

Label

(See instructions)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20

Your first name and initial Richard D	Last name Peterson
If a joint return, spouse's first name and initial Beverly J	Last name Peterson
Home address (number and street). If you have a P.O. box, see instructions. 2313 Covey Lane	Apt. no. N/A
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Chattanooga, TN 37421	

OMB No. 1545-0074

Your social security number
414-92-0453

Spouse's social security number
412-94-5676

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Filing Status

Check only one box.

- Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☒ You ☒ Spouse
- 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). (See instructions) 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 instructions)

Exemptions

If more than four dependents, see instructions and check here ☒

6a ☒ 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) X if qualifying child for child tax credit
Andrew	Peterson	414-71-6822	Son	<input type="checkbox"/>
Joshua	Peterson	409-85-0693	Son	<input checked="" type="checkbox"/>
John	Peterson	413-61-8209	Son	<input type="checkbox"/>
Melanie	Peterson	410-81-1728	Daughter	<input checked="" type="checkbox"/>

d Total number of exemptions claimed . **See Attached.**

Boxes checked on 6a and 6b **2**

No. of children on 6c who:
• lived with you **5**
• did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

Add numbers on lines above ▶ **7**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	110,475.
8a	Taxable interest. Attach Schedule B if required	8a	221.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instructions)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	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 . . . ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see instructions)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see instructions)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see instructions)	19	
20a	Social security benefits	20a	
b	Taxable amount (see instructions)	20b	
21	Other income. List type and amount (see instructions)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	110,696.

Adjusted Gross Income

23	Educator expenses (see instructions)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
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 instructions)	29	
30	Penalty on early withdrawal of savings	30	5.
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	405.
34	Tuition and fees deduction. Attach Form 8917.	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	410.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	110,286.

Tax and Credits**Standard Deduction for -**

● People who check any box on line 39a or 39b, or 40b or who can be claimed as a dependent, See instr.

● All others:
Single or Married filing separately, \$5,700
Married filing jointly or Qualifying widow(er), \$11,400
Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	110,286.
39a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instr. and check here ▶ 39b <input type="checkbox"/>		
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	22,902.
b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instr.) ▶ 40b <input type="checkbox"/>		
41	Subtract line 40a from line 38.	41	87,384.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions	42	25,550.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	61,834.
44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	8,439.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	8,439.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	51.
49	Education credits from Form 8863, line 29.	49	1,351.
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions).	51	1,950.
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	3,352.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	5,087.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
60	Add lines 55 through 59. This is your total tax ▶	60	5,087.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	9,317.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credits. Attach Schedule M.	63	800.
64a	Earned income credit (EIC). NO.	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812.	65	
66	Refundable education credit from Form 8863, line 16	66	900.
67	First-time homebuyer credit. Attach Form 5405	67	
68	Amount paid with request for extension to file (see instructions).	68	
69	Excess social security and tier 1 RRTA tax withheld (see instr.).	69	
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments ▶	71	11,017.

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d. or Form 8888.

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	5,930.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	73a	5,930.
▶ b	Routing number 064000017 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d	Account number 5323025549		
74	Amount of line 72 you want applied to your 2010 estimated tax ▶ 74		

Amount You Owe

75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions ▶	75	0.
76	Estimated tax penalty (see instructions)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☐ No

Designee's name **▶** Phone no. **▶** Personal identification number (PIN) **▶**

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.

Joint return? See instructions ▶	Your signature	Date	Your occupation Biomed	Daytime phone number 423-778-7632
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Teacher	

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN		Phone no.

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**

OMB No. 1545-0074

2009Attachment
Sequence No. **07**▶ **Attach to Form 1040.**▶ **See Instructions for Schedules A (Form 1040).**

Name(s) shown on Form 1040

Richard D and Beverly J Peterson

Your social security number

414-92-0453

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	7,500.
2	Enter amount from Form 1040, line 38 2 110,286.		
3	Multiply line 2 by 7.5% (.075)	3	8,271.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid (See instructions.)	5 State and local (check only one box): a <input type="checkbox"/> Income taxes, or b <input checked="" type="checkbox"/> General sales taxes	5	2,302.
	6 Real estate taxes (see instructions).	6	1,204.
	7 New motor vehicle taxes from the worksheet in the instructions Skip this line if you checked box 5b.	7	
	8 Other taxes. List type and amount ▶	8	
	9 Add lines 5 through 8	9	3,506.
Interest You Paid (See instructions.)	10 Home mortgage interest and points reported to you on Form 1098	10	8,153.
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions 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. See instructions for special rules	12	
	13 Qualified mortgage insurance premiums (see instructions).	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15 Add lines 10 through 14	15	8,153.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	10,344.
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	17	899.
	18 Carryover from prior year	18	
	19 Add lines 16 through 18.	19	11,243.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.
Job Expenses and Certain Miscellaneous Deductions (See instructions.)	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	
	22 Tax preparation fees	22	10.
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	
	24 Add lines 21 through 23	24	10.
	25 Enter amount from Form 1040, line 38 25 110,286.		
	26 Multiply line 25 by 2% (.02)	26	2,206.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions	28 Other - from list in the instr. List type and amount ▶	28	0.
Total Itemized Deductions	29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	29	22,902.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 1040) 2009

UYA

Child and Dependent Care Expenses

OMB No. 1545-0074

2009
Attachment
Sequence No. **21**

▶ Attach to Form 1040, Form 1040A, or Form 1040NR

▶ See separate instructions.

Name(s) shown on return

Your social security number

Richard D and Beverly J Peterson

414-92-0453

Part I **Persons or Organizations Who Provided the Care** - You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Signal Centers	109 N Germantown Chattanooga, TN 37411	TAX-EXEMPT	256.

Did you receive
dependent care benefits?

No → Complete only Part II below.

Yes → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 56.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2009 for the person listed in column (a)
First	Last		
John	Peterson	413-61-8209	256.

3	Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 34	3	256.																																																														
4	Enter your earned income . See instructions	4	95,820.																																																														
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	14,655.																																																														
6	Enter the smallest of line 3, 4, or 5	6	256.																																																														
7	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 or Form 1040NR, line 36.	7	110,286.																																																														
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20																																																														
<table border="0"> <tr> <td colspan="3">If line 7 is:</td><td colspan="3">If line 7 is:</td></tr> <tr> <td>Over</td><td>But not over</td><td>Decimal amount is</td><td>Over</td><td>But not over</td><td>Decimal amount is</td></tr> <tr> <td>\$0-15,000</td><td></td><td>.35</td><td>\$29,000-31,000</td><td></td><td>.27</td></tr> <tr> <td>15,000-17,000</td><td></td><td>.34</td><td>31,000-33,000</td><td></td><td>.26</td></tr> <tr> <td>17,000-19,000</td><td></td><td>.33</td><td>33,000-35,000</td><td></td><td>.25</td></tr> <tr> <td>19,000-21,000</td><td></td><td>.32</td><td>35,000-37,000</td><td></td><td>.24</td></tr> <tr> <td>21,000-23,000</td><td></td><td>.31</td><td>37,000-39,000</td><td></td><td>.23</td></tr> <tr> <td>23,000-25,000</td><td></td><td>.30</td><td>39,000-41,000</td><td></td><td>.22</td></tr> <tr> <td>25,000-27,000</td><td></td><td>.29</td><td>41,000-43,000</td><td></td><td>.21</td></tr> <tr> <td>27,000-29,000</td><td></td><td>.28</td><td>43,000-No limit</td><td></td><td>.20</td></tr> </table>		If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is	\$0-15,000		.35	\$29,000-31,000		.27	15,000-17,000		.34	31,000-33,000		.26	17,000-19,000		.33	33,000-35,000		.25	19,000-21,000		.32	35,000-37,000		.24	21,000-23,000		.31	37,000-39,000		.23	23,000-25,000		.30	39,000-41,000		.22	25,000-27,000		.29	41,000-43,000		.21	27,000-29,000		.28	43,000-No limit		.20				
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27,000-29,000		.28	43,000-No limit		.20																																																												
9	Multiply line 6 by the decimal amount on line 8. If you paid 2008 expenses in 2009, see the instructions	9	51.																																																														
10	Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43.	10	8,439.																																																														
11	Enter the amount from Form 1040, line 47; or Form 1040NR, line 44. Form 1040A, filers, enter -0-	11	0.																																																														
12	Subtract line 11 from line 10. If zero or less, stop . You cannot take the credit	12	8,439.																																																														
13	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 12 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 45	13	51.																																																														

**Education Credits (American Opportunity, Hope, and
Lifetime Learning Credits)**

▶ See separate instructions to find out if you are eligible to take the credits.

▶ Attach to Form 1040 or Form 1040A.

2009Attachment
Sequence No. **50**

Name(s) shown on return

Richard D and Beverly J Peterson

Your social security number

414-92-0453**Caution:** You **cannot** take both an education credit and the tuition and fees deduction (see Form 8917) for the **same student** for the same year.**Part I American Opportunity Credit**

Use Part II if you are claiming the Hope credit for a student attending school in a Midwestern disaster area. If you use Part II, you cannot use Part I for any student.

Caution: You **cannot** take the American opportunity credit for more than **4** tax years for the **same student**.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).
	Michael Peterson	409-71-7828	3,003.	1,003.	251.	2,251.
2	Tentative American opportunity credit. Add the amounts on line 1, column (f). Skip Part II if line 2 is more than zero. If you are taking the lifetime learning credit for a different student, go to Part III; otherwise, go to Part IV ▶					2
						2,251.

Part II Hope Credit

Use this part if you are claiming the Hope credit for a student attending school in a Midwestern disaster area and elect to waive the computation method in Part I for all students.

Caution: You **cannot** take the Hope credit for more than **2** tax years for the **same student**.

3	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,400* for each student.	(d) Enter the smaller of the amount in column (c) or \$1,200**	(e) Add column (c) and column (d)	(f) Enter one-half of the amount in column (e)
4	Tentative Hope credit. Add the amounts on line 3, column (f). If you are taking the lifetime learning credit for a different student, go to Part III; otherwise, go to Part V ▶					4
						0.

Part III Lifetime Learning Credit. Caution: You **cannot** take the American opportunity credit or the Hope credit and the lifetime learning credit for the **same student** in the same year.

5	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
6	Add the amounts on line 5, column (c), and enter the total		6
			0.
7a	Enter the smaller of line 6 or \$10,000		7a
b	For students who attended an eligible educational institution in a Midwestern disaster area, enter the smaller of \$10,000 or their qualified expenses included on line 6 (see special rules in the instructions)		7b
			0.
c	Subtract line 7b from line 7a		7c
			0.
8a	Multiply line 7b by 40% (.40).		8a
			0.
b	Multiply line 7c by 20% (.20).		8b
			0.
c	Tentative lifetime learning credit. Add lines 8a and 8b. If you have an entry on line 2, go to Part IV; otherwise go to Part V		8c
			0.

Part IV Refundable American Opportunity Credit

9	Enter the amount from line 2	9	2,251.
10	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	10	180,000.
11	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	11	110,286.
12	Subtract line 11 from line 10. If zero or less, stop ; you cannot take any education credit	12	69,714.
13	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	13	20,000.
14	If line 12 is: <ul style="list-style-type: none"> Equal to or more than line 13, enter 1.000 on line 14 Less than line 13, divide line 12 by line 13. Enter the result as a decimal (rounded to at least three places) 	14	1.0000
15	Multiply line 9 by line 14. Caution: If you were under age 24 at the end of the year and meet the conditions in the instructions, you cannot take the refundable American opportunity credit. Skip line 16, enter the amount from line 15 on line 17, and check this box <input type="checkbox"/>	15	2,251.
16	Refundable American opportunity credit. Multiply line 15 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 43. Then go to line 17 below	16	900.

Part V Nonrefundable Education Credits

17	Subtract line 16 from line 15	17	1,351.
18	Add line 4 and line 8c. If you have no entry on these lines, skip lines 19 through 24, and enter the amount from line 17 on line 25	18	
19	Enter: \$120,000 if married filing jointly; \$60,000 if single, head of household, or qualifying widow(er)	19	
20	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	20	
21	Subtract line 20 from line 19. If zero or less, skip lines 22 and 23, and enter zero on line 24	21	
22	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	22	
23	If line 21 is: <ul style="list-style-type: none"> Equal to or more than line 22, enter the amount from line 18 on line 24 and go to line 25 . Less than line 22, divide line 21 by line 22. Enter the result as a decimal (rounded to at least three places) 	23	0.0000
24	Multiply line 18 by line 23	24	
25	Add line 17 and line 24. If zero, stop ; you cannot take any nonrefundable education credit	25	1,351.
26	Enter the amount from Form 1040, line 46, or Form 1040A, line 28	26	8,439.
27	Enter the total, if any, of your credits from: <ul style="list-style-type: none"> Form 1040, lines 47, 48, and the amount from Schedule R entered on line 53 Form 1040A, lines 29 and 30 	27	51.
28	Subtract line 27 from line 26. If zero or less, stop ; you cannot take any nonrefundable education credit	28	8,388.
29	Nonrefundable education credits. Enter the smaller of line 25 or line 28 here and on Form 1040, line 49, or Form 1040A, line 31	29	1,351.

*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

Noncash Charitable Contributions

- ▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**
- ▶ **See separate instructions.**

OMB No. 1545-0908

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Richard D and Beverly J Peterson

Identifying number

414-92-0453**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities** - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).**Part I Information on Donated Property** - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A	Teen Challenge 6401 Lee Hwy. Chattanooga TN 37421	Clothes, Furniture, Toys, Appliances, Bedding, Etc
B	Teen Challenge 6401 Lee Hwy Chattanooga TN 37421	Clothes, Furniture, Toys, Appliances, Bedding, Etc
C	Teen Challenge 6401 Lee Hwy Chattanooga TN 37421	Clothes, Furniture, Toys, Appliances, Bedding, Etc
D		
E		

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	01/07/2009		Purchased	3,000.	305.	Resale shop prices
B	01/14/2009		Purchased	900.	359.	Resale Shop Prices
C	03/07/2009		Purchased	700.	235.	Resale shop prices
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____.

If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ _____.
(2) For any prior tax years ▶ _____.**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶ _____**e** Name of any person, other than the donee organization, having actual possession of the property ▶ _____**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

Yes	No
-----	----

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?**c** Is there a restriction limiting the donated property for a particular use?

Name(s) shown on your income tax return

Identifying number

Richard D and Beverly J Peterson**414-92-0453**

Section B. Donated Property Over \$5,000 (Except Certain Publicly Traded Securities) - List in this section only items (or groups of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of certain publicly traded securities reported in Section A). An appraisal is generally required for property listed in Section B (see instructions).

Part I Information on Donated Property - To be completed by the taxpayer and/or appraiser.**4** Check the box that describes the type of property donated:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Art* (contribution of \$20,000 or more) | <input type="checkbox"/> Qualified Conservation Contribution | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Art* (contribution of less than \$20,000) | <input type="checkbox"/> Other Real Estate | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Collectibles** | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Other |

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note: In certain cases, you must attach a qualified appraisal of the property. See instructions.

5 (a) Description of donated property (if you need more space, attach a separate statement)		(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift		(c) Appraised fair market value	
A					
B					
C					
D					

(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions	
				(h) Amount claimed as a deduction	(i) Average trading price of securities
A					
B					
C					
D					

Part II Taxpayer (Donor) Statement - List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶

Signature of taxpayer (donor) ▶

Date ▶

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that a substantial or gross valuation misstatement resulting from the appraisal of the value of the property that I know, or reasonably should know, would be used in connection with a return or claim for refund, may subject me to the penalty under section 6695A. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign Here

Signature ▶

Title ▶

Date ▶

Business address (including room or suite no.)

Identifying number

0

City or town, state, and ZIP code

Part IV Donee Acknowledgment - To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282**, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ▶ ☐ Yes ☐ No

Name of charitable organization (donee)	Employer identification number	
Address (number, street, and room or suite no.)	City or town, state, and ZIP code	
Authorized signature	Title	Date

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Making Work Pay and Government
Retiree Credits**

▶ **Attach to Form 1040A, 1040, or 1040NR.**

▶ **See separate instructions.**

OMB No. 1545-0074

2009

Attachment
Sequence No. **166**

Name(s) shown on return

Richard D and Beverly J Peterson

Your social security number

414-92-0453

<p>1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.</p> <p>Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?</p> <p><input checked="" type="checkbox"/> Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.</p> <p><input type="checkbox"/> No. Enter your earned income (see instructions) 1a</p>			
<p>b Nontaxable combat pay included on line 1a (see instructions) 1b</p>			
<p>2 Multiply line 1a by 6.2% (.062) 2</p>			
<p>3 Enter \$400 (\$800 if married filing jointly) 3</p>			
<p>4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a) 4</p>			800.
<p>5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22. 5 110,286.</p>			
<p>6 Enter \$75,000 (\$150,000 if married filing jointly). 6 150,000.</p>			
<p>7 Is the amount on line 5 more than the amount on line 6?</p> <p><input checked="" type="checkbox"/> No. Skip line 8. Enter the amount from line 4 on line 9 below.</p> <p><input type="checkbox"/> Yes. Subtract line 6 from line 5 7</p>			
<p>8 Multiply line 7 by 2% (.02) 8</p>			
<p>9 Subtract line 8 from line 4. If zero or less, enter -0- 9</p>			800.
<p>10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).</p> <p><input checked="" type="checkbox"/> No. Enter -0- on line 10 and go to line 11.</p> <p><input type="checkbox"/> Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) 10</p>			
<p>11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2.</p> <p><input checked="" type="checkbox"/> No. Enter -0- on line 11 and go to line 12.</p> <p><input type="checkbox"/> Yes. • If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses)</p> <p>• If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) 11</p>			
<p>12 Add lines 10 and 11 12</p>			
<p>13 Subtract line 12 from line 9. If zero or less, enter -0- 13</p>			800.
<p>14 Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60. 14</p>			800.

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

► **Supports Dependents** claimed on Form 1040, Line 6c

Name(s) as shown on Form 1040

Your social security number

414-92-0453

[illegible]