

Label <small>(See instructions on page 14.)</small>	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending .20			OMB No. 1545-0074
	Your first name and initial TIMOTHY J.		Last name RYAN	Your social security number [REDACTED]
	If a joint return, spouse's first name and initial		Last name	Spouse's social security number [REDACTED] [REDACTED]
	Home address (number and street). If you have a P.O. box, see page 14. [REDACTED]		Apt. no.	You must enter ▲ your SSN(s) above.▲
Use the IRS label. Otherwise, please print or type. Presidential Election Campaign ►	City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. [REDACTED]			Checking a box below will not change your tax or refund.
	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►			<input type="checkbox"/> You <input type="checkbox"/> Spouse
Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ►		
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)			
Check only one box.	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16)		
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 1		
	b <input type="checkbox"/> Spouse	No. of children on 6c who: ● lived with you _____ ● did not live with you due to divorce or separation (see page 18) _____		
If more than four dependents, see page 17 and check here ► <input type="checkbox"/>	c Dependents: (1) First name _____ Last name _____ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] d Total number of exemptions claimed _____	(2) Dependent's social security number _____ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	(3) Dependent's relationship to you _____ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	(4) <input type="checkbox"/> if qualifying child for child tax credit (see page 17) _____
Income <small>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</small>	7 Wages, salaries, tips, etc. Attach Form(s) W-2 _____	7	155,438.	
If you did not get a W-2, see page 22.	8a Taxable interest. Attach Schedule B if required _____	8a	2.	
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	b Tax-exempt interest. Do not include on line 8a _____	8b		
	9a Ordinary dividends. Attach Schedule B if required _____	9a		
	b Qualified dividends (see page 22) _____	9b		
	10 Taxable refunds, credits, or offsets of state and local income taxes _____	STMT 1	STMT 2	10 944.
	11 Alimony received _____	11		
	12 Business income or (loss). Attach Schedule C or C-EZ _____	12	0.	
	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 _____	15b
	16a Pensions and annuities _____	16a	b Taxable amount _____	16b
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E _____	17		
	18 Farm income or (loss). Attach Schedule F Unemployment compensation in excess of \$2,400 per recipient (see page 27) _____	18		
	19 Other income. List type and amount (see page 29) _____	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	156,384.	
Adjusted Gross Income	23 Educator expenses (see page 29) Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ _____	23		
	24 Health savings account deduction. Attach Form 8889 _____	24		
	25 Moving expenses. Attach Form 3903 _____	25		
	26 One-half of self-employment tax. Attach Schedule SE _____	26		
	27 Self-employed SEP, SIMPLE, and qualified plans _____	27		
	28 Self-employed health insurance deduction (see page 30) _____	28		
	29 Penalty on early withdrawal of savings _____	29		
	30 Alimony paid b Recipient's SSN ► _____	30		
	31a IRA deduction (see page 31) _____	31a		
	32 Student loan interest deduction (see page 34) _____	32		
	33 Tuition and fees deduction. Attach Form 8917 _____	33		
	34 Domestic production activities deduction. Attach Form 8903 _____	34		
	35 Add lines 23 through 31a and 32 through 35 _____	35		
910001 10-20-09	36 Subtract line 36 from line 22. This is your adjusted gross income ►	36	156,384.	
	37	37		

Tax and Credits

Standard Deduction for -
 • People who check any box on line 39a, 39b, or 40b **or** who can be claimed as a dependent.

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	156,384.
39a	Check if: <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 <input type="checkbox"/>	40a	26,571.
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ► 39b <input type="checkbox"/>	41	129,813.
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin) 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 page 35) ► 40b <input type="checkbox"/>	42	3,650.
41	Subtract line 40a from line 38	43	126,163.
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 page 37	44	29,046.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	45	
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	46	29,046.
45	Alternative minimum tax. Attach Form 6251	47	
46	Add lines 44 and 45	48	
47	Foreign tax credit. Attach Form 1116 if required	49	
48	Credit for child and dependent care expenses. Attach Form 2441	50	
49	Education credits from Form 8863, line 29	51	
50	Retirement savings contributions credit. Attach Form 8880	52	
51	Child tax credit (see page 42)	53	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	54	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	55	29,046.
54	Add lines 47 through 53. These are your total credits	55	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	56	

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	29,046.

Payments

61	Federal income tax withheld from Forms W-2 and 1099	61	36,669.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credits. Attach Schedule M	63	
64a	Earned income credit (EIC)	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	
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	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	36,669.

Refund

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	7,623.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	73a	7,623.
b	Routing number ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings ► d Account number		
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 page 74	75	
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Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)?	<input checked="" type="checkbox"/> Yes. Complete the following.	<input type="checkbox"/> No
Designee's name ►	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.

Your signature

Date

Your occupation

Daytime phone number

U.S. CONGRESSMAN

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 ►

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service
(99)
Name(s) shown on Form 1040

Itemized Deductions

OMB No. 1545-0074

2009

Attachment
Sequence No. **07**

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040).

Your social security number

TIMOTHY J. RYAN

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (See page A-1.)	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	
Taxes You Paid (See page A-2.)	5 State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes } SEE STATEMENT 5	5	11,241.
	6 Real estate taxes (See page A-5.)	6	2,279.
	7 New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b	7	
	8 Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8	9	13,520.
Interest You Paid (See page A-6.)	10 Home mortgage interest and points reported to you on Form 1098	10	10,384.
	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-7 and show that person's name, identifying no., and address ►-----	11	
	12 Points not reported to you on Form 1098	12	
	13 Qualified mortgage insurance premiums (See page A-7.)	13	
	14 Investment interest. Attach Form 4952 if required. (See page A-8.)	14	
	15 Add lines 10 through 14	15	10,384.
Gifts to Charity If you made a gift and got a benefit for it, see page A-8.	16 Gifts by cash or check	16	2,422.
	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 SEE STATEMENT 6	17	245.
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	2,667.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)	20	
Job Expenses and Certain Miscellaneous Deductions (See page A-10.)	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ►FROM FORM 2106 3,000.	21	3,000.
	22 Tax preparation fees	22	100.
	23 Other expenses - investment, safe deposit box, etc. List type and amount ►-----	23	
	24 Add lines 21 through 23	24	3,100.
	25 Enter amount from Form 1040, line 38	25	156,384.
	26 Multiply line 25 by 2% (.02)	26	3,128.
	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 on page A-11. List type and amount ►-----	28	
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 page A-11 for the amount to enter.] 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► [<input type="checkbox"/>]	29	26,571.

Worksheet Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).
for Line 7 -
New motor vehicle taxes

Use this worksheet to figure the amount to enter on line 7.

(Keep a copy for your records.)

1 Enter the state or local sales or excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) after February 16, 2009 (see page A-6)	1 2	
3 Is the amount on line 2 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6).		3
		4
5 Enter the total of any - <ul style="list-style-type: none"> ● Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and ● Exclusion of income from Puerto Rico 		5
		6
7 Enter \$125,000 (\$250,000 if married filing jointly)		7
		8
9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000		9
		10
11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7		11

SCHEDULE B
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service
(99)

Name(s) shown on return

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

► See instructions.

OMB No. 1545-0074

2009Attachment
Sequence No. **08**

Your social security number

TIMOTHY J. RYAN**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 ►

HUNTINGTON NATIONAL BANK

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.

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ►

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

Part II
Ordinary
Dividends

- 5 List name of payer ►

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.

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

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; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2009, 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? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1
- b If "Yes," enter the name of the foreign country ►
- 8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
If "Yes," you may have to file Form 3520. See page B-2

Yes**No****X****X**927501
10-20-09

**SCHEDULE C
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**

(Sole Proprietorship)

- Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
 ► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2009

Attachment Sequence No. 09

Name of proprietor

Social security number (SSN)
[REDACTED]**TIMOTHY J. RYAN**

A Principal business or profession, including product or service (see page C-2)	B Enter code from pages C-9, 10, & 11 ► [REDACTED]
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), if any
E Business address (including suite or room no.) ► City, town or post office, state, and ZIP code	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►	
G Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2009, check here	► [REDACTED]

Part I Income

1 Gross receipts or sales. Caution. See page C-4 and check the box if:		
● This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or		1
● You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.	► [REDACTED]	
2 Returns and allowances		2
3 Subtract line 2 from line 1		3
4 Cost of goods sold (from line 42 on page 2)		4
5 Gross profit. Subtract line 4 from line 3		5
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)		6
7 Gross income. Add lines 5 and 6	► [REDACTED]	7

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see page C-4)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see page C-6):	
11 Contract labor (see page C-4)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest: a Mortgage (paid to banks, etc.)	16a	24 Travel, meals, and entertainment:	
b Other	16b	a Travel	24a
17 Legal and professional services	17	b Deductible meals and entertainment (see page C-6)	24b
28 Total expenses before expenses for business use of home. Add lines 8 through 27		25 Utilities	25
29 Tentative profit or (loss). Subtract line 28 from line 7		26 Wages (less employment credits)	26
30 Expenses for business use of your home. Attach Form 8829		27 Other expenses (from line 48 on page 2)	27

31 Net profit or (loss). Subtract line 30 from line 29.		28 0.
● If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3.		29 0.
● If a loss, you must go to line 32.		30
32 If you have a loss, check the box that describes your investment in this activity (see page C-7).		
● If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3.		31 0.
● If you checked 32b, you must attach Form 6198. Your loss may be limited.		

32a All investment
is at risk.
32b Some investment
is not at risk.

Employee Business Expenses

► See separate instructions.
 ► Attach to Form 1040 or Form 1040NR.

2009

Your name

TIMOTHY J. RYAN

Occupation in which you incurred expenses

U.S. CONGRESSMAN

Social security number

[REDACTED]

Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A		Column B	
	Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) ...	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 7	4	3,000.		
5 Meals and entertainment expenses (see instructions)	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,000.		

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7		
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---	--	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	3,000.	
Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9	3,000.	
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	▶ 10	3,000.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 2106 (2009)

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle	(b) Vehicle
11 Enter the date the vehicle was placed in service	11		
12 Total miles the vehicle was driven during 2009	12	miles	miles
13 Business miles included on line 12	13	miles	miles
14 Percent of business use. Divide line 13 by line 12	14	%	%
15 Average daily roundtrip commuting distance	15	miles	miles
16 Commuting miles included on line 12	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles
18 Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
19 Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20 Do you have evidence to support your deduction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
21 If "Yes," is the evidence written?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 55¢ (.55). Enter the result here and on line 1	22
-----------------------------------------------------------------------------	----

Section C - Actual Expenses		(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a Vehicle rentals	24a		
b Inclusion amount (see instructions)	24b		
c Subtract line 24b from line 24a	24c		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2--see instructions)	25		
26 Add lines 23, 24c, and 25	26		
27 Multiply line 26 by the percentage on ln 14	27		
28 Depreciation (see instructions)	28		
29 Add lines 27 and 28. Enter total here and on line 1	29		

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30 Enter cost or other basis (see instructions)	30		
31 Enter section 179 deduction and special allowance (see instructions)	31		
32 Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32		
33 Enter depreciation method and percentage (see instructions)	33		
34 Multiply line 32 by the percentage on line 33 (see instructions)	34		
35 Add lines 31 and 34	35		
36 Enter the applicable limit explained in the line 36 instructions	36		
37 Multiply line 36 by the percentage on ln 14	37		
38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

2008

2007

2006

OHIO

930.

GROSS STATE/LOCAL INC TAX REFUNDS
LESS: TAX PAID IN FOLLOWING YEAR

930.

NET TAX REFUNDS OHIO

930.

OHIO

14.

GROSS STATE/LOCAL INC TAX REFUNDS
LESS: TAX PAID IN FOLLOWING YEAR

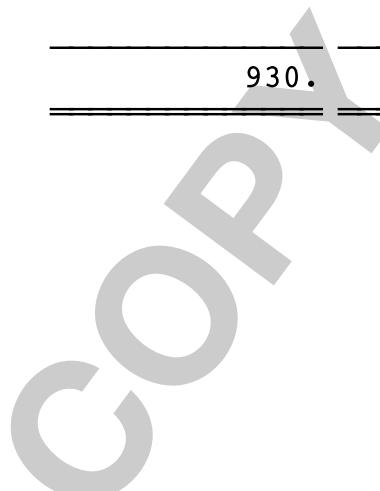
NET TAX REFUNDS OHIO

14.

TOTAL NET TAX REFUNDS

930.

14.



FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	2
	2008	2007	2006
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMNT.	930.	14.	
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	930.	14.	
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	22,298.		
3 DEDUCTION NOT SUBJ TO PHASEOUT			
4 NET REFUNDS FROM LINE 1	930.		
5 LINE 2 MINUS LINES 3 AND 4	21,368.		
6 MULT LN 5 BY APPL SEC. 68 PCT	17,094.		
7 PRIOR YEAR AGI	151,158.		
8 ITEM. DED. PHASEOUT THRESHOLD	159,950.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-8,792.		
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS	930.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	22,298.		
18 PRIOR YEAR STD. DED. AVAILABLE	5,950.		
19 SUBTRACT LINE 18 FROM LINE 17	16,348.		
20 LESSER OF LINE 16 OR LINE 19	930.		
21 PRIOR YEAR TAXABLE INCOME	125,360.		
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			944.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2006			
TOTAL TO FORM 1040, LINE 10			944.



FORM 1040

STUDENT LOAN INTEREST DEDUCTION

STATEMENT 3

1.	ENTER THE TOTAL INTEREST PAID IN 2009 ON QUALIFIED STUDENT LOANS. DO NOT ENTER MORE THAN \$2,500	949.
2.	ENTER THE AMOUNT FROM FORM 1040, LINE 22	156,384.
3.	ENTER THE TOTAL OF THE AMOUNTS FROM FORM 1040, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO LINE 36	
4.	SUBTRACT LINE 3 FROM LINE 2	156,384.
5.	ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$60,000 * MARRIED FILING JOINTLY-\$120,000	60,000.
6.	IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4	96,384.
7.	DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000 . . .	1.000
8.	MULTIPLY LINE 1 BY LINE 7.	949.
9.	STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON FORM 1040, LINE 33 . . .	0.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	155,438.	36,669.	7,523.		6,622.	2,471.
TOTALS	155,438.	36,669.	7,523.		6,622.	2,471.



SCHEDULE A	STATE AND LOCAL INCOME TAXES	STATEMENT	5
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DESCRIPTION	AMOUNT
HOUSE OF REP - MEMBER SERVICES	7,523.
OHIO CITIES 1ST QTR ESTIMATE PAYMENTS	620.
OHIO CITIES 2ND QTR ESTIMATE PAYMENTS	620.
OHIO CITIES PRIOR YEAR ESTIMATE PAYMENTS	2,440.
OHIO CITIES PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	38.
TOTAL TO SCHEDULE A, LINE 5	11,241.

SCHEDULE A	CONTRIBUTIONS OTHER THAN CASH OR CHECK	STATEMENT	6
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DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
MISCELLANEOUS		245.		
SUBTOTALS		245.		
TOTAL TO SCHEDULE A, LINE 17				245.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT	7
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U.S. CONGRESSMAN

DESCRIPTION	AMOUNT
TEMPORARY LIVING EXPENSES - MEMBERS OF CONGRESS	3,000.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	3,000.

Please do not use staples.

Ohio

Department of
Taxation



Taxable year beginning in

09000115

2009

IT 1040 Rev. 12/09

**Individual
Income Tax Return**

Please use only black ink.

Taxpayer Social Security no. (required) ►► If deceased Spouse's Social Security no. (only if joint return) ►► If deceased

Use UPPERCASE letters.

check box

Your first name
TIMOTHY

M.I. Last name
J RYAN

check box

Spouse's first name (only if married filing jointly)

M.I. Last name

Mailing address (for faster processing, use a street address)

City

State ZIP code

County (first four letters)

Home address (if different from mailing address) - please do **NOT** show city or state

ZIP code

County (first four letters)

Foreign country (please provide this information if your mailing address is outside the U.S.)

Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident Part-year resident Nonresident ►►
Indicate state

Check applicable box for spouse (only if married filing jointly)

Full-year resident Part-year resident Nonresident ►►
Indicate state

Filing Status - Check one (as reported on federal income tax return)

Single or head of household or qualifying widow(er)

Married filing jointly

Married filing separately ►►

Enter spouse's SS#

Yes

No

Ohio Political Party Fund

Do you want \$1 to go to this fund?

If joint return, does your spouse want \$1 to go to this fund?

Note: Checking "Yes" will not increase your tax or decrease your refund.

Ohio School District Number for 2009

(see pages 38-42 in the instructions)

7818

INCOME AND TAX INFORMATION

1. Federal adjusted gross income (from IRS forms 1040, line 37; 1040A, line 21; 1040EZ, line 4; or 1040NR, line 35)	1.	156 384 00
2. Adjustments from line 47 on page 3 of Ohio form IT 1040 (enclose page 3)	2.	-944 00
3. Ohio adjusted gross income (line 2 added to or subtracted from line 1)	3.	155 440 00
4. Personal exemption and dependent exemption deduction - multiply your personal and dependent exemptions 1 times \$1,550 and enter the result here	4.	1 550 00
5. Ohio taxable income (line 3 minus line 4; enter -0- if line 3 is less than line 4)	5.	153 890 00
6. Tax on line 5 (see tax tables on pages 30-36 of the instructions)	6.	6 926 00
7. Credits from Schedule B from line 57 on page 4 of Ohio form IT 1040 (enclose page 4) ...	7.	
8. Ohio tax less Schedule B credits (line 6 minus line 7; enter -0- if line 7 is more than line 6) ...	8.	6 926 00
9. Exemption credit: Number of personal and dependent exemptions 1 times \$20	9.	20 00
10. Ohio tax less exemption credit (line 8 minus line 9; enter -0- if line 8 is less than line 9)	10.	6 906 00

2009 IT 1040

CCH 971001 12-28-09

2009 IT 1040



SS#

09000215

Taxable year beginning in

2009

IT 1040 Rev. 12/09

Individual
Income Tax Return

11. Amount from line 10 on page 1	11.	6 906 00
12. Joint filing credit (only for married filing jointly filers; see page 15 of the instructions and enclose documentation) % times line 11 (limit \$650)	12.	
13. Ohio tax less joint filing credit (line 11 minus line 12; if line 12 is more than line 11, enter -0-)	13.	6 906 00
14. Total credits from line 69 on page 4 of Ohio form IT 1040 (enclose page 4)	14.	
15. Manufacturing equipment grant. You must include the grant request form	15.	0 00
16. Ohio income tax (line 13 minus lines 14 and 15; if the total of lines 14 and 15 is more than line 13, enter -0-)	16.	6 906 00
17. Unpaid Ohio use tax (see worksheet on page 28 of the instructions)	17.	0 00
18. Total Ohio tax liability (add lines 16 and 17)	TOTAL TAX ► 18.	6 906 00
19. Ohio tax withheld (box 17 on your W-2). Place W-2(s) on top of this return		
	AMOUNT WITHHELD ► 19.	7 523 00
20. 2008 overpayment credited to 2009, 2009 est. tax payments and any other 2009 tax payments	20.	
21. Refundable credits. Include certificate(s) and K-1(s):		
a. Business jobs credit	b. Pass-through entity credit	
c. Historical preservation credit	d. NEW - Motion picture production credit	
22. Add lines 19, 20 and 21a, b, c and d	TOTAL PAYMENTS ► 22.	7 523 00
If line 22 is MORE THAN line 18, go to line 23. If line 22 is LESS THAN line 18, skip to line 27.		
23. If line 22 is MORE than line 18, subtract line 18 from line 22	AMOUNT OVERPAID ► 23.	617 00
24. Amount of line 23 to be credited to 2010 income tax liability	CREDIT TO 2010 ► 24.	0 00
25. Amount of line 23 that you are donating to the following funds:		
a. Military injury relief	b. Nature preserves/scenic rivers	c. Wildlife species/endangered wildlife
26. Line 23 minus the sum of lines 24 and 25a, b and c ...	YOUR REFUND ► 26.	617 00
27. If line 22 is less than line 18, subtract line 22 from line 18	27.	
28. Interest penalty on underpayment of income tax. Enclose Ohio form IT/SD 2210 (see page 17 of the instructions)	28.	
29. Interest and penalty due on late-paid tax and/or late-filed return	29.	
30. Add lines 27, 28 and 29. If payment is enclosed, make check payable to Ohio Treasurer of State and include Ohio form IT 40P (see page 5 or 43 of the instructions) ...	AMOUNT DUE ► 30.	

If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary.

SIGN HERE (required) - See page 4 of this return for mailing information.

I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

For Department Use Only

► Your signature _____ Date _____

► Spouse's signature (see page 9 in the instructions) _____ Phone number (optional) _____

Preparer's name (please print; see page 9 in the instructions) _____ Phone number _____

Do you authorize your preparer to contact us regarding this return? Yes No

Code _____

2009 IT 1040

971002 12-28-09 CCH

pg. 2 of 4

2009 IT 1040



IF LINE 2 (ON PAGE 1) IS -0- OR BLANK, DO NOT MAIL PAGE 3.

SCHEDULE A - Income Adjustments (Additions and Deductions)

Additions (add income items only to the extent not included on page 1, line 1).

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 31. Non-OH state or local government interest and dividends | 31. |
| 32. Certain pass-through entity Ohio taxes paid and Ohio Revised Code section 5733.40(A) pass-through entity adjustment | 32. |
| 33a. Federal interest and dividends subject to state taxation | 33a. |
| b. Reimbursement of college tuition expenses and fees deducted in any previous year(s) | b. |
| c. Losses from sale or disposition of OH public obligations | c. |
| d. Nonmedical withdrawals from an OH medical savings account, lump sum distribution add-back and miscellaneous federal income tax adjustments | d. |
| e. Reimbursement of expenses previously deducted for OH income tax purposes, but only if the reimbursement is not in federal adjusted gross income | e. |
| f. Noneducation expenditures from college savings account | f. |
| g. 5/6 adjustment for IRC sections 168(k) and 179 depreciation expense | g. |
| 34. Total additions (add lines 31 through 33g and enter here). You must complete the applicable line items above | 34. |

Deductions (deduct income items only to the extent included on page 1, line 1).

Important: See caution on page 19 of the instructions.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 35. Federal interest and dividends exempt from state taxation | 35. |
| 36. Employee compensation earned in OH by full-year residents of neighboring states and certain income earned by military nonresidents and civilian nonresident spouses (see inst) | 36. |
| 37. Military pay for OH residents, but only if the military pay is included on line 1 of this return and is received while the military member was stationed outside OH | 37. |
| 38. State or municipal income tax overpayments shown on IRS form 1040, line 10 | 38. |
| 39. Disability and survivorship benefits (do not include pension continuation benefits) | 39. |
| 40. Qualifying Social Security benefits and certain railroad retirement benefits | 40. |
| 41. Contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits | 41. |
| 42. Certain OH National Guard reimbursements and benefits (see page 21 of the instructions) | 42. |
| 43. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see worksheet on page 21 of the instructions) | 43. |
| 44. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see worksheet on page 22 of the instructions) | 44. |
| 45a. Wage expense not deducted due to the targeted jobs or the work opportunity tax credits | 45a. |
| b. Interest income from OH public obligations and from OH purchase obligations and gains from the sale or disposition of OH public obligations | b. |
| c. Refund or reimbursements shown on IRS form 1040, line 21 for itemized deductions claimed on a prior year IRS income tax return | c. |
| d. Repayment of income reported in a prior year and miscellaneous federal tax adjustments | d. |
| e. Qualified organ donor expenses (maximum \$10,000 per taxpayer) and amounts contributed to an individual development account | e. |
| f. Adjustment for Internal Revenue Code sections 168(k) and 179 depreciation expense | f. |
| g. Military retirement income included in federal adjusted gross income (line 1) and military injury relief fund amounts included in line 1 | g. |
| 46. Total deductions (add lines 35 through 45g). You must complete the applicable line items above | 46. |
| 47. Net adjustments - If line 34 is GREATER than line 46, enter the difference here and on line 2 as a positive amount. If line 34 is LESS than line 46, enter the difference here and on line 2 as a negative amount. Include this page when you file your return | 47. |
- 944 00
- 944 00
- 944 00

2009 NILES

COPY

Form R

File by 04/15/10

2009

INCOME TAX RETURN

2009

THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION
OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates

Beginning

Ending

And File Within 4 Months
of Ending Date

OCCUPATION OR PRINCIPAL
BUSINESS ACTIVITY U.S. CONGRESSMAN

INDICATE CORP'N SOLE PROP. SUB S CORP WHETHER PTNRSHP EMPLOYEE OTHER

ACCOUNT NO. [REDACTED]

ACCOUNT TYPE [REDACTED]

SOCIAL SECURITY # / F.I.D. # [REDACTED]

Check if a

Consolidated return YES NO

ARE YOU A RESIDENT OF THIS CITY?

DID YOU FILE A RETURN FOR 2008?

HAS INTERNAL REVENUE SERVICE INCREASED YOUR
INCOME TAX LIABILITY FOR ANY PRIOR YEAR?

IF SO, HAS AN AMENDED CITY INCOME TAX RETURN BEEN FILED?

TIMOTHY J. RYAN

Your Name, Address & Social Security # / F.I.D. # Are Printed Above As They Appear On Our Records,
Make Corrections Where Necessary. Add Social Security # / F.I.D. # If Missing. Attach Copy of Federal
Return And Schedules In Lieu of Page 2 Schedules C, E & H. Otherwise, Returns Will Be Questioned if
all lines Applicable to Taxpayer Are Not Completed.

This Space for Tax Office Use Only

ENTER EMPLOYER'S NAME WHERE EMPLOYED AND 2009 GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, TIPS, ETC. ATTACH COPY OF W-2 FORM(S)

Employer's Name (Attach Copy of W-2 Form(s)) HOUSE OF REP - MEMBER SERVICES	<u>City Where Employed</u> NILES	<u>City Tax W'Held</u>	<u>Wages, Etc.</u> 170,438.
---------------------------------------------------------------------------------------	--------------------------------------------	------------------------	---------------------------------------

INCOME	1a. TOTALS (if above is <u>fully taxable</u> and your only income, go next to Line 7)	170,438.
	2. OTHER INCOME: FROM LINE 26 PAGE 2	
	3. TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED)	170,438.
ADJUST- MENTS TO INCOME	4a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X BELOW) ADD	
	b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X BELOW) DEDUCT	
	c. DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)	
	5a. ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used)	170,438.
	b. Amount of Line 5a Allocable to the City (_____ % from line 5 Schedule Y)	
	c. LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (Submit Schedule)	
TAX	6. AMOUNT SUBJECT TO CITY INCOME TAX (LINE 5a OR 5b LESS LINE 5c)	170,438.
	7. INCOME TAX - 1.5000% OF LINE 6	2,557.
ALLOWABLE CREDITS	8. CREDITS: (a) City tax withheld by employer(s) as shown on line 1a above	
	(b) Payments and credits on 2009 Declaration of Estimated Tax	1,240.
	(c) Earned income taxes paid City of _____ (Resident individuals only)	
	(X) TOTAL CREDITS ALLOWABLE	1,240.
	→	
	9. BALANCE OF TAX DUE (Line 7 Less Line 8x) Make Remittance Payable to City of NILES	1,317.
	and Attach When Filing.	
10. OVERPAYMENT CLAIMED (If Line 8x Exceeds Line 7, Enter Difference in Box at Right)		

Enter Amount of Line 10 You Want: Credited to your **2010** Estimated Tax \$ _____ Refunded \$ _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN SEE INSTRUCTIONS BEFORE MAKING ENTRIES BELOW.

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

DEDUCT

a. Capital losses	\$ _____	n. Capital gains	\$ _____
b. Expenses incurred in the production of non-taxable income		o. Interest income	
c. City or state income taxes		p. Dividends	
d. Net operating loss deduction per Federal Return		q. Employee Stock Options	
e. Payments to partners		r. Other (Explain)	
f. Contribution to a Retirement Plan (401K, SERP)			
g. Stock Options			
h. Other (Explain)			
m. Total Additions (enter as Line 4a above)	\$ _____	z. Total Deductions (enter as Line 4b above) \$ _____	

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES.

If this return was prepared by a tax preparer, may we contact him/her directly with questions regarding the preparation of this return.

Yes No

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT

SIGNATURE OF SPOUSE (IF JOINT)

DATE

DATE

