

Label
(See instructions on page 16.)
Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign
(See page 16.)

Filing Status
Check only one box.

Exemptions
If more than four dependents, see page 18.

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a W-2, see page 19.
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

LABEL HERE	Your first name and initial Bruce G.	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.	<p>▲ Important! ▲ You must enter your SSN(s) above.</p>
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. Scottsdale, AZ 85260			

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

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)

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b	1	
b <input type="checkbox"/> Spouse				No. of children on 6c who:		
c Dependents:	(1) First 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 18)	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
d Total number of exemptions claimed					Add numbers on lines above ▶	1

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7		
8a Taxable interest. Attach Schedule B if required	8a	2,202	00
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	0	00
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	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. List type and amount (see page 24)	21		
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	2,202	00

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	0	00
36 Subtract line 35 from line 22. This is your adjusted gross income ▶	36	2,202	00

Tax and Credits

Standard Deduction for—

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	2,202	00
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked ▶ 38a			
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ 38b <input type="checkbox"/>			
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	4,850	00
40	Subtract line 39 from line 37	40	(2,648)	00
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	41	3,100	00
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	0	00
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	0	00
44	Alternative minimum tax (see page 35). Attach Form 6251	44	0	00
45	Add lines 43 and 44	45	0	00
46	Foreign tax credit. Attach Form 1116 if required	46		
47	Credit for child and dependent care expenses. Attach Form 2441	47		
48	Credit for the elderly or the disabled. Attach Schedule R	48		
49	Education credits. Attach Form 8863	49		
50	Retirement savings contributions credit. Attach Form 8880	50		
51	Child tax credit (see page 37)	51		
52	Adoption credit. Attach Form 8839	52		
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53		
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify _____	54		
55	Add lines 46 through 54. These are your total credits	55	0	00
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	0	00
57	Self-employment tax. Attach Schedule SE	57	0	00
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	0	00
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0	00
60	Advance earned income credit payments from Form(s) W-2	60	0	00
61	Household employment taxes. Attach Schedule H	61	0	00
62	Add lines 56 through 61. This is your total tax	62	0	00

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	0	00
64	2004 estimated tax payments and amount applied from 2003 return	64		
65a	Earned income credit (EIC)	65a		
b	Nontaxable combat pay election ▶ 65b			
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66		
67	Additional child tax credit. Attach Form 8812	67		
68	Amount paid with request for extension to file (see page 54)	68		
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8865	69		
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	0	00
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	0	00
72a	Amount of line 71 you want refunded to you	72a	0	00
▶ b	Routing number			
▶ c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
▶ d	Account number			
73	Amount of line 71 you want applied to your 2005 estimated tax	73		
74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	0	00
75	Estimated tax penalty (see page 55)	75		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? Yes. Complete the following. No

Designee's name ▶

Phone no. ▶ ()

Personal identification number (PIN) ▶

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

Bruce G.

Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

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.

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 ► Bank of America, N.A.	Amount		
			2,202	00
2	Add the amounts on line 1		2,202	00
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815		0	00
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►		2,202	00

Note. If line 4 is over \$1,500, you must complete Part III.

Part II Ordinary Dividends

(See page B-2 and the instructions for Form 1040, line 9a.)

Note. If you 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.

5	List name of payer ►	Amount		
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . ►		0	00

Note. If line 6 is over \$1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

(See page B-2.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		Yes	No
7a	At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		✓
b	If "Yes," enter the name of the foreign country ►		
8	During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		✓

Payer	Payer Address	City, St, Zip	Payer EIN	Box #
Noridian Mutual Insurance Company	4305 13th Ave. SW	Fargo, ND 58103	45-0173185	\$0
Definity Health Corporation	PO Box 9524	Amherst, NY 14226	41-1966185	\$0
Comprehensive Care Services	1200 Yankee Doodle Road	Eagan, MN 55122	41-1427596	\$0
Northwest Airlines Inc	PO Box 64560	St Paul, MN 55164	41-0449230	\$0
Humana Insurance Company	1100 Employers Blvd	Depere, WI 54344	39-1263473	\$0
Humana Insurance Company	500 West Main Street	Louisville, KY 40202	39-1263473	\$0
State Farm Mutual Automobile Insurance Company	1 State Farm Plz	Bloomington, IL 61710	37-0533100	\$0
Trustmark Life Insurance Company	400 Field Drive	Lake Forest, IL 60045	36-3421358	\$0
United Healthcare Insurance Company	1003 Broad Street Suite 300	Johnstown, PA 15906	36-2739571	\$0
Cigna Healthcare Benefits Inc., Cigna Corporation	1601 Chestnut St. TL29E	Hartford, CT 06152	23-2741293	\$0
Aetna, Inc., HMO Accounting DCU	980 Jolly Rd., PO Box 1247 U11S	Blue Bell, PA 19422	23-2229683	\$0
Preferred Mutual Insurance Company	One Preferred Way	New Berlin, NY 13411	15-0420080	\$0
The Guardian Life Insurance	7 Hanover Square	New York, NY 10004	13-5123390	\$0
Aetna Life Insurance Company, Aetna Indemnity/PPO	151 Farmington Avenue MB1C	Hartford, CT 06156	06-6033492	\$0
New England Life Insurance Co.	P O Box 1080	Denver, CO 80201	04-2708937	\$0
United Of Omaha Life Insurance Company	Mutual of Omaha Plaza	Omaha, NE 68175	47-0322111	\$0
Humana Inc.	500 West Main Street	Louisville, KY 40202	61-0647538	\$0
United Services Auto Assoc.	9800 Fredericksburg Road	San Antonio, TX 78288	74-0959140	\$0
Benefit Planners Ltd	P O Box 690450	San Antonio, TX 78269	74-2238672	\$0
Boon Chapman	P O Box 9201	Austin, TX 78765	74-2305238	\$0
Professional Benefit Services	2255 N 44th Street, Suite 250	Phoenix, AZ 85008	84-1501750	\$0
L & T Employee Benefit Trust	PO Box 32702	Tucson, AZ 85751	86-0490754	\$0
Farmers Insurance Exchange	4680 Wilshire Blvd.	Los Angeles, CA 90010	95-2575893	\$0

This spreadsheet of correcting Forms 1099-MISC is submitted to rebut documents known to have been submitted by the parties identified above as "PAYER" which erroneously alleged payments to the party identified on the attached Form 1040 as the "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business." Under penalties of perjury, I declare that I have examined this spreadsheet and to the best of my knowledge and belief, it is true, correct, and complete.

 Bruce G.

 Date