AREA RESERVED FOR 2-D BARCODE

2005 Form 1 XXXXXXXXXXXX

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2005 or other taxable

Year beginning Ending

Taxpayer deceased Spouse deceased

Walter A Wilson 400008105

123 Main Street Boston MA 02124

c/o KKNG Incorporated Division of Taxation

Apt. no. Suite 3G Name/address changed since 2004

State Election Campaign Fund: X $1 You $1 Spouse, if filing jointly TOTAL ► $ 1

1. **Filing status** *(select one only)*: Single Married filing joint return Married filing separate return
   X Head of household
2. **Exemptions:** Fill in if noncustodial parent
   a. Personal exemptions — a — 5525
   b. Number of dependents. (Do not include yourself or your spouse.) Enter number ► 1 — × $1,000 = b — 1000
   c. Age 65 or over before 2006 X You + Spouse = ► 1 — × $700 = c — 700
   d. Blindness X You + X Spouse = ► 1 — × $2,200 = d — 2200
   e. Other: 1. Medical/dental ► 4500 2. Adoption ► — 1 + 2 = e — 4500
   f. Total exemptions. Add items a, b, c, d and e. Enter here and on line 18 — ► 2f — 14925
3. Wages, salaries, tips — ► 3 — 34670
4. Taxable pensions and annuities — ► 4 — 24330
5. Mass. bank interest: a. ► 2500 – b. exemption 100 — = 5 — 2400
6. Business/profession or farm income or loss — ► 6 — -1000
7. Rental, royalty and REMIC, partnership, S corp., trust income/loss — ► 7 — 0
8. Unemployment: a. ► 1200 Mass. lottery winnings: b. ► 200 — a + b = 8 — 1400
9. Other income from Schedule X, line 5 — ► 9 — 650
10. **TOTAL 5.3% INCOME** — 10 — 62450
11. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement
    a. You ► 800 + b. Spouse ► — a + b = 11 — 800
12. Child under age 13, or disabled dependent/spouse care expenses — ► 12 — 2600
13. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/05, or disabled dependent(s)
    Not more than two. a. ► 1 — × $3,600 = ► 13
14. Rental deduction. a. ► 5120 — ÷ 2 = ► 14 — 2560
15. Other deductions from Schedule Y, line 15 — ► 15 — 510

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

I do not want preparer to file my return electronically ► (this may delay your refund)

May the Department of Revenue discuss this return with the preparer shown here? ► X Yes

Print paid preparer's name Date Check if self-employed Paid preparer's SSN

Chris P Bacon X ► 010236770

Paid preparer's signature Paid preparer's phone Paid preparer's EIN

► 666777888

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Massachusetts Resident Income Tax Return

400008105

16.	**Total deductions.** Add lines 11 through 15	► 16	6470
17.	**5.3% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than "0"**	17	55980
18.	Exemption amount	18	14925
19.	**5.3% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. **Not less than "0"**	19	41055
20.	**INTEREST AND DIVIDEND INCOME**	► 20	4094
21.	**TOTAL TAXABLE 5.3% INCOME.** Add lines 19 and 20	21	45149
22.	**TAX ON 5.3% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 20 by .0585 ►	22	2393
23.	**12% INCOME.** Not less than "0." a. ► 426	× .12 = 23	51
24.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS ►	► 24	152
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ►		
25.	Credit recapture amount BC X EOA LIH	► 25	2500
26.	If you qualify for No Tax Status, fill in and enter "0" on line 27 ►		
27.	**TOTAL INCOME TAX.** Add lines 22 through 25	27	5096
28.	Limited Income Credit	► 28	
29.	Other credits from Schedule Z, line 3 ► 400	28 + 29 = 30	400
31.	**INCOME TAX AFTER CREDITS.** Subtract line 30 from line 27. **Not less than "0"**	31	4696
32.	Voluntary Contributions: a. Endangered Wildlife Conserv. ► 10 b. Organ Transplant Fund ► 35		
	c. Massachusetts AIDS Fund ► 10 d. Mass. U.S. Olympic Fund ► 25		
	e. Mass. Military Family Relief Fund ► 10	Total of a through e 32	90
33.	Use tax due on out-of-state purchases. If no use tax due enter "0"	► 33	120
34.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 31 through 33	34	4906
35.	Massachusetts income tax withheld	► 35	1282
36.	2004 overpayment applied to your 2005 estimated tax	► 36	2000
37.	2005 Massachusetts estimated tax payments	► 37	3000
38.	Earned Income Credit. a. Number of qualifying children ► Amount from U.S. return ►	× .15 = ► 38	
39.	Senior Circuit Breaker Credit	► 39	0
40.	Payments made with extension	► 40	0
41.	**TOTAL.** Add lines 35 through 40	41	6282
42.	**Overpayment.** Subtract line 34 from line 41	► 42	1376
43.	Amount of overpayment you want **applied to your 2006 estimated tax**	► 43	1000
44.	**Refund.** Subtract line 43 from line 42. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	► 44	376

Direct deposit of refund. Type of account ► X checking savings

RTN # ► 121314413 account # ► 1842863630101

45.	**Tax due.** Mail to: Massachusetts DOR, PO Box 7002, Boston, MA 02204	► 45	

Interest ► Penalty ► M-2210 amt. ► ► EX enclose Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

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2005 Schedule B XXXXXXXXXXXX

Walter A Wilson 400008105

Part 1. Interest and Dividend Income

1.	Total interest income	1	2500
2.	Total ordinary dividends	2	3850
3.	Other interest and dividends not included above	3	800
4.	Total interest and dividends	4	7150
5.	Total interest from Massachusetts banks	5	2500
6.	Other interest and dividends to be excluded	6	556
7.	Subtotal	7	4094
8.	Allowable deductions from your trade or business	8	
9.	Subtotal	9	4094

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10.	Short-term capital gains	10	
11.	Long-term capital gains on collectibles and pre-1996 installment sales	11	852
12.	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13.	Add lines 10 through 12	13	852
14.	Allowable deductions from your trade or business	14	
15.	Subtotal	15	852
16.	Short-term capital losses	16	
17.	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18.	Prior short-term unused losses for years beginning after 1981	18	
19.	Combine lines 15 through 18	19	852
20.	Short-term losses applied against interest and dividends	20	

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21.	Available short-term losses	21	
22.	Short-term losses applied against long-term gains	22	
23.	Short-term losses available for carryover in 2006	23	
24.	Short-term gains on collectibles	24	852
25.	Long-term losses applied against short-term gain	25	
26.	Subtotal	26	852
27.	Long-term gains deduction	27	426
28.	Short-term gains after long-term gains deduction	28	426

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	4094
30.	Short-term losses applied against interest and dividends	30	
31.	Subtotal interest and dividends	31	4094
32.	Long-term losses applied against interest and dividends	32	
33.	Adjusted interest and dividends	33	4094
34.	Enter the amount from line 28	34	426

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35.	Adjusted gross interest, dividends and certain capital gains	► 35	4520
36.	Excess exemptions	36	
37.	Subtract line 36 from line 35	37	4520
38.	Interest and dividends taxable at 5.3%	► 38	4094
39.	Taxable 12% capital gains	► 39	426
40.	Available short-term losses for carryover in 2006	40	

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2005 Schedule C XXXXXXXXXXXX

Massachusetts Profit or Loss From Business

Walter A Wilson 400008105
No Name Service Stop
Services 1
4 Elm Street Boston MA 02124

Accounting method: X Cash Accrual Other (specify) No. of employees 1

Did you materially participate in the operation of this business during 2005? Yes X No

Did you claim the small business exemption from the sales tax on purchase of taxable energy or heating fuel during 2005? Yes No X

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter the result in line 32 and in Schedule B, line 3

Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, fill in here:

1.	a. Gross receipts or sales	60000		
	b. Returns and allowances	1000	a – b = 1	59000
2.	Cost of goods sold and/or operations		2	1000
3.	Gross profit. Subtract line 2 from line 1		3	58000
4.	Other income		4	1000
5.	Total income. Add line 3 and line 4		5	59000
6.	Advertising		6	2000
7.	Bad debts from sales or services		7	500
8.	Car and truck expenses		8	1500
9.	Commissions and fees		9	400
10.	Depletion		10	600
11.	Depreciation and Section 179 deduction		11	50
12.	Employee benefit programs		12	150
13.	Insurance		13	300
14.	Interest			
	a. mortgage interest paid to financial institutions	20000		
	b. other interest	2100	a + b = 14	22100
15.	Legal and professional services		15	400
16.	Office expense		16	5600
17.	Pension and profit-sharing		17	400
18.	Rent or lease a. vehicles, machinery and equipment	6000		
	b. other business property	4000	a + b = 18	10000

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19.	Repairs and maintenance			19	2300
20.	Supplies			20	90
21.	Taxes and licenses			21	400
22.	Travel			22	2150
23.	a. Total meals and entertainment	6200			
	b. Enter 50% of 23a subject to limitation	3100	a – b =	23	3110
24.	Utilities			24	950
25.	Wages			25	1000
26.	Other expenses			26	4000
27.	Total expenses. Add lines 6 through 26			27	58000
28.	Tentative profit or loss. Subtract line 27 from line 5			28	1000
29.	Expenses for business use of your home			29	1500
30.	Abandoned Building Renovation Deduction			30	500
31.	Net profit or loss. Subtract total of line 29 and line 30 from line 28			31	-1000
32.	Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1?				
	Yes X No. If "yes," enter amount here and in Massachusetts Schedule B, line 3			32	
33.	If you have a loss, you must check the statement that describes your investment in this activity.			33a. All investment at risk	
			X	33b. Some investment is not at risk	

Schedule C-1. Cost of Goods Sold and/or Operations

Method(s) used to value closing inventory: Cost Lower of cost or market Other

Was there any change in determining quantities, costs or valuations between opening & closing inventory? If "yes," encl. explanation Yes No

1.	Inventory at beginning of year			1	100
2.	a. Purchases	900			
	b. Items withdrawn for personal use	50	a – b =	2	850
3.	Cost of labor			3	50
4.	Materials and supplies			4	100
5.	Other costs			5	1000
6.	Add lines 1 through 5			6	2100
7.	Inventory at end of year			7	1100
8.	Cost of goods sold and/or operations. Subtract line 7 from line 6			8	1000

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2005 Schedule CB XXXXXXXXXXXX

Circuit Breaker Credit

Walter A Wilson 400008105

ADDRESS OF PRINCIPAL RESIDENCE IN MASSACHUSETTS (DO NOT ENTER PO BOX)	CITY/TOWN	STATE	ZIP + 4
3 Elm Street	Boston	MA	02124

1. Living quarters status during 2005: ► Homeowner X Renter

2.	Homeowners only, enter assessed value of principal residence as of January 1, 2005	► 2	350000

Income Calculation

3.	Massachusetts adjusted gross income	3	71327
4.	Total Social Security benefits received	4	0
5.	Pensions/annuities/IRA/Keogh distributions not taxed on your Massachusetts tax return	5	0
6.	Miscellaneous income, including cash public assistance	6	0
7.	Massachusetts total income. Add lines 3 through 6	► 7	71327
8.	Dependent(s) exemption amount	8	2000
9.	Age 65 or over exemption amount	9	700
10.	Blindness exemption amount	10	2200
11.	Exemptions from income. Add lines 8 through 10	11	4900
12.	Qualifying income. Subtract line 11 from line 7	► 12	66427

Credit Calculation

If you filled in "Homeowner" in line 1, complete lines 13–20; if "Renter," skip to line 21

13.	Real estate taxes paid in calendar year 2005 for your principal residence. See instructions	13	0
14.	Adjustments to real estate taxes	14	0
15.	Subtract line 14 from line 13	15	0
16.	Enter 50% (.50) of water and sewer use charges paid in 2005	16	0
17.	Add lines 15 and 16	17	0
18.	Income threshold. Multiply line 12 by 10% (.10)	18	0
19.	Subtract line 18 from line 17. If "0" or less, you do not qualify for this credit	19	0
20.	Enter the lesser of line 19 or $820 here and on Form 1, line 39 or Form 1-NR/PY, line 44	► 20	0

If you filled in "Renter" in line 1, complete lines 21–24

21.	Enter total amount of rent paid for your principal residence in 2005: a.	5120	÷ 4 = 21	1280
	Landlord's name and address A.A.W. Properties			
22.	Income threshold. Multiply line 12 by 10% (.10)		22	6643
23.	Subtract line 22 from line 21. If "0" or less, you do not qualify for this credit		23	0
24.	Enter the lesser of line 23 or $820 here and on Form 1, line 39 or Form 1-NR/PY, line 44		► 24	0

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2005 Schedule D XXXXXXXXXXXX

Long-Term Capital Gains and Losses
Excluding Collectibles

Walter A Wilson 400008105

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1.	Enter amounts included in U.S. Schedule D, line 8, col. f	1	
2.	Enter amounts included in U.S. Schedule D, line 9, col. f	2	
3.	Enter amounts included in U.S. Schedule D, line 11, col. f	3	2852
4.	Enter amounts included in U.S. Schedule D, line 12, col. f	4	
5.	Enter amounts included in U.S. Schedule D, line 13, col. f	5	875
6.	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	6	
7.	Carryover losses from prior years	7	
8.	Combine lines 1 through 7	8	3727
9.	Differences, if any	9	
10.	Adjusted capital gains and losses	10	3727
11.	Long-term gains on collectibles and pre-1996 installment sales	11	852
12.	Subtotal	12	2875
13.	Capital losses applied against capital gains	13	
14.	Subtotal	14	2875
15.	Long-term capital losses applied against interest and dividends	15	
16.	Subtotal	16	2875
17.	Allowable deductions from your trade or business	17	
18.	Subtotal	► 18	2875
19.	Excess exemptions	19	
20.	Taxable long-term capital gains	► 20	2875
21.	Tax on long-term capital gains	► 21	152
22.	Available losses for carryover	22	

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2005 Schedule E XXXXXXXXXXXX

Walter A Wilson 400008105

Schedule E, Part I. Rental, Royalty and REMIC Income or Loss

1a.	Rental and royalty income or loss	1a	3200
1b.	Real Estate Mortgage Investment Conduit (REMIC) income or loss	1b	-150
1.	Subtotal. Combine line 1a and line 1b	1	3050
2.	Massachusetts differences. Explain	2	
3.	Subtotal. Combine line 1 and line 2	3	3050
4.	Abandoned Building Renovation Deduction	4	
5.	Total rental, royalty and REMIC income or loss for Massachusetts. Subtract line 4 from line 3	5	3050

Schedule E, Part II. Income or Loss from Partnerships and S Corporations

1.	Partnerships and S corporation income or loss	1	11000
2.	Massachusetts differences. Explain	2	-13000
3.	Subtotal. Combine line 1 and line 2	3	-2000
4.	Abandoned Building Renovation Deduction	4	
5.	Massachusetts adjusted partnership and S corporation income or loss. Subtract line 4 from line 3	5	-2000
6.	Interest (other than from Massachusetts banks) and dividends in line 5	6	
7.	Interest from Massachusetts banks included in line 5	7	
8.	Total income or loss from partnerships and S corporations. Subtract total of lines 6 and 7 from line 5	8	-2000

Schedule E, Part III. Income or Loss from Grantor-Type Trusts and Non-Massachusetts Estates and Trusts

1.	Estate and trust income or loss	1	-900
2.	Massachusetts differences. Explain	2	-150
3.	Subtotal. Combine line 1 and line 2	3	-1050
4.	Abandoned Building Renovation Deduction	4	
5.	Massachusetts adjusted trust and estate income or loss. Subtract line 4 from line 3	5	-1050
6.	Estate or nongrantor-type trust income taxed on Massachusetts Form 2, if included in line 5	6	
7.	Grantor-type trust and non-Massachusetts estate and trust income. Subtract line 6 from line 5	7	-1050
8.	Interest (other than from Massachusetts banks) and dividends in line 7	8	
9.	Adjustments of 5.3% income	9	
10.	Subtotal. Combine line 8 and line 9	10	
11.	Income or loss from grantor-type trusts and non-Mass. estates and trusts. Subtract line 10 from line 7	11	-1050

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2005 Schedule INC

Walter A Wilson 400008105

Form W-2 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD
010236777	0	70		
010236776	82	600		
010236775	200	4000		
010236774	1000	30000	800	
010236779	0	200		
TOTALS	1282	34870	800	

Form 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE INCOME
010236771		2150
010236772		86
010236773		94
010236778		22000
010236780		1200
010236782		200
010236783		1200
TOTALS		26930

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2005 Schedule X & Y XXXXXXXXXXXX

Walter A Wilson 400008105

Schedule X. Other Income

1.	Alimony received	► 1	400
2.	Taxable IRA/Keogh and Roth IRA conversion distributions	► 2	
3.	Other gambling winnings. **Not less than "0."** Gambling losses are not deductible under Massachusetts law	► 3	50
4.	Fees and other 5.3% income. **Not less than "0"**	► 4	200
5.	Total other 5.3% income. Add lines 1 through 4. **Not less than "0"**	► 5	650

Schedule Y. Other Deductions

1.	Allowable employee business expenses	► 1	50
2.	Penalty on early savings withdrawal	► 2	20
3.	Alimony paid	► 3	
4.	Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5	► 4	65
	Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F		
	X Income exempt under U.S. tax treaty		
5.	Moving expenses	► 5	75
6.	Medical savings account deduction	► 6	80
7.	Self-employed health insurance deduction	► 7	
8.	Health care accounts deduction	► 8	
9.	X Certain qualified deductions from U.S. Form 1040 — Educators' deduction		
	Business expenses of National Guard and Reserve members — Tuition and fees deduction	► 9	85
10.	Student loan interest	► 10	
11.	College Tuition Deduction	► 11	95
12.	Undergraduate student loan interest deduction	► 12	20
13.	Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6	► 13	
14.	Home heating fuel deduction	► 14	20
15.	Total other deductions. Add lines 1 through 14	► 15	510

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2005 Schedule Z XXXXXXXXXXXX

Walter A Wilson 400008105

Schedule Z. Other Credits

Part 1. Credits

1.	Lead Paint	► 1	25
2.	Economic Opportunity Area	► 2	20
3.	Full Employment	► 3	15
4.	Septic	► 4	10
5.	Brownfields	► 5	35
6.	Low-Income Housing	► 6	20
7.	Historic Rehabilitation	► 7	15
8.	Home Energy Efficiency	► 8	10
9.	Add lines 1 through 8. Nonresidents and part-year residents, enter the result here and on Form 1-NR/PY, line 33. Part-year residents, also complete lines 10 through 12, if applicable. Full-year residents, also complete lines 10 through 13, if applicable	9	150

Part 2. Credits for Full-Year and Part-Year Residents Only

10.	Income tax paid to another state or jurisdiction ► IN ► ►	► 10	180
11.	Solar and wind energy	► 11	70

Part 3. Totals

12.	Add lines 10 and 11	12	250
13.	Add lines 9 and 12	13	400

Schedule DI. Dependent Information

Brian	D Wilson	111111111	
Son	Is dependent a qualifying child for earned income credit? ►		06211986
Melinda	Wilson	222222222	
Daughter	Is dependent a qualifying child for earned income credit? ►		02141998
	Is dependent a qualifying child for earned income credit? ►		
	Is dependent a qualifying child for earned income credit? ►		

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a Control number	22222	OMB No. 1545-0008

b Employer identification number (EIN) 010236777	1 Wages, tips, other compensation 70	2 Federal income tax withheld
c Employer's name, address, and ZIP code Wilson Tenn 10 Mail Street Boston, MA 02125	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Employee's social security number 400008105	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Walter Wilson 3 Elm Street Boston, MA 02124 f Employee's address and ZIP code	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236777	70	0			

Form **W-2** **Wage and Tax Statement** 2005 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

a Control number	22222	OMB No. 1545-0008

b Employer identification number (EIN) 010236779	1 Wages, tips, other compensation 200	2 Federal income tax withheld
c Employer's name, address, and ZIP code Wilson Burger 40 Hoop Street Boston, MA 02125	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Employee's social security number 400008105	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Walter Wilson 3 Elm Street Boston, MA 02124 f Employee's address and ZIP code	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236779	200	0			

Form **W-2** **Wage and Tax Statement** 2005 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

a Control number	22222	OMB No. 1545-0008	
b Employer identification number (EIN) 010236776		1 Wages, tips, other compensation 600	2 Federal income tax withheld
c Employer's name, address, and ZIP code Wilson Auto Mart 20 Mail Street Boston, MA 02125		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Employee's social security number 400008105		9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Walter Wilson 3 Elm Street Boston, MA 02124 f Employee's address and ZIP code		11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236776	600	82			

Form **W-2** **Wage and Tax Statement** 2005 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

a Control number	22222	OMB No. 1545-0008

b Employer identification number (EIN) 010236775	1 Wages, tips, other compensation 4000	2 Federal income tax withheld
c Employer's name, address, and ZIP code Wilson, Wilson and Wilson Attnys 30 Mail Street Boston, MA 02125	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Employee's social security number 400008105	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Walter Wilson 3 Elm Street Boston, MA 02124 f Employee's address and ZIP code	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236775	4000	200			

Form **W-2** **Wage and Tax Statement** 2005 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

a Control number	22222	OMB No. 1545-0008

b Employer identification number (EIN) 010236774	1 Wages, tips, other compensation 30000	2 Federal income tax withheld
c Employer's name, address, and ZIP code Wilsons-R-Us 40 Mail Street Boston, MA 02125	3 Social security wages 30000	4 Social security tax withheld 800
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Employee's social security number 400008105	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name Walter Wilson 3 Elm Street Boston, MA 02124 f Employee's address and ZIP code	11 Nonqualified plans	12a Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
	14 Other	12c Code
		12d Code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MA	010236774	30000	1000			

Form **W-2** **Wage and Tax Statement** 2005 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

☐ CORRECTED

PAYER'S name, address, ZIP code, federal identification number, and telephone number	1 Gross winnings	2 Federal income tax withheld	OMB No. 1545-0238
MA State Lottery	200		2005
25 Fortune Way	3 Type of wager	4 Date won 2/14/05	Form W-2G
Greenback, MA 02190	5 Transaction	6 Race	Certain Gambling Winnings
	7 Winnings from identical wagers	8 Cashier	
WINNER'S name, address (including apt. no.), and ZIP code	9 Winner's taxpayer identification no. 400008105	10 Window	
Walter A. Wilson	11 First I.D.	12 Second I.D.	Copy 1
3 Elm Street	13 State/Payer's state identification no. 010236782	14 State income tax withheld	For State Tax Department
Boston, MA 02124			

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature ► **Date ►**

Form **W-2G** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Iggy Institution for Savings 10 Mane Way Boston, MA 02123		$ 22000	2005	
		2a Taxable amount $	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S Federal identification number 010236778	RECIPIENT'S identification number 400008105	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Walter Wilson		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 3 Elm Street		7 Distribution code(s) / IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Boston, MA 02124		9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (see instructions)		10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 22000 $
		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Fleece Finance 9 Main Street Boston, MA 02123		$ 94	2005	
		2a Taxable amount $	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S Federal identification number 010236773	RECIPIENT'S identification number 400008105	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Walter Wilson		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 3 Elm Street		7 Distribution code(s) / IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Boston, MA 02124		9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (see instructions)		10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 94 $
		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Steve's Savings 8 Main Street Boston, MA 02123		$ 86	2005	
		2a Taxable amount $	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S Federal identification number 010236772	RECIPIENT'S identification number 400008105	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Walter Wilson		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 3 Elm Street		7 Distribution code(s) / IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Boston, MA 02124		9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (see instructions)		10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 86 $
		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Bill's Bank & Trust 7 Main Street Boston, MA 02123		$ 2150	2005	
		2a Taxable amount $	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S Federal identification number 010236771	RECIPIENT'S identification number 400008105	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Walter Wilson		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 3 Elm Street		7 Distribution code(s) IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Boston, MA 02124		9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (see instructions)		10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 2150 $
		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
Red Sox Credit Union 50 Yawkey Way Boston, MA 02123		$ 1200	2005	
		2a Taxable amount $	Form 1099-R	
		2b Taxable amount not determined ☐	Total distribution ☐	Copy 1 For State, City, or Local Tax Department
PAYER'S Federal identification number 010236780	RECIPIENT'S identification number 400008105	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
RECIPIENT'S name Walter Wilson		5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
Street address (including apt. no.) 3 Elm Street		7 Distribution code(s) / IRA/SEP/SIMPLE ☐	8 Other $ %	
City, state, and ZIP code Boston, MA 02124		9a Your percentage of total distribution %	9b Total employee contributions $	
Account number (see instructions)		10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ 1200 $
		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

Form **1099-R** Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Unemployment compensation	OMB No. 1545-0120	
MA Division of Unemployment Insurance 19 Staniford Street Boston, MA 02114		$ 1200	2005	**Certain Government Payments**
		2 State or local income tax refunds, credits, or offsets $	Form **1099-G**	
PAYER'S Federal identification number 010236783	RECIPIENT'S identification number 400008105	3 Box 2 amount is for tax year	4 **Federal income tax withheld** $	**Copy B** **For Recipient**
RECIPIENT'S name Walter A. Wilson		5 ATAA payments $	6 Taxable grants $	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) 3 Elm Street		7 Agriculture payments $	8 Box 2 is trade or business income ► ☐	
City, state, and ZIP code Boston, MA 02124				
Account number (see instructions)				

Form **1099-G** (keep for your records) Department of the Treasury - Internal Revenue Service