

Label (See instructions on page 16)	For the year Jan. 1-Dec. 31, 2004, or other tax year beginning			2004, ending	20	OMB No. 1545-0074
	Your first name and initial <b>CLAUDE A</b>			Last name <b>SIMON</b>		Your social security number <b>106-50-1158</b>
	If a joint return, sp. first name & initial			Last name		Spouse's social security number
	Home address (number and street). If you have a P.O. box, see page 16. <b>71 TONJES RD</b>			Apt. no. <b>PO BOX 291</b>		
Use the IRS label. Otherwise, please print or type	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. <b>CALlicoon</b>			NY 12723		<b>Important!</b> You must enter your SSN(s) above.
	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?		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Filing Status Check only one box:	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> 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.				
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)					
	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 page 17.)				
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b	
	b <input type="checkbox"/> Spouse				No. of children	
	c Dependents:	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Ck. if qual. child for child tax cr. (see pg. 18)
	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.	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7			55,200	
	8a Taxable interest. Attach Schedule B if required	8a			624	
If you did not get a W-2, see page 19.	9a Ordinary dividends. Attach Schedule B if required	9a			4,319	
	9b Qualified dividends (see page 20)	9b			2,269	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	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			-3,000		
14 Other gains or (losses). Attach Form 4797	14					
15a IRA distributions	15a	b Taxable amount (see page 22)			15b	
16a Pensions and annuities	16a	b Taxable amount (see page 22)			16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17			15,059		
18 Farm income or (loss). Attach Schedule F	18					
19 Unemployment compensation	19					
20a Social security benefits	20a	b Taxable amount (see page 24)			20b	
21 Other income. List type and amt. (see page 24)	21					
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22			72,202		
Adjusted Gross Income	23 Educator expenses (see page 26)	23				
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24				
	25 IRA deduction (see page 26)	25				
	26 Student loan interest deduction (see page 28)					
	27 Tuition and fees deduction (see page 29)					
	28 Health savings account deduction. Attach Form 8889					
	29 Moving expenses. Attach Form 3903					
	30 One-half of self-employment tax. Attach Schedule SE					
	31 Self-employed health insurance deduction (see page 30)					
	32 Self-employed SEP, SIMPLE, and qualified plans					
33 Penalty on early withdrawal of savings						
34a Alimony paid b Recipient's SSN ►	34a					
35 Add lines 23 through 34a	35			72,202		
36 Subtract line 35 from line 22. This is your adjusted gross income	36					