FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APF	PROVAL
OMB Number:	3235-028

Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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	nd Address of	Reporting Person*							icker or Trac INC [HI						ationship all appl Direct	icable)	g Pei	rson(s) to Is:		
(Last) (First) (Middle) 4400 MAIN STREET						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2004									Officer (give title Other (specify below) below)					
(Street) KANSAS CITY MO 64111					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)													Person							
		Tab	le I - No	n-Deriv	vative	e Se	ecuriti	es A	cquired,	Dis	posed (of, or B	enefic	ially	Owne	d				
Da		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A) o str. 3, 4 a	4 and 5) Secur Benef Owne		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) o (D)	Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Common Stock, without par value				10/01/2004				J ⁽¹⁾		11	A \$).115	10,7	705.336		D		
Common Stock, without par value				10/01	/2004				J ⁽²⁾		0.999) A	\$5	0.49	10,7	06.335	35 D			
		Т	able II -						quired, D s, option						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	ned n Date,	4. Transaction Code (Instr. 8)		5. Number 6				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. De Se (In	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amou or Numb of Share	er						
Call Option to Purchase	\$16.375								06/30/1997	7 0	6/30/2006	Common Stock, without par value	4,00	0		4,000		D		
Call Option to Purchase	\$16.125								06/30/1998	3 0	6/30/2007	Common Stock, without par value	4,00	0		4,000		D		
Call Option to Purchase	\$21.063								06/30/1999	9 0	6/30/2008	Common Stock, without par value	4,00	0		4,000		D		
Call Option to Purchase	\$25								06/30/2000	0	6/30/2009	Common Stock, without par value	6,00	0		6,000		D		
Call Option to Purchase	\$16.188								06/30/2003	1 0	6/30/2010	Common Stock, without par value	6,00	0		6,000		D		
Call Option to Purchase	\$32.275								06/30/2002	2 0	6/30/2011	Common Stock, without par value	6,00	0		6,000		D		
Call Option to Purchase	\$46.15								06/30/2003	3 0	6/30/2012	Common Stock, without par value	4,00	0		4,000		D		
Call Option to Purchase	\$43.25								06/30/2004	4 0	6/30/2013	Common Stock, without par value	4,00	0		4,000		D		
Call Option to Purchase	\$47.68								06/30/2004	4 0	6/30/2014	Common Stock, without par value	4,00	0		4,000		D		

Explanation of Responses:

2. Units acquired through dividend reinvestment under the H&R Block Deferred Compensation Plan for Directors. Each unit has the value of one share of Common Stock.

Remarks:

By: Michael K. Post per Power of Attorney 10/04/2004

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.