

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

LABEL HERE

For the year Jan. 1–Dec. 31, 2006, or other tax year beginning , 2006, ending , 20
Your first name and initial K Last name T
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 16. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. , WA

OMB No. 1545-0074
Your social security number
Spouse's social security number
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

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. D T
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

If more than four dependents, see page 19.

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) if qualifying child for child tax credit (see page 19)
d Total number of exemptions claimed 1

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.

Table with 3 columns: Line number, Description, and Amount. Includes lines 7 through 22.

Adjusted Gross Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 23 through 37.

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 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 58-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-72 for Payments.

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 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for Amount You Owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? Yes. Complete the following. No

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

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

Signature area with fields for taxpayer and spouse signatures, dates, and occupations.

Paid Preparer's Use Only

Form for Paid Preparer's Use Only with fields for signature, date, SSN/PTIN, and firm information.

L

TAX YEAR 2006
Substitute 1099

Payer Federal Identification Number:

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.

Recipient
T

, K

Recipients Tax Identification Number	
--------------------------------------	--

Corrected (if checked)

(OMB No. 1545-0115)

FORM 1099-MISC	MISCELLANEOUS INCOME	2006
Box 7. Nonemployee compensation		\$ 0.
Account Number -		

STATEMENT

This statement includes the above representation of a Form 1099-MISC. The above form is not intended to represent a corrected 1099-MISC filed by the party identified above as the "PAYER".

The corrected Form 1099-MISC, presented above, is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment or payments to the party identified above as the "RECIPIENT" of "gains, profit or income", within the meaning of relevant law.

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.

Dated this 16th day of April, 2007

K. T.

PAYER'S name, street address, city, state, and ZIP code M		1 Rents \$.00	OMB No. 1545-0115 2006 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$.00		
		3 Other income \$.00	4 Federal income tax withheld \$.00	Copy B For Recipient
PAYER'S Federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$.00	6 Medical and health care payments \$.00	
RECIPIENT'S name, street address, city, state, and ZIP code K T D114		7 Nonemployee compensation \$.00	8 Substitute payments in lieu of dividends or interest \$.00	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.
		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 \$.00	
		11	12	
Account number (see instructions)		13 Excess golden parachute payments \$.00	14 Gross proceeds paid to an attorney \$.00	
15a Section 409A deferrals \$.00	15b Section 409A income \$.00	16 State tax withheld \$.00	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

Department of the Treasury-Internal Revenue Service

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K T

M

2006
FORM 1099-MISC
Miscellaneous Income
Copy B For Recipient
OMB No. 1545-0115

K T

Please keep THIS copy for your records. Do not attach to your Income Tax Return.

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 will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

RECIPIENT'S Identification number

PAYER'S Federal Identification number

ACCOUNT NUMBER	3 OTHER INCOME	4 FEDERAL INCOME TAX WITHHELD	7 NON-EMPLOYEE COMPENSATION	15a SECTION 409A DEFERRALS	15b SECTION 409A INCOME
	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00

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Dated this 16th day of April, 2007

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K T

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115	
		2 Royalties	2006 Miscellaneous Income Form 1099-MISC	
PAYER'S federal identification number	RECIPIENT'S identification number	3 Other Income		
RECIPIENT'S name, street address, city, state, and ZIP code		5 Fishing boat proceeds	6 Medical and health care payments	Copy B For Recipient 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.
K T		7 Nonemployee compensation 0.00	8 Substitute payments in lieu of dividends or interest	
		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	
Account Number:		11	12	
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no. WA/	18 State income

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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4		2 Royalties \$	4 Federal income tax withheld \$	
		3 Other income \$		
PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient
RECIPIENT'S name, address, and ZIP code K T		7 Nonemployee compensation \$.00	8 Substitute payments in lieu of dividends or interest \$	
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Account number (see instructions)		11	12	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.
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC



Printed on Recycled Paper

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