

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

Label (See instructions on page 18.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See page 18.)

LABEL HERE

Your first name and initial Robert B	Last name Bursher	Your social security number [REDACTED]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see page 16. [REDACTED]		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. St Louis MO 63110		

Important!
You must enter your SSN(s) above.

Name Checking "Yes" will not change your tax or reduce your refund.
Do you or your spouse if filing a joint return, wish to go to this fund? Yes No Yes No

Filing Status
Check only one box.

<input type="checkbox"/> 1 Single	<input type="checkbox"/> 4 Head of household (with qualifying person. See page 17) if the qualifying person is a child, but not your dependent, first child's name here [REDACTED]
<input type="checkbox"/> 2 Married filing jointly (even if only one had income)	<input type="checkbox"/> 5 Qualified widow(er) with dependent child (see page 17)
<input checked="" type="checkbox"/> 3 Married filing separately (Each spouse's SSN above and his/her name)	

Exemptions

a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse.

Dependent's (a) first name	Last name	(2) dependent's social security number	(3) dependent's residence in U.S.	(4) Is the taxpayer providing more than half the support?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

c 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 19.
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	2900
8a	Taxable interest. Attach schedule B if required	8a	0
8b	Tax-exempt interest. Do not include on the 8a	8b	0
9a	Ordinary dividends. Attach Schedule B if required	9a	0
9b	Qualified dividends (see page 20)	9b	0
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	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
15b	Taxable amount (see page 22)	15b	0
16a	Pensions and annuities	16a	0
16b	Taxable amount (see page 22)	16b	0
17	Formal 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
20b	Taxable amount (see page 24)	20b	0
21	Other income. List type and amount (see page 24)	21	0
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	2900

Adjusted Gross Income

23	Educator expenses (see page 26)	23	0
24	Charitable contributions of inventory, peo, collectibles, and real-estate-gains-related items. Attach Form 2106 or 2106-EZ	24	0
25	IRA deduction (see page 25)	25	0
26	Student loan interest deduction (see page 28)	26	0
27	Tuition and fees deduction (see page 29)	27	0
28	Health savings account deduction. Attach Form 8889	28	0
29	Moving expenses. Attach Form 3903	29	0
30	One-half of self-employment tax. Attach Schedule SE	30	0
31	Self-employed health insurance deduction (see page 30)	31	0
32	Self-employed SEP, SIMPLE, and qualified plans	32	0
33	Penny or early withdrawal of savings	33	0
34a	Amby. add. b Recipient's SSN [REDACTED]	34a	0
35	Add lines 23 through 34a	35	0
36	Subtract line 35 from line 22. This is your adjusted gross income	36	2900

Tax and Credits	37	Amount from line 26 adjusted gross income	37	29,050
	38a	Check <input type="checkbox"/> You were born before January 2, 1940 <input type="checkbox"/> Blind Total bases		
		if <input type="checkbox"/> Spouse was born before January 2, 1940 <input type="checkbox"/> Blind checked <input type="checkbox"/> 38a		
	39	Amount for amounts on a separate return or you also filed a separate return. See page 31 and attach Form 939.		
Charitable Contribution Deduction	40	Itemized deductions from Schedule A for your charitable deduction (see instructions)	40	4850.00
	41	See 39 from line 37	41	4821.00
People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.	42	If line 37 is \$107,025 or less, multiply 50.18% by the total number of exemptions claimed on line 6a. If line 37 is over \$107,025, see instructions on page 38.	42	3100.00
	43	Visible income. Subtract line 41 from line 40.	43	17821.00
All others:	44	Tax (see page 32). Check Form 941 from a <input type="checkbox"/> Federal 941 b <input type="checkbox"/> Form 942	44	0
Single or Married filing separately, \$4,950	45	Alternative minimum tax (see page 33). Attach Form 6251	45	0
Married filing jointly or Qualifying widow(er), \$9,700	46	Add lines 43 and 44.	46	0
Head of household, \$7,150	47	Foreign tax credit. Attach Form 706 if required.	47	0
	48	Credit for child and dependent care expenses. Attach Form 2441.	48	0
	49	Credit for the elderly or the disabled. Attach Schedule B.	49	0
	50	Educator credit. Attach Form 5683.	50	0
	51	Retirement savings contributions credit. Attach Form 8880.	51	0
	52	Child tax credit (see page 37).	52	0
	53	Adoption credit. Attach Form 8839.	53	0
	54	Other credits. Check appropriate boxes: a <input type="checkbox"/> Form 8836 b <input type="checkbox"/> Form 8837 c <input type="checkbox"/> Form 8838 d <input type="checkbox"/> Form 8839 e <input type="checkbox"/> Form 8840 f <input type="checkbox"/> Form 8841 g <input type="checkbox"/> Form 8842 h <input type="checkbox"/> Form 8843 i <input type="checkbox"/> Form 8844 j <input type="checkbox"/> Form 8845 k <input type="checkbox"/> Form 8846 l <input type="checkbox"/> Form 8847 m <input type="checkbox"/> Form 8848 n <input type="checkbox"/> Form 8849 o <input type="checkbox"/> Form 8850 p <input type="checkbox"/> Form 8851 q <input type="checkbox"/> Form 8852 r <input type="checkbox"/> Form 8853 s <input type="checkbox"/> Form 8854 t <input type="checkbox"/> Form 8855 u <input type="checkbox"/> Form 8856 v <input type="checkbox"/> Form 8857 w <input type="checkbox"/> Form 8858 x <input type="checkbox"/> Form 8859 y <input type="checkbox"/> Form 8860 z <input type="checkbox"/> Form 8861 aa <input type="checkbox"/> Form 8862 ab <input type="checkbox"/> Form 8863 ac <input type="checkbox"/> Form 8864 ad <input type="checkbox"/> Form 8865 ae <input type="checkbox"/> Form 8866 af <input type="checkbox"/> Form 8867 ag <input type="checkbox"/> Form 8868 ah <input type="checkbox"/> Form 8869 ai <input type="checkbox"/> Form 8870 aj <input type="checkbox"/> Form 8871 ak <input type="checkbox"/> Form 8872 al <input type="checkbox"/> Form 8873 am <input type="checkbox"/> Form 8874 an <input type="checkbox"/> Form 8875 ao <input type="checkbox"/> Form 8876 ap <input type="checkbox"/> Form 8877 aq <input type="checkbox"/> Form 8878 ar <input type="checkbox"/> Form 8879 as <input type="checkbox"/> Form 8880 at <input type="checkbox"/> Form 8881 au <input type="checkbox"/> Form 8882 av <input type="checkbox"/> Form 8883 aw <input type="checkbox"/> Form 8884 ax <input type="checkbox"/> Form 8885 ay <input type="checkbox"/> Form 8886 az <input type="checkbox"/> Form 8887 ba <input type="checkbox"/> Form 8888 bb <input type="checkbox"/> Form 8889 bc <input type="checkbox"/> Form 8890 bd <input type="checkbox"/> Form 8891 be <input type="checkbox"/> Form 8892 bf <input type="checkbox"/> Form 8893 bg <input type="checkbox"/> Form 8894 bh <input type="checkbox"/> Form 8895 bi <input type="checkbox"/> Form 8896 bj <input type="checkbox"/> Form 8897 bk <input type="checkbox"/> Form 8898 bl <input type="checkbox"/> Form 8899 bm <input type="checkbox"/> Form 8900 bn	54	0
	55	ADD lines 46 through 54. These are your total credits.	55	0
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	0

Other Taxes	57	Self-employment tax. Attach Schedule SE.	57	0
	58	State death and alternate tax or tax income not reported to employer. Attach Form 4131.	58	0
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	59	0
	60	Advance earned income credit payments from Form 1042.	60	0
	61	Household employment taxes. Attach Schedule H.	61	0
	62	Add lines 57 through 61. This is your total tax.	62	0

Payments	63	Federal income tax withheld from Forms W-2 and 1099.	63	500
	64	2004 estimated tax payments and amount paid on 2003 return.	64	11
	65a	Earned income credit (EIC).	65a	11
	b	Nonrefundable credits (see instructions).	65b	0
	66	Excess social security and 1041 PRTN tax withheld (see page 54).	66	11
	67	Additional child tax credit. Attach Form 8812.	67	11
	68	Affordable care act credit for long-term care services (see page 54).	68	11
	69	Other payments for: a <input type="checkbox"/> Form 8855 b <input type="checkbox"/> Form 8856 c <input type="checkbox"/> Form 8857	69	11
	70	Add lines 63, 64, 65a, and 66 through 69. This is your total payments.	70	500

Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid.	71	500
Direct deposit?	72a	Amount of line 71 you want refunded to you.	72a	500
See page 54 and fill in 72b, 72c, and 72d.	b	Routing number		
	c	Account number		
	73	Amount of line 71 you want applied to your 2005 income tax debt.	73	0
Amount You Owe	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 56.	74	0
	75	Estimated tax penalty (see page 55).	75	0

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: () _____

Power of attorney number: _____

Sign Here

Under penalty of perjury, I declare that I have prepared 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.

Joint return? See page 17.

Date: 9/25/06 Your occupation: Const. Daytime phone number: _____

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20

Label (See instructions on page 15.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign

Label HERE

Your first name and initial: **Robert B** Last name: **Buscher**

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.

St Louis MO 63110

Your social security number

Spouse's social security number

Do not check this box unless you are filing a joint return with your spouse.

Check this box only if you are filing a joint return with your spouse and you are claiming the earned income credit.

Yes No

Filing Status Check only one box.

Single

Married filing jointly (See instructions.)

Married, filing separately (See instructions.) **Bernadette Buscher**

Head of household (See instructions.)

Qualifying widow(er) (See instructions.)

Exemptions If more than four dependents, see page 19.

Yourself. If you are filing a joint return with your spouse, do not check this box.

Spouse

Dependents:

Relationship	SSN	Age	Residence

Number of dependents and spouse claiming on 2005 return:

1

Do not check this box unless you are filing a joint return with your spouse and you are claiming the earned income credit.

Do not check this box unless you are filing a joint return with your spouse and you are claiming the earned income credit.

1

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

Line	Description	Amount	Other	Code
7	Wages, salaries, tips, etc.	1100		1
8a	Taxable interest			
8b	Dividends			
9	Capital gains/losses			
10	Retirement income			
11	Alimony received			
12	Business income or loss			
13	Capital gain or loss			
14	Other gains or losses			
15a	IRA distributions			
15b	IRA distributions			
17	IRA distributions			
18	IRA distributions			
19	IRA distributions			
20a	Social Security benefits			
21	Other income			
22	Total income	1100		

Code	Amount
1	1100
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	1100

Adjusted Gross Income

Line	Description	Amount
23	Education expenses	
24	Gift tax	
25	State and local taxes	
26	Charitable contributions	
27	IRA deduction	
28	Self-employment tax	
29	Retirement savings	
30	Capital loss	
31	Other adjustments	
32	Adjusted gross income	1100

Code	Amount
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	1100

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 36.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38a Yes No

38b Yes No

39 Yes No

40 Yes No

41 Yes No

42 Yes No

43 Yes No

44 Yes No

45 Yes No

46 Yes No

47 Yes No

48 Yes No

49 Yes No

50 Yes No

51 Yes No

52 Yes No

53 Yes No

54 Yes No

55 Yes No

56 Yes No

57 Yes No

58 Yes No

59 Yes No

60 Yes No

61 Yes No

62 Yes No

63 Yes No

5000.00
1989.00

3200.00
8189.00

0
0
0

Other Taxes

64 Yes No

65 Yes No

66 Yes No

67 Yes No

68 Yes No

69 Yes No

70 Yes No

71 Yes No

0
0
0
0
0
0
0

Payments

If you have a qualifying child, attach Schedule EIC.

72 Yes No

73 Yes No

74 Yes No

75 Yes No

76 Yes No

77 Yes No

78 Yes No

79 Yes No

80 Yes No

81 Yes No

3.00

0
0
0
0
0
0
0
0
0
0

Refund

Direct deposit? See page 50 and fill in 73b, 73c, and 73d.

72 Yes No

73a Yes No

73b Yes No

73c Yes No

73d Yes No

74 Yes No

75 Yes No

76 Yes No

0
0
0
0
0
0
0

Amount You Owe

77 Yes No

78 Yes No

79 Yes No

80 Yes No

0
0
0
0

Third Party Designee

81 Yes No

82 Yes No

83 Yes No

84 Yes No

Sign Here

Joint return? See page 17. Keep a copy

85 Yes No

86 Yes No

87 Yes No

88 Yes No

Your name: [Redacted] Date: 9/25/00 Your occupation: Construction Daytime phone number: [Redacted]