joint return/ both must sign.	Date	Spouse's occupation	
[Signature]	4/07/04	Michigan resident	

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN	Phone no. ( )	

Department of the Treasury - Internal Revenue Service  
**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.**  
 Attach to Form 1040, 1040A, 1040-EZ or 1040X

OMB No.  
1545-0458

1. Name (First, middle, last) **Peter E. Hendrickson** 2. Social security number (SSN)

3. Address

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 hereby notify 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 2003 (year)

5. Employer's or payer's name, address and ZIP code **Personnel Management Inc.** 6. Employer's or payer's identification number (if known)

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	\$5620.02
b. Social security wages	-	g. State tax withheld (Name or state)	\$1942.80 MI
c. Medicare wages	-0-	h. Local tax withheld (Name of locality)	-0-
d. Advance EIC payments	-	i. Social security tax withheld	\$3757.60
e. Social security tips	-0-	j. Medicare tax withheld	\$878.72

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	-

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

Company provided records and the statutory language behind IRC sections 3401 and 3121 and others.

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts. Request, but the company refuses to issue forms correctly listing payments of "wages as defined in 3401(a) and 3121(a) for fear of IRS retaliation. The amounts listed as withheld on the W-2 if submitted are correct, 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 \_\_\_\_\_ 11. Date (mmdyyyy) **03/24/04**

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  Una E. Dworkin		1 Rents \$	OMB No. 1545-0115  <b>2003</b>  Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties \$		
		3 Other Income \$	4 Federal income tax withheld \$	<b>Copy B For Recipient</b>
PAYER'S Federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name  Doreen Hendrickson		7 Nonemployee compensation  \$ -0-	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
City, state, and ZIP code		11	12	
Account number (optional)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15		16 State tax withheld \$	17 State/Payer's state no. \$	
				18 State income \$

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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 the '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.

Doreen Hendrickson

03/24/04  
Date