Department Of the Treasury Internal Revenue Service

# 2006 Estimated Data Line Counts Individual Income Tax Returns

(Rev. 8-2008)

This 2006 Statistics of Income (SOI) estimated data line counts indicates the **estimates** of frequencies of the entries on the lines of the forms and schedules filed with individual tax returns as shown on the 2006 Individual SOI Complete Report weighted file. It is based on returns filed in Processing Year 2007 that were sampled statistically and then weighted to estimate the entire 2006 Tax Year.

# Changes for the Tax Year 2006 edition include: the addition of form 5695: Residential Energy Credits.

Variations of the three basic forms: 1040, 1040A, and 1040EZ, include electronically filed returns. The form variations were categorized into the basic forms according to the data reported on the return. For example, if a return was filed electronically and its characteristics indicate that it would other wise have been filed on paper as a 1040 or 1040A, and then it would be classified as such statistically.

2006 Complete Report estimates:

138,394,754	Total, all individual returns filed
83,805,545	1040 returns
32,018,556	1040A returns
22,570,653	1040EZ returns

Estimates of returns filed electronically:

Total, all individual returns filed
1040 returns
1040A returns
1040EZ returns

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\* New Form for Tax Year 2006 Edition

This publication was prepared by Kyle Mudry and Justin Bryan, economists with the Individual Returns Analysis Section.

# Totals for Forms and Schedules from Estimated Data Line Counts for Tax Year 2006

	Total	Electronically filed	
All returns filed	138,394,754	80,095,643	
Form 1040	83,805,545	43,470,129	
Form 1040A	32,018,556	23,888,067	
Form 1040EZ	22,570,653	12,737,447	
Form 1040A-schedule 1, interest/dividends	2,324,309	1,323,540	tabulated within Schedule B total
Form 1040A-schedule 2, child care credit	2,080,535	1,873,536	(similar to Form 2441)
Form 1040A-schedule 3, elderly credit	119,945	95,485	(similar to Schedule R)
Schedule A, itemized deductions	49,633,233	29,029,206	
Schedule B, interest & dividends	25,836,657	10,793,887	includes schedule 1, Form 1040A
Schedule C, sole-prop business	24,607,030	12,777,057	
Schedule C-EZ	4,027,891	2,154,518	tabulated within Schedule C total
Schedule D, capital gain/loss	22,743,370	11,019,803	
Schedule E, supplemental income	17,306,790	8,127,293	
Schedule EIC, earned income credit	18,231,508	15,121,420	
Schedule F, profit or loss from farming	2,014,162	1,011,330	
Schedule J, farm income averaging	55,253	30,520	
Schedule R, elderly or disabled	213,828	124,096	includes schedule 3, Form 1040A
Schedule SE, self employed tax	18,159,142	8,832,121	
Form 2106, employee business expense	8,664,367	5,670,146	
Form 2106-EZ	4,210,735	2,765,612	
Form 2439, undistributed long term capital gains	55,401	10,040	
Form 2441, child care expenses	7,269,042	5,464,894	includes schedule 2, Form 1040A
Form 3468, investment credit	35,590	11,771	
Form 3800, general business credit	587,378	258,973	
Form 3903, moving expenses	1,100,438	755,788	
Form 4136, fuels tax credit	318,754	166,665	
Form 4562, depreciation expense	12,020,625	6,319,809	
Form 4684, casualties and thefts	306,241	135,427	
Form 4797, sales of business property	3,133,256	1,389,341	
Form 4835, farm rental	635,521	288,386	
Form 4952, investment interest	1,813,952	761,800	
Form 4972, lump-sum distributions	13,439	5,117	
Form 5329, retirement plans tax	1,469,483	946,797	
Form 5695, residential energy credits	4,361,437	2,899,982	
Form 5884, work opportunity credit	18,431	6,317	
Form 5884a, employers affected by Katrina, Wilma, and Rita	6,260	171	
Form 6198, at-risk limitations	402,575	195,624	
Form 6251, alternative minimum tax	8,683,021	4,217,706	
Form 6252, installment sale income	888,811	391,532	
Form 6781, gains/losses from contracts, etc	289,440	86,240	
Form 8283, noncash charitable contributions	6,148,798	3,608,510	
Form 8396, mortgage interest credit	55,834 3,554,402	39,824 1,667,919	
Form 8582, passive activity loss limit Form 8586, low income housing	70,353	32,476	
Form 8606, nondeductible IRA's	2,044,896	1,061,676	
Form 8615, under age 14 tax	387,887	123,844	
Form 8801, prior year minimum tax credit	1,340,076	616,719	
Form 8812, additional child tax credit	15,717,145	12,044,594	
Form 8814, parent's report for child	294,748	163,372	
Form 8824, like-kind exchanges	207,687	119,217	
Form 8839, qualified adoption expenses	98,629	68,196	
Form 8844, empowerment zone credit	38,475	11,903	
Form 8853, medical savings account	89,940	39,649	
Form 8863, education, hope & lifetime learning credits	7,814,008	5,385,777	
Form 8864, biodiesel and renewable diesel fuels	2,619	793	
Form 8880, credit for qualified retirement savings contrib.	5,290,862	4,047,364	
Form 8885, health coverage tax credit	22,397	5,950	
Form 8889, health savings accounts	754,114	425,392	
Form 8903, domestic production activities	474,775	192,208	
Form 8914, housing Hurricane Katrina individuals exemption	31,296	16,865	

# Limitations and Guidelines for The 2006 Data Line Counts

Since the line counts used in this package are obtained from the Tax Year 2006 Individual SOI Complete Report File, they are subject to the same limitations as the data that are included in the Complete Report File. These limitations are derived from the fact that these data are statistically sampled, meaning that the line counts included in this package are **estimates** based on samples, and should not be mistaken for actual counts of the entire population. While most forms and items are present often enough to provide accurate estimates, some less popular items **should be used with a high degree of caution**.

The sample used in this study is one of a large number of samples that could have been selected using the same sample design. The estimates calculated from these different samples would vary. The sample estimate and an estimate of its standard error permit the construction of interval estimates with prescribed confidence that the interval includes the population value. Shown below are 95 percent confidence intervals for selected Form 1040 items: (For example, the population value of number of returns for salaries and wages, with 95 percent confidence, is between 116,151,272 and 116,607,480.) These confidence intervals correspond to the estimates for all Individual Income Tax Returns filed for Tax Year 2006.

tem	Line numb	er on 1040	95% confidence interval				
Salaries and wages	7		(116,151,272	2,	116,607,480)		
axable interest	8a		( 62,107,700	,	62,694,770)		
ax-exempt interest	8b		( 5,928,746	,	6,148,898)		
Drdinary dividends	9a		( 31,378,073	,	31,861,477)		
State income tax refunds	10		(22,739,165	,	23,189,263)		
Alimony received	11		( 408,197	,	474,831)		
Capital gain distributions	13	(margin write in)	( 4,481,048	,	4,717,222)		
otal taxable IRA distributions	15b		( 9,802,953	,	10,127,177 )		
otal pension and annuities	16a		(26,272,341	,	26,750,393)		
axable pension and annuities	16b		(23,866,781	,	24,329,659)		
Inemployment compensation	19		(7,226,590	,	7,530,286)		
Social security benefits	20a		( 20,395,274	,	20,823,454 )		
axable social security benefits	20b		( 12,492,011	,	12,829,497)		
let operating loss	21	(margin write in)	( 878,081	,	955,717)		
Educator expenses	23		( 3,066,375	,	3,267,487)		
RA deduction	32		( 3,134,920	,	3,326,142)		

# 95 Percent Confidence Intervals for Selected Items on all Form 1040's

Item	Line numb	er on 1040	95% confidence interval			
Student loan interest deduction	33		( 8,373,498	,	8,708,302)	
Tuition and fees deduction	35	(margin write in)	( 3,901,698	,	4,129,958)	
Moving expenses	26		( 1,023,589	,	1,141,563)	
One-half of self-employment tax	27		(16,944,189	,	17,205,227)	
Self-employed health insurance deduction	29		( 3,722,172	,	3,886,208)	
Keogh and self-employed SEP and SIMPLE plar	n 28		( 1,186,650	,	1,269,948)	
Penalty on early withdrawal of savings	30		( 1,104,160	,	1,224,182)	
Alimony paid	31a		(546,168	,	624,404)	
Total adjustments	36		( 33,740,757	,	34,220,291)	
Adjusted gross income	37		( 137,212,297	,	137,260,715)	
Total standard deduction	39	(margin write in)	( 86,329,176	,	86,838,288)	
Additional standard deduction	39	(margin write in)	( 11,084,749	,	11,437,905)	
Total itemized deductions	40		( 48,873,221	,	49,373,889)	
Taxable income	43		( 106,416,520	,	106,918,284 )	
Tax	44		( 106,407,913	,	106,909,635)	

# 95 Percent Confidence Intervals for Selected Items on all Form 1040's--Continued

Forms whose line entries have weak estimates (implying a returns sampled count less than 50) are listed below. When there is a line entry reporting less than 10 in the sample, the frequency is removed and the line is identified with a single asterisk (\*).

Form 4972 Form 8885

# Description of the Sample For the Estimated Data Line Counts

This section describes the sample design and selection, the method of estimation, the sampling variability of the estimates, and the methodology of computing confidence intervals.

# **Domain of Study**

The statistics in this report are estimates from a probability sample of unaudited Individual Income Tax Returns, Forms 1040, 1040A, and 1040EZ (including electronic returns) filed by U.S. citizens and residents during Calendar Year 2007.

All returns processed during 2007 were subjected to sampling except tentative and amended returns. Tentative returns were not subjected to sampling because the revised returns may have been sampled later, while amended returns were excluded because the original returns had already been subjected to sampling. A small percentage of returns were not identified as tentative or amended until after sampling. These returns, along with those that contained no income information, were excluded in calculating estimates.

The estimates in this report are intended to represent all returns filed for Tax Year 2006. While most of the returns processed during Calendar Year 2007 were for Tax Year 2006, the remaining returns were mostly for prior years, and a few for non-calendar years ending during 2007 and 2008. Returns for prior years were used in place of 2006

returns received and processed after December 31, 2007. This was done based on the assumption that the characteristics of returns due, but not yet processed, can best be represented by the returns for previous income years that were processed in 2007.

# Sample Design and Selection

The sample design is a stratified probability sample, in which the population of tax returns is classified into subpopulations, called strata, and a sample is randomly selected independently from each stratum. Strata are defined by:

- 1. Nontaxable (including no alternative minimum tax) with adjusted gross income or expanded income of \$200,000 or more.
- 2. High business receipts of \$50,000,000 or more.
- 3. Presence or absence of special Forms or Schedules (Form 2555, Form 1116, Form 1040 Schedule C, and Form 1040 Schedule F).
- 4. Indexed positive or negative income. Sixty variables are used to derive positive and negative incomes. These positive and negative income classes are deflated using the Chain-Type

### **Description of the Sample**

Price Index for the Gross Domestic Product to represent a base year of 1991.

5. Potential usefulness of the return for tax policy modeling. Thirty-two variables are used to determine how useful the return is for tax modeling purposes.

Tax data processed to the IRS Individual Master File at the Enterprise Computing Center at Martinsburg during Calendar Year 2007 were used to assign each taxpayer's record to the appropriate stratum and to determine whether or not the record should be included in the sample. Records are selected for the sample either if they possess certain combinations of the four ending digits of the social security number, or if their ending five digits of an eleven-digit number generated by a mathematical transformation of the SSN is less than or equal to the stratum sampling rate times 100,000.

# **Data Capture and Cleaning**

Data capture for the SOI sample begins with the designation of a sample of administrative records. While the sample was being selected, the process was continually monitored for sample selection and data collection errors. In addition, a small subsample of returns was selected and independently reviewed, analyzed, and processed for a quality evaluation.

The administrative data and controlling information for each record designated for this sample was loaded onto an online database at the Cincinnati Submission Processing Center. Computer data for the selected administrative records were then used to identify inconsistencies, questionable values, and missing values as well as any additional variables that an editor needed to extract for each record. The editors use a hardcopy of the taxpayer's return to enter the required information onto the online system.

After the completion of service center review, data were further validated, tested, and balanced. Adjustments and imputations for selected fields based on prior year data and other available information were used to make each record internally consistent. Finally, prior to publication, all statistics and tables were reviewed for accuracy and reasonableness in light of provisions of the tax law, taxpayer reporting variations and limitations, economic conditions, and comparability with other statistical series.

Some returns designated for the sample were not available for SOI processing because other areas of IRS needed the return at the same time. For Tax Year 2006, 0.17 percent of the sample returns were unavailable.

# **Method of Estimation**

Weights were obtained by dividing the population count of returns in a stratum by the number of sample returns for that stratum. The weights were adjusted to correct for misclassified returns. These weights were applied to the sample data to produce all of the estimates in this report.

NU	MBER	OF RETURNS	S FILED	FOR	SELECT	ED LINES
Treesures	I shawa al	Devenue Camia	$\sim \sim \sim$			

<b>104</b>			tment of the Treasury—Internal Revenue		2006		(00) 100 11-1			stands in this success		
			the year Jan. 1-Dec. 31, 2006, or other tax year be			6, endin		Only—Do no		staple in this space. MB No. 1545-0074		
Label			r first name and initial	Last na	,	, enun	y ,	20	-	ocial security num	ber	
(See	L		I of all returns filed = 138,394,754	Last na	ine				Tour 5	138,39		
instructions	A B	<u> </u>	joint return, spouse's first name and initial	Last na	me				Spouse	e's social security r		
on page 16.)	Е		0 = 83,805,545			eturn	is = 80,095,6	43	opouo	55,819,871		
Use the IRS label.	L	L	ne address (number and street). If you have				Apt. n		▲ You <b>must</b> enter			
Otherwise, please print	H		0A = 32,018,556		., pg	-				our SSN(s) above		
or type.	R E	City	, town or post office, state, and ZIP code. If	you have	a foreign addre	ess, se	e page 16.		Checkir	ıg a box below wil	Inot	
Presidential		104	0EZ = ^22,570,653 ^Includ	les 742,	859 1040EZ	-T re	turns			33,331 Y = **9,5		
Election Camp	aign	► C	neck here if you, or your spouse if filing	g jointly,	want \$3 to go	o to th	nis fund (see p	age 16) I		You 🗌 Spou	se	
	30,74	3 <b>1</b> [	Single		20,669,369 4	I 🗌	Head of housel	nold (with	qualifying	g person). (See pag	e 17.) lf	
Filing Statu	<b>IS</b> 94,930	<b>2</b> [	Arried filing jointly (even if only on	e had ind	come)		the qualifying p	erson is a	child but	not your depender	nt, enter	
Check only		3 🗆	] Married filing separately. Enter spou	ise's SSI			this child's nam					
one box.	2,524	4,941	and full name here.		74,771 5			ow(er) wit	h depend	Boxes (	, ,	
128,44			<b>Yourself.</b> If someone can claim y	ou as a o	dependent, <b>do</b>	o not	check box 6a		}	on 6a a Exem. =18	31,770,971	
Exemption	5	b	<b>Spouse</b> 53,329,806		· · · ·	<u> </u>	(3) Dependent's	 (4) vif qui	<u> </u>	No. of ( on 6c v Returns =	46,497,24	
		С	Dependents:		<ol> <li>Dependent's al security numbe</li> </ol>		relationship to	child for ch	nild tax	• lived Exem. = 8	2,277,150	
			(1) First name Last name CHILDREN AT HOME	_			you	credit (see p		• did not live with you due Returns =	638 886	
If more than fo	bur				46,497,241		82,277,150	35,696	·	or separ (see pag Exem. =8'		
dependents, s			CHILDREN AWAY FROM HOME PARENTS		638,886 2,698,088		814,528 3,193,632	23,017 7,733		Dependents on 6c	,	
page 19.			OTHER DEPENDENTS	_	5,114,905		7.200.662	2,134	<u> </u>	not entered above Total returns	= 128,442.16	
		d	Total number of exemptions claimed		, ,	165	275,256,944	Qualifying	Child	Add ni lines a Total exem. =		
		7	Wages, salaries, tips, etc. Attach Forn		depend		earned inc. = 4	not depend 0,367	. = 9,368	116,379,376		
Income		7 8a	<b>Taxable</b> interest. Attach Schedule B i			• •		· · ·	8a	62,401,235		
Attack Farma		b	Tax-exempt interest. Do not include			8b	6,038,82	2				
Attach Form(s W-2 here. Als		9a	Ordinary dividends. Attach Schedule I						9a	31,619,775		
attach Forms		b	Qualified dividends (see page 23)			9b	26,584,18					
W-2G and 1099-R if tax		10	Taxable refunds, credits, or offsets of	10	22,964,214							
was withheld.		11	Alimony received	otato an		0 10/10	000 page 2		11	441,514		
		12	Business income or (loss). Attach Sch	edule C	or C-EZ 13	Cap g	ain dist. = 4,5	99,135	12	21,656,409		
		13	Capital gain or (loss). Attach Schedule						13	22,069,069		
If you did not		14	Other gains or (losses). Attach Form 4	797		· ·			14	1,778,803		
get a W-2,		15a	IRA distributions . 15a 10.	635.115	5 b	Taxabl	e amount (see	bage 25)	15b	9.965.065		
see page 23.		16a	Pensions and annuities 16a 26.	511.367	b b	Taxabl	e amount (see	bage 26)	16b	24,098,220		
Enclose, but d	0	17	Rental real estate, royalties, partnershi	ps, S coi	porations, tru	sts, et	tc. Attach Sch	edule E	17	15,624,588		
not attach, any	·	18	Farm income or (loss). Attach Schedu	le F .					18	1.958.273		
payment. Also please use	,	19	Unemployment compensation						19	7,378,438	ļ	
Form 1040-V.		20a	Social security benefits . 20a 20	609,364	b b	Taxabl	e amount (see	bage 27)	20b	13,749,185		
		21	Other income. List type and amount (						21	6.176.952		
		22	Add the amounts in the far right column	tor lines	7 through 21.		1	come 🕨	22	137,228,802		
Adjusted		23	Archer MSA deduction. Attach Form 8			23	18,668			t operat. loss = 916 ock options = 10,468	· .	
Gross		24	Certain business expenses of reservists, p	0	-	04	120,468			r. earn. inc. excl =. 3		
Income			fee-basis government officials. Attach Fo			24	358,968		-	mbling inc. = 1,871,		
income		25	Health savings account deduction. Att			25 26	1,082,57		_	ucator exp. = 3,166	÷	
		26	Moving expenses. Attach Form 3903			20	17,074,70		-	•		
		27	One-half of self-employment tax. Attac			28	1,228,29		-			
		28	Self-employed SEP, SIMPLE, and qua	•		29	3,804,19		-			
		29 30	Self-employed health insurance deduce Penalty on early withdrawal of savings		,	30	1,164,17					
		30 31a	Alimony paid <b>b</b> Recipient's SSN ►	584	,444	31a	585,286					
		31a 32	IRA deduction (see page 31)			32	3,230,53					
		32 33	Student loan interest deduction (see p			33	8,540,90		35 Tu	iition & Fees = 4,015	5,828	
		33 34	Jury duty pay you gave to your emplo	<b>o</b> ,		34	57,259		_	or. housing ded.= 3,9	4	
		35	Domestic production activities deduction			35	421,128		36 Ot	her adj. = 137,296		
		36	Add lines 23 through 31a and 32 thro						36	33,980,524		
		37	Subtract line 36 from line 22. This is y	0				<u>►</u>	37	***137,236,506		
For Disclosur	e, Pri	vacy	Act, and Paperwork Reduction Act I	Notice, s	ee page 80.		Cat. No	. 11320B		Form <b>1040</b>	(2006)	

 For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.
 Cat. No. 11320B

 \* Number of returns with one election yes box checked
 \*\* Number of returns with both yes boxes checked

\*\*\* Returns that reported an exact \$0.00 adjusted gross income were not included in this item

4	2006	ESTIMATED DATA LINE COUNTS - (ALL FIGURES AR			SAM	PLES)	
Farm 1040 (0006)		NUMBER OF RETURNS FILED FOR					Page <b>2</b>
Form 1040 (2006)		= 18,119,767 B = 7,204,915 C = 267,817	-	3,673	00	1	Page Z
Tax	38	Amount from line 37 (adjusted gross income)			38		
and Credits	39a	)	(	Total boxes	Basi	c stand. ded. = 86,58	33,732
			,		Add	. stand. ded. = 11,26	51,327
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, se		553 116	40	49,123,555	
for—	40 41	Itemized deductions (from Schedule A) or your standard ded			41	120,676,830	
People who		Subtract line 40 from line 38				120,010,000	
checked any box on line	42	If line 38 is over \$112,875, or you provided housing to a person d	•	•	42	128,397,993	
39a or 39b <b>or</b>	40	see page 36. Otherwise, multiply \$3,300 by the total number of e <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is mo			43	106,667,402	
who can be claimed as a	43 44	<b>Tax</b> (see page 36). Check if any tax is from: $\mathbf{a} \square$ Form(s) 8814			44	106,658,774	
dependent, see page 34.	44 45	Alternative minimum tax (see page 39). Attach Form 6251 .			45	3,966,540	
<ul> <li>All others:</li> </ul>	46	Add lines 44 and 45		• • • • • • •	46	106,688,255	
	47	Foreign tax credit. Attach Form 1116 if required	47	6,418,317		F8396 = 48,897	1
Single or Married filing	48	Credit for child and dependent care expenses. Attach Form 2441	48	6,466,792		F8839 = 93,369	
separately, \$5,150	49	Credit for the elderly or the disabled. Attach Schedule R .	49	98,261	-11.	F3800 = 386,681	
Married filing	50	Education credits. Attach Form 8863	50	7,725,138	55b	F8801 = 359,098	
jointly or	50 51	Retirement savings contributions credit. Attach Form 8880	51	5,192,133		F8844 = 32,209	
Qualifying widow(er),	52	Residential energy credits. Attach Form 5695	52	4,344,189		Other = 79,911	
\$10,300	53	Child tax credit (see page 42). Attach Form 8901 if required	53	25,741,511	55c /	Alt motor Veh. = 2	5,300
Head of	53 54	Credits from: <b>a</b> Form 8396 <b>b</b> Form 8839 <b>c</b> Form 8859	54				
household, \$7,550	55	Other credits: <b>a</b> Form 3800 <b>b</b> Form 8801 <b>c</b> Form	55				
\$7,550	56				56	44,397,533	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, er			57	94,509,890	
<u></u>	58	Self-employment tax. Attach Schedule SE			58	17,074,708	
Other	59	Social security and Medicare tax on tip income not reported to emp			59	355,457	
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Atta			60	5,148,030	
	61	Advance earned income credit payments from Form(s) W-2, be			61	129,124	
	62	Household employment taxes. Attach Schedule H			62	225,441	
	63	Add lines 57 through 62. This is your total tax Recapture tax =	12,536	Other taxes = 643,619 ►	63	102,363,945	
Payments	64	Federal income tax withheld from Forms W-2 and 1099 .	64	120,500,889			
	65	2006 estimated tax payments and amount applied from 2005 return	65	11,128,072			
If you have a	_66a	Earned income credit (EIC)	66a	23,042,200			
qualifying child, attach	b	Nontaxable combat pay election ► 66b 8,323					
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	1,443,437	1		
	68	Additional child tax credit. Attach Form 8812	68	15,590,592	_	70a F2439 = 84,	547
	69	Amount paid with request for extension to file (see page 60)	69	1,758,125	_	70b F4136 = 318	8,754
	70	Payments from: <b>a</b> Form 2439 <b>b</b> Form 4136 <b>c</b> Form 8885 .	70		_	70c F8885 = 22,	397
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	96,873,353			
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total	l paym	ents <b>&gt;</b>	72	134,948,299	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This		• •	73	109,915,823	
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is			74a	107,001,071	
See page 61 and fill in 74b,	▶ b	Routing number	pe: 🗌 (	Checking Savings			
74c, and 74d,	► d	Account number					
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax	75	3,978,421		00.004.405	
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on			76	26,694,105	
You Owe	77	Estimated tax penalty (see page 62)	<b>77</b>	6,496,924	Compl	ete the following	
Third Party			ING (SE			ete the following.	∐ No
Designee	De: nar	ignee's Phone ne ► no. ► ( )		Personal identific number (PIN)	cation		
Sign		ler penalties of perjury, I declare that I have examined this return and accomp	panying s	( /	d to the	best of my knowledg	e and
Here	beli	ef, they are true, correct, and complete. Declaration of preparer (other than tax	payer) is	based on all information of w	hich pre	eparer has any knowle	dge.
Joint return?	Yo	ur signature Date You	ur occup	ation	Day	time phone number	
See page 17.					(	)	
Keep a copy	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spo	ouse's o	ccupation	Ì.	,	
for your records.							
Paid	Pre	parer's Date Date		Check if	Prep	parer's SSN or PTIN	
		Bature 81,874,512		Check if self-employed			
Preparer's	Firr	n's name (or		EIN			
Use Only	you	rs if self-employed),		Phone no	(	)	

NUMBER OF RETURNS	FILED FOR SELECTED LINES
Tracount Internal Devenue Convice	

<b>1040</b>	•	rtment of the Treasury—Internal Revenue S . Individual Income Tax Re			(99) IRS Use (	- Onlv—Do no	ot write or	staple in this space.	
	_	the year Jan. 1–Dec. 31, 2006, or other tax year beg		6, ending		20		MB No. 1545-0074	
Label	Yo	r first name and initial	Last name				Your s	social security num	ber
(See L instructions A		•	Total 1040 ONLY re	eturns	filed = 83,80	5,545		83,805	,545
on page 16) B	lf a	joint return, spouse's first name and initial	Last name				Spous	e's social security r	umber
Use the IRS								44,693	,954
label.	Но	ne address (number and street). If you have a	a P.O. box, see page 16		Apt. no	). 		′ou <b>must</b> enter	
Otherwise, please print R	Ele	ctronically filed forms 1040 Only = 43	3,470,129				Д у	our SSN(s) above	. 🔺
or type.	Cit	, town or post office, state, and ZIP code. If	you have a foreign addr	ess, se	e page 16.		Checki	ng a box below wil	l not
Presidential							Y = *3,8	66,815 Y = **8,502	,225
		heck here if you, or your spouse if filing	jointly, want \$3 to go	o to th	is fund (see p	age 16) 🛙		You 🗌 Spou	<b>se</b> 1,2
30,177,3	<sup>364</sup> 1 [	Single	8,888,658 4	. 🗌	Head of househ	old (with	qualifying	g person). (See pag	e 17.) If
Filing Status	65 <b>2</b>	Married filing jointly (even if only one	had income)		1 9 01		child bu	t not your dependen	it, enter
Check only	3	Married filing separately. Enter spous			this child's name				
one box. 1,810		and full name here.	45,569				n depen	dent child (see pag	
81,024,13 Exemptions		<ul> <li>Yourself. If someone can claim yo</li> <li>Spouse <sup>42,904,048</sup></li> </ul>		o not o	check box 6a	- · ·	· · {	Boxes chec	
Exemptions	b c	Dependents:			(3) Dependent's	 (4)√if qua	<u> </u>	No. of child Returns	s = 30,358,20
	U	(1) First name Last name	(2) Dependent's social security number		relationship to	child for ch	ild tax	• lived witl Exem.	= 55,050,054
		CHILDREN AT HOME	30,358,268		you 55,050,054	credit (see p 21,335		<ul> <li>did not live with you due to c Returns</li> </ul>	s =452,628
If more than four		CHILDREN AWAY FROM HOME	452,628		562,334	14,873	· · · · · ·	or separatio Exem. (see page 2C,	= 562,334
dependents, see		PARENTS	1,646,474		1,936,354	5,290	-	Dependents on 6c	
page 19.		OTHER DEPENDENTS	2,111,815		2,904,932	5.290		not entered above Total Returns	s = 81.024.1;
	d	Total number of exemptions claimed	81,024,131	18	4,381,854	Qualifying ot dependen		Add nu iines al Total exem.	
	7	Wages, salaries, tips, etc. Attach Form	(s) W-2				7	66,068,314	
Income	8a	<b>Taxable</b> interest. Attach Schedule B if					8a	51,131,004	
Attach Form(s)	b	Tax-exempt interest. Do not include c	on line 8a	8b	5,886,770	)			
W-2 here. Also	9a	9a       Ordinary dividends. Attach Schedule B if required							
attach Forms W-2G and	b	Qualified dividends (see page 23)							
1099-R if tax	10	Taxable refunds, credits, or offsets of s	10	22,964,214					
was withheld.	11	Alimony received	11	441,514	<u> </u>				
	12	Business income or (loss). Attach Sche	edule C or C-EZ 13*	cap g	ain distrib = 3	742,388	12	21,656,409	
	13	Capital gain or (loss). Attach Schedule	D if required. If not r	equire	d, check here		13	22,069,069	
If you did not	14	Other gains or (losses). Attach Form 47					14	1,778,803	
get a W-2, see page 23.	15a			Taxabl	e amount (see p	age 25)	15b	8,546,369	
eee page ie.	16a	Pensions and annuities 16a 21,7	704,086 b	Taxabl	e amount (see p	age 26)	16b	19,581,080	
Enclose, but do	17	Rental real estate, royalties, partnership		-			17 18	15,624,589	<u> </u>
not attach, any payment. Also,	18	Farm income or (loss). Attach Schedule F						1,958,273	
please use	19	Unemployment compensation					19	4,247,245 11,608,818	
Form 1040-V.	20a				e amount (see p	<b>o</b> ,	20b 21	5,567,419	
	21 22	Other income. List type and amount (s Add the amounts in the far right column					21	83,528,441	
	23	Archer MSA deduction. Attach Form 8		23	18,668			et operat. loss = 916,	899
Adjusted		Certain business expenses of reservists, pe			_,		_	ock options = 10,468	
Gross	24	fee-basis government officials. Attach For	0	24	120,468			or. earn. inc. excl. = 3	
Income	25	Health savings account deduction. Atta		25	358,968		21 G	ambling inc. = 1,871,	292
	26	· · · · · · · · · · · · · · · · · · ·		26	1,082,576	3	23 Ec	duc Exp. = 2,833,329	)
	27	One-half of self-employment tax. Attach		27	17,074,70	8			
	28	Self-employed SEP, SIMPLE, and qual		28	1,228,299	)			
	29	Self-employed health insurance deduc		29	3,804,190	)			
	30	Penalty on early withdrawal of savings		30	937,879				
	31a	Alimony paid <b>b</b> Recipient's SSN ►		31a	585,286				
	32	IRA deduction (see page 31)		32	2,794,816	;			
	33	Student loan interest deduction (see pa		33	5,871,728	3	_	uition & Fees = 3,424	1,445
	34	Jury duty pay you gave to your employ		34	46,982		-	ousing ded. = 3,942	
	35	Domestic production activities deduction.	Attach Form 8903	35	421,128		36 O	ther adj. = 137,296	1
	36	Add lines 23 through 31a and 32 throu	0				36	30,055,782	<u> </u>
	37	Subtract line 36 from line 22. This is yo	our <b>adjusted gross i</b>	ncome	ə	🕨	37	83,805,545	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80. \* Number of returns with one election yes box checked

Cat. No. 11320B \*\* Number of returns with both yes boxes checked Form 1040 (2006)

6	2006	S ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED NUMBER OF RETURNS FILED FOR SELECTED LINES	ON SA	MPLES)
Form 1040 (2006)	Α	= 13,809,725 B = 5,694,241 C = 185,240 D = 61,649		Page <b>2</b>
Tax	38	Amount from line 37 (adjusted gross income)	38	
and	39a	Check $\int \boxed{\mathbb{A}}$ You were born before January 2, 1942, $\boxed{\mathbb{C}}$ Blind. $\int$ Total boxes		Basic stand. ded. = 32,885,37
Credits		if:		Add. stand. ded. = 6,871,80
Standard	b			10 100 555
Deduction for—	_40	Itemized deductions (from Schedule A) or your standard deduction (see left margin, 551	<sup>,116</sup> 40	
<ul> <li>People who</li> </ul>	41	Subtract line 40 from line 38	. 41	75,687,166
checked any	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrir		
box on line 39a or 39b <b>or</b>		see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6		
who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	. 43	
claimed as a dependent,	44	Tax (see page 36). Check if any tax is from: a 🗌 Form(s) 8814 b 🗌 Form 4972		69,232,109
see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251	. 45	
• All others:	46		► <u>46</u>	
Single or	47	Foreign tax credit. Attach Form 1116 if required 47 6,418,317		a F8396 = 48,897
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48 4,637,434		5 F8839 = 93,369 5 F3800 = 386,681
\$5,150	49	Credit for the elderly or the disabled. Attach Schedule R . 49 42,938		58801 = 359,098
Married filing	50	Education credits. Attach Form 8863         50         4,936,335		c F8844 = 32,209
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880.		c Other = 79,911
widow(er),	52	Besidential energy credits. Attach Form 5695   52   4,344,189		Alt. motor veh. = 25,300
\$10,300	53	Child tax credit (see page 42). Attach Form 8901 if required 53 16,667,691		
Head of household,	54	Credits from: a _ Form 8396 b _ Form 8839 c _ Form 8859 54	_	
\$7,550	55	Other credits: a Grow 3800 b Grow 8801 c Grow 55		
	56	Add lines 47 through 55. These are your <b>total credits</b>		
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0		
Other	58	Self-employment tax. Attach Schedule SE		
Taxes	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 .		
i unoo	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .		
	61	Advance earned income credit payments from Form(s) W-2, box 9		
	62	Household employment taxes. Attach Schedule H	. 62	
	63	Add lines 57 through 62. This is your total tax Recapture tax = 12,536 Other taxes = 643,619	► 63	71,606,535
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 69,711,953		
	65	2006 estimated tax payments and amount applied from 2005 return 65 10,702,116 65 8,628,027	_	
If you have a	_66a	Earned income credit (EIC)	_	
qualifying child, attach	b	Nontaxable combat pay election  66b 2,302		
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60) 67 1,440,392		
	68	Additional child tax credit. Attach Form 8812	_	70a F2439 = 84,547
	69	Amount paid with request for extension to file (see page 60) 69 1,730,150	_	70b F4136 = 318,754
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		70c F8885 = 22,397
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 66,939,581		91 240 256
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments		
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpai		
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ►		a 57,425,899
See page 61 and fill in 74b,	▶ b	Routing number	s	
'4c, and 74d, 🏴	► d	Account number		
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax        75     3,878,519		00.004.055
Amount You Owe	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 Estimated tax penalty (see page 62)	► <u>76</u>	22,281,355
Third Party	De	you want to allow another person to discuss this return with the IRS (see page 63)?	es. Com	plete the following.
Designee		signee's Phone Personal ide		
-	nar Und	ne  no.  () number (PI der penalties of perjury, I declare that I have examined this return and accompanying schedules and statement	,	► L knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information		
Here	Yo	ur signature   Date   Your occupation	Da	lytime phone number
Joint return? See page 17.				)
Keep a copy	Sn	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	(	)
or your ecords.	Spi			
Paid	Pre	parer's 54,778,865 Date Check if	Pr	eparer's SSN or PTIN
Preparer's		nature self-employed self-employed EIN		
Use Only	you	urs if self-employed), Characteristic and ZIP code Phone n	0. (	)
	aut		-• `	·

Ί	h
	0

NUMBER OF RETURNS FILED FOR SELECTED LINES

<b>1040</b>		artment of the Treasury—Internal Revenue 5. Individual Income Tax R		6	(99) IRS Use C	)nlv—Do n	ot write or	staple in this space.		
		the year Jan. 1-Dec. 31, 2006, or other tax year be		06, ending	( )	20		MB No. 1545-0074	1	
Label	Yo	ur first name and initial	Last name				Your s	ocial security nun	nber	
(See L		Electronically Filed Returns = 80,095,643						80,09	5,643	
instructions A on page 16.)	lf	a joint return, spouse's first name and initial	Last name				Spouse's social security number			
Use the IRS L			1040's E-filed = 43	3,470,1	129			31,37	75,658	
label. Otherwise,	Ho	me address (number and street). If you have		ou <b>must</b> enter						
please print		y, town or post office, state, and ZIP code. I			our SSN(s) abov					
or type. E		icludes 145,972 1040EZ-T returns		ng a box below w 20.740 Y = *4.809						
		Check here if you, or your spouse if filin	1040EZ's E-filed =			age 16)	- , -	You Spor	,	
32,818,80			15,851,720					g person). (See pag		
Filing Status	2	Married filing jointly (even if only on						not your depende		
30,290,8 Check only	43 <b>-</b> 3	Married filing separately. Enter spot	,		this child's name					
one box. 1,084,8	815	and full name here.	49,456	5	Qualifying wido	w(er) wit	h depen	dent child (see pa		
75,883,75	56 <b>6a</b>	Yourself. If someone can claim y	vou as a dependent, <b>d</b>	do not	check box 6a		}	Boxes chi Exem. =	106,178,60	
Exemptions	b	<b>Spouse</b> 30,295,845			(0) Densedentia		<u> </u>	No. of children on 6c when		
	с	Dependents:	(2) Dependent's social security num		(3) Dependent's relationship to	(4)√ if qu child for cl		<ul> <li>lived w Exem. =</li> </ul>	56,777,582	
		(1) First name Last name	-			credit (see )		<ul> <li>did not live with you due to d Return</li> </ul>	rns = 370 71	
If more than four			32,042,380		56,777,582	26,024	·	or separation (see page 20) Exer	m. = 457,055	
dependents, see		CHILDREN AWAY FROM HOME PARENTS	370,714		457,055 1,812,389	16,584 5,244	·	Dependents on 60		
page 19.		OTHER DEPENDENTS	3,909,123		5,228,978	1,378		not entered above		
	d		75,883,756	170,4	, ,	,		Add nı Total Return	= 75,883,75 = 170,454,60	
	7	Wages, salaries, tips, etc. Attach Forr	$m(c) W_{-2}$				7	71,138,142		
Income		8a       Taxable interest. Attach Schedule B if required								
Attach Form(s)	b	Tax-exempt interest. Do not include		8b	2,644,454			32,049,243		
W-2 here. Also attach Forms W-2G and	- 9a	Ordinary dividends. Attach Schedule	9a	15,397,242						
	b	Qualified dividends (see page 23)								
	10	Taxable refunds, credits, or offsets of	10	14,381,963						
was withheld.	11	Alimony received	11	226,272						
	12	Business income or (loss). Attach Sch	12	11,303,467						
	13	Capital gain or (loss). Attach Schedule	e D if required. If not	require	d, check here		13	10,601,670		
If you did not	14	Other gains or (losses). Attach Form	000400	• •			14	817,425		
get a W-2, see page 23.	15a		704 400		e amount (see p	<b>o</b> ,	15b	4,691,119 12,338,163		
					e amount (see p	<b>o</b> ,	16b 17	7,330,113		
Enclose, but do not attach, any	17	Rental real estate, royalties, partnersh					18	992.276		
payment. Also,	18	Farm income or (loss). Attach Schedu	лег	• •			19	4,984,943		
please use Form 1040-V.	19 20a	Unemployment compensation Social security benefits 20a 9,	660,570	• •	e amount (see p	· · · ·	20b	6,324,556		
101111040-9.	20a	Other income. List type and amount (				• ·	21	3,330,538		
	22	Add the amounts in the far right column					22	79,763,456		
	23	Archer MSA deduction. Attach Form	8853	23	8,787		21 Ne	et operat. loss = 40	8,065	
Adjusted	24	Certain business expenses of reservists, p	performing artists, and					ock options = 5,324		
Gross		fee-basis government officials. Attach Fo	orm 2106 or 2106-EZ	24	70,929		_	r. earn. inc. excl. =		
Income	25	Health savings account deduction. At	tach Form 8889.	25	186,818			ambling inc. = $1,027$		
	26	Moving expenses. Attach Form 3903		26	722,918		23 EC	lucator Exp. = 2,04	4,801	
	27	One-half of self-employment tax. Attac		27	8,368,917		-			
	28	Self-employed SEP, SIMPLE, and qua		28	523,753	·	-			
	29	Self-employed health insurance dedu		29	1,700,853 603,827	'				
	30	Penalty on early withdrawal of saving		30 31a	314,817					
	31a	Alimony paid <b>b</b> Recipient's SSN ►		312	1,654,031					
	32 33	IRA deduction (see page 31) Student loan interest deduction (see		33	5,970,363		35 Tui	tion & Fees ded. =	ا 2,555,365	
	33 34	Jury duty pay you gave to your emplo	, <b>o</b> ,	34	16,314			housing ded. = 95	- C - C - C - C - C - C - C - C - C - C	
	35	Domestic production activities deduction		35	187,709		-	36 Other adj. = 69,728		
	36	Add lines 23 through 31a and 32 thro		L			36	19,214,208		
	37	Subtract line 36 from line 22. This is	0			•	37	80,095,643		
For Disclosure. P	rivac	Act, and Paperwork Reduction Act	Notice, see page 80	).	Cat. No.	. 11320B		Form <b>104</b>	<b>)</b> (2006)	

\*\* Number of returns with both yes boxes checked

Form **1040** (2006)

8	2006	ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON	SAM	PLES)
Form 1040 (2006)		NUMBER OF RETURNS FILED FOR SELECTED LINES           A = 7.982.271         B = 3,083,324         C = 135,730         D = 49,608		Page 2
Tax	38	Amount from line 37 (adjusted gross income)	38	
and	39a	Check [ A You were born before January 2, 1942, B Blind. ] Total boxes		
Credits	oou	if: [C] Spouse was born before January 2, 1942, [D] Blind.   checked ▶ 39a		Basic stand. ded. = 50,325,659
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here $\blacktriangleright$ 39b $\Box$	1	Add. stand. ded. = 4,962,75
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin, 214,301	40	28,814,733
for—	41	Subtract line 40 from line 38	41	71,781,676
<ul> <li>People who checked any</li> </ul>	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,		
box on line 39a or 39b <b>or</b>		see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	75,883,744
who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	62,597,151
claimed as a dependent,	44	Tax (see page 36). Check if any tax is from: a 🗌 Form(s) 8814 b 🗌 Form 4972	44	62,604,956
see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251	45	1,908,315
<ul> <li>All others:</li> </ul>	46	Add lines 44 and 45	46	62,616,703
Single or	47	Foreign tax credit. Attach Form 1116 if required 47 2,824,447	-	F8396 = 37,553
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48 4,861,361	_	F8839 = 66,189
\$5,150	49	Credit for the elderly or the disabled. Attach Schedule R . 49 46,958	-	F3800 = 183,883
Married filing jointly or	50	Education credits. Attach Form 8863	-	F8801 = 163,838 F8844 = 9,032
Qualifying	51	Retirement savings contributions credit. Attach Form 8880.	_	Other = 39,575
widow(er), \$10,300	52	Residential energy credits. Attach Form 5695       52       2,886,564         Child tax credit (see page 42) Attach Form 8901 if required       53       18,633,586		Alt motor Veh. = 8,764
Head of	53		-	
household,	54		-	
\$7,550	55		56	29,829,333
	56 57	Add lines 47 through 55. These are your <b>total credits</b>	57	53,325,128
			58	8,368,917
Other	58	Self-employment tax. Attach Schedule SE	59	223,793
Taxes	59 60	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	60	3,474,948
	60 61	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required Advance earned income credit payments from Form(s) W-2, box 9	61	103,176
	62	Household employment taxes. Attach Schedule H	62	66,565
	63	Add lines 57 through 62. This is your total tax Recapture tax = $5,062$ Other taxes = $393,713$	63	57,672,259
Dourmonto	64	Federal income tax withheld from Forms W-2 and 1099		
Payments	65	2006 estimated tax payments and amount applied from 2005 return 65 4,666,369	1	
If you have a	 66a	Earned income credit (EIC)	1	
qualifying	b	Nontaxable combat pay election  66b 7,036	1	
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60) 67 817,465		
	68	Additional child tax credit. Attach Form 8812		70a F2439 = 11,048
	69	Amount paid with request for extension to file (see page 60) 69 532,913		70b F4136 = 166,665
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		70c F8885 = 5.950
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 62,782,947		
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	79,431,440
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	69,515,899
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here >	74a	68,415,890
See page 61 and fill in 74b,	▶ b	Routing number		
	► d	Account number		
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax        75     1,591,458		40.044.070
Amount	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ► Estimated tax penalty (see page 62)	76	10,214,279
You Owe	77		Comp	lata tha fallowing 🗌 Na
Third Party		you want to allow another person to discuss this return with the IRS (see page 63)?  Yes.		lete the following.
Designee	De: nar	signee's Phone Personal identifi me ► no. ► ( ) number (PIN)	cation	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	d to the	e best of my knowledge and
Here		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w		
Joint return?	Yo	ur signature Date Your occupation	Day	time phone number
See page 17.			(	)
Keep a copy for your	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		
records.				
Paid	Pre	parer's 54 271 543 Date Check if	Prep	parer's SSN or PTIN
	sig	nature 54,271,543 Check if self-employed		
Preparer's		n's name (or EIN		
Use Only	you add	dress, and ZIP code Phone no.	(	)

Form **1040** (2006)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Form	Depar	tment of the Treasury—Internal Reven	ue Service								
1040A	U.S	6. Individual Income T	ax Return	(99)	200	<b>)6</b> IR	S Use Only	<u>Do not w</u>	rite or staple in this sp	ace.	
_abel	Your fi	rst name and initial	Last name					`	OMB No. 1545-0074		
See page 18.)								Your so	Your social security number		
A B			Total Form	s Filed =	= 32,01	8,556		32,018,556			
E	If a joir	nt return, spouse's first name and initial	Last name		4		000 007	Spouse	's social security numb		
			Total Forms		ectroni	cally = $23$ ,			9,637	,768	
)therwise E	Home	address (number and street). If you have a P	.O. box, see page 18.				Apt. no.		ou <b>must</b> enter our SSN(s) above. <b>/</b>		
lease print	City to	own or post office, state, and ZIP code. If you	u have a foreign addre		19			yc	our SSIN(S) above.		
or type.		Single = 10,570,876	Joint = 8					Checkin	a box below will n 28,900 Y = **869		
Presidential	Che	ck here if you, or your spouse if f		,,	-	fund (see i	age 18)		You □ Spou	,	
		Single		'80,711				ith qualifyin	ng person). (See page		
									but not your depend		
		Married filing separately. Enter				enter this ch			but not your dopoint	ioni,	
ne box.		full name here. ►		9,202	<u> </u>			-	dent child (see page	20)	
Exemptions	6a	<b>Yourself.</b> If someone	can claim vou	i as a c	lepend	dent. <b>do r</b>	not che	ck )	Boxes		
	•••	= 31,259,009 box 6a.						}	checked on 6a and 6b <sup>Exem.</sup> =	40,19	
	b	<b>Spouse</b> = 8,938,609						, J	No. of children		
	С	Dependents:	(2) Dependent	's social	(3)	Dependent's		if qualifying	g on 6c who: Returns = 16	3,138.9	
		(1) Eirot name	security nu		rela	ationship to	tax	d for child credit (see	<ul> <li>lived with you</li> <li>Exem. = 27,227,096</li> </ul>		
f more than six		(1) First name Last name				you		age 21)	did not live		
lependents, ee page 21.		DREN AT HOME	16,138,9			<u>,227,096</u>		361,221	with you due to divorce or		
		DREN AWAY FROM HOME	186,25			252,194		44,106	separation Returns (see page 22)	s = 186	
	PARE		1,051,61			257,278	, ,	442,655	Exem. = 2	52,19	
		ER DEPENDENTS	3,003,08			295,730	1	09,950	Dependents on 6c not		
	Total	L DEPENDENTS	18,646,3 Returns = 31,2			,032,298	Qualif	. child not dep	entered above		
	Total		Returns - 51,2	259,009	Exem.	= 73,229,97	0	= 5,029	Total Returns = 31,259 Add numbers	,009	
	b	Total number of exemption	ns claimed						on lines Total Exem. = 73,229,9	916	
ncome										-	
	7	Wages, salaries, tips, etc.	Attach Form	(s) W-2				7	28,571,208		
Attach Form(s) W-2											
nere. Also	8a	Taxable interest. Attach S	Schedule 1 if r	required	d.			8a	8,078,402		
attach	b	Tax-exempt interest. Do				) 150,	054				
Form(s)	9a			require				9a	2,813,822		
099-R if tax vas withheld.		Qualified dividends (see p	<u> </u>		9b	2,057	,414		050 747		
	10	Capital gain distributions	(see page 25)	).				10	856,747		
f you did not jet a W-2, see	11a	IRA	1 490 446			Taxable a			1,418,696		
age 24.		distributions. 11a	1,489,446			(see page		11b	1,410,090		
nclose, but do	12a	Pensions and	4,807,281			Taxable a			4,517,140		
ot attach, any						(see page		12b	4,517,140		
payment.	13	Unemployment compensations	ation, Alaska I	Perman		und divide			2,096,234		
	140	jury duty pay. Social security				Taxable a		-	2,000,201	<u> </u>	
	14a	benefits. 14a	4,759,848			(see page		14b	2,140,366		
						(See pag	5 20).	140	, -,		
	15	Add lines 7 through 14b (fa	ar right columr	ı). This	is your	total inc	ome.	▶ 15	31,872,567		
Adjusted	16	Penalty on early withdraw	al of savings	(see							
jross		page 28).			16	226,2	291				
ncome	17	IRA deduction (see page	28).		17	435,7	15				
	18	Student loan interest ded	· ·	<u> </u>		2,669	171	Educator	r Expenses = 333,60	)2	
	19	Jury duty pay you gave	your employ	ver (see				Tuition 8	Fees Ded. = 591,3	82	
		page 31).			19	10,2	77				
	20	Add lines 16 through 19.	These are you	ur <b>total</b>	adjus	stments.		20	3,924,742		
		0 1 1 1 00 1 "	4 <b>- - - - - -</b>						22 040 550		
	21	Subtract line 20 from line	15. This is yo	bur <b>adjı</b>	usted	gross in	come.	▶ 21	32,018,556		
or Disclosure,	Privacy	Act, and Paperwork Reduc	tion Act Notic	e, see i	page 5	<b>8.</b> (	at. No. 11	327A	Form <b>1040A</b> (2	2006	

or Disclosure, I mady Act, and I aperwork neutralion Act Notice, see pag

\* Number of returns with one election yes box checked

\*\* Number of returns with both yes boxes checked

$\gamma \cap$	
/11	

Form 1040A (2006)

# 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Form 1040A	(2006)	NUMBER OF RETURNS FILED FOR SELECTED LINES		Page <b>2</b>
Tox	22	Enter the amount from line 21 (adjusted gross income).	2	2
Tax,	A = 4	4,310,041 B= 1,510675 C = 82,578 D = 22,023		i
credits,		Check ∫ A You were born before January 2, 1942, C Blind <b>Total boxes</b>	A	dditional Stand. Ded = 4,389,527
and		if: ↓ B Spouse was born before January 2, 1942, D Blind ↓ checked ► 23a		
payments	b	If you are married filing separately and your spouse itemizes	—— T	otal Standard Ded = 31,870,568
Standard		deductions, see page 32 and check here Boxes checked = $2,000 \ge 23b$		
Deduction for—	24	Enter your standard deduction (see left margin).	2	4 31,870,568
People who	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0	2	
checked any	26	If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Ka		0 20,001,020
box on line	20	see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed on lin		6 31,259,009
23a or 23b <b>or</b> who can be	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0	<u> </u>	0 01,200,000
claimed as a	21	This is your <b>taxable income.</b>	▶ 2	7 22,711,510
dependent, see page 32.	28	<b>Tax,</b> including any alternative minimum tax (see page 32).	2	
<ul> <li>All others:</li> </ul>	<u>20</u> 29	Credit for child and dependent care expenses.		0 22,704,401
Single or	29			
Married filing			<u>+</u>	
separately,	30	Credit for the elderly or the disabled. Attach		
\$5,150		Schedule 3.         30         55,323	<u> </u>	
Married filing jointly or	<u>31</u>	Education credits. Attach Form 8863. 31 2,788,803	<u> </u>	
Qualifying widow(er), \$10,300	32	Retirement savings contributions credit. Attach Form 8880. 32 2,740,482	<u> </u>	
	33	Child tax credit (see page 37). Attach		
Head of		Form 8901 if required. 33 9,063,820	⊥	· · · · · · · · · · · · · · · · · · ·
household,	34	Add lines 29 through 33. These are your <b>total credits.</b>	3	
\$7,550	35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0	3	
	36	Advance earned income credit payments from Form(s) W-2, box 9.	3	
	37	Add lines 35 and 36. This is your <b>total tax.</b>	▶ 3	7 16,035,226
	38	Federal income tax withheld from Forms W-2 and 1099.3829,523,979	<u> </u>	
	39	2006 estimated tax payments and amount		
If you have		applied from 2005 return. 39 425,956		
a qualifying child, attach	<u>40a</u>	Earned income credit (EIC).         40a         12,290,718		
Schedule	b	Nontaxable combat pay election. 40b 6,021		
EIC.	41	Additional child tax credit. Attach Form 8812.418,547,074		
	42	Credit for federal telephone excise tax paid.		FICA withheld = 2,030
		Attach Form 8913 if required.         42         21,607,436	Extensi	on request = 19,328
	43	Add lines 38, 39, 40a, 41, and 42. These are your total payments.	▶ 43	3 31,471,282
Refund	44	If line 43 is more than line 37, subtract line 37 from line 43.		
		This is the amount you <b>overpaid.</b>	44	, ,
Direct	45a	Amount of line 44 you want refunded to you. If Form 8888 is attached, check here	► <u>4</u>	5a 28,851,288
deposit? See page 53	► b			
and fill in		number		
45b, 45c,	► d	Account		
and 45d or Form 8888.				
1 0111 0000.	46	Amount of line 44 you want <b>applied to your</b>		
		<b>2007 estimated tax.</b> 46 99,903		
Amount	47	Amount you owe. Subtract line 43 from line 37. For details on how		
you owe		to pay, see page 54.	▶ 47	7 2,792,881
you owe	48	Estimated tax penalty (see page 54). 48 379,492		i
Third porty		Do you want to allow another person to discuss this return with the IRS (see page 55)?	Yes. Cor	mplete the following.
Third party		Designee's Phone Persor	nal identifi	
designee			er (PIN)	
Sign		Inder penalties of perjury, I declare that I have examined this return and accompanying schedules and sta		
here		nowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received f preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge		e tax year. Declaration
Joint return?		our signature   Date   Your occupation		Daytime phone number
See page 18.				
Keep a copy	s s	pouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		
for your records.				
		Date Date	1	Preparer's SSN or PTIN
Paid		reparer's 18,882,318 Check if self-employed		
preparer's		irm's name (or EIN		
use only	У	ours if self-employed), Phone Phone	e no. (	)

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NUMBER OF RETURNS FILED FOR SELECTED LINES Department of the Treasury-Internal Revenue Service

Form <b>1040EZ</b>			Tax Return fo ers With No D			2006			OMB No. 154	45-0074
Label (		Your first name an		Last nan	ne	iled = *22,570	,653	Your	social security num 22,570,	
(See page 11.) Use the IRS	A B E	lf a joint return, sp	oouse's first name and initia			859 1040EZ-T	returns	Spous	e's social security n 1,488,1	
label. Otherwise, please print	L H E	Home address (nu	umber and street). If you hav	ve a P.O. box, se	ee page 11.		Apt. no.		ou <b>must</b> enter our SSN(s) above.	
or type.	R	City, town or post	t office, state, and ZIP code	. If you have a fo	oreign address, s	ee page 11.		Chooki	ing a box below v	vill pot
Presidential Election		S	Single = 21,082,504		Joint = <sup>2</sup>	1,488,149		change	e your tax or refur 137,616 Y = **13	nd.
Campaign (page 11)		Check here if y	you, or your spouse	if a joint ret	urn, want \$3	to go to this fun	d►	Y0	u Sr	pouse
Income	1		ries, and tips. This st Form(s) W-2.	hould be sho	own in box 1	of your Form(s)	W-2.	1	21,739,854	
Attach Form(s) W-2		2 Taxable inter	erest. If the total is ov	ver \$1,500, y	ou cannot us	e Form 1040EZ.	pt interest = 1,99	2	3,191,829	
here. Enclose, but do not attach, any payment.					_		me or loss = 185,		4 004 000	
	_	3 Unemploym	nent compensation ar	nd Alaska Pe	ermanent Fur	id dividends (see	page 13).	3	1,034,960	
			, 2, and 3. This is yo	*	-		come = 21,827,7	94 4	22,570,653	
	:		can claim you (or you ox(es) below and ente				check the			
		You You			checked = 6,4					
	_		an claim you (or you married filing jointl			o, enter \$8,450 if ion. Total Exem	single; nptions = 17,645,	175 <sup>5</sup>	16,159,025	
	(		e 5 from line 4. If lin t <b>taxable income.</b>	ne 5 is large	er than line 4	enter -0	►	6	16,434,834	
Payments	_	7 Federal inco	ome tax withheld from	m box 2 of	your Form(s)	W-2.		7	21,264,957	
and tax	_{	8a Earned inco	ome credit (EIC).					8a	2,112,545	
	_	<b>b</b> Nontaxable	combat pay election			8b	0			
	_	9 Credit for fe	ederal telephone exci	ise tax paid.	Attach Form	8913 if required Excess FICA / R		9	8,326,336	
	1(	Add lines 7,	, 8a, and 9. These ar	e your total	l payments.	F4868 payment	,	10	22,236,760	
	11		ne amount on <b>line 6</b> e booklet. Then, ente				pages	11	14,722,183	
Refund Have it directly	12		larger than line 11, 88 is attached, check		e 11 from line	e 10. This is you	r refund.	12a	20,723,885	
deposited! See page 18 and fill in 12b, 12c,		<b>b</b> Routing num	nber		► c	Type: Check	king Savings			
and 12d or Form 8888.		d Account num	nber							
Amount you owe	13		larger than line 10, s you owe. For details				►	13	1,619,869	
Third party	D	o you want to al	llow another person	to discuss th	nis return with	n the IRS (see pa	ge 20)? 🗌 <b>Ye</b>	s. Comp	lete the following.	. 🗌 No
designee		esignee's ime ►			Phone no. ► (	)	Personal ide number (PIN			
Sign here	ac	curately lists all an	perjury, I declare that I h mounts and sources of ir f which the preparer has	ncome I receiv	ed during the t					
Joint return? See page 11.		our signature		-	Date	Your occupation		D	aytime phone numb	er
Keep a copy for your records.	Sp	oouse's signature.	If a joint return, <b>both</b> m	iust sign.	Date	Spouse's occupa	ation	(	)	
Paid		eparer's gnature	8,213,328			Date	Check if self-employed	- 1 '	parer's SSN or PTIN	i
preparer's use only	Fir	rm's name (or ours if self-employe	ed),				EIN			
	ad	Idress, and ZIP co	ode 📕	Notice		0.00	Phone no.	(	) Form <b>1040EZ</b>	(0000)
FOF Disclosure, P	rivac	y Aci, and Paper	rwork Reduction Act	nonce, see p	age 22.	Cat. N	lo. 11329W		FORM IVAUEZ	. (2006)

\* Number of returns with one election box checked \*\* Number of returns with both boxes checked

22 20	06 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES									
Schedule 1 (Form 1040A)	Department of the Treasury—Internal Reven Interest and Ordinary Di for Form 1040A Filers	nue Service <b>vidends</b>	2006							
Name(s) shown on Fo		(99)	2000	Vou	OMB No. 154					
Name(s) shown on Fo	Total Schedules I	Filed = 2 324 309				uniber				
Part I	Note. If you received a Fo	orm 1099-INT, For	m 1099-OID, or substitute s and the total interest shown	tateme	ent from a hat form.					
Interest										
(See back of schedule and the instructions for Form	1 List name of payer. If any and the buyer used the p schedule and list this intersecurity number and add	property as a perso erest first. Also, sho	nal residence, see back of		Amount					
1040A, line 8a.)				1						
	2 Add the amounts on line			2	2,243,806	_				
	3 Excludable interest on se after 1989. Attach Form 8	3815.		3						
	4 Subtract line 3 from line 2 line 8a.	2. Enter the result r	here and on Form 1040A,	4						
Part II			ubstitute statement from a b y dividends shown on that f		age firm,					
Ordinary dividends	5 List name of payer.				Amount					
(See back				5						
of schedule and the instructions										
for Form 1040A,										
line 9a.)										
						-				
						+				
	6 Add the amounts on line line 9a.	5. Enter the total h	ere and on Form 1040A,	6	927,976					

For Paperwork Reduction Act Notice, see Form 1040A instructions.

Schedule 1 (Form 1040A) 2006

20	06 ES	TIMATE			<b>JNTS - (AL</b> OF RETUR					ON SAM	PLES)	23
Schedule 2	Depar	tment of th	e Treasury—Int				ED FOR	SELECTE	D LINES			
(Form 1040A)			Depend for For			ers	(99) 2	006			OMB No	. 1545-0074
Name(s) shown on Forr	n 1040/					74 540				Your socia	al security num	ber
			otal Sched		-			- C				- 4'
<ul> <li>Before you be</li> <li>Dependent of</li> </ul>				tand tr			s. See D 9 person		on page 1		lified exper	
Part I	1		Care provide name	r's	(b) Addre	ess (num		t, apt. no.,	(c) Ider number (SS	ntifying	(d) Amou (see instr	int paid
Persons or									_			
organizations who provided the care									-		2,074,51	8
You <b>must</b>		(If you i	need more	space	e, use the	botto	m of pag	ge 2.)				
complete this part.		depo	Did you re endent care		fits?		No — Yes —		Complete or Complete Pa	-		<u>.</u>
		must u	se Form 10	040. S	ee Sched	lule H	and its i	nstruction	y owe empl ns for detail	s.	-	
Part II	2		ation about tructions.	your	qualifying	g pers	on(s). If	you have	more than	two quali	ifying perso	ns, see
Credit for child and dependent care expenses				ifying pe	erson's name	e Last		<b>(b)</b> Qu	ualifying person security numb		(c) Qualified you incurred in 2006 for t listed in co	and paid the person
											2,049,88	
											608,662	2
		\$3,000 If you c	completed	alifyin Part II	g person o I, enter the	or \$6,0 e amo	000 for t unt from	wo or mo 1 line 27.	ore than pre persons.	3	2,024,14	.4
	4	Enter y	our earned	d inco	me. See t	the ins	tructions	3.		4	2,072,86	1
	5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); <b>all others,</b> enter the amount from line 4.								5	537,853	3
	6	Enter th	ne <b>smalles</b>	<b>t</b> of lir	ne 3, 4, or	r 5.				6	2,021,14	8
	7	Enter th	ne amount	from I	Form 1040	0A, lin	e 22.	7				
	8		t on line 7.		mal amou		wn belo	·	plies to the			
		n nne <i>i</i>	But not	De	cimal		n me r	But not	Decima	I		
		Over	over	am	ount is		Over	over	amount			
		15,000- 17,000- 19,000- 21,000- 23,000-	–19,000 –21,000 –23,000 –25,000		.35 .34 .33 .32 .31 .30		33,000- 35,000- 37,000- 39,000-	33,000 35,000 37,000 39,000 41,000	.27 .26 .25 .24 .23 .22			
		25,000– 27,000–			.29 .28			—43,000 —No limit	.21 .20	8		Χ.
	9	Multiply	/ <b>line 6</b> by es in 2006		ecimal am						current yr 2	
	10	Enter th	ne amount	from I	Form 104(	0A, lin	e 28.			10		
		Credit	for child a	nd de	pendent	care e	expense		he <b>smaller</b>			
For Dependence Deal			9 or line 10								Fotal credit -1	
For Paperwork Red	เนตนอท	ACLINOL	ce, see rorn	1 1040A	mstruction	15.	Ca	at. No. 10749	1	Schedul	e 2 (Form 104	TUAJ 2000

Devel III	DA) 2006         NUMBER OF RETURNS FILED FOR SELECTED LINES           12         Enter the total empount of dependent core here(its you received)			Page 2
Part III	<b>12</b> Enter the total amount of <b>dependent care benefits</b> you received for 2006. This amount should be shown in box 10 of your Form(s)			
Dependent care benefits	W-2. <b>Do not</b> include amounts that were reported to you as wages in box 1 of Form(s) W-2.	12	101,970	
	<b>13</b> Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See the instructions.	13		
	<b>14</b> Enter the amount, if any, you forfeited or carried forward to 2007. See the instructions.	14(		
	<b>15</b> Combine lines 12 through 14. See the instructions.	15		
	16Enter the total amount of qualified expenses incurred in 2006 for the care of the qualifying person(s).16105,376	_		
	17 Enter the smaller of line 15 or 16.	_		
	<b>18</b> Enter your <b>earned income.</b> See the instructions. 18 2,072,861	_		
	<b>19</b> Enter the amount shown below that applies to you.			
	<ul> <li>If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> </ul>			
	<ul> <li>If married filing separately, see the instructions for the amount to enter.</li> <li>All others enter the encount from line 10</li> </ul>			
	All others, enter the amount from line 18. 19 537,853	-		
	<b>20</b> Enter the <b>smallest</b> of line 17, 18, or 19. 20	_		
	<ul> <li>21 Excluded benefits. Enter here the smaller of the following:</li> <li>The amount from line 20, or</li> </ul>			
	<ul> <li>\$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).</li> </ul>	21	78,373	
	<b>22 Taxable benefits.</b> Subtract line 21 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter			
	"DCB."	22	17,980	
	To claim the child and dependent care credit, complete lines 23–27 below.			
	23 Enter \$3,000 (\$6,000 if two or more qualifying persons).	23		
	24 Enter the amount from line 21.	24	78,373	
	25 Subtract line 24 from line 23. If zero or less, stop. You cannot take the credit. Exception. If you paid 2005 expenses in 2006, see the instructions for line 9.	25		
	<ul><li>26 Complete line 2 on the front of this schedule. Do not include in column (c) any benefits shown on line 21 above. Then, add the amounts in column (c) and enter the total here.</li></ul>			
	<ul><li>27 Enter the smaller of line 25 or 26. Also, enter this amount on line 3</li></ul>	26		+

Schedule 2 (Form 1040A) 2006

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) 25 NUMBER OF RETURNS FILED FOR SELECTED LINES Department of the Treasury-Internal Revenue Service Schedule 3 Credit for the Elderly or the Disabled (Form 1040A) for Form 1040A Filers 2006 (99) OMB No. 1545-0074 Name(s) shown on Form 1040A Your social security number Total Forms Filed = 213,828 You may be able to take this credit and reduce your tax if by the end of 2006: • You were age 65 or older • You were under age 65, you retired on permanent or and total disability, and you received taxable disability income. But you must also meet other tests. See the separate instructions for Schedule 3. TIP In most cases, the IRS can figure the credit for you. See the instructions. Part I If your filing status is: And by the end of 2006: Check only one box: Check the Single, **1** You were 65 or older . . . . . = 213,828 1 box for your Head of household, or filing status Qualifying widow(er) 2 You were under 65 and you retired on permanent and age and total disability 2 П **3** Both spouses were 65 or older 3 4 Both spouses were under 65, but only one spouse 5 Both spouses were under 65, and both retired on permanent and total disability. Married filing iointly 6 One spouse was 65 or older, and the other spouse was under 65 and retired on permanent and total 7 One spouse was 65 or older, and the other spouse was under 65 and **not** retired on permanent and П total disability 8 You were 65 or older and you lived apart from your П spouse for all of 2006 . . . . . . . . . . . 8 Married filing 9 You were under 65, you retired on permanent and separately total disability, and you lived apart from your Did you check Yes— -> Skip Part II and complete Part III on the back. box 1, 3, 7, or No — Complete Parts II and III. 8? **1** You filed a physician's statement for this disability for 1983 or an earlier year. Part II If: or you filed or got a statement for tax years after 1983 and your physician signed Statement of line B on the statement, and permanent **2** Due to your continued disabled condition, you were unable to engage in any and total substantial gainful activity in 2006, check this box disability • If you checked this box, you do not have to get another statement for 2006. Complete this part

 If you did not check this box, have your physician complete the statement on page 4 of the instructions. You must keep the statement for your records.

only if you checked

box 2, 4, 5, 6,

or 9 above.

	10	NUMBER OF RETURNS FILED FOR SELECTED LINES           If you checked (in Part I):         Enter:			Page 2
Part III Figure your		Box 1, 2, 4, or 7			
redit		Box 8 or 9	10		
	11	Did you check       Yes       You must complete line 11.         box 2, 4, 5, 6,       No       Enter the amount from line 10 on line 12 and go to line 13.         If you checked (in Part I):       No       Source of the second			
		• Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.			
		<ul> <li>Box 2, 4, or 9, enter your taxable disability income.</li> </ul>			
		• Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.			
		For more details on what to include on line 11, see the instructions.	11	*	
	12	If you completed line 11, enter the <b>smaller</b> of line 10 or line 11; <b>all others,</b> enter the amount from line 10.	12	119,345	
	13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006.			
	а	Nontaxable part of social security benefits and			
		Nontaxable part of railroad retirement benefits treated as social security (see the instructions). 13a 27,308			
	D	Nontaxable veterans' pensions and Any other pension, annuity, or disability benefit			
		that is excluded from income under any other provision of law (see the instructions). 13b *			
	С	Add lines 13a and 13b. (Even though these income items are not taxable, they <b>must</b> be included here to figure your credit.) If you did not receive any of the types of nontaxable income listed on line 13a or 13b, enter -0- on line 13c. 13c 27,708			
	14	Enter the amount from Form 1040A, line 22. 14	_		
	15	If you checked (in Part I):         Enter:           Box 1 or 2         \$7,500           Box 3, 4, 5, 6, or 7         \$10,000           Box 8 or 9         \$5,000			
	16	Subtract line 15 from line 14. If zero or less, enter -01683,746	_		
	17	Enter one-half of line 16. 17 83,746	_		
	18	Add lines 13c and 17.	18	94,761	
	19	Subtract line 18 from line 12. If zero or less, <b>stop;</b> you <b>cannot</b> take the credit. Otherwise, go to line 20.	19	111,311	
	20	Multiply line 19 by 15% (.15).	20		
	21	Enter the amount from Form 1040A, line 28, minus any amount on Form 1040A, line 29.	21		
	22	<b>Credit for the elderly or the disabled.</b> Enter the <b>smaller</b> of line 20 or line 21 here and on Form 1040A, line 30.	22	55,323	

NUMBER OF RETURNS FILED FOR SELECTED LINES

Schedule A—Itemized Deductions

SCHEDULES A&B

OMB No. 1545-0074

27

2 (Form 1040) 06 (Schedule B is on back) Department of the Treasury Internal Revenue Service Attachment Sequence No. 07 Attach to Form 1040. See Instructions for Schedules A&B (Form 1040). (99)Name(s) shown on Form 1040 Your social security number Total scheduled filed = 49.633.233÷ Medical Caution. Do not include expenses reimbursed or paid by others. 10,208,792 1 and 1 Medical and dental expenses (see page A-1) . . . Enter amount from Form 1040, line 38 Dental 2 Multiply line 2 by 7.5% (.075). . . . . . . . . . 3 10,207,311 **Expenses** 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-10,208,792 4 4 5 46,915,714 Income tax = 35,666,458 5 State and local income taxes **Taxes You** . . . 6 42,584,481 Real estate taxes (see page A-3) General sales tax = 11,249,256 Paid 6 7 21,470,392 7 (See page A-3.) 8 Other taxes. List type and amount 8 3,071,407 9 Add lines 5 through 8 . . . . . . . . . 9 48,660,923 39,441,507 10 10 Home mortgage interest and points reported to you on Form 1098 Interest You Paid Home mortgage interest not reported to you on Form 1098. If paid 11 to the person from whom you bought the home, see page A-3 (See page A-3.) and show that person's name, identifying no., and address 1,147,219 11 Note. \_\_\_\_\_ Personal Points not reported to you on Form 1098. See page A-4 12 interest is 12 2,970,713 for special rules . . . . . . . . . . . . . . . . not 13 Investment interest. Attach Form 4952 if required. (See deductible. 1,819,888 13 40,284,927 14 Add lines 10 through 13 . . . . . . . 14 Gifts to 15 Gifts by cash or check. If you made any gift of \$250 or 38,942,196 15 Charity more, see page A-5 . . . . . . . . . . . . . . . . If you made a 16 Other than by cash or check. If any gift of \$250 or more, gift and got a 24,748,231 16 see page A-5. You must attach Form 8283 if over \$500 benefit for it, 511,699 17 17 Carryover from prior year . . . . . . . . . . . see page A-4. Add lines 15 through 17 Captial gains deduction limitation = 42,074 41,437,749 18 18 **Casualty and** Theft Losses 19 Casualty or theft loss(es). Attach Form 4684. (See page A-6.) . 206.287 19 Job Expenses 20 Unreimbursed employee expenses-job travel, union and Certain dues, job education, etc. Attach Form 2106 or 2106-EZ 15,985,244 20 Miscellaneous if required. (See page A-6.) ► 20,810,174 21 Deductions 21 Tax preparation fees. (See 22 Other expenses-investment, safe deposit box, etc. List page A-6.) type and amount ► 9,484,460 22 \_\_\_\_\_ 23 28,432,625 23 Add lines 20 through 22 . . . . . Enter amount from Form 1040, line 38 24 24 28,430,504 25 25 Multiply line 24 by 2% (.02) . . . . . . . . . . . . 12.313.749 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . 26 26 Other Other—from list on page A-7. List type and amount ▶ 27 Miscellaneous Gambling loss deduction = 1,060,601 Other than gambling ded. = 564,501 Deductions 1,605,514 Propterty income, casualty & theft deduction = 5,383 27 Total 28 Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? Itemized **No.** Your deduction is not limited. Add the amounts in the far right column 28 49,123,555 **Deductions** for lines 4 through 27. Also, enter this amount on Form 1040, line 40. 6,789,435 = Yes. Your deduction may be limited. See page A-7 for the amount to enter. 128,272 = 29 If you elect to itemize deductions even though they are less than your standard deduction, check here

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 11330X

Schedule A (Form 1040) 2006

		1040. Do not enter name and social security number if shown on other side. al Schedules Filed = 25,836,657 Filed Electronically = 10,793,887	You	ur social security nu	mber
	TOL	Schedule B—Interest and Ordinary Dividends		Attachment	
		<b>-</b>		Sequence No Amount	o. UC
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ►		Amount	
(See page B-1 and the instructions for Form 1040, line 8a.)		Of the total schedules filed, F1040 = 23,512,348 F1040A = 2,324,309			
Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that			1		
		The component parts of line 2 are as follows: F1040 = 22,480,185 F1040A = 2,243,806			
	2	Add the amounts on line 1	2	24,723,990	
form.	3		3	34,410	
		ote. If line 4 is over \$1,500, you must complete Part III.		Amount	
Part II	5	List name of payer ►			
Ordinary Dividends					
(See page B-1 and the instructions for Form 1040, line 9a.)					
,					
<b>Note.</b> If you received a Form 1099-DIV or substitute			5		
statement from a brokerage firm, list the firm's					
name as the payer and enter the ordinary dividends shown on that form.		The component parts of line 6 are as follows: F1040 = 17,060,069 F1040A = 927,976			
		Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . <b>bte.</b> If line 6 is over \$1,500, you must complete Part III.	6	17,988,045	

Accounts		account in a foreign country, such as a bank account, securities account, or other financial account?	
and Trusts		See page B-2 for exceptions and filing requirements for Form TD F 90-22.1. $Y = 268,083$	
(See	b	If "Yes," enter the name of the foreign country ► During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a	
page B-2.)		foreign trust? If "Yes," you may have to file Form 3520. See page B-2 $\therefore$ Y = 8,705	

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) 29 NUMBER OF RETURNS FILED FOR SELECTED LINES OMB No. 1545-0074 SCHEDULE C Profit or Loss From Business (Form 1040) (Sole Proprietorship) $( \cap$ n ▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B. Department of the Treasury Internal Revenue Service Attachment Sequence No. 09 ▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040). (99) Name of proprietor Social security number (SSN) Total Schedules Filed = 22,076,125 Includes 4,027,891 Schedule C-EZ's Principal business or profession, including product or service (see page C-2 of the instructions) Α B Enter code from pages C-8, 9, & 10 22,076,125 ► С Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any 2,988,145 Е Business address (including suite or room no.) ► City, town or post office, state, and ZIP code (3) Other (specify) Accounting Method = 22,076,125 MPARTC = 17,770,515 F Accounting method: (1) Cash (2) Accrual G Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses ∐ Yes ∐ No If you started or acquired this business during 2006, check here Boxes checked = 1,964,423 ► н Part I Income

Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory

1

	employee" box on that form wa	s checl	ked, see page C-3 a	nd che	ck here Boxes checked =52,330 ►	1	21,059,693	
2	Returns and allowances					2	699,676	
3	Subtract line 2 from line 1					3	21,060,717	
4	Cost of goods sold (from line 42					4	4,774,763	
5						5	21,090,160	
6	Other income, including federal					6	1,142,991	
7	Gross income. Add lines 5 and	6.				7	21,286,713	
Pa	rt II Expenses. Enter ex	oense	s for business us	e of y	our home <b>only</b> on line 30.			
8	Advertising	8	5,996,081		18 Office expense	18	7,993,108	
9	Car and truck expenses (see				<b>19</b> Pension and profit-sharing plans	19	142,976	
-	page C-4)	9	11,991,189		<b>20</b> Rent or lease (see page C-5):			
10	Commissions and fees	10	1,112,640		a Vehicles, machinery, and equipment	20a	2,122,688	
11	Contract labor (see page C-4)	11	2,006,577		<b>b</b> Other business property	20b	3,099,717	
12	Depletion	12	74,212		21 Repairs and maintenance	21	4,658,199	
13	Depreciation and section 179				22 Supplies (not included in Part III)	22	9,286,206	
15	expense deduction (not				23 Taxes and licenses	23	6,390,371	
	included in Part III) (see				24 Travel, meals, and entertainment:			
	page C-4)	13	6,965,360		<b>a</b> Travel	24a	4,461,731	
14	Employee benefit programs				<b>b</b> Deductible meals and			
	(other than on line 19).	14	315.802		entertainment (see page C-6)	24b	6,474,271	
15	Insurance (other than health)	15	5,856,974		<b>25</b> Utilities	25	8,605,827	
16	Interest:				26 Wages (less employment credits) .	26	1,328,982	
а	Mortgage (paid to banks, etc.)	16a	748,522		27 Other expenses (from line 48 on			
b	Other	16b	1,816,565		page 2)	27	12,089,414	
17	Legal and professional							
	services	17	7,593,218					
28	Total expenses before expense	s for b	usiness use of home	e. Add	lines 8 through 27 in columns .	28	19,171,997	
29	Tentative profit (loss). Subtract	ine 28	from line 7			29	21,869,623	
30	Expenses for business use of ye	our hon	ne. Attach Form 882	. 9		30	3,295,166	
31	Net profit or (loss). Subtract lir	ie 30 fr	om line 29.					
	• If a profit, enter on both Forn	n 1040,	line 12, and Sched	ule SE	, line 2, or on Form 1040NR,			
	line 13 (statutory employees, se	e page	C-6). Estates and tr	rusts, e	nter on Form 1041, line 3.	31	21,656,409	
	• If a loss, you <b>must</b> go to line	32.	nonde	ductib	le loss (+)/suspended loss carryover	(-) =	77,196	
32	If you have a loss, check the bo	x that	describes your inves	stment	in this activity (see page C-6).		At risk = 5,356,2	230
	• If you checked 32a, enter the	loss or	n both Form 1040, li	ne 12,	and Schedule SE, line 2, or on	32a 🛛	All investment is a	
	Form 1040NR, line 13 (statutory	employ	yees, see page C-6).	Estates	s and trusts, enter on Form 1041,	32b [	Some investment	is not
	line 3.						at risk.	
	• If you checked 32b, you mus	t attach	n Form 6198. Your le	oss ma	y be limited.			

For Paperwork Reduction Act Notice, see page C-8 of the instructions.

Schedule C (Form 1040) 2006

21 050 603

30

Sche	dule C (Form 1040) 2006 NUMBER OF RETURNS FILED FOR SELECTED LINES		,	Page <b>2</b>
Pa	rt III Cost of Goods Sold (see page C-7)			
33 34	Method(s) used to value closing inventory:       a       Cost       b       Lower of cost or market       c         Was there any change in determining quantities, costs, or valuations between opening and closing inventory.       If "Yes," attach explanation       .	ntory	ther (attach explanation ? Yes	n)
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	1,554,942	
36	Purchases less cost of items withdrawn for personal use	36	2,748,619	
37	Cost of labor. Do not include any amounts paid to yourself	37	692,692	
38	Materials and supplies	38	2,007,479	
39	Other costs	39	996,479	
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	1,638,878	
42 Ра	<ul> <li>Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4</li> <li>Information on Your Vehicle. Complete this part only if you are claimin line 9 and are not required to file Form 4562 for this business. See the ins C-4 to find out if you must file Form 4562.</li> </ul>			
43 44 a	When did you place your vehicle in service for business purposes? (month, day, year) ►/ Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used you Business b Commuting (see instructions) c Other	ur veł	nicle for:	
45	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
46	Was your vehicle available for personal use during off-duty hours?		🗌 Yes 🛛	No
47a	Do you have evidence to support your deduction?		🗌 Yes 🛛	□ No
b	If "Yes," is the evidence written?		🗌 Yes 🛛	No
Ра	rt V Other Expenses. List below business expenses not included on lines 8–26			

	2006 ES	TIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASE NUMBER OF RETURNS FILED FOR SELECTED LINES	ED O	N SAN	MPLES)		31
	EDULE C-EZ		OMB No.	1545	-0074		
(For	m 1040)	Net Profit From Business (Sole Proprietorship) ► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B			20		6
	ment of the Treasury			Attachme	00 4		
	I Revenue Service of proprietor	► Attach to Form 1040, 1040NR, or 1041. ► See instructions on bac		cial sec	curity number		
		s Filed = 4,027,891 Information tabulated with the Sch. C's				<b>、</b>	,
Par	t I General I	nformation					
Scho Inste Scho	May Use edule C-EZ ead of edule C o If You:	<ul> <li>less.</li> <li>Use the cash method of accounting.</li> <li>Did not have an inventory at any time during the year.</li> <li>Did not have a net loss from your business.</li> <li>Had only one business as either a</li> </ul>	requination iness edule ind of deduc s use nave p activi	red to f and An s. See th C, line out if you ct expe of you prior ye		6 <b>2,</b> for ons e	
Α	Principal business c	or profession, including product or service	В	Enter c	ode from page	s C-8,	9, & 10
С	Business name. If n	o separate business name, leave blank.		Fmnlo	yer ID numbe	er (Fl	N) if any
Е	Business address (in	ncluding suite or room no.). Address not required if same as on page 1 of your tax	retur	'n.			
	City, town or post of	ffice, state, and ZIP code					
Par	t II Figure Yo	our Net Profit					
1	employee" box or	<b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory in that form was checked, see <b>Statutory Employees</b> in the instructions for 1, on page C-3 and check here		1			
2	Total expenses (	see instructions). If more than \$5,000, you <b>must</b> use Schedule C.		2			<u> </u>
3	both Form 1040, employees do no	act line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter <b>line 12,</b> and <b>Schedule SE, line 2,</b> or on <b>Form 1040NR, line 13.</b> (Statute <b>t</b> report this amount on Schedule SE, line 2. Estates and trusts, enter on Form <b>1</b> and the set of	ory orm	3			
Par		on on Your Vehicle. Complete this part only if you are claiming car			xpenses of	on li	ne 2.
4	When did you pla	ce your vehicle in service for business purposes? (month, day, year) ►		/	/		
5	Of the total numb	er of miles you drove your vehicle during 2006, enter the number of miles	you	used	your vehic	le fo	or:
а	Business	<b>b</b> Commuting (see instructions) <b>c</b> Oth	ier _				
6	Do you (or your s	pouse) have another vehicle available for personal use?	• •		. 🗌 Ye	S	🗌 No
7	Was your vehicle	available for personal use during off-duty hours?			. 🗌 Ye	S	🗌 No
8a	Do you have evid	ence to support your deduction?			. 🗌 Ye	S	🗌 No
b	If "Yes," is the evi	idence written?	<u></u>	<u></u>	. 🗌 Ye	<u>s</u>	No No
For F	Paperwork Reductio	n Act Notice, see page 2. Cat. No. 14374D	Sch	nedule	C-EZ (Form	n 104	40) 2006

NUMBER OF RETURNS FILED FOR SELECTED LINES

OMB No. 1545-0074

2

i

SCHE	DULE	D
(Form	1040)	

# Capital Gains and Losses

Attach to Form 1040 or Form 1040NR. See Instructions for Schedule D (Form 1040).

Department of the Treasury Internal Revenue Service Name(s) shown on return

Part I

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Attachment Sequence No. 12 Your social security number

b

|--|

(99)

Total sales reported with Form 1099 = 17,709,495 0

### Short-Term Capital Gains and Losses—Assets Held One Year or Less

	(a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date (Mo., day		(d) Sales pri (see page D- the instructio	6 of	(e) Cost or othe (see page D- the instruction	7 of	(f) Gain or (los Subtract (e) from	
1								1 1 1 1 1 1		
2	Enter your short-term totals, if any, line 2			2					8,943,090	
3	Total short-term sales price amounts column (d)	Add lines 1 a	nd 2 in	3	9,545,383					
4	Short-term gain from Form 6252 and sh			rom F	orms 4684, 6	6781,	and 8824	4	325,396	
5	Net short-term gain or (loss) from p Schedule(s) K-1		5	1,085,160						
6	Short-term capital loss carryover. Ente Carryover Worksheet on page D-7 of	6	( 1,931,034	)						
7	Net short-term capital gain or (loss).	7	10,526,587							

#### Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

Short term non-ded. loss = \*

	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	<b>(c)</b> Date (Mo., day		(d) Sales pri (see page D- the instruction	6 of 🚺 (see pag	other basis ge D-7 of ructions)	<b>(f) Gain or (los</b> Subtract (e) from	
8									
9	Enter your long-term totals, if any, line 9			9				13,852,146	
10	Total long-term sales price amounts column (d)			10	14,510,086				
11								2,502,281	         
12								1,921,344	
13	Capital gain distributions. See page D-2 of the instructions							9,911,970	
14	Long-term capital loss carryover. Ente Carryover Worksheet on page D-7 of		( 5,464,418	)					
15	Net long-term capital gain or (loss). Part III on the back	. Combine line	s 8 throu	ugh 1		(f). Then go t		19,928,020	
For	Paperwork Reduction Act Notice, see Forr			instru	ctions. Ca	at. No. 11338H	Sched	ule D (Form 1040)	) 2006

\* Entry for this line is greater than zero, but too small to report

Schedule D (Form 1040) 2006

# NUMBER OF RETURNS FILED FOR SELECTED LINES

6	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below	16	22,069,069	
7	Are lines 15 and 16 <b>both</b> gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
8	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-8 of the instructions	18	239,228	
9	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on page D-9 of the instructions	19	1,677,411	
20	<ul> <li>Are lines 18 and 19 both zero or blank?</li> <li>Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below.</li> <li>No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.</li> </ul>			
:1	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: • The loss on line 16 or • (\$3 000) or if married filing separately. (\$1 500)	21	(	
	<ul> <li>● (\$3,000), or if married filing separately, (\$1,500) ∫</li> <li>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</li> </ul>			
2	<ul> <li>Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</li> <li>Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</li> </ul>			

Schedule D (Form 1040) 2006

34	2006 ESTIMATED DATA L		•						ON S	AMPI	LES)			
SC		-	ER OF RETUR plementa	-	-	-	-	-		F	OMB	No. 1545	-0074	
(Fo	rm 1040) (	rental real es	ental real estate, royalties, partnerships, porations, estates, trusts, REMICs, etc.)								2006			
Depa Interr	rtment of the Treasury al Revenue Service (99)  Attach to Form								1040	).	Attac Segu	hment ence No	13	
	e(s) shown on return							· · · · · · · · · · · · · · · · · · ·		·		ecurity		
		То	tal Forms File	ed = 1	17,306,79	90								
Pa	Income or Loss From Rent			-		-					person	al prop	erty, use	
-	Schedule C or C-EZ (see page List the type and location of each r										.,	V		
1					-			h rental real est n line 1. did vou				Ye	s No	
Α		Introduction in the second sec							perso	onal	A	s = 209,997		
В	Number of ROYALTIES = 1,345,81	7 Rei	ntal properties	= 1,97	70,202			ays or	uio (	greate	1 01.			
						•	10%	of the total dat	ys re	nted a	at	В		
С														
	(See page E-3.)											С		
Inc	ome:				-	perties						otals		
			A	1		B		С					, and C.)	
3	Rents received	3	RENT		501/11					3	-	30,159		
4	Royalties received	4			ROYAL	IY				4	1,5	05,751		
	penses:	-												
5	Advertising	5												
6	Auto and travel (see page E-4).	6												
7	Cleaning and maintenance	7												
8	Commissions	8												
9		9 10												
10	Legal and other professional fees	11												
11	Management fees													
12	Mortgage interest paid to banks,	12								12	5.0	25,689		
10	etc. (see page E-4)	13						648,300		12	0,0	20,000		
13 14	Other interest	14	4,868,744		1,484,2	89		652,917						
15	Repairs	15	.,		.,,_									
16		16												
17		17												
18	Other (list) ►													
		18												
19	Add lines 5 through 18	19	8,555,917		781,69	98				19				
20	Depreciation expense or depletion		7 440 550		504.0									
<b>.</b> .	(see page E-4)	20 21	7,110,556		561,24	40	-+			20				
21	Total expenses. Add lines 19 and 20	21												
22	Income or (loss) from rental real estate or royalty properties.													
	Subtract line 21 from line 3 (rents)													
	or line 4 (royalties). If the result is													
	a (loss), see page E-5 to find out if you must file <b>Form 6198</b>	22	9,145,780		1.503.3	50								
23	Deductible rental real estate loss.													
20	<b>Caution.</b> Your rental real estate		nonded	uctibl	e rental lo	ss		1,152,214						
	loss on line 22 may be limited. See		suspend	 1ed lo	l ss carrvo	/er		441,059						
	page E-5 to find out if you must		Susperie					111,000						
	file <b>Form 8582.</b> Real estate professionals must complete line													
	43 on page 2	23	( 4,744,312	)	(		) (	(	)					
24	<b>Income.</b> Add positive amounts sho	wn or	n line 22. <b>Do n</b>	ot inc	lude any	losses				24		87,074		
25	Losses. Add royalty losses from line 22							otal losses here	•	25	( 5,3	53,497	)	
26	Total rental real estate and royalty i													
	If Parts II, III, IV, and line 40 on page											40.40		
	line 17, or Form 1040NR, line 18. Other	erwise	, include this ar	mount	in the tot	ai on lir	1e 41	on page 2		26	9,6	12,194		

For Paperwork Reduction Act Notice, see page E-7 of the instructions.

NUMBER OF RETURNS FILED FOR SELECTED LINES

Schedule E (Form 1040) 2006

Attachment Sequence No. 13

Page 2

35

Nam	ie(s) showr	n on return. Do not	enter nam	ne and so	ocial security n	umber if showr	n on other side	Э.			You	r social security	number
Ca	ution. Th	ne IRS compare	es amou	unts rep	ported on ye	our tax retu	rn with amo	ounts	s shown on	Schedule(s)	K-1.	<u> </u>	
	nrt II		Loss F	From I	Partnershi	ps and S	Corporat	ions	Note. If	ou report a lo	oss fro	om an at-risk ao See page E-1.	ctivity for
27	27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year u loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership ex If you answered "Yes," see page E-6 before completing this section.									rtnership expe	enses		🗌 No
28	(a) Name (a) Name (b) Enter P for partnership; S for S corporation partnership						cation any amount is						
A	Number of PARTNERSHIPS 5,529,355 All at							8,613,557					
В													
C				Numb	er of S-COF	RPS	4,499,41	7		Some a	at risk	334,	171
D		Passive Inco	ome and	d Loss		1		Nor	npassive li	ncome and	loss		
		ssive loss allowed orm 8582 if require		(g) Pass	sive income chedule K-1		npassive loss Schedule K-1		(i) Sect	ion 179 expense n from <b>Form 45</b>	Э	(j) Nonpassive i from <b>Schedu</b> l	
Α	PART	NERSHIPS	P	PARTNE	ERSHIPS	PARTNE	RSHIPS		PARTN	ERSHIPS		PARTNERSH	HIPS
В	1,	092,468		1,736		1,32	3,699			),763		1,698,745	
c		CORPS		S-CO		1	DRPS			ORPS		S-CORPS	
D		11,345		553,6		1,460	6,852		1,15	5,453		2,546,355	
	Totals	1,232,833		2,17	1,517	2.64	2,141		1.5/	8,154		4,028,972	
	D Totals	blumns (g) and	(i) of line	0.200			2,171		1,0-	0,104	30	5,561,709	
		blumns (g) and blumns (f), (h), a	•					·			31	4,703,182	)
	Total I	partnership an here and includ	d S co	rporati	on income	or (loss).	Combine li	nes	30 and 31.	Enter the	32	7,619,301	
Pa	rt III	Income or											
33	<b>3 (a)</b> Name									(b) Employer identification number			
A B													
		Pa	ssive li	ncome	and Loss				Non	passive Inc	ome	and Loss	
		sive deduction or lo ach <b>Form 8582</b> if re		ed		Passive incom m <b>Schedule K</b>			(e) Deduction or loss from Schedule K-1			(f) Other income f Schedule K-1	rom
A B													
	<b>-</b>				3	29.932						295,169	
	Totals <b>D</b> Totals	42,023	3		5	23,332			35,011			235,105	
		blumns (d) and		e 34a					,- : :		35	559,355	
		plumns (c) and									36	73,243	)
	Total e	estate and true in the total or	st inco	me or	(loss). Com	ibine lines 3	35 and 36.	Ente	er the result	here and	37	595,604	
Pa	art IV	Income or	Loss F	rom F	Real Estate				Conduits	(REMICs)-	–Res	sidual Holde	er
38	(a) Name (b) Employer identification number (c) Excess inclusion from Schedules Q, line 2c (see page E-7)				(d) Taxable income (net loss) from Schedules Q, line 1b			(e) Income from Schedules Q, line					
	Orantal					·	*	41 4	2,65		00	40.077	
39 Da	art V	ne columns (d) Summary	ano (e)	oniy. E	nter the res	uit nere and	i include in	uie i	iotal on line	41 Delow	39	12,377	
40		m rental incom	e or llos	ee) fron	<b>Form 483</b>	5 Also cor	nnlete line	12 h			40	588,698	
40 41		ome or (loss). Combir		,			•				41	15,624,588	<u> </u>
42	Recon	ciliation of farm	ing and	l fishing	<b>income.</b> Er	nter your <b>gro</b>	<b>ss</b> farming						
	1065), l	hing income rep box 14, code B; ile K-1 (Form 10	Schedu	ule K-1	(Form 1120S	s), box 17, c	•	42	765,6	94			
43	Recond professi	<b>ciliation for real</b> ional (see page re on Form 1040	l estate E-1), er	profes	sionals. If y net income	ou were a or (loss) yo	ou reported						

\* Entry for this line is greater than zero, but too small to report

43

361,573

in which you materially participated under the passive activity loss rules .

30	NUMBER OF RETURNS FILED FOR SELECTED LINES	SAMPLES)					
SCHEDULE EIC (Form 1040A or 1040)	Earned Income Credit	OMB No. 1545-0074					
(FORM 1040A OF 1040)	Qualifying Child Information	2006					
Department of the Treasury Internal Revenue Service (99)	Complete and attach to Form 1040A or 1040 only if you have a qualifying child.	Attachment Sequence No. <b>43</b>					
Name(s) shown on return		Your social security number					
Total Scheo	dules Filed = 18,231,508 Filed Electronically = 15,121,420						
Before you beg	in: See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, line 66b, to make sure that (a) you can take the EIC, and (b) you have a quality						
If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up							

- to 10 years. See back of schedule for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Q	ualifying Child Information	Child 1	Child 2				
1	<b>Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name Last name	First name Last name				
2	<b>Child's SSN</b> The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	18,227,852	9,484,987				
3	Child's year of birth	Year <u>18,164,5</u> 60 If born after 1987, skip lines 4a and 4b; go to line 5.	Year <u>9,485,672</u> If born after 1987, skip lines 4a and 4b; go to line 5.				
	<b>If the child was born before 1988</b> — Was the child under age 24 at the end of 2006 and a student?	= 878,376 Yes. No. <i>Go to line 5. Continue.</i>	= 409,212 Yes. No. <i>Go to line 5. Continue.</i>				
b	Was the child permanently and totally disabled during any part of 2006?	= 346,501 Yes. No. Continue. The child is not a qualifying child.	= 142,514         Yes.         Continue.         The child is not a qualifying child.				
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	18,214,866	9,477,018				
6	Number of months child lived with you in the United States during 2006						
	• If the child lived with you for more than half of 2006 but less than 7 months, enter "7."	18,207,781	9,474,557				
	• If the child was born or died in 2006 and your home was the child's home for the entire time he or she was alive during 2006, enter "12."	<i>Do not enter more than 12 months</i>	Do not enter more than 12 months.				



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2006, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

	2006 ESTIMATED		•						ED C	N SAN	(IPLES)		37
SCL		NUN									I OMB	No. 1545-0	0074
	m 1040)		Profit or	LOSS	5 Fro	mr	arm	ing			6		
Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form			106	5-В.									
	ment of the Treasury I Revenue Service (99)		See Instruct	tions for	Sched	ule F (l	Form <sup>-</sup>	1040).				chment uence No.	14
Name	of proprietor						_		5	Social se	curity num	ber (SSN)	
			Total Form		-	-							
A Pri	ncipal product. Describe in one o								E		code from	Part IV	
C Ac	counting method:		hedule F's are p Cash = 1,980,03	-					┝		82,586 oyer ID nun	ber (EIN)	if any
CAU	counting method.	(י)	Cash = 1,960,03	52 (2)		ciuai –	51,57	4			-	31,209	
E Die	d you "materially participate" ii	n the operatio	n of this business	s during	2006? I	"No,"	see pa	ige F-2 for lim	it on	passive		☐ Yes	
				÷				Materia	al Pai	rticipati	on = 1,95	2,966	
Par													
	Do not include sales	s of livestocl	k held for draft,	, breedi	ng, spo	ort, or			epor	t these	sales on	Form 4	797.
1	Sales of livestock and other	items you bo	ught for resale .			1	-	362,617		_			
2	Cost or other basis of livesto		•	on line 1		2		282,836			261	016	
3	Subtract line 2 from line 1.					• •				3	361,		
4	Sales of livestock, produce,	0	· I – Í			· · ·	· · ·		•	4	**1,26		
	Cooperative distributions (Form		,	**456 **738	,			<b>b</b> Taxable am		5b	**450	,	
6a	Agricultural program paymer				,340		6	b Taxable am	ount	6b	**730	,057	
7	Commodity Credit Corporation			):						-	**10	720	
	CCC loans reported under e		I	· . **2,6		· · ·	· · ·		·	7a	**18. **2,		
b	CCC loans forfeited		7b				<b>7</b>	c Taxable am	ount	7c	۷,	171	
8	Crop insurance proceeds an			ents (see 127,6		-3):	I			01-	**118	050	
	Amount received in 2006 .							o Taxable am	ount	8b	110	,000	
	If election to defer to 2007 is					nount o	deferre	d from 2005	·	8d 9	**206	437	
9	Custom hire (machine work)					· ·	• •		·	9 10	**657		
10	Other income, including federa	-					-				007	,00+	<u> </u>
11	Gross income. Add amounts the amount from Part III, line		column for lines 3						enter	11	1,738	364	
Par					<u></u>						1,100	,001	
	Do not include perso				xes, in	suranc	e, or	repairs on ye	our h	ome.			
10	•							. ,					
12	Car and truck expenses (see pa F-4). Also attach <b>Form 4562</b> .	°	614,831					ofit-sharing		25	3.3	00	
13	Chemicals	12	493,534					see page F-5)					
14	Conservation expenses (see							inery, and					
14	page F-4)		39,419			quipme				26a			
15	Custom hire (machine work)	1 1	549,152					imals, etc.)		26b			
16	Depreciation and section 1					•		aintenance .		27	1,374	,764	
10	expense deduction not claime							nts		28	649,	014	
	elsewhere (see page F-4) .		1,529,845		<b>29</b> S	torage	and w	arehousing .		29			
17	Employee benefit programs oth	ner				-				30	1,204	-	
	than on line 25		36,886							31	1,167	,247	
18	Feed		1,118,505							32			
19	Fertilizers and lime		804,163					ing, and medici		33			
20	Freight and trucking	. 20			<b>34</b> O	ther ex	pense	s (specify):					
21	Gasoline, fuel, and oil		1,236,004		а					34a			
22	Insurance (other than health)	22	1,087,952		b					34b			
23	Interest:				С					34c			<u> </u>
	Mortgage (paid to banks, etc		435,937		d					34d			<u> </u>
	Other	23b	525,527	+	e					34e			<u> </u>
24	Labor hired (less employment credit		412,547 T	otal of a	f Il unmar	ked ev	nenses	- 1 744 07	0	34f	4 005	104	
35	Total expenses. Add lines 1									. 35	1,935	,124	
36	<ul> <li>Net farm profit or (loss). Sub</li> <li>If a profit, enter the profit or</li> </ul>					• •	1	led Carryover = 9,73	• •	36	1,958	272	
	If you file Form 1040NR, ent	ter the profit o	n <b>Form 1040NR,</b> I	line 19.			`	,,,,	'.	30	1,300	,210	I
	If a loss, you must go to line	e 37. Estates	trusts, and partne	ersnips, s	ee page	F-6.	)						

If you file Form 1040NR, enter the profit on **Form 1040NR, line 19.** • If a loss, you **must** go to line 37. Estates, trusts, and partnerships, see page F-6.

37 If you have a loss, you must check the box that describes your investment in this activity (see page F-6).

• If you checked 37a, enter the loss on Form 1040, line 18, and also on Schedule SE, line 1. If you file Form 1040NR, enter the loss on Form 1040NR, line 19. At risk = 1,404,521

• If you checked 37b, you must attach Form 6198. Your loss may be limited.

37a All investment is at risk.  $\textbf{37b} \ \square \ \textbf{Some investment is not at risk.}$ 

For Paperwork Reduction Act Notice, see page F-7 of the instructions.	Cat. No. 11346H
** Denotes that the line item is the addition of both cash and accrual	methods of accounting

Schedule F (Form 1040) 2006

38

#### NUMBER OF RETURNS FILED FOR SELECTED LINES Part III Farm Income—Accrual Method (see page F-7).

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797 and do not include this livestock on line 46 below.

38	Sales of livestock, produce, grains, and other products	38	**1,260,632	
39a	Cooperative distributions (Form(s) 1099-PATR) . 39a **456,940 39b Taxable amount	39b	**450,553	
40a	Agricultural program payments	40b	**730,057	
41	Commodity Credit Corporation (CCC) loans:			
		41a	**18,730	
	CCC loans forfeited	41c	**2,171	
42	Crop insurance proceeds	42	**118,059	
43	Custom hire (machine work) income	43	**206,437	
44	Other income, including federal and state gasoline or fuel tax credit or refund	44	**657,004	
45	Add amounts in the right column for lines 38 through 44.	45	10,960	
46	Inventory of livestock, produce, grains, and other products at beginning of the year			
47	Cost of livestock, produce, grains, and other products purchased during the year			
48	Add lines 46 and 47			
49	Inventory of livestock, produce, grains, and other products at end of year 49			
50	Cost of livestock, produce, grains, and other products sold. Subtract line 49 from line 48*	50		
51	Gross income. Subtract line 50 from line 45. Enter the result here and on Part I, line 11	51	11,821	
*lf vo	u use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line	49 is I	arger than the amou	int on

line 48. subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I. line 11.

#### Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if (a) your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or (b) you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

#### **Crop Production**

111100	Oilseed	and	grain	farming
--------	---------	-----	-------	---------

111210 Vegetable and melon farming

- 111300 Fruit and tree nut farming
- 111400 Greenhouse, nursery, and floriculture production
- 111900 Other crop farming

#### Animal Production

- 112111 Beef cattle ranching and farming
- 112112 Cattle feedlots
- 112120 Dairy cattle and milk production
- 112210 Hog and pig farming
- 112300 Poultry and egg production
- 112400 Sheep and goat farming
- 112510 Animal aquaculture
- 112900 Other animal production

#### Forestry and Logging

113000 Forestry and logging (including forest nurseries and timber tracts)

TURNO 

~~'		NUMBER OF RETURNS FILED FOR SELECTED LINES		OMB No. 1545-	0074
		Income Averaging for			.0074
(Foi	rm 1040)	Farmers and Fishermen		2(0)Ut	Ĵ
Department of the Treasury		Attach to Form 1040 or Form 1040NR.		Attachment	
	Internal Revenue Service (99) See Instructions for Schedule J (Form 1040).		0	Sequence No.	20
Name	e(s) shown on return	Total Forms Filed = 55,253	Social sec	urity number (SSN)	
			4		T
1		income from your <b>2006</b> Form 1040, line 43, or Form 1040NR, line 40		50,177	
2		I farm income (see page J-1). Do not enter more than the amount on line	1 <u>2</u> 3	45,648	
3		m line 1	. 3	45,648	
4	-	ne amount on line 3 using the 2006 tax rates (see page J-2)	. 4	43,040	
5		ule J to figure your tax for:			
		enter the amount from your 2009 Schedule J, line 11.			
		04 nor 2005, enter the amount from your 2003 5			
	Schedule J, line		_		
		ne taxable income from your 2003 Form 1040,			
		A, line 27; Form 1040EZ, line 6; or Form 1040NR,			
6	line 38. If zero or le	ss, see page J-2. <b>6</b>			
7		and 6. If zero or less, enter -0			
8		the amount on line 7 using the 2003 tax rates (see page J-3)	8	49,524	
9		lule J to figure your tax for:	•		
-	• 2005, enter the	amount from your 2005 Schedule J, line 15.			
		2005, enter the amount from your 2004			
	Schedule J, line	e 3. he taxable income from your <b>2004</b> Form 1040, <b>9</b>			
		40A, line 27; Form 1040EZ, line 6; or Form			
		f zero or less, see page J-5.			
10	Enter the amount	from line 6			
11	Combine lines 9 an	d 10. If less than zero, enter as a negative amount		10 700	
12	Figure the tax on	the amount on line 11 using the 2004 tax rates (see page J-6)	. 12	49,700	
13	If you used Schedu	le J to figure your tax for 2005, enter the amount			
	•	edule J, line 3. Otherwise, enter the taxable income			
		n 1040, line 43; Form 1040A, line 27; Form 1040EZ,			
		0NR, line 40. If zero or less, see page J-8     13       from line 6     14	_		
14 4 5			_		
15			16	49,801	
16 17		the amount on line 15 using the <b>2005</b> tax rates (see page J-8)	. 17	49,644	+
17 18		, and 16	·		
		amount from your 2005 Schedule J, line 12.			
	• 2004 but not 20	05, enter the amount from your 2004			
	Schedule J, line				
	<ul> <li>2003 but not 20 Schedule J, line</li> </ul>	04 nor 2005, enter the amount from your 2003			
		 ne tax from your <b>2003</b> Form 1040, line 41;*			
	Form 1040A, line 28	;* Form 1040EZ, line 10; or Form 1040NR, line 39.* /			
19		ule J to figure your tax for:			
		amount from your 2005 Schedule J, line 16. 05, enter the amount from your 2004			
	Schedule J, line				
	Otherwise, enter th	ne tax from your <b>2004</b> Form 1040, line 43;*			
	Form 1040A, line 28	;* Form 1040EZ, line 10; or Form 1040NR, line 40.* J			
20		J to figure your tax for 2005, enter the amount from your			
		4. Otherwise, enter the tax from your <b>2005</b> Form 1040, line 28* Form 1040EZ line 10: or Form 1040NB line 41* <b>20 44</b> ,050			
	line 44;* Form 1040A,	line 28;* Form 1040EZ, line 10; or Form 1040NR, line 41* 20 44,050			
		from Form 8814 or 4972 or from recapture of an education credit. Also, do no	ot		
04		ninimum tax from Form 1040A.	21		
21 22	Add lines 18 throu	from line 17. Also include this amount on Form 1040, line 44 or Form 1040NR, line 4		48,462	+
-		nay be less if you figure it using the 2006 Tax Table, Tax Computation Workshee			
	Qualified Dividends	and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Foreign Earne			
	Income Tax Works	heet. Attach Schedule J only if you are using it to figure your tax.			

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule R (Form 1040)	NUMBER OF RETURNS FILED FOR SELECTED LINES Credit for the Elderly or the Disabled	20	1545-0074 <b>NG</b>
Department of the Treasury		Attachmer	
nternal Revenue Service (99) Name(s) shown on Form 1040	Attach to Form 1040. See Instructions for Schedule R (Form 1040).	Sequence social security	
	Total Schedules Filed = 213,828		
You may be able to take th	is credit and reduce your tax if by the end of 2006:		
• You were age 65 or olde	<ul> <li>You were under age 65, you retired on permanent and tot you received taxable disability income.</li> </ul>	al disabilits	/, and
But you must also meet otl	ner tests. See page R-1.		
In most cases, the IRS	S can figure the credit for you. See page R-1.		
Part I Check the Box	for Your Filing Status and Age Filing status age indicate	or = 213,828	
f your filing status is:	And by the end of 2006: C	heck only	one b
Single,			
Head of household, or	<b>1</b> You were 65 or older	1	
Qualifying widow(er)	2 You were under 65 and you retired on permanent and total d	isability 2	
	<b>3</b> Both spouses were 65 or older	3	
	4 Both spouses were under 65, but only one spouse reti		_
	permanent and total disability	4	
Married filing	5 Both spouses were under 65, and both retired on permanent a	nd total	_
ointly	disability	5	
	6 One spouse was 65 or older, and the other spouse was under	65 and	_
	retired on permanent and total disability	6	
	7 One spouse was 65 or older, and the other spouse was under	65 and	_
	<b>not</b> retired on permanent and total disability	7	
	8 You were 65 or older and you lived apart from your spouse for	or all of	
Married filing			
separately			
	9 You were under 65, you retired on permanent and total disabil you lived apart from your spouse for all of 2006		
Did you check אין דער א box 1, 3, 7,	<b>Yes</b> — Skip Part II and complete Part III on back.		
	lo — Complete Parts II and III.		
Part II Statement of P	ermanent and Total Disability (Complete only if you checked box 2, 4	4 5 6 or (	) abov
	s statement for this disability for 1983 or an earlier year, or you file s after 1983 and your physician signed line B on the statement, <b>and</b>	ed or got a	а
	disabled condition, you were unable to engage in any substantial gai	nful activity	/
in 2006, check this bo	Х	🕨	

• If you **did not** check this box, have your physician complete the statement on page R-4. You **must** keep the statement for your records.

Schedule R (Form 1040) 2006

NUMBER OF RETURNS FILED FOR SELECTED LINES

Part III **Figure Your Credit** 10 If you checked (in Part I): Enter: 10 Did you check \_\_\_\_\_ Yes \_\_ You must complete line 11. box 2, 4, 5, 6, No \_\_\_\_ Enter the amount from line 10 or 9 in Part I? on line 12 and go to line 13. 11 If you checked (in Part I): • Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total. • Box 2, 4, or 9, enter your taxable disability income. 11 • Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total. TIP For more details on what to include on line 11, see page R-3. 12 If you completed line 11, enter the smaller of line 10 or line 11; all others, enter the 12 213,828 13 Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006. a Nontaxable part of social security benefits and 13a 55.371 Nontaxable part of railroad retirement benefits treated as social security (see page R-3). **b** Nontaxable veterans' pensions and 13b Any other pension, annuity, or disability benefit that is excluded from income under any other provision of law (see page R-3). c Add lines 13a and 13b. (Even though these income items are not taxable, they **must** be included here to figure your credit.) If you did not receive any of the types of nontaxable income 55,371 13c listed on line 13a or 13b, enter -0- on line 13c . . . . . 14 Enter the amount from Form 1040. 14 line 38 . . . . . . . . . . . . 15 If you checked (in Part I): Enter: Box 1 or 2 . . . . . . . . \$7,500 15 Box 3, 4, 5, 6, or 7 . . . \$10,000 Box 8 or 9 . . . . . \$5,000 J **16** Subtract line 15 from line 14. If zero or 16 141,883 less, enter -0- . . . . . . . . . . 141.883 17 **17** Enter one-half of line 16 166,702 18 **18** Add lines 13c and 17 . . . . . . . . 19 Subtract line 18 from line 12. If zero or less, **stop**; you **cannot** take the credit. Otherwise, 19 198,307 go to line 20 20 20 Multiply line 19 by 15% (.15) . . . . 21 21 Enter the amount from Form 1040, line 46 . . . . . . . . **22** Add the amounts from Form 1040, lines 47 and 48, and enter 22 the total 23 Subtract line 22 from line 21 . . . . . . . . . . 23 Credit for the elderly or the disabled. Enter the smaller of line 20 or line 23 here and 24 24 98,261

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPL	ES)
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NUMBER OF RETURNS FILED FOR SELECTED LINES

(Form	1040)
	1040

SCHEDULE SE

## Self-Employment Tax

OMB No. 1545-0074
2006
Attachment Sequence No. <b>17</b>

Department of the Treasury ▶ Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040) Total Schedules Filed = 17,119,914 Social security number of person with self-employment income >

# Who Must File Schedule SE

You must file Schedule SF if:

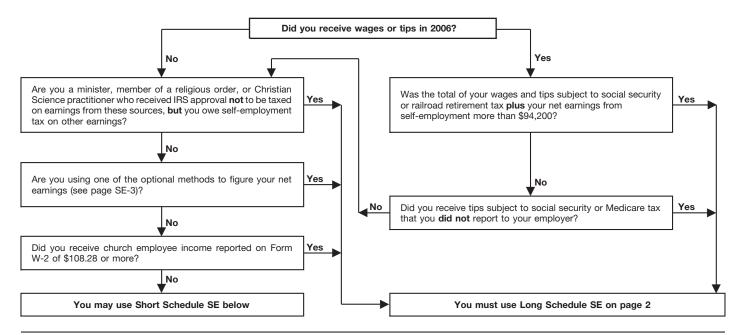
- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

## May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



#### Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	650,651	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	16,705,779	
3	Combine lines 1 and 2	3		
4 5	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	17,078,389	
	• \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 58.</b>	5	17,074,708	
6	<ul> <li>More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58.</li> <li>Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27</li></ul>			
For	Paperwork Reduction Act Notice, see Form 1040 instructions. Cat. No. 11358Z So	chedul	e SE (Form 1040)	2006

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NUMBER OF RETURNS FILED FOR SELECTED LINES

Schedule SE	(Form	1040)	2006
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Name of person with self-employment income (as shown on Form 1040)

Attachment Sequence No. 17 Social security number of person with self-employment income

Page 2

1	

#### Section B—Long Schedule SE

#### Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order is not church employee income. See page SE-1.

Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but yo	່ມ	
	had \$400 or more of other net earnings from self-employment, check here and continue with Part I	► L	

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip this line if you use the farm optional method (see page SE-4)	1	650,651	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for		40 705 770	
	other income to report. <b>Note.</b> Skip this line if you use the nonfarm optional method (see page SE-4)	2	16,705,779	
3	Combine lines 1 and 2	3	17 079 290	
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	17,078,389	
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
С	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception.	4.	47.050.070	
	If less than \$400 and you had <b>church employee income</b> , enter -0- and continue.	4c	17,053,273	
5a	Enter your church employee income from Form W-2. See page SE-1for definition of church employee income5a41,507			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b		
6	Net earnings from self-employment. Add lines 4c and 5b	6	17,074,708	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006	7	94,200	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)W-2) and railroad retirement (tier 1) compensation. If \$94,200 or more, skip lines 8b through 10, and go to line 11 <b>8a</b> 1,815,435			
b	Unreported tips subject to social security tax (from Form 4137, line 9) 8b 28,988			
с	Add lines 8a and 8b	8c	1,829,282	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . ►	9		
10	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (.124)	10	16,407,370	
11	Multiply line 6 by 2.9% (.029)	11	17,074,708	
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	17,074,708	
13	Deduction for one-half of self-employment tax. Multiply line 12 by			

50% (.5). Enter the result here and on Form 1040, line 27 . . . . | 13 |

#### Part II Optional Methods To Figure Net Earnings (see page SE-3)

	<b>Farm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your gross farm income <sup>1</sup> was not more han \$2,400, <b>or (b)</b> your net farm profits <sup>2</sup> were less than \$1,733.				
14 Maximum income for optional methods		14	1,600	00	
<b>15</b> Enter the <b>smaller</b> of: two-thirds (%) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$1,600. Also include this amount on line 4b above		15	22,218		
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your net nonfarm profits <sup>3</sup> were less than \$1,733 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> <b>and (b)</b> you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.					
Cau	tion. You may use this method no more that	an five times.			
16	Subtract line 15 from line 14		16		
<b>17</b> Enter the <b>smaller</b> of: two-thirds (⅔) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also include this amount on line 4b above			17	9,629	
	<sup>1</sup> From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code B. <sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code J. Sch. K-1 (Form 1065-B), box 9, code J1.			ox 14, code A; an	d
	n Sch. F, line 36, and Sch. K-1 (Form 1065), 14, code A.	i), <sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and K-1 (Form 1065-B), box 9, code J2.			I Sch.

NUMBER OF RETURNS FILED FOR SELECTED LINES Employee Business Expenses

	91	<b>NC</b>	
Form		UU	

#### ► See separate instructions.

OMB No. 1545-0074
2006
Attachment Sequence No. <b>54</b>

Department of the Treasury Internal Revenue Service (99)

Your name Total Forms Filed = 8,664,367 Includes 4,210,735 Form 2106-EZ's

Attach to Form 1040 or Form 1040NR.

Occupation in which you incurred expenses

Social security number

#### Part I Employee Business Expenses and Reimbursements

		Column A			Column B		
Ste	p 1 Enter Your Expenses	Other Than Meals Meals and and Entertainment Entertainment					
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	5,134,256				
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work	2	2,009,909				
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	1,837,488				
4	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment.	4	5,281,461				
5	Meals and entertainment expenses (see instructions)	5				3,000,920	
6	<b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	7,769,790				

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

#### Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7	Enter reimbursements received from your employer that were <b>not</b>					
	reported to you in box 1 of Form W-2. Include any reimbursements					
	reported under code "L" in box 12 of your Form W-2 (see					
	instructions)	7	453,154		176,812	

#### Step 3 Figure Expenses To Deduct on Schedule A (Form 1040)

8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	7,758,560			2,981,519	
	<b>Note:</b> If <b>both columns</b> of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.						
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.)	9				2,981,519	
10	10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 20 (or on Schedule A (Form 1040NR), line 9). (Reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)					7,901,026	

For Paperwork Reduction Act Notice, see instructions.

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Form 2106 (2006)

#### NUMBER OF RETURNS FILED FOR SELECTED LINES

Page	2
· age	_

Par	-							
	tion A—General Information claiming vehicle expenses.)	(You i	must complete this	section if you		(a) Vehicle 1	(b) Vehi	cle 2
11	Enter the date the vehicle was pl	aced	n service		11	/ /	/	/
12	Total miles the vehicle was drive				12	miles		miles
13	Business miles included on line		•		13	miles		miles
14	Percent of business use. Divide I				14	%		%
15	Average daily roundtrip commuti		•		15	miles		miles
16	Commuting miles included on lin	-			16	miles		miles
17	Other miles. Add lines 13 and 16				17	miles		miles
18	Do you (or your spouse) have an						. 🗌 Yes	🗌 No
19	Was your vehicle available for pe						. 🗌 Yes	🗌 No
20	Do you have evidence to suppor	t your	deduction?				· 🗌 Yes	🗌 No
21	If "Yes," is the evidence written?						. 🗌 Yes	🗌 No
Sect	ion B—Standard Mileage Rate (	See th	e instructions for Par	rt II to find out w	/hethei	r to complete this see		
22	Multiply line 13 by 44.5¢ (.445)				<u> </u>		4,381,687	7
<u>Sec</u>	tion C—Actual Expenses		(a) Ve	hicle 1	_	<b>(b)</b> Ve	hicle 2	
23	Gasoline, oil, repairs, vehicle							
	insurance, etc.	23						
24a	Vehicle rentals	24a		-	-			
b	Inclusion amount (see instructions) .	24b						
С	Subtract line 24b from line 24a .	24c						
25	Value of employer-provided							
	vehicle (applies only if 100% of							
	annual lease value was included	25						
00	on Form W-2—see instructions)	26						
26	Add lines 23, 24c, and 25 .	20			- 1			
27	Multiply line 26 by the	27						
00	percentage on line 14	28						
28 29	Add lines 27 and 28. Enter total							
23	here and on line 1.	29		490,775				
Sec	tion D—Depreciation of Vehicles		his section only if you	owned the vehic	le and	are completing Section	on C for the v	ehicle.)
	•			hicle 1			hicle 2	/
30	Enter cost or other basis (see							
	instructions)	30						
31	Enter section 179 deduction							
	(see instructions)	31						
32	Multiply line 30 by line 14 (see							
	instructions if you claimed the							
	section 179 deduction or							
	special allowance)	32		-	-			
33	Enter depreciation method and							
	percentage (see instructions) .	33						
34	Multiply line 32 by the percentage	0.4						
	on line 33 (see instructions)	34						
35	Add lines 31 and 34	35						
36	Enter the applicable limit explained	36						
	in the line 36 instructions	30						
37	Multiply line 36 by the	37						
20	percentage on line 14	- 57						
38	Enter the <b>smaller</b> of line 35 or line 37. If you skipped lines							
	36 and 37, enter the amount							
	from line 35. Also enter this							
	amount on line 28 above .	38						
							Form <b>21</b>	<b>06</b> (2006)

NUMBER OF RETURNS FILED FOR SELECTED LINES

#### **Unreimbursed Employee Business Expenses**

OMB No. 1545-0074
2006
Attachment Sequence No. <b>54A</b>

Department of the Treasury Internal Revenue Service (99)	Attachment Sequence No. <b>54A</b>		
Your name		Occupation in which you incurred expenses	Social security number
	Total Forms Filed = 4,210,735		

#### You May Use This Form Only if All of the Following Apply.

• You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.

• You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).

• If you are claiming vehicle expense, you are using the standard mileage rate for 2006.

Caution: You can use the standard mileage rate for 2006 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

#### Part I Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 44.5¢ (.445)	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment	4	
5	Meals and entertainment expenses: $\qquad \qquad \qquad$	5	
6	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 20</b> (or on <b>Schedule A (Form 1040NR, line 9).</b> (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

For F	Paperwork Reduction Act Notice, see page 4.	Cat. No. 20604Q	Fo	rm <b>2106-EZ</b> (2006)
b	If "Yes," is the evidence written?.			🗌 Yes 🗌 No
11a	Do you have evidence to support your deduction?			🗆 Yes 🗆 No
10	Was your vehicle available for personal use during off-duty hours? .			🗌 Yes 🗌 No
9	Do you (or your spouse) have another vehicle available for personal u	ıse?		🗆 Yes 🗌 No
	a Business b Commuting (see instructions)		<b>c</b> Other	
8	Of the total number of miles you drove your vehicle during 2006, ent	er the number of mile	es you used you	Ir vehicle for:
7	When did you place your vehicle in service for business use? (month,	, day, year) ►	/	/

Form 2106-EZ

2006 ESTIMATED DATA LINE COUNTS - (ALL FI	IGURES ARE ESTIMATES BASED ON SAMPLES)
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NUMBER OF RET	URNS FILED FOR S	SELEC	TED LINES		
	RECTED	(99)			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145	Noti	ce to Shareholder of Long-Term Capita		
	2006	For calendar year 2006, or other tax year of the regulated investment company (RIC) or the real estate investment trust (REIT)			
	0.400		beginning, 2	.006, and	
Total Forms Filed = 55,401	Form <b>2439</b>	ending, 20			
Identification number of RIC or REIT	1a Total undistributed	1a Total undistributed long-term capital gains			
	55,401			Сору А	
Shareholder's identifying number	1b Unrecaptured section	on 1250	gain	Attach to Form 1120-RIC	
	6,869			or Form 1120-RIC	
Shareholder's name, address, and ZIP code	1c Section 1202 gain		1d Collectibles (28%) gain		
	0		*	For Instructions	
	2 Tax paid by the RI	C or REIT	Γ on the box 1a gains	and Paperwork Reduction Act Notice, see back of Copies A and D.	
Form <b>2439</b>	Cat. No. 11858E		Department of the Treasury -	Internal Revenue Service	

2006 ESTIMATE	D DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON	SAMPLES)
	NUMBER OF RETURNS FILED FOR SELECTED LINES	

Form <b>2441</b>
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# Child and Dependent Care Expenses

Attach to Form 1040 or Form 1040NR.
 See separate instructions.



Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Total Forms Filed = 7,269,042

#### Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

• Dependent Care Benefits

• Qualifying Person(s)

• Qualified Expenses

Part I	Persons or Organizations Who Provided the Care-You must co	mplete this part.
	(If you need more space, use the bottom of page 2.)	

1	(a) Care provider's name		ving number (d) Amount paid or EIN) (see instructions)		
			7,210,946		
Did you receive No Complete only Part II below.					

dependent care benefits?

--> Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

Yes -

Pa	rt II Credit for Child and	Dependent Ca	re Expenses					
2	Information about your qualif	ying person(s).	f you have more than	n two qualifying	g persons	s, see		
	<b>(a)</b> Qualifying First	g person's name	Last	(b) Qualifying p security	person's so number	cial	(c) Qualified expenses y incurred and paid in 2006 f person listed in column	or the
					7,150,	560	7,083,401	
					2,444,	723	2,411,942	
3	Add the amounts in column (or person or \$6,000 for two or m							
	line 33					3	6,815,786	
4	Enter your earned income. S					4	7,071,684	
5	If married filing jointly, enter y or was disabled, see the instr				student	5	4,265,045	
6	Enter the <b>smallest</b> of line 3, 4					6	6,774,236	
7 8	Enter the amount from Form 1040NR, line 36 Enter on line 8 the decimal ar If line 7 is:		7	e amount on li	 ne 7			
		ecimal mount is	But i Over over	not Decim amour				
	\$0—15,000 15,000—17,000	.35 .34	\$29,000—31,00 31,000—33,00					
	17,000—19,000	.33	33,000—35,00			8	7,139,304 ×	
	19,000—21,000	.32	35,000—37,00	.24				
	21,000—23,000	.31	37,000—39,00					
	23,000—25,000	.30	39,000—41,00					
	25,000—27,000 27,000—29,000	.29 .28	41,000—43,00 43,000—No Iir					
	27,000—29,000	.20 1	43,000—110 111	.20				
9	Multiply line 6 by the decima the instructions		8. If you paid 2005		06, see	9	6,773,609	
10	Enter the amount from Form	1040, line 46, mi	nus any amount on	Form 1040, line	e 47, or			
	Form 1040NR, line 43, minus	•				10		
11	Credit for child and depend here and on Form 1040, line					11	6,466,792	
For	Paperwork Reduction Act No	otice, see page 4	4 of the instructions		Cat. No. 11	862M	Form <b>2441</b>	(2006)

#### NUMBER OF RETURNS FILED FOR SELECTED LINES

4	19
Page	2

Form	2441 (2006) NUMBER OF RETURNS FILED FOR SELECTED LINES			Page <b>2</b>
Ра	rt III Dependent Care Benefits			
12	Enter the total amount of <b>dependent care benefits</b> you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	1,057,526	
13	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace		6,178	
14	period. See instructions	13 14	71,685	
14	Combine lines 12 through 14. See instructions	15		/
16	Enter the total amount of <b>qualified expenses</b> incurred in 2006 for the care of the <b>qualifying person(s)</b>			
17 18	Enter the smaller of line 15 or 1617Enter your earned income. See instructions187,071,684	-		
20	<ul> <li>Enter the amount shown below that applies to you.</li> <li>If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).</li> <li>If married filing separately, see the instructions for the amount to enter.</li> <li>All others, enter the amount from line 18.</li> <li>Enter the smallest of line 17, 18, or 19</li> </ul>			
21	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-	21	14,281	
22 23	Subtract line 21 from line 15	23		
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions	24	6,877	
25 26 27 28	Enter the smaller of line 20 or 23       25         Enter the amount from line 24       26         Excluded benefits. Subtract line 26 from line 25. If zero or less, enter -0         Taxable benefits. Subtract line 27 from line 22. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB".	27 28	796,180 290,198	
	To claim the child and dependent care			

credit, complete lines 29-33 below.

29	Enter \$3,000 (\$6,000 if two or more qualifying persons)	29		
30	Add lines 24 and 27	30	802,753	
31		31		
32	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 30 above. Then, add the amounts in column (c) and enter the total here.			
33	Enter the <b>smaller</b> of line 31 or 32. Also, enter this amount on line 3 on the front of this form and complete lines 4–11		6,815,786	

Form **2441** (2006)

Form

(Rev. December 2006) Department of the Treasury

Internal Revenue Service (99)

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES Investment Credit

OMB No. 1545-0155

	Attach	to	your	tax	return.	See	instructions.
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Attachment Sequence No. **52** 

Identifying number

Name	Total Forms Filed = 35,590			
1 a	Rehabilitation credit (see instructions for requirements that must be met): Check this box if you are electing under section $47(d)(5)$ to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. <b>Note:</b> <i>This election applies to the current tax year and to</i> <i>all later tax years. You may not revoke this election without IRS consent</i>			
b	Enter the date on which the 24- or 60-month measuring period begins/ and ends/ /			
с	Enter the adjusted basis of the building as of the beginning date above			
d	(or the first day of your holding period, if later)			
u	or treated as incurred, during the period on line 1b above \$			
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:	1e	*	
e	Pre-1936 buildings located in the Gulf Opportunity Zone \$	1f	3,443	
T	Other pre-1936 buildings\$ $3,443 \times 10\%$ (.10)Certified historic structures located in the Gulf Opportunity Zone\$ $\times 26\%$ (.26)	1g	*	
g h	Other certified historic structures $\dots \dots \dots$	1h	4,604	
	For properties identified on lines 1g or 1h, complete lines 1i and 1j			
i	Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions)			
j	Enter the date that the NPS approved the Request for Certification of			
	Completed Work (see instructions)			
k	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) .	1k	*	
2	Energy credit:			
а	Basis of property using geothermal energy placed in service during the tax year (see instructions) \$ × 10% (.10) 2a 740			
b	Basis of property using solar illumination or solar energy placed in service during the tax year (see instructions) \$			
	Qualified fuel cell property (see instructions):			
С	Basis of property installed during the tax year \$ × 30% (.30) 2c			
d	Kilowatt capacity of property in c above ▶			
е	Enter the lesser of line 2c or 2d	-		
	Qualified microturbine property (see instructions):			
f	Basis of property installed during the tax year \$ × 10% (.10) 2f			
g	Kilowatt capacity of property in f			
	above × \$200 2g			
n i	Enter the lesser of line 2f or 2g	2i	2,538	
3	Qualifying advanced coal project credit (see instructions):			
	Basis of qualified investment in integrated gasification combined cycle property			
-	placed in service during the tax year \$ × 20% (.20) 3a			
b	Basis of qualified investment in property other than in a above placed			
	in service during the tax year <b>&gt;</b> \$ × 15% (.15) <b>3b</b>		04.054	
С	Total. Add lines 3a and 3b	3c	21,354	
4	Qualifying gasification project credit (see instructions). Basis of qualified investment in property		2 200	
F	placed in service during the tax year	4	2,300	
5 6	Credit from cooperatives. Enter the unused investment credit from cooperatives			
	Form 3800 (e.g., line 1a of the 2006 Form 3800) . Nondeductible investment credit = 422	6	35,171	

For Paperwork Reduction Act Notice, see instructions.

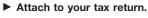
Cat. No. 12276E

NUMBER OF RETURNS FILED FOR SELECTED LINES

# Form **3800**

# General Business Credit

See separate instructions.



OMB No. 1545-0895

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

#### Total Forms Filed = 587,378

Part I Current Year Credit

**Important:** You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see **What's New** in the instructions.

1a	Investment credit (attach Form 3468)	1a	35,171	
	Work opportunity credit (Form 5884)	1b	41,433	
	Welfare-to-work credit (Form 8861)	1c	6,772	
d	Credit for increasing research activities (Form 6765)	1d	39,122	
e	Low-income housing credit (Form 8586) (enter EIN if claiming this credit from a pass-through entity:)	1e	79,145	
f	Enhanced oil recovery credit <b>only</b> from partnerships and S corporations (see instructions) .	1f	2,516	
g	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1g	10,182	
h	Renewable electricity production credit (Form 8835, Section A only)	1h	1,853	_
i	Indian employment credit (Form 8845)	1i	3,713	
j	Credit for employer social security and Medicare taxes paid on certain employee tips (Form 8846)	1j	69,531	
k	Orphan drug credit (Form 8820)	1k	551	
I	New markets credit (Form 8874) (enter EIN if claiming this credit from a pass-through entity:	11	941	
m	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1m	4,580	
	Credit for employer-provided child care facilities and services (Form 8882) (enter EIN if claiming			
	this credit from a pass-through entity:)	1n	10,685	
0	Qualified railroad track maintenance credit (Form 8900)	10	392	
q	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1p	2,619	
	Low sulfur diesel fuel production credit (Form 8896)	1q	1,354	
	Distilled spirits credit (Form 8906)	1r	140	
	Nonconventional source fuel credit (Form 8907)	1s	16,517	
	Energy efficient home credit (Form 8908)	1t	3,078	
	Energy efficient appliance credit (Form 8909)	1u	*	
	Alternative motor vehicle credit (Form 8910)	1v	143,188	
	Alternative fuel vehicle refueling property credit (Form 8911)	1w	286	
	Credit for contributions to selected community development corporations (Form 8847)	1x	120	
	Mine rescue team training credit (Form 8923)	1y	*	
z	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1z	1,968	
aa	Credits for employers affected by Hurricane Katrina, Rita, or Wilma (Form 5884-A)	1aa	6,767	
2	Add lines 1a through 1aa	2	455,017	
3	Passive activity credits included on line 2 (see instructions)	3	138,871	
4	Subtract line 3 from line 2	4	326,062	
5	Passive activity credits allowed for 2006 (see instructions)	5	116,159	
6	Carryforward of general business credit to 2006. See instructions for the schedule to attach	6	211,173	
7	Carryback of general business credit from 2007 (see instructions)	7		
8	Current year credit. Add lines 4 through 7	8	556,142	
For F	Paperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F		Form <b>3800</b> (20)	06)

Form 3800 (2006)

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Ра	rt II Allowable Credit			
9	<ul> <li>Regular tax before credits:</li> <li>Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41 .</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A, Part I, line 1; or the applicable line of your return</li></ul>	9		
10	Alternative minimum tax:         Individuals. Enter the amount from Form 6251, line 35         Corporations. Enter the amount from Form 4626, line 14         Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56	10	135,732	
11	Add lines 9 and 10	11		
12a	Foreign tax credit	_		
b	Credits from Form 1040, lines 48 through 54 (or Form 1040NR, lines 45 through 49)       12b	-		
с	Qualified electric vehicle credit (Form 8834, line 20)			
d	Non-business alternative motor vehicle credit (Form 8910,       12d         line 18)       18.1       12d			
е				
f	Add lines 12a through 12e	12f		
13	Net income tax. Subtract line 12f from line 11. If zero, skip lines 14 through 17 and enter -0- on line 18	13	539,747	
14	Net regular tax. Subtract line 12f from line 9. If zero or less, enter -0- 14 537,614			
15	Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see			
16	<ul> <li>instructions)</li> <li>Tentative minimum tax:</li> <li>Individuals. Enter the amount from Form 6251, line 33</li> <li>Corporations. Enter the amount from Form 4626, line 12</li> <li>Estates and trusts. Enter the amount from Form 1041, Schedule I, line 54</li> </ul>	-		
17	Enter the greater of line 15 or line 16	17		
18	Subtract line 17 from line 13. If zero or less, enter -0	18		
19	Credit allowed for the current year. Enter the smaller of line 8 or line 18. Individuals, estates, and trusts: See the instructions for line 19 if claiming the research credit. C corporations: See the line 19 instructions if there has been an ownership change, acquisition, or reorganization.			
	Report the amount from line 19 (if smaller than line 8, see instructions) as indicated below or on the applicable line of your return:			
	<ul> <li>Individuals. Form 1040, line 55 or Form 1040NR, line 50</li> <li>Corporations. Form 1120, Schedule J, line 5c; or Form 1120-A, Part I, line 2</li> <li>Estates and trusts. Form 1041, Schedule G, line 2c</li> </ul>	19	386,681	

Form **3800** (2006)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Moving Expenses

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No. 62 Your social security number

Department of the Treasury Internal Revenue Service
Name(s) shown on return

Form

3903

#### Total Forms Filed = 1,100,438

**Before you begin:**  $\checkmark$  See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.

See Members of the Armed Forces on the back, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	971,169	
2	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals	2	858,721	
3	Add lines 1 and 2	3	1,089,890	
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in			
	box 12 of your Form W-2 with code P	4	148,344	
5	Is line 3 more than line 4?			
	No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.			
	☐ <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b>	5	1,049,547	

# **General Instructions**

#### What's New

For 2006, the standard mileage rate for using your vehicle to move to a new home is 18 cents a mile.

## **Purpose of Form**

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

# Moving Expenses You Can Deduct

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

#### Who Can Deduct Moving Expenses

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.



Members of the Armed Forces may not have to meet the distance test and time test. See instructions on the back.

#### **Distance Test**

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.



To see if you meet the distance test, you can use the worksheet below.

Dista	ance Test Worksheet	ŀ	Kee	ер а	a C	ору	for	Your Records	
1.	Number of miles from your <b>old home</b> to your <b>new workplace</b>						. 1.	r	niles
2.	Number of miles from your old home to your old workplace						. 2.	r	niles
3.	Subtract line 2 from line 1. If zero or less, enter -0						. 3.	r	niles
	<ul> <li>Is line 3 at least 50 miles?</li> <li>Yes. You meet this test.</li> <li>No. You do not meet this test. You cannot deduct your moving expenses. Do not a</li> </ul>	со	mp	olet	e Fo	orm	3903	3.	

For Paperwork Reduction Act Notice, see back of form.

5	3

Form

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

#### NUMBER OF RETURNS FILED FOR SELECTED LINES **Credit for Federal Tax Paid on Fuels**

See the separate instructions.



Department of the Treasury Internal Revenue Service

4136

Attach this form to your income tax return. Name (as shown on your income tax return) Taxpayer identification number Data on this form reflects only form 1040 filers, not business or fiduciary filers Total Forms Filed = 318,754

Caution. Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 and 14), 3d, 4c, 5, and 9, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 and 14), claimant certifies that a certificate has not been provided to the credit card issuer.

#### Nontaxable Use of Gasoline 1

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cree	dit (e) CRN
а	Off-highway business use		\$ .183	ן <u>ו</u>	\$	
b	Use on a farm for farming purposes		.183			362
с	Other nontaxable use (see Caution above line 1)		.183	J	282,903	
d	Exported		.184		4,474	411

#### Nontaxable Use of Aviation Gasoline 2

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN	
а	Use in commercial aviation (other than foreign trade)		\$.15		\$ 885		354
b	Other nontaxable use (see Caution above line 1)		.193		1,135		324
с	Exported		.194		*		412

#### Nontaxable Use of Undyed Diesel Fuel 3

	Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here I						
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Nontaxable use		\$.243	1	\$ 46,469		360
b	Use on a farm for farming purposes		.243				360
С	Use in trains		.22		*		353
d	Use in certain intercity and local buses (see <b>Caution</b> above line 1)		.17		777		350
е	Exported		.244		*		413

#### Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation) 4

	Claimant certifies that the kerosene did not contain visible evidence of dye. Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here						
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Nontaxable use		\$.243	1	\$ 12,182		346
b	Use on a farm for farming purposes		.243	}			340
С	Use in certain intercity and local buses (see <b>Caution</b> above line 1)		.17		*		347
d	Exported		.244		*		414

#### Kerosene Used in Commercial Aviation (Other Than Foreign Trade) 5

		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN	
а	Kerosene taxed at \$.244 (see Caution above line 1)	\$ .200		\$	329		417
b	Kerosene taxed at \$.219 (see Caution above line 1)	.175			327		355
For I	Paperwork Reduction Act Notice, see the separate instructions.	Cat. No.	12625R		Fc	orm <b>41</b>	<b>36</b> (2006)

Paperwork Reduction Act Notice, see the separate instructions.

NUMBER OF RETURNS FILED FOR SELECTED LINES

#### 6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

	Exception. If any of the diesel fuel included in this claim did contain visible evide	ence of dye, at	tach an explanat	an explanation and check here				
		(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN		
а	Use by a state or local government	\$ .243		\$ *		360		
b	Use in certain intercity and local buses	.17		0		350		

#### 7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No.

Registration No. ►

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

	Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here						
		(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN	
а	Use by a state or local government	\$ .243	l	\$		0.40	
b	Sales from a blocked pump	.243	<u> </u>	*		346	
с	Use in certain intercity and local buses	.17		0		347	

#### 8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

#### Registration No. ►

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$ .175		\$		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		*		417
С	Nonexempt use in noncommercial aviation		.025		*		418
d	Other nontaxable uses taxed at \$.244		.243		*		346
е	Other nontaxable uses taxed at \$.219		.218		0		369

#### 9 Nontaxable Use of Kerosene Used in Noncommercial Aviation

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Nontaxable use (other than state) taxed at \$.244 (see <b>Caution</b> above line 1)		\$ .243		\$ 0		346
b	Nontaxable use (other than state) taxed at \$.219 (see <b>Caution</b> above line 1)		.218		0		369

#### 10 Reserved for future use

Form 4136 (2006)

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

#### 11 Nontaxable Use of Liquefied Petroleum Gas (LPG) (before October 1, 2006)

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
a Use in certain intercity and local buses		\$ .062		\$ 0		352
<b>b</b> Use in qualified local buses or school buses		.136		0		361
c Other nontaxable use		.136		*		395

#### 12 Alcohol Fuel Mixture Credit

#### Registration No. ►

Claimant produced an alcohol fuel mixture by mixing taxable fuel with alcohol. The alcohol fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

		(b) Rate	(c) Gallons of alcohol	of (d) Amount of credit		redit	(e) CRN
а	Alcohol fuel mixtures containing ethanol	\$.51		\$	0		393
b	Alcohol fuel mixtures containing alcohol (other than ethanol)	.60			*		394

#### 13 Biodiesel or Renewable Diesel Mixture Credit

#### Registration No. ►

Claimant produced a mixture by mixing diesel fuel with biodiesel or renewable diesel. The biodiesel used to produce the biodiesel mixture must meet ASTM D6751 and be registered with the EPA as a fuel and fuel additive under section 211 of the Clean Air Act. The mixture was sold by the claimant to any person for use as fuel or was used as a fuel by the claimant. Claimant has a certificate from the producer or importer of the biodiesel which identifies the percentage of biodiesel and agri-biodiesel in the product, and has no reason to believe the information is false. See the instructions for line 13 to see if you must attach the certificate.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cred	it (e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$ .50		\$ *	388
b	Agri-biodiesel mixtures	1.00		0	390
С	Renewable diesel mixtures	1.00		*	307

#### 14 Nontaxable Use of Alternative Fuel (after September 30, 2006)

	Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.										
		(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of c	redit	(e) CRN				
а	Liquefied petroleum gas (LPG)		\$ .183		\$ *		419				
b	"P Series" fuels		.183		0		420				
С	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		*		421				
d	Liquefied hydrogen		.183		*		422				
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process		.243		0		423				
f	Liquid hydrocarbons derived from biomass		.243		0		424				
g	Liquefied natural gas (LNG)		.243		0		425				

# 15 Alternative Fuel Credit and Alternative Fuel Mixture Credit (after September 30, 2006)

#### Registration No. ►

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of credit		(e) CRN
а	Liquefied petroleum gas (LPG)	\$ .50		\$ 30		426
b	"P Series" fuels	.50		*		427
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50		*		428
d	Liquefied hydrogen	.50		*		429
е	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.50		0		430
f	Liquid hydrocarbons derived from biomass	.50		0		431
g	Liquefied natural gas (LNG)	.50		0		432

Page **3** 

Form 4136 (2006)

# NUMBER OF RETURNS FILED FOR SELECTED LINES

#### 16 Registered Credit Card Issuers

Registration No. ►

	(b) Rate (c)				(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	\$ .243		\$ 0		360
<b>b</b> Kerosene sold for the exclusive use of a state or local government	.243		0		346
<b>c</b> Kerosene for use in aviation sold for the exclusive use of a state or local government	.218		0		369

#### 17 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.										
	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	d) Amount of credit					
a Nontaxable use		\$ .197		\$ *		309				
b Exported		.198		0		306				

#### 18 Diesel-Water Fuel Emulsion Blending

#### Registration No. ►

	(b) Rate	(c) Gallons	s (d) Amount of credit			(e) CRN
Blender credit	\$ .046		\$	0		310

#### 19 Exported Dyed Fuels

	(b) Rate	(c) Gallons	(d) Amount of credit			(e) CRN	
a Exported dyed diesel fuel	\$ .001		\$	0		415	
b Exported dyed kerosene	.001			*		416	
Form 1040, line 70 (also check box b on line 70); Form 1120, line 32f							

\* Entry for this line is greater than zero, but too small to report

Form 4136 (2006)

			NUMBER OF RETUR					
	4562		Depreciation	າ and Am	ortization			OMB No. 1545-0172
	TUUL	(1	ncluding Inform	ation on Li	sted Proper	ty)		2006
nternal	Revenue Service	► See	separate instructions.	Attach	to your tax retur	n.		Attachment Sequence No. 67
lame(	s) shown on return	Formo Filod -		ess or activity to w	hich this form relate	es		Identifying number
Par		Forms Filed =	Certain Property U	nder Sectior	179			
			sted property, com			nplete Parl	: <i>I</i> .	
1	Maximum amount.	See the instruc	tions for a higher limit	for certain bu	sinesses		1	\$108,000
			y placed in service (s				2	3,157,889
			operty before reduction				3	\$430,000
4	Reduction in limitat	tion. Subtract I	ine 3 from line 2. If z	ero or less, en	ter -0		4	
	Dollar limitation for separately, see inst	•	ract line 4 from line 1				5	4,970,686
		Description of pro		(b) Cost (busines		(c) Elected cost	-	1,070,000
6								
			t from line 29			446,613	0	4 686 027
			property. Add amour				8 9	4,686,927 4,686,627
			naller of line 5 or line					
	•		n from line 13 of your				10	170,197
			maller of business incom				11	4,778,251
			Add lines 9 and 10, b			e I I	12	4,641,591
	-		2007. Add lines 9 and					
			w for listed property.			ala Bata al mu		
Part	Special De	preclation All	lowance and Other	Depreciation	n (Do not inclu	ae listea pr	open	y.) (See instructions.
			York Liberty or Gulf C te tax year (see instruct				14	39,265
			(1) election				15	819
		(Including ACE					16	904,164
Par	MACRS D	epreciation	RS)	ed property.			16	904,164
Par	MACRS D	epreciation	(Do not include list	ed property.]			16	904,164
Part	MACRS D	epreciation	(Do not include list	ted property.) Section A	(See instructi	ons.)	16 17	904,164 5,868,487
Part	MACRS deductions	epreciation	(Do not include list aced in service in tax	ed property.] Section A years beginning	) (See instructing before 2006	 ons.)		· · · · · ·
Part	MACRS deductions If you are electing	s for assets plate to group any a	(Do not include list aced in service in tax assets placed in serv	ed property.] Section A years beginning ice during the	) (See instructing before 2006 tax year into o	 ons.)		· · · · ·
Part 7 8	MACRS deductions If you are electing general asset acco	s for assets pla to group any a unts, check he	(Do not include list aced in service in tax	ted property.] Section A years beginnin ice during the Boxe	) (See instruction ng before 2006 tax year into o es Checked = 9,3		17	5,868,487
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Part (a) (2) (a) (2) (a) (2) (a) (2) (b) (2) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	MACRS deductions If you are electing general asset acco Section B— Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 40-year Listed property. En	s for assets pla to group any a unts, check he -Assets Place (b) Month and year placed in service undetermined type Total GDS cost Assets Placed (see instruction ter amount fro	(Do not include list aced in service in tax assets placed in server d in Service During (e) Basis for depreciation (business/investment use only—see instructions) 192,941 1,778,817 1,464,827 204,344 297,663 87,871 8,734 1,297,723 3,177 702,947 4,650,168 in Service During 2 30,122 3,456 9,428 ons) Total A m line 28	ed property.] Section A years beginninice during the Boxe 2006 Tax Yea (d) Recovery period (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 006 Tax Year 12 yrs. 40 yrs.	) (See instruction ng before 2006 tax year into o es Checked = 9, r Using the Ge (e) Convention (e) Convention MM MM MM MM Using the Alte MM MM AMM MM		17 eciati d	5,868,487 on System (g) Depreciation deduction 192,635 1,778,366 1,464,000 204,343 296,328 87,871 8,734 1,293,271 3,177 undetermine 693,117 4,639,432 Total GDS tion System 30,119 3,456 9,428
Pari 17 18 (a) C 19a b C d e f g h i 20a b c Pari 21 22	MACRS deductions If you are electing general asset acco Section B— Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 40-year Listed property. En Total. Add amounts	epreciation s for assets plat to group any a unts, check he -Assets Place (b) Month and year placed in service undetermined type Total GDS cost Assets Placed (see instruction ter amount fro s from line 12,	(Do not include list aced in service in tax assets placed in server d in Service During (e) Basis for depreciation (business/investment use only—see instructions) 192,941 1,778,817 1,464,827 204,344 297,663 87,871 8,734 1,297,723 3,177 702,947 4,650,168 in Service During 2 30,122 3,456 9,428 ons) Total A	ed property.] Section A years beginninice during the Boxe 2006 Tax Yea (d) Recovery period (d) Recovery (	) (See instruction ng before 2006 tax year into o es Checked = 9, r Using the Ge (e) Convention (e) Convention MM MM MM MM Using the Alte MM MM AMM MM MM MM MM MM MM M		17 eciati d	5,868,487 on System (g) Depreciation deduction 192,635 1,778,366 1,464,000 204,343 296,328 87,871 8,734 1,293,271 3,177 undetermine 693,117 4,639,432 Total GDS tion System 30,119 3,456 9,428 ction = 39,644
Part 7 8 9a 9a 0 9a 0 6 0 6 1 9 0 1 1 22	MACRS deductions If you are electing general asset acco Section B— Classification of property 3-year property 3-year property 7-year property 10-year property 10-year property 20-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C—A Class life 12-year 40-year t IV Summary Listed property. En Total. Add amounts Enter here and on the	s for assets plato group any a unts, check he -Assets Place (b) Month and year placed in service (c)	(Do not include list aced in service in tax assets placed in server d in Service During (e) Basis for depreciation (business/investment use only—see instructions) 192,941 1,778,817 1,464,827 204,344 297,663 87,871 8,734 1,297,723 3,177 702,947 4,650,168 in Service During 2 30,122 3,456 9,428 ons) Total A m line 28 lines 14 through 17, li	ted property.] Section A years beginninice during the Boxe 2006 Tax Yea (d) Recovery period (d) Recovery (d) Recovery period (d) Recovery (d) R	) (See instruction ng before 2006 tax year into o es Checked = 9, r Using the Ge (e) Convention (e) Convention MM MM MM MM Using the Alte MM AMM MM MM MM MM MM MM MM M		17 eciati d precia	5,868,487 on System (g) Depreciation deduction 192,635 1,778,366 1,464,000 204,343 296,328 87,871 8,734 1,293,271 3,177 undetermine 693,117 4,639,432 Total GDS tion System 30,119 3,456 9,428 ction = 39,644 2,721,306

<b>F</b> arma		ESTIMATED D			-				STIMAT LECTED			N SAM	PLES)		Dec. 2
	4562 (2006) rt V Listed	<b>l Property</b> (In										s cort	ain cor	nnutor	Page 2
Ιa		rty used for e								ai leie	priorie	5, 0016		nputer	5, anu
		For any vehicle						,		r dedu	cting le	ase exp	oense,	complet	te <b>only</b>
		4b, columns (a,													
	tion A—Depre				-				1			-		-	
24a	Do you have evid	dence to support t	the business/	Investme	ent use c	laimed?			24b	t "Yes,"	is the e	vidence	written's		s 🗌 No
Тур	(a) be of property (list vehicles first)	<b>(b)</b> Date placed in service	Business/ investment use percentage	Cos	<b>(d)</b> st or othe basis		(e) Basis for depreciation (business/investment use only)			Recovery Method				Ele secti	(i) ected on 179 cost
25		e for qualified New ore than 50% in a													
26		d more than 50													
			%												
			%											_	
07	Dueneutra		%												
27	Property used	1 50% or less i	n a quaime %	1	ness us	se.				S/L					
			%							S/L				-	
			%				2,784,	784		S/L					
28	Add amounts	in column (h),	lines 25 th	rough	27. Ent	er here			1, page	1	28	2,72	21,306		
29		in column (i), l											. 29	) 446	6,613
~									Vehicles						
	nplete this sect provided vehicles														vehicles.
30	Total business/investment miles driven during the year (do not include commuting			(a) Vehicle 1 Ve			.,		c) (d) icle 3 Vehicle 4			(e) Vehicle 5		(f) Vehicle 6	
31	-	miles driven durin													
32		ersonal (noncor													
33		ven during the y													
34	0	le available for		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehic	cle used primar owner or related													
36	use?	cle available for	·												
	wer these ques more than 5%		nine if you	meet a	ın exce	ption to								oyees w	/ho <b>are</b>
37	Do you mainta	ain a written po	olicy staten	nent the	at proh	ibits all								Yes	No
38	Do you maintair	oyees? n a written policy	statement t	hat proh	ibits per	sonal us	e of veh	icles, ex	cept con	muting	by you	r employ	ees?		
39		tions for vehicles all use of vehic	-												
39 40		de more than fi													
41	the use of the	e vehicles, and	retain the	inform	ation re	eceived	?								
	Note: If your a	nswer to 37, 38											· ·		
Pa	rt VI Amor	tization													
	<b>(a)</b> Description	of costs	Date am	<b>b)</b> iortizatior gins	1	Amor	tizable ount		(c Co sec	de	Amor peri	tization od or entage		<b>(f)</b> ortization f this year	for
42	Amortization o	f costs that beg	gins during	your 20	06 tax	year (se	e instru	ictions):			_ perce	smaye			

 274,053
 43
 Amortization of costs that began before your 2006 tax year.
 274,053
 43
 605,293

 44
 Total. Add amounts in column (f). See the instructions for where to report.
 43
 44
 799,079

)	2006 ES	STIMATED DATA LINE COUNT	•					SAMPLE	S)	
				RNS FILED FC		ED LINE	S		MB No. 1545-0	017
Form	4684	Cas	sualt	ties and 1	hefts					
-0111				eparate instruc					2006	
	ment of the Treasury			n to your tax re					Attachment	00
	l Revenue Service (s) shown on tax retu	► Use a separ	ate For	m 4684 for eac	h casualty	or theft.			g number	20
lamo			otal Fo	rms Filed = 3	06,241				9	
SEC		onal Use Property (Use this usiness or for income-produce			asualties	and thef	ts of prop	erty <b>not</b>	used in a	tra
1		operties (show type, location, and d	• •	. ,	roperty) Lle		te line for e	ach prope	erty lost or da	
•	from the same ca		ale acy	uned for each p	iopenty). Os	e a separa		ach piope	arty lost of ua	inte
	. ,									
	,		_							
						Prop	perties			
				A		B	C	;	D	Τ
2	Cost or other bas	is of each property	2							+
3		r reimbursement (whether or not (see instructions)	3							
	Note: If line 2 is n	nore than line 3, skip line 4.								
4	2, enter the differen	or theft. If line 3 is <b>more</b> than line nce here and skip lines 5 through 9								
		ee instructions if line 3 includes in- eimbursement you did not claim, or								
		ent for your loss in a later tax year.	4							_
5	Fair market value	before casualty or theft	5							╀
6	Fair market value	after casualty or theft	6							
		, , , , , , , , , , , , , , , , , , , ,								
7	Subtract line 6 fro	om line 5	7							Ļ
8	Enter the smaller	of line 2 or line 7	8					_		-
9		from line 8. If zero or less,								
	enter -0		9							+
0	Casualty or theft I	oss. Add the amounts on line 9 in (	columns	s A through D				10		
				Ũ						
1		of line 10 or \$100. But if the loss a ne Rita disaster area after Septemb								
		, and was caused by that particular						11		_
2	Subtract line 11 fr	rom line 10						12		
	Caution: Use only	one Form 4684 for lines 13 throug	h 21.							
13	Add the amounts	on line 12 of all Forms 4684								+
4	Add the amounts	on line 4 of all Forms 4684						14		+
5		<b>re</b> than line 13, enter the difference est of this section (see instructions).		nd on Schedule	D. Do not	<u> </u>		15	2,855	
	• If line 14 is less	than line 13, enter -0- here and go	o to line	16.		(				
	•	al to line 13, enter -0- here. Do no	•						220.245	
6		nan line 13, enter the difference .							230,315	+
7		on line 12 of all Forms 4684 on wh	iich you	entered -0- on	line 11.	• • •		17	107,079	┝
8	•	er the amount from line 16 on Sched		,.		•	<i>,</i> .			
	_	and trusts, enter the amount from l line 17 from line 16.	10 (		นนับเบาร์ IIf	e or your	נמא ופנטווו.	18		
9		r adjusted gross income from Form	1040 1	ine 38 or Form	1040NR lin	e 36 Feta	tes and	.0		$\uparrow$
-		tions		-	-			19		
20		rom line 18. If zero or less, enter -0								
21	Add lines 17 and	20. Also enter the result on Schedu	ule A (F	orm 1040), line	19, or Sche	dule A (Fo	rm 1040NR)	,		
	line 8. Estates and	d trusts, enter the result on the "Otl	her ded	uctions" line of	/our tax retu	ırn .		21		

NUMBER OF RETURNS FILED FOR SELECTED LIN	ES
Attachment Sequence No. 26	

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Identifying number

SEC	CTION B—Business and Income-Producin									
Pa	rt I Casualty or Theft Gain or Loss (Use	a sep	parate Part	l for e	each casua	alty or	theft.)			
22	Description of properties (show type, location, and da aged from the same casualty or theft.	ate aco	quired for each	n prope	erty). Use a se	eparate	line for each	n prope	erty lost or da	m-
	Property A									
	Property B									
	Property C									
	Property D									
						Prope	rties			
			A		В		С		D	
23	Cost or adjusted basis of each property.	23								<u> </u>
24	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3 .	24								
	Note: If line 23 is more than line 24, skip line 25.									
25	Gain from casualty or theft. If line 24 is <b>more</b> than line 23, enter the difference here and on line 32 or line 37, column (c), except as provided in the instructions for line 36. Also, skip lines 26 through 30 for that column. See the instructions for line 4 if line 24 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year.	25								
26	Fair market value <b>before</b> casualty or theft	26								
27	Fair market value after casualty or theft	27								
28	Subtract line 27 from line 26	28								<u> </u>
29	Enter the <b>smaller</b> of line 23 or line 28	29								<u> </u>
	<b>Note:</b> If the property was totally destroyed by casualty or lost from theft, enter on line 29 the amount from line 23.									
30	Subtract line 24 from line 29. If zero or less, enter -0-	30								<u> </u>
31	Casualty or theft loss. Add the amounts on line 30. Ent							31		
Pa	rt II Summary of Gains and Losses (from	i sep	arate Parts	I)	(b) Losses (i) Trade, busi		sualties or the (ii) Incom		(c) Gains fr	
	(a) Identify casualty or theft				rental or roy property	alty	producing employee pro	and	casualties or includible in in	
	Casualty or The	it of	Property H	eld C	One Year o	or Les	S	1 ,1		
32					(	)	(	)		
33	Totals. Add the amounts on line 32			33	(	)	(	)		
34	Combine line 33, columns (b)(i) and (c). Enter the net c			d on Fo	orm 4797. line	e 14. lf F	orm 4797			
35	is not otherwise required, see instructions . Enter the amount from line 33, column (b)(ii) here. Indiv	 /iduals	s, enter the am	ount fr	 om income-p	 roducin	g property	34	29,276	
	on Schedule A (Form 1040), line 27, or Schedule A (For used as an employee on Schedule A (Form 1040), lin trusts, partnerships, and S corporations, see instructi	e 22, i	or Schedule A	, and e (Form	1040NR), line	e 11. E	states and	35		
	Casualty or Theft	of P	roperty He	ld Mo	ore Than C	One Y	ear			
36	Casualty or theft gains from Form 4797, line 32 .							36	3,132	
37					(	)	(	)		<u> </u>
					(		(	)		
38	Total losses. Add amounts on line 37, columns (b)(i) a	and (b)	)(ii)	38	( 40,162	)	(	)	0.000	
39	Total gains. Add lines 36 and 37, column (c)							39	8,206	
40	Add amounts on line 38, columns (b)(i) and (b)(ii) .			• •				40	43,953	
41 a	If the loss on line 40 is <b>more</b> than the gain on line 39 Combine line 38, column (b)(i) and line 39, and enter the net ga and S corporations, see the note below. All others, enter the required, see instructions	ain or (l nis amo	ounť on Form 47	erships '97, line	(except electing 14. If Form 47	g large pa 797 is no	artnerships) ot otherwise	41a	38,662	
b	Enter the amount from line 38, column (b)(ii) here. Indiv on Schedule A (Form 1040), line 27, or Schedule A (For used as an employee on Schedule A (Form 1040), lin	orm 10 ne 22 (	040NR), line 16 or Schedule A	, and e (Form	enter the amo 1040NR), lin	unt fron e 11. E	n property states and			
	trusts, enter on the "Other deductions" line of your ta and S corporations, see the note below. Electing larg	e part	nerships, ente	r on Fo	orm 1065-B, F	Part II, I	ine 11	41b	7,300	
42	If the loss on line 40 is <b>less</b> than or <b>equal</b> to the gain on l (except electing large partnerships), see the note below.							42	6,737	
	Note: Partnerships, enter the amount from line 41a, 41b, or line 42 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 41a or 41b on Form 1120S, Schedule K, line 10.									

Form 4684 (2006)

Form	4684	(2006)
1 01111	1001	(2000)

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#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

	4707
Form	4/3/

#### NUMBER OF RETURNS FILED FOR SELECTED LINES Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ►Attach to your tax return. ►See separate instructions. OMB No. 1545-0184

243,326

Identifying number

1

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

#### Total Forms Filed = 3,133,256

1 Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions).

#### Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

	(a) Description of property	<b>(b)</b> Date acquired (mo., day, yr.)			(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale		(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)	
2									
				1,956,266					
3	Gain, if any, from Form 4684,		3	6,489					
4	Section 1231 gain from install		4	318,334					
5	Section 1231 gain or (loss) fro	5	14,322						
6	Gain, if any, from line 32, fron	6	628,976						
7	Combine lines 2 through 6. Er		7	2,676,532					
	Partnerships (except electing instructions for Form 1065, Scho								
	Individuals, partners, S corp from line 7 on line 11 below ar 1231 losses, or they were rec on the Schedule D filed with y	ar section							
8	Nonrecaptured net section 12						8	184,418	
9	Subtract line 8 from line 7. If z If line 9 is more than zero, en long-term capital gain on the	e 9 as a	9	110,278					
Pa	Part II Ordinary Gains and Losses (see instructions)								
10	Ordinary gains and losses not	included on lines	11 through 16 (in	clude property hel	d 1 year or less):				

	oralitary game and looped her					
						399,964
11	Loss, if any, from line 7.				11	( 770,366 )
12		ount from line 8, if applicable				184,418
13					10	571,901
14		1684, lines 34 and 41a				20,319
15		t sales from Form 6252, line 25 or 3				3,040
16		ke-kind exchanges from Form 8824				5,214
17		· · · · · · · · · · · · ·				1,719,745
18 a	For all except individual return lines a and b below. For indiv If the loss on line 11 includes a the part of the loss from inco	ns, enter the amount from line 17 o idual returns, complete lines a and a loss from Form 4684, line 38, colu me-producing property on Schedul	n the appropriate I b below: mn (b)(ii), enter that e A (Form 1040), I	line of your return ar t part of the loss here ine 27, and the part	nd skip e. Enter of the	
		employee on Schedule A (Form 10				*
b	0 ( )	) on line 17 excluding the loss, if an			·	1,719,605
For		tice, see separate instructions.				Form <b>4797</b> (2006)

#### Form 4797 (2006)

#### NUMBER OF RETURNS FILED FOR SELECTED LINES

Pa	rt III Gain From Disposition of Property Under (see instructions)	Sect	ions 1245, 12	50, 1252, 125	4, and 125	5	
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pr	operty:			(b) Date acq (mo., day,		<b>(c)</b> Date sold (mo., day, yr.)
Α							
B							
<u> </u>							
D							
	These columns relate to the properties on lines 19A through 19I	D. ►	Property A	Property B	Property	с	Property D
20	Gross sales price (Note: See line 1 before completing.)	20					
21	Cost or other basis plus expense of sale						
22	Depreciation (or depletion) allowed or allowable						
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
25	If section 1245 property:						
а	Depreciation allowed or allowable from line 22	25a					
b	Enter the smaller of line 24 or 25a	25b	547,931				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975 (see instructions)	26a					
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a (see instructions)	26b					
с	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 is not more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976	26d					
е	Enter the <b>smaller</b> of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g	25,729				
27	<b>If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
а	Soil, water, and land clearing expenses	27a					
b	Line 27a multiplied by applicable percentage (see instructions)	27b	*				
C	Enter the smaller of line 24 or 27b	27c					
28	If section 1254 property:						
а	Intangible drilling and development costs, expenditures for						
	development of mines and other natural deposits, and mining exploration costs (see instructions)	28a					
b	Enter the <b>smaller</b> of line 24 or 28a	28b	2,991				
29	If section 1255 property:		.,				
	Applicable percentage of payments excluded from income						
d	under section 126 (see instructions)	29a					
b	Enter the smaller of line 24 or 29a (see instructions)	29b	*				
Sur	nmary of Part III Gains. Complete property columns	A thr	ough D through	n line 29b befo	re going to	line	30.
30	Total gains for all properties. Add property columns A through	h D, lin	e 24			30	980,205
31	Add property columns A through D, lines 25b, 26g, 27c, 28b,	·			[	31	571,859
32	Subtract line 31 from line 30. Enter the portion from casualty of other than casualty or theft on Form 4797, line 6	or theft	on Form 4684, lin	e 36. Enter the po		32	630,451
Ра	rt IV Recapture Amounts Under Sections 179 (see instructions)					to 5	0% or Less
					(a) Section 179	on	(b) Section 280F(b)(2)
~~				33			

33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation (see instructions).	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
	* Entry for this line is greater than zero, but too small to repo	ort	Form <b>4797</b> (	2006)

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Form

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

	NUMBER OF RETURNS FILED FOR SELECTED LINES
4835	Farm Rental Income and Expenses
TUUU	(Crop and Livestock Shares (Not Cash) Received by Landowner (

rm Rental Income and Expenses k Shares (Not Cash) Received by Landowner (or Sub-Lessor

OMB No. 1545-0074

Internal Revenue Service	

(Income not subject to self-employment tax) Attach to Form 1040 or Form 1040NR.

► See instructions on back.

))	2006
	Attachment Sequence No. <b>37</b>

Na	ne(s) shown on tax return		Your social securit	y number	
		-	Employer ID numb	er (EIN), if any	
	Total Forms Filed = 635,521				
<u>A</u>	Did you actively participate in the operation of this farm during 2006 (see instructions)?		Y = 505,119	🗌 Yes 🗌	No

Part I Gross Farm Rental Income-Based on Production. Include amounts converted to cash or the equivalent.

1	Income from production of livestock, produce, grains, and other crops	1	315,868	
2a	Cooperative distributions (Form(s) 1099-PATR) 2a 110,470 2b Taxable amount	2b		
	Agricultural program payments (see instructions) 3a 342,530 3b Taxable amount	3b	338,162	
4	Commodity Credit Corporation (CCC) loans (see instructions):			
а	CCC loans reported under election	4a	2,907	
	CCC loans forfeited	4c		
5	Crop insurance proceeds and federal crop disaster payments (see instructions):			
а	Amount received in 2006	5b	35,944	
	If election to defer to 2007 is attached, check here <b>5d</b> Amount deferred from 2005.	5d		
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	272,563	
7	Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the			
	total here and on Schedule E (Form 1040), line 42	7	591,405	

Part II Expenses—Farm Rental Property. Do not include personal or living expenses.

							1	1
8	Car and truck expenses (see Schedule F instructions). Also				21 Pension and profit-sharing plans	21	*	
	attach Form 4562	8			<b>22</b> Rent or lease:			
9	Chemicals	9			a Vehicles, machinery,			
10	Conservation expenses (see instructions)	ses (see 10 and equipment (see instructions)	22a					
11	Custom hire (machine work)	11	79,126		<b>b</b> Other (land, animals, etc.).	22b		
12	Depreciation and section 179				23 Repairs and maintenance	23	176,189	
	expense deduction not				24 Seeds and plants	24	87,758	
	claimed elsewhere	12	191,724		<b>25</b> Storage and warehousing.	25		
13	Employee benefit programs				26 Supplies	26	103,885	
	other than on line 21 (see				27 Taxes	27	435,845	
	Schedule F instructions)	13	*		<b>28</b> Utilities	28		
14	Feed	14			29 Veterinary, breeding, and			
15	Fertilizers and lime	15			medicine	29		
16	Freight and trucking	16			<b>30</b> Other expenses			
17	Gasoline, fuel, and oil	17	105,339		(specify):			
18	Insurance (other than health) .	18			a	30a		
19	Interest:				b	30b		
	Mortgage (paid to banks, etc.) .	19a	52,125		c	30c		
b	Other	19b	39,942		d	30d		
20	Labor hired (less employment				е	30e		
	credits) (see Schedule F		00.440		f	30f		
	instructions).	20	28,449		g	30g		
31	Total expenses. Add lines 8 th	rough	30g (see instructi	ons)		31	523,110	
32					e 7. If the result is income, enter u <b>must</b> go to line 33	32	600,200	
33	If line 32 is a loss, check the bo (see instructions)	ox tha	at describes your in	nvest	-	33a 33b	All investment is a Some investment is no	
	box you checked (see instructio before going to Form 8582.	ns). If In eit	you checked box her case, enter t	33b, he <b>d</b>	luctible loss, regardless of which you <b>must</b> complete <b>Form 6198</b> leductible loss here and on spended loss carryover (-) = 28,936	33c	129,276	

For Paperwork Reduction Act Notice, see instructions on back.

2006 ESTIMATED DATA LINE COUNTS	- (ALL FIGURES ARE ESTI	MATES BASED ON SAMPLES
---------------------------------	-------------------------	------------------------

Form **4952** 

# NUMBER OF RETURNS FILED FOR SELECTED LINES

Investment Interest Expense Deduction

OMB No. 1545-0191
2006
Attachment

65

Attach to your tax return.

	Sequence No.	51
Id	entifvina number	

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

#### Total Forms Filed = 1,813,952

Par	t I Total Investment Interest Expense			
1	Investment interest expense paid or accrued in 2006 (see instructions)	1	1,402,827	
2	Disallowed investment interest expense from 2005 Form 4952, line 7	2	759,647	
3	Total investment interest expense. Add lines 1 and 2	3	1,759,929	
Par	t II Net Investment Income			
4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)			
b	gen non the dependence property here for integration (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
c	Subtract line 4b from line 4a	4c	1,718,678	
d	Net gain from the disposition of property held for investment			
е	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions)			
f	Subtract line 4e from line 4d	4f	396,833	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	212,879	
h	Investment income. Add lines 4c, 4f, and 4g	4h	1,733,906	
5	Investment expenses (see instructions)	5	544,065	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	1,642,465	
Par	t III Investment Interest Expense Deduction			
7	Disallowed investment interest expense to be carried forward to 2007. Subtract line 6 from			
	line 3. If zero or less enter -0-	7	774.318	

8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.	8	1,588,443
			111,010

Section references are to the Internal Revenue Code unless otherwise noted.

# **General Instructions**

#### Purpose of Form

Use Form 4952 to figure the amount of investment interest expense you can deduct for 2006 and the amount you can carry forward to future years. Your investment interest expense deduction is limited to your net investment income.

For more information, see Pub. 550, Investment Income and Expenses.

## Who Must File

If you are an individual, estate, or a trust, you must file Form 4952 to claim a deduction for your investment interest expense.

**Exception.** You do not have to file Form 4952 if all of the following apply.

• Your investment income from interest and ordinary dividends minus any qualified dividends is more than your investment interest expense.

• You do not have any other deductible investment expenses.

• You do not have any carryover of disallowed investment interest expense from 2005.

# Allocation of Interest Expense

If you paid or accrued interest on a loan and used the loan proceeds for more than one purpose, you may have to allocate the interest. This is necessary because different rules apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See Pub. 535, Business Expenses.

# Specific Instructions Part I—Total Investment Interest Expense

#### Line 1

Enter the investment interest expense paid or accrued during the tax year, regardless of when you incurred the indebtedness. Investment interest expense is interest paid or accrued on a loan or part of a loan that is allocable to property held for investment (as defined on this page).

Include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include any of the following:

• Home mortgage interest.

 Interest expense that is properly allocable to a passive activity. Generally, a passive activity is any trade or business activity in which you do not materially participate and any rental activity. See the Instructions for Form 8582, Passive Activity Loss Limitations, for details. • Any interest expense that is capitalized, such as construction interest subject to section 263A.

• Interest expense related to tax-exempt interest income under section 265.

• Interest expense, disallowed under section 264, on indebtedness with respect to life insurance, endowment, or annuity contracts issued after June 8, 1997, even if the proceeds were used to purchase any property held for investment.

**Property held for investment.** Property held for investment includes property that produces income, not derived in the ordinary course of a trade or business, from interest, dividends, annuities, or royalties. It also includes property that produces gain or loss, not derived in the ordinary course of a trade or business, from the disposition of property that produces these types of income or is held for investment. However, it does not include an interest in a passive activity.

**Exception.** A working interest in an oil or gas property that you held directly or through an entity that did not limit your liability is property held for investment, but only if you did not materially participate in the activity.

#### Part II—Net Investment Income Line 4a

Gross income from property held for investment includes income, unless derived in the ordinary course of a trade or business, from interest, ordinary dividends (except Alaska Permanent Fund dividends), annuities, and royalties. Include investment income

2006 ESTIMATED DATA LINE COUNTS - (AI	L FIGURES ARE ESTIMATES BASED ON SAMPLES)
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orm	49	72
Form	<b>49</b>	72

66

# NUMBER OF RETURNS FILED FOR SELECTED LINES **Tax on Lump-Sum Distributions** (From Qualified Plans of Participants Born Before January 2, 1936)

OMB No. 1545-0193 G h 1 Attachment Sequence No. 28

Department of the Treasury Internal Revenue Service (99) Name of recipient of distribution

Attach to Form 1040, Form 1040NR, or Form 1041.

Identifying number

	Total Forms Filed = 13,439					
Pa	t I Complete this part to see if you can use Form 4972					
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary e contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind	(pens	ion,	1		<b>No</b> 13,439
2	profit-sharing, or stock bonus)? If "No," <b>do not</b> use this form		• •	2		13,439
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 1936?			3		13,439
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, a participant in the plan for at least 5 years before the year of the distribution? If you answered "No" to both questions 3 and 4, do not use this form.	and (o	<b>c)</b> a 	4	Y =	13,439
	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," <b>do not</b> form for a 2006 distribution from your own plan			5a	Y =	13,439
b	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use For a previous distribution received for that participant after 1986? If "Yes," <b>do not</b> use the form distribution	n for	this	5b	Y =	10,576
Par	t II Complete this part to choose the 20% capital gain election (see instructions)					
6	Capital gain part from Form 1099-R, box 3	6		*		
7	Multiply line 6 by 20% (.20)	7				
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total					
Der	on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies. <b>t III</b> Complete this part to choose the 10-year tax option (see instructions)					
8	Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a	8	1	2,419	9	
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996	9		0		
10	Total taxable amount. Subtract line 9 from line 8	10	12,419 0		9	
11	Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0	11		0		
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, <b>skip</b> lines	12	1	2,419	a	
13	13 through 16, enter this amount on line 17, and go to line 18	12	·	2,110	<u>,</u>	
14	Subtract \$20,000 from line 12. If line 12 is         14					
15	Multiply line 14 by 20% (.20)					
16	Minimum distribution allowance. Subtract line 15 from line 13	16	1	1,512	2	
17	Subtract line 16 from line 12	17 18		*		
18	Federal estate tax attributable to lump-sum distribution	19				
19	Subtract line 18 from line 17. If line 11 is zero, <b>skip</b> lines 20 through 22 and go to line 23	15				
20	Divide line 11 by line 12 and enter the result as a decimal (rounded to at least three places)       20					
21	Multiply line 16 by the decimal on line 20					
22	Subtract line 21 from line 11         20         21         22					
23	Multiply line 19 by 10% (.10)	23				
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	1	1,76	7	
25	Multiply line 24 by ten (10). If line 11 is zero, <b>skip</b> lines 26 through 28, enter this amount on line 29, and go to line 30	25				
26	Multiply line 22 by 10% (.10)					
27	Tax on amount on line 26. Use the Tax Rate Schedule in the instructions					
28	Multiply line 27 by ten (10)	28		. = -		
29	Subtract line 28 from line 25. Multiple recipients, see instructions	29	1	1,767	7	
30	<b>Tax on lump-sum distribution.</b> Add lines 7 and 29. Also include this amount in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies	30	1	2,78	7	

For Paperwork Reduction Act Notice, see instructions.

	<b>5290</b>
Form	JJZJ

### NUMBER OF RETURNS FILED FOR SELECTED LINES Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040 or Form 1040NR.

Department of the Treasury Internal Revenue Service (99)

See separate instructions	_
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OMB No. 1545-0074
2006
Attachment Sequence No. 29
a state a secondary more than

Name of individual subject to additional t	Your social security number	
	Total Forms Filed = 1,469,483	
Fill in Your Address Only If You Are Filing This	Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. no.
Form by Itself and Not With Your Tax Return	City, town or post office, state, and ZIP code	If this is an amended return, check here ►
f you only owe the additional 10	0% tax on early distributions, you may be able to report this tax directly	y on Form 1040, line 60,
on Form 1040NR, line 55, witho	ut filing Form 5329. See the instructions for Form 1040, line 60, or for	Form 1040NR, line 55.
	<b>n Early Distributions</b> f you took a taxable distribution (other than a qualified hurricane distributi	on), before vou reached

Complete this part if you took a taxable distribution (other than a qualified hurricane distribution), before you reached age 59½, from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1		
2				
	Enter the appropriate exception number from the instructions:	2		
3		3	1,185,109	
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	4	1,184,932	
	<b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).			

Part II	Additional Tax on Certain Distributions From Education Accounts
	Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell
	education savings account (ESA) or a qualified tuition program (QTP).

5	Distributions included in income from Coverdell ESAs and QTPs	5		
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6		
7	Amount subject to additional tax. Subtract line 6 from line 5	7	54,179	
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	8	54,830	

Part III	Additional Tax on Excess Contributions to Traditional IRAs				
	Complete this part if you contributed more to your traditional IRAs for 2006 than is allowat on line 17 of your 2005 Form 5329.	able c	or you had	an ai	mount

9	Enter your excess contributions from line 16 of your 2005 Form 5329 (see instructions). If zero, go to line 15	9		
10	If your traditional IRA contributions for 2006 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-			
11	2006 traditional IRA distributions included in income (see instructions)			
12	2006 distributions of prior year excess contributions (see instructions)			
13	Add lines 10, 11, and 12	13		
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0	14		
	Excess contributions for 2006 (see instructions)	15		
16	Total excess contributions. Add lines 14 and 15	16	30,929	
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006			
	(including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	17	30,891	
	(including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	17	30,891	

(	5	,	,	,		/	
Part IV	Additional Tax on Excess Contributions to R	Roth IRAs					
	Complete this part if you contributed more to your R	Roth IRAs for	2006 than is	allowable or	you h	ad an amount	on line
	25 of your 2005 Form 5329.						

18	Enter your excess contributions from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23	18		
19	If your Roth IRA contributions for 2006 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-			
20	2006 distributions from your Roth IRAs (see instructions)			
21	Add lines 19 and 20	21		
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22		
	Excess contributions for 2006 (see instructions)	23		
24	Total excess contributions. Add lines 22 and 23	24	43,646	
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	25	43,646	
-			- 5200	(0000)

For Privacy Act and Paperwork Reduction Act Notice, see page 6 of the instructions.

Cat. No. 13329Q

Form 5329 (2006)

or

Form	5329 (200	NUMBER OF RETURNS	6 FILED FOR SELECT	ED LINES			Page <b>2</b>
Pa	rt V	Additional Tax on Excess Contributions to Complete this part if the contributions to your Co amount on line 33 of your 2005 Form 5329.		S were more than	is allo	wable or you l	nad an
26	Enter t go to l	the excess contributions from line 32 of your 2005	Form 5329 (see instr	uctions). If zero,	26		
27	If the c	contributions to your Coverdell ESAs for 2006 were le um allowable contribution, see instructions. Otherwis					
28 29	2006 c	listributions from your Coverdell ESAs (see instruct nes 27 and 28			29		
30	-	ear excess contributions. Subtract line 29 from line	e 26. If zero or less, er	nter -0	30		
31					31 32	*	
32 33	Additie Decem	onal tax. Enter 6% (.06) of the smaller of line 32 on the smaller of line 32 on the state of the smaller of line 31, 2006 (including 2006 contributions made in	r the value of your Co n 2007). Include this a	overdell ESAs on amount on Form	33	*	
Pa	rt VI	Additional Tax on Excess Contributions to			33		
T U		Complete this part if you or your employer contrib had an amount on line 41 of your 2005 Form 5329	outed more to your Ar	cher MSAs for 20	06 tha	n is allowable	or you
34	Enter t go to l	the excess contributions from line 40 of your 2005 ine 39	Form 5329 (see instr	uctions). If zero,	34		
35		contributions to your Archer MSAs for 2006 are leader and allowable contribution, see instructions. Otherwis	0.5				
36	2006 c	listributions from your Archer MSAs from Form 885	53, line 10 . 36				
37		nes 35 and 36			37 38		
38 39	-	ear excess contributions. Subtract line 37 from line s contributions for 2006 (see instructions)	34. If zero or less, er		39		
40					40	3,817	
41	Additie Decem	onal tax. Enter 6% (.06) of the smaller of line 40 about the smaller of line 40 about 31, 2006 (including 2006 contributions made in	or the value of your A				
De					41	3,817	
Pa	rt VII	Additional Tax on Excess Contributions to Complete this part if you, someone on your behalf allowable or you had an amount on line 49 of your	, or your employer co		your H	ISAs for 2006	than is
42	Enter t	the excess contributions from line 48 of your 2005		a to line 47	42		
43	If the c	contributions to your HSAs for 2006 are less than the ble contribution, see instructions. Otherwise, enter	e maximum   _				
44		istributions from your HSAs from Form 8889, line 14	44				
45		nes 43 and 44			45		
46		ear excess contributions. Subtract line 45 from line			46		
47 48		s contributions for 2006 (see instructions) excess contributions. Add lines 46 and 47			47	82.607	
49		nal tax. Enter 6% (.06) of the smaller of line 48 or the value of	f vour HSAs on December	31. 2006 (including		- ,	
_	2006 cc	ontributions made in 2007). Include this amount on Form 104	0, line 60, or Form 1040N	NR, line 55	49	69,939	
Pa	rt VIII	Additional Tax on Excess Accumulation in Complete this part if you did not receive the minin					
50	Minim	um required distribution for 2006 (see instructions)			50		
51		nt actually distributed to you in 2006			51	7 000	+
52 53		ct line 51 from line 50. If zero or less, enter -0 nal tax. Enter 50% (.50) of line 52. Include this amount on F			52	7,622	
		. Complete only if you are filing this form by it			53	10,901	
	ase	Under penalties of perjury, I declare that I have examined this form and belief, it is true, correct, and complete. Declaration of preparer	, including accompanying sc	chedules and statements	s, and to vhich pre	the best of my know	wledge wledge.
Hei		Your signature		— Date			
Paic		Preparer's signature	Date	Check if self- employed	Prepa	arer's SSN or PTIN	
	arer's	Firm's name (or yours		EIN	<u> </u>		
026	Only	if self-employed), address, and ZIP code		Phone no.	(	)	

68

	2006 ES	STIMATED DATA LINE COUNTS - (ALL FIGURES A NUMBER OF RETURNS FILED FOR			SAM	IPLES)	69
_	<b>5695</b> Residential Energy Credits						0074
Form	0000	See instructions.				2006	
	tment of the Treasury al Revenue Service	► Attach to Form 1040 or Form	n 1040N	R.		Attachment Sequence No.	158
Nam	e(s) shown on return	T ( ) F F F I ( ) 004 407			Your	social security nun	
		Total Forms Filed = 4,361,437					
Pa	rt I Nonbusir	ness Energy Property Credit (See instructions	before	completing this pa	rt.)		
1		ed energy efficiency improvements or residential ene				Yes Boxes Checked	= 4,350,898 ] <b>No</b>
	<b>Caution:</b> If you Do not complete	checked the "No" box, you cannot claim the nonbusi e Part I.	ness en	ergy property credit.			
2 a	Insulation mater	efficiency improvements (see instructions). rial or system specifically and primarily designed to s or gain in your home	2 <b>2</b> a	1,460,348	_		
b	Exterior window	s (including skylights). Do not enter more than \$2,000	2b	1,871,128	-		
с	Exterior doors		2c	1,418,741			
d	Star program re	appropriate pigmented coatings that meet the Energ quirements and is specifically and primarily designed gain in your home	d	69,920	_		
3	Add lines 2a thr	ough 2d			3	3,353,701	<u> </u>
4	Multiply line 3 b	y 10% (.10)			4	3,352,062	
	Energy-efficient	gy property costs (see instructions). building property. Do not enter more than \$300 .		676,289	_		
b		l gas, propane, or oil furnace or hot water boiler. D than \$150		1,080,293			
С		air circulating fan used in a natural gas, propane, c not enter more than \$50		234,435	-		
6	Add lines 5a thr	ough 5c			6	1,674,696	
7	Add lines 4 and	6			7	4,329,503	
8	Enter the smalle	er of line 7 or \$500 (If you jointly occupied the home,	see ins	structions)	8	4,329,503	
9		nt from Form 1040, line 46, or Form 1040NR, line 43	9		-		
10		f any, of your credits from Form 1040, lines 47 throug ONR, lines 44 through 46	10		-		
11	Subtract line 10 property credit	from line 9. If zero or less, <b>stop</b> . You cannot take the	ie nonb	usiness energy	11		
12	Nonbusiness e	nergy property credit. Enter the smaller of line 8 or	line 11		12	4,314,054	
For F	Paperwork Reduct	tion Act Notice, see instructions. Cat	. No. 135	40P		Form <b>5695</b>	(2006)

Form 5695 (2006)

#### NUMBER OF RETURNS FILED FOR SELECTED LINES

Before you begin: Figure the amount of any of the following credits that you are claiming.

- Child tax credit
- Mortgage interest credit
- Adoption credit
- District of Columbia first-time homebuyer credit

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)

13	Qualified solar electric property costs			
14	Multiply line 13 by 30% (.30)			
15	Maximum credit amount			
16	Enter the smaller of line 14 or line 15	16	25,551	
17	Qualified solar water heating property costs			
18	Multiply line 17 by 30% (.30)			
19	Maximum credit amount			
20	Enter the smaller of line 18 or line 19	20	24,357	
21	Qualified fuel cell property costs         .         .         .         .         21         1,519			
22	Multiply line 21 by 30% (.30)			
23	Kilowatt capacity of property on line 21 above ► X \$1,000 23 11,636			
24	Enter the smaller of line 22 or line 23	24	1,006	
25	Add lines 16, 20, and 24	25	49,460	
26	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43			
27	<b>1040 filers:</b> Enter the total, if any, of your credits from Form 1040, lines 47 through 51, 53, and 54, plus the amount, if any, from line 12 of this form.			
	<b>1040NR filers:</b> Enter the total, if any, of your credits from Form 1040NR, lines 44 through 46, 48, and 49, plus the amount, if any, from line 12 of this form.			
28	Subtract line 27 from line 26. If zero or less, enter -0- here and on line 29	28	4,333,932	
29	Residential energy efficient property credit. Enter the smaller of line 25 or line 28	29	44,616	
30	Credit carryforward to 2007. If line 29 is less than line 25, subtract line 29 from line 25			

Part III Current Year Residential Energy Credits

31 Add lines 12 and 29. Enter here and on Form 1040, line 52, or Form 1040NR, line 47 .

4,341,093

31

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

Form	5884	Work Opportunity Credit		OMB No. 1545-0	)219	
Depart	(Rev. December 2006)         Department of the Treasury         Internal Revenue Service     Attach to your tax return.					
Name	e(s) shown on return	Total Forms Filed = 18,431	Identifyin	ig number		
1	tax year, and m	plicable line below the total qualified first-year wages paid or incurred during the ultiply by the percentage shown, for services of employees who began work for applicable date in the instructions and are certified (if required) as members of a				
а		worked for you at least 120 hours but fewer than	) <b>1</b> a	1,030		
b	Employees who	worked for you at least 400 hours $\ldots$	) <b>1b</b>	1,885		
2	Add lines 1a and	1 1b. See instructions for the adjustment you must make for salaries and wages	2	2,233		
3	Work opportunit	ty credit from partnerships, S corporations, cooperatives, estates, and trusts	3	16,288		
4	report this amou	3. Cooperatives, estates, and trusts, go to line 5; partnerships and S corporations, unt on Schedule K; all others, report this amount on the applicable line of Form b of the 2006 Form 3800) . Nondeductible credit = *		18,431		
5	Amount allocate (see instructions	ed to the patrons of the cooperative or the beneficiaries of the estate or trust				
6		states, and trusts, subtract line 5 from line 4. Report the amount on the applicable 0 (e.g., line 1b of the 2006 Form 3800)	6			

# **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

## What's New

The Tax Relief and Health Care Act of 2006 extended the work opportunity credit to cover employees who begin work for the employer before January 1, 2008.

For employees who begin work for the employer after December 31, 2006, the act also expanded the definition of a targeted group employee, and increased the timeframe for submitting Form 8850. For more information on these changes, see Publication 553, Highlights of 2006 Tax Changes.

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

Taxpayers that are not partnerships, S corporations, cooperatives, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1b of Form 3800.

The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

## Purpose of Form

Use Form 5884 to claim the work opportunity credit for gualified first-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone, enterprise community, or renewal community to qualify for this credit.

You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

# How To Claim the Credit

Generally, you must request and be issued a certification for each employee from the state employment security agency (SESA). The certification proves that the employee is a member of a targeted group. You must receive the certification by the day the individual begins work or complete Form 8850, Pre-Screening Notice and Certification Request for the Work Opportunity Credit, on or before the day you offer the individual a job.

If you complete Form 8850, it must be signed by you and the individual and submitted to the SESA by the 21st calendar day after the individual begins work (the 28th day if the employee begins work after December 31, 2006). If the SESA denies the request, it will provide a written explanation of the reason for denial. If a certification is revoked because it was based on false information provided by the worker, wages paid after the date you receive the notice of revocation do not qualify for the credit.

Hurricane Katrina employee. A Hurricane Katrina employee is an employee who had a main home in the core disaster area on August 28, 2005, and, within a two-year period beginning on that date, was hired for a job whose principal place of employment is in the core disaster area. The certification requirements described above do not apply to Hurricane Katrina employees. Instead, the worker must show the employer reasonable evidence that the worker is a Hurricane Katrina employee. An employer may use Form 8850 to accept reasonable evidence that the worker is a Hurricane Katrina employee. If the employer discovers that the worker is not a Hurricane Katrina employee, wages paid after the date of discovery will not qualify for the credit.

NUMBER OF RETURNS FILED FOR SELECTED LINES

Form **5884-A** (October 2006) Department of the Treasury Internal Revenue Service

Name(s) shown on return

**Credits for Employers Affected by** Hurricane Katrina, Rita, or Wilma

Attach to your tax return.

OMB No. 1545-1978

Attachment Sequence No. 77A

Identifying number

#### Total Forms Filed = 6,260

#### SECTION A. Employee Retention Credit (see instructions)

1a	Employers affected by Hurricane Katrina, enter the total qualified wages paid or incurred after August 28, 2005, and before January 1, 2006, while the business was inoperable.	1a	656				
b	Employers affected by Hurricane Rita, enter the total qualified wages paid or incurred after September 23, 2005, and before January 1, 2006, while the business was inoperable	1b	*				
С	Employers affected by Hurricane Wilma, enter the total qualified wages paid or incurred after October 23, 2005, and before January 1, 2006, while the business was inoperable	1c	.0				
d	Add amounts from lines 1a, 1b, and 1c						
2	Enter 40% of line 1d. You <b>must</b> subtract this amount from your and wages		2	656			
3						5,063	
4	<b>Current year credit.</b> Add lines 2 and 3. Report this amount on the applicable line of Form 3800. If you have a credit from Section B, see instructions. S corporations, partnerships, estates, trusts, cooperatives, regulated investment companies, and real						
	estate investment trusts, see instructions	• •		•	4	5,655	

#### SECTION B. Hurricane Katrina Housing Credit (see instructions)

<b>F</b> or	Panamurank Paduation Act Nation and page 4		Farm 5881-A (10	
8	<b>Current year credit.</b> Add lines 6 and 7. Report this amount on the applicable line of Form 3800. If you have a credit from Section A, see instructions. S corporations, partnerships, estates, trusts, cooperatives, regulated investment companies, and real estate investment trusts, see instructions	8	713	
7	Hurricane Katrina housing credit from partnerships, S corporations, cooperatives, estates, and trusts	7	608	
6	Enter 30% of line 5. You <b>must</b> subtract this amount from your deduction for salaries and wages	6	*	
5	Enter the value (up to \$600 per month per employee) of qualified lodging furnished in-kind to qualified employees during the tax year from January 1, 2006, through July 1, 2006 (see instructions)	5	156	

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 47425B

Form **5884-A** (10-2006)

\* Entry for this line is greater than zero, but too small to report

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NUMBER OF RETURNS FILED FOR SELECTED LINES

6198 Form

# At-Risk Limitations

► Attach to your tax return. See separate instructions.



Identifying number

Department of the Treasury Internal Revenue Service
Name(s) shown on return

### Total Forms Filed = 402,575

Description of activity (see page 2 of the instructions)

#### Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts (see page 2 of the instructions).

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1		
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in			
-	the activity) that you are reporting on:			
а	Schedule D	2a		
b	Form 4797	2b		
с	Other form or schedule	2c		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or			
	Form 1120S, that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed			
	from Form 4952, that were not included on lines 1 through 2c	4	(	
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the			
	instructions before completing the rest of this form	5	401,004	
Pa	t II Simplified Computation of Amount At Risk. See page 3 of the instructions before	ore co	pmpleting this	part.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on			
	the first day of the tax year. Do not enter less than zero	6		
7	Increases for the tax year (see page 3 of the instructions)	7		
8	Add lines 6 and 7	8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
	Subtract line 9 from line 8	_		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).			
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b		
Pai	t III Detailed Computation of Amount At Risk. If you completed Part III of Form 61	198 fo	or 2005, see p	age 2
	of the instructions.	-		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter			
	less than zero	11		
12	Increases at effective date	12		
13	Add lines 11 and 12	13		
14	Decreases at effective date	14		_
15	Amount at risk (check box that applies):			
а	At effective date. Subtract line 14 from line 13. <b>Do not</b> enter less than zero.	15		
b	From 2005 Form 6198, line 19b. <b>Do not</b> enter the amount from line 10b of the 2005 form.			
16	Increases since (check box that applies):	10		
	Effective date <b>b</b> The end of your 2005 tax year	16		
17	Add lines 15 and 16	17		
18	Decreases since (check box that applies):	10		
	Effective date <b>b</b> The end of your 2005 tax year	18		
19a	Subtract line 18 from line 17	-		
b	If line 19a is <b>more</b> than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recenture rules	104		
Pa	see Pub. 925 for information on the recapture rules	19b		
		20	194.876	
20	Amount at risk. Enter the larger of line 10b or line 19b	20	137,070	
21	<b>Deductible loss.</b> Enter the <b>smaller</b> of the line 5 loss (treated as a positive number) or line 20.	21	( 196,718	
	See page 7 of the instructions to find out how to report any deductible loss and any carryover.	L		6

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

For Paperwork Reduction Act Notice, see page 8 of the instructions.

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)
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Form	6251

# NUMBER OF RETURNS FILED FOR SELECTED LINES Alternative Minimum Tax—Individuals

► See separate instructions.



► Attach to Form 1040 or Form 1040NR.

Department of the Treasury Internal Revenue Service (99)	)
Name(s) shown on Form 1	040 or Form 1040NR

Total Forms Filed = 8,683,021

Par	t I Alternative Minimum Taxable Income (See instructions for how to complete	ete e	ach line.)	
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form			
	8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount		0.004.007	
	on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	8,681,637	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or $2\frac{1}{2}$ % of Form 1040, line 38 .	2	789,166	
3	Taxes from Schedule A (Form 1040), line 9         .	3	6,928,638	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	160,062	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	1,928,246	
6	If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from		1 4 076 055	, I
	line 11 of the Itemized Deductions Worksheet on page A-7 of the instructions for Schedule A (Form 1040)	6	( 4,076,955	
7	Tax refund from Form 1040, line 10 or line 21         .          .         . </td <td>7</td> <td>( 2,749,055</td> <td>,</td>	7	( 2,749,055	,
8	Investment interest expense (difference between regular tax and AMT)	8	162,970 23,310	
9	Depletion (difference between regular tax and AMT)	9		
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	142,505	
11	Interest from specified private activity bonds exempt from the regular tax	11	997,016	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	6,407	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	24,044	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	187,453	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	811	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	644,717	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	1,782,888	
18	Passive activities (difference between AMT and regular tax income or loss)	18	1,340,721	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	285,617	
20	Circulation costs (difference between regular tax and AMT)	20	2,799	
21	Long-term contracts (difference between AMT and regular tax income)	21	7,513	
22	Mining costs (difference between regular tax and AMT)	22	4,302	
23	Research and experimental costs (difference between regular tax and AMT)	23	1,764	<u> </u>
24	Income from certain installment sales before January 1, 1987	24	( 543	,
25	Intangible drilling costs preference	25	5,969	
26	Other adjustments, including income-based related adjustments	26	128,919 ( 79,730	<u> </u>
27	Alternative tax net operating loss deduction	27	( 79,730	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line		8,681,086	
Par	28 is more than \$200,100, see page 7 of the instructions.)	28	0,001,000	
		, 		
29	Exemption. (If this form is for a child under age 18, see page 7 of the instructions.)			
	IF your filing status is AND line 28 is not over THEN enter on line 29			
	Single or head of household			
	Married filing jointly or qualifying widow(er) 150,000	29	7,732,736	
	Married filing separately	29	1,102,100	<u> </u>
~~	If line 28 is <b>over</b> the amount shown above for your filing status, see page 7 of the instructions.			
30	Subtract line 29 from line 28. If more than zero <b>or</b> you are filing Form 2555 or 2555-EZ, go to line 31. If zero or less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II	30	6,736,596	
31	• If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter.			
	<ul> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured</li> </ul>	• •	0 700 040	
	for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here.	31	6,706,649	
	• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26).			
	Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.		4 050 000	
32	Alternative minimum tax foreign tax credit (see page 8 of the instructions)	32	1,953,682	<u> </u>
33	Tentative minimum tax. Subtract line 32 from line 31	33	6,687,420	<u> </u>
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040,			
	line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured		0.000.000	
	without using Schedule J (see page 9 of the instructions)	34	8,066,630	
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on		3 065 045	
	Form 1040, line 45	35	3,965,915	<u> </u>
For F	Paperwork Reduction Act Notice, see page 10 of the instructions. Cat. No. 13600G		Form <b>6251</b>	(2006)

Form 6251 (2006)

### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES

#### Part III **Tax Computation Using Maximum Capital Gains Rates** 36 Enter the amount from Form 6251, line 30 36 37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if 4,675,971 37 necessary) (see page 10 of the instructions) 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the 567,025 38 AMT, if necessary) (see page 10 of the instructions) 39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule 39 4,656,647 D Tax Worksheet (as refigured for the AMT, if necessary) . . . . . . 40 Enter the smaller of line 36 or line 39 40 41 41 Subtract line 40 from line 36 If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). 42 Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the 4,234,693 42 result . . . . . . . . . . . . 43 Enter: • \$61,300 if married filing jointly or qualifying widow(er), 43 • \$30,650 if single or married filing separately, or • \$41.050 if head of household. Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax 44 Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If 44 you did not complete either worksheet for the regular tax, enter -0- . . . 45 45 Subtract line 44 from line 43. If zero or less, enter -0-46 46 Enter the smaller of line 36 or line 37 Enter the smaller of line 45 or line 46 47 47 806,437 48 Multiply line 47 by 5% (.05) . 48 49 Subtract line 47 from line 46 49 50 4,177,975 50 Multiply line 49 by 15% (.15) . If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. 51 51 Subtract line 46 from line 40 472,867 52 52 Multiply line 51 by 25% (.25) 53 53 Add lines 42, 48, 50, and 52 If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). 54 Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the 4,602,023 54 Enter the smaller of line 53 or line 54 here and on line 31 . . . . 55 55

Form 6251 (2006)

76	2006 E	STIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON	SAM	PLES)	
		NUMBER OF RETURNS FILED FOR SELECTED LINES		OMB No. 1545	-0228
Form	6252	Installment Sale Income			C
1 Onn		Attach to your tax return.		200	D
	ment of the Treasury I Revenue Service	Use a separate form for each sale or other disposition of property on the installment method.		Attachment Sequence No.	79
	(s) shown on return		Ident	ifying number	
		Total Forms Filed = 888,811			
1	Description of p	roperty ►			
<b>2</b> a		month, day, year) ► / / b Date sold (month, day, year) ►			
3		ty sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4			🗌 No
4	Was the proper	ty you sold to a related party a marketable security? If "Yes," complete Part III	. If "N	lo,"	
Par		I for the year of sale and the 2 years after the year of sale <b>Profit and Contract Price.</b> Complete this part for the year of sale only.	<u> </u>	🗋 Yes	
		· · · · · ·	5	152,411	
5		uding mortgages and other debts. <b>Do not</b> include interest whether stated or unstated	5	152,411	
6		ts, and other liabilities the buyer assumed or took			
7		oject to (see instructions)			
7 8		asis of property sold			
o 9		asis of property sold			
9 10		Subtract line 9 from line 8			
11		nd other expenses of sale			
12		re from Form 4797, Part III (see instructions)			
13		I, and 12	13	132,562	
14		from line 5. If zero or less, <b>do not</b> complete the rest of this form (see instructions)	14	151,812	
15		escribed on line 1 above was your main home, enter the amount of your excluded			
		ctions). Otherwise, enter -0	15	2,531	
16		ubtract line 15 from line 14	16	151,112	
17		from line 6. If zero or less, enter -0	17	1,950	
18		Add line 7 and line 17	18	148,821	
Par		nent Sale Income. Complete this part for the year of sale and any year ye	ou re	ceive a payn	nent o
		ertain debts you must treat as a payment on installment obligations.			
19		centage. Divide line 16 by line 18. For years after the year of sale, see instructions	19		
20	•	r of sale, enter the amount from line 17. Otherwise, enter -0	20	902.267	_
21		ed during year (see instructions). <b>Do not</b> include interest, whether stated or unstated	21	823,367 823,443	
22		d 21	22	023,443	
23	•	ved in prior years (see instructions). <b>Do not</b> include			
			24	818,207	
24 25		e income. Multiply line 22 by line 19	25	3,154	
26		from line 24. Enter here and on Schedule D or Form 4797 (see instructions)	26	816,901	-
		d Party Installment Sale Income. Do not complete if you received the fina			x vear
27		and taxpayer identifying number of related party			
		······································			
28		party resell or dispose of the property ("second disposition") during this tax year?			
29		o question 28 is "Yes," complete lines 30 through 37 below unless one of the			
		box that applies.		3	
а	The second	disposition was more than 2 years after the first disposition (other than dispositions	1		
	of marketable	e securities). If this box is checked, enter the date of disposition (month, day, year) 🕨		/ /	
b		position was a sale or exchange of stock to the issuing corporation.			
С		disposition was an involuntary conversion and the threat of conversion occurred	after t	he first dispos	sition.
d		disposition occurred after the death of the original seller or buyer.			
е		tablished to the satisfaction of the Internal Revenue Service that tax avoidance wa	as not	a principal p	urpose
		the dispositions. If this box is checked, attach an explanation (see instructions).	00		
30		property sold by related party (see instructions)	30		
31		price from line 18 for year of first sale	31		
32		er of line 30 or line 31	32 33		
33		received by the end of your 2006 tax year (see instructions)	33		
34 25		from line 32. If zero or less, enter -0-	34	2,023	
35 36		by the gross profit percentage on line 19 for year of first sale	36	*	-
37		from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	37	28	

For Paperwork Reduction Act Notice, see page	For	Paperwork	Reduction	Act	Notice,	see	page
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Form 6252 (2006)

Contracts and Straddles         Private in the interview intervie		C701			RETURNS FI					OMB No. 1545-	0644
Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Add the amounts on line 1 in columns (b) and (c)     Combine lines 3 and 4     Section 1256 contracts loss and attach schedule     Sorticters and single sky bine 6 and enter the gain on line 7. Partnershys and S corporations, see     Instructions.     If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be     carried back. Enter the loss as a positive number     (b) Guess     Short-term capital gain or (loss). Multiply line 7 by 40% (40). Enter here and include on the appropriate     Ine of Schedule D [see instructions].     Combine lines 5 and 6     Console loss S from Straddles, Attach a separate schedule listing each stradde and its components.     Combine lines 5 and 1     Short-term capital gain or (loss). Multiply line 7 by 60% (40). Enter here and include on the appropriate     Ine of Schedule D [see instructions].     Long-term capital gain or losses from line 10, column (h), here and include on the appropriate line of     Schedule D [see instructions].     Ing or add     Schedule D	orm	0/01	Gai					200		ചെയ്യ	
image is served       image is a rest in the server is rest in the rest in the server is rest in t				CUI							
Total Forms Filed = 289,440         Mixed straddle election       Mixed straddle election         B       Mixed straddle election       C       Mixed straddle acount election         B       Stradite-by-straddle identification election       C       Mixed straddle acount election         Image: Stradite by-straddle identification election       C       Mixed straddle acount election         Image: Stradite by-straddle identification election       C       Mixed straddle acount election         Image: Stradite by-straddle identification election       C       Mixed straddle acount election         Image: Stradite by-straddle identification election       C       Mixed straddle acount election         Image: Stradite by-straddle identification election       C       Mixed straddle acount election         Image: Stradite by-straddle identification election       C       Image: Stradite by-straddle identification election         Image: Stradite by-straddle identification election       Stradite by-straddle identification election       Image: Stradite by-stradte identification         Image: Stradite by-straddle identification election       Stradite by-stradte identification election       Image: Stradte by-stradte identification       Image: Stradte by-stradte identification         Image: Straddle by-stradtle identification election       Stradte by-stradte identification election       Mixed straddle identifi					Attach to yo	our tax retur	'n.				82
B       Mixed straddle election       C       Mixed straddle account election         B       Stradde by-straddle identification election       D       Net section 1256 contracts loss election         B       Stradde by-straddle identification election       D       Net section 1256 contracts loss election         Image: Section 1256 Contracts Marked to Market       (b) (Loss)       (c) Gain         Image: Section 1256 Contracts Marked to Market       (b) (Loss)       (c) Gain         Image: Section 1256 Contracts of Section 1256 contracts loss election       Section 1256 contracts loss election         Image: Section 1256 Contracts of Section 1256 contracts of Section 1256 contracts loss and checked box D above, enter the amount of loss to be incarded back. Enter the loss as a positive number       3 2265.341         Image: Section 1256 contracts loss and checked box D above, enter the amount of loss to be incarded back. Enter the loss as a positive number       3 286.712         Image: Section 1256 contracts loss and checked box D above, enter the amount of loss to be incarded back. Enter the tobs as a positive number       3 286.712         Image: Section 4.       C	lame	e(s) shown on tax return	Tota	al Forms I	Filed = 289.4	140			Ider	ntifying number	
Section 1256 Contracts Marked to Market <ul> <li>(a) Identification of account</li> <li>(b) (Loss)</li> <li>(c) Gain</li> </ul> 1         (b) (Loss)         (c) Gain           2         Add the amounts on line 1 in columns (b) and (c)         2         (c)         3           2         Add the amounts on line 1 in columns (b) and (c)         2         (c)         3         285,341         4         3.285,341         4         3.250         5         286,712         4         3.250         5         286,712         5         286,712         5         286,712         5         286,712         5         286,712         5         286,712         5         286,712         5         286,712         5         286,712         5         286,712         5         286,712         5         286,712         6         1,430         7         285,376         8         280,448         9         284,181         280,448         9         284,181         280,448         9         284,181         280,448         9         284,181         9         284,181         9         284,181         9         284,181         9         284,181         9         284,181         9         284,181         9         284,	Cheo	k all applicable boxes (see ins					С	Mixed strac	ddle ad	count election	
(a) Identification of account       (b) (Loss)       (c) Gain         1       (a) Identification of account       (b) (Loss)       (c) Gain         2       Add the amounts on line 1 in columns (b) and (c)       2       (c)       3         2       Add the amounts on line 1 in columns (b) and (c)       2       (c)       3         3       Net gain or (loss). Combine line 2, columns (b) and (c)       3       285,341       4       3,250         5       Combine lines 3 and 4         4       3,250       5       286,712         Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.       6       1,430       7       285,376         3       Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)       9       284,181       9       284,181         9       Desire form Straddles. Attach a separate schedule listing each straddle and its components.       6       1/430       1000000000000000000000000000000000000	<b>D</b> -				,	dentification el	ection D	Net section	1256	contracts loss ele	ectior
1       2       Add the amounts on line 1 in columns (b) and (c)       2       2       3         2       Add the amounts on line 1 in columns (b) and (c)       2       3       2       2         3       Net gain or (loss). Combine line 2, columns (b) and (c)       3       2       3       2       3         4       3.250       5       Combine lines 3 and 4.       4       3.250       5       286,712         5       Combine lines 3 and 4.       .       .       6       1,430       4       3.250         6       If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number       7       285,376       8       8       280,448       9       284,181       8       280,448       9       284,181       9       284,181       9       284,181       9       284,181       9       284,181       9       284,181       9       284,181       9       284,181       9       284,181       9       284,181       10	Ра				to Market						
2       Add the amounts on line 1 in columns (b) and (c)       2       2       3       285.341         3       Net gain or (loss). Combine line 2, columns (b) and (c)       3       285.341       4       3.250         4       Form 1099-B adjustments. See instructions and attach schedule       5       286,712       5       286,712         5       Combine lines 3 and 4		(a) Identification	of accour	nt				(b) (Loss)		(c) Gain	
3 Net gain or (loss). Combine line 2, columns (b) and (c)       3       285,341         4 Form 1099-B adjustments. See instructions and attach schedule       3       285,341         5 Combine lines 3 and 4       3       286,712         5 Note; if line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see linstructions.       6       1,430         7 Combine lines 5 and 6       7       285,376         8 Hoy un ave a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number       7       285,376         7 Combine lines 5 and 6       7       285,376       8       280,448         9 Long-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)       9       284,181         9 Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)       9       284,181         9 Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)       (e) Date or other basis and checked box D above, enter the anon time to othere and include on the appropriate line of Schedule D (see instructions)       (f) Date or other basis price or other and include on the appropriate line of Schedule D (see instructions)       (f) Date or other basis plus expres of sale       (f) Cast or other basis plus expres	1										
3 Net gain or (loss). Combine line 2, columns (b) and (c)       3       285,341         4 Form 1099-B adjustments. See instructions and attach schedule       3       285,341         5 Combine lines 3 and 4       3       286,712         5 Note; if line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see linstructions.       6       1,430         7 Combine lines 5 and 6       7       285,376         8 Hoy un ave a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number       7       285,376         7 Combine lines 5 and 6       7       285,376       8       280,448         9 Long-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)       9       284,181         9 Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)       9       284,181         9 Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)       (e) Date or other basis and checked box D above, enter the anon time to othere and include on the appropriate line of Schedule D (see instructions)       (f) Date or other basis price or other and include on the appropriate line of Schedule D (see instructions)       (f) Date or other basis plus expres of sale       (f) Cast or other basis plus expres											
a regar of (ics): Combine line 2, both this (i) and (c)	2	Add the amounts on line 1 in	n columns (	(b) and (c)			2 (		)		
Combine lines 3 and 4.       - <td>3</td> <td>Net gain or (loss). Combine</td> <td>line 2, colui</td> <td>mns (b) and</td> <td>(c)</td> <td></td> <td></td> <td></td> <td>3</td> <td>,-</td> <td></td>	3	Net gain or (loss). Combine	line 2, colui	mns (b) and	(c)				3	,-	
Outcommenses a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. <ul> <li>If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number</li> <li>Combine lines 5 and 6</li> <li>Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)</li> <li>Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)</li> <li>Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)</li> <li>Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)</li> <li>Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)</li> <li>Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)</li> <li>Long-term portion of property</li> <li>(e) Date close out or sold</li> <li>(f) Gross sale price</li> <li>(f) Cost or there and include on the appropriate line of Schedule D (see instructions).</li> <li>Long or sold</li> <li>Long or sold</li></ul>	4	Form 1099-B adjustments. S	See instruct	ions and atta	ach schedule .						
instructions.       if you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number       6       1,430         7       Combine lines 5 and 6	5	Combine lines 3 and 4							5	286,712	
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carried back. Enter the loss as a positive number       6       1,430         7       Combine lines 5 and 6 .       7       285,376         3       Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on the appropriate line of Schedule D (see instructions)       8       280,448         9       Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)       9       284,181         2art11       Gains and Lossees From Straddles. Attach a separate schedule listing each straddle and its components.       9       284,181         2art11       Gains and Lossees From Straddles       (e) Date entered in or or sold       (f) Loss, asles price       (g) Loss, otherwise,	6		56 contrac	ts loss and	checked box D	above, ente	r the amount	of loss to be			
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Ine of Schedule D (see instructions)       8       280,448         Jong-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on the appropriate line of Schedule D (see instructions)       9       284,181         Zert II       Gains and Lossees From Straddles.       9       284,181         Zert II       Gains and Lossees From Straddles.       (e) Date entered into or acquired or sold out or sold       (f) Loss.       (g) Loss.       (g) Loss.         (a) Description of property       (b) Date entered into or acquired or sold       (e) Date closed out or sold       (f) Loss.       (g) Loss.       (g) Loss.       (g) Loss.       (g) Loss.       (g) Loss.       (g) Cost or other basis       (g) Loss.       (g) Loss.       (g) Loss.       (g) Loss.       (g) Cost or other basis       (g) Loss.       (g) Cost or other basis       (g) Loss.       (g) Cost or other basis       (g) Cost or other b	′ 8							e appropriate	<u> </u>		
line of Schedule D (see instructions)       9       284,181         Part III       Gains and Losses From Straddles.       Attach a separate schedule listing each straddle and its components.         ection A—Losses From Straddles       (b) Date entered into or acquired       (c) Date or sold       (e) Date closed out or sold       (e) Date closed out or sold       (f) Loss. plus sales price       (f) Loss. plus expense of sale       (g) bis more than plus expense of       (g) bis more than difference. Otherwise, enter -0-       (h) Recognized los ficolumn (f) is more than (g), enter of therwise, enter -0         1a       Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       11a       (1,037         b       Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       (f) Date entered into or acquired       (g) Date (h) Recognized los         (a) Description of property       (b) Date entered into or acquired       (c) Date closed out or sold       (d) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-         2       1       (c) Date closed out or sold       (d) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-         2       1       1	-	line of Schedule D (see instr									
Gains and Losses From Straddles. Attach a separate schedule listing each straddle and its components.         Gains and Losses From Straddles.         Gains and Losses From Straddles.         Gains and Losses From Straddles.         (a) Description of property       (b) Date entered into or acquired       (c) Date closed out or sold       (c) Cost or other basis sales price       (f) Loss. (d) Gross sales price       (f) Loss. (f) Cost or other basis plus expense of sale       (f) Loss. (g) Unrecognized gain on offsetting positions       (h) Recognized los froumn (f) is more than (g), enter difference. Otherwise, enter -0         Image: Colspan="2">(b) Date enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       111a       (1,037         Image: Colspan="2">(b) Date enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0.         (a) Description of property       (b) Date enter definered into or acquired       (c) Date closed out or sold       (d) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0.         a<	9								9	284 181	
(a) Description of property       (b) Date entered into or acquired       (c) Date closed out or sold       (d) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Loss. If column (e) is more than (g) enter difference. Otherwise, enter -0-       (g) Uncecognized los of foculum (f) is more than (g), enter difference. Otherwise, enter -0-         0       Image: closed out or sold       (c) Date closed out or sold       (d) Gross sales price       (f) Loss. If column (e) is more than (g), enter difference. Otherwise, enter -0-       (f) Loss. (g) uncecognized los of fiseting positions         0       Image: closed out or sold       Image: closed out or sold       (f) Cost or other sales price       (g) Uncecognized los of fiseting uncecognized los of the closed out or sold       Image: closed out or sold       (f) Cost or other sales price       (g) Uncecognized los of the closed out or sold       Image: closed out or sold       Image: closed out or sold       (f) Cost or other basis plus expense of sale       (f) Cost or other basis plus expense of sale       (f) Cain. If column (d) is more than (e), enter difference. Otherwise, enter -0       (f) Cain. If column (d) is more than (e), enter difference. Otherwise, enter -0         1       (g) Date entered into or i closed out or sold       (g) Date closed out or sold       (g) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-         2       Image: closed out or sold       (g) Date closed out or sold       (g) Date clo	Pa	rt II Gains and Loss	ses From	straddle	<b>s.</b> Attach a se	eparate sch	edule listing	each straddle		,	
(a) Description of property       (b) Date entered into or acquired       (c) Date entered into or acquired       (c) Date entered into or acquired       (c) Date entered or sold       (c) Date entered is or sold       (c) Date is more than glus sales price       (c) Date is comment plus expense of       (c) Cost or is more than glus expense of       (c) enter is more than glus expense of       (c) enter is comment is positions       (c) enter offsetting positions       (f) column (h) is more than (g), enter offsetting positions         0       1	Sec	tion A—Losses From S	Straddles	S		1				1	
(a) Description of property       (b) Date entered into or acquired       (c) Date closed out or sold       (d) Gross sales price       (d) Gross sale       (d) enter plus expense of sale       Unrecognized positions       Unrecognized gain on offsetting positions       (f) Gross (d) enter difference. Otherwise, enter -0         0       Image: Contract of the plus sale       Image: Contract of the plus expense of sale       Image: Contract of the plus (d) enter offsetting positions       Image: Contract of the plus (d) enter difference. Otherwise, enter -0         1       Image: Contract of the plus (d) enter difference. Otherwise, enter -0       Image: Contract of the plus (d) enter difference. Otherwise, enter -0       Image: Contract of the plus (d) enter difference. Otherwise, enter -0         1       Image: Contract of the plus (d) enter difference. Di						(e) Cost or	(f) Loss.	(q)			
(a) Description of property       into or acquired       closed out or sold       sales price       pusses of sale       (b) enter brance. Otherwise, enter -0       offsetting positions					(d) Gross	other basis	is more than	Unrecognize	ed		
acquired       isale       Otherwise, enter -0- enter -0-       positions       Otherwise, enter -0- positions         o       isale       Otherwise, enter -0- enter -0-       positions       Otherwise, enter -0- positions         ia       Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       11a       (1,037)         b       Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       11b       (210)         ection B—Gains From Straddles       (c) Date entered into or acquired       (c) Date closed out or sold       (d) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-         a       Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions)       13a       698		(a) Description of property									~ 0
Ia       Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       11a       (1,037)         b       Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       11a       (1,037)         b       Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       11b       (210)         ection B—Gains From Straddles       (c) Date enter closed out into or acquired       (c) Date closed out or sold       (d) Gross sales price       (e) Cost or other basis plus enter difference. Otherwise, enter -0-         2       Image: Schedule D (see instructions)       Image: Schedule D (see instructi			acquired			sale		positions		Otherwise, ente	1 -0-
Schedule D (see instructions)       11a       11a       1037         b Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       11b       11a	0										
Schedule D (see instructions)       11a       11a       1037         b Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions)       11b       11a									1		
b       Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions).       IIIb       (210         ection B—Gains From Straddles       (c) Date entered into or acquired       (c) Date closed out or sold       (d) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Gain. If column (d) enter difference. Otherwise, enter -0-         2       IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	1a	•						-	110	( 1.037	
Schedule D (see instructions).       11b ( 210         ection B—Gains From Straddles         (a) Description of property       (b) Date entered into or acquired       (c) Date closed out or sold       (d) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-         2       Image: Colored out or sold       Colored out or sold       (d) Gross sales price       (e) Cost or other basis plus expense of sale       (f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-         2       Image: Colored out or sold       Image: Colored out or	b		,						11a		
(a) Description of property(b) Date entered into or acquired(c) Date closed out or sold(d) Gross sales price(e) Cost or other basis plus expense of sale(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-2Image: Column of propertyImage: Column o		Schedule D (see instructions	s)				· · · ·		11b	( 210	
(a) Description of property       entered into or acquired       (c) Date closed out or sold       (d) Gross sales price       (e) Cost of other basis plus expense of sale       (d) is more than (e), enter difference. Otherwise, enter -0-         2       Image: Control of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions)       Image: Control of gains from line 12, column (f), here and include on the appropriate line of b Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of       13a       698	Sec	tion B—Gains From St	traddles						1		
(a) Description of property       entered into or acquired       closed out or sold       (d) Gross sales price       basis plus expense of sale       (d) Is more than (e), enter difference. Otherwise, enter -0-         2       Image: Construction of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions)				(c) Date			(e) Co	ost or other			
acquired       or sold       expense of sale       Otherwise, enter -0-         2       Image: Second sale       Image: Second sale       Image: Second sale       Image: Second sale         3a       Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions)		(a) Description of property									,
Ba       Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions)       13a       698         b       Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of       13a       698				or sold	34163	2.100	exper	nse of sale			-
Schedule D (see instructions)       13a       698         b Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of											
Schedule D (see instructions)       13a       698         b Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of	2										
<b>b</b> Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of	2				aaluman (f) bara	and include					
	2  3a		-								1
Schedule D (see instructions)    13b    159	3a	Schedule D (see instructions							13a	698	

(a) Description of property	<b>(b)</b> Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
14				

~	0	
1	×	

### 8283 Form

(Rev. December 2006) Department of the Treasury

Name(s) shown on your income tax return

Internal Revenue Service

# NUMBER OF RETURNS FILED FOR SELECTED LINES Noncash Charitable Contributions

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

OMB No. 1545-0908 Attachment Sequence No. 155

See separate instructions.

Identifying number

### Total Forms Filed = 6,148,798

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities-List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

#### Information on Donated Property-If you need more space, attach a statement. Part I

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
Α		
В		
С		
D		
Е		

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis		(g) Fair market (see instructi	(h) Method used to determine the fair market value
Α							
В				4,408,685		6,103,197	
С							
D							
Е							

Part II Partial Interests and Restricted Use Property-Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest >\_\_\_\_\_ If Part II applies to more than one property, attach a separate statement.

- b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year
  - (2) For any prior tax years

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

**d** For tangible property, enter the place where the property is located or kept

e Name of any person, other than the donee organization, having actual possession of the property >

Yes No 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated **b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? c Is there a restriction limiting the donated property for a particular use?

For Paperwork Reduction Act Notice, see separate instructions.

2006 ESTIMATED DATA LINE COUNTS	- (ALL	. FIGURES AR	RE ESTIMATES	BASED O	N SAMPLES)
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Section B. Donated Property Over \$5,000 (Except Certain Publicly Traded Securities)—List in this section only items (or groups of similar

Form 8283 (Rev. 12-2006)

Name(s) shown on your income tax return

NUMBER OF RETURNS FILED FOR SELECTED LINES

Page 2

79

					than \$5,000 per item generally required fo					tradeo
Pa	rt I Inform	nation on Dona	ated Prope	<b>rty—</b> To k	be completed by	the t	axpayer and/or	the ap	opraiser.	
4	Art* (contrib	hat describes the ty ution of \$20,000 or i ution of less than \$2	more)		Qualified Conservation Other Real Estate	n Cont	tribution		Equipment Securities	
othe **Co	r similar objects. llectibles include coir	ulptures, watercolors, p ns, stamps, books, gen	ns, jewelry, spo	ceramics, ar rts memorabi	ntellectual Property ntiques, decorative arts, t ilia, dolls, etc., but not a property. See instru	ırt as d	efined above.	nuscript	Other s, historical memorat	oilia, anc
5		of donated property (if attach a separate state			(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift				(c) Appraised fair market value	
A B C D									74,240	
D								<u> </u>		
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's adjusted			g) For bargain sales, enter amount received		as a	structions (i) Average trading of securities	price
A B			60,394		3,687		50,198		4,020	
B C D										
Pa		ayer (Donor) Sta le of \$500 or less			tem included in P	art I a	above that the ap	praisa	ll identifies as h	aving

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions.

 Signature of taxpayer (donor) ►
 Date ►

 Part III
 Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that a substantial or gross valuation misstatement resulting from the appraisal of the value of the property that I know, or reasonably should know, would be used in connection with a return or claim for refund, may subject me to the penalty under section 6695A. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign				
Here	Signature ►	Title 🕨	Date 🕨	
Business	address (including room or suite no.)			Identifying number

City or town, state, and ZIP code

### **Part IV Donee Acknowledgment**—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date 
\_\_\_\_\_\_

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? .		. 🕨 🗌 Yes	🗌 No
Name of charitable organization (donee)	Employer identification number		
Address (number, street, and room or suite no.)	City or town, state, and ZIP code		
Authorized signature	Title	Date	



Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

# NUMBER OF RETURNS FILED FOR SELECTED LINES Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by

State or Local Governmental Units or Agencies)

Attach to Form 1040 or 1040NR.
See instructions on back.



# Total Forms Filed = 55,834

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return.

Name of Issuer of Mortgage Credit Certificate

Mortgage Credit Certificate Number

Issue Date

# Part I Current Year Mortgage Interest Credit

1	Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid	1		
2	Enter the certificate credit rate shown on your <b>mortgage credit certificate. Do not</b> enter the interest rate on your home mortgage	2		%
3	If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your mortgage and received a reissued certificate, see the instructions for the amount to enter.	3	49,237	
	You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3.			
4	Enter any 2003 credit carryforward from line 18 of your 2005 Form 8396	4	2,266	
5	Enter any 2004 credit carryforward from line 16 of your 2005 Form 8396	5	5,977	
6	Enter any 2005 credit carryforward from line 19 of your 2005 Form 8396	6	8,218	
7	Add lines 3 through 6	7	55,834	
8	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	8		
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 47 through 51 and line 53 plus any credit from Form 5695, line 12	9		
	<b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 44 through 46 and line 48 plus any credit from Form 5695, line 12			
10	Subtract line 9 from line 8. If zero or less, enter -0- here and on line 11 and go to Part II	10		
11	Current year mortgage interest credit. Enter the smaller of line 7 or line 10. Also include			
	this amount in the total on Form 1040, line 54, or Form 1040NR, line 49, and check box <b>a</b> on that line	11	48,897	

Part II Mortgage Interest Credit Carryforward to 2007. (Complete only if line 11 is less than line 7.)

For	Paperwork Reduction Act Notice, see back of form. Cat. No. 62502X		Form <b>8396</b>	(2006)
19	2006 credit carryforward to 2007. Subtract line 11 from line 3. If zero or less, enter -0-	19		
18	2004 credit carryforward to 2007. Enter the smaller of line 5 or line 17	18		
17	Subtract line 16 from line 15	17		
16	2005 credit carryforward to 2007. Enter the smaller of line 6 or line 15	16		
15	Subtract line 14 from line 13	15		
14	Enter the <b>larger</b> of line 11 or line 12	14		
13	Enter the amount from line 7	13		
12	Add lines 3 and 4	12		
		1		

	2006 EST	IMATED DATA LINE COUNTS - (ALL FIGURE	S ARE	ES <sup>-</sup>	TIMATES BAS	SED O	N SA	MPLES)	81
		NUMBER OF RETURNS FILED							
Form <b>8582</b> Passive Activity Loss Limitations						OMB No. 1545-1	800		
FOUL				_				2006	
Department of the Treasury         Internal Revenue Service (99)    Attach to Form 1040 or Form 1041.						Attachment Sequence No. 8	20		
	(s) shown on return		FOIII	104	1.			Identifying number	
		Total Forms Filed = 3,554	1,402						
Par		sive Activity Loss							
		omplete Worksheets 1, 2, and 3 on page 2 befo		-					
		tivities With Active Participation (For the define of the for Rental Real Estate Activities on page 3 of the second secon				tion			
1a		income (enter the amount from Worksheet 1,	<b>1</b> a		596.243				
h									
D			1b	(	2,133,609	)			
С	Prior years unallo	wed losses (enter the amount from Worksheet							
d			1c		770,687	)	1d	2,383,093	
		ation Deductions From Rental Real Estate Ac				•	Tu	2,000,000	
		lization deductions from Worksheet 2, column (a)	2a		1,157	)			
		ved commercial revitalization deductions from							
-		ımn (b)	2b		981	)		( 1.000	
		2b					2c	( 1,830	)
	Other Passive Activ		I			I			
за		income (enter the amount from Worksheet 3,	3a		625,811				
b	Activities with ne	t loss (enter the amount from Worksheet 3,	3b	(	1,142,743	)			
с		ved losses (enter the amount from Worksheet 3,							
	column (c)) .		3c		877,929	)		1 505 001	
d		3b, and 3c				•	3d	1,595,981	
4		2c, and 3d. If the result is net income or zero, al				•			
		allowed losses entered on line 1c, 2b, or 3c. I on the forms and schedules normally used				5582.	4	3,553,299	
	If line 4 is a loss a	-		•		•			
		• Line 2c is a loss (and line 1d is zero							
Caut	tion: If your filing at	<ul> <li>Line 3d is a loss (and lines 1d and 2d atus is married filing separately and you lived with</li> </ul>							
	II or Part III. Instea		in your	spo	use at any tim		iy ine	year, <b>do not</b> cor	npiele
Par		llowance for Rental Real Estate Activitie	s Wit	h A	ctive Partici	patio	n		
	Note: Enter	r all numbers in Part II as positive amounts. See	e page	8 0	f the instructio	ons for	an ex	ample.	
5		the loss on line 1d or the loss on line 4				. ·	5	2,145,265	
6		married filing separately, see page 8	6	+	2,138,535 2,094,315				
7		ted gross income, but not less than zero (see page 8) greater than or equal to line 6, skip lines 8 and	1		2,034,010				
		e 10. Otherwise, go to line 8.							
8	Subtract line 7 fro	m line 6	8		1,473,937				
9		0% (.5). <b>Do not</b> enter more than \$25,000. If marrie	-			•	9	1,473,937	
10		of line 5 or line 9		•		•	10	1,473,937	
Par		Allowance for Commercial Revitalization	Dedu	ctio	ons From Re	ental	Real	Estate Activiti	es
		er all numbers in Part III as positive amounts. Se							
11	Enter \$25,000 redu	ced by the amount, if any, on line 10. If married fil	ing sep	arat	ely, see instruc	tions	11	1,821	
12		m line 4					12	4.004	
13 14		the amount on line 10					13 14	1,821 1,821	+
		sses Allowed	. , 01 1			•	14	1,021	<u> </u>
15		f any, on lines 1a and 3a and enter the total.					15	835,482	
16	Total losses allo	wed from all passive activities for 2006. Ad	d lines	10,	14, and 15.	See		0 10- 0- 0	
	· · · ·	tructions to find out how to report the losses on	your ta	ax re			16	2,167,934	
For F	Paperwork Reductio	n Act Notice, see page 12 of the instructions.			Cat. No. 63704	1F		Form <b>8582</b>	2 (2006)

82	2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED O	N SAM	PLES)	
	NUMBER OF RETURNS FILED FOR SELECTED LINES			
Form	<b>8586</b> Low-Income Housing Credit		OMB No. 1545-0	984
Depar	(Rev. December 2006) Department of the Treasury Internal Revenue Service (99)		Attachment Sequence No. <b>3</b>	6a
Nam	e(s) shown on return Total Forms Filed = 70,353	Id	entifying number	
1 2	Number of Forms 8609-A attached			
3	Current year credit from attached Form(s) 8609-A (see instructions)	3	773	
4	Low-income housing credit from partnerships, S corporations, estates, and trusts	4	69,590	
5	Add lines 3 and 4. Estates and trusts, go to line 6; partnerships and S corporations, report this amount on Schedule K; all others, report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800)	5	70,245	
6	Amount allocated to beneficiaries of the estate or trust (see instructions)	6		
7	Estates and trusts. Subtract line 6 from line 5. Report this amount on the applicable line of Form 3800 (e.g., line 1e of the 2006 Form 3800)	7		

# **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

# What's New

• The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

• Taxpayers that are not partnerships, S corporations, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1e of Form 3800.

• The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

# **Purpose of Form**

Use Form 8586 to claim the low-income housing credit. This general business credit is allowed for each new qualified low-income building placed in service after 1986. Generally, it is taken over a 10-year credit period.

# **Qualified Low-Income Housing Project**

The credit cannot exceed the amount allocated to the building. See section 42(h)(1) for details.

The low-income housing credit can only be claimed for residential rental buildings in low-income housing projects that meet one of the minimum set-aside tests. For details, see the instructions for Form 8609, Part II, line 10c. Except for buildings financed with certain tax-exempt bonds, you may not take a low-income housing credit on a building if it has not received an allocation from the housing credit agency. No allocation is needed when 50% or more of the aggregate basis of the building and the land on which the building is located is financed with certain tax-exempt bonds issued after 1989 for buildings placed in service after 1989. The owner still must get a Form 8609 from the appropriate housing credit agency (with the applicable items completed, including an assigned BIN). "Land on which the building is located" includes only land that is functionally related and subordinate to the qualified low-income building (see Regulations sections 1.103-8(a)(3) and 1.103-8(b)(4)(iii)).

# **Recapture of Credit**

There is a 15-year compliance period during which the residential rental building must continue to meet certain requirements. If, as of the close of any tax year in this period, there is a reduction in the qualified basis of the building from the previous year, you may have to recapture a part of the credit you have taken. Similarly, you may have to recapture part of the credits taken in previous years upon certain dispositions of the building or interests therein. If you must recapture credits, use Form 8611, Recapture of Low-Income Housing Credit. See section 42(j) for details.

# Recordkeeping

Keep a copy of this Form 8586 together with all Forms 8609, Schedules A (Form 8609) (and successor Forms 8609-A), and Forms 8611 for 3 years after the 15-year compliance period ends.

NUMBER OF RETURNS FILED FOR SELECTED LINES Nondeductible IRAs

Form	8606
Form	

Department of the Treasury Internal Revenue Service (99)

► See separate instructions. ▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

	OMB No. 1545-0074				
	2006				
	Attachment Sequence No. <b>48</b>				
Your social security number					

Name	. If married, file a separate form for each spouse required	to file Form 8606. See page 5 of	the inst	ructions.	Your s	ocial security num	ber
		otal Forms Filed = 2,044,8					
lf Yo Forn	bu Are Filing This	per and street, or P.O. box if mail fice, state, and ZIP code	is not c	lelivered to your home)		Apt. no.	
Par	· · · · · · · · · · · · · · · · · · ·	ditional IRAs and Distri	butio	s From Traditio	nal SFE	and SIMPLE	IRΔs
ı aı	Complete this part only if one or more		butto				. 11143
	<ul> <li>You made nondeductible contributio</li> <li>You took distributions from a traditional IRA in 2006 or an earlie repayment of a qualified hurricane return of certain contributions.</li> <li>You converted part, but not all, of you you recharacterized) and you made</li> </ul>	ons to a traditional IRA for onal, SEP, or SIMPLE IRA or year. For this purpose, a distribution), qualified cha ur traditional, SEP, and SIM	in 200 a distri aritable MPLE	6 <b>and</b> you made r bution does not ir distribution, com	nclude a version, in 2006 (	rollover (other recharacterizat (excluding any p	than a ion, or portion
1	Enter your nondeductible contributions to tr						
	2006 from January 1, 2007, through April 16	, 2007 (see page 5 of the	instru		. 1	693,534	
2	Enter your total basis in traditional IRAs (see	page 5 of the instructions	s) .		. 2	964,520 1,270,287	
3	Add lines 1 and 2		• •		. 3	1,270,207	
	distribution from traditional, SEP, or SIMPLE IRAs, or		o not c	t from line 3 on complete the rest			
4	Enter those contributions included on line 1	that were made from Ja	anuary	1, 2007, through		7,920	
-	April 16, 2007		• •		. 4	1,267,377	
5	Subtract line 4 from line 3		· ·		. 5	1,207,077	
6	Enter the value of <b>all</b> your traditional, SEP, a December 31, 2006, plus any outstanding repayments of qualified hurricane distribution less, enter -0- (see page 5 of the instructions	rollovers. Subtract any s. If the result is zero or	6	269,993			
7	Enter your distributions from traditional, SEI 2006. <b>Do not</b> include rollovers (other than hurricane distributions), qualified charitable di to a Roth IRA, certain returned contributions of traditional IRA contributions (see page 6 c	repayments of qualified istributions, conversions s, or recharacterizations	7	316,724			
8	Enter the net amount you converted from tradi IRAs to Roth IRAs in 2006. <b>Do not</b> include a you later recharacterized (see page 6 of the this amount on line 16	amounts converted that instructions). Also enter	8	15,760			
9	Add lines 6, 7, and 8						
10	Divide line 5 by line 9. Enter the result as a least 3 places. If the result is 1.000 or more	e, enter "1.000"	10	× .	_		
11	Multiply line 8 by line 10. This is the nontaxab you converted to Roth IRAs. Also enter this ar	mount on line 17	11	14,128	_		
12	Multiply line 7 by line 10. This is the non- distributions that you did not convert to a	Roth IRA	12	305,679	10	316,453	
13	Add lines 11 and 12. This is the nontaxable				<u>13</u> 14	1,226,129	+
14 15a	Subtract line 13 from line 3. This is <b>your total k</b> Subtract line 12 from line 7.		or 2000	o and earlier years	15a	297,350	
	Amount on line 15a attributable to qualified hu Also enter this amount on Form 8915, line 22	irricane distributions (see p				1,867	

c Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b . . . . . . . . . . . Note: You may be subject to an additional 10% tax on the amount on line 15c if you were under age 591/2 at the time of the distribution (see page 6 of the instructions).

For Privacy Act and Paperwork Reduction Act Notice, see page 8 of the instructions.

296.690

15c

84		2006 ESTIM			•	RES ARE ESTIM		I SAMF	PLES)	
	8606 (200	,				OR SELECTED L				Page 2
T u	( ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Complete this any portion yo <b>Caution:</b> If you your spouse at	part if you co u recharacte <i>Ir modified a</i> t any time in	nverted part or all rized). djusted gross inco 2006, you <b>canno</b>	l of your trac ome is over <b>t</b> convert ar	MPLE IRAs to F ditional, SEP, and s \$100,000 or you a ny amount from tra ust recharacterize	SIMPLE IRAs to a re married filing s aditional, SEP, or	eparate SIMPL	ly and you live E IRAs to Rot	ed with h IRAs
16	conver you late	ted from tradit er recharacter	ional, SEP, a ized back to	nd SIMPLE IRAs t	o Roth IRAs	rwise, enter the r s in 2006. <b>Do not</b> ir IRAs in 2006 or 20	nclude amounts	16	56,815	
17	-	completed Par 16 (see page				se, enter your basi		17	14,788	
18						his amount on Fo		18	54,785	
Pa	rt III ( i	<b>Distributions</b> Complete this nclude a rollo	<b>From Rot</b> part only if over (other	t <b>h IRAs</b> you took a distrib than a repaymen	oution from It of a qua	a Roth IRA in 20 alified hurricane c page 7 of the ins	06. For this purpo listribution), quali			
19						06 including any c 		19	296,108	
20	Qualifie than \$ <sup>-</sup>			xpenses (see pag		instructions). <b>Do</b> 1	not enter more	20	8,249	
21	Subtra	ct line 20 from	ı line 19. lf z	ero or less, enter	-0- and ski	p lines 22 through	125	21	290,807	
22	Enter y	our basis in F	oth IRA con	tributions (see pag	ge 7 of the	instructions) .		22	191,337	
23				ero or less, enter -( nal tax (see page		lines 24 and 25. If structions)	more than zero,	23	169,295	
24	Enter y	our basis in F	Roth IRA con	versions (see pag	e 7 of the i	nstructions) .		24	22,848	
	Amoun	it on line 25a a	ttributable to	qualified hurrican	e distributio	p lines 25b and 2 ons (see page 8 of	the instructions).	25a	149,022	
c	Taxabl	l <b>e amount.</b> Su	btract line 2 Form 1040	5b from line 25a. I A, line 11b; or For	lf more thar m 1040NR,	 1 zero, also include line 16b	e this amount on	25b 25c	150,273	
Are by li	Filing T	Only If You his Form d Not With eturn		belief, it is true, correc		amined this form, inclu te.	Iding accompanying a	ttachmen	ts, and to the be	st of my
Paid	1	Preparer's signature	rour signa	luie		Date	Check if self- employed	Prepa	rer's SSN or PTIN	
	oarer's Only	Firm's name (or if self-employed address, and Z	d), 🕨 —				EIN Phone no.			
		auuress, and Z						۱ <i>(</i>	r	

\* Entry for this line is greater than zero, but too small to report

Form 8606 (2006)

	2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATE		N SAM	PLES)	85
	NUMBER OF RETURNS FILED FOR SELECTED L Tax for Children Under Age 19	1	OMB No. 1545-0		
Form	<b>8615</b> Tax for Children Under Age 18 With Investment Income of More Than	-	<b>h</b>	୬៣ <b>୩</b> ନ	
Depart	Attach only to the child's Form 1040, Form 1040A, or Form			Attachment	)
Interna	nal Revenue Service (99) See separate instructions.		0	Sequence No.	
Child	d's name shown on return Total Forms Filed = 387,887		Child's s	ocial security num	ber
Befo	fore you begin: If the child, the parent, or any of the parent's other children unde Worksheet or has income from farming or fishing, see Pub. 929, Ta explains how to figure the child's tax using the Schedule D Tax Wor	ax Rules for	Children	n and Depender	nts. It
Α	Parent's name (first, initial, and last). Caution: See instructions before completing.		B Parer	nt's social security n 381,8	
С	Parent's filing status (check one):				00
		of househol	d 🗌	Qualifying wide	ow(er)
Par	art I Child's Net Investment Income				
1	Enter the child's investment income (see instructions)		1	385,246	
2	If the child <b>did not</b> itemize deductions on <b>Schedule A</b> (Form 1040 or Form 104	0NR), enter			
	\$1,700. Otherwise, see instructions		2	387,887	
3	Subtract line 2 from line 1. If zero or less, <b>stop;</b> do not complete the rest of this f attach it to the child's return		3	380,339	
4	Enter the child's <b>taxable income</b> from Form 1040, line 43; Form 1040A, line 27; or For line 40. If the child files Form 2555 or 2555-EZ, see the instructions		1	379,029	
5	Enter the <b>smaller</b> of line 3 or line 4. If zero, <b>stop;</b> do not complete the rest of this f attach it to the child's return	orm but <b>do</b>	5	375,423	
Par	attach it to the child's return		5	010,120	
6	Enter the parent's <b>taxable income</b> from Form 1040, line 43; Form 1040A, line 27; Fo line 6; Form 1040NR, line 40; or Form 1040NR-EZ, line 14. If zero or less, enter -0 I files Form 2555 or 2555-EZ, see the instructions	f the parent	6	335,525	
7	Enter the total, if any, from Forms 8615, line 5, of <b>all other</b> children of the part				
	above. <b>Do not</b> include the amount from line 5 above		7	150,633 376,436	
8	Add lines 5, 6, and 7 (see instructions)			370,430	
9	Enter the tax on the amount on line 8 based on the <b>parent's</b> filing status above (see in If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet J (Form 1040) is used to figure the tax, check here Boxes Checked = 346.24	orksheet, or		376,436	
10	minimum tax; Form 1040EZ, line 11; Form 1040NR, line 41; or Form 1040NR-EZ, line include any tax from <b>Form 4972</b> or <b>8814.</b> If the parent files Form 2555 or 2555-I instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Scher Worksheet, or Schedule J (Form 1040) was used to figure the tax, check here <sup>212,22</sup>	15. <b>Do not</b> EZ, see the dule D Tax 8 ► □		334,517	
11	Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this and 13 and go to <b>Part III</b>	ount on line	11	375,426	
	a Add lines 5 and 7	5,426		380,336	
b 13	<ul> <li>Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three pla Multiply line 11 by line 12b</li> </ul>		12b 13	<u>×                                    </u>	
	art III Child's Tax—If lines 4 and 5 above are the same, enter -0- on line 1				L
14	Subtract line 5 from line 4         14         354	l,885			
15	Enter the tax on the amount on line 14 based on the <b>child's</b> filing status (see inst the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Wo Schedule J (Form 1040) is used to figure the tax, check here Boxes Checked = 303,1	orksheet, or		355,535	
16	Add lines 13 and 15		16	375,423	
17	Enter the tax on the amount on line 4 based on the <b>child's</b> filing status (see inst the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Wo Schedule J (Form 1040) is used to figure the tax, check here Boxes Checked = 312,6	orksheet, or		375,423	
18	Enter the <b>larger</b> of line 16 or line 17 here and on the <b>child's</b> Form 1040, line 44; Fo line 28; or Form 1040NR, line 41. If the child files Form 2555 or 2555-EZ, see the ir	orm 1040A,	18	375,423	

For Paperwork Reduction Act Notice, see the instructions.

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) NUMBER OF RETURNS FILED FOR SELECTED LINES



Name(s) shown on return

# Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts

See separate instructions.
 Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

Total Forms Filed = 1,340,076

Part I	Net Minimum	Tax on	Exclusion	Items
--------	-------------	--------	-----------	-------

1 2 3 4	Combine lines 1, 6, and 10 of your 2005 Form 6251. Estates and trusts, see instructions Enter adjustments and preferences treated as exclusion items (see instructions)	1 2 3	1,309,550 1,191,198 ( 6,901	)
-	than \$191,000 and you were married filing separately for 2005, see instructions	4	1,280,978	
5	Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2005; \$40,250 if single or head of household for 2005; or \$29,000 if married filing separately for 2005. Estates and trusts, enter \$22,500	5	1,340,076	
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2005; \$112,500 if single or head of household for 2005; or \$75,000 if married filing separately for 2005. Estates and trusts, enter \$75,000	6	1,340,076	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	905,323	
8	Multiply line 7 by 25% (.25)	8	905,323	
9	Subtract line 8 from line 5. If zero or less, enter -0 If this form is for a child under age 14, see instructions	9	1,119,860	
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	1,216,710	
11	• If <b>for 2005</b> you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); <b>or</b> you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 46 here.	11	Using Part III = 866,582 1,210,088	
12	• All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result.	12	147,316	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	1,207,212	
14	Enter the amount from your 2005 Form 6251, line 34, or 2005 Form 1041, Schedule I, line 55	14	1,218,987	
	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	907,440	

### Part II Minimum Tax Credit and Carryforward to 2007

17 Er 18 Su	Inter the amount from your 2005 Form 6251, line 35, or 2005 Form 1041, Schedule I, line 56         Inter the amount from line 15 above         Inter the amount from line 16. If less than zero, enter as a negative amount         Inter the amount from line 16. If less than zero, enter as a negative amount         Inter the amount from line 16. If less than zero, enter as a negative amount         Inter the amount from line 16. If less than zero, enter as a negative amount         Inter the amount from your 2005 Form 8801, line 26	17 18	907,366	
		18	907 366	
			307,300	
19 20	Jos minimum tax creat carrytorward. Enter the amount nom your 2003 Form 6001, line 20	19	783,464	
<b>20</b> Er	nter the total of your 2005 unallowed nonconventional source fuel credit and 2005 unallowed ualified electric vehicle credit (see instructions)	20	7,758	
	ombine lines 18, 19, and 20. If zero or less, <b>stop here</b> and see instructions	21	1,263,417	
	nter your 2006 regular income tax liability minus allowable credits (see instructions)	22	1,173,669	
	nter the amount from your 2006 Form 6251, line 33, or 2006 Form 1041, Schedule I, line 54.	23	1,146,524	
	ubtract line 23 from line 22. If zero or less, enter -0-	24	359,035	
25 M	<b>inimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2006 orm 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d	25	359,035	
	inimum tax credit carryforward to 2007. Subtract line 25 from line 21. Keep a record of this nount because you may use it in future years	26	1,035,157	

For Paperwork Reduction Act Notice, see page 4 of the instructions.

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Form 8801 (2006)

Ра	rt III Tax Computation Using Maximum Capital Gains Rates		
	<b>Caution.</b> If you did not complete the 2005 Qualified Dividends and Capital Gain Tax Worksheet, the 2005 Schedule D Tax Worksheet, or Part V of the 2005 Schedule D (Form 1041), see the instructions before completing this part.		
27 28	Enter the amount from Form 8801, line 10	27	
	Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		1
29	Enter the amount from line 19 of your 2005 Schedule D (Form 1040), or line 14b, column (2), of the 2005 Schedule D (Form 1041) 29		1
30	Add lines 28 and 29, and enter the <b>smaller</b> of that result or the amount from line 10 of your 2005 Schedule D Tax Worksheet	31	1
31 32	Enter the smaller of line 27 or line 30       . <td>32</td> <td>  </td>	32	  
33	If line 32 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing concretely for 2005) from the result	33	1
34	filing separately for 2005) from the result		
35	Enter the amount from line 7 of your 2005 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2005 Schedule D Tax Worksheet, or the amount from line 23 of the 2005 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2005 Schedule D (Form 1041), enter -0	-	
36	Subtract line 35 from line 34. If zero or less, enter -0		1
37 38	Enter the smaller of line 27 or line 28		1
39	Multiply line 38 by 5% (.05)	39	
40 41	Subtract line 38 from line 37       . <t< td=""><td>41</td><td>I</td></t<>	41	I
	If line 29 is zero or blank, skip lines 42 and 43 and go to line 44. Otherwise, go to line 42.		
42	Subtract line 37 from line 31		I
43	Multiply line 42 by 25% (.25)	43	 
44	Add lines 33, 39, 41, and 43	44	 
45	If line 27 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result	45	
46	Enter the <b>smaller</b> of line 44 or line 45 here and on line 11	46	

\* The 2005 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2005 Instructions for Form 1040. The 2005 Schedule D Tax Worksheet is on page D-9 of the 2005 Instructions for Schedule D (Form 1040) (page 38 of the 2005 Instructions for Form 1041).

2006 ESTIMATED DATA LINE COUNTS - (A	ALL FIGURES ARE ESTIMATES B	ASED ON SAMPLES)
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1040 **C** 

1040A

1040NR

8812

NUMBER OF RETURNS FILED FOR SELECTED LINES

**Additional Child Tax Credit** 

# Form **8812**

OMB No. 1545-0074

Sequence No. 47

06

Department of the Treasur	ry
Internal Revenue Service	(99)

Name(s) shown on return

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Your social security number

Attachment

6

# Total Forms Filed = 15,717,145

Pa	rt I All File	rs				
1	page 38 of the F	from line 1 of your Child Tax Credit Worksheet on page 43 of the Form 104 orm 1040A instructions, or page 20 of the Form 1040NR instructions. If y nount from line 8 of the worksheet on page 4 of the publication		1	15,716,985	
2	Enter the amoun	t from Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 4	.8	2	8,709,852	
3	Subtract line 2 fi	rom line 1. If zero, <b>stop</b> ; you cannot take this credit		3	15,675,905	
3 4a		earned income (see instructions on back) $\cdot \cdot \cdot$	655,827		-,	
b	Nontaxable com	bat pay (see instructions on 4b   164,524				
5	_	line 4a more than \$11,300?				
		the 5 blank and enter -0- on line 6.	480,990			
6			400,990	6	15,480,990	
U		bunt on line 5 by 15% (.15) and enter the result				
	□ No. If line	6 is zero, stop; you cannot take this credit. Otherwise, skip Part II an $\mathbf{r}$ of line 3 or line 6 on line 13.	d enter the			
		6 is equal to or more than line 3, skip Part II and enter the amount from	n line 3 on			
Pa		Otherwise, go to line 7. Tilers Who Have Three or More Qualifying Children				
7	6. If married filin	security and Medicare taxes from Form(s) W-2, boxes 4 and ag jointly, include your spouse's amounts with yours. If you road, see instructions on back	572,891	-		
8	1040 filers:	Enter the total of the amounts from Form 1040, lines				
	1040A filers:	27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63. Enter -0	45,320	-		
	1040A mers: 1040NR filers:	Enter the total of the amounts from Form 1040NR, line 54, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 58.				
9	Add lines 7 and	8	741,405			
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 67.				
	1040A filers:	, prus unit energia security und der i fittilit	028,278			
		taxes withheld that you entered to the left of line 43 (see instructions on back).				
	1040NR filers:	Enter the amount from Form 1040NR, line 61.				
11	Subtract line 10	from line 9. If zero or less, enter -0		11	940,833	
12	Enter the larger	of line 6 or line 11		12	1,760,190	_
	Next, enter the s	maller of line 3 or line 12 on line 13.				
Pa	rt III Additio	nal Child Tax Credit				
13	This is your a	dditional child tax credit		13	15,590,592	
			1040A 1040A 1040NR	For For	er this amount on m 1040, line 68, m 1040A, line 41, o m 1040NR, line 62.	r .

N	UMBER O	F RET	URNS	FILED	FOR	SELECT	ED LINE

Form <b>8814</b>
Department of the Treasury

# Parents' Election To Report

Child's Interest and Dividends ► See instructions. ► Attach to parents' Form 1040 or Form 1040NR.

	2006	5
	Attachment Sequence No.	40
Your s	ocial security nun	ber

OMB No. 1545-0074

Name(s) shown on your return

Internal Revenue Service

Total Forms Filed = 294,748

**Caution.** The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less if you file a separate tax return for the child instead of making this election. This is because you cannot take certain tax benefits that your child could take on his or her own return. For details, see **Tax benefits you cannot take** on page 2.

Α	Child's name (first, initial, and last)	B Child's social security num			
	Combined Totals for Form 8814	1st (	Child's SSN = 184,784		
с	If more than one Form 8814 is attached, check here . 2nd Child's SSN = 82,690 . 3rd Child's	s SSN	= 23,471		
Pa	rt I Child's Interest and Dividends To Report on Your Return				
<b>1</b> a	Enter your child's <b>taxable</b> interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a	83,521		
b	Enter your child's tax-exempt interest. Do not include this amount on line 1a1b5,867				
2a	Enter your child's ordinary dividends, including any Alaska Permanent Fund dividends. If your child received any ordinary dividends as a nominee, see the instructions	2a	149,773		
b	Enter your child's qualified dividends included on line 2a. See the instructions       2b       94,155				
3	Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions	3	78,331		
4	Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, <b>do not</b> file this form. Your child <b>must</b> file his or her own return to report the income.	4	185,721		
5 6	Base amount	5 6	1,700 00 68,405		
-	If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.				
7	Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)	-			
8	Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)				
9	Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return	-			
10	Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return				
11	Add lines 9 and 10	11	50,873		
12	Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you				
	checked the box on line C above, see the instructions. Go to line 13 below	12	64,875		

### Part II Tax on the First \$1,700 of Child's Interest and Dividends

13	Amount not taxed	 13	850	00
14	Subtract line 13 from line 4. If the result is zero or less, enter -0	14	176,994	
	Tax. Is the amount on line 14 less than \$850?			
	<b>No.</b> Enter \$85 here and see the <b>Note</b> below.	 15	176,991	
	<b>Yes.</b> Multiply line 14 by 10% (.10). Enter the result here and see the <b>Note</b> below.			

Note. If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 15 in the tax you enter on Form 1040, line 44, or Form 1040NR, line 41. Be sure to check box a on Form 1040, line 44, or Form 1040NR, line 41.

For Paperwork Reduction Act Notice, see page 3.

NUMBER OF RETURNS FILED FOR SELECTED LINES

Form **8824** Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

# Like-Kind Exchanges

(and section 1043 conflict-of-interest sales)

Attach to your tax return.



Identifying number

### Total Forms Filed = 207,687

### Part I Information on the Like-Kind Exchange

1	Note: If the property described on line 1 or line 2 is real or personal property located outside the Unite Description of like-kind property given up ►			
2	Description of like-kind property received ►			 
				 ·····
3	Date like-kind property given up was originally acquired (month, day, year)	3	/	 /
4	Date you actually transferred your property to other party (month, day, year)	4	/	/
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written notice requirement	5	/	 /

6 Date you actually received the like-kind property from other party (month, day, year). See instructions

(•			
(	(such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III	Yes	No
	Was the exchange of the property given up or received made with a related party, either directly or indirectly		

Pai	t II Related Party Exchange Information		
8	Name of related party	Relationship to you	Related party's identifying number
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)		

9	During this tax year (and before the date that is 2 years after the last transfer of property that was part of the		
	exchange), did the related party directly or indirectly (such as through an intermediary) sell or dispose of any		
	part of the like-kind property received from you in the exchange?	Yes	□No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- **11** If one of the exceptions below applies to the disposition, check the applicable box:
  - $\mathbf{a}$  The disposition was after the death of either of the related parties.
  - **b** The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
  - c Vou can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as its principal purpose. If this box is checked, attach an explanation (see instructions).

For Paperwork Reduction Act Notice, see page 5.

Form 8824 (2006)

### NUMBER OF RETURNS FILED FOR SELECTED LINES

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

#### Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received Part III

Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions.

Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.

12 13	Fair market value (FMV) of other property given up124,817Adjusted basis of other property given up133,924	-						
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14	3,568					
	<b>Caution:</b> If the property given up was used previously or partly as a home, see <b>Property used as home</b> in the instructions.							
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15	29,829					
16	FMV of like-kind property you received	16	190,436					
17	Add lines 15 and 16	17	192,625					
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses <b>not</b> used on line 15 (see instructions)	18	203,988					
19	Realized gain or (loss). Subtract line 18 from line 17	19	200,808					
20	Enter the smaller of line 15 or line 19, but not less than zero	20	24,817					
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	21	4,664					
22	Subtract line 21 from line 20. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22	23,307					
23	Recognized gain. Add lines 21 and 22	23	25,447					
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24	198,204					
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23 .	25	203,364					
Pa	Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales							

Note: This part is to be used only by officers or employees of the executive branch of the Federal Government for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. ( <b>Do not</b> attach a copy of your certificate. Keep the certificate with your records.).				
27	Description of divested property ►				
28	Description of replacement property ►				
29	Date divested property was sold (month, day, year)	29	/	/	
30	Sales price of divested property (see instructions)	-			
31	Basis of divested property	_			
32 33	Realized gain. Subtract line 31 from line 30	32			
34	Subtract line 33 from line 30. If zero or less, enter -0	34			
35 36	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions) Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	35 36			
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37			
38	Basis of replacement property. Subtract line 37 from line 33	38	Form	<b>8824</b> (2	2006)

91 Page 2

	0020
Form	0033

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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## NUMBER OF RETURNS FILED FOR SELECTED LINES **Qualified Adoption Expenses**

Attach to Form 1040 or 1040NR.

► See separate instructions.



Your social security number

# Total Forms Filed = 98,629

# Before you begin: See Definitions on page 1 of the instructions.

Part I Information About Your Eligible Child or Children-You must complete this part. See page 2 of the instructions for details, including what to do if you need more space.

1	<b>(a)</b> Child's name			Check	if child was-	-	
•			<b>(b)</b> Child's year of birth	(c) born before 1989 and	(d) a child with special	<b>(e)</b> a foreign	<b>(f)</b> Child's identifying number
	First	Last		disabled	needs	child	
Child 1			96,686	*	20,705	28,080	97,573
Child 2			14,194	0	7,623	5,107	15,190

Caution. If the child was a foreign child, see Special rules in the instructions for line 1, column (e), that begin on page 2, before you complete Part II or Part III. If you received employer-provided adoption benefits, complete Part III on the back next. Part II Adoption Credit

			Child 1		Child 2				
2	Maximum adoption credit per child	2	\$10,960	00	\$10,960	00			
3	Did you file Form 8839 for a prior year								
-	for the same child?								
	<b>No.</b> Enter -0								
	<b>Yes.</b> See page 4 of the instructions	3							
	for the amount to enter.								
4	Subtract line 3 from line 2	4							
5	<b>Qualified adoption expenses</b> (see page 4 of the instructions)	5	58,811		3,328				
	Caution. Your qualified adoption				,				
	expenses may not be equal to the								
	adoption expenses you paid in 2006.								
6	Enter the <b>smaller</b> of line 4 or line 5.	6							
7	Add the amounts on line 6. If zero, skip line	s 8 th	rough 11 and ent	er -0-	on line 12		7	56,075	
8	Modified adjusted gross income (see page 4 o	f the i	nstructions)	8					
9	Is line 8 more than \$164,410?								
	<b>No.</b> Skip lines 9 and 10, and enter -0-	on lin	e 11.						
	☐ Yes. Subtract \$164,410 from line 8 .			9					
10	Divide line 9 by \$40,000. Enter the result as	a de	cimal (rounded to	at lea	ast three places).				
							10	× .	
11	Multiply line 7 by line 10						11	50.057	
12	Subtract line 11 from line 7						12	56,657	
13	Credit carryforward from prior years (line 2						13	49,938	
	page 5 of the <b>2005</b> Form 8839 instructions					•	14	97,127	
14 15	Add lines 12 and 13 .					•	14	57,127	
15 16	Enter the amount from Form 1040, line 46, or l <b>1040 filers:</b> Enter the total of any amounts		1040NR, IIIe 43 .						
10	Form 1040, lines 47 through 51		line 53:						
	Form 8396, line 11; and Form 8			16					
	<b>1040NR filers:</b> Enter the total of any amour		(		1				
	Form 1040NR, lines 44 throu								
	48; Form 8396, line 11; and	Form	5695,						
	line 12.								
17	Subtract line 16 from line 15						17		
18	Adoption credit. Enter the smaller of line 1								
	line 54, or Form 1040NR, line 49. Check be						10	93,369	
	14, you may have a credit carryforward (se						18	53,509	

\* Entry for this line is greater than zero, but too small to report

## Part III Employer-Provided Adoption Benefits

		Child 1	Child 2					
19	Maximum exclusion per child 19	\$10,960	00	\$10,960	00			
20	Did you receive employer-provided adoption benefits for a prior year for the same child? No. Enter -0 Yes. See page 4 of the instructions for the amount to enter.							
21	Subtract line 20 from line 19 21							
22	Employer-provided adoption benefits you received in 2006. This amount should be shown in box 12 of your 2006 Form(s) W-2 with code <b>T</b>							
23	Add the amounts on line 22					23	6,532	
24	Enter the <b>smaller</b> of line 21 or line 22. But if the child was a child with special needs and the adoption became final in 2006, enter the amount from line 21 . 24							
25	Add the amounts on line 24. If zero, skip lines 26 -0- on line 30, and go to line 31	6 through 29, enter	25					
26	Modified adjusted gross income (from the worksheet on page 6 of the instructions)       26							
27	Is line 26 more than \$164,410?         □       No. Skip lines 27 and 28, and enter -0- on line 29.         □       Yes. Subtract \$164,410 from line 26							
28	Divide line 27 by \$40,000. Enter the result as a to at least three places). Do not enter more that	•	28	× .				
29	Multiply line 25 by line 28		29					
30	Excluded benefits. Subtract line 29 from line 2	25				30	5,143	
31	<ul> <li>Taxable benefits. Is line 30 more than line 23?</li> <li>□ No. Subtract line 30 from line 23. Also, incline 7 of Form 1040 or line 8 of Form 7 of Form 1040 or line 8 of Form 1040</li> </ul>	0.1	1 604					
	☐ Yes. Subtract line 23 from line 30. Enter the the total you would enter on line 7 of by the amount on Form 8839, line 31. or line 8 of Form 1040NR. Enter "SNI line.	•••	31	1,694	<u> </u>			

- You may be able to claim the adoption credit in Part II on the front of this form if either of the following applies.
- The total adoption expenses you paid in 2006 were not fully reimbursed by your employer and the adoption became final in 2006 or earlier.
- You adopted a child with special needs and the adoption became final in 2006.

ΤΙΡ

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# 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

Form	8844
	nent of the Treasury Revenue Service

Name(s) shown on return

# **Empowerment Zone and Renewal Community Employment Credit**

► Attach to your tax return.



Identifying number

Total Forms Filed = 38,475

1	Enter the total qualified wages paid or incurred during calendar year 2006 only (see instructions)		24.2	
а	Qualified empowerment zone wages	1a 1b	312 1,041	
b	Qualified renewal community wages		1,041	
2	Add lines 1a and 1b. You must subtract this amount from your deduction for salaries and wages	2		
3	Employment zone and renewable community employment credit from parterships, S corporations, cooperatives, estates, and trusts	3		
4	Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all others,			
•		4		
5	Empowerment zone and renewal community employment credit included on line 4 from passive			
	activities (see instructions)	5		
6	Subtract line 5 from line 4	6	E 704	
7	Passive activity credit allowed for 2006 (see instructions)	7	5,794 7,252	
8	Carryforward of empowerment zone and renewal community employment credit to 2006	8	1,252	
9	Carryback of empowerment zone and renewal community employment credit from 2007 (see instructions)	9		
10	Add lines 6 through 9. Cooperatives, estates, and trusts, continue on to line 11. All others, use this amount to complete Part II	10	35,760	
11	Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust (see			
		11		
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. Use this amount to complete Part II	12		
Par	t II Allowable Credit			
13	Regular tax before credits:			
•	Individuals. Enter the amount from Form 1040, line 44; Form 1040NR, line 41			
•	Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A,			
	Part I, line 1; or the applicable line of your return	13		
•	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and			
	1b, or the amount from the applicable line of your return			
14	Alternative minimum tax:			
•	Individuals. Enter the amount from Form 6251, line 35	14	9,725	
•	Corporations. Enter the amount from Form 4626, line 14	14	0,120	
15	Add lines 13 and 14	15		
	Foreign tax credit			
b	Credits from Form 1040, lines 48 through 54 (or Form 1040NR, lines 45 through 49)			
С	Qualified electric vehicle credit (Form 8834, line 20)			
d	Alternative motor vehicle credit (Form 8910, line 18)			
е	Alternative fuel vehicle refueling property credit (Form 8911, line 19) 16e			
f	Add lines 16a through 16e	16f		
17	Net income tax. Subtract line 16f from line 15. If zero, skip lines 18 through 24 and enter -0- on line 25	17	35,225	
18	Net regular tax. Subtract line 16f from line 13. If zero or less, enter -0-           18         35,117           10         20,471			
19	Tentative minimum tax (see instructions)         .         .         .         .         19         29,471	-		
20	Enter 25% (.25) of the excess, if any, of line 18 over \$25,000 (see instructions)			
21	Multiply line 19 by 75% (.75)			
22	Enter the greater of line 20 or line 21	22		
23	Subtract line 22 from line 17. If zero or less, enter -0	23		
24	General business credit (see instructions)	24		
25	Subtract line 24 from line 23	25		
26	Credit allowed for the current year. Cooperatives, estates, and trusts. Enter the smaller of line 12 or			
	line 25. Report this amount on Form 1041, Schedule G, line 2c; or Form 1120-C, Schedule J, line 5c. If			
	line 25 is smaller than line 12, see instructions. <b>All others.</b> Enter the <b>smaller</b> of line 10 or line 25. Report this amount on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J, line 5c; Form 1120-A,			
	Part I, line 2; or the applicable line of your return. If line 25 is smaller than line 12, see instructions	26	32,209	
		20	,	

	2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON	SAM	PLES)	95
	NUMBER OF RETURNS FILED FOR SELECTED LINES	I	OMB No. 154	
Form		ĺ	୬ଲ <b>ମ</b>	6
	ment of the Treasury		Attachment	U
	Attach to Form 1040 or Form 1040NR.       See separate instructions.         b(s) shown on return       Social security number of MSA		Sequence No	b. <b>39</b>
	Total Forms Filed = 89,940       account holder. If both spouses have MSAs, see page 1 of the instructions			
	tion A. Archer MSAs. If you have only a Medicare Advantage MSA, skip Section A and	com	olete Sectio	n B
Par	<b>General Information.</b> See page 2 of the instructions.		Y	es No
1a	Did you or your employer make contributions to your Archer MSA for 2006?			es = 37,193
			1b Ye	es = 21,378
	If line 1a is "Yes," indicate coverage under high deductible health plan:			- 20 200
	If married, did your spouse or spouse's employer make contributions to your spouse's Archer MSA for If "Yes," was your spouse uninsured when the MSA was established (see page 2 of the instructions)?			es = 26,266 es = 3,909
	If line 2a is "Yes," indicate coverage under high deductible health plan: $\Box$ Self-Only or $\Box$ Fa		. 20	
Par	t II Archer MSA Contributions and Deductions. See page 2 of the instructions bef			
	If you are filing jointly and both you and your spouse have high deductible he			elf-only
	coverage, complete a separate Part II for each spouse (see page 2 of the instruction         Total employer contributions to your Archer MSA(s) for 2006       3       6,831	lions)	•	
3 4	Total employer contributions to your Archer MSA(s) for 2006	-		
-	April 16, 2007, that were for 2006. Do not include rollovers (see page 4 of the instructions)	4	23,010	
5	Limitation from the worksheet on page 3 of the instructions	5	19,831	
6	Compensation (see page 3 of the instructions) from the employer maintaining the high deductible			
	health plan. (If self-employed, enter your earned income from the trade or business under which the high deductible health plan was established.)	6	21,205	
7	Archer MSA deduction. Enter the smallest of line 4, 5, or 6 here and on Form 1040, line 23, or			
	Form 1040NR, line 23	7	18,668	
Dar	Caution: If line 4 is more than line 7, you may have to pay an additional tax (see page 4 of the instruct t III Archer MSA Distributions	ions).		
	Total distributions you and your spouse received in 2006 from all Archer MSAs (see page 4 of			
od	the instructions)	8a	22,336	
b	Distributions included on line 8a that you rolled over to another Archer MSA or a health savings account.			
	Also include any excess contributions (and the earnings on those excess contributions) included on	8b	1,686	
c	line 8a that were withdrawn by the due date of your return (see page 4 of the instructions)	8c	21,408	
9	Unreimbursed qualified medical expenses (see page 4 of the instructions)	9	18,361	
10	Taxable Archer MSA distributions. Subtract line 9 from line 8c. If zero or less, enter -0 Also			
	include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted	10	3,097	
112	line next to line 21, enter "MSA" and the amount		0,001	
Па	<b>15% Tax</b> (see page 4 of the instructions), check here Boxes Checked = * ►			
b	Additional 15% tax (see page 4 of the instructions). Enter 15% (.15) of the distributions included			
	on line 10 that are subject to the additional 15% tax. Also include this amount in the total on Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or			
	Form 1040NR, line 58, enter "MSA" and the amount	11b	1,805	
Sec	tion B. Medicare Advantage MSA Distributions. If you are filing jointly and both you a			
	distributions in 2006 from a Medicare Advantage MSA, complete a separate Se (see page 4 of the instructions).	ction	B for each	spouse
12	Total distributions you received in 2006 from all Medicare Advantage MSAs (see page 4 of the			
	instructions)	12	1,515	
13	Unreimbursed qualified medical expenses (see page 5 of the instructions)	13	539	
14	Taxable Medicare Advantage MSA distributions. Subtract line 13 from line 12. If zero or less,			
	enter -0 Also include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21.	14	1,016	
15a	On the dotted line next to line 21, enter "Med MSA" and the amount	1-7	.,010	
100	50% Tax (see page 5 of the instructions), check here			
b	Additional 50% tax (see page 5 of the instructions). Also include this amount in the total on			
	Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or Form 1040NR, line 58, enter "Med MSA" and the amount	15b	1,016	
		150		<b>53</b> (2006)

For Paperwork Reduction Act Notice, see page 8 of the instructions. Cat. No. 24091H \* Entry for this line is greater than zero, but too small to report

Form **8853** (2006)

Name	of policyho	lder (as shown on Form 1040)		Social security nu of policyholder		: :	
Sec	tion C.	Long-Term Care (LTC) Insurance Contracts. See Fil the instructions before completing this section.	ing R	lequirements f	or Secti	on C on pa	age 6 of
	If more	than one Section C is attached, check here					► 🗆
16a	Name of	f insured ► b Soci	al sec	urity number of i	nsured <b>&gt;</b>		
17	LTC inst	did anyone other than you receive payments on a per diem or of urance contract covering the insured or receive accelerated de overing the insured?	eath be	enefits under a li	fe insuran		🗌 No
18	Was the	insured a terminally ill individual?		Yes box	es checked	= * 🗌 Yes	🗌 No
		"Yes" and the <b>only</b> payments you received in 2006 were accele because the insured was terminally ill, skip lines 19 through 27				aid	
19	from bo	IC payments received on a per diem or other periodic basis. Enter x 1 of all Forms 1099-LTC you received with respect to the in ox in box 3 is checked				38,951	
	LTC inst are not e or sickne	<b>: Do not</b> use lines 20 through 28 to figure the taxable amount ourance contract that is not a <b>qualified</b> LTC insurance contract excludable from your income (for example, if the benefits are not ess through accident or health insurance), report the amount not 1040, line 21.	t. Inste paid f	ead, if the benefi	ts es		
20	Enter the	e part of the amount on line 19 that is from qualified LTC insu	irance	contracts	. 20	32,564	
21		ated death benefits received on a per diem or other periodic b s you received because the insured was terminally ill (see page			יא 21	680	
22	Add line	s 20 and 21			. 22	33,244	
		you checked "Yes" on line 17 above, see <b>Multiple Payees</b> 7 of the instructions before completing lines 23 through 27.					
23	Multiply	\$250 by the number of days in the LTC period	23	33,311			
24		ncurred for qualified LTC services provided for the insured ne LTC period (see page 7 of the instructions)	24	29,345	_		
25	Enter th	e <b>larger</b> of line 23 or line 24 ...............	25	41,863			
26	Reimbur	rsements for qualified LTC services provided for the insured ne LTC period	26	15,816			
		: If you received any reimbursements from LTC contracts pefore August 1, 1996, see page 7 of the instructions.					
27	Per dien	n limitation. Subtract line 26 from line 25			. 27	41,419	
28	amount	<b>payments.</b> Subtract line 27 from line 22. If zero or less, ent in the total on Form 1040, line 21. On the dotted line next to unt	line 21	1, enter "LTC" ar	nd	1,304	

Form 8853 (2006)

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)
NUMBER OF RETURNS FILED FOR SELECTED LINES

Form 8863

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

# Education Credits (Hope and Lifetime Learning Credits)

See instructions.

Attach to Form 1040 or Form 1040A.

	OMB No. 1545-0074
	2006
	Attachment Sequence No. <b>50</b>
You	r social security number
	1 1

### Total Forms Filed = 7,814,008

			,	- ,-							<u> </u>		
	tion: You cannot take the												
Pa	rt I Hope Credit. Ca	ution: You cannot ta	ake the Hope	cred	it for more	e than	<b>2</b> tax	years	for t	the <b>sa</b>	me stud	ent.	
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualifie expenses (s instructions), not enter m than \$2,200 each stude	see . <b>Do</b> tore * for	(d) Enter the smaller of the amount in column (c) or \$1,100**		(c) a		(f) Enter one-h of the amount column (e)		nt in		
	Student # 1	3,161,550	3,161,550								3,146,0		
	Student # 2 Student # 3	136,619 3,085	136,619 3,085								136,61 3,085		
	Student # 4	*	*								*		
	<ul> <li>* For each student who attended</li> <li>** For each student who attended column (c) or \$2,200.</li> </ul>								n				
2	Tentative Hope credit. A credit for another studen	t, go to Part II; otherv							ng ►	2	3,163,8	74	
Par		•											
3	(a) Student's n	ame (as shown on pa Last na		tax re	turn)		b) Studen number (a 1 of y		n on	page	(c) Qualified expenses (see instructions)		see
				Stud	dent # 1	4.8	348,339				4,848,3	38	-
				Stu	dent # 2		10,864				211,51		
				Stu	dent # 3	4,	663				4,663	Stud.	#4 = *
4	Add the amounts on line	3. column (c), and er	nter the total	Stuc	dent # 4		*			4	4,848,3	39	
	Enter the <b>smaller</b> of line									5a	4,848,3	38	
b	For students who attend the smaller of \$10,000 or	ed an eligible educati	onal institutior	n in th	ne Gulf Op	portun				5b	126,17	1	
с	Subtract line 5b from line				· ·				,	5c	4,716,3	20	
6a	Multiply line 5b by 40%	(.40)								6a	126,17		
	Multiply line 5c by 20%									6b	4,716,3		
	Tentative lifetime learni		6a and 6b and	d go t	o Part III					6c	4,848,3	50	
Par	t III Allowable Educ										7 707 4	05	
7	Tentative education cred			• •		• •	· ·	· · .		7	7,797,4	25	
8	Enter: \$110,000 if married					8	7,811,6	381					
0	or qualifying widow(er) . Enter the amount from F					-	7,811,6			-			
9 10	Subtract line 9 from line		<b>top;</b> you can	not ta	ake any		7,771,6			-			
11	Enter: \$20,000 if married or qualifying widow(er)	filing jointly; \$10,000 i	f single, head	of hou	usehold,		7,771,6			-			
12	2 If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal								10	7,770,6	51		
40	(rounded to at least three	, ,				• •	• •		•	12 13	×. 7,757,3	38	
13	Multiply line 7 by line 12				1	14	 7,737,9	 953		13	1,151,5	00	
14 15	Enter the amount from F				••••		.,,						
15	Enter the total, if any, of y or Form 1040A, lines 29	and 30				15	723,1	01					
16					L		7,734,6						
17										17	7,725,7	89	
	* If you are filing Form 2555, 2555	5-EZ, or 4563, or you are excl	uding income from	Puerto	Rico, see Pub.	. 970 for	the amou	unt to er	iter.				

For Paperwork Reduction Act Notice, see page 4. Cat. No. 25379M \* Entry for this line is greater than zero, but too small to report

### NUMBER OF RETURNS FILED FOR SELECTED LINES Biodiesel and Renewable Diesel Fuels Credit

Department of the Treasury Internal Revenue Service Name(s) shown on return

8864

98

Form

Attach to your tax return.



Identifying number

Total forms filed = 2,619	

Caution: You cannot claim any amounts on Form 8864 that you claimed (or will claim) on Schedule C (Form 720), Form 8849, or Form 4136.

Claimant has a certificate from the producer or importer of biodiesel or renewable diesel reported on lines 1 through 6 below and, if applicable, claimant also has a statement from the reseller. Claimant has no reason to believe that the information in the certificate or statement is false. Claimant may need to attach a copy of the certificate and statement. See *Certification* below.

	Type of Fuel		<b>(a)</b> Number of Gallons Sold or Used	<b>(b)</b> Rate	1	<b>(c)</b> Column (a) x Colu	mn (b)
1	Biodiesel (other than agri-biodiesel)	1		\$.5	0	*	
2	Agri-biodiesel	2		\$1.0	0	*	
3	Renewable diesel	3		\$1.0	0	*	
4	Biodiesel (other than agri-biodiesel) included in a biodiesel mixture	4		\$.5	0	0	
5	Agri-biodiesel included in a biodiesel mixture	5		\$1.0	0	0	
6	Renewable diesel included in a renewable diesel mixture	6		\$1.0	0	0	
7	Qualified agri-biodiesel production (gallons sold)			0	0		
8					8	*	
9	9 Biodiesel and renewable diesel fuels credit from partnerships, S corporations, cooperatives, estates, and trusts				9	2,332	
10				ations,	10	2,619	
11	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust				11		
12					12		

# **General Instructions**

Section references are to the Internal Revenue Code.

# What's New

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

# Purpose of Form

Use Form 8864 to figure your biodiesel and renewable diesel fuels credit. Claim the credit for the tax year in which the sale or use occurs. This credit consists of the:

- Biodiesel credit,
- Renewable diesel credit,
- Biodiesel mixture credit,
- Renewable diesel mixture credit, and
- Small agri-biodiesel producer credit.

# **Definitions and Special Rules**

# Certification

To claim a credit on lines 1, 2, 4, or 5, you generally must attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, to Form 8864. To claim a credit on lines 3 or 6, you generally must attach a certificate from the producer identifying the product as renewable diesel and, if applicable, a statement from the reseller. However, if the certificate or statement was attached to a previously filed claim, attach a separate sheet with the following information.

- Certificate identification number.
- Total gallons of agri-biodiesel, biodiesel other than agribiodiesel, or renewable diesel on the certificate.
- Total gallons claimed on Schedule 3 (Form 8849).
- Total gallons claimed on Schedule C (Form 720).
- Total gallons claimed on Form 4136.

See Notice 2005-62 on page 443 of Internal Revenue Bulletin 2005-35 or Publication 510, Excise Taxes for 2007, for the model certificate and statement.

# Biodiesel

Biodiesel means the monoalkyl esters of long chain fatty acids derived from plant or animal matter which meet the registration requirements for fuels and fuel additives established by the Environmental Protection Agency (EPA) under section 211 of the Clean Air Act, and the requirements of the American Society of Testing and Materials (ASTM) D6751.

Biodiesel includes both agri-biodiesel and biodiesel other than agri-biodiesel.

# Agri-Biodiesel

Agri-biodiesel means biodiesel derived solely from virgin oils, including esters derived from virgin vegetable oils from corn, soybeans, sunflower seeds, cottonseeds, canola, crambe, rapeseeds, safflowers, flaxseeds, rice bran, and mustard seeds, and from animal fats.

NUMBER OF RETURNS FILED FOR SELECTED LINES

**Credit for Qualified Retirement Savings Contributions** 

► Attach to Form 1040, Form 1040A, or Form 1040NR.

See instructions on back.

	OMB No. 1545-0074		
	2006		
	Attachment Sequence No. <b>129</b>		
cial security number			

Name							Your	Your social security number			
			Total Forms Filed								
CAUTIC	<ul> <li>The a</li> <li>if head</li> <li>The p</li> </ul>	mount on Forn of household; person(s) who r	n 1040, line 38; Form \$50,000 if married filir nade the qualified cor	f the following applie 1040A, line 22; or Form 10 jointly). htribution or elective de 2006 tax return, or <b>(c)</b>	1040N ferral <b>(</b> a	a) was born after	Januar	y 1, 1989, <b>(b)</b> is			
						(a) You		(b) Your spo	use		
1	Traditional ar contributions		ntributions for 2006. D	o not include rollover	1	762,004		269,451			
2 3		ontributions, an ions)			2	4,092,160 4,617,794		834,148 1,053,372			
4 5	(including ex married filing See instruction Subtract line	tensions) of y jointly, include ons for an exc 4 from line 3.	e <b>both</b> spouses' amou eption If zero or less, enter	(see instructions). If unts in <b>both</b> columns.	4 5 6	192,879 4,605,482 4,608,122		96,827 1,037,391 1,038,398			
6 7		,	smaller of line 5 or \$ . If zero, stop; you ca	•	0	4,008,122	7		-		
8 9	Enter the am Form 1040N	nount from For R, line 36 .		rm 1040A, line 22; or	8	5,275,987	_				
	If line	e 8 is—	Ai	nd your filing status i	s—		וו				
	Over—	But not over—	Married filing jointly	Head of household on line 9—	Singl	e, Married filing eparately, or lifying widow(er)					
		\$15,000	.5	.5		.5	-				
	\$15,000	\$16,250	.5	.5		.2					
	\$16,250	\$22,500	.5	.5		.1	9	5,270,153 X.			
	\$22,500	\$24,375	.5	.2		.1					
	\$24,375	\$25,000	.5	.1		.1					
	\$25,000	\$30,000	.5	.1		.0					
	\$30,000	\$32,500	.2	.1		.0					

.1

.0

.0

\*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

Form

Department of the Treasury Internal Revenue Service

\$32,500

\$37,500

\$50,000

12 1040 filers:

11

**10** Multiply line 7 by line 9

\$37,500

\$50,000

\_\_\_\_

.1

.1

.0

Enter the total of your credits from lines 47

Enter the amount from Form 1040, line 46; Form 1040A, line 28; or

Form 1040NR, line 43 . . . . . . . . . . . . . . .

Note: If line 9 is zero, stop; you cannot take this credit.

. . . . . . . . . . . . . . .

.0

.0

.0

11

5,219,861

10

5,270,153

Form

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

NUMBER OF RETURNS FILED FOR SELECTED LINES

**Health Coverage Tax Credit** 

Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.



Name of recipient (if both spouses are recipients, complete a separate form for each spouse)

8885

Department of the Treasury

Total Forms Filed = 22,397

Recipient's social security number

# Before you begin: See Definitions and Special Rules that begin on page 2.

CAUT	ION

Do not complete this form if you can be claimed as a dependent on someone else's 2006 tax return.

### Part I Complete This Part To See if You Are Eligible To Take This Credit

- 1 Check the boxes below for each month in 2006 that all of the following statements were true on the first day of that month.
  - You were an eligible trade adjustment assistance (TAA) recipient, alternative TAA recipient, or Pension Benefit Guaranty Corporation (PBGC) pension recipient.
  - You were covered by a qualified health insurance plan for which you paid the premiums.
  - You were not entitled to Medicare Part A or enrolled in Medicare Part B.
  - You were not enrolled in Medicaid or State Children's Health Insurance Program (SCHIP).

• You were **not** enrolled in the Federal Employees Health Benefits Program or eligible to receive benefits under the U.S. military health system (TRICARE).

- You were **not** imprisoned under federal, state, or local authority.
- You were **not** covered by, or eligible for coverage under, any employer-sponsored health insurance plan (including any employer-sponsored health insurance plan of your spouse) (see the instructions for line 1 on page 3).

	January	E February	March	🗌 April	🗌 May	🗌 June		
	July	August	September	October	November	Decen	nber	
Pa	rt II Health C	Coverage Tax Cr	edit					
2	instructions on p paid to "U.S. Trea	bage 3). <b>Do not</b> ind	surance coverage f clude on line 2 any <b>do not</b> include any a	qualified health	insurance premiu	ms	22,397	
	page	e 4 for any amou	attach the require nts included on lin nts, your credit w	ie 2. If you do n	ot attach			
3	to pay for qualifie	d health insurance	cher MSA and heal coverage for all mor health insurance ir	ths checked on l	ne 1 and <b>(b)</b> Natior	nal	*	
4	Subtract line 3 fr	rom line 2. If zero c	r less, <b>stop;</b> you ca	annot take the cro	edit	4	22,397	
5	-	eck box c); Form	ly line 4 by 65% (.6 1040NR, line 64 (ch 	eck box c); Form	n 1040-SS, line 9;	1 1	22,397	
	Domonius and Doducti	an Ast Nation and					QQQ	<b>5</b> (0000)

For Paperwork Reduction Act Notice, see page 4.

Form 8885 (2006)

Department of the Treasury

Internal Revenue Service

# Health Savings Accounts (HSAs)

OMB No. 1545-0074
2006
Attachment
Sequence No. 53

Attach to Form 1040 or Form 1040NR	•
------------------------------------	---

See separate instructions.

Name(s) shown on Form 10	040 or Form 1040NR

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See page 2 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse (see page 2 of the instructions). 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during Self-only ☐ Family HSA contributions you made for 2006 (or those made on your behalf), including those made 2 from January 1, 2007, through April 16, 2007, that were for 2006. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see page 2 of the 2 3 If you were under age 55 at the end of 2006, and on the first day of every month during 2006, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 3 of the instructions), or • \$2,700 (\$5,450 for family coverage). 3 All others, enter the limitation from the worksheet on page 3 of the instructions . . . . . . Enter the amount you and your employer contributed to your Archer MSAs for 2006 from Form 4 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2006, also include any amount contributed to your spouse's Archer MSAs 4 5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . . . . . . . 5 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2006, see the instructions on page 3 for the 6 amount to enter. 7 If you were age 55 or older at the end of 2006, married, and you or your spouse had family coverage under an HDHP at any time during 2006, enter your additional contribution amount 7 8 8 9 9 10 10 HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25, or Form 11 11 Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

12a	Total distributions you received in 2006 from all HSAs (see page 5 of the instructions)	12a	
b	Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 5 of the instructions)	12b	
с	Subtract line 12b from line 12a	12c	
13	Unreimbursed qualified medical expenses (see page 5 of the instructions)	13	
14	<b>Taxable HSA distributions.</b> Subtract line 13 from line 12c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	14	
15a	If any of the distributions included on line 14 meet any of the <b>Exceptions to the Additional</b> <b>10% Tax</b> (see page 5 of the instructions), check here		
b	Additional 10% tax (see page 5 of the instructions). Enter 10% (.10) of the distributions included		
	on line 14 that are subject to the additional 10% tax. Also include this amount in the total on		
	Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or		
	Form 1040NR, line 58, enter "HSA" and the amount	15b	

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Cat. No. 37621P

Form 8889 (2006)

2006 ESTIMATED DATA LINE COUNTS - (ALL F	FIGURES ARE ESTIMATES BASED ON SAMPLES)
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NUMBER OF RETURNS FILED FOR SELECTED LINES

# **Domestic Production Activities Deduction**

► Attach to your tax return. ► See separate instructions.

OMB No. 1545-1984

2006 Attachment Sequence No. 143

Identifying number

Department of the Treasury Internal Revenue Service
Name(s) as shown on return

Total	Forms	Filed =	: 474	755

		1	238,040	
1	Domestic production gross receipts (DPGR)	-	200,010	
2	Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3			
3	If you are using the section 861 method, enter deductions and			
Ŭ	losses definitely related to DPGR. Estates and trusts, see			
	instructions. All others, skip line 3	-		
4	If you are using the section 861 method, enter your pro rata			
	share of deductions and losses not definitely related to DPGR.			
	All others, see instructions			
-		5	231,041	
5	Add lines 2 through 4			
6	Subtract line 5 from line 1	6	238,484	
Ŭ				
7	Qualified If you are a— Then enter the total qualified production activities income from—			
	activities a Shareholder Schedule K-1 (Form 1120S), box 12, code P			
	from pass- <b>b</b> Partner Schedule K-1 (Form 1065), box 13, code T	7	260,685	
	through Schedule K-1 (Form 1065-B), box 9, code S2			
	<b>c</b> Beneficiary   Schedule K-1 (Form 1041), box 14, code C J			
8	Qualified production activities income. Add lines 6 and 7. If zero or less, enter -0- here,		440 227	
	skip lines 9 through 15, and enter -0- on line 16	8	440,337	
9	Income limitation (see instructions):			
	Individuals, estates, and trusts. Enter your adjusted gross income figured without the			
	domestic production activities deduction	9	439,936	
	All others. Enter your taxable income figured without the domestic production		,	
	activities deduction (tax-exempt organizations, see instructions)			
10	Enter the smaller of line 8 or line 9. If zero or less, enter -0- here, skip lines 11 through 15,			
	and enter -0- on line 16	10	437,955	
11	Enter 3% of line 10	11	434,914	
			404 700	
12	Form W-2 wages (see instructions)	12	194,762	
13	Form W-2 If you are a Then enter the total Form W-2 wages from			
	from pass- <b>a</b> Shareholder Schedule K-1 (Form 1120S), box 12, code Q			
	through Debado a Charles (Com 1925), by 12, by 14, by 14	13	234,525	
	entities: <b>b</b> Partner Schedule K-1 (Form 1065), box 13, code U			
	c Beneficiary Schedule K-1 (Form 1041), box 14, code D			
14	Add lines 12 and 13	14	408,885	
15	Form W-2 wage limitation. Enter 50% of line 14	15	408,884	
			400 500	
16	Enter the smaller of line 11 or line 15	16	408,589	
17	Domestic production activities deduction from cooperatives. Enter deduction from	17	15,014	
	Form 1099-PATR, box 6			
18	Expanded affiliated group allocation (see instructions)	18	*	
19	<b>Domestic production activities deduction.</b> Combine lines 16 through 18 and enter the result	-		
	here and on Form 1040, line 35; Form 1120, line 25; Form 1120-A, line 21; or the applicable			
	line of your return	19	420,967	
For F	Paperwork Reduction Act Notice, see separate instructions. Cat. No. 37712F		Form 8903	(2006)

Form **8914** 

Department of the Treasury

Internal Revenue Service

# NUMBER OF RETURNS FILED FOR SELECTED LINES Exemption Amount for Taxpayers Housing Individuals Displaced by Hurricane Katrina

Attach to Form 1040, Form 1040A, or Form 1040NR



Name(s) shown on your return

### Total Forms Filed = 31,296

# Part I Information on Individuals Displaced by Hurricane Katrina for Whom You Provided Housing in Your Main Home for at Least 60 Consecutive Days

**Do not** enter information for more than four individuals, for anyone included on line 6d of Form 1040 or 1040A (line 7d of Form 1040NR), or for anyone included on a Form 8914 you filed for 2005.

1	(a) First and last name	(b) Social security number (see instructions)		ddress in disaster area ty or town, state, and Z	IP code)	consecutive days in your main h	housed
	First displaced individual	29,742					
	Second displaced individual	14,214					
	Third displaced individual	7,103					
	Fourth displaced individual	1,342					
Pa	rt II Exemption Amount						
2 3	Maximum exemption amount. E Did you file Form 8914 for 2005? Yes. Enter the amount from y		<b>.</b> .	ely)	2	26,479	
	□ No. Enter –0–				3	10,100	
4	Subtract line 3 from line 2				4	25,800	
5	Multiply \$500 by the total number	r of individuals listed in F	Part I above		5	29,742	
6	Enter the smaller of line 4 or line	5			6	24,384	
7	Multiply \$3,300 by the total nur	mber of exemptions cla	imed on line 6d o	of Form 1040 or			
	Form 1040A (line 7d of Form 104	0NR)			7	31,296	
8	Add lines 6 and 7				8	31,296	
	Form 1040NR, line 36), more than for your filing status?	t from line 8 above on F	Form 1040,				
	-						
	(Form 1040A, line 22; or Form						
10	Enter the amount shown below for	-					
	<ul> <li>Single—\$150,500</li> </ul>	your ming clataor	ן				
	<ul> <li>Married filing jointly or Qualifyi</li> </ul>	na widow(er)—\$225.750					
	<ul> <li>Married filing separately—\$112</li> </ul>						
	• Head of household—\$188,150		J				
11	Subtract line 10 from line 9. Is the if married filing separately)?		0 (\$61,250				
	claimed on line 6d of Form 10 1040NR). Subtract this amoun Form 1040, line 42 (Form 1040,	t from line 8 and enter th	7d of Form e result on R, line 39)				
12	Divide line 11 by \$2,500 (\$1,250						
	result is not a whole number, in						
	number (for example, increase 0.0						
13	Multiply line 12 by 2% (.02) and en		al rounded				
14	Multiply line 7 by line 13				14	1,636	_
15	-				15	1,342	_
16	<b>Exemption amount.</b> Subtract line line 42; Form 1040A, line 26; or F	e 15 from line 8. Enter th Form 1040NR, line 39	e result here and o	n Form 1040,	16	31,296	

# THE FOLLOWING PAGES OF THE TEXT ARE THE CORRESPONDING DOLLAR AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS).

МŌ	UNTS	OF SELECTE	ED LINES	FILED	(IN	THOUSANDS OF DOLLARS)
					_	

<b>1040</b>		rtment of the Treasury—Internal Revenue	<u> </u>	<b>6</b>	(99) IRS Use (		ot write or	r staple in this space.	
		the year Jan. 1-Dec. 31, 2006, or other tax year be		006, endir	( )	20		MB No. 1545-0074	
Label		Ir first name and initial	Last name		.9 ,			social security num	ber
(See L	Tota	l of all returns filed = 138,394,754							
instructions A on page 16.)		joint return, spouse's first name and initial	Last name				Spous	e's social security r	umber
Use the IRS	104	0 = 83,805,545	Electronically filed	d returr	ns = 80,095,64	43			
label.	Ног	me address (number and street). If you have			Apt. no	1	A Y	ou <b>must</b> enter	
Otherwise, please print R		0A = 32,018,556						our SSN(s) above	
or type.	1	v, town or post office, state, and ZIP code. I	, ,			J		ng a box below wil	
Presidential			des 742,859 1040					your tax or refund	
Election Campaign		heck here if you, or your spouse if filing	g jointly, want \$3 to	go to t	his fund (see p	age 16) 🕨	<u> </u>	You Spou	se
Eiling Status	1	Single		4		•		g person). (See page	,
Filing Status	2	Married filing jointly (even if only on					child but	t not your dependen	it, enter
Check only	3	☐ Married filing separately. Enter spou	use's SSN above	5	this child's name		dopop	dent child (see pag	17)
one box.	<u> </u>	and full name here.				w(er) with	l depen	Boxes checked	je i rj
Exemptions	6a b	Yourself. If someone can claim y Spouse	·	do not	спеск рох ба	•••	· ·}	on 6a and 6b No. of children	
Exemptione	c	Dependents:	(2) Dependent's		(3) Dependent's	 (4)√if qua	<u> </u>	on 6c who:	
	Ũ	(1) First name Last name	social security nun		relationship to	child for ch credit (see pa		<ul> <li>lived with you</li> <li>did not live with</li> </ul>	
					you		<u>iye 19)</u>	you due to divorce	
If more than four								or separation (see page 20)	
dependents, see page 19.								Dependents on 6c	
page 13.								not entered above	
	d	Total number of exemptions claimed						Add numbers on lines above ►	
	7	Wages, salaries, tips, etc. Attach Forr	m(s) W-2 depend.	other e	earned inc. = "	142,509	7	5,469,370,119	
Income	8a	<b>Taxable</b> interest. Attach Schedule B i					8a	222,707,445	
Attach Form(s)	b	Tax-exempt interest. Do not include	on line 8a	8b	72,970,97	1			
W-2 here. Also	9a	Ordinary dividends. Attach Schedule					9a	199,359,146	
attach Forms W-2G and	b	Qualified dividends (see page 23) .		9b	137,195,80	00			
1099-R if tax	10	Taxable refunds, credits, or offsets of	state and local inco	ome tax	es (see page 2	4)	10	24,206,006	
was withheld.	11	Alimony received					11	8,120,381	
	12	Business income or (loss). Attach Sch	nedule C or C-EZ	13 Cap	gain dist. = 8,4	16,731	12	281.527.260	<u> </u>
	13	Capital gain or (loss). Attach Schedule	e D if required. If not	t require	ed, check here		13	771,045,623	<u> </u>
If you did not	14	Other gains or (losses). Attach Form					14	4.201.647	<u> </u>
get a W-2, see page 23.	15a			<b>b</b> Taxab	le amount (see p	age 25)	15b	124.705.552	<u> </u>
000 pugo 20.	16a	Pensions and annuities 16a 780	0.831.489	<b>b</b> Taxab	le amount (see p	age 26)	16b	450,454,465	<u> </u>
Enclose, but do	17	Rental real estate, royalties, partnershi					17	466.087.829	
not attach, any payment. Also,	18	Farm income or (loss). Attach Schedu	ıle F				18	-15.331.319	
please use	19	Unemployment compensation		• •			19	26,523,665	<u> </u>
Form 1040-V.	20a	Social security benefits 20a 339			le amount (see p	<b>°</b> ,	20b 21	144,403,839 29,938,461	<u> </u>
	21 22	Other income. List type and amount ( Add the amounts in the far right column					21	8,144,688,302	<u> </u>
				00	35,106			et operat. loss = 80,7	
Adjusted	23	Archer MSA deduction. Attach Form 8		20			_	tock options = $610,31$	· ` -
Gross	24	Certain business expenses of reservists, p fee-basis government officials. Attach Fo	•	24	368,258			or. earn. inc. excl = 1	
Income	25	Health savings account deduction. Atl		0.5	868,560		- 21 Ga	ambling inc. = 27,902	2,023
	26	Moving expenses. Attach Form 3903			3,159,251		- 23 Ec	ducator exp. = 805,56	38
	27	One-half of self-employment tax. Attac			23,925,37	6			
	28	Self-employed SEP, SIMPLE, and qua			22,011,55	1			
	29	Self-employed health insurance dedu	•	29	20,302,53	3			
	30	Penalty on early withdrawal of saving		30	429,850				
	31a	Alimony paid <b>b</b> Recipient's SSN <b>&gt;</b>		31a	9,115,764				
	32	IRA deduction (see page 31)		32	12,533,50	6			
	33	Student loan interest deduction (see p			6,156,865	5	35 Ti	uition & Fees = 9,620	),615
	34	Jury duty pay you gave to your emplo			51,814		36 Fo	or. housing ded.= 83	,632
	35	Domestic production activities deduction	n. Attach Form 8903	35	3,303,121		36 O	ther adj. = 1,073,988	
	36	Add lines 23 through 31a and 32 thro					36	113,845,357	<u> </u>
	37	Subtract line 36 from line 22. This is y	your adjusted aross	incom	е	🕨	37	8,030,842,945	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

Cat. No. 11320B

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AMOUNTS OF SELECTED LINES FILED (IN THOUSA	NDS OF DOLLARS)
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Тах	38	Amount from line 37 (adjusted gross income)	38	
and	39a	Check <b>[ You</b> were born before January 2, 1942, <b>[</b> Blind. <b>] Total boxes</b>		
Credits	oou	if:   Spouse was born before January 2, 1942, □ Blind. ( checked ► 39a	Basi	c stand. ded. = 590,487,763
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <b>&gt;39b</b>	Add	l. stand. ded. = 16,976,422
Deduction	L	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40	1,229,237,288
for—	40		41	6,340,706,374
<ul> <li>People who</li> </ul>	41	Subtract line 40 from line 38	-71	0,010,700,011
checked any box on line	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,	42	891,911,609
39a or 39b <b>or</b>		see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	43	5,579,145,443
who can be claimed as a	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	44	1,061,247,534
dependent,	44	Tax (see page 36). Check if any tax is from: a 🗌 Form(s) 8814 b 🗌 Form 4972		21,564,586
see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251	45	1,082,855,370
<ul> <li>All others:</li> </ul>	46	Add lines 44 and 45	46	
Single or Married filing	47			F8396 = 48,366 F8839 = 351,184
separately,	48			F3800 = 1,302,464
\$5,150	49	Credit for the elderly or the disabled. Attach Schedule R . 49 14,571		F8801 = 1,032,247
Married filing	50	Education credits. Attach Form 8863		F8844 = 120,603
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880. 51 893,957		Other = 168,593
widow(er),	52	Besidential energy credits. Attach Form 5695   52   1,000,149		Alt motor Veh. = 50,035
\$10,300	53	Child tax credit (see page 42). Attach Form 8901 if required 53 31,741,551		
Head of household,	54	Credits from: a Form 8396 b Form 8839 c Form 8859 54		
\$7,550	55	Other credits: a Form 3800 b Form 8801 c Form 55		
	56	Add lines 47 through 55. These are your total credits	56	58,141,809
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	1,024,713,561
Other	58	Self-employment tax. Attach Schedule SE	58	47,842,244
Taxes	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	73,109
Tuxoo	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	4,347,720
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	62,149
	62	Household employment taxes. Attach Schedule H	62	917,524
	63	Add lines 57 through 62. This is your total tax Recapture tax = 320,788 Other taxes = 320,604	63	1,078,601,440
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 843,094,979		
	65	2006 estimated tax payments and amount applied from 2005 return 65 252.998.613		
lf you have a qualifying	_66a	Earned income credit (EIC)		
child, attach	b	Nontaxable combat pay election   66b 90,997  Excess social security and tier 1 BRTA tax withheld (see page 60)  67 2,288,807		
Schedule EIC.	67	Excess social security and their Hinner (see page 60)		
	68			70a F2439 = 52,199
	69	Amount paid with request for extension to me (see page 00)		70b F4136 = 85,905
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 . 70 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 4,164,063		70c F8885 = 27,567
	71			1,249,879,508
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	295,796,995
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you <b>overpaid</b>	73	
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	250,941,390
See page 61 and fill in 74b,	▶ b	Routing number		
74c, and 74d,	► d	Account number		
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax  75 44,855,606	70	106 000 000
Amount	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ► . Estimated tax penalty (see page 62)	76	126,289,889
You Owe	De	you want to allow another person to discuss this return with the IRS (see page 63)? Yes. C	`ompl	ate the following <b>No</b>
Third Party				
Designee	Des	signee's Phone Personal identific: ne ► no. ► ( ) number (PIN)	ation	
Sign	Uno	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the	best of my knowledge and
Here		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh		
Joint return?	Yo	ur signature Date Your occupation	Dayti	ime phone number
See page 17.			(	)
Keep a copy for your	Sp	buse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		
records.				
Paid		parer's Date Check if	Prep	arer's SSN or PTIN
Preparer's		nature self-employed		
Use Only	Firr	n's name (or EIN		
Joe only	add	Phone no	(	)

IOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS	)
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		AMOUNTS OF SELECTED L	•	I THOUSA	NDS OF DO	OLLARS)			
<b>1040</b>		rtment of the Treasury—Internal Revenue	<u> </u>	06	(99) IRS Us	e Onlv—Do n	ot write o	r staple in this space.	
	-	the year Jan. 1-Dec. 31, 2006, or other tax year b		, 2006, endin	. ,	, 20		OMB No. 1545-0074	
Label	Yo	ur first name and initial	Last name					social security num	ber
(See L									
instructions on page 16.) B Use the IRS L	lf a	joint return, spouse's first name and initial	Spous	se's social security n	umber				
label. Otherwise, ploase print		me address (number and street). If you have ctronically filed forms 1040 Only = 4		age 16.	Apt.	no.		You <b>must</b> enter your SSN(s) above.	
or type.	Cit	, town or post office, state, and ZIP code.	If you have a foreigr	n address, se	ee page 16.		Checki	ng a box below will	not
Presidential						ノ		e your tax or refund.	
		heck here if you, or your spouse if filir	ng jointly, want \$3	to go to th	his fund (see	page 16) I		You 🗌 Spous	se
Filing Status	1 [	<ul><li>☐ Single</li><li>☐ Married filing jointly (even if only or</li></ul>	ne had income)	4				g person). (See page it not your dependen	
Check only	3	Married filing separately. Enter spo	,	_	this child's na	me here. 🕨			
one box.		and full name here.		5	Qualifying wid	dow(er) wit	h deper	ident child (see pag	je 17)
	6a	Yourself. If someone can claim y	you as a depende	ent, <b>do not</b>	check box 6a	a	]	Boxes checked on 6a and 6b	
Exemptions	b	Spouse	<u></u>	<u> </u>		· · / ·	<u> </u>	No. of children on 6c who:	
	с	Dependents:	(2) Depende		(3) Dependent's relationship to	(4)√ if qu child for cl		<ul> <li>lived with you _</li> </ul>	
		(1) First name Last name	social security	number	you	credit (see p		• did not live with	
If more than four								you due to divorce or separation	
If more than four dependents, see								(see page 20)	
page 19.								Dependents on 6c not entered above	
	d	Total number of exemptions claimed	· · · · ·			· · ·	<u> </u>	Add numbers on lines above ▶	
	7	Wages, salaries, tips, etc. Attach For	m(s) W-2				7	4,355,097,673	
Income	8a	Taxable interest. Attach Schedule B					8a	210,662,051	
Attach Form(s)	b	Tax-exempt interest. Do not include	on line 8a	8b	72,535,1	73			
W-2 here. Also	9a	Ordinary dividends. Attach Schedule	B if required .				9a	196,979,842	
attach Forms W-2G and	b	Qualified dividends (see page 23)		. 9b	135,970,6	657			
1099-R if tax	10	Taxable refunds, credits, or offsets o	f state and local in	ncome taxe	es (see page	24)	10	24,206,006	
was withheld.	11	Alimony received					11	8,120,381	
	12	Business income or (loss). Attach Sc	hedule C or C-EZ	13* cap g	ain distrib = 7	7,315,876	12	281.527.260	
	13	Capital gain or (loss). Attach Schedul					13	771,045,623	
If you did not	14	Other gains or (losses). Attach Form	4797				14	4,201,647	
get a W-2,	15a		3.447.780	<b>b</b> Taxab	le amount (see	page 25)	15b	115,196,871	
see page 23.	16a	Pensions and annuities 16a 70	0,006,806	<b>b</b> Taxab	le amount (see	page 26)	16b	385,380,400	
Enclose, but do	17	Rental real estate, royalties, partnersh	nips, S corporation	ns, trusts, e	tc. Attach Scl	hedule E	17	466,087,829	
not attach, any payment. Also,	18	Farm income or (loss). Attach Schede	ule F				18	-15,331,318	
please use	19						19	17,134,864	
Form 1040-V.	20a	Social security benefits . 20a 27	1,001,269	<b>b</b> Taxab	le amount (see	page 27)	20b	130,616,652	
	21	Other income. List type and amount					21	27,845,036	<u> </u>
	22	Add the amounts in the far right colum	in for lines / throug				22	6,915,038,143	
Adjusted	23	Archer MSA deduction. Attach Form	8853	. 23	35,106	)		et operat. loss = 80,7	·
Gross	24	Certain business expenses of reservists,			269.25			tock options = 610,31 or. earn. inc. excl. = 1	
		fee-basis government officials. Attach F			368,25			ambling inc. = 27,902	
Income	25	Health savings account deduction. At			· ·		_	ducator exp. = 724,10	÷
	26	Moving expenses. Attach Form 3903			3,159,25				
	27	One-half of self-employment tax. Attac			23,925,3		-		
	28	Self-employed SEP, SIMPLE, and qu			22,011,5				
	29	Self-employed health insurance dedu			20,302,5				
	30	Penalty on early withdrawal of saving			9,115,76				
	31a	Alimony paid <b>b</b> Recipient's SSN ►							
	32	IRA deduction (see page 31) .			11,395,7		2F T	 uition & Ecco = 9,140	207
	33	Student loan interest deduction (see			4,320,46			uition & Fees = 8,142 lousing ded = 83,632	(
	34	Jury duty pay you gave to your empl					_	ousing ded = 83,632  other adj = 1,073,988	
	35	Domestic production activities deduction			3,303,12		-	109,240,485	
	36	Add lines 23 through 31a and 32 thro	0				36		
	37	Subtract line 36 from line 22. This is	your aujusted gro	USS INCOM	e	<b>-</b>	37	6,805,797,658	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

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AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)
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Page	2

Form 1040 (2006)		AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS	S)	Page <b>2</b>
Тах	38	Amount from line 37 (adjusted gross income)	38	
and	39a			
Credits	<b>55</b> a	if: Spouse was born before January 2, 1942, □ Blind. ( rotar boxes 39a		Basic stand. ded.= 242,870,349
	) 6	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <b>&gt;39b</b>		Add. stand. ded. = 10,552,809
Standard Deduction	b		40	1,229,237,288
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	41	5,454,431,935
People who	41	Subtract line 40 from line 38		0,404,401,000
checked any box on line	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,	42	592,379,012
39a or 39b <b>or</b>		see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d		
who can be claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	4,932,134,397
dependent,	44	Tax (see page 36). Check if any tax is from: a 🗌 Form(s) 8814 b 🗌 Form 4972	45	974,168,369
see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251	45	21,563,717
<ul> <li>All others:</li> </ul>	46	Add lines 44 and 45	46	995,775,335
Single or	47	Foreign tax credit. Attach Form 1116 if required 47 10,958,470		F8396 = 48,366
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48 2,450,197		F8839 = 351,184
\$5,150	49	Credit for the elderly or the disabled. Attach Schedule R . 49 5,411		F3800 = 1,302,464
Married filing	50	Education credits. Attach Form 8863		F8801 = 1,032,247
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880, 51 471,240		F8844 = 120,603
widow(er),	52	Residential energy credits. Attach Form 5695   52   1,000,149		Other = 168,593
\$10,300	53	Child tax credit (see page 42). Attach Form 8901 if required 53 22,849,403	55C A	lt. motor veh. = 50,035
Head of	54	Credits from: a Form 8396 b Form 8839 c Form 8859 54		
household, \$7,550	55	Other credits: a Form 3800 b Form 8801 c Form 55		
	56	Add lines 47 through 55. These are your <b>total credits</b>	56	45,558,734
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	950,216,601
0.11	58	Self-employment tax. Attach Schedule SE	58	47,842,244
Other	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	73,109
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	60	4,347,720
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	18,547
	62	Household employment taxes. Attach Schedule H	62	917,524
	63	Add lines 57 through 62. This is your total tax Recapture tax = 320,788 Other taxes = 320,604	63	1,004,060,879
Dovmonto	64	Federal income tax withheld from Forms W-2 and 1099 64 726,130,665		
Payments	65	2006 estimated tax payments and amount applied from 2005 return 65 252.155.608		
If you have a	66a	<b>66</b> 2 16 062 773		
qualifying	b	Nontaxable combat pay election		
child, attach Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see page 60) 67 2,287,211		
Ochedule LIO.	68	Additional child tax credit. Attach Form 8812		700 52420 - 52 100
	69			70a F2439 = 52,199
		Amount paid with request for extension to file (see page 60) Payments from: a Form 2439 b Form 4136 c Form 8885 . 70		70b F4136 = 85,905
	70 71	Credit for federal telephone excise tax paid. Attach Form 8913 if required 71 2,921,874		70c F8885 = 27,567
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	1,094,248,519
			73	211,476,007
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you <b>overpaid</b>	74a	166,677,181
Direct deposit? See page 61	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	7 <del>4</del> a	100,077,101
and fill in 74b,	▶ b	Routing number       ► c Type:       Checking       Savings		
74c, and 74d,	► d	Account number		
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax  75 44,798,826	76	123,032,711
Amount	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ► Estimated tax penalty (see page 62)	76	123,032,711
You Owe				ata tha fallouina 🗌 Na
Third Party	Do	you want to allow another person to discuss this return with the IRS (see page 63)?  Yes. C	Jompi	ete the following. [] No
Designee		signee's Phone Personal identific	ation	
	nai	ne  no.  () number (PIN) der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	l to the	best of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh		
Here	Yo	ur signature   Date   Your occupation	Dav	time phone number
Joint return?			Day	
See page 17. Keep a copy	_		(	)
for your	Sp	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		
records.				
Paid		parer's Date Check if	Prep	parer's SSN or PTIN
Preparer's		nature self-employed		
		n's name (or EIN	ł	
Use Only	ade	urs if self-employed), Phone no.	(	)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

<b>1040</b>		rtment of the Treasury—Internal Revenue		2006		(99) IRS Use (	)nlv—Do no	ot write or	staple in this space.	
	1	the year Jan. 1-Dec. 31, 2006, or other tax year be		, 2006	6, ending	( )	20 <u>``</u>		MB No. 1545-0074	
Label	_	ur first name and initial	Last na	me		· · ·			ocial security num	ber
(See L										
instructions A on page 16.)	lf a	joint return, spouse's first name and initial	Spous	e's social security n	umber					
Use the IRS				E-filed = 43,	,	29				
label. Otherwise,	Но	me address (number and street). If you have				Apt. no			ou <b>must</b> enter	
please print				s E-filed = 23				<b>—</b> y	our SSN(s) above	
or type.		/, town or post office, state, and ZIP code. cludes 145.972 1040EZ-T returns		Z's E-filed = '			J		ng a box below will your tax or refund	
Presidential Election Campaign		heck here if you, or your spouse if filin			,	,	age 16)		You Spous	
Licetion eampaign	<u>.</u> Г		ig jointly,							
Filing Status	1 2	Single Married filing jointly (even if only or	o had inc	-					g person). (See page t not your dependen	'
Check only	3	Married filing separately. Enter spo		,		this child's name				
one box.	3	and full name here. ►		5				n depen	dent child (see pag	ge 17)
	6a	Yourself. If someone can claim	/ou as a d	dependent, <b>do</b>	o not o	check box 6a		]	Boxes checked on 6a and 6b	
Exemptions	b	Spouse						}	No. of children	
	С	Dependents:		2) Dependent's		(3) Dependent's relationship to	(4) √ if qua child for chi		<ul> <li>on 6c who:</li> <li>lived with you</li> </ul>	
		(1) First name Last name	socia	al security numbe	r	you	credit (see pa		• did not live with	
If we are the set for a									you due to divorce or separation	
If more than four dependents, see									(see page 20)	
page 19.									Dependents on 6c not entered above	
									Add numbers on	
	d	Total number of exemptions claimed	• • •	<u></u>					lines above ►	
Incomo	7	Wages, salaries, tips, etc. Attach For						7	3,201,210,489	<u> </u>
Income	8a	Taxable interest. Attach Schedule B						8a	71,032,590	
Attach Form(s)	b	Tax-exempt interest. Do not include			8b	20,869,27	4		50 047 277	
W-2 here. Also attach Forms	9a	Ordinary dividends. Attach Schedule	B if requi	red				9a	59,047,277	
W-2G and	b	Qualified dividends (see page 23)	• • •		9b		1	10	13,084,0124	
1099-R if tax was withheld.	10	Taxable refunds, credits, or offsets o	f state an	d local incom	e taxe	es (see page 2	4)	10	3,999,880	
was withheid.	11	Alimony received			 can d	 ain distrib = 3	 765 105	12	110,066,909	
	12	Business income or (loss). Attach Sch Capital gain or (loss). Attach Schedul						13	190,481,567	<u> </u>
lf you did not	13 14	Other gains or (losses). Attach Form		uirea. Il not re	equire	d, check here		14	1,153,851	<u> </u>
get a W-2,	1 <del>4</del> 15a		4,97 3,616,033	 3  ь	· · Tavahl	e amount (see p		15b	53,629,070	
see page 23.			7,763,71			e amount (see p	0 /	16b	213,797,876	
Enclose, but do	17	Rental real estate, royalties, partnersh	ins S cor			· ·	<b>o</b> ,	17	139,329,342	
not attach, any	18	Farm income or (loss). Attach Schedu						18	-8,045,935	
payment. Also, please use	19	Unemployment compensation						19	17,546,743	
Form 1040-V.	20a	Social security benefits 20a 15	6,408,01	0ь	Taxabl	e amount (see p	age 27)	20b	63,222,555	
	21	Other income. List type and amount	· · · ·	,				21	12,352,819	
	22	Add the amounts in the far right colum	n for lines	7 through 21.	This is	,	ome 🕨	22	4,126,666,629	
Adjusted	23	Archer MSA deduction. Attach Form	8853 .		23	14,980		-	et operat. loss = 22,5	
Adjusted	24	Certain business expenses of reservists, I	performing	artists, and		170.004			ock options = 106,53 or. earn. inc. excl. = 3	
Gross		fee-basis government officials. Attach Fe			24	172,364		-	ambling inc. = 10,940	
Income	25	Health savings account deduction. At		n 8889	25	395,984			lucator Exp. = 525,1	
	26	Moving expenses. Attach Form 3903			26	2,096,601		-		
	27	One-half of self-employment tax. Attac			27 28	8,844,740		-		
	28	Self-employed SEP, SIMPLE, and qu			20 29	8,716,842				
	29 20	Self-employed health insurance dedu			30	177,968				
	30 31a	Penalty on early withdrawal of saving Alimony paid <b>b</b> Recipient's SSN ►			31a	4,340,847	·			
	31a 32	IRA deduction (see page 31)			32	5,969,705				
	33	Student loan interest deduction (see			33	4,257,519		35 Tui	tion & Fees ded. = 5	ı ,991,154
	34	Jury duty pay you gave to your empl			34	2,260		36 For	housing ded. = 13,	169
	35	Domestic production activities deductio			35	969,801		36 Oth	ner adj. = 401,098	
	36	Add lines 23 through 31a and 32 through						36	52,728,792	
	37	Subtract line 36 from line 22. This is	0					37	4,073,937,837	

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Cat. No. 11320B

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Form 1040 (2006)		AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)		Page <b>2</b>
Тах	38	Amount from line 37 (adjusted gross income)	38	
and	39a	Check [ <b>You</b> were born before January 2, 1942, <b>Blind.</b> ] Total boxes		
Credits	000	if:   <b>Spouse</b> was born before January 2, 1942, □ Blind.   <b>checked ► 39a</b>	В	asic stand. ded. = 352,089,658
	) 6	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <b>&gt;39b</b>		Add. stand. ded. = 7,370,530
Standard Deduction	L		40	647,033,172
for—	<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin) .	41	3,120,268,226
People who	41	Subtract line 40 from line 38	41	3,120,200,220
checked any	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,	40	EEC 400 120
box on line 39a or 39b <b>or</b>		see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	556,409,130
who can be	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	2,642,330,751
claimed as a dependent,	44	Tax (see page 36). Check if any tax is from: a 🗌 Form(s) 8814 b 🗌 Form 4972	44	469,237,142
see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251	45	8,177,924
<ul> <li>All others:</li> </ul>	46	Add lines 44 and 45	46	477,442,341
Single or	47		54a	F8396 = 35,107
Married filing separately,	48	Credit for child and dependent care expenses. Attach Form 2441 48 2,661,490	54b	F8839 = 264,920
\$5,150	49	Credit for the elderly or the disabled. Attach Schedule R . 49 7,146	55a	F3800 = 452,833
Married filing	50	Education credits. Attach Form 8863	55b	F8801 = 395,319
jointly or	51	Retirement savings contributions credit. Attach Form 8880. 51 649,637	55c	F8844 = 44,813
Qualifying widow(er),	52		55c (	Other = 76,936
\$10,300	53	Child tax credit (see page 42). Attach Form 8901 if required 53 22,870,779	55c A	lt. motor veh. = 19,526
Head of	54	Credits from: <b>a</b> Form 8396 <b>b</b> Form 8839 <b>c</b> Form 8859		
household, \$7,550	55	Other credits:         a         Form 3800 b         Form 8801 c         Form         55		
φ <i>1</i> ,550	56	Add lines 47 through 55. These are your total credits	56	34,387,706
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	443,054,635
	58	Self-employment tax. Attach Schedule SE	58	19,673,062
Other	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	38,609
Taxes		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	60	2,470,654
	60 61		61	47,450
	61 62	Advance earned income credit payments from Form(s) W-2, box 9	62	228,950
	63	Add lines 57 through 62. This is your total tax Recapture tax = 77,898 Other taxes = 89,522	63	465,682,285
Dermeente	64	Federal income tax withheld from Forms W-2 and 1099 64 463,912,247		
Payments	65	2006 estimated tax payments and amount applied from 2005 return 65 75,328,967		
	L			
lf you have a qualifying	_66a			
child, attach	b			
Schedule EIC.	67			
	68			70a F2439 = 4,430
	69	Allount paid with request for extension to life (see page 60)		70b F4136 = 46,026
	70			70c F8885 = 8,337
	71 72	Credit for federal telephone excise tax paid. Attach Form 8913 if required <b>71 2</b> ,750,570 <b>Add lines 64, 65, 66a, and 67 through 71. These are your total payments</b> ►	72	609,057,654
				186,942,971
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you <b>overpaid</b>	73	176,676,388
Direct deposit? See page 61	74a		74a	170,070,300
and fill in 74b,	▶ b	Routing number ► c Type: Checking Savings		
140, anu 140,	► d	Account number		
or Form 8888.	75	Amount of line 73 you want applied to your 2007 estimated tax  75 10,266,584	76	44,133,261
Amount	76 77	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ► Estimated tax penalty (see page 62)	76	44,133,201
You Owe	De	Estimated tax penalty (see page 62)	Comple	
Third Party	00			
Designee		signee's Phone Personal identifica ne ► no. ► ( ) number (PIN)	ation	
Sign	nar Und	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the	best of my knowledge and
Sign		ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi		
Here	Yo	ur signature   Date   Your occupation	Dayti	ime phone number
Joint return? See page 17.			,	
Keep a copy	- Cro	puse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	(	)
for your	- Spi	Successing actives in a joint return, wour must sign. Date Spouse's occupation		
records.			Drec	aror's SSN or DTIN
Paid		parer's Date Check if Self-employed	Prepa	arer's SSN or PTIN
Preparer's			:	
Use Only	you	n's name (or EIN	<u> </u>	
,,	add	dress, and ZIP code Phone no.	(	)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form	Depart	ment of the Treasur	y-Internal Rev	enue Service									
1040A	U.S	. Individual	Income	<b>Tax Return</b>	<b>)</b> (99)	2006	IRS U	se Only-	–Do not wr	ite or staple in this s	space.		
	Your fire	st name and initial		Last name				``		OMB No. 1545-0074	4		
										Your social security number			
(See page 18.) L A	Total Forms Filed = 32,018,556												
B	If a join	oint return, spouse's first name and initial Last name								Spouse's social security numbe			
Use the ∟		Total Forms Filed Electronically = 23,888,067											
IRS label. H	Home a	ddress (number and str	eet). If you have a	a P.O. box, see page 1	8.		Ap	t. no.	A Yo	ou <b>must</b> enter			
please print R									🔺 уо	ur SSN(s) above.			
or type.	City, to	wn or post office, state,							Checking	g a box below will i	not		
Presidential		Single = 10,			= 8,923,3				change y	our tax or refund.			
Election Campaign	Chee	ck here if you, or	your spouse i	f filing jointly, wa	nt \$3 to go	o to this f	und (see pag	e 18)		You Spou	use		
Filing	1	Single								g person). (See pag			
status	2		• •	only one had inco	,					but not your deper	ndent,		
Check only one box.	3			er spouse's SSN	above and		nter this child'				- 00)		
		full name here.						. ,		ent child (see page	3 20)		
Exemptions	6a			e can claim yo	ou as a c	lepende	ent, <b>do no</b> t	t chec	k )	Boxes checked on			
	b	Spouse	box 6a.						{	6a and 6b			
		Dependents:						(4) /if	gualifying	No. of children on 6c who:			
	C	Dependents:		(2) Depende			pendent's onship to	child	for child	<ul> <li>lived with</li> </ul>			
		(1) First name	Last name	security i	number		you		redit (see ge 21)	you			
If more than six dependents,					:			pu		<ul> <li>did not live with you due</li> </ul>			
see page 21.					1					to divorce or separation			
					1					(see page 22)			
					1					Dependents			
					1					on 6c not entered above			
										Add numbers on lines			
	d	Total number	of exempti	ons claimed.						above ►			
Income													
Attach	7	Wages, salari	es, tips, et	c. Attach For	m(s) W-2				7	736,230,653	<u> </u>		
Form(s) W-2	_								-	11 500 001			
here. Also		Taxable inter					105.000		8a	11,538,861			
attach Form(s)		Tax-exempt				8b	435,002	2		2,379,305			
1099-R if tax		Ordinary divid Qualified divid			ir require		1 005 14	2	9a	2,379,303			
was withheld.	10	Capital gain o	· · ·	10 /	5)	9b	1,225,14	.3		1,100,855			
If you did not	11a			s (see page 2	5).	116 T	axable am	ount	10	.,,	-		
get a W-2, see	па	distributions.	11a	12,055,462			see page 2		11b	9,508,681			
page 24.	12a	Pensions and					axable am		110				
Enclose, but do	120	annuities.	12a	80,824,683			see page 2		12b	65,074,065			
not attach, any payment.	13	Unemployme		sation. Alaska	Perman						1		
		jury duty pay.	•				ncome = 1,5			6,461,593			
	14a	Social securit				14b T	axable am	ount					
		benefits.	- 14a	68,753,207		(ទ	see page 2	28).	14b	13,787,187			
	15	Add lines 7 th	-			is your <b>t</b>	otal incom	ne.	▶ 15	847,624,467			
Adjusted	16	Penalty on ea	rly withdra	wal of saving	s (see								
gross		page 28).	,	0.0)		16	67,503						
income	17	IRA deduction		,		17	1,137,70						
	18	Student loan					1,836,39			or Expenses = 81,			
	19	Jury duty pa	y you gav	e your emplo	oyer (see	e 19	2 204		Tuition &	Fees Ded. = 1,478	8,408		
	20	page 31).	through 10	These are in			3,391			4,604,872			
	20	Add lines 16	unrough 19	. mese are y	our total	adjust	ments.		20	7,004,072			
	21	Subtract line	20 from lin	e 15 This is	vour adiu	usted a	ross inco	me	▶ 21	843,019,595			
		Subtractinio								, ,	(0.0.0)		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58. Cat. No. 11327A

Form **1040A** (2006)

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		AMOUNTS	OF SELECTE	D LINES FILED	(IN THOUSAND
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Page	2

Form 1040A	(2006	6)	AMOUNTS OF SELECTED	LINES FILE	ED (IN THOU	JSANDS OF DO	OLLAR	S)	Р	age <b>2</b>
Tax,	22	Enter th	ne amount from line 21 (adjuste	ed gross in	come).		2	2		
credits, and payments	23a b	Check { if: {	<ul> <li>You were born before January 2,</li> <li>Spouse was born before January are married filing separately</li> </ul>	2, 1942, 🗍	Blind Tota Blind chee	cked ► 23a			and. Ded = 6, rd Ded = 243	
Standard Deduction		deduction	ons, see page 32 and check here	e	•	► 23b				
for—	24	<b>y</b>	our standard deduction (see le	<u> </u>					,668,280	<u> </u>
<ul> <li>People who checked any</li> </ul>	25		t line 24 from line 22. If line 24					25 609	,920,016	
box on line	26		is over \$112,875, or you provided hou 32. Otherwise, multiply \$3,300 by the					0.044	270 255	
23a or 23b <b>or</b> who can be	27		t line 26 from line 25. If line 26				e ou. Z	.0 241	,376,255	+
claimed as a	21		your taxable income.			, enter -0	▶ 2	416	,486,197	
dependent, see page 32.	28		cluding any alternative minimun	n tax (see	page 32).				217,018	<u> </u>
• All others:	29		or child and dependent care ex							
Single or Married filing			Schedule 2.		29	1,036,440				
separately, \$5,150	30	Credit 1 Schedu	for the elderly or the disabled. Ile 3.	Attach	30	9,160				
Married filing jointly or	31		ion credits. Attach Form 8863.		31	2,222,610				
Qualifying	32		nt savings contributions credit. Attach Fo	orm 8880.	32	422,717	<u> </u>			
widow(er), \$10,300	33		ax credit (see page 37). Attach 901 if required.		22	0 000 140				
Head of	34		es 29 through 33. These are yo	our total cr	33 edits.	8,892,148	3	34 12,	583,075	
household, \$7,550	35		t line 34 from line 28. If line 34 is			nter -0			634,812	
	36		e earned income credit payme						3,602	
	37		es 35 and 36. This is your <b>tota</b> l				▶ 3	<b>4</b> 2,	678,414	
	38		income tax withheld from Forms V		9. 38	74,017,483				
If you have	39		stimated tax payments and a	mount	00	842.005				
If you have a qualifying	40a		from 2005 return.		<u> </u>	843,005 27,810,223				
child, attach Schedule	b		ble combat pay election. 40b	89,074	40a	27,010,223	<u> </u>			
EIC.	41		nal child tax credit. Attach Form	,	41	8,224,928				
	42		or federal telephone excise tax Form 8913 if required.	paid.	42	955,586			held = 1,08 t = 23,909	2
	43		es 38, 39, 40a, 41, and 42. The				▶ 4	3 111	,876,216	
Refund	44		3 is more than line 37, subtrac the amount you <b>overpaid.</b>	t line 37 fr	om line 43		4	4 71	,760,911	
Direct deposit?	45a	Amount	of line 44 you want refunded to you	I. If Form 88	88 is attache	ed, check here 🕨	• _ 4	5a 71	,704,131	
See page 53 and fill in	▶ b	Routing number		<b>с</b> Туре: 🗌	Checking	Savings				
45b, 45c, and 45d or Form 8888.	► d	Account number								
	46		t of line 44 you want <b>applied to</b> stimated tax.	o your	46	56,779				
Amount	47		t you owe. Subtract line 43 fro	om line 37.	For details	s on how		7 94	589,726	
you owe	48		see page 54. ed tax penalty (see page 54).		48	26,617	▶ 4	/ 2,0	009,720	
	r		nt to allow another person to discuss the	his roturn wit				mplete the	following.	No
Third party									, tonowing.	
designee	r	Designee's name		Phone no.  (	)	numbe				
Sign here Joint return? See page 18. Keep a copy for your records.		knowledge ar of preparer (o Your signatur	ies of perjury, I declare that I have examined nd belief, they are true, correct, and accurately other than the taxpayer) is based on all infor re nature. If a joint return, <b>both</b> must sign.	y list all amount	s and sources o	of income I received nas any knowledge. ation	during th	e tax year. D	pest of my Declaration phone numbe	er
Paid		Preparer's signature	•		Date	Check if self-employed		Preparer's S	SSN or PTIN	
preparer's	-	Firm's name	(or			EIN				
use only	\$	yours if self-e	employed),			Phone	no	. ( )		

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Department of

Department of		-			
Incomo	Tav	Roturn	for	Single	and

Form <b>1040EZ</b>			Income Tax Return for S Joint Filers With No Dep			2006				OMB No. 154	5-0074
Label		Y	our first name and initial	Last nan		Filed - 22 570	652		You	ır social security num	ber
(See page 11.)		- 11	a joint return, spouse's first name and initial	Last nan		-iled = 22,570,	,000		Sno	use's social security nu	Imper
Use the IRS	B E					859 1040EZ-T	retu	irns	ope		
	L I H E	F	lome address (number and street). If you have a	P.O. box, se	ee page 11.		P	Apt. no.		You <b>must</b> enter your SSN(s) above.	
or type	R	C	City, town or post office, state, and ZIP code. If yo	ou have a fo	preign address, s	ee page 11.		Ì	Cher	cking a box below w	vill not
Presidential Election			Single = 21,082,504		Joint = 1	1,488,149				nge your tax or refun	
Campaign (page 11)		Cl	neck here if you, or your spouse if a	joint ret	urn, want \$3	to go to this fun	d.	►		You 🗌 Sp	ouse
Income		1	Wages, salaries, and tips. This shou Attach your Form(s) W-2.	ld be sho	own in box 1				1	378,041,793	<u> </u>
Attach Form(s) W-2 here.		2	Taxable interest. If the total is over S	\$1,500, y	ou cannot us	e Form 1040EZ.		nterest = 79	2	506,533	<u> </u>
Enclose, but do not attach,	_	3	Unemployment compensation and A	Alaska Pe	ermanent Fur	Other net incon ad dividends (see		,	159 <u>3</u>	2,927,208	<u> </u>
any payment.		4	Add lines 1, 2, and 3. This is your a	adjusted	gross incon	ne. Total ind	come	= 382,025,	692 <sub>4</sub>	382,025,692	
	:	5	If someone can claim you (or your s applicable box(es) below and enter the $\nabla$				check	the			
			<b>You Spouse</b> If no one can claim you (or your sp \$16,900 if married filing jointly. S				sing	le;	5	58,156,342	
		6	Subtract line 5 from line 4. If line 5 This is your <b>taxable income.</b>	5 is large	r than line 4,	, enter -0		►	6	276,354,423	
Payments		7	Federal income tax withheld from b	oox 2 of	your Form(s)	W-2.			7	42,946,831	
and tax	_		Earned income credit (EIC).					1	88	a 514,570	-
	_	b	Nontaxable combat pay election.			00	0				
	_	9	Credit for federal telephone excise t	tax paid.	Attach Form	1 8913 if required Excess FICA / R		= 513	9	286,604	+
	10		Add lines 7, 8a, and 9. These are yo		- · ·				10	43,754,774	
	11		<b>Tax.</b> Use the amount on <b>line 6 abo</b> 24–32 of the booklet. Then, enter the	ne tax fro	om the table	on this line.			11	31,862,147	
Refund Have it directly	12	2a	If line 10 is larger than line 11, sub If Form 8888 is attached, check her		11 from line	e 10. This is you	r ref	und.	12a	12,560,078	<u> </u>
deposited! See page 18 and fill <b>J</b> in 12b, 12c,		b	Routing number		▶ c	Type: Check	king [	Savings			
and 12d or Form 8888.			Account number								
Amount you owe	13	3	If line 11 is larger than line 10, subtract the <b>amount you owe.</b> For details on					•	13	667,452	
Third party	D	о у	ou want to allow another person to d	liscuss th	nis return with	n the IRS (see page	ge 20	)? 🗌 <b>Ye</b> :	s. Con	nplete the following.	No
designee	na	ame			Phone no. (	)		Personal ide number (PIN	1)		
Sign here	ac	ccur n all	r penalties of perjury, I declare that I have ately lists all amounts and sources of incon information of which the preparer has any	ne I receiv	ed during the tage.	ax year. Declaration	of pre	ledge and b parer (other	elief, it than the	e taxpayer) is based	
Joint return? See page 11.	Yo	our	signature		Date	Your occupation				Daytime phone number	er
Keep a copy for your records.	Sp	pou	se's signature. If a joint return, <b>both</b> must	sign.	Date	Spouse's occupa	ation			()	
Paid preparer's	się	gna	urer's			Date	Cheo self-	ck if employed □	P	reparer's SSN or PTIN	
use only	yc	ours	s name (or if self-employed), ss, and ZIP code					EIN Phone no.	(	)	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 22.

Schedule 1					
(Form 1040A)				OMB No. 1545-00	074
Name(s) shown on Form	1040 <i>/</i>	A Total Schedules Filed = 2,324,309	Your	social security numb	er
Part I		<b>Note.</b> If you received a Form 1099-INT, Form 1099-OID, or substitute sta brokerage firm, enter the firm's name and the total interest shown			
(See back of schedule and the instructions	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see back of schedule and list this interest first. Also, show that buyer's social security number and address.	Amount		
Schedule 1 (Form 1040A)       Department of the Treasury—Internal Revenue Service Interest and Ordinary Dividends for Form 1040A Filers (99)         Name(s) shown on Form 1040A       Total Schedules Filed = 2,324,309         Part I       Note. If you received a Form 1099-INT, f brokerage firm, enter the firm's national the buyer used the property as a period and the buyer used the property as a period. Instructions for Form         1       List name of payer. If any interest is from and the buyer used the property as a period. Security number and address.         2       Add the amounts on line 1.         3       Excludable interest on series EE and I U. after 1989. Attach Form 8815.         4       Subtract line 3 from line 2. Enter the resultine 8a.         Part II       Note. If you received a Form 1099-DIV o enter the firm's name and the ordin of schedule         0rdinary dividends       5         5       List name of payer.		1			
inte oa.)					
	-				
	-				
	_				
	-				
			2	9,879,636	
	3		3		
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a.	4		
		<b>Note.</b> If you received a Form 1099-DIV or substitute statement from a brenter the firm's name and the ordinary dividends shown on that for		age firm,	
	5	List name of payer.		Amount	
(See back	-		5		
	-				
	-				
	-				
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, line 9a.	6	1,937,481	_

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For Paperwork Reduction Act Notice, see Form 1040A instructions.

Schedule 1 (Form 1040A) 2006

200	06 ES				-				TES BASED		LES)	117
Schedule 2	Depa		ne Treasury—Int					USANDS (	OF DOLLARS	)		
(Form 1040A)			Depend for For			ers	(99) 2	006			OMB No. 154	45-0074
Name(s) shown on Form	n 1040/	4					. ,			Your socia	l security number	
			Total Sch	edules	Filed = 2	2,074,5	18					
<ul><li>Before you be</li><li>Dependent of</li></ul>				tand th		-	is. See <b>D</b> g person		on page 1 c		arate instructic lified expense	
Part I	1	(a)	Care provide name	r's			iber, street and ZIP co	t, apt. no., ode)	<b>(c)</b> Iden number (SS		(d) Amount p (see instruction	
Persons or organizations who provided the care									-		6,633,195	
You <b>must</b>		(lf you	need more	space	e, use the	e botto	m of pag	ge 2.)				
complete this part.		dep	Did you re endent care		fits?		No — Yes —		Complete on Complete Pa	•		
									y owe emplo		axes. If you do	o, you
Part II	2		ation about tructions.	your (	qualifyin	ng perso	on(s). If	you have	more than	two quali	fying persons,	see
Credit for child and dependent care expenses		(a) Qualifying person's name(b)FirstLast				<b>(b)</b> Qu	ualifying person security numb		(c) Qualified exp you incurred and in 2006 for the p listed in column	d paid person		
									1 1		5,056,896	
											1,316,594	
	3	\$3,000	e amounts for one qu completed	alifying	g person	n or \$6,0	000 for t	wo or mo	ore than pre persons.	3	5,321,763	
	4	Enter y	our earneo	d inco	me. See	the ins	tructions	6.		4	60,031,057	
	5	spouse	ed filing jo was a stu , enter the	dent o	r was di	isabled,				5	12,642,243	
	6		he smalles							6	5,281,024	+
	7		he amount				e 22.	7			, ,	
	8	Enter o	on line 8 the t on line 7.	e decir		unt sho			plies to the			
		Over	But not over		cimal ount is		Over	But not over	Decimal amount			
		15,000- 17,000- 19,000- 21,000- 23,000-	-15,000 -17,000 -19,000 -21,000 -23,000 -25,000		.35 .34 .33 .32 .31 .30		33,000- 35,000- 37,000- 39,000-	-33,000 -35,000 -37,000 -39,000 -41,000	.27 .26 .25 .24 .23 .22 .22			
			—27,000 —29,000		.29 .28			—43,000 —No limit	.21 .20	8	×	
	9	Multiply	y <b>line 6</b> by ses in 2006		ecimal ar		-				urrent yr 1,38	
	10		he amount							10		
	11		for child a 9 or line 10						he <b>smaller</b>	11T	otal credit - 1,03	 36,440
For Paperwork Red	uctior							at. No. 10749	I		e 2 (Form 1040A)	· · · · ·

118 20 Schedule 2 (Form 1040/		STIMATED DATA LINE COUNTS - (ALL FIGURES ARE I AMOUNTS OF SELECTED LINES FILED (IN T				-	Page <b>2</b>
Part III	,	Enter the total amount of <b>dependent care benefi</b> for 2006. This amount should be shown in box 10	ts yo ) of y	ou received your Form(s)			
Dependent care benefits		W-2. <b>Do not</b> include amounts that were reported in box 1 of Form(s) W-2.	to ye	ou as wages	12	238,868	
	13	Enter the amount, if any, you carried over from 20 during the grace period. See the instructions.	)05 a	and used in 200	6 _13		
	14	Enter the amount, if any, you forfeited or carried f the instructions.	orwa	ard to 2007. See	e 14 (	,	)
	15	Combine lines 12 through 14. See the instructions	6.		15		
	16	Enter the total amount of <b>qualified expenses</b> incurred in 2006 for the care of the qualifying person(s).	16	449,062			
	17	Enter the <b>smaller</b> of line 15 or 16.	17		_		
	18	Enter your earned income. See the instructions.	18	60,031,057			
	19	Enter the amount shown below that applies to you.					
		• If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5).					
		<ul> <li>If married filing separately, see the instructions for the amount to enter.</li> <li>All others, enter the encount from line 10.</li> </ul>					
		All others, enter the amount from line 18.	19	12,642,243	-		
		Enter the smallest of line 17, 18, or 19. Excluded benefits. Enter here the smaller of the	20 follo	wina:	_		
		<ul> <li>The amount from line 20, or</li> <li>\$5,000 (\$2,500 if married filing separately and y enter your spouse's earned income on line 19).</li> </ul>		-	) 21	195,069	
	22	<b>Taxable benefits.</b> Subtract line 21 from line 15. A amount on Form 1040A, line 7. In the space to th "DCB."	. 22	21,202			
		To claim the child and dependent credit, complete lines 23–27 below					
	23	Enter \$3,000 (\$6,000 if two or more qualifying per	sons	5).	23		
	24	Enter the amount from line 21.			24	195,069	
	25	Subtract line 24 from line 23. If zero or less, <b>stop.</b> the credit. <b>Exception.</b> If you paid 2005 expenses instructions for line 9.			25		
	26	Complete line 2 on the front of this schedule. <b>Do</b> column (c) any benefits shown on line 21 above. amounts in column (c) and enter the total here.			26		
	27	Enter the <b>smaller</b> of line 25 or 26. Also, enter this on the front of this schedule and complete lines 4			27	5,321,763	
					Schedule	2 (Form 10404	1 2006

Schedule 2 (Form 1040A) 2006

		S - (ALL FIGURES ARE ESTIMATES BASED ON ED LINES FILED (IN THOUSANDS OF DOLLARS									
Schedule 3 (Form 1040A)	Credit for the Elderly or 1 for Form 1040A Filers		OMB No. 1545-0074								
Name(s) shown on For	m 1040A Total Forms Filed	Your social security number									
	You may be able to take th • You were age 65 or older	you retired on <b>permanent</b> d you received taxable									
	But you must also meet other tests. See the separate instructions for Schedule 3.										
Part I Check the	If your filing status is:	And by the end of 2006:	Check only one box:								
box for your filing status	Single, Head of household, or	<b>1</b> You were 65 or older	1 🛛								
and age	Qualifying widow(er)	<b>2</b> You were under 65 and you retired and total disability	·								
		<b>3</b> Both spouses were 65 or older	3 🔲								
		4 Both spouses were under 65, but on retired on permanent and total disabi									
	Married filing	<b>5</b> Both spouses were under 65, and b permanent and total disability.									
	jointly	6 One spouse was 65 or older, and the was under 65 and retired on permandisability	nent and total								
		7 One spouse was 65 or older, and the was under 65 and <b>not</b> retired on pertotal disability	ermanent and								
	Married filing	8 You were 65 or older and you lived an spouse for all of 2006									
	separately	<b>9</b> You were under 65, you retired on pertotal disability, and you lived aparts spouse for all of 2006	art from your								
	Did you check box 1, 3, 7, or		olete Part III on the back.								
	8?	No► Complete Parts II and III.									
Part II Statement of permanent and total disability Complete this part only if you checked box 2, 4, 5, 6, or 9 above.	or you filed or got a solution in a solution of the statement of the statement of the statement of the substantial gainful acceleration of the solution of the	's statement for this disability for 1983 of statement for tax years after 1983 and y ent, <b>and</b> ed disabled condition, you were unable t stivity in 2006, check this box box, you do not have to get another sta eck this box, have your physician cor uctions. You <b>must</b> keep the statement for	vour physician signed to engage in any 								
For Paperwork Rec	duction Act Notice, see Form 1040A i	nstructions. Cat. No. 12064K	Schedule 3 (Form 1040A) 2006								

art III	10	If you checked (in Part I): Enter:			
		Box 1, 2, 4, or 7			
gure your edit		Box 3, 5, or 6	10		
	11	Did you check box 2, 4, 5, 6, or 9 in Part I?       Yes       You must complete line 11.         No       Enter the amount from line 10 on line 12 and go to line 13.         If you checked (in Part I):			
		<ul> <li>Box 6, add \$5,000 to the taxable disability income of the spouse who was under age 65. Enter the total.</li> </ul>			
		• Box 2, 4, or 9, enter your taxable disability income.			
		• Box 5, add your taxable disability income to your spouse's taxable disability income. Enter the total.			
	10	For more details on what to include on line 11, see the instructions.	11	*	
	12	If you completed line 11, enter the <b>smaller</b> of line 10 or line 11; <b>all others,</b> enter the amount from line 10.	12	638,205	
	13	Enter the following pensions, annuities, or disability income that you (and your spouse if filing a joint return) received in 2006.			
	а	Nontaxable part of social security benefits and			
		Nontaxable part of railroad retirement benefits treated as social security (see the instructions). 13a 182,831	_		
	b	Nontaxable veterans' pensions and Any other pension, annuity, or disability benefit			
		that is excluded from income under any other provision of law (see the instructions). 13b	_		
	С	Add lines 13a and 13b. (Even though these income items are not taxable, they <b>must</b> be included here to figure your credit.) If you did not receive any of the types of nontaxable income			
		listed on line 13a or 13b, enter -0- on line 13c. 13c 187,444	_		
	14	Enter the amount from Form 1040A, line 22. 14	_		
	15	If you checked (in Part I):Enter:Box 1 or 2\$7,500			
		Box 3, 4, 5, 6, or 7 \$10,000 Box 8 or 9 \$5,000 15			
	16	Subtract line 15 from line 14. If zero or less, enter -016529,074			
	17	Enter one-half of line 16. 17 264,558			
	18	Add lines 13c and 17.	18	452,002	-+
	19	Subtract line 18 from line 12. If zero or less, <b>stop</b> ; you <b>cannot</b> take the credit. Otherwise, go to line 20.	19	307,322	
	20	Multiply line 19 by 15% (.15).	20		$\square$
	21	Enter the amount from Form 1040A, line 28, minus any amount on Form 1040A, line 29.	21		
	22	Credit for the elderly or the disabled. Enter the smaller of line 20			

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) SCHEDULES A&B

OMB No. 1545-0074

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SCHEDULE	S A&	B	Schedule A—Itemized De	duc	tions		Ĺ	OMB No. 1545-00	74
(Form 1040)			(Schedule B is on back)					2006	
Department of the Tr Internal Revenue Ser		(99)	► Attach to Form 1040. ► See Instructions for S	Sched	ules A&B (Form	1040)	).	Attachment Sequence No. 0	7
Name(s) shown or	n Form	1040					You	r social security nur	
			Total scheduled filed = 49,633,233						
Medical			ution. Do not include expenses reimbursed or paid by others.		110 262 022				
and	1		dical and dental expenses (see page A-1)	1	110,362,922		-		
Dental Expenses	2 3		er amount from Form 1040, line 38 2	3	39,659,600				
Expenses	4		Itiply line 2 by 7.5% (.075)				4	70,704,272	
Taxes You	5		te and local income taxes	5	265,306,032		-	Income tax = 246	,381,591
Paid	6		al estate taxes (see page A-3)	6	156,384,349			General sales tax =	18,924,4
(See	7		rsonal property taxes	7	8,958,052				
page A-3.)	8		ner taxes. List type and amount ►						
	•			8	2,125,666			400 774 400	
	9		d lines 5 through 8		437,057,932	•	9	432,774,100	
Interest You Paid	10		ne mortgage interest and points reported to you on Form 1098	10	437,037,932				
	11		ne mortgage interest not reported to you on Form 1098. If paid he person from whom you bought the home, see page A-3						
(See page A-3.)			show that person's name, identifying no., and address						
			······································						
Note.				11	6,093,762				
Personal interest is	12		nts not reported to you on Form 1098. See page A-4		0.504.004				
not			special rules	12	2,591,861		-		
deductible.	13		estment interest. Attach Form 4952 if required. (See	13	24,731,289				
	14		ge A-4.)		21,701,200		14	470,474,844	
Gifts to	15		ts by cash or check. If you made any gift of \$250 or	· ·		·			
Charity	15		re, see page A-5	15	144,223,015				
lf you made a	16		her than by cash or check. If any gift of \$250 or more,						
gift and got a		see	page A-5. You <b>must</b> attach Form 8283 if over \$500	16	52,631,443				
benefit for it, see page A-4.	17		rryover from prior year	17	25,122,432		10	196 646 644	
Casualty and	18	Ad	d lines 15 through 17				18	186,646,644	
Theft Losses	19	Са	sualty or theft loss(es). Attach Form 4684. (See page A	A-6.) .			19	5,135,555	
			reimbursed employee expenses—job travel, union						
Job Expenses and Certain	20		es, job education, etc. Attach Form 2106 or 2106-EZ						
Miscellaneous			equired. (See page A-6.) ►	20	75,600,830				
Deductions	21	Ta	c preparation fees.	21	5,758,548				
(See	22		ner expenses—investment, safe deposit box, etc. List						
page A-6.)		typ	e and amount ▶	22	29,472,844				
	23	 ۸ ط	d lines 20 through 22	22	110,832,221				
	23 24	Fnt	d lines 20 through 22						
	24 25		Itiply line 24 by 2% (.02)	25	71,010,441				
	26		ptract line 25 from line 23. If line 25 is more than line		ter -0		26	76,666,241	
Other	27		ner—from list on page A-7. List type and amount 🕨						
Miscellaneous Doductions		Ga	······································		ded. = 2,525,301			21.007.075	
Deductions			Propterty income, casualty & theft deduction =				27	21,987,875	
Total	28	Is I	Form 1040, line 38, over \$150,500 (over \$75,250 if ma		• • •	')?			
Itemized Deductions			No. Your deduction is not limited. Add the amounts in t for lines 4 through 27. Also, enter this amount on				28	1,229,237,288	
								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	29	lf yc	u elect to itemize deductions even though they are less than your standa		,				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Cat. No. 11330X

Schedule A (Form 1040) 2006

#### ON CAMPLES

T	orm 1040. Do not enter name and social security number if shown on other side. Dtal Schedules Filed = 25,836,657 Filed Electronically = 10,793,887	100	ur social security r	lumbe
	Schedule B—Interest and Ordinary Dividends		Attachmen Sequence	it No. <b>C</b>
Part I nterest See page B-1 ind the instructions for form 1040, ine 8a.)	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ►           Of the total schedules filed,         F1040 = 23,512,348           F1040A = 2,324,309		Amount	
<b>lote.</b> If you eceived a Form 099-INT, Form 099-OID, or ubstitute tatement from brokerage firm, st the firm's name as the payer and enter	The component parts of line 2 are as follows:           F1040 = 202,913,804         F1040A = 9,879,636	1		
he total interest hown on that orm.	<ul> <li>2 Add the amounts on line 1</li></ul>	2 3 4	212,793,440 37,603 Amount	
Part II Drdinary Dividends See page B-1 Ind the Instructions for form 1040, ne 9a.)	5 List name of payer ►			
<b>Jote.</b> If you eccived a Form 099-DIV or ubstitute tatement from brokerage firm, st the firm's name as the payer and enter he ordinary lividends shown in that form.	The component parts of line 6 are as follows: F1040 = 192,938,992 F1040A = 1,937,481	5		
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . ► Note. If line 6 is over \$1,500, you must complete Part III.	6	194,876,474 r <b>(b)</b> had	

					GURES ARE ESTIMATES BASI ILED (IN THOUSANDS OF DOL			LES)	123
	HEDULE C rm 1040)		Profit or	LOSS (Sole Pro	From Business prietorship)		,	OMB No. 154	<sup>5-0074</sup>
Depar	tment of the Treasury				etc., must file Form 1065 or 1065-E			Attachment	
Interna	al Revenue Service (99) Attach	to For	m 1040, 1040NR, or	1041.	See Instructions for Schedule (	C (Forn	n <b>1040)</b> .	Sequence N	o. <b>09</b>
Name	e of proprietor					Social	security n	number (SSN)	
	Total Schedules Filed =				27,891 Schedule C-EZ's				
A	Principal business or profession				age C-2 of the instructions)	B Ente	er code fro	om pages C-8,	9, & 10 
с 	Business name. If no separate	busines	s name, leave blank.			D Emp	loyer ID r	number (EIN),	if any
E	Business address (including su City, town or post office, state,	ite or ro and Zl	oom no.) ► P code						
F	Accounting method: (1)	Cash	(2) 🗌 Accrua	l <b>(3)</b>	□ Other (specify) ►				
G	Did you "materially participate"	in the o	operation of this busi	ness duri	ng 2006? If "No," see page C-3 for	limit or	n losses	Yes	No
н		ousiness	during 2006, check	here .	<u></u>			🕨	
Pa	rt I Income								
1	Gross receipts or sales. <b>Caution</b> employee" box on that form wa					1	1,30	0,090,323	
2	Returns and allowances					2	4,3	347,064	
3	Subtract line 2 from line 1					3	1,29	5,743,259	
4	Cost of goods sold (from line 4					4		,661,854	
5	Gross profit. Subtract line 4 fro	om line	3			5		,081,405	
6	Other income, including federal	and sta	ate gasoline or fuel ta	ax credit o	or refund (see page C-3).	6	23,	,092,739	
7	Gross income. Add lines 5 and				<u></u>	7	872	.,174,144	
Pa	rt II Expenses. Enter ex	pense		e of you	r home <b>only</b> on line 30.		1		
8	Advertising	8	15,292,528	1	8 Office expense	18		067,028	
9	Car and truck expenses (see			1	9 Pension and profit-sharing plans	19	1,2	261,935	
	page C-4)	9	75,513,553	2	0 Rent or lease (see page C-5):			000 500	
10	Commissions and fees	10	15,578,803		${\boldsymbol a}$ Vehicles, machinery, and equipment $% {\boldsymbol a}$ .	20a		323,523	
11	Contract labor (see page C-4)	11	34,682,027		<b>b</b> Other business property	20b	1	212,124	
12	Depletion	12	1,058,233	2	<b>1</b> Repairs and maintenance	21		749,512	
13	Depreciation and section 179			2	2 Supplies (not included in Part III) .	22		235,613	
	expense deduction (not			1 1	<b>3</b> Taxes and licenses	23	17,	650,616	
	included in Part III) (see		00 004 074	2	<b>4</b> Travel, meals, and entertainment:		11	000.070	
	page C-4)	13	38,924,071		<b>a</b> Travel	24a	11,	862,078	
14	Employee benefit programs		0.075.054		<b>b</b> Deductible meals and				
	(other than on line 19).	14	2.875.854 19,042,606		entertainment (see page C-6)	24b		308,792	
15	Insurance (other than health) .	15	19,042,000		<b>5</b> Utilities	25		836,617	
16	Interest:	16a	6,289,256		<b>6</b> Wages (less employment credits) .	26	<i>, ,</i>	040,000	
a	Mortgage (paid to banks, etc.) .	16b	7,112,165	2	7 Other expenses (from line 48 on	27	110	,660,352	
b 17	Other		7,112,100		page 2)	21	110	,000,002	
.,	services	17	10,129,004						
20					es 8 through 27 in columns	28	581	,307,776	
28	Total expenses before expens			. Add line					
29	Tentative profit (loss). Subtract	line 28	from line 7			29	290	,866,129	
30	Expenses for business use of y					30		109,773	
31	Net profit or (loss). Subtract li								
•.	<ul> <li>If a profit, enter on both Forr</li> </ul>			ule SE. lir	ne 2. or on Form 1040NB.				
	line 13 (statutory employees, se				1	31	281	,527,260	
	<ul> <li>If a loss, you must go to line</li> </ul>				loss (+)/suspended loss carryove	er (-) =	770.66	6	
32	If you have a loss, check the b						2,00		
	• If you checked 32a, enter the <b>Form 1040NR, line 13</b> (statutory line 3.	e loss o / emplo	n both <b>Form 1040, li</b> yees, see page C-6).	<b>ne 12,</b> an Estates ar	d <b>Schedule SE, line 2,</b> or on and trusts, enter on Form 1041,			nvestment is a le investment sk.	
	• If you checked 32b, you mus								
For	Paperwork Reduction Act Notic	ce, see	page C-8 of the ins	structions	<b>G.</b> Cat. No. 11334P	Sc	hedule (	C (Form 1040	0) 2006

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Sche	dule C (Form 1040) 2006 AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF I	DOLLAF	RS)	Page <b>2</b>
Pa	t III Cost of Goods Sold (see page C-7)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b>	Othe	er (attach explanatior	ı)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inverses. If "Yes," attach explanation		. 🗌 Yes 🛛	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation .	35	37,658,119	
36	Purchases less cost of items withdrawn for personal use	36	275,466,006	
37	Cost of labor. Do not include any amounts paid to yourself	37	30,240,724	
38	Materials and supplies	38	60,318,161	
39	Other costs	39	84,541,294	
40	Add lines 35 through 39	40		
41	Inventory at end of year	41	41,562,451	
42 Pai	<ul> <li>Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4</li> <li>Information on Your Vehicle. Complete this part only if you are claiming line 9 and are not required to file Form 4562 for this business. See the ins C-4 to find out if you must file Form 4562.</li> </ul>			
43	When did you place your vehicle in service for business purposes? (month, day, year)	/		
44	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used you	our vehic	le for:	
а	Business b Commuting (see instructions) c Oth	ier		
45	Do you (or your spouse) have another vehicle available for personal use?		. 🗌 Yes 🛛	No
46	Was your vehicle available for personal use during off-duty hours?		. 🗌 Yes 🛛	No
47a	Do you have evidence to support your deduction?			No
	If "Yes," is the evidence written? <b>Other Expenses.</b> List below business expenses not included on lines 8–26	or line	. <b>Yes</b> [	<u>No</u>

<b>Total other expenses.</b> Enter here and on page 1, line 27	

	2006 E	STIMATED DATA LINE COUNTS - (AL AMOUNTS OF SELECTED LINE			AMPLES)	125		
	EDULE C-EZ		From Business	OLLANS)	OMB No. 154	15-0074		
(For	m 1040)		roprietorship)		2006			
	ment of the Treasury		etc., must file Form 1065 or 1065 or 1041. ► See instructions on b		Attachment Sequence N	. 094		
	e of proprietor				urity number (S			
	Total Form	s Filed = 4,027,891 Information tabu	lated with the Sch. C's					
Par	rt I General I	nformation						
Scho Inste Scho	May Use edule C-EZ ead of edule C o If You:	<ul> <li>Had business expenses of \$5,000 or less.</li> <li>Use the cash method of accounting.</li> <li>Did not have an inventory at any time during the year.</li> <li>Did not have a net loss from your business.</li> <li>Had only one business as either a sole proprietor or statutory employee.</li> </ul>	And You: And You: • Are no Depre this bu for Sc C-4 to • Do no busine • Do no	o employees of trequired to f ciation and An usiness. See th hedule C, line o find out if you t deduct exper ess use of you t have prior ye ye activity losse	ile <b>Form 4562</b> , nortization, for ne instructions 13, on page u must file. nses for r home. ar unallowed			
Α	Principal business c	or profession, including product or service		B Enter co	de from pages C-	8, 9, & 10		
С	Business name. If n	o separate business name, leave blank.		D Employ	ver ID number (E	EIN), if any		
Е	Business address (i	ncluding suite or room no.). Address not requ	uired if same as on page 1 of your ta	ax return.				
	City, town or post of	office, state, and ZIP code						
Par	t II Figure Yo	our Net Profit						
1	employee" box or	Caution. If this income was reported to young that form was checked, see <b>Statutory</b> 1, on page C-3 and check here	Employees in the instructions for					
2	Total expenses (	see instructions). If more than \$5,000, y	ou must use Schedule C	2				
3	both Form 1040, employees do no	act line 2 from line 1. If less than zero, line 12, and Schedule SE, line 2, or o t report this amount on Schedule SE, line	on Form 1040NR, line 13. (State e 2. Estates and trusts, enter on	utory Form				
Par		on on Your Vehicle. Complete this p			xpenses on	line 2.		
4	When did you pla	ce your vehicle in service for business p	ourposes? (month, day, year) 🕨	/	/			
5	Of the total numb	er of miles you drove your vehicle durin	g 2006, enter the number of mile	es you used	your vehicle	for:		
а	Business	<b>b</b> Commuting (see instruc	c C	Other				
6	Do you (or your s	pouse) have another vehicle available fo	r personal use?		. 🗌 Yes	🗌 No		
7	Was your vehicle	available for personal use during off-dur	ty hours?		. 🗌 Yes	🗌 No		
8a	Do you have evid	ence to support your deduction?			. 🗌 Yes	🗌 No		
b	If "Yes," is the ev	idence written?			. 🗌 Yes	□ No		
For F	Paperwork Reductio	n Act Notice, see page 2.	Cat. No. 14374D	Schedule	C-EZ (Form 1	040) 2006		

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)	)
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AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

SCHE	DULE	D
(Form	1040)	

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# **Capital Gains and Losses**

Attach to Form 1040 or Form 1040NR. See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074 2 h

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Use Schedule D-1 to list additional transactions for lines 1 and 8.

Sequence No. 12 Your social security number

Attachment

Total Schedules Filed = 22,743,370 Total sa	iles repo	0
---	-----------	---

rted with Form 1099 = 4,223,580,787

#### Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)		(b) Date acquired (Mo., day, yr.) (Mo., day, yr.)		(d) Sales price (see page D-6 of the instructions)		(e) Cost or other basis (see page D-7 of the instructions)		<b>(f) Gain or (los</b> Subtract (e) from		
1										
								I I I I I		
2	Enter your short-term totals, if any, line 2			2					6,397,788	
3	Total short-term sales price amounts column (d)	. Add lines 1 a	nd 2 in	3	2,738,770,939					
4	Short-term gain from Form 6252 and sh			rom F	orms 4684, 6	6781,	and 8824	4	3,323,386	
5								5	17,873,014	
6							6	(105,089,820	)	
7								7	-77,494,418	

#### Long-Term Capital Gains and Losses—Assets Held More Than One Year Part II

Short term non-ded. loss = \*

8       Image: state structure state structure	(a) Description of property (Example: 100 sh. XYZ Co.)		(b) Date acquired (Mo., day, yr.)	<b>(c)</b> Date (Mo., day		(d) Sales price (see page D-6 of the instructions)		(e) Cost or other basis (see page D-7 of the instructions)		(f) Gain or (los Subtract (e) from	
Ine 9       Image: Second	8										
Ine 9       Image: Second											
Ine 9       Image: Second											
Ine 9       Image: Second											
Ine 9       Image: Second											
10       1,484,809,848         11       Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824         12       Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1         13       Capital gain distributions. See page D-2 of the instructions         14       Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions         15       Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to	9				9					288,035,257	
(loss) from Forms 4684, 6781, and 8824       11       232,285,931         12       Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1       12       185,415,943         13       Capital gain distributions. See page D-2 of the instructions       13       51,000,528         14       Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions       14       (201,030,762         15       Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to       13       14	10				10	1,484,809,848					
12       Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1       12       185,415,943         13       Capital gain distributions. See page D-2 of the instructions       13       51,000,528         14       Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions       14       (201,030,762)         15       Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to       14       14	11								11	232,285,931	
<ul> <li>14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions</li> <li>15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to</li> </ul>	12	Net long-term gain or (loss) from p	artnerships, S	corpora	ations	, estates, ar	nd tru	usts from	12	185,415,943	
Carryover Worksheet on page D-7 of the instructions       14       (201,030,762)         15       Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to       15	13	Capital gain distributions. See page D-	2 of the instru	ctions					13	51,000,528	
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to	14								14	(201,030,762	)
For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions. Cat No. 11338H Schedule D (Form 1040) 2006		15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to								555,719,833	

\* Entry for this line is greater than zero, but too small to report

Schedule D (Form 1040) 2006 AMOUNT

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Pane	2
-age	~

Ра				
16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below		478,225,415	
17	Are lines 15 and 16 <b>both</b> gains? Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.			
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions .	ne ▶ 18	3,351,630	
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> of page D-9 of the instructions	n ▶ 19	25,018,082	
20	<ul> <li>Are lines 18 and 19 both zero or blank?</li> <li>Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below</li> <li>No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.</li> </ul>	or e		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smalle</b> of:	er		
	<ul> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	. 21	(	)
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	<ul> <li>Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</li> <li>Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complet the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</li> <li>No. Complete the rest of Form 1040 or Form 1040NR.</li> </ul>			

Schedule D (Form 1040) 2006

28	2006 ESTIM			COUNTS - (AL							SAMF	PLES)		
50	HEDULE E			SELECTED LIN		•				ARS)		OMB N	o. 1545-0	074
	rm 1040)			plementa										
(10		From S co	rental real es	tate, tates	trusts. F	, par REMI	tners Cs. e	nips, tc.)			2	JUC		
Depa Interr	rtment of the Treasury al Revenue Service (99)	Attach to Form 1		040NR, or Form 10						n 1040)	).	Attachr Sequer	nent ice No. '	13
	e(s) shown on return										Your s	social sec		
			Т	otal Forms Fi	led =	17,306,7	790							
Pa	Income or Los				-		-				-	personal	proper	ty, use
_	Schedule C or C													
1	List the type and loca	tion of each re	entai	real estate pro	opert	( <b>y</b> :			ch rental real es on line 1, did you				Yes	No
Α							ι	use it o	during the tax ye	ear for	perso	onal		
									es for more tha	n the g	greate	er of:	<u> </u>	
В									lays <b>or</b> o of the total da		ntod	at I	3	
С									rental value?	ays rei	nieu a		-	
U							(	See p	age E-3.)			0		
	ome:					Prop	ertie	s				То	tals	
inc	ome:			A			В		С		(Ad	ld columr		-
3	Rents received		3	RENT							3		69,579	
4	Royalties received		4			ROYAL	TY				4	22,84	8,212	
Exp	penses:		_											
5	Advertising		5											
6	Auto and travel (see p		6 7											
7	Cleaning and mainten		8											
8	Commissions		9											
9 10	Insurance		10											
11	Management fees .		11											
12	Mortgage interest pai													
	etc. (see page E-4)		12								12	69,92	7,494	
13	Other interest		13						6,177,827					
14	Repairs		14	12,663,593		3,534,4	45		1,682,001					
15	Supplies		15											
16	Taxes		16											
17	Utilities		17											
18	Other (list) ►													
			18											
19	Add lines 5 through 1	8	19	192,319,612		3,423,8	90				19			
20	Depreciation expense													
20	(see page E-4)		20	52,398,831		2,383,5	26				20			
21	Total expenses. Add lin		21											
22	Income or (loss) from													
	estate or royalty Subtract line 21 from													
	or line 4 (royalties). If	the result is												
	a (loss), see page E-5		22	-10,648,863		17.040.7	705							
00	if you must file <b>Form</b> Deductible rental real			-10,040,000		17.040.7	95							
23	Caution. Your rental			nonded	uctible	e rental lo	ss		18,437,544					
	loss on line 22 may be	limited. See		suenand	led lo	ss carrvov	/er		4,434,195					
	page E-5 to find out			Suspend					1, 10 1, 100					
	file <b>Form 8582.</b> I professionals must co													
			23	(51,342,377	)	(		)	(	)				
24	Income. Add positive										24		0,209	ļ.,
25	Losses. Add royalty los										25	(59,17	4,928	)
26	Total rental real estate													
	If Parts II, III, IV, and line 17, or Form 1040N										26	20,39	5,281	

For Paperwork Reduction Act Notice, see page E-7 of the instructions.

1

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Schedule E (Form 1040) 20

Name(s) shown on return. Do not enter name and social security number if shown on other side.

13	Page	2
Your social s	ecurity number	_

		ne IRS compare														
Pa	rt II	Income or which any amo														ivity for
27	loss fro	reporting any lo m a passive acti answered "Yes	vity (if th	at loss	was not r	epo	rted on Forr	n 8582),	or unr						Yes	🗌 No
28	ii you c		( <b>a)</b> Na		0 001010	001	ipioting th	(b) Enter partners	<sup>r</sup> <b>P</b> for hip; <b>S</b>	1.	<b>c)</b> Check if foreign	<b>(d)</b> Empidentific	cation		(e) Che any amo	unt is
A								for S corp	oration	p	partnership	num	ber		not at	risk
в																
C																
D																
		Passive Inco	ome and	Loss					No	onp	passive Ir	ncome and	Loss			
		sive loss allowed orm 8582 if require	d)		sive income chedule K-			npassive le chedule l				ion 179 expense n from <b>Form 45</b>			onpassive ir m <b>Schedule</b>	
Α	PART	NERSHIPS	P	ARTN	ERSHIPS		PARTNE	RSHIP	3		PARTN	ERSHIPS		PAR	TNERSH	IPS
в	21,	,606,600		63,906	6,643		69,90	4,264			4,53	2,094		191	,697,983	
С	S-	CORPS		S-CO				RPS				ORPS		S-	CORPS	
D	4,	766,895		43,121			57,85	6,980			18,68	84,692			,102,962	
29a	Totals			107,02	27,895									495	,800,945	
b	Totals	26,373,495					127,76	61,245			23,2	16,787				
30	Add co	olumns (g) and	(j) of line	e 29a									30		,828,840	
31	Add co	olumns (f), (h), a	and (i) of	line 2	9b								31	177	,351,526	)
32	Total p result h	partnership an here and includ	d S cou de in the	r <b>porat</b> i e total	ion incor on line 4	<b>ne</b> 11	or (loss).	Combine	e lines	s 30	0 and 31.	Enter the	32	425	5,477,314	
Ра	rt III	Income or														
33					(a)	) Na	me								Employer cation numb	er
A																
в																
		Pa	ssive Ir	ncome	and Los	S					Non	passive Inc	ome	and	Loss	
	• •	sive deduction or lo ach <b>Form 8582</b> if re		t b			Passive incom n <b>Schedule K</b> -				(e) Deduction from Sched			• •	er income fro edule K-1	om
A																
B																
34a	Totals					10,	557,622							9,143	3,802	
b	Totals	652,29	)3								1,865,708	3				
		olumns (d) and	( )										35		701,424	
		lumns (c) and											36	2,	518,001	)
37		estate and true in the total or				oml			6. En	ter	the result	here and	37	17	,183,423	
Pa	rt IV	Income or	-			ate	Mortgag		tmer	nt (	<u></u> Conduits	(REMICs)			I Holde	
38		a) Name		<b>(b)</b> En	nployer on number		(c) Exces Schedu	s inclusior Iles Q, line page E-7	n from e 2c		(d) Taxable in	ncome (net loss) ules Q, line 1b		<b>(e)</b> Ir	come from ules Q, line	
							(566	r r		-	1,110	0				
39	Combir	ne columns (d)	and (e)	only. E	nter the r	esi	ult here and	include	in the	e to			39	3	34,415	
	rt V	Summary	(-)	,												
40		m rental incom	e or (los	s) fron	n <b>Form 4</b>	835	5. Also. cor	nplete li	ne 42	be	low		40	2,	997,397	
41		ome or (loss). Combir	•	,				•				NR, line 18 🕨	41		6,087,829	
42		ciliation of farm														
	1065), k	box 14, code B;	Schedu	le K-1	(Form 112	20S)	), box 17, co		nd		61 460	201				
	Schedu	le K-1 (Form 10	041), line	14, co	de F (see	pa	ge E-7) .	· · ·	42	2	61,462,	291	-			
43	professi	iliation for real onal (see page	E-1), en	ter the	net inco	me	or (loss) yo	u report	ed							
		re on Form 1040 n you materially p							es <b>43</b>	3	16,915,	309				

\* Entry for this line is greater than zero, but too small to report

30		OUNTS OF SELECTED LINES FILED (IN THOUS		SAMPLES)			
SCHEDULE EIC (Form 1040A or 1040)		Earned Income Credit Qualifying Child Information	1040A	омв №. 1545-0074 20 <b>06</b>			
Department of the Treasury Internal Revenue Service (99)		Complete and attach to Form 1040A or	Complete and attach to Form 1040A or 1040 only if you have a qualifying child.				
Name(s) shown on return     Your social security number       Total Schedules Filed = 18,231,508     Filed Electronically = 15,121,420							
<b>Before you begin:</b> See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.							
<ul> <li>If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See back of schedule for details.</li> </ul>							

- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Q	ualifying Child Information	C	hild 1	Child 2			
1	<b>Child's name</b> If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name	Last name	First name	Last name		
2	<b>Child's SSN</b> The child must have an SSN as defined on page 43 of the Form 1040A instructions or page 49 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.						
3	Child's year of birth	Year If born after and 4b; go to	1987, skip lines 4a 1 line 5.	Year If born after and 4b; go to	1987, skip lines 4a 9 line 5.		
	<b>If the child was born before 1988</b> — Was the child under age 24 at the end of 2006 and a student?	Go to line 5.	<b>No.</b> <i>Continue</i> .	Go to line 5.	<b>No.</b> <i>Continue</i> .		
b	Was the child permanently and totally disabled during any part of 2006?	<b>Yes.</b> Continue.	<b>No.</b> The child is not a qualifying child.	Continue.	<b>No.</b> The child is not a qualifying child.		
5	<b>Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)						
6	<ul> <li>Number of months child lived with you in the United States during 2006</li> <li>If the child lived with you for more than half of 2006 but less than 7 months, enter "7."</li> <li>If the child was born or died in 2006 and your home was the child's home for the entire time he or she was alive during 2006, enter "12."</li> </ul>	Do not enter n	months nore than 12 months.	Do not enter n	months nore than 12 months.		



You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2006, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

2006 ESTI	MATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPL	. <b>ES</b> ) 13
	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)	
SCHEDULE F	Profit or Loss From Farming	OMB No. 1545-0074
(Form 1040)	▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.	2006
Department of the Treasury Internal Revenue Service (99	See Instructions for Schedule F (Form 1040).	Attachment Sequence No. <b>14</b>

See Instructions for Schedule F (Form 1040).	Sequence No. 14
Total Forms Filed = 1,980,032	Social security number (SSN)
r principal crop or activity for the current tax year.	B Enter code from Part IV
Cash (2) Accrual	D Employer ID number (EIN), if any

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E Did you "materially participate" in the operation of this business during 2006? If "No," see page F-2 for limit on passive losses. Yes No No

Farm Income-Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.) Part I Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

1	Sales of livestock and other items you bought for resale			
2	Cost or other basis of livestock and other items reported on line 1 2 17,710,541			
3	Subtract line 2 from line 1	3	9,647,494	
4	Sales of livestock, produce, grains, and other products you raised	4	**72,607,190	
	Cooperative distributions (Form(s) 1099-PATR) <u>5a</u> **1,310,464 <b>5b</b> Taxable amount	5b	**1,293,346	
	Agricultural program payments (see page F-3) . 6a **7,545,548 6b Taxable amount	6b	**7,485,630	
7	Commodity Credit Corporation (CCC) loans (see page F-3):			
а	CCC loans reported under election	7a	**1,363,098	
	CCC loans forfeited	7c	**132,713	
8				
а	Amount received in 2006	8b	**1,907,842	
	If election to defer to 2007 is attached, check here ► □ 8d Amount deferred from 2005 .	8d		
9	Custom hire (machine work) income	9	**3,693,938	
10	Other income, including federal and state gasoline or fuel tax credit or refund (see page F-3)	10	**7,989,194	
11	<b>Gross income.</b> Add amounts in the right column for lines 3 through 10. If you use the accrual method, enter			
	the amount from Part III, line 51	11	104,015,682	

#### Part II Farm Expenses—Cash and Accrual Method.

A Principal product. Describe in one or two words your principal crop or acti

(1) Cash

Name of proprietor

**C** Accounting method:

Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

12	Car and truck expenses (see page				25	Pension and profit-sharing		
	F-4). Also attach Form 4562 .	12	1,745,739			plans	25	21,866
13	Chemicals	13	4,214,301		26	Rent or lease (see page F-5):		
14	Conservation expenses (see page F-4) .	14	143,629		a	a Vehicles, machinery, and equipment	26a	
15	Custom hire (machine work) .	15	3,256,372		k	Other (land, animals, etc.)	26b	
16	Depreciation and section 179				27	Repairs and maintenance	27	7,372,300
	expense deduction not claimed				28	Seeds and plants	28	5,322,469
	elsewhere (see page F-4)	16	20,238,867		29	Storage and warehousing	29	
17	Employee benefit programs other				30	Supplies	30	3,861,360
	than on line 25	17	359,772		31	Taxes	31	2,687,930
18	Feed	18	13,042,726		32	Utilities	32	
19	Fertilizers and lime	19	8,722,926		33	Veterinary, breeding, and medicine	33	
20	Freight and trucking.	20			34	Other expenses (specify):		
21	Gasoline, fuel, and oil	21	6,314,516		a	a	34a	
22	Insurance (other than health)	22	3,824,623		k		34b	
23	Interest:				. c		34c	
а	Mortgage (paid to banks, etc.)	23a	4,342,574		c	ł	34d	
b	Other	23b	4,003,619		e		34e	
24	Labor hired (less employment credits)	24	5,270,810		1	f	34f	
35	Total expenses. Add lines 12 thr	ough 3	To 84f. If line 34f is neg	otal of a ative,	all unr see in	marked expenses = 26,280,569	35	121,026,968
36	Net farm profit or (loss). Subtract	line 35	from line 11. Nond	leducti	ble Lo	oss (+) / Suspended Carryover (-)		
	<ul> <li>If a profit, enter the profit on Forr</li> </ul>	n 1040	, line 18, and also o	n <b>Sche</b>	dule	SE, line 1 = 76,279	36	-15,331,319
	<ul> <li>If you file Form 1040NR, enter the</li> <li>If a loss, you must go to line 37.</li> </ul>					age E-6		
37	If you have a loss, you <b>must</b> check			• •	•	· ·		
07	<ul> <li>If you have a loss, you must check</li> <li>If you checked 37a, enter the loss</li> </ul>						37a	All investment is at risk.
	If you file Form 1040NR, enter					}		Some investment is not at risk

• If you checked 37b, you must attach Form 6198. Your loss may be limited.

37a	All investment is at risk.
37b	Some investment is not at risk.

For Paperwork Reduction Act Notice, see page F-7 of the instructions. \*\* Denotes that the line item is the addition of both cash and accrual methods of accounting J

Schedule	F	(Form	1040)	2006
Ouncould	•	(10111	1040)	2000

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## AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Part III	Farm Income—Accrual Method (see page F-7).			
	Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report and do not include this livestock on line 46 below.	rt the	se sales on Form	4797
			**70 007 400	

38	Sales of livestock, produce, grains, and other products			38	**72,607,190	
39a	Cooperative distributions (Form(s) 1099-PATR) <b>39a</b> **1,310,464	1 1	Taxable amount	39b	**1,293,346	
				40b	**7,485,630	
40a	Agricultural program payments	401	Taxable amount	400	1,100,000	
41	Commodity Credit Corporation (CCC) loans:					
а	CCC loans reported under election			41a	**1,363,098	
b	CCC loans forfeited	410	Taxable amount	41c	**132,713	
42	Crop insurance proceeds			42	**1,907,842	
43	Custom hire (machine work) income			43	**3,693,938	
44	Other income, including federal and state gasoline or fuel tax credit or refur			44	**7,989,194	
45	Add amounts in the right column for lines 38 through 44.			45	2,496,721	
46	Inventory of livestock, produce, grains, and other products at beginning of the year	46				
47	Cost of livestock, produce, grains, and other products purchased during the year	47		_		
48	Add lines 46 and 47	48		_		
49	Inventory of livestock, produce, grains, and other products at end of year	49		_		
50	Cost of livestock, produce, grains, and other products sold. Subtract line 45	9 from line 4	18*	50		
51	Gross income. Subtract line 50 from line 45. Enter the result here and on F	Part I, line 1	1	51	1,603,688	
*lf vo	u use the unit-livestock-price method or the farm-price method of valuing in	ventory and	the amount on line	49 is I	arger than the amo	unt on

\*If you use the unit-livestock-price method or the farm-price method of valuing inventory and the amount on line 49 is larger than the amount on line 48, subtract line 48 from line 49. Enter the result on line 50. Add lines 45 and 50. Enter the total on line 51 and on Part I, line 11.

## Part IV Principal Agricultural Activity Codes



File Schedule C (Form 1040) or Schedule C-EZ (Form 1040) instead of Schedule F if **(a)** your principal source of income is from providing

agricultural services such as soil preparation, veterinary, farm labor, horticultural, or management for a fee or on a contract basis, or **(b)** you are engaged in the business of breeding, raising, and caring for dogs, cats, or other pet animals.

These codes for the Principal Agricultural Activity classify farms by their primary activity to facilitate the administration of the Internal Revenue Code. These six-digit codes are based on the North American Industry Classification System (NAICS).

Select the code that best identifies your primary farming activity and enter the six digit number on page 1, line B.

#### **Crop Production**

111100	Oilseed	and	grain	farming
--------	---------	-----	-------	---------

111210 Vegetable and melon farming

- 111300 Fruit and tree nut farming
- 111400 Greenhouse, nursery, and floriculture production
- 111900 Other crop farming

#### Animal Production

- 112111 Beef cattle ranching and farming
- 112112 Cattle feedlots
- 112120 Dairy cattle and milk production
- 112210 Hog and pig farming
- 112300 Poultry and egg production
- 112400 Sheep and goat farming
- 112510 Animal aquaculture
- 112900 Other animal production

#### **Forestry and Logging**

113000 Forestry and logging (including forest nurseries and timber tracts)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

(For	HEDULE J rm 1040) ment of the Treasury	Income Averaging for Farmers and Fishermen Attach to Form 1040 or Form 1040NR.		OMB No. 1545-0	0074
Interna	(s) shown on return	See Instructions for Schedule J (Form 1040).	Social sec	Sequence No.	20
		Total Forms Filed = 55,253			
1	Enter the taxable	income from your <b>2006</b> Form 1040, line 43, or Form 1040NR, line 40 .			<u> </u>
2	Enter your elected	I farm income (see page J-1). Do not enter more than the amount on line		1,714,369	<u> </u>
3	Subtract line 2 fro	m line 1		3,340,049	<u> </u>
4		ne amount on line 3 using the 2006 tax rates (see page J-2)	. 4	581,137	
5	<ul> <li>2005, enter the a</li> <li>2004 but not 2005</li> <li>2003 but not 200 Schedule J, line</li> </ul>	ule J to figure your tax for: amount from your 2005 Schedule J, line 11. , enter the amount from your 2004 Schedule J, line 15. )4 nor 2005, enter the amount from your 2003 3. ne taxable income from your <b>2003</b> Form 1040,	_		
_	line 38. If zero or le				
6		t on <b>line 2</b> by 3.0 6			
7			8	527,107	
8	-	the amount on line 7 using the <b>2003</b> tax rates (see page J-3)	. 0	027,107	<u> </u>
9	<ul> <li>2005, enter the</li> <li>2004 but not Schedule J, line</li> <li>Otherwise, enter t</li> <li>line 42; Form 10</li> </ul>	Aule J to figure your tax for: amount from your 2005 Schedule J, line 15. 2005, enter the amount from your 2004 e 3. he taxable income from your <b>2004</b> Form 1040, 40A, line 27; Form 1040EZ, line 6; or Form f zero or less, see page J-5.	-		
10	Enter the amount	from line 6			
11	Combine lines 9 an	d 10. If less than zero, enter as a negative amount		504.004	
12	Figure the tax on	the amount on line 11 using the 2004 tax rates (see page J-6)	. 12	504,994	<u> </u>
13 14 15	from your 2005 Sch from your <b>2005</b> Forr line 6; or Form 104 Enter the amount	Ile J to figure your tax for 2005, enter the amount         edule J, line 3. Otherwise, enter the taxable income         n 1040, line 43; Form 1040A, line 27; Form 1040EZ,         0NR, line 40. If zero or less, see page J-8         from line 6         14         14         15			
16	Figure the tax on	the amount on line 15 using the <b>2005</b> tax rates (see page J-8)	. 16	619,759	
17 18	Add lines 4, 8, 12 If you used Sched 2005, enter the a 2004 but not 20 Schedule J, line	, and 16	. 17	2,136,275	
19	Schedule J, line Otherwise, enter th Form 1040A, line 28 If you used Sched 2005, enter the 2004 but not 20 Schedule J, line Otherwise, enter th	the tax from your <b>2003</b> Form 1040, line 41;* ;* Form 1040EZ, line 10; or Form 1040NR, line 39.* ule J to figure your tax for: amount from your 2005 Schedule J, line 16. 05, enter the amount from your 2004			
20	2005 Schedule J, line	J to figure your tax for 2005, enter the amount from your4. Otherwise, enter the tax from your 2005 Form 1040,line 28;* Form 1040EZ, line 10; or Form 1040NR, line 41*20			
21 22	include alternative r Add lines 18 throu <b>Tax.</b> Subtract line 21	from Form 8814 or 4972 or from recapture of an education credit. Also, <b>do no</b> ninimum tax from Form 1040A. Jgh 20	. <b>21</b>	861,423	
	Qualified Dividends	and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Foreign Earne heet. Attach Schedule J only if you are using it to figure your tax.			

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

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34 2006 ESTI	MATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPL	ES)	
Schedule R	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)	OMB No. 15	545-0074
(Form 1040)	Credit for the Elderly or the Disabled	200	<b>J</b> 6
Department of the Treasury Internal Revenue Service (99)	► Attach to Form 1040. ► See Instructions for Schedule R (Form 1040).	Attachment Sequence I	
Name(s) shown on Form 1040	Total Schedules Filed = 213,828	cial security n	number
You may be able to ta	ake this credit and reduce your tax if by the end of 2006:	i i	
• You were age 65 of	<ul> <li>You were under age 65, you retired on permanent and total you received taxable disability income.</li> </ul>	disability,	, and
But you must also me	eet other tests. See page R-1.		
In most cases, the	he IRS can figure the credit for you. See page R-1.		
Part I Check the	e Box for Your Filing Status and Age		
If your filing status i	is: And by the end of 2006: Che	eck only c	one box:
Single, Head of household, o	r <b>1</b> You were 65 or older	1	
Qualifying widow(er)	<ul><li>2 You were under 65 and you retired on permanent and total disa</li></ul>	ability <b>2</b>	
	<b>3</b> Both spouses were 65 or older	3	
	4 Both spouses were under 65, but only one spouse retire permanent and total disability		
Married filing jointly	5 Both spouses were under 65, and both retired on permanent and disability		
	6 One spouse was 65 or older, and the other spouse was under 65 retired on permanent and total disability		
	7 One spouse was 65 or older, and the other spouse was under 65 <b>not</b> retired on permanent and total disability		
Married filing	8 You were 65 or older and you lived apart from your spouse for 2006		
separately	<b>9</b> You were under 65, you retired on permanent and total disability you lived apart from your spouse for all of 2006		
Did you check	Yes Skip Part II and complete Part III on back.		
box 1, 3, 7, or 8?	No Complete Parts II and III.		
Part II Statement	t of Permanent and Total Disability (Complete only if you checked box 2, 4,	5, 6, or 9	above.)
	sician's statement for this disability for 1983 or an earlier year, or you filed x years after 1983 and your physician signed line B on the statement, <b>and</b>	or got a	
<b>2</b> Due to your con in 2006, check t	tinued disabled condition, you were unable to engage in any substantial gainfithis box	-	
<ul> <li>If you checked</li> </ul>	d this box, you do not have to get another statement for 2006.		
	check this box, have your physician complete the statement on page R-4. Yement for your records.	′ou <b>must</b>	

Pa	rt III	Figure Your Credit				
10	Box 1 Box 3	checked (in Part I):       Enter:         , 2, 4, or 7		10		
	box 2	You check         Yes         You must c           2, 4, 5, 6,         No         Enter the ar	omplete line 11. mount from line 10 nd go to line 13.			
11	<ul> <li>Box spo</li> <li>Box</li> </ul>	<b>checked (in Part I):</b> (6, add \$5,000 to the taxable disability income of the use who was under age 65. Enter the total. (2, 4, or 9, enter your taxable disability income.	}	11	*	
TP	taxa	5, add your taxable disability income to your spouse's able disability income. Enter the total. Nore details on what to include on line 11, see page R-3.	J			
12		completed line 11, enter the <b>smaller</b> of line 10 or line 1 <sup>-</sup> nt from line 10	1; all others, enter the	12	1,142,140	
13		the following pensions, annuities, or disability income that and your spouse if filing a joint return) received in 2006.				
а	Nonta	xable part of social security benefits and xable part of railroad retirement benefits d as social security (see page R-3).	<b>13a</b> 300,156	-		
b	Any o is exc	xable veterans' pensions and ther pension, annuity, or disability benefit that luded from income under any other provision (see page R-3).	13b *	-		
С	not ta If you	nes 13a and 13b. (Even though these income items are xable, they <b>must</b> be included here to figure your credit.) did not receive any of the types of nontaxable income on line 13a or 13b, enter -0- on line 13c	<b>13c</b> 304,810			
14		the amount from Form 1040, 3	-			
15	Box 1	checked (in Part I):       Enter:         or 2       .       .       \$7,500       .         , 4, 5, 6, or 7       .       \$10,000       15	-			
16 17	Subtra less, e	or 9       \$5,000	<b>17</b> 573,109			
18		nes 13c and 17		18	877,919	
19 20	go to	act line 18 from line 12. If zero or less, <b>stop;</b> you <b>cannot</b> tak line 20		19 20	538,643	
21 22 23	Enter Add tl the to	the amount from Form 1040, line 46	21 22	23		
24	Credi	t for the elderly or the disabled. Enter the smaller of line	20 or line 23 here and		44 574	
		rm 1040, line 49		24	14,571	

\* Entry for this line is greater than zero, but too small to report

136 <b>2006 E</b> S	STIMATED DATA LINE COUNTS - (ALL FIGURES	ARE ESTIMATES BASED ON S	AMPLES)
SCHEDULE SE	AMOUNTS OF SELECTED LINES FILED (IN	N THOUSANDS OF DOLLARS)	OMB No. 1545-0074
(Form 1040)	Self-Employmer		2006
Department of the Treasury Internal Revenue Service (99)	► Attach to Form 1040. ► See Instructions f	or Schedule SE (Form 1040).	Attachment Sequence No. <b>17</b>
Name of person with <b>se</b>	If-employment income (as shown on Form 1040) Total Schedules Filed = 17,119,914	Social security number of person with <b>self-employment</b> income ►	

# Who Must File Schedule SE

You must file Schedule SE if:

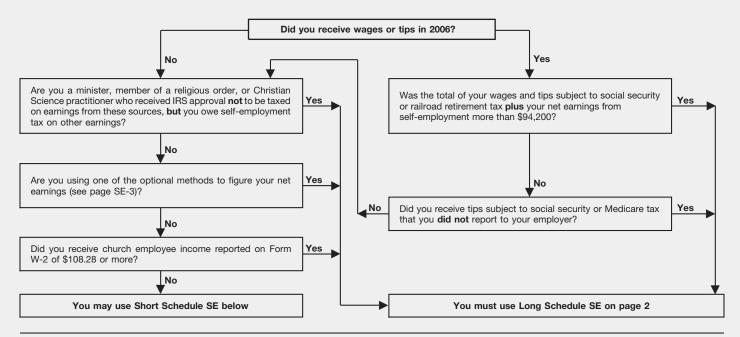
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see page SE-1).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt–Form 4361" on Form 1040, line 58.

## May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



## Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	7,807,791	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for other income to report	2	483,367,604	
3	Combine lines 1 and 2	3		
4	<b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax	4	453,564,992	
5	Self-employment tax. If the amount on line 4 is:			
	• \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 58.</b>	5	47,842,244	
	• More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on <b>Form 1040, line 58.</b>			
6	Deduction for one-half of self-employment tax. Multiply line 5 by			
	50% (.5). Enter the result here and on Form 1040, line 27 6			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2006	AMOUNTS OF SELECTED LINES FIL	ED (IN THOUSANDS OF DOLLA	NRS)		Page <b>2</b>
Name of person with <b>self-emp</b>	bloyment income (as shown on Form 1040)	Social security number of person with <b>self-employment</b> income ►			

## Section B—Long Schedule SE

## Part I Self-Employment Tax

**Note.** If your only income subject to self-employment tax is **church employee income**, skip lines 1 through 4b. Enter -0- on line 4c and go to line 5a. Income from services you performed as a minister or a member of a religious order **is not** church employee income. See page SE-1.

Α	If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you	
	had \$400 or more of other net earnings from self-employment, check here and continue with Part I	

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip this line if you use the farm optional method (see page SE-4)	1	7,807,791	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-3 for		100 007 00 1	
	other income to report. Note. Skip this line if you use the nonfarm optional method (see page SE-4)	2	483,367,604	
3	Combine lines 1 and 2	3	452 564 002	
	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3	4a	453,564,992	
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b		
С	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. Exception.			
	If less than \$400 and you had church employee income, enter -0- and continue.	4c	453,978,934	
5a	Enter your church employee income from Form W-2. See page SE-1         for definition of church employee income         5a         804,088			
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0	5b		
6	Net earnings from self-employment. Add lines 4c and 5b	6	454,721,439	
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2006	7	94,200	00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)W-2) and railroad retirement (tier 1) compensation. If \$94,200 or more,skip lines 8b through 10, and go to line 118a			
b	Unreported tips subject to social security tax (from Form 4137, line 9) 8b 206,945			
С	Add lines 8a and 8b	8c	109,325,643	
9	Subtract line 8c from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 .	9		
0	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	34,655,112	
1	Multiply line 6 by 2.9% (.029)	11	13,186,890	
2	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 58	12	47,842,244	
13	Deduction for one-half of self-employment tax. Multiply line 12 by			

## Part II Optional Methods To Figure Net Earnings (see page SE-3)

<b>Farm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your gross farm income <sup>1</sup> was not more than \$2,400, <b>or (b)</b> your net farm profits <sup>2</sup> were less than \$1,733.					
14			14	1,600	00
15				34,921	
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your net nonfarm profits <sup>3</sup> were less than \$1,733 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> and <b>(b)</b> you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.					
Caution. You may use this method no more than five times.					
<b>16</b> Subtract line 15 from line 14			16		<u> </u>
17	Enter the <b>smaller</b> of: two-thirds (%) of gros on line 16. Also include this amount on line	s nonfarm income⁴ (not less than zero) <b>or</b> the amount e 4b above	17	14,317	
	<sup>1</sup> From Sch. F, line 11, and Sch. K-1 (Form 1065), box 14, code A; a Sch. K-1 (Form 1065), box 14, code A; a Sch. K-1 (Form 1065-B), box 9, code J1.		ox 14, code A; an	d	
	n Sch. F, line 36, and Sch. K-1 (Form 1065), 14, code A.	<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and S K-1 (Form 1065-B), box 9, code J2.		I Sch.	

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AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)
Employee Business Expenses

See separate instructions.
Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074
2006
Attachment
Sequence No. 54
coourity number

Department of the Treasury Internal Revenue Service (99) Your name

138

Total Forms Filed = 8,664,367 Includes 4,210,735 Form 2106-EZ's

Occupation in which you incurred expenses

Social security number

## Part I Employee Business Expenses and Reimbursements

			Column A			Column B	
Ste	p 1 Enter Your Expenses	Other Than Meals Meals and Entertainment Entertainment			Meals and Entertainment		
1	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	30,170,272				
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work	2	1,691,929				
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	4,852,332				
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment.	4	16,660,854				1
5	Meals and entertainment expenses (see instructions)	5				9,484,932	
6	<b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	53,375,387				

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

## Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

						T
7	Enter reimbursements received from your employer that were not					
	reported to you in box 1 of Form W-2. Include any reimbursements					
	reported under code "L" in box 12 of your Form W-2 (see					
	instructions)	7	2,261,577		566,069	

## Step 3 Figure Expenses To Deduct on Schedule A (Form 1040)

8	Subtract line 7 from line 6. If zero or less, enter -0 However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	51,173,778			8,951,403	
	<b>Note:</b> If <b>both columns</b> of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.						
9	In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 75% (.75) instead of 50%. For details, see instructions.)	9				5,129,804	
10	Add the amounts on line 9 of both columns and enter the total here <b>Schedule A (Form 1040), line 20</b> (or on Schedule A (Form 1040NR), li performing artists, fee-basis state or local government officials, and i See the instructions for special rules on where to enter the total.)	10	56,303,582				

For Paperwork Reduction Act Notice, see instructions.

Par									
	tion A—General Information ( claiming vehicle expenses.)	You	must complete this	section if you		(a) Vehicle <sup>-</sup>	1	(b) Vehicle	2
11	Enter the date the vehicle was pl	aced	in service		11	/ /		/ /	
12	Total miles the vehicle was driver	n duri	ng 2006		12	r	niles		miles
13	Business miles included on line 1				13	r	niles		miles
14	Percent of business use. Divide l				14		%		<u>%</u>
15	Average daily roundtrip commutin				15		niles		miles
16	Commuting miles included on line				16	í	niles niles		miles miles
17	Other miles. Add lines 13 and 16				17	1			
18 19	Do you (or your spouse) have and Was your vehicle available for pe								No No
20	Do you have evidence to support							.  Yes	
21	If "Yes," is the evidence written?							. 🗌 Yes 🗌	
Sect	ion B—Standard Mileage Rate (							ction or Section	
22	Multiply line 13 by 44.5¢ (.445)						22	25,644,439	
Sec	tion C—Actual Expenses		(a) Ve	hicle 1		(	<b>b)</b> Ve	hicle 2	
23	Gasoline, oil, repairs, vehicle								
	insurance, etc.	23							
	Vehicle rentals	24a		-					
	Inclusion amount (see instructions) .	24b							
С	Subtract line 24b from line 24a .	24c							
25	Value of employer-provided								
	vehicle (applies only if 100% of annual lease value was included								
	on Form W-2—see instructions)	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the								
	percentage on line 14	27							
28	Depreciation (see instructions)	28							
29	Add lines 27 and 28. Enter total			0.040.050					
0	here and on line 1.	29		2,649,053			0		<u> </u>
Sec	tion D—Depreciation of Vehicles (	Use ti		owned the vehici hicle 1	e and			hicle 2	licle.)
~~							b) ve		
30	Enter cost or other basis (see instructions)	30							
31	Enter section 179 deduction (see instructions)	31							
32	Multiply line 30 by line 14 (see								
	instructions if you claimed the								
	section 179 deduction or	32							
~~	special allowance)	32							
33	Enter depreciation method and percentage (see instructions).	33							
34	Multiply line 32 by the percentage								
• •	on line 33 (see instructions)	34							
35	Add lines 31 and 34	35							
36	Enter the applicable limit explained in the line 36 instructions	36							
37	Multiply line 36 by the	37							
38	Enter the smaller of line 35								
50	or line 37. If you skipped lines								
	36 and 37, enter the amount								
	from line 35. Also enter this								
	amount on line 28 above .	38							
	36 and 37, enter the amount	38						- 0100	

COMBINED

Form 2106 (2006)

Form **2106** (2006)

140 <b>2006</b> E	STIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAM	/IPLES)
0100 57	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)	OMB No. 1545-0074
Form <b>2106-EZ</b>	Unreimbursed Employee Business Expenses	2006
Department of the Treasury Internal Revenue Service (99)	Attach to Form 1040 or Form 1040NR.	Attachment Sequence No. <b>54A</b>

Your name	Occupation in which you incurred expenses	Social security number
Total Forms Filed = 4,210,735		

#### You May Use This Form Only if All of the Following Apply.

• You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.

• You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).

• If you are claiming vehicle expense, you are using the standard mileage rate for 2006.

Caution: You can use the standard mileage rate for 2006 only if: (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

## Part I Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 44.5¢ (.445)	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment	4	
5	Meals and entertainment expenses: $\qquad \qquad \qquad$	5	
6	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 20</b> (or on <b>Schedule A (Form 1040NR, line 9).</b> (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	

Part II Information on Your Vehicle. Complete this part only if you are claiming vehicle expense on line 1.

	Paperwork Reduction Act Notice, see page 4. Cat. No. 20604Q Form 2106-EZ (2006
b	If "Yes," is the evidence written?
11a	Do you have evidence to support your deduction?
10	Was your vehicle available for personal use during off-duty hours?
9	Do you (or your spouse) have another vehicle available for personal use?
	a Business b Commuting (see instructions) c Other
8	Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:
7	When did you place your vehicle in service for business use? (month, day, year) ► / /

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES EILE

AMOUNTS OF SELEC	TED LINES FILED (IN	THOUSANDS OF	DOLLARS)		
	ORRECTED	(99)			
Name, address, and ZIP code of RIC or REIT	OMB No. 1545-0145		areholder of Term Capita	f Undistributed al Gains	
	2006	regulated in	er tax year of the ny (RIC) or the ust (REIT)		
Total Forms Filed = 55,401	Form <b>2439</b>	beginning, 2006, and ending, 20, 20			
Identification number of RIC or REIT	1a Total undistributed 61,164	1a Total undistributed long-term capital gains 61 164			
Shareholder's identifying number	1b Unrecaptured sect 946	1b Unrecaptured section 1250 gain			
Shareholder's name, address, and ZIP code	1c Section 1202 gain	1d Collectit	oles (28%) gain	or Form 1120-REIT	
		0     *       2     Tax paid by the RIC or REIT on the box 1a gains			
Form <b>2439</b>	Cat. No. 11858E	Departme	ent of the Treasury	Internal Revenue Service	

Form **2439** 

Cat. No. 11858E

Department of the Treasury - Internal Revenue Service

\* Entry for this line is greater than zero, but too small to report

1	12
	142

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

	AWOU	NIO OI OLLLO			JO OI DOLLAR	0)	
<b>2441</b>		Child and	l Dependent C	are Exp	enses		OMB No. 1545-0074
Form			۔ tach to Form 1040 or F	-			2006
epartment of the Treasury		► All	lach to Form 1040 of F	orm 1040NR.			Attachment
nternal Revenue Service (99	)		See separate instru	uctions.			Sequence No. 21
lame(s) shown on return						Your soc	ial security number
		Total Forms File	ed = 7,269,042				
3efore you begin	: You need to	understand th	ne following terms.	See <b>Definiti</b>	ons on page <sup>.</sup>	1 of the	instructions.
Dependent Car	e Benefits		• Qualifying Pe	erson(s)		• Qı	alified Expense
			<b>vided the Care</b> ttom of page 2.)	ou <b>must</b> co	mplete this pa	art.	
1 (a) Care provider name	s	(number, street, ap	(b) Address (c) Identifying (SSN or E				(d) Amount paid (see instructions)
							28,993,377
Caution. If the care v	Did you dependent ca	re benefits?	No Yes	Com	plete only Part plete Part III or e instructions fo	n the bac	k next.
1040NR, line 57.							

Pa	rt II Credit f	or Child and	Dependent Car	e Expenses				
2	Information ab	out your <b>qualif</b>	ying person(s). If	you have more thar	two qualifying perso	ns, see	the instructions.	
	First	<b>(a)</b> Qualifying	ocial	(c) Qualified expenses y incurred and paid in 2006 f person listed in column	or the			
							20,170,536	
							6,590,836	
3	person or \$6,0	000 for two or m	ore persons. If you		000 for one qualifying enter the amount from	3	18,035,415	
4	Enter your ear	rned income. S	ee instructions			4	368,803,384	<u> </u>
5				ed income (if your s <b>s,</b> enter the amount	spouse was a student from line 4	5	174,672,796	
6		llest of line 3, 4				6	17,727,982	
7	Enter the amo 1040NR, line 3	ount from Form 36	1040, line 38, or	Form				
8	Enter on line 8	3 the decimal ar	mount shown belo	w that applies to the	e amount on line 7			
	If line 7	is:		If line 7 is:				
	Over		ecimal mount is	But r Over over	ot Decimal amount is			
	\$0—	-15,000	.35	\$29,000—31,00	0.27			
	15,000—	,	.34	31,000—33,00				
	17,000—	,	.33	33,000—35,00		8	X	•
	19,000-		.32	35,000—37,00				
	21,000-		.31	37,000—39,00				
	23,000— 25,000—		.30 .29	39,000—41,00 41,000—43,00				
	25,000-	,	.29	43,000—43,000 43,000—No lin				
	,	-,		- ,				
9	Multiply line 6 the instruction			. If you paid 2005 e	expenses in 2006, see	9	4,032,315	
10	Enter the amo	unt from Form	1040, line 46, min	us any amount on I	orm 1040, line 47, or	·		
				orm 1040NR, line 44		10		
11				<b>es.</b> Enter the <b>small</b> IR, line 45	er of line 9 or line 10	11	3,486,637	
For	Paperwork Re	duction Act No	otice, see page 4	of the instructions	. Cat. No. 1	1862M	Form <b>2441</b>	(2006)

Form	2441 (2006)		Pa	age <b>2</b>
Ра	rt III Dependent Care Benefits			
12	Enter the total amount of <b>dependent care benefits</b> you received in 2006. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	3,504,249	
13	Enter the amount, if any, you carried over from 2005 and used in 2006 during the grace period. See instructions	13	9,522	
14 15	Enter the amount, if any, you forfeited or carried forward to 2007. See instructions Combine lines 12 through 14. See instructions	14 ( 15	84,119	)
16	Enter the total amount of <b>qualified expenses</b> incurred in 2006 for the care of the <b>qualifying person(s)</b>	-		
17 18	Enter the smaller of line 15 or 16       17         Enter your earned income. See instructions       18         368,803,384			
20	<ul> <li>Enter the amount shown below that applies to you.</li> <li>If married filing jointly, enter your spouse was a student or was disabled, see the instructions for line 5).</li> <li>If married filing separately, see the instructions for the amount to enter.</li> <li>All others, enter the amount from line 18.</li> <li>Enter the smallest of line 17, 18, or 19</li> </ul>	-		
21	Enter the amount from line 12 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-		48,410	
22 23	Subtract line 21 from line 15       22         Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	23		
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 23. Also, include this amount on the appropriate line(s) of your return. See instructions	24	13,676	
25 26 27	Enter the smaller of line 20 or 23       25         Enter the amount from line 24       26         Excluded benefits.       Subtract line 26 from line 25. If zero or less, enter -0-	27	2,558,744	
28	<b>Taxable benefits.</b> Subtract line 27 from line 22. If zero or less, enter -0 Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB".	28	831,684	
	To claim the child and dependent care credit, complete lines 29-33 below.			

29	Enter \$3,000 (\$6,000 if two or more qualifying persons)	29		
30	Add lines 24 and 27	30	2,572,421	
31	Subtract line 30 from line 29. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2005 expenses in 2006, see the instructions for line 9	31		
32	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 30 above. Then, add the amounts in column (c) and enter the total here			
33	Enter the <b>smaller</b> of line 31 or 32. Also, enter this amount on line 3 on the front of this form and complete lines 4–11	33	18,035,415	

Form **2441** (2006)

2006 ESTIMATED DATA LINE COUNTS -	(ALL FIGURES ARE ESTI	MATES BASED ON SAMPLES)
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## AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form <b>3468</b>	
(Rev. December 2006)	
Department of the Treasury Internal Revenue Service (00)	

## **Investment Credit**

► Attach to your tax return. See instructions.

OMB No. 1545-0155

Identifying number

	achment quence No. <b>52</b>
--	---------------------------------

Internal Revenue Service	(99)
Name(s) shown on ret	urn

## Total Forms Filed = 35,590

1	Rehabilitation credit (see instructions for requirements that must be met):			
а	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation			
	expenditures into account for the tax year in which paid (or, for self-rehabilitated property,			
	when capitalized). See instructions. <b>Note:</b> This election applies to the current tax year and to			
	all later tax years. You may not revoke this election without IRS consent			
b	Enter the date on which the 24- or 60-month measuring period begins/ and ends/			
_				
С	Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later)			
Ч	Enter the amount of the qualified rehabilitation expenditures incurred,			
u	or treated as incurred, during the period on line 1b above \$			
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:			
е	Pre-1936 buildings located in the Gulf Opportunity Zone \$	1e	*	
f	Other pre-1936 buildings $\$$ 439,107 $\times$ 10% (.10)	1f	43,911	
g	Certified historic structures located in the Gulf Opportunity Zone $\$$ $\$$ $x 26\%$ (.26)	1g		
h	Other certified historic structures $\dots \dots \dots$	1h	103,359	
	For properties identified on lines 1g or 1h, complete lines 1i and 1j			
Í	Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions)			
i	Enter the date that the NPS approved the Request for Certification of			
,	Completed Work (see instructions)			
k	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9)	1k	*	
2	Energy credit:			
а	Basis of property using geothermal energy placed in service during the tax year (see instructions) \$ × 10% (10) 2a 1,385			
b	Basis of property using solar illumination or solar energy placed in service during the tax year (see instructions) \$			
	Qualified fuel cell property (see instructions):			
с	Basis of property installed during the tax			
	year \$ × 30% (.30) 2c			
d	Kilowatt capacity of property in c			
	above ►			
е		-		
	Qualified microturbine property (see instructions):			
т	Basis of property installed during the tax year \$ × 10% (.10) 2f			
a	Kilowatt capacity of property in <b>f</b>			
9	above ▶			
h	Enter the lesser of line 2f or 2g		10.005	
i	Total. Add lines 2a, 2b, 2e, and 2h	2i	19,085	
3	Qualifying advanced coal project credit (see instructions):			
а	Basis of qualified investment in integrated gasification combined cycle property			
Ŀ				
a	Basis of qualified investment in property other than in <b>a</b> above placed in service during the tax year ► \$ × 15% (.15)			
с	Total. Add lines 3a and 3b	3c	35,747	
4	Qualifying gasification project credit (see instructions). Basis of qualified investment in property			
	placed in service during the tax year	4	430	
5	Credit from cooperatives. Enter the unused investment credit from cooperatives	5		
6	Add lines 1e through 1h, 1k, 2i, 3c, 4, and 5. Report this amount on the applicable line of Form 3800 (e.g., line 1a of the 2006 Form 3800) . Nondeductible investment credit = 174	6	220,535	
		· ·	220,000	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 12276E

\* Entry for this line is greater than zero, but too small to report

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

### **General Business Credit**

- See separate instructions.
- Attach to your tax return.



Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Form

3800

#### Total Forms Filed = 587,378

Part I Current Year Credit

**Important:** You may not be required to complete and file a separate credit form (shown in parentheses below) to claim the credit. For details, see **What's New** in the instructions.

For I	Paperwork Reduction Act Notice, see separate instructions. Cat. No. 12392F		Form <b>3800</b>	(2006)
8	Current year credit. Add lines 4 through 7	8	5,223,949	
7	Carryback of general business credit from 2007 (see instructions)	7		
6	Carryforward of general business credit to 2006. See instructions for the schedule to attach	6	3,218,751	
5	Passive activity credits allowed for 2006 (see instructions)	5	311,666	
4	Subtract line 3 from line 2	4	1,693,533	
3	Passive activity credits included on line 2 (see instructions)	3	343,094	
2	Add lines 1a through 1aa	2	2,036,627	
aa	Credits for employers affected by Hurricane Katrina, Rita, or Wilma (Form 5884-A)	1aa	40,494	
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1z	4,358 46,494	
У	Mine rescue team training credit (Form 8923)	1y		
Х	Credit for contributions to selected community development corporations (Form 8847)	1x	220	
	Alternative fuel vehicle refueling property credit (Form 8911)	1w	889	
	Alternative motor vehicle credit (Form 8910)	1v	281,216	
u	Energy efficient appliance credit (Form 8909)	1u	*	
t	Energy efficient home credit (Form 8908)	1t	21,214	
s	Nonconventional source fuel credit (Form 8907)	1s	109,799	
ч r	Distilled spirits credit (Form 8906)	1r	9,248	
p q	Low sulfur diesel fuel production credit (Form 8896)	1q	27,975	
0 n	Biodiesel and renewable diesel fuels credit (attach Form 8864)	1p	2,254	
•	Qualified railroad track maintenance credit (Form 8900)	10	27,329	
	this credit from a pass-through entity: )	1n	4,217	
	Credit for employer-provided child care facilities and services (Form 8881) (do not enter more than \$500)		.,	
m	Credit for small employer pension plan startup costs (Form 8881) (do not enter more than \$500)	1m	1,551	
1		11	2,939	
k	Orphan drug credit (Form 8820)		1,172	
j	Credit for employer social security and Medicare taxes paid on certain employee tips (Form 8846)	יי 1k	1,772	
i	Indian employment credit (Form 8845)	11 1j	20,993 301,482	
h	Renewable electricity production credit (Form 8835, Section A only)	1h 1i	18,759 20,993	
g	Disabled access credit (Form 8826) (do not enter more than \$5,000)	1g	25,904	
f	Enhanced oil recovery credit only from partnerships and S corporations (see instructions)	1f	1,251	
	entity:)	1e	178,987	
е	Low-income housing credit (Form 8586) (enter EIN if claiming this credit from a pass-through			
d	Credit for increasing research activities (Form 6765)	1d	387,959	
С	Welfare-to-work credit (Form 8861)	1c	18,336	
b	Work opportunity credit (Form 5884)	1b	320,727	
1a	Investment credit (attach Form 3468)	1a	220,535	

\* Entry for this line is greater than zero, but too small to report

### Form 3800 (2006) . ...

### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Pa	rt II Allowable Credit		
9	<ul> <li>Regular tax before credits:</li> <li>Individuals. Enter the amount from Form 1040, line 44 or Form 1040NR, line 41.</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A, Part I, line 1; or the applicable line of your return</li></ul>	9	
10	Alternative minimum tax:         Individuals. Enter the amount from Form 6251, line 35         Corporations. Enter the amount from Form 4626, line 14         Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56	10	2,476,203
11	Add lines 9 and 10	11	
12a	Foreign tax credit		
b	Credits from Form 1040, lines 48 through 54 (or Form 1040NR, lines 45 through 49)       12b		
d	Qualified electric vehicle credit (Form 8834, line 20)       12c         Non-business alternative motor vehicle credit (Form 8910, line 18)       12d         Non-business alternative fuel vehicle refueling property credit (Form 8911, line 19)       12d		
f	Add lines 12a through 12e	12f	
13	Net income tax. Subtract line 12f from line 11. If zero, skip lines 14 through 17 and enter -0- on line 18	13	78,139,628
14 15 16	Net regular tax. Subtract line 12f from line 9. If zero or less, enter -0- Enter 25% (.25) of the excess, if any, of line 14 over \$25,000 (see instructions)1475,664,132Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 331516,820,2241671,500,001		
	Estates and trusts. Enter the amount from Form 1041, Schedule I, line 54		
17	Enter the greater of line 15 or line 16	17	
18	Subtract line 17 from line 13. If zero or less, enter -0	18	
19	<b>Credit allowed for the current year.</b> Enter the <b>smaller</b> of line 8 or line 18. <b>Individuals, estates, and trusts:</b> See the instructions for line 19 if claiming the research credit. <b>C corporations:</b> See the line 19 instructions if there has been an ownership change, acquisition, or reorganization.		
	Report the amount from line 19 (if smaller than line 8, see instructions) as indicated below or on the applicable line of your return:		
	<ul> <li>Individuals. Form 1040, line 55 or Form 1040NR, line 50</li></ul>	19	1,302,464

Form **3800** (2006)

	2000 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES DASE			147
	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLL	ARS)		
	<b>3903</b> Moving Expenses		OMB No. 1545-0	0074
	n UJUU ► Attach to Form 1040 or Form 1040NR. artment of the Treasury nal Revenue Service		2006 Attachment Sequence No.	62
Name	ne(s) shown on return	Υοι	Ir social security nu	
	Total Forms Filed = 1,100,438			
Bef	<ul> <li>fore you begin: √ See the Distance Test and Time Test in the instructions to find out expenses.</li> <li>√ See Members of the Armed Forces on the back, if applicable.</li> </ul>	if you car	n deduct your m	noving
1	Transportation and storage of household goods and personal effects (see instructions)	1	2,544,227	
2	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> inclu the cost of meals	2	836,253	
3	Add lines 1 and 2	3	3,380,480	
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown box 12 of your Form W-2 with code <b>P</b>		337,067	
5				
	<b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.	3		
	<b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, Form 1040NR, line 26. This is your <b>moving expense deduction</b>	5	3,065,970	

### **General Instructions**

### What's New

For 2006, the standard mileage rate for using your vehicle to move to a new home is 18 cents a mile.

### **Purpose of Form**

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

# Moving Expenses You Can Deduct

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

### Who Can Deduct Moving Expenses

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.



Members of the Armed Forces may not have to meet the distance test and time test. See instructions on the back.

### **Distance Test**

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.



To see if you meet the distance test, you can use the worksheet below.

Dista	ance Test Worksheet	K	eep	a	Сор	by for	· Your Re	cords	
1.	Number of miles from your <b>old home</b> to your <b>new workplace</b>					. 1.		r	niles
2.	Number of miles from your old home to your old workplace					. 2.		r	niles
3.	Subtract line 2 from line 1. If zero or less, enter -0					. 3.		r	niles
	<ul> <li>Is line 3 at least 50 miles?</li> <li>Yes. You meet this test.</li> <li>No. You do not meet this test. You cannot deduct your moving expenses. Do not of the set of the set of the set.</li> </ul>	cor	nple	ete	Forr	n 390	)3.		

For Paperwork Reduction Act Notice, see back of form.

### AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Credit for Federal Tax Paid on Fuels

Form **4136** 

See the separate instructions.



Department of the Treasury Internal Revenue Service Attach this form to your income tax return. Name (as shown on your income tax return) Dete on this form reflects only form 1040 filers, not business or fiducion filers. Taxpayer identification number

 Data on this form reflects only form 1040 filers, not business or fiduciary filers
 Total Forms Filed = 318,754

 Caution. Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase.

For claims on lines 1c and 2b (type of use 13 and 14), 3d, 4c, 5, and 9, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 and 14), claimant certifies that a certificate has not been provided to the credit card issuer.

### 1 Nontaxable Use of Gasoline

-		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	(e) CRN	
а	Off-highway business use		\$ .183	J	\$		
b	Use on a farm for farming purposes		.183				362
С	Other nontaxable use (see Caution above line 1)		.183	J	52,452		
d	Exported		.184		1,251		411

### 2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN	
а	Use in commercial aviation (other than foreign trade)		\$.15		\$ 224		354
b	Other nontaxable use (see Caution above line 1)		.193		101		324
с	Exported		.194		*		412

### 3 Nontaxable Use of Undyed Diesel Fuel

	Claimant certifies that the diesel fuel did not contain visible <b>Exception.</b> If any of the diesel fuel included in this claim <b>dic</b>			ye, attach an ex	planation and chec	k here	•
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
а	Nontaxable use		\$.243	٦ ا	\$ 23,581		360
b	Use on a farm for farming purposes		.243	<u> </u>			300
С	Use in trains		.22		*		353
d	Use in certain intercity and local buses (see Caution						
	above line 1)		.17		1,543		350
е	Exported		.244		*		413

### 4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

	Claimant certifies that the kerosene did not contain visible evidence of dye. Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here						
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN
а	Nontaxable use		\$ .243	1	\$ 5,032		346
b	Use on a farm for farming purposes		.243	}			340
с	Use in certain intercity and local buses (see Caution				*		
	above line 1)		.17		*		347
d	Exported		.244		*		414

### 5 Kerosene Used in Commercial Aviation (Other Than Foreign Trade)

		(b) Rate	(c) Gallons	(d) Amount of credit			(e) CRN
а	Kerosene taxed at \$.244 (see Caution above line 1)	\$ .200		\$	124		417
b	Kerosene taxed at \$.219 (see Caution above line 1)	.175			150		355
Earl	Denorwork Reduction Act Nation, and the constrate instructions	Cat Na	106050		Га		36 (2006)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Form 4136 (2006)

\* Entry for this line is greater than zero, but too small to report

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

#### 6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

	Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here					
		(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use by a state or local government	\$ .243		\$ *		360
b	Use in certain intercity and local buses	.17		0		350

#### 7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ►

Registration No. ►

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

	<b>Exception.</b> If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here							
		(b) Rate	(c) Gallons	(d) Amount of c	redit	(e) CRN		
а	Use by a state or local government	\$ .243	l	\$		0.40		
b	Sales from a blocked pump	.243	∫	*		346		
с	Use in certain intercity and local buses	.17		0		347		

#### 8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

#### Registration No. ►

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit		(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$ .175		\$		355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200		*		417
С	Nonexempt use in noncommercial aviation		.025		*		418
d	Other nontaxable uses taxed at \$.244		.243		*		346
е	Other nontaxable uses taxed at \$.219		.218		0		369

#### 9 Nontaxable Use of Kerosene Used in Noncommercial Aviation

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN	
а	Nontaxable use (other than state) taxed at \$.244 (see <b>Caution</b> above line 1)		\$ .243		\$ 0		346
b	Nontaxable use (other than state) taxed at \$.219 (see <b>Caution</b> above line 1)		.218		0		369

#### 10 Reserved for future use

Page 2

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Form 4136 (2006)

Form 4136 (2006)

#### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

#### 11 Nontaxable Use of Liquefied Petroleum Gas (LPG) (before October 1, 2006)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN	
а	Use in certain intercity and local buses		\$ .062		\$ 0		352
b	Use in qualified local buses or school buses		.136		0		361
С	Other nontaxable use		.136		*		395

#### 12 Alcohol Fuel Mixture Credit

#### Registration No. ►

Claimant produced an alcohol fuel mixture by mixing taxable fuel with alcohol. The alcohol fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

		(b) Rate	(c) Gallons of alcohol	(d) A	mount of c	(e) CRN	
а	Alcohol fuel mixtures containing ethanol	\$.51		\$	0		393
b	Alcohol fuel mixtures containing alcohol (other than ethanol)	.60			*		394

#### 13 Biodiesel or Renewable Diesel Mixture Credit

#### Registration No. ►

Claimant produced a mixture by mixing diesel fuel with biodiesel or renewable diesel. The biodiesel used to produce the biodiesel mixture must meet ASTM D6751 and be registered with the EPA as a fuel and fuel additive under section 211 of the Clean Air Act. The mixture was sold by the claimant to any person for use as fuel or was used as a fuel by the claimant. Claimant has a certificate from the producer or importer of the biodiesel which identifies the percentage of biodiesel and agri-biodiesel in the product, and has no reason to believe the information is false. See the instructions for line 13 to see if you must attach the certificate.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of cr	(e) CRN	
а	Biodiesel (other than agri-biodiesel) mixtures	\$ .50		\$ *		388
b	Agri-biodiesel mixtures	1.00		0		390
С	Renewable diesel mixtures	1.00		*	307	

#### 14 Nontaxable Use of Alternative Fuel (after September 30, 2006)

	Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.												
		(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of cr	edit	(e) CRN						
а	Liquefied petroleum gas (LPG)		\$ .183		\$ *		419						
b	"P Series" fuels		.183		0		420						
С	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		*		421						
d	Liquefied hydrogen		.183		*		422						
е	Any liquid fuel derived from coal (including peat) through												
	the Fischer-Tropsch process		.243		0		423						
f	Liquid hydrocarbons derived from biomass		.243		0		424						
g	Liquefied natural gas (LNG)		.243		0		425						

## 15 Alternative Fuel Credit and Alternative Fuel Mixture Credit (after September 30, 2006)

#### Registration No. ►

		(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of c	(e) CRN	
а	Liquefied petroleum gas (LPG)	\$ .50		\$ 101		426
b	"P Series" fuels	.50		*		427
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50		*		428
d	Liquefied hydrogen	.50		*		429
е	Any liquid fuel derived from coal (including peat) through the					
	Fischer-Tropsch process	.50		0		430
f	Liquid hydrocarbons derived from biomass	.50		0		431
g	Liquefied natural gas (LNG)	.50		0		432

\* Entry for this line is greater than zero, but too small to report

Form 4136 (2006)

Page 3

### AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

### 16 Registered Credit Card Issuers

Registration No. ►

		(b) Rate	(c) Gallons	(d) Amount of c	(e) CRN	
а	Diesel fuel sold for the exclusive use of a state or local government	\$ .243		\$ 0		360
b	Kerosene sold for the exclusive use of a state or local government	.243		0		346
С	Kerosene for use in aviation sold for the exclusive use of a state or local government	.218		0		369

### 17 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution. There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See page 4 in the Instructions for Form 4136 for the credit rate.											
	(a) Type of use	(b) Rate	(c) Gallons	ons (d) Amount of credit							
a Nontaxable use		\$ .197		\$*		309					
<b>b</b> Exported		.198		0		306					

#### 18 Diesel-Water Fuel Emulsion Blending

### Registration No. ►

	(b) Rate	(c) Gallons	(d) Amount of credit			(e) CRN
Blender credit	\$ .046		\$	0		310

### 19 Exported Dyed Fuels

Form 4136 (2006)

		ons	(d) A	Amount of c	(e) CRN				
а	Exported dyed diesel fuel	xported dyed diesel fuel \$.001							
b	Exported dyed kerosene	.001				*		416	
20	<b>Total income tax credit claimed.</b> Add lines 1 through 19, column ( Form 1040, line 70 (also check box b on line 70); Form 1120, line 32fr 28f(2); Form 1120S, line 23c; Form 1041, line 24h; or the proper line	20	\$	85,905					

Form **4136** (2006)

\* Entry for this line is greater than zero, but too small to report

52 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES B AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DO			AMPLES)
<b>4562</b> Depreciation and Amortization		,	OMB No. 1545-0172
Form <b>HJUZ</b> (Including Information on Listed Property)			2006 Attachment
See separate instructions. Attach to your tax return.			Sequence No. 67
Name(s) shown on return Total Forms Filed = 12,020,625			Identifying number
Part I Election To Expense Certain Property Under Section 179			
<b>Note:</b> If you have any listed property, complete Part V before you complete	te Pari	t I.	
1 Maximum amount. See the instructions for a higher limit for certain businesses		1	\$108,000
2 Total cost of section 179 property placed in service (see instructions)		2	40,348,592
3 Threshold cost of section 179 property before reduction in limitation		3	\$430,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If marrie			
separately, see instructions		5	533,754,338
(a) Description of property(b) Cost (business use only)(c) Ele	ected cost	t	
6			
7 Listed property. Enter the amount from line 29	52,087		
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	45,291,571
9 Tentative deduction. Enter the smaller of line 5 or line 8.		9	45,206,303
0 Carryover of disallowed deduction from line 13 of your 2005 Form 4562		10	1,598,149
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instru		11	348,699,568
2 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12	44,762,847
3 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 ► 13			
ote: Do not use Part II or Part III below for listed property. Instead, use Part V.			
Part II Special Depreciation Allowance and Other Depreciation (Do not include li	sted pr	oper	ty.) (See instructions.)
4 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than property) placed in service during the tax year (see instructions)		14	779,170
5 Property subject to section 168(f)(1) election		15	36,248
Other depreciation (including ACRS)		16	3,483,008
Part III MACRS Depreciation (Do not include listed property.) (See instructions.	.)		
Section A			
7 MACRS deductions for assets placed in service in tax years beginning before 2006 .		17	38,452,433
B If you are electing to group any assets placed in service during the tax year into one o	r more		
general asset accounts, check here			
Section B—Assets Placed in Service During 2006 Tax Year Using the General	I Depre	eciati	on System
a) Classification of property (b) Month and year placed in service (b) Basis for depreciation (business/investment use only—see instructions) (d) Recovery period (e) Convention	(f) Metho	d	(g) Depreciation deduction
Oa         3-year property         3,053,593			827,399
b         5-year property         20,161,279			3,235,320
c         7-year property         19,397,636			2,119,689
d 10-year property 4,109,615			274,261
e 15-year property 5,607,063			226,669
f         20-year property         2,168,854			69,107
g 25-year property 582,560 25 yrs.	S/L		38,590
h Residential rental 205,484,925 27.5 yrs. MM	S/L		4,523,816
property undetermined type 21,233 27.5 yrs. MM	S/L		8,193 undetermined typ
i Nonresidential real 66,656,989 39 yrs. MM	S/L		957,301
property Total GDS cost 327,243,746 MM	S/L		12,280,345 Total GDS of
Section C—Assets Placed in Service During 2006 Tax Year Using the Alternati		recia	-
Da Class life 876,877	S/L		50,443
b 12-year 101,941 12 yrs.	S/L		3,854
c 40-year 1,890,856 40 yrs. MM	S/L		29,617
Summary (see instructions)         Total ADS Cost = 2,869,673         Total	otal ADS		luction = 83,913
A Distant successful Entry successful 11 00		21	6,301,156
<b>1</b> Listed property. Enter amount from line 28	)		
		22	106,179,120
2 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and I Enter here and on the appropriate lines of your return. Partnerships and S corporations—see	instr.	22	106,179,120
2 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and I		22	106,179,120

1

\* Entry for this line is greater than zero, but too small to report

Form	<b>200</b> 4562 (2006)	06 ESTIMATE	<b>D DATA LI</b> AMOUNTS											S)	153 Page <b>2</b>
	rt V Listed	l <b>Property</b> (Ir ty used for e	nclude aut	omobi	les, ce	ertain c	ther v	ehicles						nputer	-
		<sup>−</sup> or any vehicl∉ 4b, columns (a		2							0	,	oense, d	comple	te <b>only</b>
Sec	tion A—Depree			-									tomobi	les.)	
	Do you have evid												written?		s 🗌 No
Тур	<b>(a)</b> be of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage		<b>(d)</b> t or other basis			preciation vestment	<b>(f)</b> Recovery period	/ Me	<b>(g)</b> thod/ vention	Depr	<b>(h)</b> reciation luction	secti	(i) ected on 179 cost
25	Special allowance year and used mo														
26	Property used								· · ·	· ·	. 20				
			%												
			%												
27	Property used	50% or less i	n a qualifie	 d busir		.e.									
			%		1000 40					S/L ·	_				
			%							S/L ·	_				
			%				50,202			S/L ·				_	
28 29	Add amounts Add amounts	in column (h),	lines 25 th	rough 2	27. Ente	er here n line 7	and or	1 line 21	, page	1	28		01,156	2.25	52,087
25	Add amounts								/ehicles			• •	. 23	2,20	2,001
	nplete this section I provided vehicles		s used by a	a sole p	propriet	or, part	ner, or	other"r	nore tha	n 5%					vehicles.
30	Total business/ during the year ( miles)	ommuting	(a) Vehicle 1 V			<b>b)</b> icle 2		c) cle 3	•	<b>d)</b> cle 4	(e) Vehicle 5		(f) Vehicle		
31	Total commuting														
32	Total other pe miles driven .														
33	Total miles driv lines 30 throug		ear. Add												
34	Was the vehicle use during off-			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehic more than 5% c	owner or related	person?												
36	Is another vehic use?														
		Section C—Qu													
	wer these quest more than 5%						comp	leting S	ection E	for ve	hicles	used b	y emplo	oyees w	/ho <b>are</b>
37	Do you mainta by your emplo													Yes	No
38	Do you maintain See the instruct	a written policy	statement th	hat proh	bits per	sonal us	e of veh	icles, exc	cept com	muting,	by you	r employ	rees?		
39	Do you treat a														
40	Do you provid the use of the	le more than f	ive vehicles	s to you	ur empl	oyees,	obtain	informa	tion from	n your	emplo	yees al	bout		
41	Do you meet the	e requirements	concerning o	qualified	automo	bile den	nonstrat	ion use?	(See ins	tructior	is.) .				
Da	Note: If your an rt VI Amort	nswer to 37, 38 ti <b>zation</b>	3, 39, 40, or	r 41 is "	Yes," d	o not co	omplete	Sectior	n B for th	ne cove	ered vel	nicles.			
га	(a) Description		Date am	<b>b)</b> ortization gins		Amor	<b>c)</b> tizable ount		(d Coo sect	de	Amort	e) tization od or entage		<b>(f)</b> rtization his year	for
42	Amortization of	f costs that beg	gins during	your 20	06 tax y	year (se	e instru	ctions):			perce	sinaye			

			5,219,496				
43	Amortization of costs that began before your 2006 tax year.				. 43	3	1,220,772
44	Total. Add amounts in column	n (f). See the instru	uctions for where to repo	rt	44	L	1.606.922

54	2006	ESTIMATED DATA LINE COUR	NTS -	(ALL FIGURES A	RE ESTIMATI	ES BASED O	N SAMP	LES)	
		AMOUNTS OF SEL		•		S OF DOLLA			
	<b>4684</b> Casualties and Thefts							OMB No. 1545-0	)177
Form	4004			separate instructio				୭ଲମନ	
				ch to your tax retur					,
	tment of the Treasury al Revenue Service			orm 4684 for each o		it.		Attachment Sequence No. 2	26
	e(s) shown on tax retu	· ·			,			ng number	-
		Total	Form	ns Filed = 306,24	.1			-	
SEC		onal Use Property (Use this usiness or for income-produce			sualties and t	hefts of prop	perty <b>no</b>	t used in a	trade
1		operties (show type, location, and d	<u> </u>	. ,	partu) Llea a sai	parate line for e	ach prop	arty last or da	maga
'	from the same ca		ale ac	quired for each prop	berty). Use a se		acri prop	erty lost of ua	mage
		outry of them.							
	- I								
	Property D								
						roperties			
				A	В	C	<u>ر</u>	D	1
2	Cost or other bas	is of each property.	2						
3	Insurance or othe	r reimbursement (whether or not							
		(see instructions)	3						
	Note: If line 2 is n	nore than line 3, skip line 4.							
4	Gain from casualty	or theft. If line 3 is more than line							
	2, enter the different	nce here and skip lines 5 through 9							
		ee instructions if line 3 includes in-							
		eimbursement you did not claim, or ent for your loss in a later tax year.	4						
	you received payin								
5	Eair markat value	before casualty or theft	5						
5	Fair market value	before casualty of their							
~			6						
6	Fair market value	after casualty or theft							
_			7						
7	Subtract line 6 fro	om line 5							
8		of line 2 or line 7	8						
9		from line 8. If zero or less,							
	enter -0		9						
10	Casualty or theft	oss. Add the amounts on line 9 in o	columr	ns A through D .			. 10		
11	Enter the smaller	of line 10 or \$100. But if the loss a	irosa ii	n the Hurricane Katr	ina disaster are	a after August			
		ne Rita disaster area after Septemb							
	October 22, 2005	, and was caused by that particular	hurric	ane, enter -0-			. 11		
12		rom line 10					. 12		
	Caution: Use only	one Form 4684 for lines 13 throug	ıh 21.						
13	Add the amounts	on line 12 of all Forms 4684 .					13		
14	Add the amounts	on line 4 of all Forms 4684					. 14		
15	• If line 14 is mo	re than line 13, enter the difference	here a	and on Schedule D.	Do not				
	complete the re	est of this section (see instructions).			l		15	5,338	
	• If line 14 is less	than line 13, enter -0- here and go	o to lin	e 16.	(				
	• If line 14 is equ	al to line 13, enter -0- here. Do no	t com	plete the rest of this	section.				
16	If line 14 is <b>less</b> t	nan line 13, enter the difference .					16	6,137,149	
17		on line 12 of all Forms 4684 on wh						3,725,008	
18	Is line 17 less that		, 2						
.0	_	er the amount from line 16 on Schedu	ule A /I	Form 1040) line 19	or Schedule A (F	orm 1040NR)			
	•	and trusts, enter the amount from I		, · · · ·	•	· · ·			
		line 17 from line 16.					18		
10		r adjusted gross income from Form	1040	line 38 or Form 10	ANR line 26	etator and	10		
19		tions					19		
00	·								1
20 21		rom line 18. If zero or less, enter -0					-		1
-21	Add lines 17 and	20. Also enter the result on Schedu d trusts, enter the result on the "Otl	ule A (	Form 1040), line 19,	or Schedule A	(Form 1040NR)	), 21		

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS	5)
Attachment Sequence No. 26	

Name(s) shown on tax return. Do not enter name and identifying number if shown on other side.

Form 4684 (2006)

Identifying number

	CTION B—Business and Income-Producin rt I Casualty or Theft Gain or Loss (Use			for	each casua	alty o	r theft.)			
22	Description of properties (show type, location, and da aged from the same casualty or theft. Property A			prop	erty). Use a s	eparate	e line for eacl	h prope	erty lost or da	m-
	Property B									
	Property C									
	Property D									
						Prop	erties			
			A		В	1	C		D	
23	Cost or adjusted basis of each property	23								
24	Insurance or other reimbursement (whether or not you filed a claim). See the instructions for line 3.	24								
25	<b>Note:</b> If line 23 is <b>more</b> than line 24, skip line 25. Gain from casualty or theft. If line 24 is <b>more</b> than line 23, enter the difference here and on line 32 or line 37, column (c), except as provided in the instructions for									
	line 36. Also, skip lines 26 through 30 for that column. See the instructions for line 4 if line 24 includes insurance or other reimbursement you did not claim, or	25								
26	you received payment for your loss in a later tax year. Fair market value <b>before</b> casualty or theft	26								
26 27	Fair market value <b>after</b> casualty or theft	27								
28	Subtract line 27 from line 26	28								
29	Enter the <b>smaller</b> of line 23 or line 28	29								
	<b>Note:</b> If the property was totally destroyed by casualty or lost from theft, enter on line 29 the amount from line 23.									
30	Subtract line 24 from line 29. If zero or less, enter -0-	30								
31	Casualty or theft loss. Add the amounts on line 30. Ent				e 32 <b>or</b> line 37	(see in	structions).	31		
Pa	rt II Summary of Gains and Losses (from	ı sep	arate Parts	l)	. ,		asualties or the		(c) Gains fr	
	(a) Identify casualty or theft	0.0	<b>.</b>		<i>(i)</i> Trade, busi rental or roy property	alty '	<i>(ii)</i> Incom producing employee pro	and	casualties or includible in in	
	Casualty or The	ποτ	Property H	eia			SS			1
32					(		(	)		
				33	(		(			
33	Totals. Add the amounts on line 32					, , ,		/		
34 35	Combine line 33, columns (b)(i) and (c). Enter the net c is not otherwise required, see instructions Enter the amount from line 33, column (b)(ii) here. Indiv	, 						34	-194,322	
00	on Schedule A (Form 1040), line 27, or Schedule A (Fo used as an employee on Schedule A (Form 1040), lin trusts, partnerships, and S corporations, see instructi	orm 10 e 22, i	40NR), line 16,	and	enter the amo	unt fro	m property	35		
	Casualty or Theft		roperty Hel	d M	ore Than C	Dne Y	'ear			1
36	Casualty or theft gains from Form 4797, line 32							36	52,525	
37		<u> </u>			(	)	(	)		
					(	)	(	)		
38	Total losses. Add amounts on line 37, columns (b)(i) a	and (b)	)(ii) [	38	(584,021	)	(	)		
39	Total gains. Add lines 36 and 37, column (c)							39	233,548	
40	Add amounts on line 38, columns (b)(i) and (b)(ii) .							40	772,044	
41 a	If the loss on line 40 is <b>more</b> than the gain on line 39 Combine line 38, column (b)(i) and line 39, and enter the net gain and S corporations, see the note below. All others, enter the required, see instructions	ain or (l nis amo	oss) here. Partne ount on Form 479	97, line	e 14. lf Form 47	g large   797 is r 	oartnerships) ot otherwise	41a	-511,435	
b	Enter the amount from line 38, column (b)(ii) here. Indiv on Schedule A (Form 1040), line 27, or Schedule A (For used as an employee on Schedule A (Form 1040), lin trusts, enter on the "Other deductions" line of your ta	orm 10 ne 22 ( ix retui	040NR), line 16, or Schedule A rn. Partnerships	and (Form s (exc	enter the amo 1040NR), lin ept electing la	unt fro e 11. I arge pa	m property Estates and artnerships)	416	-147,038	
42	and S corporations, see the note below. Electing larg If the loss on line 40 is <b>less</b> than or <b>equal</b> to the gain on l (except electing large partnerships), see the note below.	line 39,	, combine lines	39 an	d 40 and enter	here. F	Partnerships	41b 42	157,943	
	Note: Partnerships, enter the amount from line 41a, 4 S corporations, enter the amount from line 41a	1b, or	line 42 on For	m 10	65, Schedule	K, line				

2006 E	ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)	
	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)	

Form <b>4797</b>		Sales of Business Property		OM	B No. 1545-0184	
		(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))	(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))			
Department of the Treasury Internal Revenue Service (99) Attach to your tax return. See separate instructions.					achment juence No. <b>27</b>	
Nam	e(s) shown on return		Identifying	numb	er	
		Total Forms Filed = 3,133,256				
1	1 Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute					
	statement) that you are including on line 2, 10, or 20 (see instructions).					

#### Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

	(a) Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvement expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2								
								124,873,114
3	Gain, if any, from Form 4684,	line 42					3	131,963
4	Section 1231 gain from install						4	8,937,532
5	Section 1231 gain or (loss) fro						5	2,691,080
6	Gain, if any, from line 32, fron						6	55,166,901
7	Combine lines 2 through 6. Er						7	191,800,590
	Partnerships (except electing instructions for Form 1065, Sch Individuals, partners, S corp from line 7 on line 11 below ar 1231 losses, or they were rec on the Schedule D filed with y	edule K, line 10, or oration sharehold nd skip lines 8 and aptured in an earli	Form 1120S, Sche lers, and all othe 9. If line 7 is a ga ier year, enter the	dule K, line 9. Skip r <b>s.</b> If line 7 is zero in and you did not gain from line 7	lines 8, 9, 11, and or a loss, enter the have any prior yea	12 below. e amount ar section		
8	Nonrecaptured net section 12						8	3,683,170
9	Subtract line 8 from line 7. If z If line 9 is more than zero, en long-term capital gain on the	ter the amount fro	m line 8 on line <sup>-</sup>	2 below and ente	er the gain from lin	ne 9 as a	9	27,358,455
Pa	rt II Ordinary Gains an	d Losses (see	instructions)					
10	Ordinary gains and losses not	included on lines	11 through 16 (in	clude property he	ld 1 year or less):			
								3,150,072
11	Loss, if any, from line 7.						11	( 7,019,118 )
12	Gain, if any, from line 7 or am	ount from line 8, if	f applicable .				12	1,413,011
13	Gain if any from line 31						13	6,920,778

14 -239,878 Net gain or (loss) from Form 4684, lines 34 and 41a . . . . . . . . 14 299,259 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . 15 149,119 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . 16 4,673,243 17 17 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line \* 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, 18b 4,676,722 line 14 Form 4797 (2006) For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 13086I

\* Entry for this line is greater than zero, but too small to report

1545-0184

156

Form 4797 (2006)	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)
Part III Gain From Dis	position of Property Under Sections 1245, 1250, 1252, 1254, and 1255

	(see instructions)				(b) Date acc	nuirod	(c) Date sold
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pr	operty:			(mo., day,		(mo., day, yr.)
Α							
В							
С							
D				1			
	These columns relate to the properties on lines 19A through 19I	D. ►	Property A	Property B	Property	y C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20					
21	Cost or other basis plus expense of sale	21 22					
22 23	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	20					
24	Total gain. Subtract line 23 from line 20	24					
25	If section 1245 property:						
а	Depreciation allowed or allowable from line 22	25a					
b	Enter the <b>smaller</b> of line 24 or 25a	25b	6,581,639				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975 (see instructions)	26a					
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a (see instructions)	26b					
с	Subtract line 26a from line 24. If residential rental property or						
	line 24 is not more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976	26d					
e	Enter the <b>smaller</b> of line 26c or 26d	26e 26f					
f g	Section 291 amount (corporations only)	201 26g	219,031				
		209	210,001				
27	<b>If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
а	Soil, water, and land clearing expenses	27a					
b	Line 27a multiplied by applicable percentage (see instructions)	27b					
С	Enter the smaller of line 24 or 27b	27c	*				
28	If section 1254 property:						
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and						
<b>b</b>	mining exploration costs (see instructions)	28a	303,210				
b	Enter the smaller of line 24 or 28a	28b	505,210				
29 a	If section 1255 property: Applicable percentage of payments excluded from income						
a	under section 126 (see instructions)	29a					
b	Enter the smaller of line 24 or 29a (see instructions)	29b	*				
Sun	mmary of Part III Gains. Complete property columns	A three	ough D throug	h line 29b befo	re going to	o line	30.
30	Total gains for all properties. Add property columns A through	n D, line	e 24			30	62,134,616
31	Add property columns A through D, lines 25b, 26g, 27c, 28b,					31	6,920,777
32	Subtract line 31 from line 30. Enter the portion from casualty of other than casualty or theft on Form 4797, line 6	or theft	on Form 4684, lir	ne 36. Enter the p	ortion from	32	55,213,838
Ра	rt IV Recapture Amounts Under Sections 179 (see instructions)						
					(a) Sect 179	ion	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in p	prior ve	ars	33			

34 35 34

35

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2006 EST	IMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

158 AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) OMB No. 1545-0074 Farm Rental Income and Expenses Form (Crop and Livestock Shares (Not Cash) Received by Landowner (or Sub-Lessor)) 2006 (Income not subject to self-employment tax) Attachment Department of the Treasury Internal Revenue Service ▶ Attach to Form 1040 or Form 1040NR. See instructions on back. Sequence No. 37 Name(s) shown on tax return Your social security number - i -Employer ID number (EIN), if any Total Forms Filed = 635.521 Did you actively participate in the operation of this farm during 2006 (see instructions)? Yes No Part I Gross Farm Rental Income-Based on Production. Include amounts converted to cash or the equivalent. 4,342,366 1 1 Income from production of livestock, produce, grains, and other crops. 110,536 2b 2a Cooperative distributions (Form(s) 1099-PATR) 2a **2b** Taxable amount 1,164,822 3a Agricultural program payments (see instructions) 3a 1,195,013 3b 3b Taxable amount Commodity Credit Corporation (CCC) loans (see instructions): 4 4a 11,741 a CCC loans reported under election . . . . . . 4c **4c** Taxable amount Crop insurance proceeds and federal crop disaster payments (see instructions): 5 86,298 92,015 5b Taxable amount 5b 5d c If election to defer to 2007 is attached, check here  $\blacktriangleright$  **5d** Amount deferred from 2005. 6 2,211,381 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross farm rental income. Add amounts in the right column for lines 1 through 6. Enter the 7 total here and on Schedule E (Form 1040), line 42. 7 7,948,426 . . . . . . . . . . . . . . Part II Expenses—Farm Rental Property. Do not include personal or living expenses. 21 Pension and profit-sharing 8 Car and truck expenses (see 21 plans . . . . . . . Schedule F instructions). Also 8 attach Form 4562 22 Rent or lease: 9 9 Chemicals . . . . . . a Vehicles, machinery, 10 Conservation expenses (see and equipment (see 10 22a instructions) . . . . . instructions) . . . . . 160.278 22b 11 Custom hire (machine work) **b** Other (land, animals, etc.). 11 23 294.619 23 Repairs and maintenance . 12 Depreciation and section 179 24 190,221 24 Seeds and plants . . . expense deduction not 672,812 25 12 claimed elsewhere . . . . 25 Storage and warehousing. 114.067 26 26 Supplies . . . . . . Employee benefit programs 13 807,890 27 27 Taxes . . . . . . . other than on line 21 (see \* 13 28 28 Utilities . . . . . . . Schedule F instructions) 14 14 Feed . . . . . . . 29 Veterinary, breeding, and 15 29 15 Fertilizers and lime . . . medicine . . . . . . 16 Freight and trucking . . . 16 **30** Other expenses 17 149,559 Gasoline, fuel, and oil . . . (specify): 17 30a 18 Insurance (other than health) 18 а..... 30b 19 Interest: b ..... 360,398 30c 19a a Mortgage (paid to banks, etc.) . 106,812 19b 30d **b** Other . . . . . . . . . . . d ..... 30e 20 Labor hired (less employment е ..... 30f credits) (see Schedule F instructions). . . . 74.681 20 30g 5,056,242 31 31 **Total expenses.** Add lines 8 through 30g (see instructions) . . . . . . . . . 32 Net farm rental income or (loss). Subtract line 31 from line 7. If the result is income, enter 2,892,184 32 it here and on Schedule E, line 40. If the result is a loss, you **must** go to line 33 33 If line 32 is a loss, check the box that describes your investment in this activity 33a All investment is at risk. **33b** Some investment is not at risk. You may have to complete Form 8582 to determine your deductible loss, regardless of which box you checked (see instructions). If you checked box 33b, you must complete Form 6198 before going to Form 8582. In either case, enter the deductible loss here and on Schedule E, line 40 . . Nondeductible loss (+)/Suspended loss carryover (-) = 105,212 33c 620.202

For Paperwork Reduction Act Notice, see instructions on back.

Form 4835 (2006)

\* Entry for this line is greater than zero, but too small to report



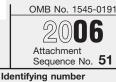
AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

### **Investment Interest Expense Deduction**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

4952

#### Attach to your tax return.



159

Total	Forms	Filed =	1.813	.952

Par	t I Total Investment Interest Expense			
1	Investment interest expense paid or accrued in 2006 (see instructions)	1	32,589,950	
2	Disallowed investment interest expense from 2005 Form 4952, line 7	2	15,866,772	
3	Total investment interest expense. Add lines 1 and 2	3	48,456,722	
Par	t II Net Investment Income			
	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)			
b		4.0	83,349,379	
С	Subtract line 4b from line 4a	4c	03,349,379	
d	Net gain from the disposition of property held for investment 4d 290,358,725			
е	Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions)			
f	Subtract line 4e from line 4d	4f	25,345,274	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	4,740,313	
h	Investment income. Add lines 4c, 4f, and 4g	4h	113,434,967	
5	Investment expenses (see instructions)	5	8,515,550	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	105,853,367	
Par	t III Investment Interest Expense Deduction			
7	Disallowed investment interest expense to be carried forward to 2007. Subtract line 6 from			

Section references are to the Internal Revenue Code unless otherwise noted.

line 3. If zero or less, enter -0-

## **General Instructions**

### **Purpose of Form**

8

Use Form 4952 to figure the amount of investment interest expense you can deduct for 2006 and the amount you can carry forward to future years. Your investment interest expense deduction is limited to your net investment income.

For more information, see Pub. 550, Investment Income and Expenses.

### Who Must File

If you are an individual, estate, or a trust, you must file Form 4952 to claim a deduction for your investment interest expense.

**Exception.** You do not have to file Form 4952 if all of the following apply.

• Your investment income from interest and ordinary dividends minus any qualified dividends is more than your investment interest expense.

• You do not have any other deductible investment expenses.

• You do not have any carryover of disallowed investment interest expense from 2005.

### Allocation of Interest Expense

If you paid or accrued interest on a loan and used the loan proceeds for more than one purpose, you may have to allocate the interest. This is necessary because different rules apply to investment interest, personal interest, trade or business interest, home mortgage interest, and passive activity interest. See Pub. 535, Business Expenses.

### Specific Instructions Part I—Total Investment Interest Expense

### Line 1

Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.

Enter the investment interest expense paid or accrued during the tax year, regardless of when you incurred the indebtedness. Investment interest expense is interest paid or accrued on a loan or part of a loan that is allocable to property held for investment (as defined on this page).

Include investment interest expense reported to you on Schedule K-1 from a partnership or an S corporation. Include amortization of bond premium on taxable bonds purchased after October 22, 1986, but before January 1, 1988, unless you elected to offset amortizable bond premium against the interest payments on the bond. A taxable bond is a bond on which the interest is includible in gross income.

Investment interest expense does not include any of the following:

• Home mortgage interest.

 Interest expense that is properly allocable to a passive activity. Generally, a passive activity is any trade or business activity in which you do not materially participate and any rental activity. See the Instructions for Form 8582, Passive Activity Loss Limitations, for details. • Any interest expense that is capitalized, such as construction interest subject to section 263A.

7

8

19.070.027

29,386,695

• Interest expense related to tax-exempt interest income under section 265.

• Interest expense, disallowed under section 264, on indebtedness with respect to life insurance, endowment, or annuity contracts issued after June 8, 1997, even if the proceeds were used to purchase any property held for investment.

**Property held for investment.** Property held for investment includes property that produces income, not derived in the ordinary course of a trade or business, from interest, dividends, annuities, or royalties. It also includes property that produces gain or loss, not derived in the ordinary course of a trade or business, from the disposition of property that produces these types of income or is held for investment. However, it does not include an interest in a passive activity.

**Exception.** A working interest in an oil or gas property that you held directly or through an entity that did not limit your liability is property held for investment, but only if you did not materially participate in the activity.

### Part II—Net Investment Income Line 4a

Gross income from property held for investment includes income, unless derived in the ordinary course of a trade or business, from interest, ordinary dividends (except Alaska Permanent Fund dividends), annuities, and royalties. Include investment income

1	60	

F

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

orm <b>4972</b>	
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### **Tax on Lump-Sum Distributions**

(From Qualified Plans of Participants Born Before January 2, 1936)

OMB	No.	1545-0193
62	20	06

Department of the Treasury Internal Revenue Service (99) Name of recipient of distribution

▶ Attach to Form 1040, Form 1040NR, or Form 1041.

	Attachment Sequence No.	2
Iden	tifying number	

Par	Complete this part to see if you can use Form 4972				
1	Was this a distribution of a plan participant's entire balance (excluding deductible voluntary contributions and certain forfeited amounts) from all of an employer's qualified plans of one kind	l (pensio	n,	Yes	No
-	profit-sharing, or stock bonus)? If "No," <b>do not</b> use this form		. 1		
2	Did you roll over any part of the distribution? If "Yes," <b>do not</b> use this form	• • •	. 2		
3	Was this distribution paid to you as a beneficiary of a plan participant who was born before January 2, 1936?				
4	Were you (a) a plan participant who received this distribution, (b) born before January 2, 1936, participant in the plan for at least 5 years before the year of the distribution?				_
	If you answered "No" to both questions 3 and 4, do not use this form.				
5a	Did you use Form 4972 after 1986 for a previous distribution from your own plan? If "Yes," <b>do no</b> form for a 2006 distribution from your own plan	ot use th	is . <b>5a</b>		
	If you are receiving this distribution as a beneficiary of a plan participant who died, did you use F for a previous distribution received for that participant after 1986? If "Yes," <b>do not</b> use the for distribution	m for th	is		
Par	t II Complete this part to choose the 20% capital gain election (see instructions)				
6	Capital gain part from Form 1099-R, box 3	6	*		
7	Multiply line 6 by 20% (.20)	7			
	If you also choose to use Part III, go to line 8. Otherwise, include the amount from line 7 in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies.				
Par	t III Complete this part to choose the 10-year tax option (see instructions)				
8	Ordinary income from Form 1099-R, box 2a minus box 3. If you did not complete Part II, enter the taxable amount from Form 1099-R, box 2a	8	372,90	4	
9	Death benefit exclusion for a beneficiary of a plan participant who died before August 21, 1996	9	0		
10	Total taxable amount. Subtract line 9 from line 8	10	372,90	4	
11	Current actuarial value of annuity from Form 1099-R, box 8. If none, enter -0	11	0		
12	Adjusted total taxable amount. Add lines 10 and 11. If this amount is \$70,000 or more, <b>skip</b> lines 13 through 16, enter this amount on line 17, and go to line 18	12	372,90	4	
13	Multiply line 12 by 50% (.50), but <b>do not</b> enter more than \$10,000 . <b>13</b>	-			
14	Subtract \$20,000 from line 12. If line 12 is				
	\$20,000 or less, enter -0				
15	Multiply line 14 by 20% (.20)	16	47.666	.	
16	Minimum distribution allowance. Subtract line 15 from line 13	17	47,000		
17 18	Subtract line 16 from line 12	18	*		
19	Subtract line 18 from line 17. If line 11 is zero, <b>skip</b> lines 20 through 22 and go to line 23	19			
20	Divide line 11 by line 12 and enter the result as a decimal (rounded				
	to at least three places)				
21	Multiply line 16 by the decimal on line 20				
22	Subtract line 21 from line 11				
23	Multiply line 19 by 10% (.10)	23			
24	Tax on amount on line 23. Use the Tax Rate Schedule in the instructions	24	5,293		
25	Multiply line 24 by ten (10). If line 11 is zero, <b>skip</b> lines 26 through 28, enter this amount on line	05			
00	29, and go to line 30	25			
26					
27	Tax on amount on line 26. Use the Tax Rate Schedule in the instructions    27				
28	Multiply line 27 by ten (10)	28	E2 020		_
29	Subtract line 28 from line 25. Multiple recipients, see instructions	29	52,930	,	
30	<b>Tax on lump-sum distribution.</b> Add lines 7 and 29. Also include this amount in the total on Form 1040, line 44, Form 1040NR, line 41, or Form 1041, Schedule G, line 1b, whichever applies	30	43,250	)	

For Paperwork Reduction Act Notice, see instructions.

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)	-
AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)	

OMB No	1545-0074

2006

61

Additional Taxes on Qualified Plans	
(Including IRAs) and Other Tax-Favored Accounts	Γ

Attach to Form 1040 or Form 1040NR.

Department of the Treasury Internal Revenue Service (99)

Name of individual subject to additional tax. If married filing jointly, see instructions.

5329

Fill in Your Address Only If You Are Filing This Form by Itself and Not

With Your Tax Return

Form

	See	separate	instructions.
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Attachment Sequence No. 29 Your social security number Total Forms Filed = 1,469,483÷ Home address (number and street), or P.O. box if mail is not delivered to your home Apt. no.

.

If this is an amended return, check here ►  $\square$ 

If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 60, or

City, town or post office, state, and ZIP code

on r	form 1040NR, line 55, without filing Form 5329. See the instructions for Form 1040, line 60, or for	Form	TU4UNR, line 5	э.
Pa	<b>rt I</b> Additional Tax on Early Distributions Complete this part if you took a taxable distribution (other than a qualified hurricane distribut 59½, from a qualified retirement plan (including an IRA) or modified endowment contract (unle directly on Form 1040—see above). You may also have to complete this part to indicate that you the additional tax on early distributions or for certain Roth IRA distributions (see instructions).	ess you	are reporting t	his tax
1	Early distributions included in income. For Roth IRA distributions, see instructions	1		
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions).			
	Enter the appropriate exception number from the instructions:	2		
3	Amount subject to additional tax. Subtract line 2 from line 1	3	11,876,673	
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	4	1,203,007	
	<b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).		, ,	I
Pa	<b>Additional Tax on Certain Distributions From Education Accounts</b> Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, education savings account (ESA) or a qualified tuition program (QTP).	line 2	1, from a Cover	dell
5	Distributions included in income from Coverdell ESAs and QTPs	5		
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6		
7	Amount subject to additional tax. Subtract line 6 from line 5	7	70,959	
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	8	7,100	
9 10 11 12 13 14	on line 17 of your 2005 Form 5329.         Enter your excess contributions from line 16 of your 2005 Form 5329 (see instructions). If zero, go to line 15         If your traditional IRA contributions for 2006 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-2006 traditional IRA distributions included in income (see instructions)         2006 distributions of prior year excess contributions (see instructions)         Add lines 10, 11, and 12         Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	9 13 14		
14	Excess contributions for 2006 (see instructions)	15		<u> </u>
16	Total excess contributions. Add lines 14 and 15	16	201,082	
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006			
17	(including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	17	9,182	
Pa	rt IV Additional Tax on Excess Contributions to Roth IRAs Complete this part if you contributed more to your Roth IRAs for 2006 than is allowable or 25 of your 2005 Form 5329.			on line
18 19	Enter your excess contributions from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 23 If your Roth IRA contributions for 2006 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0	18		
20	2006 distributions from your Roth IRAs (see instructions) 20			
21	Add lines 19 and 20	21		
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22		
23	Excess contributions for 2006 (see instructions)	23		
24	Total excess contributions. Add lines 22 and 23	24	214,965	
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2006		,	
25	(including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	25	12,445	

For Privacy Act and Paperwork Reduction Act Notice, see page 6 of the instructions.

Cat. No. 13329Q

Form 5329 (2006)

162		2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON		•	
	5329 (20		RS)	F	age 2
Pa	rt V	Additional Tax on Excess Contributions to Coverdell ESAs Complete this part if the contributions to your Coverdell ESAs for 2006 were more than amount on line 33 of your 2005 Form 5329.	is allo	wable or you h	ad ar
26	Enter f go to l	he excess contributions from line 32 of your 2005 Form 5329 (see instructions). If zero, ine 31	26		
27		ontributions to your Coverdell ESAs for 2006 were less than the um allowable contribution, see instructions. Otherwise, enter -0-			
28		listributions from your Coverdell ESAs (see instructions)			
29	Add lir	nes 27 and 28	29		
30	-	ear excess contributions. Subtract line 29 from line 26. If zero or less, enter -0	30		
31		s contributions for 2006 (see instructions)	31	*	
32		excess contributions. Add lines 30 and 31	32	~	
33	Decen	<b>conal tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 32 <b>or</b> the value of your Coverdell ESAs on the same state in the s	33	*	
Pa	rt VI	Additional Tax on Excess Contributions to Archer MSAs			
		Complete this part if you or your employer contributed more to your Archer MSAs for 20 had an amount on line 41 of your 2005 Form 5329.	06 tha	n is allowable o	or you
34	Enter t go to l	he excess contributions from line 40 of your 2005 Form 5329 (see instructions). If zero, ine 39	34		
35		contributions to your Archer MSAs for 2006 are less than the um allowable contribution, see instructions. Otherwise, enter -0-	-		
36	2006 0	listributions from your Archer MSAs from Form 8853, line 10 .			
37		nes 35 and 36	37		
38	-	ear excess contributions. Subtract line 37 from line 34. If zero or less, enter -0	38		
39		s contributions for 2006 (see instructions)	39 40	9,999	
40 41	Additi Decen	excess contributions. Add lines 38 and 39 <b>conal tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 40 <b>or</b> the value of your Archer MSAs on aber 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form	40	9,999	
		line 60, or Form 1040NR, line 55	41	260	
Pa	rt VII	Additional Tax on Excess Contributions to Health Savings Accounts (HSAs) Complete this part if you, someone on your behalf, or your employer contributed more to allowable or you had an amount on line 49 of your 2005 Form 5329.	your H	ISAs for 2006 tl	nan is
42	Enter 1	he excess contributions from line 48 of your 2005 Form 5329. If zero, go to line 47	42		
43	allowa	contributions to your HSAs for 2006 are less than the maximum ble contribution, see instructions. Otherwise, enter -0			
44		stributions from your HSAs from Form 8889, line 14			
45		nes 43 and 44	45		
46	-	ear excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46 47		
47 48		s contributions for 2006 (see instructions)	48	137,986	
40 49	Additio	<b>nal tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 48 <b>or</b> the value of your HSAs on December 31, 2006 (including intributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	49	4,523	
Pa		Additional Tax on Excess Accumulation in Qualified Retirement Plans (Inclue Complete this part if you did not receive the minimum required distribution from your qua	ding I	RAs)	<u></u>
50	Minim	um required distribution for 2006 (see instructions)	50		
51		t actually distributed to you in 2006	51		
52		ct line 51 from line 50. If zero or less, enter -0	52	34,756	
53 Ciar		nal tax. Enter 50% (.50) of line 52. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	53	18,495	
	ase	Complete only if you are filing this form by itself and not with your tax return. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement: and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v	s, and to /hich pre	the best of my know parer has any know	/ledge ledge.
He					
Paid		Your signature     Date       Preparer's signature     Date       Check if self-employed	Prepa	arer's SSN or PTIN	
	parer's	Firm's name (or yours EIN			
Use	Only	if self-employed), address, and ZIP code Phone no.	(	)	

Form **5329** (2006)

	2006 E	STIMATED DATA LINE COUNTS - (ALL FIGURES AR AMOUNTS OF SELECTED LINES FILED (IN TH				SAN	IPLES)	163
_	5695	Residential Energy Cre			,		OMB No. 1545-	0074
Form	► See instructions.						2006	5
	Department of the Treasury Internal Revenue Service Attach to Form 1040 or Form 1040NR.						Attachment Sequence No.	158
Nam	e(s) shown on return					Your	social security nur	
		Total Forms Filed = 4,361,437						
Pa	t I Nonbusir	ness Energy Property Credit (See instructions be	efore	completing this	par	t.)		
1	your main home	ed energy efficiency improvements or residential energe located in the United States? (see instructions) checked the "No" box, you cannot claim the nonbusine e Part I.	•••				Yes [	<u>No</u>
2	Qualified energy	efficiency improvements (see instructions).		1				
а	Insulation mate	rial or system specifically and primarily designed to s or gain in your home	2a	2,492,433				
b	Exterior window	s (including skylights). Do not enter more than \$2,000	2b	2,913,021				
с	Exterior doors		2c	1,848,345				
d	Star program re	appropriate pigmented coatings that meet the Energy equirements and is specifically and primarily designed gain in your home	2d	324,034				
3	Add lines 2a thr	rough 2d				3	7,577,833	
4		y 10% (.10)				4	757,923	
5 a		gy property costs (see instructions). building property. Do not enter more than \$300	5a	196,513				
b		l gas, propane, or oil furnace or hot water boiler. Do than \$150	5b	160,842				
С		air circulating fan used in a natural gas, propane, or not enter more than \$50	5c	11,691				
6	Add lines 5a thr	ough 5c				6	369,047	<u> </u>
7	Add lines 4 and	6				7	1,126,969	<u> </u>
8	Enter the smalle	er of line 7 or \$500 (If you jointly occupied the home, s	ee ins	tructions)		8	968,526	<u> </u>
9 10	Enter the total, i	nt from Form 1040, line 46, or Form 1040NR, line 43 f any, of your credits from Form 1040, lines 47 through IONR, lines 44 through 46	9 10					
11	Subtract line 10 property credit	from line 9. If zero or less, stop. You cannot take the	nonbu	isiness energy		11		

 12
 Nonbusiness energy property credit. Enter the smaller of line 8 or line 11 . . . . .

 For Paperwork Reduction Act Notice, see instructions.
 Cat. No. 13540P

Form **5695** (2006)

956,277

12

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Before you begin: Figure the amount of any of the following credits that you are claiming.

- Child tax credit
- Mortgage interest credit
- Adoption credit
- District of Columbia first-time homebuyer credit

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)

13	Qualified solar electric property costs         13         285,077			
14	Multiply line 13 by 30% (.30)			
15	Maximum credit amount			
16	Enter the smaller of line 14 or line 15	16	31,651	
17	Qualified solar water heating property costs			
18	Multiply line 17 by 30% (.30)			
19	Maximum credit amount			
20	Enter the smaller of line 18 or line 19	20	20,926	
21	Qualified fuel cell property costs			
22	Multiply line 21 by 30% (.30)			
23	Kilowatt capacity of property on line 21 above ► X \$1,000 23 597,774			
24	Enter the smaller of line 22 or line 23	24	733	
25	Add lines 16, 20, and 24	25	53,310	
26	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43			
27	<b>1040 filers:</b> Enter the total, if any, of your credits from Form 1040, lines 47 through 51, 53, and 54, plus the amount, if any, from line 12 of this form.			
	<b>1040NR filers:</b> Enter the total, if any, of your credits from Form 1040NR, lines 44 through 46, 48, and 49, plus the amount, if any, from line 12 of this form.			
28	Subtract line 27 from line 26. If zero or less, enter -0- here and on line 29	28	56,648,799	
29	Residential energy efficient property credit. Enter the smaller of line 25 or line 28	29	42,985	_
30	Credit carryforward to 2007. If line 29 is less than line 25, subtract line 29 from line 25			
Pa	rt III Current Year Residential Energy Credits			

31 Add lines 12 and 29. Enter here and on Form 1040, line 52, or Form 1040NR, line 47 .

Form 5695 (2006)

**31** 999,262

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

165

Form <b>5884</b>		Wo				
	December 2006)				OMB No. 1545-0	0219
Depart	tment of the Treasury al Revenue Service		Attach to your tax return.		Attachment Sequence No.	77
Name	e(s) shown on return			Identifyi	ng number	
		Total Forms Filed	= 18,431			
1	tax year, and m	ultiply by the percentage show	alified first-year wages paid or incurred during the in, for services of employees who began work fo ons and are certified (if required) as members of a	r		
а		worked for you at least 120 hou	rs but fewer than ......\$	5) <b>1a</b>	2,217	
b	Employees who	worked for you at least 400 hou	ırs\$	)) <b>1b</b>	13,574	
2	Add lines 1a and	d 1b. See instructions for the a	djustment you must make for salaries and wages	2	15,791	
3	Work opportuni	ty credit from partnerships, S	corporations, cooperatives, estates, and trusts	3	100,203	
4	report this amou	unt on Schedule K; all others,	usts, go to line 5; partnerships and S corporations report this amount on the applicable line of Forn	n	445.004	
	3800 (e.g., line	1b of the 2006 Form 3800)	Nondeductible credit = *	4	115,924	
5			erative or the beneficiaries of the estate or trus	t . <b>5</b>		
6			5 from line 4. Report the amount on the applicable m 3800)	6		

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

### What's New

The Tax Relief and Health Care Act of 2006 extended the work opportunity credit to cover employees who begin work for the employer before January 1, 2008.

For employees who begin work for the employer after December 31, 2006, the act also expanded the definition of a targeted group employee, and increased the timeframe for submitting Form 8850. For more information on these changes, see Publication 553, Highlights of 2006 Tax Changes.

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

Taxpayers that are not partnerships, S corporations, cooperatives, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1b of Form 3800.

The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

### Purpose of Form

Use Form 5884 to claim the work opportunity credit for qualified first-year wages you paid to or incurred for targeted group employees during the tax year. Your business does not have to be located in an empowerment zone, enterprise community, or renewal community to qualify for this credit. You can claim or elect not to claim the work opportunity credit any time within 3 years from the due date of your return on either your original return or an amended return.

### How To Claim the Credit

Generally, you must request and be issued a certification for each employee from the state employment security agency (SESA). The certification proves that the employee is a member of a targeted group. You must receive the certification by the day the individual begins work or complete Form 8850, Pre-Screening Notice and Certification Request for the Work Opportunity Credit, on or before the day you offer the individual a job.

If you complete Form 8850, it must be signed by you and the individual and submitted to the SESA by the 21st calendar day after the individual begins work (the 28th day if the employee begins work after December 31, 2006). If the SESA denies the request, it will provide a written explanation of the reason for denial. If a certification is revoked because it was based on false information provided by the worker, wages paid after the date you receive the notice of revocation do not qualify for the credit.

*Hurricane Katrina employee.* A Hurricane Katrina employee is an employee who had a main home in the core disaster area on August 28, 2005, and, within a two-year period beginning on that date, was hired for a job whose principal place of employment is in the core disaster area. The certification requirements described above do not apply to Hurricane Katrina employees. Instead, the worker must show the employer reasonable evidence that the worker is a Hurricane Katrina employee. An employer may use Form 8850 to accept reasonable evidence that the worker is a Hurricane Katrina employee. If the employer discovers that the worker is not a Hurricane Katrina employee, wages paid after the date of discovery will not qualify for the credit.

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **5884-A** (October 2006) Department of the Treasury Internal Revenue Service Name(s) shown on return

### **Credits for Employers Affected by** Hurricane Katrina, Rita, or Wilma

Attach to your tax return.

OMB No. 1545-1978

Attachment Sequence No. 77A

Identifying number

### Total Forms Filed = 6,260

### SECTION A. Employee Retention Credit (see instructions)

-							
1a	Employers affected by Hurricane Katrina, enter the total qualified wages paid or incurred after August 28, 2005, and before January 1, 2006, while the business was inoperable .	1a	13,554				
b	Employers affected by Hurricane Rita, enter the total qualified wages paid or incurred after September 23, 2005, and before January 1, 2006, while the business was inoperable	1b	*				
с	Employers affected by Hurricane Wilma, enter the total qualified wages paid or incurred after October 23, 2005, and before January 1, 2006, while the business was inoperable	1c	0				
d	Add amounts from lines 1a, 1b, and 1c	1d	13,560				
2	2 Enter 40% of line 1d. You <b>must</b> subtract this amount from your deduction for salaries and wages					5,424	
3						38,939	
4							
	estate investment trusts, see instructions				4	44,363	

### SECTION B. Hurricane Katrina Housing Credit (see instructions)

			- E001 A (10	
	partnerships, estates, trusts, cooperatives, regulated investment companies, and real estate investment trusts, see instructions	8	1,165	
8	<b>Current year credit.</b> Add lines 6 and 7. Report this amount on the applicable line of Form 3800. If you have a credit from Section A, see instructions. S corporations,			
7	Hurricane Katrina housing credit from partnerships, S corporations, cooperatives, estates, and trusts	7	1,154	
	wages			
6	Enter 30% of line 5. You <b>must</b> subtract this amount from your deduction for salaries and	6	*	
5	Enter the value (up to \$600 per month per employee) of qualified lodging furnished in-kind to qualified employees during the tax year from January 1, 2006, through July 1, 2006 (see instructions)	5	39	

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 47425B

Form **5884-A** (10-2006)

\* Entry for this line is greater than zero, but too small to report

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2006 E	STIMATED	DATA LIN	IE COUNTS -	(ALL	FIGURES	ARE ES	TIMATES	BASED C	ON SA	MPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

OMB No. 1545-0712

Department of the Treasury
Internal Revenue Service

Form 6198

### **At-Risk Limitations**

► Attach to your tax return. See separate instructions. Attachment Sequence No. 31

umber

Name(s) shown on return

### Total Forms Filed = 402,575

Description of activity (see page 2 of the instructions)

#### Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts (see page 2 of the instructions).

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1		
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in			
	the activity) that you are reporting on:			
а	Schedule D	2a		
b	Form 4797	2b		
С	Other form or schedule	2c		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	(	)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-46,956,003	
Pa		ore co	ompleting this	part.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on			
	the first day of the tax year. Do not enter less than zero	6		
7	Increases for the tax year (see page 3 of the instructions)	7		
8	Add lines 6 and 7	8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
	Subtract line 9 from line 8	-		
b	If line 10a is <b>more</b> than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules	104		
Pa	t III Detailed Computation of Amount At Risk. If you completed Part III of Form 61	<b>10b</b>	vr 2005 soo pr	
1 a	of the instructions.	30 10	1 2000, see pa	aye 4
11	Investment in the activity (or in your interest in the activity) at the effective date. <b>Do not</b> enter			
••		11		
12	Increases at effective date	12		
13	Add lines 11 and 12	13		
14	Decreases at effective date	14		
15	Amount at risk (check box that applies):			
а	At effective date. Subtract line 14 from line 13. <b>Do not</b> enter less than zero.	15		
b	From 2005 Form 6198, line 19b. <b>Do not</b> enter the amount from line 10b of the 2005 form.			
16	Increases since (check box that applies):			
а	Effective date <b>b</b> The end of your 2005 tax year	16		
17	Add lines 15 and 16	17		
18	Decreases since (check box that applies):	10		
	Effective date <b>b</b> The end of your 2005 tax year	18		
	Subtract line 18 from line 17	-		
a	If line 19a is <b>more</b> than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules	104		
Pa	t IV Deductible Loss	19b		
		20	53,087,137	
20	Amount at risk. Enter the larger of line 10b or line 19b	20	00,001,101	
21	<b>Deductible loss.</b> Enter the <b>smaller</b> of the line 5 loss (treated as a positive number) or line 20. See page 7 of the instructions to find out how to report any deductible loss and any carryover.	21	( 12,501,033	
	See page 7 of the instructions to find out now to report any deductible loss and any carryover.			, ,

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

For Paperwork Reduction Act Notice, see page 8 of the instructions.

167

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Identifying	nı

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Form

6251

Department of the Treasury Internal Revenue Service (99)

### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Alternative Minimum Tax—Individuals

See separate instructions.Attach to Form 1040 or Form 1040NR.



Attachment Sequence No. 32

Vame	(s) shown on Form 1040 or Form 1040NR	You	r social security n	umbe
	Total Forms Filed = 8,683,021			
Pa	t I Alternative Minimum Taxable Income (See instructions for how to complete	ete e	ach line.)	
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1	1,978,427,355	
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or $2\frac{1}{2}$ % of Form 1040, line 38	2	1,556,771	
3	Taxes from Schedule A (Form 1040), line 9	3	171,510,304	
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	795,214	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	24,562,162	
	If Form 1040, line 38, is over \$150,500 (over \$75,250 if married filing separately), enter the amount from		,, -	
6	line 11 of the <b>Itemized Deductions Worksheet</b> on page A-7 of the instructions for Schedule A (Form 1040)	6	( 26,147,593	
7	Tax refund from Form 1040, line 10 or line 21	7	(7,456,684	
8	Investment interest expense (difference between regular tax and AMT)	8	-82,511	
9	Depletion (difference between regular tax and AMT)	9	424,675	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	34,664,221	
11	Interest from specified private activity bonds exempt from the regular tax	11	2,231,935	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	81,549	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	1,930,997	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	1,140,457	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	1,365	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	-5,737,441	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	824,118	
18	Passive activities (difference between AMT and regular tax income or loss)	18	941,179	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	324,338	
20	Circulation costs (difference between regular tax and AMT)	20	5,208	
21	Long-term contracts (difference between AMT and regular tax income)	21	-37,707	
22	Mining costs (difference between regular tax and AMT)	22	73,833	
23	Research and experimental costs (difference between regular tax and AMT)	23	102,335	
24	Income from certain installment sales before January 1, 1987	24	( 13,658	
25	Intangible drilling costs preference	25	246,400	
26	Other adjustments, including income-based related adjustments	26	135,637	
27	Alternative tax net operating loss deduction	27	( 9,789,390	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$200,100, see page 7 of the instructions.)	28	2,171,427,757	
Pa	t II Alternative Minimum Tax		11	
29	Exemption. (If this form is for a child under age 18, see page 7 of the instructions.)			
	IF your filing status is       AND line 28 is not over       THEN enter on line 29			
	Single or head of household \$112,500 \$42,500			
	Married filing jointly or qualifying widow(er) 150,000			
	Married filing separately	29	360,112,303	
	If line 28 is <b>over</b> the amount shown above for your filing status, see page 7 of the instructions.			
30	Subtract line 29 from line 28. If more than zero <b>or</b> you are filing Form 2555 or 2555-EZ, go to line 31. If zero or			
	less and you are not filing Form 2555 or 2555-EZ, enter -0- on lines 33 and 35 and skip the rest of Part II	30	1,876,378,738	
31	<ul> <li>If you are filing Form 2555 or 2555-EZ, see page 8 of the instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 55 here.</li> </ul>	31	431,727,011	
	• All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.			
32	Alternative minimum tax foreign tax credit (see page 8 of the instructions)	32	9,500,972	
33	Tentative minimum tax. Subtract line 32 from line 31	33	422,289,983	
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without uping Schedule J (acc page 9 of the instructione)	34	428,798,317	
35	without using Schedule J (see page 9 of the instructions)	35	21,563,717	

For Paperwork Reduction Act Notice, see page 10 of the instructions.

Part III **Tax Computation Using Maximum Capital Gains Rates** 36 Enter the amount from Form 6251, line 30 . 36 37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if 645,194,122 37 necessary) (see page 10 of the instructions) 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the 18,654,089 38 AMT, if necessary) (see page 10 of the instructions) If you did not complete a Schedule D Tax Worksheet for the regular tax or 39 the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule 39 664,577,415 D Tax Worksheet (as refigured for the AMT, if necessary) . . . . . . 40 Enter the **smaller** of line 36 or line 39 40 41 41 Subtract line 40 from line 36 If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). 42 Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the 273,672,197 42 43 Enter: • \$61,300 if married filing jointly or qualifying widow(er), 43 • \$30,650 if single or married filing separately, or • \$41,050 if head of household. Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax 44 Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If 44 you did not complete either worksheet for the regular tax, enter -0- . . . 45 45 Subtract line 44 from line 43. If zero or less, enter -0-46 46 Enter the **smaller** of line 36 or line 37 Enter the **smaller** of line 45 or line 46 . . 47 47 735,542 48 Multiply line 47 by 5% (.05) . . 48 49 Subtract line 47 from line 46 49 89,070,084 50 50 . 🕨 If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. 51 Subtract line 46 from line 40 51 3,552,801 52 52 Multiply line 51 by 25% (.25) 53 Add lines 42, 48, 50, and 52 53 . If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). 54 Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the 446,323,000 54 Enter the smaller of line 53 or line 54 here and on line 31 . 55 55

Form 6251 (2006)

	6252	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)	ŀ	OMB No. 1545-	-0228
	DZJZ nent of the Treasury Revenue Service	<ul> <li>Attach to your tax return.</li> <li>Use a separate form for each sale or other disposition of property on the installment method.</li> </ul>		2000 Attachment Sequence No.	<b>5</b> 79
	(s) shown on return		Ident	ifying number	
		Total Forms Filed = 888,811			
1	Description of p				
2a 3		month, day, year) ► / / / b Date sold (month, day, year) ► ( ty sold to a related party (see instructions) after May 14, 1980? If "No," skip line 4.			□ N
		ty you sold to a related party (see instructions) after May 14, 1960? If No, skip life 4.			
	complete Part II	I for the year of sale and the 2 years after the year of sale		🗌 Yes	
Par	t I Gross	Profit and Contract Price. Complete this part for the year of sale only.			
5	Selling price inclu	uding mortgages and other debts. <b>Do not</b> include interest whether stated or unstated	5	72,111,757	
6		ts, and other liabilities the buyer assumed or took			
-		oject to (see instructions)			
7 8		irom line 5     7       asis of property sold     .			
9		by b			
10		Subtract line 9 from line 8			
11	-	nd other expenses of sale			
12		re from Form 4797, Part III (see instructions)		40.040.007	
13		I, and 12	13	19,843,887	_
14		from line 5. If zero or less, <b>do not</b> complete the rest of this form (see instructions)	14	52,267,870	
15		escribed on line 1 above was your main home, enter the amount of your excluded stions). Otherwise, enter -0	15	509,609	
16		ubtract line 15 from line 14	16	51,780,555	
17	Subtract line 13	from line 6. If zero or less, enter -0	17	169,321	
18	Contract price.	Add line 7 and line 17	18	70,522,127	
Par		<b>nent Sale Income.</b> Complete this part for the year of sale <b>and</b> any year your are any sear you must treat as a payment on installment obligations.	ou ree	ceive a paym	ient o
10			19		
19 20		centage. Divide line 16 by line 18. For years after the year of sale, see instructions r of sale, enter the amount from line 17. Otherwise, enter -0-	20		
21		ed during year (see instructions). <b>Do not</b> include interest, whether stated or unstated	21	73,430,953	
22	Add lines 20 an		22	73,600,274	
23	•	ved in prior years (see instructions). <b>Do not</b> include r stated or unstated			
24		e income. Multiply line 22 by line 19	24	42,226,098	
25 26		f line 24 that is ordinary income under the recapture rules (see instructions) from line 24. Enter here and on Schedule D or Form 4797 (see instructions)	25 26	334,978 41,891,120	
		d Party Installment Sale Income. Do not complete if you received the fina	-		k veai
27		and taxpayer identifying number of related party			
				····· <u>·</u> ······	
28 29	If the answer to	party resell or dispose of the property ("second disposition") during this tax year? o question 28 is "Yes," complete lines 30 through 37 below unless one of the e box that applies.			l N ns is
а	The second	disposition was more than 2 years after the first disposition (other than dispositions e securities). If this box is checked, enter the date of disposition (month, day, year)		/ /	
b c		position was a sale or exchange of stock to the issuing corporation. disposition was an involuntary conversion and the threat of conversion occurred a	after t	he first dispos	ition.
d		disposition occurred after the death of the original seller or buyer.		·	
е		tablished to the satisfaction of the Internal Revenue Service that tax avoidance was the dispositions. If this box is checked, attach an explanation (see instructions).		a principal pu	urpose
30		property sold by related party (see instructions)	30		
31		price from line 18 for year of first sale	31 32		
32		er of line 30 or line 31	32		
33 34		received by the end of your 2006 tax year (see instructions)	34		
		by the gross profit percentage on line 19 for year of first sale	35	40,601	
35					
35 36 37	Enter the part of	f line 35 that is ordinary income under the recapture rules (see instructions) from line 35. Enter here and on Schedule D or Form 4797 (see instructions)	36 37	* 20,008	

	2006 ESTIMATE An			•				<b>S BASED ON</b> OF DOLLARS)	SAM	PLES)	171
Form	6781	Gai		Losses F				256		OMB No. 1545-0	644
FOIII	••••		Con	tracts ar	nd Strac	dles				2006	I
	ment of the Treasury A Revenue Service		I	Attach to yo	our tax retur	n.				Attachment Sequence No. 8	32
Name	e(s) shown on tax return								Ider	ntifying number	
				iled = 289,4					<u> </u>		
Chec	k all applicable boxes (see ins		=	ed straddle elec Idle-by-straddle id		ection	C D			ccount election contracts loss ele	ction
Pa	rt I Section 1256 C					ection	<u> </u>		1200		
	(a) Identification	of account	t					(b) (Loss)		(c) Gain	
1											
			<u> </u>				2 (			\	
2	Add the amounts on line 1 i	•	, ()	· · · · ·		L	2 (		3	6,158,690	
3 4	Net gain or (loss). Combine Form 1099-B adjustments.						•		4	-1,575	
5	Combine lines 3 and 4					· · ·			5	6,157,116	
	Note: If line 5 shows a net g						S cor	oorations, see			
	instructions.			-							
6	If you have a net section 12 carried back. Enter the loss							of loss to be	6	118,865	
-	Compliant lines 5 and 6								7	6,275,981	1 1 1
7 8	Combine lines 5 and 6 Short-term capital gain or						• • * + h	· · · · · ·	<b></b>	0,210,001	   
0	line of Schedule D (see inst								8	2,510,399	
9	Long-term capital gain or line of Schedule D (see inst	(loss). Multi	ply line 7 by		ter here and	include	on th	e appropriate	9	3,765,584	
	t II Gains and Los			<b>s.</b> Attach a se	eparate sch	edule li	sting	each straddle	and	its components.	
Sec	tion A—Losses From	Straddles						1		1	
	(a) Description of property	<b>(b)</b> Date entered into or acquired	(c) Date closed out or sold	<b>(d)</b> Gross sales price	(e) Cost or other basis plus expense of sale	(f) Los If colum is more (d), en differer Otherw enter	n (e) than iter ice. vise,	<b>(g)</b> Unrecognize gain on offsetting positions	ed	(h) Recognized I If column (f) is m than (g), enter difference. Otherwise, enter	iore
10											
11a	Enter the short-term portion Schedule D (see instructions								11a	( 32,602	)
b	Enter the long-term portion Schedule D (see instruction								11b	( 2,815	)
Sec	tion B—Gains From S	traddles									
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	<b>(d)</b> Gi sales			ba	ost or other sis plus nse of sale		(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-	
12											
	Enter the short-term portion Schedule D (see instruction	3)							13a	284,997	
	Enter the long-term portion Schedule D (see instruction	s)							13b	169,756	
Par	t III Unrecognized	Gains Fro	om Positio	ons Held on	Last Day	of Ta	x Ye	ar.Memo Entr	y Onl		,
	(a) Description of proper	ty	<b>(b)</b> Date acquire		market value o ess day of tax y		(d)	Cost or other basi as adjusted		(e) Unrecognized g If column (c) is mo than (d), enter different Otherwise, enter -	ence.
14										,	

2		AMOUNTS	OF SELECTED L	INES FI	_ED (IN T	HOUSANDS	OF	<b>ED ON SAMP</b> DOLLARS)	LE3)		
Form <b>8283</b>		N	oncash Cha	aritab	le Cor	ntributio	ıs		OMB No.	1545-09	08
Depart	Department of the Treasury of over \$500				eturn if you claimed a total deduction for all contributed property.					nt No. <b>15</b>	55
	ternal Revenue Service See separate ame(s) shown on your income tax return								Identifying r		
			tal Forms Filed =								
	Figure the amou	-			· -					- 4.1	
Sec		groups of simil groups of simil	ar items) for wh	ich you	claimed	l a deductio	on of	\$5,000 or le	ss. Also,		
Par	t I Informati	on on Donated	Property-If yo	ou need	more sp	ace, attach	a st	atement.	-		
1	(a) Name and address of the donee organization					onated vehicle, e	nter th	tion of donated pr e year, make, moo Form 1098-C if red	del, condition,	and mil	leage,
Α											
в											
С											
D											
Е											
Note	. If the amount you	l claimed as a ded	uction for an item	is \$500 d	or less, yo	ou do not hav	ve to o	complete colur	nns (d), (e)	, and (1	f).
	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor		or's cost ted basis	(g) Fair market (see instructi			d used to det air market val		
Α				05.005		07.457.750					
B C				35,965,0	624	37,457,753					
D											
E											
Par	entire inte	terests and Re erest in a proper on listed in Part	ty listed in Part	I. Com	olete line	es 3a throug	gh 3a	c if condition			
	Enter the letter fro If Part II applies to	o more than one p	property, attach a	separate	stateme	nt.					
b	Total amount clair	med as a deduction	on for the property	y listed ir			-				
с	Name and addres	s of each organiz	ation to which an	v such c		(2) For any point was made			nplete only	/ if diff	ferei
	from the donee of	rganization above)		,				<b>,</b>			
	Name of charitable org	anization (donee)									
	Address (number, stree	et, and room or suite n	o.)								
	City or town, state, and	d ZIP code									
						laant N					
a e	For tangible proper Name of any pers			-							
3a	Is there a restrict property?	ion, either tempor								Yes	No
b	Did you give to an organization in co- the property, inclu	nyone (other than operative fundraisi	the donee organiz ng) the right to the ote donated secu	zation or e income ırities, to	another of from the acquire t	organization donated prop he property b	partic perty by pui	ipating with th or to the posse rchase or othe	e donee ession of rwise, or		

For Paperwork Reduction Act Notice, see separate instructions.

1

Form 8283 (Rev. 12-2006)	
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Collectibles\*\*

Name(s) shown on your income tax return

Page 2

Section B. Donated Property Over \$5,000 (Except Certain Publicly Traded Securities)—List in this section only i	tems (or groups of similar
items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions	of certain publicly traded

securities re	ported in Section A	). An appraisal is	generally rec	quired for prope	erty listed in Sectior	n B (see instructions).

#### Information on Donated Property—To be completed by the taxpayer and/or the appraiser. Part I

Check the box that describes the type of property donated:

Qualified Conservation Contribution

Equipment Securities

Identifying number

Art*	(contribution	of \$20,	,000 (	or more)
Art*	(contribution	of less	than	\$20,000)

Other Real Estate Intellectual Property

Other

\*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

\*\*Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note. In certain cases, you must attach a qualified appraisal of the property. See instructions.

5	5 (a) Description of donated property (if you need more space, attach a separate statement)				(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift					(c) Appraised fair market value	
Α											
В									15,144,901		
С											
D											
	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's adjusted		(g) For bargain sales, enter - amount received		(h) Amount claimed deduction	(h) Amount claimed as a deduction		rice	
Α											
В			3,911,05	55	1,064,625		6,734,778		193,998		
С											
D											
Pa	Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.										

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶

Signature of taxpayer (donor) > Date Part III **Declaration of Appraiser** 

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my gualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that a substantial or gross valuation misstatement resulting from the appraisal of the value of the property that I know, or reasonably should know, would be used in connection with a return or claim for refund, may subject me to the penalty under section 6695A. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign				
Here	Signature ►	Title ►	Date 🕨	
Business	address (including room or suite no.)			Identifying number

City or town, state, and ZIP code

#### Donee Acknowledgment—To be completed by the charitable organization. Part IV

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date >

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? .		. 🕨 🗌 Yes	🗌 No
Name of charitable organization (donee)	Employer identification number		
Address (number, street, and room or suite no.)	City or town, state, and ZIP code		
Authorized signature	Title	Date	

1	74

### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form 8396

Department of the Treasury Internal Revenue Service

## Mortgage Interest Credit

(For Holders of Qualified Mortgage Credit Certificates Issued by

State or Local Governmental Units or Agencies)

Attach to Form 1040 or 1040NR.
See instructions on back.

	OMB No. 1545-0074
	2006
	Attachment Sequence No. <b>138</b>
s	ocial security number

1

Name(s) shown on your tax return

### Total Forms Filed = 55,834

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return.

Name of Issuer of Mortgage Credit Certificate

Mortgage Credit Certificate Number

Issue Date

Your

### Part I Current Year Mortgage Interest Credit

1	Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid	1		
2	Enter the certificate credit rate shown on your <b>mortgage credit certificate. Do not</b> enter the interest rate on your home mortgage	2		%
3	If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your mortgage and received a reissued certificate, see the instructions for the amount to enter.	3	49,315	
	You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3.			
4	Enter any 2003 credit carryforward from line 18 of your 2005 Form 8396	4	1,774	
5	Enter any 2004 credit carryforward from line 16 of your 2005 Form 8396	5	8,830	
6	Enter any 2005 credit carryforward from line 19 of your 2005 Form 8396	6	11,907	
7	Add lines 3 through 6	7	71,826	
8	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	8		
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 47 through 51 and line 53 plus any credit from Form 5695, line 12	9		
	<b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 44 through 46 and line 48 plus any credit from Form 5695, line 12			
10	Subtract line 9 from line 8. If zero or less, enter -0- here and on line 11 and go to Part II	10		
11	Current year mortgage interest credit. Enter the smaller of line 7 or line 10. Also include			
	this amount in the total on Form 1040, line 54, or Form 1040NR, line 49, and check box <b>a</b> on that line	11	48,366	

Part II Mortgage Interest Credit Carryforward to 2007. (Complete only if line 11 is less than line 7.)

For	Paperwork Reduction Act Notice, see back of form. Cat. No. 62502X		Form <b>8396</b> (	(2006)
19	2006 credit carryforward to 2007. Subtract line 11 from line 3. If zero or less, enter -0-	19		
18	2004 credit carryforward to 2007. Enter the smaller of line 5 or line 17	18		
17	Subtract line 16 from line 15	17		
16	2005 credit carryforward to 2007. Enter the smaller of line 6 or line 15	16		
15	Subtract line 14 from line 13	15		
14	Enter the larger of line 11 or line 12	14		
13	Enter the amount from line 7	13		
12	Add lines 3 and 4	12		
40		12		

	2006 ES	TIMATED DATA LINE COUNTS - (ALL FIGURES			AMPLES)	175
	8582	AMOUNTS OF SELECTED LINES FILED ( Passive Activity Loss		(S)	OMB No. 1545-10	800
Form	0502	<ul> <li>See separate instru</li> </ul>			2006	
	tment of the Treasury al Revenue Service (99)		Attachment Sequence No. 8	88		
	e(s) shown on return	► Attach to Form 1040 or			Identifying number	
Pa	t 2006 Bass	Total Forms Filed = 3,554 sive Activity Loss	,402			
ra		omplete Worksheets 1, 2, and 3 on page 2 befor	e completing Part I.			
		tivities With Active Participation (For the defini				
		for Rental Real Estate Activities on page 3 of	the instructions.)			
1a		income (enter the amount from Worksheet 1,	<b>1a</b> 15.354.389			
b	Activities with ne	t loss (enter the amount from Worksheet 1,				
-			<b>1b</b> ( 37,884,542 )			
С			<b>1c</b> ( 26,138,486 )			
d	Combine lines 1a,	1b, and 1c		1d	-48,668,640	
		tion Deductions From Rental Real Estate Act	ivities   2a   ( 14,371   )			
		ization deductions from Worksheet 2, column (a) ved commercial revitalization deductions from				
	Worksheet 2, colu	ımn (b)	<b>2b</b> ( 235,094 )			
		2b		2c	( 249,465	)
	Other Passive Activ	vities income (enter the amount from Worksheet 3,	1 1 1			
38			<b>3a</b> 39,329,057			
b	Activities with ne	t loss (enter the amount from Worksheet 3,	<b>3b</b> ( 25,106,251 )			
С	•	ved losses (enter the amount from Worksheet 3,	<b>3c</b> ( 35,278,503 )			
d				3d	-21,055,698	
		2c, and 3d. If the result is net income or zero, all				
	any prior year una Report the losses	allowed losses entered on line 1c, 2b, or 3c. Do on the forms and schedules normally used		4	-69,973,802	
	If line 4 is a loss a	<ul> <li>And: Line 1d is a loss, go to Part II.</li> <li>Line 2c is a loss (and line 1d is zero of</li> </ul>	r more) skip Part II and go to	Part	ш	
		<ul> <li>Line 3d is a loss (and lines 1d and 2c</li> </ul>				e 15.
		atus is married filing separately and you lived with	your spouse at any time duri	ng the	e year, <b>do not</b> con	nplete
_	Il or Part III. Instea t II Special A	a, go to line 15. Ilowance for Rental Real Estate Activities	With Active Participation	n		
		r all numbers in Part II as positive amounts. See			xample.	
5		the loss on line 1d or the loss on line 4		5	57,069,122	
6		married filing separately, see page 8	6 320,182,442 7 393,888,765			
7		ted gross income, but not less than zero (see page 8) greater than or equal to line 6, skip lines 8 and				
		e 10. Otherwise, go to line 8.				
8		m line 6	<b>8</b> 100,776,368	0	30,103,968	
9 10		0% (.5). <b>Do not</b> enter more than \$25,000. If married of line 5 or line 9.		9 10	15,316,773	
-	If line 2c is a loss,	, go to Part III. Otherwise, go to line 15.				
Pa		Allowance for Commercial Revitalization I ar all numbers in Part III as positive amounts. See				
11		ced by the amount, if any, on line 10. If married filin	· · ·	age o 11	43,373	15.
12				12		
13	Reduce line 12 by	the amount on line 10		13	772,064	
14 Par		t of line 2c (treated as a positive amount), line 1 <sup>-</sup> sses Allowed	1, or line 13	14	13,744	
15		f any, on lines 1a and 3a and enter the total.		15	13,826,102	
16	Total losses allo	wed from all passive activities for 2006. Add	lines 10, 14, and 15. See			
For		tructions to find out how to report the losses on y		16	34,837,148 Form <b>8582</b>	(2006)

/6	2006 ES		•	FIGURES ARE ESTIMA S FILED (IN THOUSAN			PLES)	
Form	8586			Housing Credit			OMB No. 1545-0	0984
Depai	December 2006) rtment of the Treasury al Revenue Service (99)		Attach to	o your tax return.			Attachment Sequence No. 3	36a
Nam	e(s) shown on return		Total Forms I	Filed = 70,353		Ide	entifying number	
1 2	Has there been a tax year?	a decrease in the qua Yes	Yes," enter the buildi s. If you need more s	ildings since the close o ng identification numbe space, attach a schedul (iv)	rs (BINs) of the le.			
3	Current year cre	edit from attached Fo	orm(s) 8609-A (see ir	structions)		3	2,366	
4 5	Low-income ho Add lines 3 and	using credit from pa 4. Estates and trust	rtnerships, S corpora s, go to line 6; partne	tions, estates, and trust erships and S corporation	ts.... ons, report this	4	147,527	
	line 1e of the 20	edule K; all others, re	port this amount on N	the applicable line of Fo	orm 3800 (e.g., redit = *	5	149,147	
6	Amount allocate	ed to beneficiaries of	the estate or trust (	see instructions)		6		
7	Estates and tru	sts. Subtract line 6	from line 5. Report	this amount on the ap	plicable line of	7		

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### What's New

• The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

 Taxpayers that are not partnerships, S corporations, estates, or trusts, and whose only source of this credit is from those pass-through entities, are not required to complete or file this form. Instead, they can report this credit directly on line 1e of Form 3800.

• The IRS will revise this December 2006 version of the form only when necessary. Continue to use this version for tax years beginning after 2005 until a new revision is issued.

### **Purpose of Form**

Use Form 8586 to claim the low-income housing credit. This general business credit is allowed for each new qualified low-income building placed in service after 1986. Generally, it is taken over a 10-year credit period.

### Qualified Low-Income Housing Project

The credit cannot exceed the amount allocated to the building. See section 42(h)(1) for details.

The low-income housing credit can only be claimed for residential rental buildings in low-income housing projects that meet one of the minimum set-aside tests. For details, see the instructions for Form 8609, Part II, line 10c.

Except for buildings financed with certain tax-exempt bonds, you may not take a low-income housing credit on a building if it has not received an allocation from the housing credit agency. No allocation is needed when 50% or more of the aggregate basis of the building and the land on which the building is located is financed with certain tax-exempt bonds issued after 1989 for buildings placed in service after 1989. The owner still must get a Form 8609 from the appropriate housing credit agency (with the applicable items completed, including an assigned BIN). "Land on which the building is located" includes only land that is functionally related and subordinate to the qualified low-income building (see Regulations sections 1.103-8(a)(3) and 1.103-8(b)(4)(iii)).

### **Recapture of Credit**

There is a 15-year compliance period during which the residential rental building must continue to meet certain requirements. If, as of the close of any tax year in this period, there is a reduction in the qualified basis of the building from the previous year, you may have to recapture a part of the credit you have taken. Similarly, you may have to recapture part of the credits taken in previous years upon certain dispositions of the building or interests therein. If you must recapture credits, use Form 8611, Recapture of Low-Income Housing Credit. See section 42(j) for details.

### Recordkeeping

Keep a copy of this Form 8586 together with all Forms 8609, Schedules A (Form 8609) (and successor Forms 8609-A), and Forms 8611 for 3 years after the 15-year compliance period ends.

2006	ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SA	AMPLES) 177
0000	AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)	OMB No. 1545-0074
8606	Nondeductible IRAs	തെന്ന

UIIII												Ľ)	·(())	
anart	nent of the Treasury					See sepa	arate instructio	ons.				<i>ک)</i> Attach		
iterna	Revenue Service (99)			► At	tach to Fo	orm 1040,	Form 1040A, c	or Form	n 1040NR.			Seque	ence No.	48
ame	If married, file a sepa	arate form fo	or each sp	pouse re	•				tructions.	Y	our so	ocial secu	urity numl	ber
							-iled = 2,044,8							
f Yo	n Your Address a Are Filing Thi	s	Home	e addres	ss (number	and street,	or P.O. box if mai	l is not	delivered to your hom	ie)			Apt. no.	
	n by Itself and N Your Tax Retur		City, t	town or	post office	e, state, and	ZIP code							
Par	t I Nondedu	ctible Co	ontribut	tions	to Tradi	itional IR	As and Distr	ibutio	ns From Traditi	onal,	SEP	, and S	IMPLE	IRAs
	Complete	this part	only if	one o	r more of	f the follo	wing apply.							
	<ul> <li>You ma</li> </ul>	ade nonde	eductible	e con	tributions	s to a trac	ditional IRA for	2006						
									06 <b>and</b> you made					
									ribution does not					
		of certain				stribution)	, qualified cha	aritable	e distribution, co	nvers	ion, i	recharad	cterizatio	on, or
						traditiona	SED and SI		IRAs to Roth IRA	e in 2	006 (	ovoludir	na any n	ortior
									a traditional IRA					
1	•								ng those made f				- <b>,</b>	
	•								ictions)		1	3,214	4,921	
2	Enter your total	-		-	-					. [	2	18,91	2,520	
3	Add lines 1 and	2.								. L	3	22,12	7,440	
	In 2006, did y distribution f SEP, or SIMF make a Roth	rom trad PLE IRAs	itional, , or	1?	Ye		•	o not (	nt from line 3 on complete the rest	t				
4		ntributions	s include	ed on	ı line 1 tł	hat were	made from J	anuary	/ 1, 2007, throug	h		25,0	000	
_	April 16, 2007									·  -	4 5		2,360	
5	Subtract line 4 f							• •		·  -	5	22,10	2,000	
6	Enter the value	-												
	December 31, 2 repayments of c		-		•		•							
	less, enter -0- (s	•						6	64,269,385					
7	Enter your distr 2006. <b>Do not</b> in hurricane distrib	ributions f nclude ro putions), q	from tra llovers ualified	adition (other charit	al, SEP, than rep table dist	and SIM payments ributions,	PLE IRAs in of qualified conversions							
	to a Roth IRA, of traditional IRA							7	4,861,797					
8	Enter the net am IRAs to Roth IR	As in 200	06. <b>Do r</b>	not ind	clude am	nounts co	nverted that							
0	you later rechar this amount on	line 16 .					37,424	8	406,243	4				
9 0	Add lines 6, 7, a Divide line 5 by		ntor the											
0	least 3 places.							10	× .					
1	Multiply line 8 by you converted to	y line 10. <sup>.</sup>	This is t	he no	ntaxable	portion of	f the amount	11	64,755					
2	Multiply line 7	by line 1	0 This	ic th	no nontax	vabla por	tion of your							

13	Add lines 11 and 12. This is the nontaxable portion of all your distributions	13	737,928
	Subtract line 13 from line 3. This is your total basis in traditional IRAs for 2006 and earlier years	14	21,389,512
	Subtract line 12 from line 7.	15a	4,186,599
	Amount on line 15a attributable to gualified hurricane distributions (see page 6 of the instructions).		
	Also enter this amount on Form 8915, line 22	15b	17,215
с	Taxable amount. Subtract line 15b from line 15a. If more than zero, also include this amount on		
	Form 1040, line 15b; Form 1040A, line 11b; or Form 1040NR, line 16b	15c	4,173,085

Cat. No. 63966F

673,177

12

For Privacy Act and Paperwork Reduction Act Notice, see page 8 of the instructions.

78				-					
	8606 (200 rt II	,			FILED (IN THOUSAN		)		Page <b>2</b>
		Complete this any portion yo <b>Caution:</b> If you your spouse at	part if you conve ou recharacterize ur modified adjus t any time in 200	erted part or all of you ed). sted gross income is 06, you <b>cannot</b> conve	over \$100,000 <b>or</b> you ert any amount from a u must recharacterize	d SIMPLE IRAs to a are married filing so traditional, SEP, or	eparate SIMPL	ely and you live E IRAs to Roth	d with h IRAs
16	convei you lat	rted from tradit	ional, SEP, and	SIMPLE IRAs to Roth	Otherwise, enter the IRAs in 2006. <b>Do not</b> PLE IRAs in 2006 or 2	include amounts	16	1,334,888	
17			t I, enter the amo 7 of the instruc		erwise, enter your ba		17	72,964	
18					ude this amount on F b		18	1,261,924	
Pa		Complete this include a rolle	over (other that	i took a distribution n a repayment of a	from a Roth IRA in 2 qualified hurricane s (see page 7 of the ir	distribution), quali			
19	-				n 2006 including any		19	1,545,387	
20		ed first-time h 10,000	omebuyer expe		the instructions). Do	<b>not</b> enter more	20	56,172	
21	Subtra	act line 20 from	n line 19. lf zero	or less, enter -0- an	d skip lines 22 throug	gh 25	21	1,498,149	
22	Enter	your basis in F	Roth IRA contrib	utions (see page 7 o	f the instructions) .		22	1,373,700	
23				or less, enter -0- and tax (see page 7 of tl	skip lines 24 and 25. ne instructions)	If more than zero,	23	592,342	
24	Enter	your basis in F	Roth IRA convers	sions (see page 7 of	the instructions)		24	492,755	
25a	Subtra	act line 24 from	n line 23. If zero	or less, enter -0- an	d skip lines 25b and	25c	25a	415,253	
	Also e	nter this amou	int on Form 891	5, line 23	butions (see page 8 c		25b	*	
	Form		; Form 1040A, li Under penalties of	ne 11b; or Form 104	ONR, line 16b.		25c	416,895	st of my
Are by I	Filing T	his Form d Not With	Your signature		omplete.	Date			
Paid		Preparer's signature	•		Date	Check if self- employed	Prepa	rer's SSN or PTIN	
	Only	Firm's name (or if self-employed address, and Z	d), 🕨 ——			EIN Phone no.	(	)	

\* Entry for this line is greater than zero, but too small to report

Form **8606** (2006)

2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES) 179 AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) OMB No. 1545-0074 8615 Tax for Children Under Age 18 Form (0)With Investment Income of More Than \$1.700 Attach only to the child's Form 1040, Form 1040A, or Form 1040NR. Attachment Department of the Treasury See separate instructions. Sequence No. 33 Internal Revenue Service (99 Child's social security number Child's name shown on return Total Forms Filed = 387,887 Before you begin: If the child, the parent, or any of the parent's other children under age 18 must use the Schedule D Tax Worksheet or has income from farming or fishing, see Pub. 929, Tax Rules for Children and Dependents. It explains how to figure the child's tax using the Schedule D Tax Worksheet or Schedule J (Form 1040). Parent's name (first, initial, and last). Caution: See instructions before completing. B Parent's social security number Α С Parent's filing status (check one): Married filing jointly
 Married filing separately Single Head of household Qualifying widow(er) **Child's Net Investment Income** Part I 5,494,740 1 1 If the child did not itemize deductions on Schedule A (Form 1040 or Form 1040NR), enter 2 771,474 2 \$1,700. Otherwise, see instructions Subtract line 2 from line 1. If zero or less, stop; do not complete the rest of this form but do 3 4,736,910 3 4 Enter the child's taxable income from Form 1040, line 43: Form 1040A, line 27: or Form 1040NR. 4 4,856,092 line 40. If the child files Form 2555 or 2555-EZ, see the instructions 5 Enter the smaller of line 3 or line 4. If zero, stop; do not complete the rest of this form but do 4,494,552 5 Part II Tentative Tax Based on the Tax Rate of the Parent 6 Enter the parent's taxable income from Form 1040, line 43; Form 1040A, line 27; Form 1040EZ, line 6; Form 1040NR, line 40; or Form 1040NR-EZ, line 14. If zero or less, enter -0-. If the parent 179,700,692 6 files Form 2555 or 2555-EZ, see the instructions 7 Enter the total, if any, from Forms 8615, line 5, of all other children of the parent named 7 3,951,601 8 188,146,844 8 9 Enter the tax on the amount on line 8 based on the parent's filing status above (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 47,353,850 9 Schedule J (Form 1040) is used to figure the tax, check here Enter the parent's tax from Form 1040, line 44; Form 1040A, line 28, minus any alternative 10 minimum tax; Form 1040EZ, line 11; Form 1040NR, line 41; or Form 1040NR-EZ, line 15. Do not include any tax from Form 4972 or 8814. If the parent files Form 2555 or 2555-EZ, see the instructions. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax 45,687,254 10 Worksheet, or Schedule J (Form 1040) was used to figure the tax, check here Subtract line 10 from line 9 and enter the result. If line 7 is blank, also enter this amount on line 11 1,666,596 11 13 and go to **Part III** . . . . . . . . . . . . . . . . . 8,446,153 **12a** Add lines 5 and 7 295,849 12b b Divide line 5 by line 12a. Enter the result as a decimal (rounded to at least three places) X 13 896,425 13 Part III Child's Tax-If lines 4 and 5 above are the same, enter -0- on line 15 and go to line 16. 360,782 14 14 15 Enter the tax on the amount on line 14 based on the child's filing status (see instructions). If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 24,374 15 Schedule J (Form 1040) is used to figure the tax, check here  $\square$ 920.800 16 **16** Add lines 13 and 15 . . . . . . . . . . . . . . . . Enter the tax on the amount on line 4 based on the child's filing status (see instructions). If 17 the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or 17 633,892 Schedule J (Form 1040) is used to figure the tax, check here . . . . . . . . . . Enter the larger of line 16 or line 17 here and on the child's Form 1040, line 44; Form 1040A, 18

For Paperwork Reduction Act Notice, see the instructions.

line 28; or Form 1040NR, line 41. If the child files Form 2555 or 2555-EZ, see the instructions

924,539

18

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)



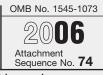
180

#### Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

### Credit for Prior Year Minimum Tax-Individuals, Estates, and Trusts

See separate instructions.
 Attach to Form 1040, 1040NR, or 1041.



Identifying number

### Total Forms Filed = 1,340,076

Part I	Net Minimum Tax on Exclusion Items	

1	Combine lines 1, 6, and 10 of your 2005 Form 6251. Estates and trusts, see instructions	1	350,819,063	
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	42,196,661	
3	Minimum tax credit net operating loss deduction (see instructions)	3	( 2,238,864	)
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$191,000 and you were married filing separately for 2005, see instructions	4	395,639,699	
5	Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2005; \$40,250 if single or head of household for 2005; or \$29,000 if married filing separately for 2005. Estates and trusts, enter \$22,500	5	72,150,592	
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2005; \$112,500 if single or head of household for 2005; or \$75,000 if married filing separately for 2005. Estates and trusts, enter \$75,000	6	188,700,508	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	234,033,577	
8	Multiply line 7 by 25% (.25)	8	58,508,509	
9	Subtract line 8 from line 5. If zero or less, enter -0 If this form is for a child under age 14, see instructions	9	45,997,468	
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	354,299,833	
11	<ul> <li>If for 2005 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 46 here.</li> <li>All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for</li> </ul>	11	78,543,944	
12	2005), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result. Minimum tax foreign tax credit on exclusion items (see instructions)	12	1,612,851	
12	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	76,939,978	
13 14		14	72,878,527	
	Enter the amount from your 2005 Form 6251, line 34, or 2005 Form 1041, Schedule I, line 55 <b>Net minimum tax on exclusion items.</b> Subtract line 14 from line 13. If zero or less, enter -0-	15	5,945,436	

### Part II Minimum Tax Credit and Carryforward to 2007

16	Enter the amount from your 2005 Form 6251, line 35, or 2005 Form 1041, Schedule I, line 56	16	7,015,277	
17	Enter the amount from line 15 above	17		
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	1,069,841	
19	2005 minimum tax credit carryforward. Enter the amount from your 2005 Form 8801, line 26	19	8,948,596	
20	Enter the total of your 2005 unallowed nonconventional source fuel credit and 2005 unallowed qualified electric vehicle credit (see instructions)	20	42,314	
21	Combine lines 18, 19, and 20. If zero or less, <b>stop here</b> and see instructions	21	10,590,449	
22	Enter your 2006 regular income tax liability minus allowable credits (see instructions)	22	79,752,020	
23	Enter the amount from your 2006 Form 6251, line 33, or 2006 Form 1041, Schedule I, line 54,	23	83,417,283	
24	Subtract line 23 from line 22. If zero or less, enter -0	24	2,631,643	
25	<b>Minimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2006 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d	25	1,031,340	
26	Minimum tax credit carryforward to 2007. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years	26	9,559,109	

For Paperwork Reduction Act Notice, see page 4 of the instructions.

Form 8801 (2006)

Ра	rt III Tax Computation Using Maximum Capital Gains Rates		
	<b>Caution.</b> If you did not complete the 2005 Qualified Dividends and Capital Gain Tax Worksheet, the 2005 Schedule D Tax Worksheet, or Part V of the 2005 Schedule D (Form 1041), see the instructions before completing this part.		
27 28	Enter the amount from Form 8801, line 10	27	
	If you figured your 2005 tax using the 2005 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.		
29	Enter the amount from line 19 of your 2005 Schedule D (Form 1040), or line 14b, column (2), of the 2005 Schedule D (Form 1041) 29		
30	Add lines 28 and 29, and enter the smaller of that result or the amount         from line 10 of your 2005 Schedule D Tax Worksheet         30		
31 32	Enter the smaller of line 27 or line 30         .	31 32	
33	If line 32 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result	33	
34	Enter: • \$59,400 if married filing jointly or qualifying widow(er) for 2005, • \$29,700 if single or married filing separately for 2005, • \$39,800 if head of household for 2005, or • \$2,000 for an estate or trust		
35	Enter the amount from line 7 of your 2005 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2005 Schedule D Tax Worksheet, or the amount from line 23 of the 2005 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2005 Schedule D (Form 1041), enter -0		
36 37 38	Subtract line 35 from line 34. If zero or less, enter -0-       . <td></td> <td></td>		
39 40	Multiply line 38 by 5% (.05)	39 41	
41	Multiply line 40 by 15% (.15)	71	
42 43	Subtract line 37 from line 31       42         Multiply line 42 by 25% (.25)	43	
44 45	Add lines 33, 39, 41, and 43 . If line 27 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result	44 45	
46	Enter the <b>smaller</b> of line 44 or line 45 here and on line 11	46	

\* The 2005 Qualified Dividends and Capital Gain Tax Worksheet is on page 38 of the 2005 Instructions for Form 1040. The 2005 Schedule D Tax Worksheet is on page D-9 of the 2005 Instructions for Schedule D (Form 1040) (page 38 of the 2005 Instructions for Form 1041).

2006 E	STIMATED	DATA	LINE COUNTS	- (ALL	. FIGURES	ARE ES	TIMATES	BASED	ON SAM	PLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

1040 🗋

1040A

1040NR

8812

# **Additional Child Tax Credit**

OMB No. 1545-0074 6

Your social security number

1

Attachment

Sequence No. 47

06

Department of the Treasury Internal Revenue Service (99)

8812

182

Form

Name(s) shown on return

# Total Forms Filed = 15,717,145

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Par	tl All File	rs			
1	page 38 of the F	from line 1 of your Child Tax Credit Worksheet on page 43 of the Form 1040 instructions, orm 1040A instructions, or page 20 of the Form 1040NR instructions. If you used Pub. nount from line 8 of the worksheet on page 4 of the publication	1	30,465,343	
2	Enter the amoun	t from Form 1040, line 53, Form 1040A, line 33, or Form 1040NR, line 48	2	6,864,104	
				22 604 220	
3		rom line 1. If zero, <b>stop</b> ; you cannot take this credit	3	23,601,239	
4a		earned income (see instructions on back)	-		
U					
5		line 4a more than \$11,300?			
		line 5 blank and enter -0- on line 6. et \$11,300 from the amount on line 4a. Enter the result 5 244,423,455			
6		bunt on line 5 by 15% (.15) and enter the result	6	36,663,947	
		we three or more qualifying children?			
		6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the <b>r</b> of line 3 or line 6 on line 13.			
		6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on			
Der		Otherwise, go to line 7. Filers Who Have Three or More Qualifying Children			
Par					
7	6. If married filin	security and Medicare taxes from Form(s) W-2, boxes 4 and ng jointly, include your spouse's amounts with yours. If you road, see instructions on back			
8	1040 filers:	Enter the total of the amounts from Form 1040, lines 27 and 59, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 63.			
	1040A filers: 1040NR filers:	Enter -0 Enter the total of the amounts from Form 1040NR, line 54, plus any uncollected social security and Medicare or tier 1 RRTA taxes included on line 58.			
9	Add lines 7 and	8			
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 67.			
	1040A filers:	Enter the total of the amount from Form 1040A, line 40a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 43 (see instructions on back).			
	1040NR filers:	Enter the amount from Form 1040NR, line 61.			
11	Subtract line 10	from line 9. If zero or less, enter -0	11	1,357,232	
12	Enter the larger	of line 6 or line 11	12	2,867,008	
	Next, enter the s	smaller of line 3 or line 12 on line 13.			
Par	t III Additio	nal Child Tax Credit			1
13	This is your a	dditional child tax credit	13	16,248,889	
		10401 1040A 1040NR	For For	ter this amount on rm 1040, line 68, rm 1040A, line 41, c rm 1040NR, line 62.	

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form	881	4
	ment of the T I Revenue Se	

Name(s) shown on your return

### Parents' Election To Report Child's Interest and Dividends

See instructions.
 Attach to parents' Form 1040 or Form 1040NR.

.,	OMB No. 1545-0074			
	2006			
	Attachment Sequence No. <b>40</b>			
Your social security number				

#### Total Forms Filed = 294,748

**Caution.** The federal income tax on your child's income, including qualified dividends and capital gain distributions, may be less if you file a separate tax return for the child instead of making this election. This is because you cannot take certain tax benefits that your child could take on his or her own return. For details, see **Tax benefits you cannot take** on page 2.

Α	Child's	name	(first,	initial,	and	last)
---	---------	------	---------	----------	-----	-------

Combined Totals for Form 8814

B Child's social security number

c If more than one Form 8814 is attached, check here .

#### Part I Child's Interest and Dividends To Report on Your Return

for where to report this amount on your return       10       46,547         11       Add lines 9 and 10       11       73,841	<b>1</b> a	Enter your child's <b>taxable</b> interest. If this amount is different from the amounts shown on the child's Forms 1099-INT and 1099-OID, see the instructions	1a	135,043	
child received any ordinary dividends as a nominee, see the instructions       2a       236,382         b       Enter your child's qualified dividends included on line 2a. See the instructions       2b       83,217         3       Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions       3       143,636         4       Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.       3       143,636         5       Base amount	b				
instructions       2b       83.217         3       Enter your child's capital gain distributions. If your child received any capital gain distributions as a nominee, see the instructions       3       143,636         4       Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.       4       515,061         5       Base amount       5       1,700 oc         6       Subtract line 5 from line 4       5       1,700 oc         6       Subtract line 5 from line 4       5       1,700 oc         6       Subtract line 5 from line 4       5       1,700 oc         6       Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)       7       .         8       .       9       27.295       9         9       Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return       10       46.547       46.547         11       Add lines 9 and 10       .       .       11       73,841	2a		2a	236,382	
as a nominee, see the instructions       3       143,636         4       Add lines 1a, 2a, and 3. If the total is \$1,700 or less, skip lines 5 through 12 and go to line 13. If the total is \$8,500 or more, <b>do not</b> file this form. Your child <b>must</b> file his or her own return to report the income.       4       515,061         5       Base amount       5       1,700       00         6       Subtract line 5 from line 4       5       1,700       00         6       Subtract line 5 from line 4       6       139,151       5       1,700       00         6       Subtract line 2. Otherwise, go to line 7.       Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)       7       -       -       8       -       9       27,295       9       27,295       10       46,547       11       73,841         11       Add lines 9 and 10       -       -       -       -       11       73,841	b	0h 93.217			
If the total is \$8,500 or more, do not file this form. Your child must file his or her own return to report the income.4515,0615Base amount51,700006Subtract line 5 from line 46139,15161fb oth lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.6139,1517Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)7-8Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)7-9Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return927,29510Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return1173,84112Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 	3		3	143,636	
5       Base amount       5       1,700       00         6       Subtract line 5 from line 4       6       139,151       6         7       Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)       7 <th>4</th> <th>If the total is \$8,500 or more, <b>do not</b> file this form. Your child <b>must</b> file his or her own return</th> <th></th> <th>545.004</th> <th></th>	4	If the total is \$8,500 or more, <b>do not</b> file this form. Your child <b>must</b> file his or her own return		545.004	
6       Subtract line 5 from line 4       6       139.151         6       139.151       6       139.151         7       Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)       7       7         8       Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)       7       8         9       Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return       9       27.295       9         10       46.547       11       73,841         12       Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you       11       73,841			-		
If both lines 2b and 3 are zero or blank, skip lines 7 through 10, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.         7       Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)         8       Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)         9       Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return         10       46,547         11       Add lines 9 and 10         12       Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you	5	Base amount		,	00
go to line 12. Otherwise, go to line 7.   7   Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)   8   Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)   9   Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return   10   Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return   11   Add lines 9 and 10   12   Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you	6		6	139,151	<u> </u>
<ul> <li>7 Divide line 2b by line 4. Enter the result as a decimal (rounded to at least three places)</li> <li>8 Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)</li> <li>9 Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return</li> <li>10 Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return</li> <li>11 Add lines 9 and 10</li> <li>12 Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you</li> </ul>					
to at least three places)       1       7         8       Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places)       8         9       Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return       9         10       Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return       9         11       Add lines 9 and 10       10         12       Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you		go to line 12. Otherwise, go to line 7.			
at least three places)       8         9       Multiply line 6 by line 7. Enter the result here. See the instructions for where to report this amount on your return       9       27.295         10       Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return       9       27.295         11       Add lines 9 and 10       11       73,841         12       Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you       11	7				
for where to report this amount on your return       9       27.295         10       Multiply line 6 by line 8. Enter the result here. See the instructions for where to report this amount on your return       10       46,547         11       Add lines 9 and 10       10       46,547       11         12       Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you       11       73,841	8				
for where to report this amount on your return       10       46.547         11       Add lines 9 and 10       11       73,841         12       Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you       11       73,841	9				
12       Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you	10				
1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you	11		11	73,841	
1040NR, line 21. In the space next to line 21, enter "Form 8814" and show the amount. If you	12	Subtract line 11 from line 6. Include this amount in the total on Form 1040, line 21, or Form			
checked the box on line C above, see the instructions. Go to line 13 below 12 68,141					
		checked the box on line C above, see the instructions. Go to line 13 below	12	68,141	

#### Part II Tax on the First \$1,700 of Child's Interest and Dividends

13	Amount not taxed	. L	13	850	00
14	Subtract line 13 from line 4. If the result is zero or less, enter -0		14	140,916	
	Tax. Is the amount on line 14 less than \$850?				
	<b>No.</b> Enter \$85 here and see the <b>Note</b> below.	. L	15	14,120	
	Yes. Multiply line 14 by 10% (.10). Enter the result here and see the <b>Note</b> below.				

Note. If you checked the box on line C above, see the instructions. Otherwise, include the amount from line 15 in the tax you enter on Form 1040, line 44, or Form 1040NR, line 41. Be sure to check box **a** on Form 1040, line 44, or Form 1040NR, line 41.

For Paperwork Reduction Act Notice, see page 3.

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### 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **8824** Department of the Treasury Internal Revenue Service

Name(s) shown on tax return

# Like-Kind Exchanges

(and section 1043 conflict-of-interest sales) ► Attach to your tax return.



Identifying number

6

## Total Forms Filed = 207,687

#### Part I Information on the Like-Kind Exchange

1	Note: If the property described on line 1 or line 2 is real or personal property located outside the Unite Description of like-kind property given up ►			-
2	Description of like-kind property received ►			
3	Date like-kind property given up was originally acquired (month, day, year)	3	/	/
4	Date you actually transferred your property to other party (month, day, year)	4	/	/
5	Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written notice requirement	5	/	1

6 Date you actually received the like-kind property from other party (month, day, year). See instructions

_			
	(such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III	Yes	No
7	Was the exchange of the property given up or received made with a related party, either directly or indirectly		

Par	t II Related Party Exchange Information		
8	Name of related party	Relationship to you	Related party's identifying number
	Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)		

9	During this tax year (and before the date that is 2 years after the last transfer of property that was part of the	
	exchange), did the related party directly or indirectly (such as through an intermediary) sell or dispose of any	
	part of the like-kind property received from you in the exchange?	; □No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

- **11** If one of the exceptions below applies to the disposition, check the applicable box:
  - $\mathbf{a}$   $\Box$  The disposition was after the death of either of the related parties.
  - **b** The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
  - **c** You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as its principal purpose. If this box is checked, attach an explanation (see instructions).

For Paperwork Reduction Act Notice, see page 5.

2006 ESTIMATED DATA LINE COUNTS	- (ALL FIGURES ARE ESTIMATES BAS	ED ON SAMPLES
---------------------------------	----------------------------------	---------------

Form	8824	(2006)	

F

#### AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

# F

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received	
Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) prop see Reporting of multi-asset exchanges in the instructions.	ərty,

Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12	2,041,735	_				
13	Adjusted basis of other property given up	13	1,119,077					
14	Gain or (loss) recognized on other property given up. Subtract line 1 gain or (loss) in the same manner as if the exchange had been a sa <b>Caution:</b> <i>If the property given up was used previously or partly as a as home in the instructions.</i>	·  -	14	922,658				
15	Cash received, FMV of other property received, plus net liabilities assum (but not below zero) by any exchange expenses you incurred (see instru-		15	6,779,460				
16	FMV of like-kind property you received				16	70,448,744		
17	Add lines 15 and 16		17	77,228,204				
18	Adjusted basis of like-kind property you gave up, net amounts pair							
	exchange expenses <b>not</b> used on line 15 (see instructions)		18	45,732,149				
19	Realized gain or (loss). Subtract line 18 from line 17		19	31,496,055				
20						5,485,584		
21					21	76,557		
22						5,427,861		
23	Recognized gain. Add lines 21 and 22		23	5,504,418				
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party e				24	25,992,295		
25	Basis of like-kind property received. Subtract line 15 from the su	m of	lines 18 and 23.		25	44,457,107		
Pa	Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales							

**Note:** This part is to be used **only** by officers or employees of the executive branch of the Federal Government for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. ( <b>Do not</b> attach a copy of your certificate. Keep the certificate with your records.).					
27	Description of divested property					
28	Description of replacement property ►					
29	Date divested property was sold (month, day, year)	29	/ /			
30	Sales price of divested property (see instructions)					
31	Basis of divested property					
32	Realized gain. Subtract line 31 from line 30	32				
33	Cost of replacement property purchased within 60 days after date 33					
34	Subtract line 33 from line 30. If zero or less, enter -0	34				
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35				
36	Subtract line 35 from line 34. If zero or less, enter -0 If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36				
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37				
38	Basis of replacement property. Subtract line 37 from line 33	38				

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2006 ESTIMATED DATA LINE COUNTS -	(ALL FIGURES ARE ESTIMATES BASED ON SAMPLES
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AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

186

Child 2

_	8839		Qualified	<b>Adoptio</b>	n Expen	ses			OME	No. 1545-0074
	nent of the Treasury Revenue Service			<ul> <li>Attach to Form 1040 or 1040NR.</li> <li>See separate instructions.</li> </ul>						2006 achment quence No. 38
Name(s	s) shown on return		Total Fo	orms Filed	= 98,629			Your soci	al secu	urity number
			Before you begin: See I	Definitions of	on page 1 of	the instruc	tions.			
Part			out Your Eligible Child details, including what to				lete thi	s part. S	ee pa	age 2 of the
4					Check	if child was-	-			
	(a) Child's name First Last		<b>(b)</b> Child's year of birth	(c) born before 1989 and disabled	(d) a child with special needs	<b>(e)</b> a foreign child	ider	<b>(f)</b> Chilo ntifying		
Child 1										

Caution. If the child was a foreign child, see Special rules in the instructions for line 1, column (e), that begin on page 2, before you complete Part II or Part III. If you received employer-provided adoption benefits, complete Part III on the back next. Part II Adoption Credit

			Child 1		Child 2				
2	Maximum adoption credit per child	2	\$10,960	00	\$10,960	00			
3	Did you file Form 8839 for a prior year								
	for the same child?								
	<b>No.</b> Enter -0								
	<b>Yes.</b> See page 4 of the instructions	3							
	for the amount to enter.								
4	Subtract line 3 from line 2	4							
5	<b>Qualified adoption expenses</b> (see page 4 of the instructions)	5	643,281		32,623				
	Caution. Your qualified adoption								
	expenses may not be equal to the								
-	adoption expenses you paid in 2006.	6							
6	Enter the <b>smaller</b> of line 4 or line 5	6			an line 10		7	427,138	
7 8	Add the amounts on line 6. If zero, skip line Modified adjusted gross income (see page 4		•			·	-	,	
о 9	Is line 8 more than \$164,410?	Jine	instructions)	-					
3	<b>No.</b> Skip lines 9 and 10, and enter $-0$ -	on lin	e 11						
	<b>Yes.</b> Subtract $$164,410$ from line 8 .			9					
10	Divide line 9 by \$40,000. Enter the result a			at lea	ast three places).				
	Do not enter more than 1.000						10	× .	
11	Multiply line 7 by line 10						11		
12	Subtract line 11 from line 7						12	409,733	
13	Credit carryforward from prior years (line 2						10	486,217	
	page 5 of the <b>2005</b> Form 8839 instruction					•	13 14	895,951	
14 15	Add lines 12 and 13					, · · ·	14		
16	<b>1040 filers:</b> Enter the total of any amounts								
	Form 1040, lines 47 through 5		line 53:						
	Form 8396, line 11; and Form			16					
	1040NR filers: Enter the total of any amou								
	Form 1040NR, lines 44 thro								
	48; Form 8396, line 11; and	Form	15695, <b>J</b>						
4.5	line 12.						17		
17	Subtract line 16 from line 15					•	17		
18	Adoption credit. Enter the smaller of line line 54, or Form 1040NR, line 49. Check b								
	14, you may have a credit carryforward (se						18	351,184	
Eor	Paperwork Reduction Act Notice see page							Farm 8830	(2006)

TIP

## Part III Employer-Provided Adoption Benefits

			Child 1 Cl		Child 2				
19	Maximum exclusion per child	19	\$10,960	00	\$10,960	00			
20	Did you receive employer-provided adoption benefits for a prior year for the same child? No. Enter -0 Yes. See page 4 of the instructions for the amount to enter.	20							
21	Subtract line 20 from line 19	21							
22	Employer-provided adoption benefits you received in 2006. This amount should be shown in box 12 of your 2006 Form(s) W-2 with code <b>T</b>	22							
23	Add the amounts on line 22						23	23,526	
24	Enter the <b>smaller</b> of line 21 or line 22. But if the child was a child with special needs and the adoption became final in 2006, enter the amount from line 21 .	24							
25	Add the amounts on line 24. If zero, skip lines -0- on line 30, and go to line 31		through 29, enter	25					
26	Modified adjusted gross income (from the worksheet on page 6 of the instructions)26								
27	Is line 26 more than \$164,410?         □ No. Skip lines 27 and 28, and enter -0- on line 29.         □ Yes. Subtract \$164,410 from line 26								
28	Divide line 27 by \$40,000. Enter the result as to at least three places). Do not enter more t			28	× .				
29	Multiply line 25 by line 28			29					
30	Excluded benefits. Subtract line 29 from line	e 2	5				30	17,848	
31	<ul> <li>Taxable benefits. Is line 30 more than line 23?</li> <li>No. Subtract line 30 from line 23. Also, include this amount, if more than zero, on line 7 of Form 1040 or line 8 of Form 1040NR. On the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR, enter "AB."</li> </ul>						31	5.678	
	Yes. Subtract line 23 from line 30. Enter the result as a negative number. Reduce the total you would enter on line 7 of Form 1040 or line 8 of Form 1040NR by the amount on Form 8839, line 31. Enter the result on line 7 of Form 1040 or line 8 of Form 1040NR. Enter "SNE" on the dotted line next to the entry line.						01	0,010	

- You may be able to claim the adoption credit in Part II on the front of this form if either of the following applies.
- The total adoption expenses you paid in 2006 were not fully reimbursed by your employer and the adoption became final in 2006 or earlier.
- You adopted a child with special needs and the adoption became final in 2006.

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AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form	8844
	nent of the Treasury Revenue Service

Name(s) shown on return

# Empowerment Zone and Renewal Community Employment Credit



Sequence No. 99

Attachment

Attach to your tax return.

Total Forms Filed = 38,475

Identifying number

Part I	Current Year Credit	

1	Enter the total qualified wages paid or incurred during calendar year 2006 only (see instructions)			
а	Qualified empowerment zone wages	1a	1,250	
b	Qualified renewal community wages	1b	5,549	
2	Add lines 1a and 1b. You must subtract this amount from your deduction for salaries and wages	2		
3	Employment zone and renewable community employment credit from parterships, S corporations, cooperatives, estates, and trusts	3		
4	Add lines 2 and 3. Partnerships and S corporations, report this amount on Schedule K; all others,	4		
5	continue on to line 5			
	activities (see instructions)	5		<u> </u>
6	Subtract line 5 from line 4	6 7	13,680	<u> </u>
7	Passive activity credit allowed for 2006 (see instructions)	8	114,388	<u> </u>
8	Carryforward of empowerment zone and renewal community employment credit to 2006		114,500	
9	Carryback of empowerment zone and renewal community employment credit from 2007 (see instructions)	9		
10	Add lines 6 through 9. Cooperatives, estates, and trusts, continue on to line 11. All others, use this	10	287,582	
	amount to complete Part II		207,502	
11	Amount allocated to the patrons of the cooperative or the beneficiaries of the estate or trust (see instructions)	11		
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. Use this amount to complete Part II	12		<u> </u>
Par				<u> </u>
13	Regular tax before credits:			
•	Individuals. Enter the amount from Form 1040, line 44; Form 1040NR, line 41			
	Corporations. Enter the amount from Form 1120, Schedule J, line 2; Form 1120-A,			
•	Part I, line 1; or the applicable line of your return	13		
•	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and			
	1b, or the amount from the applicable line of your return			
14	Alternative minimum tax:			
•	Individuals. Enter the amount from Form 6251, line 35			
•	Corporations. Enter the amount from Form 4626, line 14	14	291,714	ļ
•	Estates and trusts. Enter the amount from Form 1041, Schedule I, line 56			
15	Add lines 13 and 14	15		
16a	Foreign tax credit	-		
b	Credits from Form 1040, lines 48 through 54 (or Form 1040NR, lines 45 through 49)	-		
С	Qualified electric vehicle credit (Form 8834, line 20)   .   .   .   .   .	-		
	Alternative motor vehicle credit (Form 8910, line 18)	-		
	Alternative fuel vehicle refueling property credit (Form 8911, line 19) 16e	4.05		
	Add lines 16a through 16e	16f	11,587,917	
17	Net income tax. Subtract line 16f from line 15. If zero, skip lines 18 through 24 and enter -0- on line 25 Net regular tax. Subtract line 16f from line 13. If zero or less, enter -0-   18   11,296,908	17	11,507,917	
18		-		
19				
20	Enter 25% (.25) of the excess, if any, of line 18 over \$25,000 (see instructions) 20 2,659,713			
21				
21		22		
22	Enter the greater of line 20 or line 21	23		
23 24	General business credit (see instructions)	24		
25	Subtract line 24 from line 23         .	25		
26	Credit allowed for the current year. Cooperatives, estates, and trusts. Enter the smaller of line 12 or			
	line 25. Report this amount on Form 1041, Schedule G, line 2c; or Form 1120-C, Schedule J, line 5c. If			
	line 25 is smaller than line 12, see instructions. All others. Enter the smaller of line 10 or line 25. Report			
	this amount on Form 1040, line 55; Form 1040NR, line 50; Form 1120, Schedule J, line 5c; Form 1120-A,			
	Part I, line 2; or the applicable line of your return. If line 25 is smaller than line 12, see instructions	26	120.603	

	2006	ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED O AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS		MPLES)		189
	0052	Archer MSAs and	Ĺ	OMB No. 1	545-00	074
Form	8853	Long-Term Care Insurance Contracts		20	06	)
	ment of the Treasury I Revenue Service (99)	Attach to Form 1040 or Form 1040NR. See separate instructions.		Attachmei Sequence		20
	(s) shown on return	Social security number of MSA	I	Sequence	NO. C	59
	Тс	account holder. If both spouses have MSAs, see page 1 of the instructions				
		MSAs. If you have only a Medicare Advantage MSA, skip Section A and	comp	olete Sect	ion E	3.
Par	t General	Information. See page 2 of the instructions.				
					Yes	No
		mployer make contributions to your Archer MSA for 2006?		. <u>1a</u> 1b		
	-	$\mu$ uninsured when the MSA was established (see page 2 of the instructions)?.				
		' indicate coverage under high deductible health plan:	,	2a		
b	If "Yes," was you	r spouse uninsured when the MSA was established (see page 2 of the instructions)?		. 2b		
		' indicate coverage under high deductible health plan: $\Box$ Self-Only or $\Box$ Fa	mily			
Par		MSA Contributions and Deductions. See page 2 of the instructions before				
		e filing jointly and both you and your spouse have high deductible hea			self-	-only
		e, complete a separate Part II for each spouse (see page 2 of the instruct	lions)	•		
3						
4		ributions you made for 2006, including those made from January 1, 2007, through at were for 2006. Do not include rollovers (see page 4 of the instructions)	4	50,860		
5		he worksheet on page 3 of the instructions	5	48,780	)	
6		ee page 3 of the instructions) from the employer maintaining the high deductible				
•		If-employed, enter your earned income from the trade or business under which				
	-	ble health plan was established.)	6	1,663,00	)2	
7		duction. Enter the smallest of line 4, 5, or 6 here and on Form 1040, line 23, or	7	35,106		
	Form 1040NR, li	ne 23	ons)	00,100	'	L
Par		ASA Distributions				
8a	Total distribution	s you and your spouse received in 2006 from all Archer MSAs (see page 4 of				
	the instructions)		8a	44,569	)	
b		ded on line 8a that you rolled over to another Archer MSA or a health savings account.				
		excess contributions (and the earnings on those excess contributions) included on	8b	7,091		
~		withdrawn by the due date of your return (see page 4 of the instructions)	8c	37,489	)	
9		ualified medical expenses (see page 4 of the instructions)	9	54,339		
10		<b>MSA distributions.</b> Subtract line 9 from line 8c. If zero or less, enter -0 Also				
		unt in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted				
		21, enter "MSA" and the amount ...................	10	3,355		
11a		ributions included on line 10 meet any of the <b>Exceptions to the Additional</b> age 4 of the instructions), check here				
h		tax (see page 4 of the instructions). Enter 15% (.15) of the distributions included				
	on line 10 that a	re subject to the additional 15% tax. Also include this amount in the total on				
	Form 1040, line	63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or				
<u> </u>		ne 58, enter "MSA" and the amount	11b	288		
Sec		are Advantage MSA Distributions. If you are filing jointly and both you ar utions in 2006 from a Medicare Advantage MSA, complete a separate Se				
		age 4 of the instructions).				
12	Total distribution	s you received in 2006 from all Medicare Advantage MSAs (see page 4 of the				
			12	859		<b></b>
13	Unreimbursed q	ualified medical expenses (see page 5 of the instructions)	13	655		
14		re Advantage MSA distributions. Subtract line 13 from line 12. If zero or less,				
		clude this amount in the total on Form 1040, line 21, or Form 1040NR, line 21.	14	456		
15-		he next to line 21, enter "Med MSA" and the amount	14	100		
158		ributions included on line 14 meet any of the <b>Exceptions to the Additional</b> age 5 of the instructions), check here				
b	Additional 50%	tax (see page 5 of the instructions). Also include this amount in the total on				
	Form 1040, line	63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or				
	Form 1040NR, li	ne 58, enter "Med MSA" and the amount	15b	229		

For Paperwork Reduction Act Notice, see page 8 of the instructions.

AMOUNTS OF SELECTED LINES FILED (IN T	HOUSANDS OF DOLLARS)
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Form	AMOUNTS OF SELECTED LINES FILED (IN T 8853 (2006)	HOUSAN	550	Attachme	ent Seque	ence No. <b>39</b>	Page <b>2</b>
Name	e of policyholder (as shown on Form 1040)			Social security numb of policyholder ►	ber		
Sec	tion C. Long-Term Care (LTC) Insurance Contracts. the instructions before completing this section.		g F	Requirements for	Secti	on C on page	e 6 of
	If more than one Section C is attached, check here				• •		.► 🗆
16a	Name of insured ►	<b>b</b> Social	sec	urity number of ins	ured 🕨		
17	In 2006, did anyone other than you receive payments on a per d LTC insurance contract covering the insured or receive accele policy covering the insured?	erated deat	th b	enefits under a life		ice	□ No
18	Was the insured a terminally ill individual?	re accelera	ated	death benefits that	were p	. 🗌 Yes [ aid	□ No
19	Gross LTC payments received on a per diem or other periodic ba from box 1 of all Forms 1099-LTC you received with respect diem" box in box 3 is checked	to the insu	ured	on which the "Per	19	900,966	
	<b>Caution:</b> Do not use lines 20 through 28 to figure the taxable a LTC insurance contract that is not a <b>qualified</b> LTC insurance are not excludable from your income (for example, if the benefits or sickness through accident or health insurance), report the a on Form 1040, line 21.	contract. s are not p	Inste aid f	ead, if the benefits for personal injuries			
20	Enter the part of the amount on line 19 that is from qualified	LTC insura	ince	contracts	20	772,925	
21	Accelerated death benefits received on a per diem or other per amounts you received because the insured was terminally ill (				21	5,359	
22	Add lines 20 and 21				22	778,284	
	<b>Note:</b> If you checked "Yes" on line 17 above, see <b>Multiple P</b> on page 7 of the instructions before completing lines 23 through						
23	Multiply \$250 by the number of days in the LTC period Costs incurred for qualified LTC services provided for the i	· · · ⊢	23	2,414,670	-		
24	during the LTC period (see page 7 of the instructions)		24	1,130,804	-		
25 26	Enter the <b>larger</b> of line 23 or line 24	nsured	25 26	2,646,223 375,516			
	<b>Caution:</b> If you received any reimbursements from LTC consistence of the instructions.						
27	Per diem limitation. Subtract line 26 from line 25				27	2,271,460	
28	<b>Taxable payments.</b> Subtract line 27 from line 22. If zero or amount in the total on Form 1040, line 21. On the dotted line the amount .	next to lir	ne 2	1, enter "LTC" and	28	25,376	

Form 8853 (2006)

2006 ESTI	MATED DATA	LINE COUNTS	6 - (ALL FIGUR	ES ARE ESTIM	ATES BASED (	ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form	88	63
I UIIII		

## **Education Credits** (Hope and Lifetime Learning Credits)

► See instructions. ► Attach to Form 1040 or Form 1040A.



Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

#### Total Forms Filed = 7,814,008

	Caution: You cannot take the Hope credit and the lifetime learning credit for the same student in the same year.         Part I       Hope Credit. Caution: You cannot take the Hope credit for more than 2 tax years for the same student.											
Par	t Hope Credit. Ca	ution: You cannot ta	ake the Hope	cred	it for mor	re tha	an <b>2</b> t	ax years	for t	the <b>sa</b>	me student.	
1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualifie expenses (s instructions). not enter m than \$2,200° each stude	see Dore fore	colum	e <b>r</b> of t unt ir	he 1	<b>(e)</b> Add column (c) and column (d)			(f) Enter one-half of the amount in column (e)	
	Student # 1		5,201,267								4,116,092	
	Student # 2 Student # 3		216,429 4,812								173,100 3,710	
	Student # 4		*								*	
	* For each student who attended ** For each student who attended column (c) or \$2,200.	an eligible educational institut	tion in the Gulf Opp	ortunity	Zone, enter t	the <b>sm</b> a	aller of	the amount				
2	Tentative Hope credit. A credit for another studen	t, go to Part II; otherv	vise, go to Pa	rt III	u are takir	ng the	e lifeti 	me learni	ng ►	2	4,316,530	
Par		•					(1-) 01					
3	(a) Student s n	ame (as shown on pa Last na	0	ax re	turn)		numb	udent's soo per (as show of your tax	vn on	page	(c) Qualifie expenses ( instruction	see
		Edot In	amo	Stu	dent # 1					.,	24,991,652	
					dent # 2						612,173	<u> </u>
	-			Stu	dent # 3						5,957 Stud	. #4 = *
4	Add the amounts on line	3, column (c), and er	nter the total .	Stu	dent # 4					4	25,609,966	
	Enter the smaller of line									5a	20,519,171	
b	For students who attend the smaller of \$10,000 or									5b	519,235	
с	Subtract line 5b from line	e5a								5c	19,950,764	
6a	Multiply line 5b by 40%	(.40)								6a	207,695	<u> </u>
b	Multiply line 5c by 20%	(.20)		 Las t	 . Devit III	•			•	6b	3,990,156	
с Par	Tentative lifetime learni		oa and ob and	i go ti	5 Part III	•			•	6c	4,207,688	
										7	8,521,005	
7	Tentative education cred			 		•	• •		•	-	0,021,000	
8	Enter: \$110,000 if married or qualifying widow(er)	1 filing jointly; \$55,000	-			8	646,	728,251				
9	Enter the amount from F					9	373,9	924,255		1		
10	Subtract line 9 from line		stop; you can	not ta	ake any	10	285,3	336,128				
11	Enter: \$20,000 if married or qualifying widow(er)	filing jointly; \$10,000 i				11	116,9	936,965				
12	12 If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal						10	74,999,606				
10	(rounded to at least three						• •		•	12 13	×. 8,083,209	
13	Multiply line 7 by line 12					14	26.6	<b>.</b> 78,899		13	0,003,209	
14	Enter the amount from F					1-7	20,0					
15	Enter the total, if any, of y or Form 1040A, lines 29	and 30				15	28	5,985				
16						16		92,914				
17							• •	· · ·	•	17	7,022,884	
	* If you are filing Form 2555, 2555	5-EZ, or 4563, or you are excl	uding income from	Puerto	Rico, see Pub	b. 970	for the a	amount to er	nter.			

For Paperwork Reduction Act Notice, see page 4. Cat. No. 25379M \* Entry for this line is greater than zero, but too small to report

192	2006 E	STIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BA		PLES)
		AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DO	LLARS)	
	8864	Biodiesel and Renewable Diesel Fuels Cr	edit	OMB No. 1545-1924
Form	0004			2006
	nent of the Treasury Revenue Service	Attach to your tax return.		Attachment Sequence No. <b>141</b>
Name(	s) shown on return		Identifying num	ber
		Total forms filed = 2,619		

Caution: You cannot claim any amounts on Form 8864 that you claimed (or will claim) on Schedule C (Form 720), Form 8849, or Form 4136.

Claimant has a certificate from the producer or importer of biodiesel or renewable diesel reported on lines 1 through 6 below and, if applicable, claimant also has a statement from the reseller. Claimant has no reason to believe that the information in the certificate or statement is false. Claimant may need to attach a copy of the certificate and statement. See *Certification* below.

	Type of Fuel		<b>(a)</b> Number of Gallons Sold or Used	<b>(b)</b> Rate		<b>(c)</b> Column (a) x Colur	mn (b)
1	Biodiesel (other than agri-biodiesel)	1		\$.5	0	*	
2	Agri-biodiesel	2		\$1.0	0	*	
3	Renewable diesel	3		\$1.0	0	*	
4	Biodiesel (other than agri-biodiesel) included in a biodiesel mixture	4		\$.5	0	0	
5					0	0	
6					0	0	
7	7 Qualified agri-biodiesel production (gallons sold)				0	0	
8	Add lines 1 through 7. Include this amount in your income for	r 2006 (	see instructions)		8	*	
9	Biodiesel and renewable diesel fuels credit from partnershi estates, and trusts				9	1,828	
10	Add lines 8 and 9. Cooperatives, estates, and trusts, go to line 1 report this amount on Schedule K; all others, report this amount	1; partn	erships and S corpor	ations,	10	2,254	
11	Amount allocated to patrons of the cooperative or beneficiaries	s of the	estate or trust		11		
12	Cooperatives, estates, and trusts. Subtract line 11 from line 10. line 1p	•			12		

# **General Instructions**

Section references are to the Internal Revenue Code.

# What's New

The tax liability limit is no longer figured on this form; instead, it must be figured on Form 3800, General Business Credit.

# Purpose of Form

Use Form 8864 to figure your biodiesel and renewable diesel fuels credit. Claim the credit for the tax year in which the sale or use occurs. This credit consists of the:

- Biodiesel credit,
- Renewable diesel credit,
- Biodiesel mixture credit,
- Renewable diesel mixture credit, and
- Small agri-biodiesel producer credit.

# **Definitions and Special Rules**

### Certification

To claim a credit on lines 1, 2, 4, or 5, you generally must attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, to Form 8864. To claim a credit on lines 3 or 6, you generally must attach a certificate from the producer identifying the product as renewable diesel and, if applicable, a statement from the reseller. However, if the certificate or statement was attached to a previously filed claim, attach a separate sheet with the following information.

- Certificate identification number.
- Total gallons of agri-biodiesel, biodiesel other than agribiodiesel, or renewable diesel on the certificate.
- Total gallons claimed on Schedule 3 (Form 8849).
- Total gallons claimed on Schedule C (Form 720).
- Total gallons claimed on Form 4136.

See Notice 2005-62 on page 443 of Internal Revenue Bulletin 2005-35 or Publication 510, Excise Taxes for 2007, for the model certificate and statement.

#### **Biodiesel**

Biodiesel means the monoalkyl esters of long chain fatty acids derived from plant or animal matter which meet the registration requirements for fuels and fuel additives established by the Environmental Protection Agency (EPA) under section 211 of the Clean Air Act, and the requirements of the American Society of Testing and Materials (ASTM) D6751.

Biodiesel includes both agri-biodiesel and biodiesel other than agri-biodiesel.

#### Agri-Biodiesel

Agri-biodiesel means biodiesel derived solely from virgin oils, including esters derived from virgin vegetable oils from corn, soybeans, sunflower seeds, cottonseeds, canola, crambe, rapeseeds, safflowers, flaxseeds, rice bran, and mustard seeds, and from animal fats.

2006 ES	TIMATED	DATA	LINE CO	JUNTS -	(ALL	FIGURE	S ARE	ESTIM/	ATES	BASED	ON S	AMPLES)

888 Form

Department of the Treasury

#### AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) **Credit for Qualified Retirement Savings Contributions**

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

	See	instructions	on	back.
--	-----	--------------	----	-------

cial security number				
	Attachment Sequence No. <b>129</b>			
	2006			
	OMB No. 1545-0074			

Internal Revenue Service						Sequence No.	. 12
Name(s) shown on return				Your so	ocial security numb	er	
		Total Forms Filed = 5,290,862					
CAUTI	<ul> <li>The amo</li> <li>if head of h</li> <li>The pers</li> </ul>	<b>ot</b> take this credit if <b>either</b> of the following appli unt on Form 1040, line 38; Form 1040A, line 22; or Form nousehold; \$50,000 if married filing jointly). on(s) who made the qualified contribution or elective de a dependent on someone else's 2006 tax return, or <b>(c)</b>	n 1040l eferral	(a) was born after .	January 1		
				(a) You		(b) Your spo	use
1		Roth IRA contributions for 2006. <b>Do not</b> include rollover	1	1,845,982		813,065	
2	Elective deferrals	s to a 401(k) or other qualified employer plan, voluntary butions, and 501(c)(18)(D) plan contributions for 2006	2	5,862,915		1,438,534	
3	Add lines 1 and	,	3	7,708,897		2,251,598	
4	(including exten married filing join	tions received <b>after</b> 2003 and <b>before</b> the due date sions) of your 2006 tax return (see instructions). If htly, include <b>both</b> spouses' amounts in <b>both</b> columns. for an exception	4	376,491		228,190	
5		rom line 3. If zero or less, enter -0-	5	7,483,325		2,123,653	

- 6 In each column, enter the smaller of line 5 or \$2,000 . . . . .
- 7 Add the amounts on line 6. If zero, **stop**; you cannot take this credit
- 8 Enter the amount from Form 1040, line 38\*; Form 1040A, line 22; or Form 1040NR, line 36 . . . . . . . . . . . . . . .

5	2	5,862,915		1,438,534	
	3	7,708,897		2,251,598	
:	4	376,491		228,190	
	5	7,483,325		2,123,653	
	6	5,123,017		1,311,892	
			7	6,434,909	

8 | 158,439,566

9 Enter the applicable decimal amount shown below:

	If line 8	is—	Α	nd your filing status	s is—			
	Over—	But not over—	Married filing jointly Enter	Head of household on line 9—	Single, Married filing separately, or Qualifying widow(er)			
	\$15,000 \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000	\$15,000 \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 \$37,500 \$50,000	.5 .5 .5 .5 .5 .2 .1 .1 .0	.5 .5 .2 .1 .1 .1 .1 .0 .0	.5 .2 .1 .1 .1 .0 .0 .0 .0 .0 .0	9	X.	
10	Multiply line 7		f line 9 is zero, <b>stop</b> ;	you cannot take this	credit.	10	1,127,121	
11	Enter the amore Form 1040NR,		rm 1040, line 46; Fo	rm 1040A, line 28; c	or <b>11</b> 7,864,829			
12	1040 filers: 1040A filers: 1040NR filers:	through 50 Enter the to	otal of your credits fr tal of your credits from l otal of your credits fr	ines 29 through 31.	<b>12</b> 471,426			
13	Subtract line 12	2 from line <sup>-</sup>	11. If zero, <b>stop</b> ; you	cannot take this cre	dit	13	7,393,403	
14	•		ment savings contri , line 51; Form 1040/		maller of line 10 or line 040NR, line 46	14	893,957	

\*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.



Department of the Treasury

# 2006 ESTIMATED DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BASED ON SAMPLES)

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS) Health Coverage Tax Credit

▶ Attach to Form 1040, Form 1040NR, Form 1040-SS, or Form 1040-PR.



Internal Revenue Service

Name of recipient (if both spouses are recipients, complete a separate form for each spouse) Total Forms Filed = 22.397 Recipient's social security number

# Before you begin: See Definitions and Special Rules that begin on page 2.

CAUTION

Do not complete this form if you can be claimed as a dependent on someone else's 2006 tax return.

#### Part I Complete This Part To See if You Are Eligible To Take This Credit

- 1 Check the boxes below for each month in 2006 that all of the following statements were true on the first day of that month.
  - You were an eligible trade adjustment assistance (TAA) recipient, alternative TAA recipient, or Pension Benefit Guaranty Corporation (PBGC) pension recipient.
  - You were covered by a qualified health insurance plan for which you paid the premiums.
  - You were not entitled to Medicare Part A or enrolled in Medicare Part B.
  - You were not enrolled in Medicaid or State Children's Health Insurance Program (SCHIP).

• You were **not** enrolled in the Federal Employees Health Benefits Program or eligible to receive benefits under the U.S. military health system (TRICARE).

- You were **not** imprisoned under federal, state, or local authority.
- You were **not** covered by, or eligible for coverage under, any employer-sponsored health insurance plan (including any employer-sponsored health insurance plan of your spouse) (see the instructions for line 1 on page 3).

	January	E February	March	🗌 April	🗌 May	🗌 June		
	July	August	September	October	November		mber	
Par	rt II Health C	Coverage Tax Cr	edit					
2	instructions on p paid to "U.S. Trea	qualified health in page 3). <b>Do not</b> ind asury-HCTC." Also,	clude on line 2 any <b>do not</b> include any	<ul> <li>qualified health</li> <li>advance payment</li> </ul>	insurance premiu s from Form 1099-	ns ·H,	42,888	
<b>Caution.</b> You <b>must</b> attach the required documents listed on page 4 for any amounts included on line 2. If you do not attach the required documents, your credit will be disallowed.								
3	to pay for qualifie	mount of any <b>(a)</b> An ed health insurance ts you received for	coverage for all mo	nths checked on li	ne 1 and <b>(b)</b> Natior	nal	*	
4	Subtract line 3 fr	rom line 2. If zero o	r less, <b>stop;</b> you ca	annot take the cre	edit	4	42,410	
5		e tax credit. Multip neck box c); Form <sup>-</sup> ine 9		neck box c); Form	1040-SS, line 9;		27,567	

For Paperwork Reduction Act Notice, see page 4.

Form 8885 (2006)

Form	8889

Department of the Treasury Internal Revenue Service

# Health Savings Accounts (HSAs)

OMB No. 1545-0074
2006
Attachment
Sequence No. 53

Attach to Form 1040 or Form 1040NR.	
-------------------------------------	--

See separate instructions.

Name(s) shown	on Form 10	40 or Form	1040NR	

Social security number of HSA beneficiary. If both spouses have HSAs, see page 2 of the instructions

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Pa	<b>HSA Contributions and Deduction.</b> See page 2 of the instructions before compl filing jointly and both you and your spouse each have separate HSAs, complete a spouse (see page 2 of the instructions).				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2006 (see page 2 of the instructions)	□ s	elf-only	Far	nily
2	HSA contributions you made for 2006 (or those made on your behalf), including those made from January 1, 2007, through April 16, 2007, that were for 2006. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see page 2 of the instructions)	2			
3	<ul> <li>If you were under age 55 at the end of 2006, and on the first day of every month during 2006, you were an eligible individual with the same annual deductible and coverage, enter the smaller of:</li> <li>Your annual deductible (see page 3 of the instructions), or</li> <li>\$2,700 (\$5,450 for family coverage).</li> </ul>				
4	All others, enter the limitation from the worksheet on page 3 of the instructions Enter the amount you and your employer contributed to your Archer MSAs for 2006 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2006, also include any amount contributed to your spouse's Archer MSAs	3			
5	Subtract line 4 from line 3. If zero or less, enter -0	5			
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2006, see the instructions on page 3 for the amount to enter.	6			
7	If you were age 55 or older at the end of 2006, married, and you or your spouse had family coverage under an HDHP at any time during 2006, enter your additional contribution amount (see page 4 of the instructions)	7			
8	Add lines 6 and 7	8			
9	Employer contributions made to your HSAs for 2006	9			
10	Subtract line 9 from line 8. If zero or less, enter -0-	10			
11	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 10 here and on Form 1040, line 25, or Form 1040NR, line 25	11			
	Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).				

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

12a	Total distributions you received in 2006 from all HSAs (see page 5 of the instructions)	12a	
	Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 5 of the instructions)	12b	
С	Subtract line 12b from line 12a	12c	 
13	Unreimbursed qualified medical expenses (see page 5 of the instructions)	13	
14	<b>Taxable HSA distributions.</b> Subtract line 13 from line 12c. If zero or less, enter -0 Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	14	
15a	If any of the distributions included on line 14 meet any of the <b>Exceptions to the Additional</b> <b>10% Tax</b> (see page 5 of the instructions), check here		
b	Additional 10% tax (see page 5 of the instructions). Enter 10% (.10) of the distributions included		
	on line 14 that are subject to the additional 10% tax. Also include this amount in the total on		
	Form 1040, line 63, or Form 1040NR, line 58. On the dotted line next to Form 1040, line 63, or		
	Form 1040NR, line 58, enter "HSA" and the amount	15b	

For Paperwork Reduction Act Notice, see page 5 of the instructions.

Cat. No. 37621P

Form 8889 (2006)

96		D DATA LINE COUNTS - (ALL FIGURES ARE ESTIMATES BA MOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DO		SAMPLES) OMB No. 1545-	1984
	UJUJ ment of the Treasury	on Dillars)	2006 Attachment Sequence No. 143		
	I Revenue Service e(s) as shown on return	► Attach to your tax return. ► See separate instructions. Total Forms Filed = 474,755	Identi	fying number	43
				004 445 540	
1	Domestic production gros		. 1	881,415,513	
2	Allocable cost of goods so simplified overall method,	old. If you are using the small business     2     619,329,662			
3	If you are using the section losses definitely related				
4		3         69,141,261           ion 861 method, enter your pro rata         3			
		losses not definitely related to DPGR.			
5	Add lines 2 through 4 .		. 5	796,124,328	
6	Subtract line 5 from line <sup>-</sup>	1	. 6	85,291,184	
7	Qualified	Then enter the total gualified production activities income from-			
-	production activities a Shareholder		۱ I		
	income from pass- <b>b</b> Partner	Schedule K-1 (Form 1065), box 13, code T	7	62,456,353	
	through entities:	Schedule K-1 (Form 1065-B), box 9, code S2	$\left( \right)$		
	<b>c</b> Beneficiary	Schedule K-1 (Form 1041), box 14, code C	)		
8		tivities income. Add lines 6 and 7. If zero or less, enter -0- he and enter -0- on line 16	re, . 8	155,153,913	
9		tructions): d trusts. Enter your adjusted gross income figured without the ctivities deduction	9	334,532,597	
		exable income figured without the domestic production		004,002,007	
10	Enter the smaller of line 8	3 or line 9. If zero or less, enter -0- here, skip lines 11 through	15,	444.000.004	
	and enter -0- on line 16		. 10	114,069,604	
11	Enter 3% of line 10		. 11	3,422,084	
12	Form W-2 wages (see ins	structions)	. 12	25,672,781	
13	Form W-2				
10	from pass-	Then enter the total Form W-2 wages from—         Schedule K-1 (Form 1120S), box 12, code Q	۱ I		
	through entities: <b>b</b> Partner	Schedule K-1 (Form 1065), box 13, code U	13	42,484,678	
		Schedule K-1 (Form 1065-B), box 9, code S3			
	c Beneficiary	Schedule K-1 (Form 1041), box 14, code D	) 14	68,157,459	
14	Add lines 12 and 13 .		•		
15	Form W-2 wage limitation	n. Enter 50% of line 14	. 15	34,078,825	_
16	Enter the smaller of line 1	1 or line 15	. 16	3,283,876	
17	Domestic production activities deduction from cooperatives. Enter deduction from				
				13,747	_
18	Expanded affiliated group	allocation (see instructions)	18	*	
19	Domestic production ac	tivities deduction. Combine lines 16 through 18 and enter the res	ult		
		ine 35; Form 1120, line 25; Form 1120-A, line 21; or the applica		3 200 552	
	line of your return		· 19	3,298,552	

AMOUNTS OF SELECTED LINES FILED (IN THOUSANDS OF DOLLARS)

Form **8914** 

Department of the Treasury

Internal Revenue Service

# **Exemption Amount for Taxpayers Housing Individuals Displaced by Hurricane Katrina**

Attach to Form 1040, Form 1040A, or Form 1040NR

	OMB No. 1545-0074				
	2006				
	Attachment Sequence No. <b>55</b>				
Your social security number					

(d) Number of

i –

Name(s)	shown	on	vour	returi

#### Total Forms Filed = 31,296

# Part I Information on Individuals Displaced by Hurricane Katrina for Whom You Provided Housing in Your Main Home for at Least 60 Consecutive Days

**Do not** enter information for more than four individuals, for anyone included on line 6d of Form 1040 or 1040A (line 7d of Form 1040NR), or for anyone included on a Form 8914 you filed for 2005.

1	(a) First and last name	(b) Social security number (see instructions)		er address in disaster area t, city or town, state, and Zl	P code)	consecutive days in your main he	
_							
Pa	rt II Exemption Amount				-	52.059	
2	Maximum exemption amount. E		arried filing sepa	rately)	2	52,958	
3	Did you file Form 8914 for 2005?		22				
		· · · · · · · · · ·			3	10,433	
4					4	42,525	
5	Multiply \$500 by the total number				5	26,201	
6	Enter the smaller of line 4 or line	5			6	20,100	<u> </u>
7	Multiply \$3,300 by the total nu					0.40.007	
	Form 1040A (line 7d of Form 104				7	248,987	
8					8	273,301	+
9	Is the amount on Form 1040, I Form 1040NR, line 36), more than for your filing status?						
	□ No. STOP Enter the amount	t from line 8 above on F	orm 1040,				
	line 42 (Form 1040A, line 26;	or Form 1040NR, line 39)	l .				
	<b>Yes.</b> Enter on line 9 the a						
	(Form 1040A, line 22; or Form		9		-		
10	<ul><li>Enter the amount shown below for</li><li>Single—\$150,500</li></ul>	or your filing status.	,				
	<ul> <li>Married filing jointly or Qualifyi</li> </ul>	na widow(er)—\$225.750					
	<ul> <li>Married filing separately—\$112</li> </ul>		<pre></pre>				
	<ul> <li>Head of household—\$188,150</li> </ul>		] _				
11	Subtract line 10 from line 9. Is the	result more than \$122,50	0 (\$61,250				
	if married filing separately)?						
		by the total number of e					
	claimed on line 6d of Form 10						
	1040NR). Subtract this amoun Form 1040, line 42 (Form 1040,						
	<b>No.</b> Continue			1			
12	Divide line 11 by \$2,500 (\$1,250						
. 2	result is not a whole number, in	<b>e</b> ,	• /				
	number (for example, increase 0.0			2			
13	Multiply line 12 by 2% (.02) and en	nter the result as a decimation	al rounded				
	•				_	5.915	
14					14	5,815	
15	•				15	2,510	
16	<b>Exemption amount.</b> Subtract line line 42; Form 1040A, line 26; or F				16	268,741	