Form 1040 (200	4) M	Matthew I Stirling	185-56	5-3394	Page 2
Tovond	37	Amount from line 36 (adjusted gross income)		. , 37	8,234
Tax and		Check You were born before January 2, 1940, Blind Total boxes			ANNUAR AREA CONTRACTOR OF THE STATE OF THE S
Credits	30a		0		
Standard		Spouse was born before Landary 2, 1940, Billid J Checked	38a L	4	
Deduction	þ		38b 🔙		
for-		see mistractions and check here		39	4,850
• People who	39	Itemized deductions (from Schedule A) or your standard deduction (see left m	argin)	40	3,384
checked any box on line	40	Subtract line 39 from line 37			paratic management of the second
38a or 38b or	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions cla	imed on	41	3,100
who can be claimed as a		line 6d. If line 37 is over \$107,025, see the worksheet in the instructions		42	284
dependent,	42	Taxable income Subtract line 41 from line 40. If line 41 is more than line 40, ente	r - 0		15
see instrucs.	43	Tax (see instructions) Check if any tax is from Form(s) 8814 b Form 4972		43	
All others:	44	Alternative minimum tax (see instructions). Attach Form 6251		44	
Single or	45	Add lines 43 and 44		4.5	15
Married filing	46	Foreign tax credit. Attach Form 1116 if required 46	0		
separately \$4,850		Credit for child and dependent care expenses. Attach Form 2441			
1	47	of care for crima and deportable bare expenses a recessive and			
Married filing	-10	Great for the clacity of the disabled. Attach conceditor.	15		
Qualifying	49	Education Credits, Attach Form 8863	1.0	Million	
widow(er),	50	Retirement savings contributions credit. Attach Form 8880			
\$9,700	51	Child tax credit (see instructions)		_ ``\	
Head of	52	Adoption credit. Attach Form 8839			
household, \$7,150	53	Credits from: a Form 8396 b Form 8859	0		
(47,100	54	Other credits. Check applicable box(es): a Form 3800			
	٠,	b Form 8801 c Specify 54	0		
		b   101111 0001 0   90011)		55	15
	55	Add lines 46 through 54. These are your total credits			
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter - 0-		56	Mark Mark Carrier 11 11
	57	Self-employment tax. Attach Schedule SE		57	0 5 0
Other	58	Social security and Medicare tax on tip income not reported to employer. Attach Form	4137	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if requ	uired .	59	0
	60	Advance earned income credit payments from Form(s) W-2		60	0
	61	Household employment taxes. Attach Schedule H		61	0
	62	Add lines 56 through 61. This is your total tax	▶	62	<u></u>
			0	<del>    - · ·</del>	
Payments		Federal income tax withheld from Forms W-2 and 1099	0	1	
	64	2004 estimated tax payments and amount applied from 2000 return	0		
If you have a qualifying	65a	Earned Income Credit (El C)		1 120	
child, attach	b	Nontaxable combat pay election ► 65b	0		
Schedule EIC	66	Excess social security and tier 1 RRTA tax withheld (see instructions) 66	0		
	67	Additional child tax credit. Attach Form 8812 67			
	68	Amount paid with request for extension to file (see instructions) 68	0		
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 69	0		
		Add lines 63, 64, 65a, and 66 through 69. These are your <b>total payments</b>	⊳	70	0
D - £ d	70	······································			
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you $\sigma$	verpaiu IDS	72a	
Direct deposit?		Amount of line 71 you want refunded to you		12a	
See instructions and fill in 72b,	-	Routing number XXXXXXXXX			
72c, and 72d	> d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	73	Amount of line 71 you want applied to your 2005 estimated ★ax 73		2485	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see the i	nstru <b>k</b> io	ns/4	0
You Owe	75	Estimated tax penalty (see instructions)		Fast 4.54	3.5
Tou Owe	, ,		C	to the fello	wio V No
Third Part	y <sup>Do yo</sup>	ou want to allow another person to discuss this return with the IRS (see instructions) as	Compre	ete the follo	WILLEY IND
Designee	Desig	nee's Phone Pers	onal indei ber (PIN)	ntification	
<u> </u>	name	penalties of perjury, I declare that I have examined this return and accompanying schedules and s		s, and to the I	pest of my knowledge
Sign	belief	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	informati	on of which p	reparer has any know
Here ,		signature   Date   Your occupation		aytime phone	
hint return?		Student	8	314-574-	2583
See instructions	Snous	e's signature. If a joint return, both must sign. Date Spouse's occupation			management of the second of th
Keep a copy for your	υμυus	opodoo o oodpanon			
recórds.				norosis CON -	CTIN
Daid	Prepar signat	er's Date Check if		eparer's SSN o	1 71111
Paid					
Preparer's	Firm's	name (or	EIN		
Use Only	yours addres	if self- employed ss, and ZIP code	Pho	ne no	
					4040

SCHEDULE C OMB No 1545-0074 Profit or Loss From Business (Form 1040) (Sole Proprietorship) ▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-\$. Department of the Treasury Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040) Sequence No. Internal Revenue Service Social security number (SSN) Name of proprietor Matthew I Stirling 185-56-3394 Principal business or profession, including product or service (see the instructions) Enter code from instructions **▶** 451211 Internet textbook retailer Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any 20-1813761 The Textbook Guy, LLC Business address (including suite or room no.)▶ City, town or post office, state, and ZIP code Accounting method: (1) X Cash (2) Accrual (3) Other (specify)▶ Did you "materially participate" in the operation of this business during 2004? If "No," see instructions for limit on losses Yes Νo If you started or acquired this business during 2004, check here Income Part l Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutor 0 1 employee" box on that form was checked, see the instructions and check here 2 2 Returns and allowances 0 3 Subtract line 2 from line 1 3 0 4 Cost of goods sold (from line 42 on page 2) 0 5 5 Gross profit. Subtract line 4 from line 3 154 6 Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions) 6 154 7 Gross income. Add lines 5 and 6 Part II Expenses. Enter expenses for business use of your home only on line 30. Pension and profit-sharing plans 19 Advertising 8 0 20 Rent or lease (see instructions): 9 Car and truck expenses 0 а Vehicles, machinery, & equipment 20 a 9 (see instructions) Other business property 20b h 10 10 Commissions and fees 21 Repairs and maintenance 21 11 Contract labor 500 (see instructions) 22 Supplies (not included in Part III) 22 11 125 23 23 Taxes and licenses 12 Depletion 12 Travel, meals, and entertainment: 24 13 Depreciation and section 179 expense deduction (not included a Travel 24a 614 in Part III) (see instructions) 13 Meals and 177 Employee benefit programs entertainment 14 (other than on line 19) Enter nondeductible amount in-15 15 Insurance (other than health) cluded on line 24b 89 16 Interest (see instructions) Mortgage (paid to banks, etc.) 16 a 88 d Subtract line 24c from line 24b 24 d 16b 804 b Other 25 25 Utilities 26 Legal and professional 26 Wages (less employment credits) 17 260 17 services Other expenses (from line 48 on 902 27 77 18 Office expense 18 3,370 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns 28 28 29 -3,216 29 Tentative profit (loss). Subtract line 28 from line 7 30 0 Expenses for business use of your home. Attach Form 8829 . . . . . . . . . 30 Net profit or (loss). Subtract line 30 from line 29

• If a loss, you must go on to line 32.

see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees,

If you have a loss, check the box that describes your investment in this activity (see instructions)

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2

(statutory employees, see instructions) Estates and trusts, enter on Form 1041, line 3.

at risk.

All investment is at risk

-3,216

31

Sche	dule C (Form 1040) 2004 Matthew I Stirling	185-56-3394	Page 2
Рa	rt II   Cost of Goods Sold (see instructions)		
33	Methods(s) used to value closing inventory: a $X$ Cost b Lower of cost or market c	Other (attach exp	lanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing "Yes," attach explanation	g inventory? If Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36	Purchases less cost of items withdrawn for personal use	36	0
37	Cost of labor. Do not include any amounts paid to yourself	37	0
38	Materials and supplies	38	0
39	Other costs	39	0
40	Add lines 35 through 39  Inventory at end of year	41	
41	inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42	0
Pa	rt I V Information on Your Vehicle. Complete this part only if you are claim line 9 and are not required to file Form 4562 for this business. See the instruction find out if you must file Form 4562.	ing car or truck ex tions for line 13	penses on
43	When did you place your vehicle in service for business purposes? (month, day, )ear)		
44	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you u	sed your vehicle for:	
a	Business b Commuting c Other		
4 5	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
47 a	Do you have evidence to support your deduction?		No No
	If "Yes," is the evidence written?  rt V Other Expenses. List below business expenses not included on lines 8–26		No
<u> </u>	Fraudulent Credit Card Charges	31 III/C 30:	77
		and the second s	
18	Total other expenses. Enter here and on page 1. line 27	48	77

FANAN	Depa	tment of the Treasury—Internal Revenue Service	rn 2005	1					
£1040	U.S	i. Individual Income Tax Retu		(99)	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN			le in this spac 545-0074	.e.
	Fort	he year Jan. 1-Dec. 31, 2005, or other tax year beginning	, 200	05, ending	, 20			ity number	
Label (L	You	I III St Hallie and milital	name					-	
A		atthew I St	185-56-3394 Spouse's social security number			mher			
(See instructions.) B E L	lfa	joint return, spouse's first name and initial Last	name			Spouse	5 SULIAI :	ecunty na	iiibei
Use the IRS		ne address (number and street). If you have a P.O. b	ov see instructions	Apt	. no.	A	You mu	st enter	A
I H			ox, see mondodono.			A yo		(s) above.	ASIA.
Otherwise, R	90	02 W 13th St town or post office, state, and ZIP code. If you have	a foreign address, see inst	tructions.		Chackin	a a boy	below will i	not
please print E or type.	1 1	, town or post office, state, and ZIP code. If you have	AZ 85281			change	your tax	or refund	not
Presidential	<u> </u>	neck here if you, or your spouse if filing jointly, w	ant \$3 to go to this fund	(see page 1	6) !	►	ou	Spoເ	ıse
Election Campaign			head [7]	l of househol	d (with auali	fving pers	on). (Se	e instr.) If	
	1 X	Single	4 lineau	ualifying per	son is a child	but not y	our depe	endent, en	ter
Filing Status	2	Married filing jointly (even if only one had incor		child's name					
Check only	3	Married filing separately. Enter spouse's SSN	above						
one box.	3 <u>_</u>	and full name here.	5 Quali	ifying widow	(er) with dep	endent ch	ild (see	instruction	ıs)
							Boxes		
	6a	X Yourself. If someone can claim you as a	dependent, do not che	ck box 6a		• • • [	checked		1
Exemptions		Spouse				]	6a and 6	children	
	b	Spouse					on 6c v		
	C	Dependents:	(2) Dependent's	(3) Depende relationship	nt's (4) X i	f qualifying or child tax (see instr.)	• lived	with you	
		(1) First name Last name	social security number	you	credit	(see instr.)		t live with	
If more than four							or separ		
dependents, see				*************			•	tructions) ents on 6c	
instructions.								red above	
							Add nun	nbers	1
	d	Total number of exemptions claimed					above	<u> </u>	لــــــــــــــــــــــــــــــــــــــ
	7	Wages, salaries, tips, etc. Attach Form(s) W-					7		0
	_	Taxable interest. Attach Schedule B if required	 •				8a		44
Income	8a b	Tax-exempt interest. Do not include on line 8			b	0			0.0
Attach Form(s)		Ordinary dividends. Attach Schedule B if requir					9a		28
W-2 here. Also	9a	Qualified dividends (see instructions)		9	b	0			
attach Form(s)	10	Taxable refunds, credits, or offsets of state and	d local income taxes (se	e instruction	s)		10		0
W-2G and	11	Alimony received					11		006
1099-R if tax	12	Business income or (loss). Attach Schedule C	or C-EZ			ښ.	12	4	,006
was withheld.	13	Capital gain or (loss). Attach Schedule D if required 1	f not required, check here			. ▶ ∐	13		0
	14	Other gains or (losses). Attach Form 4797					14		
If you did not	15a	IRA distributions 15a	b .	Taxable amo	ount (see inst	ructions)	15b		0
get a W-2,	16a	Pensions and annuities 16a		Taxable amo			16b	~	
see instructions.	17	Rental real estate, royalties, partnerships, S co	rporations, trusts, etc. A	Attach Sched	lule E		17		0
Enclose, but do	18	Farm income or (loss). Attach Schedule F					18		
not attach, any	19	Unemployment compensation					19		
payment. Also, please use	20a	Social security benefits 20a		Taxable amo	ount (see inst	ructions)	20b		0
Form 1040-V.	21	Other income. List type and amount (see instru	ictions)				21		,078
	22	Add the amounts in the far right column for line	s 7 through 21. This is		ŧ	<b>&gt;</b>	22	-1	,070
	23	Educator expenses (see instructions)		2	:3		-		
Adjusted	24	Certain business expenses of reservists, perfo	ming artists, and	2	4	0	***************************************		
Adjusted Gross		fee-basis government officials. Attach Form 21	0000 2100-EZ	2	:5	0			
	25	Health savings account deduction. Attach Form			:6	0			
Income	26	Moving expenses. Attach Form 3903 One-half of self-employment tax. Attach Sched			7	283			
	27	One-nair or seir-employment tax. Attach Sched	ine		8	0			
	28	Self-employed SEP, SIMPLE, and qualified pla Self-employed health insurance deduction (see	instructions)		9	898			
	29	Penalty on early withdrawal of savings	instructions,	3	0	0			
	30	Alimony paid <b>b</b> Recipient's SSN		3.	la				
	31a	IRA deduction (see instructions)		3	2	0			
	32	Student loan interest deduction (see instruction	ne)	3	3	270			
	33	Tuition and fees deduction (see instructions)	,	3	4	0			
	34	Domestic production activities deduction. Attac	h Form 8903	3	5	0			
	35 26	Add lines 23 through 31a and 32 through 35					36		, 451
	36	Subtract line 26 from line 22. This is your adju				>	37	2	,627

Form 1040 (2005	) P	atthew I Stirling			185-56	-3394	Page 2
771	38	Amount from line 37 (adjusted gross income)				38	2,627
Tax and	39a	Check You were born before January 2, 1941,	Blind.	Total boxes			······································
Credits	SJA	:	= }		- 0		
Standard		Spouse was born before January 2, 1941,		CHECKEU	> 39a ∟	1	
Deduction	b	If your spouse itemizes on a separate return, or you were see instructions and check here		ı	> 39b L		
for	40					40	5,000
People who checked any	40	Itemized deductions (from Schedule A) or your standar		en margin) .		41	-2,373
box on line	41	Subtract line 40 from line 38				10,15,804	
39a or 39b or who can be	42	If line 38 is over \$109,475, or you provided housing to a pesee instructions. Otherwise, multiply \$3,200 by the total nu	erson displaced by I	Humcane Katrin	a, . 6d	42	3,200
claimed as a						43	0
dependent, see instrucs.	43	Taxable income. Subtract line 42 from line 41. If line 42 i				44	0
1 1	44	Tax (see instructions). Check if any tax is from a Form(				45	0
• All others:	45	Alternative minimum tax (see instructions). Attach Form				-	0
Single or	46	Add lines 44 and 45			💆	46	· ·
Married filing separately	47	Foreign tax credit. Attach Form 1116 if required		47	0		
\$5,000	48	Credit for child and dependent care expenses. Attach Forr					
Married filing	49	Credit for the elderly or the disabled. Attach Schedule R					
jointly or	50			I I			
Qualifying					0		
widow(er), \$10,000	51	Retirement savings contributions credit. Attach Form 8880					
1	52	Child tax credit (see instructions). Attach Form 8901 if req					
Head of household.	53	Adoption credit. Attach Form 8839					
\$7,300	54	Credits from: a Form 8396 b Form 88	359	54	0		
	55	Other credits. Check applicable box(es): a For	m 3800		_		
				55	0		
	56	Add lines 47 through 55. These are your total credits				56	0
		Subtract line 56 from line 46. If line 56 is more than line 46				57	0
	57						566
	58					58	0
Other	59	Social security and Medicare tax on tip income not reported	to employer. Attac	h Form 4137		59	0
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc.	. Attach Form 5329	if required		60	-
	61	Advance earned income credit payments from Form(s) W-				61	0
	62	Household employment taxes. Attach Schedule H				62	0
		Add lines 57 through 62. This is your <b>total tax</b>				63	566
	63			1 1	0	0.0	
Payments	64	Federal income tax withheld from Forms W-2 and 1099					
i ayıncına			)4 retum	65			
- ayıncınıs	65	2005 estimated tax payments and amount applied from 200				F4. 38.78-8	
If you have a	65 66a			66a	285		
If you have a qualifying	66a	Earned income credit (EIC)		66a	285		
If you have a qualifying child, attach	66a b	Earned income credit (EIC)  Nontaxable combat pay election  ▶ 66b			285		
If you have a qualifying	66a b 67	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in	ostructions)	67			
If you have a qualifying child, attach	66a b 67 68	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812	onstructions)	67 68			
If you have a qualifying child, attach	66a b 67 68 69	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructions)	onstructions)	67 68 69	0		
If you have a qualifying child, attach	66a b 67 68 69 70	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instruction Payments from:  a ☐ Form 2439  b ☐ Form 4136  c	0 instructions)	67 68 69 70	0		205
If you have a qualifying child, attach	66a b 67 68 69	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructions)	0 instructions)	67 68 69	0	71	285
If you have a qualifying child, attach	66a b 67 68 69 70	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instruction Payments from:  a ☐ Form 2439  b ☐ Form 4136  c	ons)	67 68 69 70	0	71 72	285
If you have a qualifying child, attach Schedule EIC.	66a b 67 68 69 70 71	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instruction Payments from:  a Form 2439  Form 4136  C Add lines 64, 65, 66a, and 67 through 70. These are your to lift line 71 is more than line 63, subtract line 63 from line 71.	ons)	67 68 69 70	0		285
If you have a qualifying child, attach Schedule EIC.  Refund  Direct deposit? See instructions	66a b 67 68 69 70 71 72 73a	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the file 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you	onstructions)	67 68 69 70 you overpaid	0	72	285
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b,	66a b 67 68 69 70 71 72 73a ▶ b	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a	ons)	67 68 69 70 you overpaid	0	72	285
If you have a qualifying child, attach Schedule EIC.  Refund  Direct deposit? See instructions and fill in 73b,	66a b 67 68 69 70 71 72 73a b d	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the fline 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	onstructions)	67 68 69 70 you overpaid	0	72	285
If you have a qualifying child, attach Schedule EIC.  Refund  Direct deposit? See instructions and fill in 73b, 73c, and 73d.	66a b 67 68 69 70 71 72 73a b d 74	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 con Add lines 64, 65, 66a, and 67 through 70. These are your the line 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ons)	67 68 69 70 you overpaid	0 •	72 73a	
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.	66a b 67 68 69 70 71 72 73a b d	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the fline 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ons)	67 68 69 70 you overpaid	0 •	72	285
If you have a qualifying child, attach Schedule EIC.  Refund  Direct deposit? See instructions and fill in 73b, 73c, and 73d.	66a b 67 68 69 70 71 72 73a b d 74	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 con Add lines 64, 65, 66a, and 67 through 70. These are your the line 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ons)	67 68 69 70 you overpaid	0 •	72 73a	
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe	66a b 67 68 69 70 71 72 73a b d 74 75 76	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 con Add lines 64, 65, 66a, and 67 through 70. These are your the film 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you.  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ons)	67 68 69 70  you overpaid ng Saving 74 e the instruction 76	0 •	72 73a 75	281
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party	66a b 67 68 69 70 71 72 73a b d 74 75 76 Do yo	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 con Add lines 64, 65, 66a, and 67 through 70. These are your the string of the file of the fil	ons) Form 8885 otal payments This is the amount Type: Checking ed tax son how to pay, see	67 68 69 70  you overpaid  ng Saving  74 e the instruction 76 ons)? Ye	0 > ss >	72 73a 75	281
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe	66a b 67 68 69 70 71 72 73a b d 74 75 76 Do yo Desig	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the string of the file	onstructions)	67 68 69 70  you overpaid  ng Saving  74   e the instruction  76   ons)? You	0  0  ss. Complete ersonal indent imber (PIN)	72 73a 75 e the followification	281
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party Designee	66a b 67 68 69 70 71 72 73a b d 74 75 76 Dosyg Desig	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructional payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your file file 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	onstructions)	you overpaid  ng Saving  74   e the instruction   76   ons)? Your overpaid	0 0  ps ss  ps. Complete ersonal indent imber (PIN) nts, and to the	72 73a 75 2 the followification	281  ring X No
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party Designee  Sign	66a b 67 68 69 70 71 72 73a b d 74 75 76 Dosyg Desig	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the string of the file	onstructions)	ons)? You overpaid  you overpaid  you overpaid  74   e the instruction  76   ons)? You  dules and statemers sed on all information	0 0 0 Ses. Complete ersonal indent imber (PIN) nts, and to the tition of which	72 73a 75 2 the followification 2 best of my preparer ha	281  ving X No  v knowledge and as any knowledge.
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party Designee  Sign Here	66a b 67 68 69 70 71 72 73a b d 74 75 76 Do yo Designame Under belief,	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructional payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your file file 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	onstructions) ons) ons) orange Form 8885 otal payments This is the amount Type: Checking chec	67 68 69 70  you overpaid  ng Saving  74   e the instruction   76   ons)? You overpaid  ulues and statements sed on all information	O O O O O O O O O O O O O O O O O O O	72 73a 75 the followification a best of my preparer ha	281  ving X No v knowledge and as any knowledge. ne number
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party Designee  Sign Here Joint return?	66a b 67 68 69 70 71 72 73a b d 74 75 76 Do yo Designame Under belief,	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the file file 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you  Routing number XXXXXXXXXX	onstructions)	67 68 69 70  you overpaid  ng Saving  74   e the instruction   76   ons)? You overpaid  ulues and statements sed on all information	O O O O O O O O O O O O O O O O O O O	72 73a 75 2 the followification 2 best of my preparer ha	281  ving X No v knowledge and as any knowledge. ne number
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If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party Designee  Sign Here Joint return? See instructions. Keep a copy for your records.	66a b 67 68 69 70 71 72 73a b d 74 75 76 Do yo pame Under belief, Your s	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the stime 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you.  Routing number XXXXXXXXXX c cannot continue 72. Amount of line 72 you want applied to your 2006 estimate Amount you owe. Subtract line 71 from line 63. For detail. Estimated tax penalty (see instructions)  In want to allow another person to discuss this return with the see's penalties of perjury, I declare that I have examined this return and they are true, correct, and complete. Declaration of preparer (other ignature)  Beta Stimated to your 2006 estimate they are true, correct, and complete. Declaration of preparer (other ignature)  Date et's signature. If a joint return, both must sign.	onstructions) ons) ons) ons) Form 8885 otal payments This is the amount Type: Checki ed tax son how to pay, see e IRS (see instructione accompanying scheor than taxpayer) is ba Your occupatii Self Emp	67 68 69 70 you overpaid  74 e the instruction 76 ons)? Ye Puttles and statemetesed on all information 01 cyecl upation Check if	0 0 0 sps ss Ses. Complete ersonal indent imber (PIN) nts, and to the tition of which 8	72 73a 75 the followification a best of my preparer ha	/ing X No /knowledge and is any knowledge. ne number2583
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party Designee  Sign Here Joint return? See instructions. Keep a copy for your records.	66a b 67 68 69 70 71 72 73a b d 74 75 76 Do your s Spous	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the line 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you.  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ons)	67 68 69 70 you overpaid ng Saving 74   e the instruction 176   ons)? Your overpaid uluses and statements sed on all information on objoyed upation	0 0 0 ss ss scomplete ersonal indent imber (PIN) nts, and to the tition of which Diagonal indent in the state of the state	72 73a 75 e the follow iffication e best of my preparer ha aytime phore 14-574	/ing X No /knowledge and is any knowledge. ne number2583
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.  Paid Preparer's	66a b 67 68 69 70 71 72 73a b d 74 75 76 Do yo Desire Under belief, Your s  Preparsignate  Firm's	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the string of the file o	ons)	67 68 69 70 you overpaid  74 e the instruction 76 ons)? Ye Puttles and statemetesed on all information 01 cyecl upation Check if	O O O O O O O O O O O O O O O O O O O	72 73a 75 e the follow ification e best of my preparer ha aytime phoral 14-574 parer's SSN	/ing X No /knowledge and is any knowledge. ne number2583
If you have a qualifying child, attach Schedule EIC.  Refund Direct deposit? See instructions and fill in 73b, 73c, and 73d.  Amount You Owe Third Party Designee  Sign Here Joint return? See instructions. Keep a copy for your records.	66a b 67 68 69 70 71 72 73a b d 74 75 76 Do yo Desige name Under belief, Your s Spous	Earned income credit (EIC)  Nontaxable combat pay election  Excess social security and tier 1 RRTA tax withheld (see in Additional child tax credit. Attach Form 8812  Amount paid with request for extension to file (see instructing Payments from:  a Form 2439 b Form 4136 c Add lines 64, 65, 66a, and 67 through 70. These are your the line 71 is more than line 63, subtract line 63 from line 71. Amount of line 72 you want refunded to you.  Routing number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ons)	67 68 69 70 you overpaid  74 e the instruction 76 ons)? Ye Puttles and statemetesed on all information 01 cyecl upation Check if	O O O O O O O O O O O O O O O O O O O	72 73a 75 e the follow iffication e best of my preparer ha aytime phore 14-574	/ing X No /knowledge and is any knowledge. ne number2583

### **SCHEDULE C** (Form 1040)

Department of the Treasury internal Revenue Service (99)

# **Profit or Loss From Business**

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
 Attach to Form 1040 or 1041.
 ▶ See Instructions for Schedule C (Form 1040).

Social security number (SSN)

OMB No. 1545-0074 Attachment Sequence No

Nam	e of proprietor	-1:-	n or			185	-56-3394	
	Matthew I Sti	. [ ]	reduct or confice (see the	e instru	ctions) B	nter cod	e from instructions	
	Principal business or profession, incl Internet textbook re	tall	er	- mou a		<b>▶</b> 451211		
С	Business name. If no separate busine	ess na	me, leave blank.		DE	mployer:	ID number (EIN), if any 1813761	
	The Textbook Guy, LI	.C						
E	Business address (including suite or City, town or post office, state, and Z	room r IP code						
F .	Accounting method: (1) X Ca	sh	(2) Accrual (3)	Ott	ner (specify) 🛌			
G	Did you "materially participate" in the	operat	ion of this business during	g 2005'	? If "No," see instructions for limit on losse	S	X Yes No	
Н	If you started or acquired this busines	ss duri	ng 2005, check here					
	nt I Income							
1	Gross receipts or sales. Caution: I	f this in ecked,	ncome was reported to you see the instructions and	u on Fo check h	orm W-2 and the "Statutory nere	1	141,189	
2	Returns and allowances					2	4,681	
3							136,508	
4	Cost of goods sold (from line 42 or	page	2)			4	84,429	
*	Cost of goods sold (Norwanie 12 or	. 10-				_	52,079	
5	Gross profit. Subtract line 4 from	line 3				·	401	
6					und (see instructions)		FO. 400	
7	Gross income. Add lines 5 and 6					-   7	52,480	
Pa	rt II Expenses. Enter exp	ense	s for business use o	f you	r home <b>only</b> on line 30.	г		
8	Advertising	8	763	18	Office expense	. 18	4,266	
9	Car and truck expenses (see instructions)	9	2,795	19	Pension and profit-sharing plans	. 19		
10	Commissions and fees	10	5,292	20	Rent or lease (see instructions):		0	
11	Contract labor		19,395	а	Vehicles, machinery, & equipment	1 1	0	
	(see instructions)	11	19,393	b	Other business property	20b		
12	Depletion	12	U	21	Repairs and maintenance	21	336	
13	Depreciation and section 179			22	Supplies (not included in Part III)	22	0	
	expense deduction (not included in Part III) (see instructions)	13	1,405	23	Taxes and licenses	23	28	
14	Employee benefit programs			24	Travel, meals, and entertainment:			
	(other than on line 19)	14	0	a	Travel	24a	1,258	
15	Insurance (other than health)	15	0	b	Deductible meals and entertainment		551	
16	Interest:	A. STE			(see instructions)	1 1		
а	Mortgage (paid to banks, etc.)	16a	0	25	Utilities		1,324	
b	Other	16b	1,009	26	Wages (less employment credits)	26		
17	Legal and professional		1,500	27	Other expenses (from line 48 on	07	0	
	services	17	1,300		page 2)	. 27		
28	Total expenses before expenses	for bus	iness use of home. Add li	ines 8 t	hrough 27 in columns	- 28	39,922	
29	Tentative profit (loss). Subtract line	28 fro	m line 7			. 29	12,558	
30	Expenses for business use of your					. 30	8,552	
31	Net profit or (loss). Subtract line							
	<ul> <li>If a profit, enter on Form 1040, l see instructions). Estates and tr</li> </ul>	ine 12	, and also on Schedule	SE, lin	e 2 (statutory employees,	31	4,006	
	If a loss, you must go on to line							
32	If you have a loss, check the box the	nat des						
	<ul> <li>If you checked 32a, enter the los (statutory employees, see instru</li> </ul>	s on F ctions)	orm 1040, line 12, and a . Estates and trusts, ente	i <b>lso</b> on r on Fo	Schedule SE, line 2 rm 1041, line 3.	22h 🗍	All investment is at risk. Some investment is not	
	<ul> <li>If you checked 32b, you must a</li> </ul>	tach F	orm 6198. Your loss may	be lim	ited.		at risk.	

Sched	ule C (Form 1040) 2005 Matthew I Stirling	185-56-3394	Page 2
Parl			
33	Methods(s) used to value closing inventory:  a Cost b Lower of cost or market c	Other (attach explan	ation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? I "Yes," attach explanation	f Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36	Purchases less cost of items withdrawn for personal use	36 17	7,836
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38 1 39 1	5 <b>,</b> 961
39	Other costs		3,797
40	Add lines 35 through 39		9,368
41		0	4,429
42 Par	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4  Information on Your Vehicle. Complete this part only if you are claiming car or t line 9 and are not required to file Form 4562 for this business. See the instructions for to find out if you must file Form 4562.	ruck expenses on	1,12
43 44 a	Business b Community (see mondations)	cle for:	J1
45	Do you (or your spouse) have another vehicle available for personal use?		∐ No
46	Was your vehicle available for personal use during off-duty hours?		∐ No
47a	Do you have evidence to support your deduction?		☐ No
b	If "Yes," is the evidence written?  To V Other Expenses. List below business expenses not included on lines 8–26 or line 30	· · · · · · L_J	
			L. Carrier Comments
****			
48 KIA	Total other expenses. Enter here and on page 1, line 27	48 Schedule C (For	0 <b>m 1040) 2005</b>

540A0		partment of the Treasury—Internal Revenu		ırn 20 <b>0</b> (	A					
<u>£1040</u>		S. Individual Income Ta		Irn <u>LUU'</u>	البلاء فتنفض والزارجين		se OnlyDo not v			ace.
/	-	r the year Jan. 1-Dec. 31, 2006, or other tax year		nomo	, 2006, endin	, 20	<del>\</del>	OMB No. 15		
Label ( u								Your social security number 185-56-3394		
(See										umbor
instructions.) E	.   <sup>If 8</sup>	a joint return, spouse's first name and initi	Spouse	Spouse's social security number						
Use the IRS label.	Ho	ome address (number and street). If you h	ave a P.O. b	ox, see instructions.		Apt. no.	<b>A</b>	You mus		A
Otherwise,	9	002 W 13th St					у у	our SSN(s	s) above.	
please print		ty, town or post office, state, and ZIP code	If you have	a foreign address, se	e instructions	3.	Checki	ng a box b	elow will	not
or type.	1	Cempe		AZ 85281				your tax o		••••
Presidential		Check here if you, or your spouse if fili	na iointly w	ent \$3 to go to this	fund (see in	etructione\		ou [	Spot	use
Election Campaign			ig jointly, w	F			qualifying pers			
Filing Status	1			→ L ti	he qualifying	j person is a	child but not y	your deper	ndent, en	ter
	2	Married filing jointly (even if only or		,	his child's n	ame here.	>			
Check only	3	Married filing separately. Enter spo and full name here. ►	use's SSN	above						
one box.		and full flame fiere.		5 🔲 (	Qualifying w	idow(er) with	dependent cl	nild (see in	struction	ıs)
	6a	X Yourself. If someone can cla	m you as a	dependent, do not	check box		]	Boxes che	ecked	1
Exemptions		吕					}	on 6a and		
	b	Spouse					J	No. of ch on 6c wh		
	c	Dependents:		(2).Dependent's social security number	er relatio	pendent's (	(4) X if qualifying thild for child tax aredit (see instr.)	• lived wi		
		(1) First name Last name		occurry nonth	-	you C	ACUIT (SEG ILISA.)	did not l	live with	
If more than four dependents, see								or separat (see instru	ion	
instructions.								Dependent		
							<del></del>	not entere	d above	
	d	Total number of exemptions claimed						Add numb		1
								7	· - 1	0
	7	Wages, salaries, tips, etc. Attach F						8a		
Income	8a	Taxable interest. Attach Schedule E	-			1 0.	0	1		
Attach Form(s)	b	•						9a		0
W-2 here. Also	9a	Ordinary dividends. Attach Schedule Qualified dividends (see instructions	•			9b	0			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
attach Forms	b 10	Taxable refunds, credits, or offsets				L		10		0
W-2G and	11	· · · · · · · · · · · · · · · · · · ·			•	-		11		
1099-R if tax	12	Business income or (loss). Attach S						12	-24,	. 470
was withheld.	13	Capital gain or (loss). Attach Schedule I						13		0
	14	Other gains or (losses). Attach Forn	4797	w m d w d b h h h h				14		
If you did not	15a	IRA distributions	15a		<b>b</b> Taxable	amount (see	instructions)	15b		0
get a W-2,	16a	Pensions and annuities	L			amount (see		16b		0
see instructions.	17	Rental real estate, royalties, partners	hips, S cor	porations, trusts, et	c. Attach S	chedule E		17		
Enclose, but do	18	Farm income or (loss). Attach Sche	tule F					18		0
not attach, any payment. Also,	19	Unemployment compensation		1				19		
please use	20a	Social security benefits		·,	<b>b</b> Taxable	amount (see	instructions)	20b		0
Form 1040-V.	21	Other income. List type and amount			ic your tat	l incomo		21	-24,	•
	22	Add the amounts in the far right colu		· · · · · · · · · · · · · · · · · · ·		T T	0	22		-170
	23 24	Archer MSA deduction. Attach Form Certain business expenses of reservers.		ning artists and		23				
Adjusted	24	fee-basis government officials. Attac				24	0			
Gross	25	Health savings account deduction. A				25	0			
Income	26	Moving expenses. Attach Form 3903				26	0			
	27	One-half of self-employment tax. Att	ach Schedu	le SE		27				
	28	Self-employed SEP, SIMPLE, and q				28	0			
	29	Self-employed health insurance ded				29	0			
	30	Penalty on early withdrawal of saving				30	U			
	31a	Alimony paid <b>b</b> Recipient's SSN				31a	0			
	32	IRA deduction (see instructions)				32	611			
	33	Student loan interest deduction (see		•						
	34	Jury duty pay you gave to your emplo					0			
	35	Domestic production activities deduc								611
	36	Add lines 23 through 31a and 32 thro						36	-25,	
	37	Subtract line 36 from line 22. This is	your <b>adjus</b> i	eu gross income			🖊	37	-23,	OOT

Form 1040 (2006	6) P	Matthew I Stirling 185-56	0-3394	Page 2
Toward	38	Amount from line 37 (adjusted gross income)	. 38	-25,081
Tax and	39a			
Credits	JJa			
Standard	١.	Spouse was born before January 2, 1942, Smills. J Checked		
Deduction	[ b			6,219
for	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		-31,300
People who checked any	41	Subtract line 40 from line 38	41	-31,300
box on line	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina,	[10.114.00]	2 200
39a or 39b or who can be		see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d		3,300
claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		0
dependent, see instr.	44	Tax (see instructions). Check if any tax is from a Form(s) 8814 b Form 4972	. 44	0
All others:	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0
1	46	Add lines 44 and 45	1 1	0
Single or		Foreign tax credit. Attach Form 1116 if required	Feithal -	
Married filing separately,	47	Poleightax credit. Attach of the first of th		
\$5,150	48	Credit for Critic and dependent care expenses. Attach Form 244 Fig		
Married filing	49	Credit for the elderly or the disabled. Attach Schedule R		
jointly or	50	Education credits. Attach Form 8863		
Qualifying widow(er),	51	Retirement savings contributions credit. Attach Form 8880		
\$10,300	52	Residential energy credits. Attach Form 5695		
Head of	53	Child tax credit (see instructions). Attach Form 8901 if required 53	10.30.744	
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	0
		· · · · · · · · · · · · · · · · · · ·		0
V	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	57	0
<b>~</b>	58	Self-employment tax. Attach Schedule SE	58	0
Other	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	0
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	0
	62	Household employment taxes. Attach Schedule H	62	0
	63	Add lines 57 through 62. This is your total tax	63	0
			1.00	
Payments	64		-	
(15	65	2006 estimated tax payments and amount applied from 2005 return	-	
If you have a -	_ 66a	Earned income credit (EIC)	43444	
child, attach	b	Nontaxable combat pay election    66b		
Schedule EIC.	67	Excess social security and tier 1 RRTA tax withheld (see instructions) 67		
	68	Additional child tax credit. Attach Form 8812		
	69	Amount paid with request for extension to file (see instructions) 69		
	70	Payments from: <b>a</b> Form 2439 <b>b</b> Form 4136 <b>c</b> Form 8885 <b>70</b>	1	
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	14944	
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments		30
		Add titles 04, 00, 00a, and 07 titlough 71. These are your total payments	70	
			72	3.0
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	30
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here		30 30
	74a		73	
Direct deposit? See instructions and fill in 74b, 74c, and 74d,	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	73	
Direct deposit? See instructions and fill in 74b,	74a ► b	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	73	
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.	74a ➤ b ➤ d 75	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	73 74a	
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.	74a ➤ b ➤ d 75	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73	
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.	74a ➤ b ➤ d 75 76	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a	30
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe  Third Party	74a  ▶ b  ↑ d  75  76  77	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76	30
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe	74a  ▶ b  ▶ d  75  76  77  Do yo  Design	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76	30
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe  Third Party Designee	74a  ▶ b  ▶ d  75  76  77  Do yo  Designame	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76 2 the followir bification	30 ng X No
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe Third Party Designee Sign	74a b b d 75 76 77 Do yo Designame Under	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76 2 the followir diffication are best of my keep to see the followir diffication are considered as a few following to the constant of	ng X No
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe  Third Party Designee	74a b b d 75 76 77 Do yo Designame Under belief,	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76 2 the followir diffication are best of my keep to see the followir diffication are considered as a few following to the constant of	ng X No
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe Third Party Designee Sign Here Joint return?	74a b b d 75 76 77 Do yo Designame Under belief,	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number  XXXXXXXXX	73 74a 76 2 the followir diffication are best of my k preparer has aytime phone	ng X No  Inowledge and any knowledge.  number
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions.	74a b b d 75 76 77 Do yo Designame Under belief, Your s	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76 e the followir diffication e best of my k preparer has	ng X No  Inowledge and any knowledge.  number
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe  Third Party Designee  Sign Here Joint return? See instructions. Keep a copy	74a b b d 75 76 77 Do yo Designame Under belief, Your s	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number  XXXXXXXXX	73 74a 76 2 the followir diffication are best of my k preparer has aytime phone	ng X No  Inowledge and any knowledge.  number
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions.	74a b b d 75 76 77 Do yo Designame Under belief, Your s	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76 e the followir diffication e best of my k preparer has aylime phone 14-574-	ng X No  Inowledge and any knowledge.  number 2583
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe Third Party Designee Sign Here Joint retum? See instructions. Keep a copy for your records.	74a b b d 75 76 77 Do yo Designame Under belief, Your s	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76 2 the followir diffication are best of my k preparer has aytime phone	ng X No  Inowledge and any knowledge.  number 2583
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe Third Party Designee Sign Here Joint retum? See instructions. Keep a copy for your records.	74a b b d 75 76 77 Do yo Designame Under belief, Your s	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76 e the followir diffication e best of my k preparer has aylime phone 14-574-	ng X No  Inowledge and any knowledge.  number 2583
Direct deposit? See instructions and fill in 74b, 74c, and 74d, or Form 8888.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions. Keep a copy for your records.  Paid Preparer's	74a b b d 75 76 77 Do yo Designame Under belief, Your s Spous	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  Routing number	73 74a 76 e the followir diffication e best of my k preparer has aylime phone 14-574-	ng X No  Inowledge and any knowledge.  number 2583

### SCHEDULES A&B (Form 1040)

# Schedule A—Itemized Deductions

(Schedu

ule B is on page 2)	2006
Continue for Cohodulas ASD (Come 4040)	Attachment

OMB No. 1545-0074

Department of the Treasunternal Revenue Service Name(s) shown on Fo	(99)		ıles A	&B (Form 1040).	You	Attachment Sequence No. 07
Matthew		I Stirling			ł	185-56-3394
Medical		Caution. Do not include expenses reimbursed or paid by others.		3 501		
and	1	Medical and dental expenses (see instructions)	1	3,591		
Dental	2	Enter amount from Form 1040, line 38 2				
Expenses	3	Multiply line 2 by 7.5% (.075)	3	0		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0	<del></del>		4	3,591
Taxes You	5	State and local income taxes	5	0		
Paid	6	Real estate taxes (see instructions)	6	188		
(See	7	Personal property taxes	7	0		
instructions.)	8	Other taxes. List type and amount ▶	8	0		
	9	Add lines 5 through 8			9	188
Interest		Home mortgage interest and points reported to you				
You Paid		on Form 1098	10	2,440		
		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions				
(See instructions.)		and show that person's name, identifying no., and address				
,						
Note:						
Personal interest is		سے است سے انسان بھی ایس اس ایس اس	11	0		
not deductible.		Points not reported to you on Form 1098. See instructions.	12	0	N.	
deductible.		for special rules Investment interest. Attach Form 4952 if required. (See	12			
		instructions.)	13			
	14	Add lines 10 through 13			14	2,440
Gifts to		Gifts by cash or check. If you made any gift of \$250 or	15	0		
Charity		more, see instructions	15			
If you made a gift and got a	16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	0		
benefit for it,		Carryover from prior year	17	360		
see instructions.		Add lines 15 through 17			18	0
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			19	0
Job Expenses	20	Unreimbursed employee expenses—job travel, union				
and Other		dues, job education, etc. Attach Form 2106 or 2106-EZ	7479.V C#141.			
Miscellaneous Deductions		if required. (See instructions.)▶				
			20	0		
(See instructions.)	21	Tax preparation fees	21			
		Other expenses—investment, safe deposit box, etc. List				
		type and amount ▶				
			22	0		
	23	Add lines 20 through 22	23	0		
		Enter amount from Form 1040, line 38   24   -25, 081				
		Multiply line 24 by 2% (.02)	25	0		
		Subtract line 25 from line 23. If line 25 is more than line 23, enter -0	- , ,		26	0
Other	27	Other—from list in the instructions. List type and amount▶				
Miscellaneous Deductions		THE MADE NAME AND ADDRESS AND				0
		LE 4040 I'. 00 0450 500 (			27	0
Total Itemized		Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing	•			
Deductions		X No. Your deduction is not limited. Add the amounts in the far for lines 4 through 27. Also, enter this amount on Form 1			28	6,219
		Yes. Your deduction may be limited. See instructions for the a				
	20 12	Land		[ [ [ ]		

### SCHEDULE C (Form 1040)

## **Profit or Loss From Business**

(Sole Proprietorship)

Department of the Treasury

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

	nal Revenue Service (99) Attach	to Form	1040, 1040NR, or 104	1.	➤ See Instructions for Schedule C	<u> </u>		, , , , , , , , , , , , , , , , , , , ,
Nar	ne of proprietor					Socia		rity number (SSN)
		irlir					18	5-56-3394
A	Principal business or profession, in Internet textbook r			he inst	ructions)	B En	iter co	de from instructions
С	Business name. If no separate bus		ne, leave blank.			D Em		r ID number (EIN), if any
	The Textbook Guy, I	LC					20-	-1813761
E	Business address (including suite of City, town or post office, state, and		u.,		th St AZ	85	281	
F	Accounting method: (1) X C	ash (	2) Accrual (3)		other (specify)	^+		
G					6? If "No," see instructions for limit on lo			
н	If you started or acquired this busin	ess durin	g 2006, check here				,	
P	art I Income							
1	Gross receipts or sales. Caution.	If this in	come was reported to w	ou on E	Form W-2 and the "Statutory		I	
•					here		1	227,583
2	Returns and allowances			,			2	6,626
3	Subtract line 2 from line 1		* * * * * * * * * * * * *				3	220,957
4							4	156,857
5	Gross profit. Subtract line 4 fron		•				5	64,100
6	•		asoline or fuel tax cred	it or ref	und (see instructions)		6	26
7	, ,	_			· · · · · · · · · · · · · · · · · · ·	f	7	64,126
Pa	· · · · · · · · · · · · · · · · · · ·				ir home <b>only</b> on line 30.			•
8	Advertising	8	1,249	18	Office expense		18	3,278
9	Car and truck expenses (see		· · · · · · · · · · · · · · · · · · ·	19	Pension and profit-sharing plans	- [	19	0
Ĭ	instructions)	9	1,988	20	Rent or lease (see instructions):			
10	Commissions and fees	10	17,280	a			20a	0
11	Contract labor (see	11	31,709	1	Other business property	1	20b	0
40	instructions)	12	0	21	Repairs and maintenance	- 1	21	823
12	Depletion	12		22	Supplies (not included in Part III)	Г	22	0
13	Depreciation and section 179 expense deduction (not			23	Taxes and licenses	[	23	257
	included in Part III) (see		1,774	24	Travel, meals, and entertainment:		W.	
	instructions)	13	1,774	а	Travel		24a	385
14	Employee benefit programs (other than on line 19)	14	0	b			246	765
15	Insurance (other than health)	15	0	05	entertainment (see instructions)	٠ . ا	24b 25	5,066
16	Interest:			25	Utilities		26	<b>3,000</b>
а	Mortgage (paid to banks, etc.)	16a	0	26 27	Wages (less employment credits) . Other expenses (from line 48 on		20	
b	Other	16b	8,879	21	page 2)	L	27	0
17	Legal and professional				. 5 ,		ina tina. Ngjarja	Sündine süni elenipist (5) çê de tele Diskining (6) yanı tele
	services	17	837					
28	Total expenses before expenses	for busin	ess use of home. Add li	nes 8 t	hrough 27 in columns	▶	28	74,290
29	Tentative profit (loss). Subtract line	28 from	line 7				29	-10,164
23 30	Expenses for business use of your					• •	30	14,306
31	Net profit or (loss). Subtract line							
	<ul> <li>If a profit, enter on both Form 1</li> </ul>			line 2	or on Form 1040NR.			
	line 13 (statutory employees, se	e instruc				L	31	-24,470
	• If a loss, you must go on to line				J			
32	If you have a loss, check the box the						F===	
	If you checked 32a, enter the los     If you checked 32a, enter the lose     If you checked 32a, enter the lose				•	32a		All investment is at risk.
	Form 1040NR, line 13 (statutor line 3.	у еттрюу	ees, see instructions). E	ะรเสเคร	and trusts, enter on Form 1041,	32b		Some investment is not at risk.
	<ul> <li>If you checked 32b, you must at</li> </ul>	tach For	m 6198. Your loss may	be limi	ted.		¢	

£1040		artment of the Treasury—Internal Revenue Servic <b>5. Individual Income Tax Ro</b>		20 <b>07</b>		IRS Use (	Only—Do not v	vrite or s	taple in this sp	oace.
	For	the year Jan. 1-Dec. 31, 2007, or other tax year beginni	ing	, 2007,	, ending	, 20			. 1545-0074	
Label (	You	ır first name and initial	Last name				Your so	cial sec	urity numbe	er
Ā	M	Matthew I Stirling 1							56-3394	1
(See instructions.) E	ır a	joint return, spouse's first name and initial	Last name					's social security number		
Use the IRS label.		me address (number and street). If you have a P	O box see	instructions	An	l. no.		Vour	nust enter	A
Otherwise,		00 Rosecrans Ave			A				N(s) above	
please print E		, town or post office, state, and ZIP code. If you h	nave a foreig	ın address, see instru	uctions.		Checki	na a h	ox below w	ill not
or type.	М	anhattan Beach	CA	90266					ax or refur	
Presidential Election Campaign		neck here if you, or your spouse if filing joi	ntly, want					ou		ouse
Filing Status	1 2	Single					ualifying pe hild but no			
i iiiig Otatus	2	the qualifying person is a child but not y Married filing jointly (even if only one had income)								
Check only	3	Married filing separately. Enter spouse's and full name here.	SSN abov	/e	· · · · · · · · · · · · · · · · · · ·					
one box.		and full flame fiere.		5 Qualify	ying widov	(er) with c	lependent	child (s	see instruc	tions)
Funnations	6a	X Yourself. If someone can claim you	ı as a dep	endent, <b>do not</b> che	eck box 6a		}		checked and 6b	1
Exemptions	b	Spouse					J		f children	
	С	Dependents:		2) Dependent's	(3) Depende	nt's (4)	( if qualifying for child tax it (see instr )		who: d with you	
		(1) First name Last name	soci	al security number	relationship you	cred	it (see instr.)		not live with	***************************************
If more than four					***************************************			you di	ue to divorce aration	
dependents, see instructions.							<del></del>	(see ir	structions)	
					·····				dents on 6c tered above	
	d	Total number of exemptions claimed	l					Add n lines a	umbers on bove	1
	7	Wages, salaries, tips, etc. Attach Form(s	s) W-2 .					7		0
Income	8a	Taxable interest. Attach Schedule B if red	quired .					8a		92
	b	Tax-exempt interest. Do not include on li	ine 8a 🕠		8	b				0
Attach Form(s) W-2 here. Also	9a		•		1 -		. , , ,	9a		0
attach Forms		Qualified dividends (see instructions)			· · · · · · · · · · · · · · · · · · ·	b		10		25
W-2G and	10 11	Taxable refunds, credits, or offsets of sta Alimony received		'		uons) .		10		
1099-R if tax	12	,						12	-67	7,551
was withheld.	13	Business income or (loss). Attach Schedule C or C-EZ  Capital gain or (loss). Attach Schedule D if required. If not required, check here								0
	14	Other gains or (losses). Attach Form 4797								
If you did not	15a	IRA distributions	15a	1	_ <b>b</b> Taxa	ble amour	nt (see inst.)	15b		0
get a W-2, see instructions.	16a	Pensions and annuities	16a	<del>. 1</del>			nt (see inst.)		~.	0
	17	Rental real estate, royalties, partnerships	-			hedule E		17		
Enclose, but do not attach, any	18	Farm income or (loss). Attach Schedule F						18 19		
payment Also,	19	Unemployment compensation	1			 h.l	nt (see inst )			
please use	20a 21	Social security benefits  Other income List type and amount (see	inetruction	] ne)		Die amoui	it (see inst.)	21		0
Form 1040-V.	22	Add the amounts in the far right column for	or lines 7	hrough 21. This is	your tota	income		22	-67	7,434
	23	Educator expenses (see instructions)					0	~05~v400/25400V		
Authoritant	24	Certain business expenses of reservists,	performing	g artists, and			0			
Adjusted Gross		fee-basis government officials. Attach For	rm 2106 o	r 2106-EZ		4	0			
Income	25	Health savings account deduction. Attach			1 1		0	1000000		
mcome	26	Moving expenses. Attach Form 3903					0			
	27	One-half of self-employment tax. Attach S					0			
	28 29	Self-employed SEP, SIMPLE, and qualified Self-employed health insurance deduction					0			
	30	Penalty on early withdrawal of savings					0			
	31a	Alimony paid <b>b</b> Recipient's SSN ►				а				
	32	IRA deduction (see instructions)			3		0			
	33	Student loan interest deduction (see instru			3		468			
	34	Tuition and fees deduction. Attach Form 8	8917		3					
	35	Domestic production activities deduction.	Attach Fo	rm 8903	3	5	0			,
	36	Add lines 23 through 31a and 32 through						36		468
	37	Subtract line 36 from line 22. This is your	adjusted	gross income			<u> ▶</u>	37	-67	,902

Form 1040 (2007)	) Matthew I Stirling 185-56-3394 Pa					
Tax and	38	Amount from line 37 (adjusted gross income)		. 38	-67,902	
Credits	39a	Check \[ \bigcup You were born before January 2, 1943, \bigcup Blind. \Bigcup Total boxes		, [ ]		
Standard		if: Spouse was born before January 2, 1943, ☐ Blind. ☐ checked ▶	39a 🗀			
Deduction	b		► 39b		E 250	
for—	- 40 41	the state of the s		70	5,350 -73,252	
People who checked any	41 42	Subtract line 40 from line 38 Subtract line 38 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed or		. 41	73,232	
box on line 39a or 39b <b>or</b>		6d. If line 38 is over \$117,300, see the worksheet in the instructions		42	3,400	
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	0		
dependent, see instr	44	Tax (see instructions). Check if any tax is from				
All others:		a Form(s) 8814 b Form 4972 c Form(s) 8889		. 44	0	
Single or	45	Alternative minimum tax (see instructions). Attach Form 6251			0	
Married filing	46	Add lines 44 and 45	1	▶ 46	0	
separately, \$5,350	47	Credit for child and dependent care expenses. Attach Form 2441 47				
Married filing	48 49	Credit for the elderly or the disabled. Attach Schedule R 48  Education credits Attach Form 8863 49	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-		
jointly or Qualifying	50	Residential energy credits. Attach Form 5695		-		
widow(er),	51	Foreign tax credit Attach Form 1116 if required	······································	0		
\$10,700	52	Child tax credit (see instructions). Attach Form 8901 if required				
Head of household,	53	Retirement savings contributions credit. Attach Form 8880		0		
\$7,850	54	Credits from: a Form 8396 b Form 8859 c Form 8839 54		0		
	55	Other credits: a Form 3800 b Form 8801 c Form 55		0		
	56	Add lines 47 through 55. These are your total credits		. 56	0	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0	<u> , l</u>	▶ 57	0	
Other	58	Self-employment tax. Attach Schedule SE		58	0	
Taxes	59	Unreported social security and Medicare tax from: a Form 4137 b Form 8		59	0	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			0	
	61	Advance earned income credit payments from Form(s) W-2, box 9			0	
	62	Household employment taxes. Attach Schedule H			0	
D	63	Add lines 57 through 62. This is your total tax		<b>63</b>		
Payments	64 CF	Federal income tax withheld from Forms W-2 and 1099 64		ने ।		
If you have a qualifying	65 66a	2007 estimated tax payments and amount applied from 2006 return 65  Earned income credit (EIC) 66a				
child, attach Schedule EIC	b b	Nontaxable combat pay election     66b				
Scriedule 210.	67	Excess social security and tier 1 RRTA tax withheld (see instructions) 67		0		
	68	Additional child tax credit. Attach Form 8812				
	69	Amount paid with request for extension to file (see instructions) 69				
	70	Payments from: a Form 2439 b Form 4136 c Form 8885 70				
	71	Refundable credit for prior year minimum tax from Form 8801, line 27		_	_	
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	<u> )</u>	72	0	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	d	73		
Direct deposit? See instructions	74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	, <b>-</b> _	74a		
and fill in 74b,	<b>▶</b> b	Routing number XXXXXXXXX ▶ c Type: Checking Saving:	5			
74c, and 74d, or Form 8888.	► d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Amount	75 76	Amount of line 73 you want applied to your 2008 estimated tax	one	76	0	
You Owe	77	Estimated tax penalty (see instructions)	0113			
		The state of the s	lete the follow	ring X No		
Third Party Designee	Design	entification [				
	name		<del></del>			
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statement they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information				
Here	Yours	signature Date Your occupation	Daytime phone	Daytime phone number		
Joint return? See instructions	Self Employed				480-273-1344	
Keep a copy for your records.	Spous	se's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation				
records						
Paid	Prepai	Ure Check II		Preparer's SSN	or PTIN	
Preparer's	self-employed L.J					
	Ci					
Use Only	Firm's yours i	name (or if self-employed), ss, and ZIP code		hone no.		

#### SCHEDULE C (Form 1040)

### **Profit or Loss From Business**

(Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

Department of the Treasury ▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040). Internal Revenue Service Sequence No Name of proprietor Social security number (SSN) Matthew I Stirling 185-56-3394 A Principal business or profession, including product or service (see the instructions) B Enter code from instructions ▶ 451211 Internet textbook retailer Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any The Textbook Guy, LL 20-1813761 902 W 13th St Ε Business address (including suite or room no.) City, town or post office, state, and ZIP code Tempe F Accounting method: (1) X Cash (2) Accrual (3) Other (specify) Did you "materially participate" in the operation of this business during 2007? If "No," see instructions for limit on losses X Yes H If you started or acquired this business during 2007, check here Income Part I Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory 259,760 employee" box on that form was checked, see the instructions and check here 16,430 2 243,330 3 150,006 4 4 93,324 5 5 Gross profit. Subtract line 4 from line 3 6 0 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 7 93,324 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 4,018 4,200 8 18 Advertising 18 Office expense 9 Car and truck expenses (see 19 19 Pension and profit-sharing plans 2,426 9 instructions) 20 Rent or lease (see instructions): 38,790 0 10 Commissions and fees 10 20a a Vehicles, machinery, & equipment Contract labor (see 11 20b 47,925 Other business property 11 instructions) . . . . 542 21 21 Repairs and maintenance . 12 Depletion 12 22 22 Supplies (not included in Part III) Depreciation and section 179 13 2,995 23 23 Taxes and licenses expense deduction (not included in Part III) (see 24 Travel, meals, and entertainment: 228 13 1,460 instructions) Travel . 24a Employee benefit programs 14 Deductible meals and 14 586 24b (other than on line 19) entertainment (see instructions) 474 15 4,975 15 Insurance (other than health) 25 25 16 Interest: 26 26 Wages (less employment credits) 16a Mortgage (paid to banks, etc.) а 27 Other expenses (from line 48 on 0 18,954 16b 27 b Other . . . . . . . . . . . . . . . . 17 Legal and professional 15,130 17 142,703 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns . 28 28 29 -49,379 29 18,172 30 30 Net profit or (loss). Subtract line 30 from line 29. 31 • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, -67,551line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). 32 If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2 or on 32a X All investment is at risk Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, Some investment is not line 3. at risk

If you checked 32b, you must attach Form 6198. Your loss may be limited.

Sche	dule C (Form 1040) 2007 Matthew I Stirling	185-	-56-3394	Page 2	
Par	rt III Cost of Goods Sold (see instructions)				
33	Method(s) used to value closing inventory:  a X Cost  b Lower of cost or market  c	Oti	ner (attach expla	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing investigation of the second sec	ntory?	Yes	X No	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	7	2,316	
36	Purchases less cost of items withdrawn for personal use	36	107,032		
37	Cost of labor Do not include any amounts paid to yourself	37			
38	Materials and supplies			2 701	
39	Other costs	40		3,701 3,049	
40	Add lines 35 through 39				
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4		150,006		
Pai	Information on Your Vehicle. Complete this part only if you are claiming car or line 9 and are not required to file Form 4562 for this business. See the instructions for to find out if you must file Form 4562.	ruck exp or line 13	oenses on 3		
43	When did you place your vehicle in service for business purposes? (month, day, year)▶		. <del></del>		
44	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used you	ur vehicl	e for:		
а	Business b Commuting (see instructions) c Oth	er		w and were and	
45	Do you (or your spouse) have another vehicle available for personal use?	E V 1 1	Yes	No No	
46	Was your vehicle available for personal use during off-duty hours?		-	No	
47a	Do you have evidence to support your deduction?		1	No	
b Pa	If "Yes," is the evidence written?  Int V Other Expenses. List below business expenses not included on lines 8–26 or line 3		Yes	No	
Га	Other Expenses. List below business expenses not included on lines 6-20 or line of				
			<u> </u>		
			***************************************	<del></del>	
		··· ·· · · ·			
-					
48	Total other expenses. Enter here and on page 1, line 27	48		0	