

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

OMB No. 1545-0047

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

**Label HERE**

Your first name and initial: **GEORGE W.** Last name: **BUSH** Your social 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. Apt. no. You must enter your SSN(s) above.

**C/O NORTHERN TRUST CO. PO BOX 803938**

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. Creating a box error will not change your tax or refund.

**CHICAGO, IL 60680**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)  You  Spouse

**Filing Status**

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

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

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

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

**Exemptions**

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

b  Spouse

c Dependents:

(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 16)

d Total number of exemptions claimed **2**

**Income**

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**

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** b Taxable amount (see page 25) **15b**

16a Pensions and annuities **16a** b Taxable amount (see page 25) **16b**

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** b Taxable amount (see page 27) **20b**

21 Other income. List type and amount (see page 29) **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income. **22 738,680.**

**Adjusted Gross Income**

23 Educator expenses (see page 29) **23**

24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ **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**

32 IRA deduction (see page 31) **32**

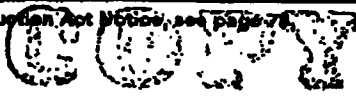
33 Student loan interest deduction (see page 33) **33**

34 Tuition and fees deduction (see page 34) **34**

35 Domestic production activities deduction. Attach Form 6503 **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.**



<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	<b>735,180.</b>
	<b>39a</b>	Check <input type="checkbox"/> Yes 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 <b>▶ 39a</b>		
	<b>b</b>	If your spouse works on a separate return or you were a dual-status alien, see page 36 and check box <b>▶ 39b</b>		
	<b>40</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40</b>	<b>116,486.</b>
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	<b>618,694.</b>
	<b>42</b>	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	<b>42</b>	<b>0.</b>
	<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	<b>618,694.</b>
	<b>44</b>	Tax. Check if any tax is from: <input type="checkbox"/> Form(s) 9814 <input type="checkbox"/> Form 4972	<b>44</b>	<b>187,854.</b>
	<b>45</b>	Alternative minimum tax. Attach Form 6251	<b>45</b>	
	<b>46</b>	Add lines 44 and 45	<b>46</b>	<b>187,854.</b>
	<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	<b>86.</b>
	<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
	<b>49</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>49</b>	
	<b>50</b>	Education credits. Attach Form 8863	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit (see page 41). Attach Form 8801 if required	<b>52</b>	
	<b>53</b>	Adoption credit. Attach Form 8839	<b>53</b>	
	<b>54</b>	Credits from: <input type="checkbox"/> Form 8396 <input type="checkbox"/> Form 8884	<b>54</b>	
	<b>55</b>	Other credits. Check applicable box(es): <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 8801 <input type="checkbox"/> Form	<b>55</b>	
	<b>56</b>	Add lines 47 through 55. These are your total credits	<b>56</b>	<b>86.</b>
	<b>57</b>	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	<b>57</b>	<b>187,768.</b>
<b>Other Taxes</b>	<b>58</b>	Self-employment tax. Attach Schedule SE	<b>58</b>	
	<b>59</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	<b>59</b>	
	<b>60</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>60</b>	
	<b>61</b>	Advance earned income credit payments from Form(s) W-2	<b>61</b>	
	<b>62</b>	Household employment taxes. Attach Schedule H	<b>62</b>	
	<b>63</b>	Add lines 57 through 62. This is your total tax	<b>63</b>	<b>187,768.</b>
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	<b>110,877.</b>
	<b>65</b>	2005 estimated tax payments and amount applied from 2004 return	<b>65</b>	<b>116,800.</b>
	<b>66a</b>	Earned income credit (EIC)	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>▶ 66b</b>		
	<b>67</b>	Excess social security and tier 1 RRTA tax withheld (see page 58)	<b>67</b>	
	<b>68</b>	Additional child tax credit. Attach Form 8812	<b>68</b>	
	<b>69</b>	Amount paid with request for extension to file (see page 59)	<b>69</b>	
	<b>70</b>	Payments from: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Form 8885	<b>70</b>	
	<b>71</b>	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	<b>71</b>	<b>227,677.</b>
<b>Refund</b>	<b>72</b>	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	<b>72</b>	<b>39,909.</b>
	<b>73a</b>	Amount of line 72 you want refunded to you	<b>73a</b>	
	<b>b</b>	Direct deposit? See page 69 and fill in 73c, 73d, and 73e. <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, check box: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/> Account number		
	<b>74</b>	Amount of line 72 you want applied to your 2006 estimated tax	<b>74</b>	<b>39,909.</b>
<b>Amount You Owe</b>	<b>75</b>	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	<b>75</b>	
	<b>76</b>	Estimated tax penalty (see page 60)	<b>76</b>	
<b>Third Party Designee</b>	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			
<b>Sign Here</b>	Your signature		Date	Your occupation
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
				First Lady
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name for you if self-employed, address, and ZIP code		Phone no.	

**Standard Deduction for -**

People who checked any box on line 39a or 39b or who can be claimed as a dependent.

All others: Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,500

If you have a qualifying child, attach Schedule EIC.

Direct deposit? See page 69 and fill in 73c, 73d, and 73e.

Join return? See page 17. Keep a copy for your records.

**SCHEDULES A&B**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (97)

**Schedule A - Itemized Deductions**

(Schedule B is on page 2)

▶ Attach to Form 1040.

▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0047

**2005**

Attachment  
Sequence No. 07

Your social security number

**GEORGE W. & LAURA W. BUSH**

<b>Medical and Dental Expenses</b>		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		5 State and local (check only one box):			
(See page A-2)		a <input type="checkbox"/> Income taxes, or			
		b <input checked="" type="checkbox"/> General sales taxes (see page A-8) } <b>SEE STATEMENT 6</b>		5	2,603.
6	Real estate taxes (see page A-8)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶ <b>AD VALOREM TAXES 26,172.</b>	8		26,172.	
9	Add lines 5 through 8	9			28,775.
<b>Interest You Paid</b>		10 Home mortgage interest and points reported to you on Form 1098		10	
(See page A-5)		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address		11	
Note: Personal interest is not deductible.		12 Points not reported to you on Form 1098		12	
		13 Investment interest. Attach Form 4952 if required. (See page A-6.)		13	
		14 Add lines 10 through 13		14	
<b>Gifts to Charity</b>		15a Total gifts by cash or check		15a	75,560.
(If you made a gift and got a benefit for it, see page A-7.)		b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions		15b	
		16 Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500		16	
		17 Carryover from prior year		17	
		18 Add lines 15a, 16, and 17		18	75,560.
<b>Casualty and Theft Losses</b>		19 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)		19	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		20 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.)		20	
(See page A-6.)		21 Tax preparation fees		21	
		22 Other expenses - investment, safe deposit box, etc. List type and amount ▶ <b>SEE STATEMENT 4</b>		22	44,532.
		23 Add lines 20 through 22		23	44,532.
		24 Enter amount from Form 1040, line 38		24	735,180.
		25 Multiply line 24 by 2% (.02)		25	14,704.
		26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	29,828.
<b>Other Miscellaneous Deductions</b>		27 Other - from list on page A-8. List type and amount		27	
		▶			
<b>Total Itemized Deductions</b>		28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if married filing separately)?			
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.		STMT 5	▶ 116,486.
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter.			
		29 If you elect to itemize deductions even though they are less than your standard deduction, check here			

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

**GEORGE W. & LAURA W. BUSH**

**Schedule B - Interest and Ordinary Dividends**

Attachment Sequence No. **08**

**Part I  
Interest**

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

CHASE BANK

WELLS FARGO BANK

FROM K-1 - THE LONE STAR TRUST

FROM K-1 - GWE RANGERS CORP.

FROM K-1 - NORTHERN TRUST CO AS TRUSTEE

FROM K-1 - HENRY G. FREEMAN JR TRUST

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount

25.

31.

304,957.

6,000.

2,389.

84.

2 Add the amounts on line 1

313,486.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1988.

Attach Form 8815

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶

313,486.

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II  
Ordinary  
Dividends**

5 List name of payer ▶

FROM K-1 - THE LONE STAR TRUST

FROM K-1 - GWE RANGERS CORP.

FROM K-1 - NORTHERN TRUST CO AS TRUSTEE

FROM K-1 - HENRY G. FREEMAN JR TRUST

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Amount

4,301.

813.

11,592.

11,916.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶

28,622.

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign  
Accounts  
and  
Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

7a At any time during 2005, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? .....

X

b If "Yes," enter the name of the foreign country ▶

7c During 2005, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

X

If "Yes," you may have to file Form 3520. See page B-2.

582501  
11-21-05

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

Department of the Treasury  
Internal Revenue Service (69)

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).

OMB No. 1545-0074

**2005**  
Attachment  
Sequence No. 12

**GEORGE W. & LAURA W. BUSH**

Your social security number

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2	Enter your short-term totals, if any, from Schedule D-1, line 2		2		
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3		
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 LONE STAR TRUST REDEMPTIONS	VARIOUS	VARIOUS	1,734,000.	1,734,000.	
9	Enter your long-term totals, if any, from Schedule D-1, line 9		9		
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	1,734,000.	
11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 5252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13	Capital gain distributions				13
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14
15	Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15

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

Schedule D (Form 1040) 2005

Part III Summary

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below .....	16	<25,944.>
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions .....	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions .....	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> } ..... SEE STATEMENT 10 .....	21	( 3,000.)
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return <b>GEORGE W. &amp; LAURA W. BUSH</b>	Your SSN [REDACTED]
---	------------------------

Before you begin:  See the instructions for line 44 on page 87 to see if you can use this worksheet to figure your tax.  
 If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 18 of Form 1040.

1. Enter the amount from Form 1040, line 43 .....	1.	<u>618,694.</u>
2. Enter the amount from Form 1040, line 9B .....	2.	<u>13,758.</u>
3. Are you filing Schedule D?		
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 16 or 16 of Schedule D, but do not enter less than -0-		
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3 .....	4.	<u>13,758.</u>
5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter -0- .....	5.	<u>0.</u>
6. Subtract line 5 from line 4. If zero or less, enter -0- .....	6.	<u>13,758.</u>
7. Subtract line 6 from line 1. If zero or less, enter -0- .....	7.	<u>604,936.</u>
8. Enter the smaller of:		
• The amount on line 1, or		
• \$29,700 if single or married filing separately,		
\$59,400 if married filing jointly or qualifying widow(er),		
\$39,600 if head of household.		
9. Is the amount on line 7 equal to or more than the amount on line 8?		
<input checked="" type="checkbox"/> Yes. Skip lines 9 through 11; go to line 12 and check the "No" box.		
<input type="checkbox"/> No. Enter the amount from line 7 .....		
10. Subtract line 9 from line 8 .....	9.	_____
11. Multiply line 10 by 5% (.05) .....	10.	_____
12. Are the amounts on lines 6 and 10 the same?		
<input type="checkbox"/> Yes. Skip lines 12 through 15; go to line 16.		
<input checked="" type="checkbox"/> No. Enter the smaller of line 1 or line 6 .....		
13. Enter the amount from line 10 (if line 10 is blank, enter -0-) .....	12.	<u>13,758.</u>
14. Subtract line 13 from line 12 .....	13.	<u>0.</u>
15. Multiply line 14 by 15% (.15) .....	14.	<u>13,758.</u>
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies .....	15.	<u>2,064.</u>
17. Add lines 11, 15, and 16 .....	16.	<u>185,790.</u>
18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies .....	17.	<u>187,854.</u>
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44 .....	18.	<u>190,605.</u>
	19.	<u>187,854.</u>

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040 or form 1041.

▶ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**2005**

Attachment  
Sequence No. 18

Name(s) shown on return

Your social security number

**GEORGE W. & LAURA W. BUSH**

**Part I** **Income or Loss From Rental Real Estate and Royalties** *Note.* If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:	2							
		For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes No						
A	THE LONE STAR TRUST - ROYALTY	<ul style="list-style-type: none"> <li>• 14 days or</li> <li>• 10% of the total days rented at fair rental value?</li> </ul> (See page E-3.)	<table border="1"> <tr><td>A</td><td></td></tr> <tr><td>B</td><td></td></tr> <tr><td>C</td><td></td></tr> </table>	A		B		C	
A									
B									
C									
B									
C									

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received				3
4 Royalties received	3,311.			4 3,311.
<b>Expenses:</b>				
5 Advertising				
6 Auto and travel (see page E-4)				
7 Cleaning and maintenance				
8 Commissions				
9 Insurance				
10 Legal and other professional fees				
11 Management fees				
12 Mortgage interest paid to banks, etc. (see page E-4)				12
13 Other interest				
14 Repairs				
15 Supplies				
16 Taxes				
17 Utilities				
18 Other (list) ▶ <b>SEE STATEMENT 11</b>	744.			
19 Add lines 5 through 18	744.			19 744.
20 Depreciation expense or depletion (see page E-4)	497.			20 497.
21 Total expenses. Add lines 19 and 20	1,241.			21 1,241.
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 990.	2,070.			22 2,070.
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2				23
24 Income. Add positive amounts shown on line 22. Do not include any losses				24 2,070.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here				25 ( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. <i>If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 41 on page 2</i>				26 2,070.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

GEORGE W. & LAURA W. BUSH

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership or S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: GWB RANGERS CORP.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Includes totals and summary rows 29a, 29b, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: SEE STATEMENT 12.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals and summary rows 34a, 34b, 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules D, line 2c, (d) Taxable income (net loss) from Schedules D, line 2b, (e) Income from Schedules D, line 3b. Includes summary row 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40, 41, 42, 43. Row 41 total: 2,070.

Form **8889**

**Health Savings Accounts (HSAs)**

OMB No. 1545-0074

**2005**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040.

▶ See separate instructions.

Attachment  
Sequence No. 138

Name(s) shown on Form 1040

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

**GEORGE W. BUSH**

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

**Part I HSA Contributions and Deduction.** See page 2 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse (see page 2 of the instructions).

	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2005 (see page 2 of the instructions) .....		
2 HSA contributions you made for 2005 (or those made on your behalf), including those made from January 1, 2005, through April 17, 2005, that were for 2005. Do not include employer contributions or rollovers (see page 2 of the instructions) .....	2	3,100.
3 If you were under age 55 at the end of 2005, and on the first day of every month during 2005, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 2 of the instructions), or • \$2,650 (\$5,250 for family coverage). All others, enter the limit from the worksheet on page 3 of the instructions .....	3	5,250.
4 Enter the amount you and your employer contributed to your Archer MSAs for 2005 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2005, also include any amount contributed to your spouse's Archer MSAs .....	4	
5 Subtract line 4 from line 3. If zero or less, enter -0 .....	5	5,250.
6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2005, see the instructions on page 3 for the amount to enter .....	6	2,625.
7 If you were age 55 or older at the end of 2005, married, and you or your spouse had family coverage under an HDHP at any time during 2005, enter your additional contribution amount (see page 4 of the instructions) .....	7	600.
8 Add lines 6 and 7 .....	8	3,225.
9 Employer contributions made to your HSAs for 2005 .....	9	
10 Subtract line 9 from line 8. If zero or less, enter -0 .....	10	3,225.
11 HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25 .....	11	3,100.

Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).

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

12a Total distributions you received in 2005 from all HSAs (see page 4 of the instructions) .....	12a	
b Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 4 of the instructions) .....	12b	
c Subtract line 12b from line 12a .....	12c	
13 Unreimbursed qualified medical expenses (see page 4 of the instructions) .....	13	
14 Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0. Also, include this amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "HSA" and the amount .....	14	
15a If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here .....	15a	<input type="checkbox"/>
b Additional 10% tax (see page 5 of the instructions). Enter 10% (-10) of the distributions included on line 14 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 63. On the dotted line next to line 63, enter "HSA" and the amount .....	15b	

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

Form 8889 (2005)

Form **8889**

# Health Savings Accounts (HSAs)

OMB No. 1545-0074

**2005**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040.

▶ See separate instructions.

Attachment  
Sequence No. 138

Name(s) shown on Form 1040

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

**LAURA W. BUSH**

Before you begin: Complete Form 8855, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I** **HSA Contributions and Deduction.** See page 2 of the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse (see page 2 of the instructions).

	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2005 (see page 2 of the instructions) .....		
2 HSA contributions you made for 2005 (or those made on your behalf, including those made from January 1, 2006, through April 17, 2006, that were for 2005. Do not include employer contributions or rollovers (see page 2 of the instructions) .....	2	600.
3 If you were under age 55 at the end of 2005, and on the first day of every month during 2005, you were an eligible individual with the same annual deductible and coverage, enter the smaller of: • Your annual deductible (see page 2 of the instructions), or • \$2,850 (\$5,250 for family coverage). All others, enter the limit from the worksheet on page 3 of the instructions .....	3	5,250.
4 Enter the amount you and your employer contributed to your Archer MSAs for 2005 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2005, also include any amount contributed to your spouse's Archer MSAs .....	4	
5 Subtract line 4 from line 3. If zero or less, enter -0- .....	5	5,250.
6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2005, see the instructions on page 3 for the amount to enter .....	6	2,625.
7 If you were age 55 or older at the end of 2005, married, and you or your spouse had family coverage under an HDHP at any time during 2005, enter your additional contribution amount (see page 4 of the instructions) .....	7	600.
8 Add lines 6 and 7 .....	8	3,225.
9 Employer contributions made to your HSAs for 2005 .....	9	
10 Subtract line 9 from line 8. If zero or less, enter -0- .....	10	3,225.
11 HSA deduction. Enter the smaller of line 2 or line 10 here and on Form 1040, line 25 Caution: If line 2 is more than line 11, you may have to pay an additional tax (see page 4 of the instructions).	11	600.

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

12a Total distributions you received in 2005 from all HSAs (see page 4 of the instructions) .....	12a	
b Distributions included on line 12a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 12a that were withdrawn by the due date of your return (see page 4 of the instructions) .....	12b	
c Subtract line 12b from line 12a .....	12c	
13 Unreimbursed qualified medical expenses (see page 4 of the instructions) .....	13	
14 Taxable HSA distributions. Subtract line 13 from line 12c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21. On the dotted line next to line 21, enter "HSA" and the amount .....	14	
15a If any of the distributions included on line 14 meet any of the Exceptions to the Additional 10% Tax (see page 5 of the instructions), check here .....		<input type="checkbox"/>
b Additional 10% tax (see page 5 of the instructions). Enter 10% (.10) of the distributions included on line 14 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 63. On the dotted line next to line 63, enter "HSA" and the amount .....	15b	

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

Form 8889 (2005)