

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning \_\_\_\_\_, 2000, ending \_\_\_\_\_, 20 OMB No. 1545-0074

**Label**

(See instructions on page 19.)

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

**L A B E L H E R E**

Your first name and initial <u>Scott D.</u>	Last name <u>Reese</u>
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.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.	

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. Susan Jane Reese
- 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.)

Check only one box.

**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

c Dependents:		(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)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed 1

If more than six dependents, see page 20.

**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 21.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	- 0 -
8a	Taxable interest. Attach Schedule B if required	8a	- 0 -
b	Tax-exempt interest: Do not include on line 8a	8b	
9	Ordinary dividends. Attach Schedule B if required	9	-
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	-
11	Alimony received	11	-
12	Business income or (loss). Attach Schedule C or C-EZ	12	-
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	Total IRA distributions	15a	
15b	Taxable amount (see page 23)	15b	50 63
16a	Total pensions and annuities	16a	
16b	Taxable amount (see page 23)	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	
20b	Taxable amount (see page 25)	20b	-
21	Other income. List type and amount (see page 25)	21	-
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	50 63

**Adjusted Gross Income**

23	IRA deduction (see page 27)	23	-
24	Student loan interest deduction (see page 27)	24	-
25	Medical savings account deduction. Attach Form 8853	25	-
26	Moving expenses. Attach Form 3903	26	-
27	One-half of self-employment tax. Attach Schedule SE	27	-
28	Self-employed health insurance deduction (see page 29)	28	-
29	Self-employed SEP, SIMPLE, and qualified plans	29	-
30	Penalty on early withdrawal of savings	30	-
31a	Alimony paid b Recipient's SSN	31a	-
32	Add lines 23 through 31a	32	- 0 -
33	Subtract line 32 from line 22. This is your adjusted gross income	33	50 63



CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  		Payer's RTN (optional)  	OMB No. 1545-0115  <b>2000</b>	<b>Miscellaneous Income</b>
Payer's Federal identification number  	Recipient's identification number  	Form 1099-MISC 1 Interest income not included in box 3 \$ 50.63		
RECIPIENT'S name, street, address, city, state and ZIP code  Scott Darryl Reese  		2 Early withdrawal penalty	3 Interest on U.S. Savings Bonds and Treas. obligations	
		4 Federal income tax withheld	5 Investment expenses	
		6 Foreign tax paid	7 Foreign country or U.S. possession	
Account number (optional)  05780436				

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, compensation 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.

Scott Darryl Reese  
Scott Darryl Reese

February 25, 2005  
Date

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  State of Michigan    		1 Unemployment compensation \$ 00.00	OMB No. 1545-0115  <b>2000</b>  Form 1099-MISC	<b>Miscellaneous Income</b>
		2 \$		
		3 \$	4 Federal Income Tax Withheld \$ 00.00	
Payer's Federal identification number	5 \$	6 \$		
RECIPIENT'S name Scott Darryl Reese		7 \$	8 \$	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	10 \$	
City, state, and ZIP code		11	12	
Account number (optional)		13 \$	14 \$	
15	16 State tax withheld \$ 00.00 ..... \$	17 State/Payer's state no. .....	18 State income \$ ..... \$	

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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Scott Darryl Reese  
Scott Darryl Reese

February 25, 2005  
Date

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

1. Name (First, middle, last) Scott Darryl Reese 2. 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 IRAs, 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 2000 (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.)	<u>.00</u>	f. Federal income tax withheld	<u>\$00.00</u>
b. Social security wages	<u>.00</u>	g. State tax withheld (Name or state)	<u>\$00.00</u>
c. Medicare wages	<u>.00</u>	h. Local tax withheld (Name of locality)	<u>\$00.00</u>
d. Advance EIC payments	<u>.00</u>	i. Social security tax withheld	<u>\$368.40</u>
e. Social security tips	<u>.00</u>	j. Medicare tax withheld	<u>\$66.18</u>

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

1. Gross Distribution	<u>.00</u>	4. Federal Income Tax Withheld	<u>.00</u>
2a. Taxable Amount	<u>.00</u>	5. State Income Tax Withheld	<u>.00</u>
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	<u>.00</u>
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	<u>.00</u>
3. Capital Gains (included in 2a)	<u>.00</u>	8. Enter Distribution Code	<u></u>

8. How did you determine the amounts in item 7 above?  
Company/Electrical Contractor 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.  
None. The amounts listed as withheld on the W-2 it 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 in relation 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 Scott Darryl Reese 11. Date (mm/dd/yyyy) February 25, 2005

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.OMB No.  
1545-0458

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

1. Name (First, middle, last) Scott Darryl Reese

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 2000 (year)

5. Employer's or payer's name, address and ZIP code

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.)	_____ .00 _____	f. Federal income tax withheld	_____ \$00.00 _____
b. Social security wages	_____ .00 _____	g. State tax withheld (Name or state)	_____ \$00.00 _____
c. Medicare wages	_____ .00 _____	h. Local tax withheld (Name of locality)	_____ \$00.00 _____
d. Advance EIC payments	_____ .00 _____	i. Social security tax withheld	_____ \$816.80 _____
e. Social security tips	_____ .00 _____	j. Medicare tax withheld	_____ \$191.03 _____

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

1. Gross Distribution	_____ .00 _____	4. Federal Income Tax Withheld	_____ .00 _____
2a. Taxable Amount	_____ .00 _____	5. State Income Tax Withheld	_____ .00 _____
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	_____ .00 _____
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	_____ .00 _____
3. Capital Gains (included in 2a)	_____ .00 _____	8. Enter Distribution Code	_____ _____

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

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

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None. The amounts listed as withheld on the W-2 it submitted are correct, however.

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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.

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b. Social security wages	_____ .00	g. State tax withheld (Name or state)	_____ \$00.00
c. Medicare wages	_____ .00	h. Local tax withheld (Name of locality)	_____ \$00.00
d. Advance EIC payments	_____ .00	i. Social security tax withheld	_____ \$639.02
e. Social security tips	_____ .00	j. Medicare tax withheld	_____ \$149.45

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

1. Gross Distribution	_____ .00	4. Federal Income Tax Withheld	_____ .00
2a. Taxable Amount	_____ .00	5. State Income Tax Withheld	_____ .00
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	_____ .00
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	_____ .00
3. Capital Gains (included in 2a)	_____ .00	8. Enter Distribution Code	_____

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