

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning **2005**, ending **2005**

Label (See instructions on page 16.) **Use the IRG label.** Otherwise, please print or type. **Presidential Election Campaign** You Spouse

LABEL HERE

Your first name and initial: **GEORGE W.** Last name: **BUSH** Your word security number: **[REDACTED]**

If a joint return, spouse's first name and initial: **LAURA W.** Last name: **BUSH** Spouse's social security number: **[REDACTED]**

Home address (number and street). If you have a P.O. box, see page 18. **C/O NORTHERN TRUST CO, PO BOX 803938** Apt. no. **[REDACTED]** You must enter **A** your SSN(s) above. **A**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. **CHICAGO, IL 60680** Crossing a box below will not change your tax or refund.

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here.

4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

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

6b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Is a qualifying child for child tax credit (see page 13)

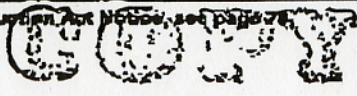
Dependents on dec not entered above: **2**

Age number on line above: **2**

d Total number of exemptions claimed: **2**

Income	Amount
7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 397,702.
8a Taxable interest. Attach Schedule B if required	8a 313,486.
b Tax-exempt interest. Do not include on line 8a	8b [REDACTED]
9a Ordinary dividends. Attach Schedule B if required	9a 28,622.
b Qualified dividends (see page 23)	9b 13,758.
10 Taxable refunds, credits, or offsets of state and local income taxes	10
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here	13 <3,000.>
14 Other gains or (losses). Attach Form 4797	14
15a IRA distributions	15a [REDACTED] b Taxable amount (see page 26)
15b Pensions and annuities	15b [REDACTED] b Taxable amount (see page 25)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 2,070.
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20a Social security benefits	20a [REDACTED] b Taxable amount (see page 27)
21 Other income. List type and amount (see page 28)	21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income.	22 738,880.

Adjusted Gross Income	Amount
23 Educator expenses (see page 29)	23
24 Certain business expenses of reservists, performing artists, and fire-fighters; government employees. Attach Forms 2106 or 2106-SE	24
25 Health savings account deduction. Attach Form 8889	25 3,700.
26 Moving expenses. Attach Form 3903	26
27 One-half of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction (see page 30)	29
30 Penalty on early withdrawal of savings	30
31a Alimony paid b Recipient's SSN	31a [REDACTED]
32 IRA deduction (see page 31)	32
33 Student loan interest deduction (see page 33)	33
34 Tuition and fees deduction (see page 34)	34
35 Domestic production activities deduction. Attach Form 8805	35
36 Add lines 23 through 31a and 32 through 35	36 3,700.
37 Subtract line 36 from line 22. This is your adjusted gross income	37 735,180.



Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	735,380.
39a Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b					
b If your spouse remarries on a separate return or you were a dual-status alien, see page 25 and check box <input type="checkbox"/> 39b <input type="checkbox"/>					
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40		40	116,486.
41 Subtract line 40 from line 38		41		41	618,694.
42 If line 38 is over \$108,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d		42		42	0.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43		43	618,694.
44 Tax. Check if any tax is from a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972		44		44	187,854.
45 Alternative minimum tax. Attach Form 6251		45		45	
46 Add lines 44 and 45		46		46	187,854.
47 Foreign tax credit. Attach Form 1116 if required		47		47	85.
48 Credit for child and dependent care expenses. Attach Form 2441		48		48	
49 Credit for the elderly or the disabled. Attach Schedule R		49		49	
50 Education credits. Attach Form 8863		50		50	
51 Retirement savings contributions credit. Attach Form 8880		51		51	
52 Child tax credit (see page 41). Attach Form 8801 if required		52		52	
53 Adoption credit. Attach Form 8839		53		53	
54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8856		54		54	
55 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3900 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form		55		55	
56 Add lines 47 through 55. These are your total credits		56		56	86.
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-		57		57	187,768.
Other Taxes					
58 Self-employment tax. Attach Schedule SE		58		58	
59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		59		59	
60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		60		60	
61 Advance earned income credit payments from Form(s) W-2		61		61	
62 Household employment taxes. Attach Schedule H		62		62	
63 Add lines 57 through 62. This is your total tax		63		63	187,768.
Payments					
64 Federal income tax withheld from Forms W-2 and 1099		64		64	110,877.
65 2005 estimated tax payments and amount applied from 2004 return		65		65	116,800.
66a Earned income credit (EIC)		66a		66a	
a Nontaxable combat pay election <input type="checkbox"/> 66b					
67 Excess social security and tier 1 RRTA tax withheld (see page 58)		67		67	
68 Additional child tax credit. Attach Form 8812		68		68	
69 Amount paid with request for extension to file (see page 59)		69		69	
70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885		70		70	
71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments		71		71	227,677.
72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid		72		72	39,909.
Refund					
73a Amount of line 72 you want refunded to you		73a		73a	
b <input type="checkbox"/> Direct deposit: <input type="checkbox"/> routing <input type="checkbox"/> account <input type="checkbox"/> amount <input type="checkbox"/> number					
74 Amount of line 72 you want applied to your 2005 estimated tax		74		74	39,909.
Amount You Owe					
75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60		75		75	
76 Estimated tax penalty (see page 60)		76		76	
Third Party Designee					
Do you want to allow another person to discuss this return with the IRS (see page 61)? <input type="checkbox"/> Yes, Complete the following. <input type="checkbox"/> No					
Designee's name <input type="checkbox"/> Designee's phone number <input type="checkbox"/>					
Sign Here					
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature <input type="checkbox"/> Date <input type="checkbox"/> Your occupation <input type="checkbox"/>					
Spouse's signature, if a joint return, BOB must sign. <input type="checkbox"/> Date <input type="checkbox"/> Spouse's occupation <input type="checkbox"/>					
Paid Preparer's Use Only					
Preparer's signature <input type="checkbox"/> Date <input type="checkbox"/> Preparer's SSN or PTIN <input type="checkbox"/>					
Firm's name (or name of self-employed individual) and ZIP code <input type="checkbox"/> Firm's EIN <input type="checkbox"/>					