

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

Presidential Election Campaign

Filing Status

Check only one box.

Exemptions

If more than four dependents, see page 19.

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 23.

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

Adjusted Gross Income

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , 20

Your first name and initial: Christopher W. Last name: Ortwein

If a joint return, spouse's first name and initial: Janis L. Last name: Ortwein

Your social security number: [REDACTED]

Spouse's social security number: [REDACTED]

OMB No. 1545-0074

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Spouse

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 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) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed Add numbers on lines above ▶ **2**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	000
8a	Taxable interest. Attach Schedule B if required	8a	44 00
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	- 0 -
b	Qualified dividends (see page 23)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	- 0 -
11	Alimony received	11	- 0 -
12	Business income or (loss). Attach Schedule C or C-EZ	12	- 0 -
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	- 0 -
14	Other gains or (losses). Attach Form 4797	14	- 0 -
15a	IRA distributions	15a	- 0 -
b	Taxable amount (see page 25)	15b	- 0 -
16a	Pensions and annuities	16a	- 0 -
b	Taxable amount (see page 26)	16b	- 0 -
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	- 0 -
18	Farm income or (loss). Attach Schedule F	18	- 0 -
19	Unemployment compensation	19	- 0 -
20a	Social security benefits	20a	- 0 -
b	Taxable amount (see page 27)	20b	- 0 -
21	Other income. List type and amount (see page 29)	21	- 0 -
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	44 -

23	Archer MSA deduction. Attach Form 8853	23	- 0 -
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	- 0 -
25	Health savings account deduction. Attach Form 8889	25	- 0 -
26	Moving expenses. Attach Form 3903	26	- 0 -
27	One-half of self-employment tax. Attach Schedule SE	27	- 0 -
28	Self-employed SEP, SIMPLE, and qualified plans	28	- 0 -
29	Self-employed health insurance deduction (see page 29)	29	- 0 -
30	Penalty on early withdrawal of savings	30	- 0 -
31a	Alimony paid b Recipient's SSN ▶	31a	- 0 -
32	IRA deduction (see page 31)	32	- 0 -
33	Student loan interest deduction (see page 33)	33	- 0 -
34	Jury duty pay you gave to your employer	34	- 0 -
35	Domestic production activities deduction. Attach Form 8903	35	- 0 -
36	Add lines 23 through 31a and 32 through 35	36	- 0 -
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	44 -

Tax and Credits

Standard Deduction for—

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-57 with handwritten values such as 44, 10256.00, and 0.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 58-63 with handwritten values of 0.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-72 with handwritten values of 0.

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 with handwritten values of 0.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 with handwritten values of 0.

Third Party Designee

Form section for Third Party Designee with fields for name, phone number, and PIN.

Sign Here

Joint return? See page 17. Keep a copy for your records.

Signature area with fields for Date, Occupation, and Daytime phone number. Includes handwritten signatures and dates like 4/16/07.

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.

1 Type or print your first name and middle initial. Last name
Christopher W. Ortwein

2 Social security number (SSN)
[REDACTED]

3 Address
[REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, _____,
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

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

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a	Wages, tips, and other compensation	0	g	State income tax withheld	0
b	Social security wages	0		(Name of state)	0
c	Medicare wages and tips	0	h	Local income tax withheld	0
d	Advance EIC payment	0		(Name of locality)	0
e	Social security tips	0	i	Social security tax withheld	0
f	Federal income tax withheld	0	j	Medicare tax withheld	0

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a	Gross distribution	0	f	Federal income tax withheld	0
b	Taxable amount	0	g	State income tax withheld	0
c	Taxable amount not determined	<input type="checkbox"/>	h	Local income tax withheld	0
d	Total distribution	<input type="checkbox"/>	i	Employee contributions	0
e	Capital gain (included in 8b)	0	j	Distribution codes	0

9 How did you determine the amounts on lines 7 and 8 above?
Company provided records and the statutory language behind IRC sections 3401 and 3121 and others

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
Company will refuse to issue forms correcting payments of "wages" as defined in 3401(a) and 3121(a) for fear of IRS retaliation. However, the amount listed on the attached 1099 is correct.

Sign Here
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.
Signature ▶ [REDACTED] Date ▶ 4/16/07