

Label <small>(See instructions)</small> Use the IRS label. <small>Otherwise, please print or type.</small>	For the year Jan. 1-Dec. 31, 2005, or other tax year beginning _____, 2005, ending _____, 20		OMB No. 1545-0074
	Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code		Your social security number
	GEORGE A SMITH 321 MAIN STREET DES MOINES IA 50310-		887-42-0940 Spouse's social security no.

▲ You must enter your SSN(s) above. ▲
 Checking a box below will not change your tax or refund.

Presidential

Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ▶ You Spouse

Filing Status

1	<input type="checkbox"/> Single	4	<input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2	<input type="checkbox"/> Married filing jointly (even if only one had income)	If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____	
3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.▶ _____	5	<input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent do not check box 6a	Boxes checked on	
b	<input type="checkbox"/> Spouse	6a and 6b	1
c Dependents:		No. of children on 6c who:	
	(1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)	• lived with you	0
If more than four dependents, see instr.	JILL SMITH 123-45-6789 GRANDCHILD <input checked="" type="checkbox"/>	• did not live with you due to divorce or separation (see instr.)	0
	JACK SMITH 123-45-6789 GRANDCHILD <input checked="" type="checkbox"/>	Dependents on 6C not entered above	2
d	Total number of exemptions claimed	Add numbers on lines above▶	3

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	20,000.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instructions)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	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	IRA distributions	15a	
b	Taxable amount (see inst.)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see inst.)	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	
b	Taxable amount (see inst.)	20b	
21	Other income. List type and amount (see instr.)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	20,000.

Adjusted Gross Income

23	Educator expenses (see instructions)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instr.)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Tuition and fees deduction (see instructions)	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	20,000.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning _____, 2005, ending _____, 20 OMB No. 1545-0074

Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code

ALAN J SMITH

321 MAIN STREET
DES MOINES IA 50310-

Your social security number
884-42-0940

Spouse's social security no.

You must enter your SSN(s) above. Checking a box below will not change your tax or refund.

Presidential

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

Filing Status

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 instructions.) 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 instructions)

Exemptions

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 no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)
JACK	SMITH	123-45-6789	SON	<input checked="" type="checkbox"/>
JASON	SMITH	123-46-7890	SON	<input checked="" type="checkbox"/>

Boxes checked on

6a and 6b No. of children on 6c who:

- lived with you 2
- did not live with you due to divorce or separation (see instr.) 0
- Dependents on 6C not entered above 0

Add numbers on lines above 3

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 12,000.

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends (see instructions) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 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 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount (see inst.) 15b

16a Pensions and annuities 16a b Taxable amount (see inst.) 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 b Taxable amount (see inst.) 20b

21 Other income. List type and amount (see instr.) 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 12,000.

Adjusted Gross Income

23 Educator expenses (see instructions) 23

24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 One-half of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction (see instr.) 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN 31a

32 IRA deduction (see instructions) 32

33 Student loan interest deduction (see instructions) 33

34 Tuition and fees deduction (see instructions) 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 31a and 32 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income 37 12,000.