

Label
(See
instructions
on page 16.)Use the IRS
label.
Otherwise,
please print
or typePresidential
Election Campaign
(See page 16.)L
A
B
E
L

H
E
R
E

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

CLAUDE A

Last name

SIMON

If a joint return, sp. first name & initial

Last name

Home address (number and street). If you have a P.O. box, see page 16.

71 TONJES RD PO BOX 291

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

CALLICOON

NY 12723

Your social security number

106-50-1158

Spouse's social security number

Important!

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?

You

Yes ☐ No ☒

Spouse

Yes ☐ No ☐

Filing Status

Check only
one box

Exemptions

If more than four
dependents, see
page 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.Adjusted
Gross
Income1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above4 ☐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.5 ☐

Qualifying widow(er) with dependent child. (See page 17.)

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

c Dependents:

(1) First name Last name

(2) Dependent's
social security number(3) Dependent's
relationship to
you(4) Ch. if
qual. child
for child
tax cr. (see
pg. 18)Boxes checked
on 6a and 6b

No. of children

on 6c who:

• lived with you

• did not live with you due to divorce
or separation
(see page 18)Dependents on
6c not entered aboveAdd numbers
on lines
above

d Total number of exemptions claimed

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

8a Taxable interest. Attach Schedule B if required

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

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 20)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

16a Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

21 Other income. List type and amt. (see page 24)

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

23 Educator expenses (see page 26)

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

25 IRA deduction (see page 26)

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

35 Add lines 23 through 34a

36 Subtract line 35 from line 22. This is your adjusted gross income