

Label

(See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See instructions.)

Label Here

For the year Jan. 1—Dec. 31, 2004, or other tax year beginning

2004, ending

20

Your first name and initial

Michael A

Last name

Mann

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

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

Apt. no.

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

Important! You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You Spouse Yes No Yes No

Filing Status

Check only one box.

- 1 Single
2 Married filing jointly
3 Married filing separately
4 Head of household
5 Qualifying widow(er)

Exemptions

If more than four dependents, see instructions.

- 6a Yourself
6b Spouse
6c Dependents
6d Total number of exemptions claimed

Income

Attach Forms W-2 here. Also attach Form(s) W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Table with 2 columns: Line number and Amount. Rows include Wages (5,069), Taxable interest, Dividends, Refunds, Business income (28), Capital gain, Other gains, IRA distributions, Pensions, Rental income, Unemployment, Social security benefits, Other income, Total income (5,097), Adjusted Gross Income (5,097).

Adjusted Gross Income

Tax and Credits

Standard Deduction for—

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instrucs.

• All others:

Single or Married filing separately \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

Table with 3 columns: Line number, Description, and Amount. Includes lines 37-56 covering tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-62 covering other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 63-70 covering payments.

Refund

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

Table with 3 columns: Line number, Description, and Amount. Includes lines 71-73 covering refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 74-75 covering amount owed.

Third Party Designee

Form section for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Form section for Sign Here with signature and occupation fields.

Paid Preparer's Use Only

Form section for Paid Preparer's Use Only with signature and identification fields.

**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Net Profit From Business**

(Sole Proprietorship)

- ▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
- ▶ Attach to Form 1040 or 1041.
- ▶ See instructions.

OMB No. 1545-0074

**2004**  
Attachment  
Sequence No. **09A**

Name of proprietor

Michael A Mann

Social security number (SSN)

**Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

**And You:**

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

<b>A</b> Principal business or profession, including product or service Web Design and Hosting Services	<b>B</b> Enter code from instructions ▶ 999999
<b>C</b> Business name. If no separate business name, leave blank. Red Cent Online	<b>D</b> Employer ID number (EIN), if any
<b>E</b> Business address (including suite or room no.). Address not required if same as on Form 1040, page 1.  City, town or post office, state, and ZIP code	

**Part II Figure Your Net Profit**

<b>1</b> <b>Gross receipts. Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <b>Statutory Employees</b> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/>	<b>1</b>	560
<b>2</b> <b>Total expenses</b> (see instructions). If more than \$5,000, you <b>must</b> use Schedule C	<b>2</b>	532
<b>3</b> <b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on <b>Form 1040, line 12</b> , and also on <b>Schedule SE, line 2</b> . (Statutory employees <b>do not</b> report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	<b>3</b>	28

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

**4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_

**5** Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ **b** Commuting \_\_\_\_\_ **c** Other \_\_\_\_\_

**6** Do you (or your spouse) have another vehicle available for personal use?  Yes  No

**7** Was your vehicle available for personal use during off-duty hours?  Yes  No

**8a** Do you have evidence to support your deduction?  Yes  No

**b** If "Yes," is the evidence written?  Yes  No