104	0	•	nent of the Treasury-			Return	200)9	(99)	IBS Use Only-	-Do not	write o	r staple in this space.	
	$\overline{}$		year Jan. 1-Dec. 3					, 2009, ei	()	, 20			OMB No. 1545-0074	
Label	L		irst name and init			Last n	ame					our s	ocial security numbe	er
(See instructions	A B													
on page 14.) Use the IRS	EL	lf a joi	a joint return, spouse's first name and initial Last name						5	Spous	e's social security n	umber		
label. H		Home address (number and street). If you have a P.O. box, see page 14. Apt. no.								. -		You must enter		
Otherwise,	E R										your SSN(s) above			
or type.		City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.							С	heckir	ng a box below will r	not		
Presidential	\mathcal{L}											nange	your tax or refund.	
Election Cam	paign	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)									Yo	ου 🗌 Spou	use	
Filing State	us	1	Single					4 [Head of	f household (w	/ith qua	lifying	person). (See page 1	5.) If the
-		2			-	/ one had in	,				child b	ut not	your dependent, ente	er this
Check only one		3	Married filin		ely. Enter	spouse's SS	SN above	– (name here. 🕨				10)
box.		and full name here. ► 5 Qualifying widow(er) with 6a Yourself . If someone can claim you as a dependent, do not check box 6a								with c	iepeno	Boxes checked	16)	
Exemption	IS	6a				,	dependent	, do no	t check bo	ox6a	· ·	• }	on 6a and 6b	
		b	Dependents:			· · ·	 (2) Depende	<u></u> nt'o	(3) Depe		if qualif	J	No. of children on 6c who:	
		С	(1) First name		Last name	S	cial security r		relationshi	in to you child	for child	tax	 lived with you 	
			(1) 1131 14110		Last name					credit	(see page	<u>e 17)</u>	 did not live with you due to divorce 	
If more than fo	our												or separation (see page 18)	
dependents, s	see										\Box		Dependents on 6c not entered above	
page 17 and check here ►	· \Box													
		d	Total number	of exempt	ions clain	ned			·				Add numbers on lines above ►	
Income		7	Wages, salari	es, tips, et	c. Attach	Form(s) W-2	2					7		
meome		8a	Taxable inter	est. Attach	Schedule	e B if require	ed					8a		
	,	b	Tax-exempt	interest. D	o not incl	ude on line	8a	. 8b						
Attach Form(W-2 here, Als		9a	Ordinary divid	lends. Atta	ach Scheo	lule B if requ	uired .	. _.				9a		_
attach Forms		b	Qualified divid	•	,			. 9b			_			
W-2G and 1099-R if tax		10	Taxable refun	ds, credits	s, or offset	is of state a	nd local inc	come ta	xes (see p	age 23) .	•	10		
was withheld		11	Alimony recei								•	11		_
			 Business income or (loss). Attach Schedule C or C-EZ							÷ ŀ	12			
If you did not		13					quired. If no	ot requi	red, check	k here 🕨	╘┛┟	13		
get a W-2,		14 15a	Other gains o IRA distributio	· ,	Attach Fo 15a	rm 4797.	· · · ·	 ь та	· · ·	unt (see page		14 15b		
see page 22.		15a 16a	Pensions and		15a 16a			-		unt (see page	Ý F	16b		
		17	Rental real es			orshins S c	orporation	_		(I U	Ý F	17		
Enclose, but o	ob	18	Farm income									18		
not attach, an		19	Unemployme									19		
payment. Also please use),	20a	Social security		20a	•	,	1 .		unt (see page		20b		
Form 1040-V		21	Other income	. List type	and amou	unt (see pag	e 29)					21		
		22	Add the amou	ints in the f	ar right co	olumn for line	es 7 throug	h 21. Th	is is your l	total income		22		
		23	Educator exp	enses (see	page 29)			. 23						
Adjusted Gross		24	Certain busines	s expenses	of reservis	sts, performin	g artists, and	d						
Income			fee-basis gover					24			_			
income		25	Health saving					. 25			_			
		26	Moving exper											
		27	One-half of se											
		28 29	Self-employe					. 28			_			
		29 30	Self-employe Penalty on ea) <u>29</u> . 30			_			
		31a	Alimony paid					. <u>31a</u>			_			
		32	IRA deductior					-						
		33	Student loan											
		34	Tuition and fe											
		35	Domestic prod											
		36	Add lines 23 t	through 31	a and 32	through 35						36		
		37	Subtract line	36 from lin	e 22. This	is your adj	usted gros	s incor	ne.		►	37	;	

Form	1040	(2009
1 01111	10-0	12000

Tax and	38	Amount from line 37 (adjusted gross income)	<u>.</u>	38		
	39a	Check J You were born before January 2, 1945, Blind. Total	boxes			
Credits		if: Contract Spouse was born before January 2, 1945, Contract Blind. J check	ked ▶ 39a			
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and c	heck here ► 39b			
Deduction for—	<u>40</u> a	Itemized deductions (from Schedule A) or your standard deduction (see left	margin)	40a		
 People who 	b	If you are increasing your standard deduction by certain real estate taxes,				
check any box on line		vehicle taxes, or a net disaster loss, attach Schedule L and check here (see pa				
39a, 39b, or	41	Subtract line 40a from line 38	41		<u> </u>	
40b or who can be	42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing				
claimed as a		displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see		42		<u> </u>
dependent, see page 35.	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41,	enter -0	43		
 All others: 	44		Form 4972 .	44		
Single or Married filing	45	Alternative minimum tax (see page 40). Attach Form 6251		45		
separately,	46	Add lines 44 and 45	· · · · ►	46		
\$5,700 Married filing	47	Foreign tax credit. Attach Form 1116 if required				
jointly or	48	Credit for child and dependent care expenses. Attach Form 2441 48		-		
Qualifying widow(er),	49 50	Education credits from Form 8863, line 29		-		
\$11,400	50 51	Retirement savings contributions credit. Attach Form 8880 50 Child tax credit (see page 42) 51		-		
Head of household,	52	Child tax credit (see page 42) 51 Credits from Form: a 8396 b 8839 c 5695 52				
\$8,350	53	Other credits from Form: a 3800 b 8801 c 53				
	54	Add lines 47 through 53. These are your total credits		54		
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55		
Other	56	Self-employment tax. Attach Schedule SE		56		<u> </u>
	57		8919	57		
Taxes	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if r		58		
	59	Additional taxes: a AEIC payments b Household employment taxes. A		59		
	60	Add lines 55 through 59. This is your total tax		60		
Payments	61	Federal income tax withheld from Forms W-2 and 1099 61				
-	62	2009 estimated tax payments and amount applied from 2008 return 62				
	63	Making work pay and government retiree credits. Attach Schedule M 63				
If you have a qualifying	<u>64</u> a	Earned income credit (EIC)				
child, attach	b	Nontaxable combat pay election 64b				
Schedule EIC.	65	Additional child tax credit. Attach Form 8812		-		
	66	Refundable education credit from Form 8863, line 16 66		-		
	67	First-time homebuyer credit. Attach Form 5405 67		-		
	68	Amount paid with request for extension to file (see page 72) . 68		-		
	69	Excess social security and tier 1 RRTA tax withheld (see page 72) 69		-		
	70 71	Credits from Form: a 2439 b 4136 c 8801 d 8885 70 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments		74		
Refund	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount		71 72		
Direct deposit?	72 73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check	· · _	73a		
See page 73	▶ b	Routing number	_	100		
and fill in 73b, 73c, and 73d,	► d	Account number				
or Form 8888.	74	Amount of line 72 you want applied to your 2010 estimated tax > 74				
Amount	75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see	e page 74 . 🕨	75		
You Owe	76	Estimated tax penalty (see page 74)				
Third Party	, Do	you want to allow another person to discuss this return with the IRS (see page	75)? 🗌 Yes. Co	mplete	e the following.	No
Designee		signee's Phone	Personal identifi	ication		
		ne	number (PIN)		•	
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules ar y are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all info				lief,
Here		ur signature Date Your occupation			ne phone number	
Joint return? See page 15.						
Keep a copy	- Cr.	ouse's signature. If a joint return, both must sign. Date Spouse's occupation				
for your records.						
	Pro	pparer's Date		Prepa	rer's SSN or PTIN	
Paid	sig	nature	Check if self-employed			
Preparer's	Firr	n's name (or	EIN	·		
Use Only	you add	dress, and ZIP code	Phone no.			-