

# Income Tax Return for Single and Joint Filers With No Dependents (9) 2005

OMB No. 1545-0974

**Label**

(See page 11.)  
**Use the IRS label.**  
 Otherwise,  
 please print  
 or type.

Presidential  
 Election  
 Campaign  
 (page 12)

LABEL HERE	Your first name and initial <b>Robert E.</b>	Last name <b>Morningstar</b>	Your social security number [REDACTED]
	If a joint return, spouse's first name and initial [REDACTED]	Last name [REDACTED]	Spouse's social security number [REDACTED]
	Home address (number and street). If you have a P.O. box, see page 11. [REDACTED]		Apt. no. [REDACTED]
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. [REDACTED]		[REDACTED]

**► 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 a joint return, want \$3 to go to this fund? ►  You  Spouse

**Income**

Attach  
**Form(s) W-2 here.**  
 Enclose, but  
 do not attach,  
 any payment.

- |   |   |   |          |
|---|---|---|----------|
| 1   | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.<br>Attach your Form(s) W-2.   | 1 | 0 00     |
| 2   | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.   | 2 | 1 25     |
| 3   | Unemployment compensation and Alaska Permanent Fund dividends<br>(see page 13).   | 3 | 0 00     |
| 4   | Add lines 1, 2, and 3. This is your adjusted gross income.  | 4 | 1 25     |
| 5   | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. |   |          |
| □ You      □ Spouse   |   |   |          |
| If someone cannot claim you (or your spouse if a joint return), enter \$8,200 if single;<br>\$16,400 if married filing jointly. See back for explanation. |   | 5 | 8,200 00 |
| 6   | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.<br>This is your taxable income.  | 6 | 0 00     |

**Payments  
and tax**

- |    |   |    |          |
|----|---|----|----------|
| 7  | Federal income tax withheld from box 2 of your Form(s) W-2.   | 7  | 2,005 26 |
| 8a | Earned income credit (EIC).   | 8a | 0 00     |
| b  | Nontaxable combat pay election.   | 8b | 0 00     |
| 9  | Add lines 7 and 8a. These are your total payments.  | 9  | 2,005 26 |
| 10 | Tax. Use the amount on line 6 above to find your tax in the tax table on pages 24-32 of the booklet. Then, enter the tax from the table on this line. | 10 | 0 00     |

**Refund**

Have it directly deposited! See page 18 and fill in 11b, 11c, and 11d.

- |     |  |            |  |
|-----|--|------------|--|
| 11a | If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund. | 11a        | 2,005 26   |
| ► b | Routing number   | [REDACTED] | ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| ► d | Account number   | [REDACTED] |  |

**Amount  
you owe**

- |    |   |    |  |
|----|---|----|--|
| 12 | If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe. For details on how to pay, see page 19. | 12 |  |
|----|---|----|--|

**Third party  
designee**

- |  |   |   |
|--|---|---|
| Do you want to allow another person to discuss this return with the IRS (see page 19)? | <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No |   |
| Designee's name  | Phone no. ► ( )   | Personal identification number (PIN) ► [REDACTED] |

**Sign  
here**

Joint return?  
 See page 11.  
 Keep a copy  
 for your  
 records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. Your signature 		Date 4-8-06	Your occupation US citizen	Daytime phone number [REDACTED]
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	

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. 1545-0074

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

1 Type or print your first name and middle initial.

Robert E.

Last name

Morningstar

2 Social security number (SSN)

3 Address

- 4 Enter year in space provided and check one box. For the tax year ending December 31, 2005.  
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 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(A) 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)	FL
c Medicare wages and tips	0	h Local income tax withheld	0
d Advance EIC payment		(Name of locality)	Ocala
e Social security tips		i Social security tax withheld	2,033.02
f Federal income tax withheld	2,005.26	j Medicare tax withheld	475.49

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

1 Gross distribution	0	4 Federal income tax withheld	0
2a Taxable amount	0	5 State income tax withheld	0
2b Taxable amount not determined	<input type="checkbox"/>	6 Local income tax withheld	0
Total distribution	0	7 Employee contributions	0
3 Capital gain (included in 2a)	0	8 Distribution codes	0

8 How did you determine the amounts in lines 7(A) and 7(B) above?

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

9 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

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

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.

Sign  
Here

Signature ►

*Robert Morningstar*

Date ►

4-8-06

# Certification of Federally Privileged Status

## Section 1 • Instructions to Company or Organization

Before completing this form, please review the information below carefully. Under the provisions of the Internal Revenue Code of 1986, employers are required to make proper determination of the federally privileged status of certain employees. If Section 2 below has been completed, the worker named on line 1a has requested that you provide the information required by this form for the purpose of determination of federally privileged status. (This determination may also be proactively initiated by the company or organization on the worker's behalf.) Please complete and sign Section 3 below certifying the correct determination, positive or negative, of federally privileged status. Provide one signed copy of this form to the worker and retain one signed copy for the worker's permanent file.

**DEFINITION OF "FEDERALLY PRIVILEGED WORKER":** The term "federally privileged worker" includes an officer, employee, or elected official of the United States, a federal territory, or any political subdivision thereof, or the District of Columbia, or any agency or instrumentality of any one or more of the foregoing. The term "federally privileged worker" also includes an officer of a corporation.

**DEFINITION OF "FEDERALLY PRIVILEGED ACTIVITY":** The term "federally privileged activity" means any service, of whatever nature, performed (1) within the federal territory, or under a contract which is entered into within the federal territory, or if the employee is employed on an American vessel or American aircraft; or (2) if it is service which is designated or recognized under an agreement entered into under section 233 ("International Agreements") of the Social Security Act; or (3) as an employee of a person who is, or for an employer which is, (a) the United States or any instrumentality thereof, (b) an individual who is a resident of the federal territory, (c) a partnership or a trust, if two-thirds or more of the partners or trustees are residents of the federal territory, or (d) a corporation organized under the laws of the federal territory or any federal territory.

**DEFINITION OF "FEDERAL TERRITORY":** The term "federal territory" includes and shall be construed to include the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, and American Samoa. (The term "includes" shall not be deemed to exclude other things, districts, possessions, territories, etc., otherwise within the meaning of the term defined.)

## Section 2 • Determination Request Completed and signed by worker or completed by company or organization.

1a Worker's Name Robert E. Morningstar	1b Calendar Year(s) (Must be after 1954) 2004, 2005, 2006
1c Social Security Number (Either Social Security number or date of birth must be provided.) [REDACTED]	1d Date of Birth 6/5/55
2a Company or Organization's Name [REDACTED]	2b Employer Identification Number, if known [REDACTED]
3a Company or Organization's Address [REDACTED]	3b State Where Incorporated, if a corporation [REDACTED]
4 Company or Organization's City, State, Zip Code [REDACTED]	

I hereby request that the company or organization named on line 2a determine whether I constitute a federally privileged worker and whether my position constitutes or will constitute federally privileged activity for the period specified on line 1b.

5a Worker's Signature (Not required if Section 2 is completed by company or organization.) [REDACTED]	5b Date 4/5/06
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## Section 3 • Verification Completed and signed by company or organization. (Full explanation must accompany any positive certification of federally privileged status.)

6 The worker named on line 1a:

is a federally privileged worker. Explain: \_\_\_\_\_  
 is not a federally privileged worker.

7 For the period specified on line 1b, as of today's date, the service performed for this company or organization by the worker named on line 1a:

is partially or completely federally privileged activity. Explain: \_\_\_\_\_  
 is not federally privileged activity.

8 For the remainder of the current calendar year, the service anticipated to be performed for this company or organization by the worker named on line 1a:

is partially or completely federally privileged activity. Explain: \_\_\_\_\_  
 is not federally privileged activity.

*Important: Do not complete line 8 if the current calendar year is not within the period specified on line 1b.*

**Certification:** I attest, under penalties of perjury, that to the best of my knowledge and belief this document is true, correct and complete.

9a Signature of Company or Organization or Authorized Representative [Signature]	9b Date 4/5/06
10a Print Name [REDACTED]	10b Title Production Coordinator