Form 1040	U.S. Individual Income Tax Return 2008 (99) IRS Use On	ly — Do not write or stapte in this space,
	For the year Jen 1 - Dec 31, 2008, or other tax year beginning , 2008, ending , 20	OMB No. 1545-0074
Label	Your first name the Last name	Your social security number
(See instructions.)	Bruce 'H Mann	
	BTUCE H MATIN For foliat ratium, spouso's fast name: MI Last name	
Use the		Spouse's social security number
IRS label. Otherwise,	Elizabeth A Warren	
please print	Horas address (number and shed). If you have a P.O. hox, see instructions. Apartment no.	You must enter your
or type.		social security
	City, town or post office: If you have a foreign address, see transcripes, State ZIP code	— 🔺 number(s) above. 🛕
Presidential	Cambridge MA 02138	Checking a box below will not change your tax or resund:
Election Campaign	Check here if you, or your spouse if liting jointly, want \$3 to go to this fund? (see instructions).	
Campaign	CHECK HERE IT YOU, OF YOUR SPOUSS IT HERE DIRECTLY, WERE \$3.50 GO TO THIS EMPTOY (SEE INSTRUCTIONS).	► X You X Spouse
Filing Status	1 Single. 4 Head of household (with qu	elitving person); (See
3	2 IX Married Micro ideally fetters if only one had income! Instructions.) If the qualifyin	d person is a child
والمعمل مخالد	3 Married Ring separately. Enter spouse's SSN above & full name here	er this child's
Check only one box.		Division of the A
	- County of American State	
Exemptions	6a X Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked 2
	b X Spouse	No. of children
	c Dependents (2) Dependent's (3) Dependent's	4) VII on 60 Who:
	acciai security relationship qu	rafilying lived d for child with you
	(4) First came	x credit - did not
		due to elverce
16 malatan Managar		(seo Instra)
If more than four dependents.		on 6c not
see instructions.		Add numbers
	d Total number of exemptions claimed	on lines
	7 Magaz caloring tion old Attack County) 18 0	2
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	
·	8 a Taxable interest, Allach Schedule B if required	
	b Tax-exempt interest. Do not include on line 8a	_ *
Attach Form(s) W-2 here, Also	9a Ordinary dividends. Atlach Schedule B if required	9a 2,440.
attach Forms	b Qualified dividends (see instrs)	
W-2G and 1089-R	10. Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	. 10
if tax was withheld.	11 Allmony received.	. 11
If you did not	12 Business income or (loss). Altach Schedule C or C-EZ.	
get a W-2,	13 Capital gain or (loss). Att Sch Dif read, If not read, ck here	13 -3,000.
šbe instructions.	14 Other gains or (losses). Attach Form 4797	14
	15a IRA distributions	156
	16a Pensions and annuities 16a b Taxable amount (see instrs) .	165
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
Enclose, hat do	18 Farm Income or (loss). Attach Schedule F	. 18
ng allach, any payment. Also,	19 Uneimployment compensation	19
olease use	20 a Social security benefits	20 Б
Form 1048-V.	21 Other Income	21
	22. Add the amounts in the far right column for lines 7 through 21. This is your total income.	22 831,021.
8 .Ú	23 Educator expenses (see instructions)	* [A]
Adjusted	24 Certain business expanses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2166-EZ	1)
Gross Income	government officials. Attach Form 2106 or 2106-EZ]
urcoine	25 Health savings account deduction. Attach Form 8889 25	[24]
	26 Moving expanses. Attach Form 3903	[578]
	27 One-half of self-employment tax. Atlach Schedule SE	
	28 Self-employed SEP, SIMPLE, and qualified plans	
	29 Self-employed fiealth insurance deduction (see instructions)	
	30 Penalty on early withdrawal of savings	15 <u>3</u>
	31 a Alkinony paid b Recipient's SSN ► 31a	[30]
	32 IRA deduction (see instructions)	
	33 Student loan interest deduction (see instructions)	
	34 Tultion and fees deduction, Attach Form 8917	
	35 Domestic production activities deduction, Attach Form 8903	[2巻]]
	36 Add lines 23 - 31a and 32 - 35	36 1,767.
_		37 829,254.
, 	And the same of th	44 L 945, 454.

Form 1040 (2008)	Bruce H Mann & Elizabeth A Warr	en					Page 2
Tax and	38 Amount from line 37 (adjusted gross income) .					. 38	829,254.
Credits	38 a Check You were born before January 2,			L Total boxes			
Ci émpi	Spouse was born before January		Blind	. checked >	39a		
	T b (l'your spouse itemizes on a separate return, or you were a		 see inst	rs and ck here 🕨	39ъ	\mathbb{R}^{2}	
Standard	c Check if standard deduction includes real estate taxes or di	actor into Icon in	nemu line	::	396		
Deduction for —	—				0.50	40	69,485.
People who						41	759,769.
checked any box	41 Subtract line 40 from line 38		4	en in en	- 4: 4 4 4	(A) (E)	125,705.
on line 39a, 39b, or 39c or who	42. If line 38 is over \$119,975, or you provided housing to a Mid Otherwise, multiply \$3,500 by the total number of exemption	lwestem thspiace is claimed on line	ka inaryki NSA	rai, see instructions	, 	42	4,666.
can be claimed	43 Taxable income, Subiractine 42 from line 41,	la estátista est fáta	,0,0				': '' · · · · '
as a dependent,	If line 42 is more than line 41, enter -0-	<u> </u>			* * * .* * *	43	755,103.
see instructions.	44 Tax (see instre). Check if any tax is from: a	Form(s) 88	814				
All others:	b .	Form 4972	2			44	235,382.
	45 Alternative minimum tax (see instructions). Atta	ch Form 6251				45	
Single or Married	46 Add lines 44 and 45				بار خوال بران	40	235,382
filing separately, \$5,450	47 Foreign tex credit. Atlach Form 1116 if required						
Ψυ, που				1		14 A	
Married filling	48 Credit for child and dependent care expenses. Attach Form				_	有關	
jointly or Qualifying	49 Credit for the elderly or the disabled. Attach Sche			ļ			
widow(er),	50 Education credits. Attach Form 8863					77.3	
\$10,900	51 Retirement savings contributions credit. Attach Fo						
1	52. Child tax credit (see instructions). Attach Form 8901 if requir	ed :	52				
Head of household,	53 Credits from Form: a 8396 b 8839 c	5695	53	1		3	
\$8,000	54 Other cris from Form: a 3800 b 8801 c		54			300	
1 × × ×				 		55	
<u> </u>	55 Add lines 47 through 54. These are your total cre						55F.300
	56 Subtract line 55 from line 46. If line 55 is more tha						235;382.
	57 Self-employment tax. Attach Schedule SE			k garage e é		57	3,533.
Other	58 Unreported social security and Medicare tax from Form: a.	4137 b	<u> 1</u> 8919		1 4 P/A P	58.	
Taxes	59 Additional tax on IRAs, other qualitied retirement plans, etc.	Attaciı Form 5329	9 il requin	ei		59	
Ŧ	60 Additional taxes: a AEIC payments b Househo	old employment to	axes. All	ach Schedule H 🙃		60	·
٠.	61 Add ines 56-60. This is your total tax		4.4	<u> </u>	, , , 🛌	61	238,915.
Payments	62 Federal income lax withheld from Forms W-2 and	1099	62		,199.	194	
	63 2008 estimated tax payments and amount applied from 2007				,312.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
If you have a	64a Earned Income credit (EIC).						
qualitying child, attach	b Nontexable combat pay election > 64b		7.33			V. 1	
Schedule EIC.	65 Excess social security and tier 1 RRTA tax withheld (see inst	สองที่อัสต์ใ	85			15 P. 72	
[66 Additional child tax credit. Attach Form 8812			******			
	こび こうこう えいはむし しょうこうない 洗し せいほうしょう しんご						
	67 Amount paid with request for extension to file (see instruction	la la Tionne			<u>.</u>	25	
	68 Credits from Form: a 2439 b 4136 c 880			· · · · · · · · · · · · · · · · · · ·			
	69 First-time homebuyer credit. Attach Form 5405.						
	70 Recovery rebate credit (see worksheet)		70		0.		
	71 Add lines 62 through 70. These are your total payments	444466	<u> </u>	والمناف فالمناج والأرافي	▶	71	223,511.
Refund	72. If line 71 is more than line 61, subtract line 61 from line 71. To	ris is the amount	you ove	rpaid	<u></u> [72	
	73 a Amount of line 72 you want refunded to you. If Fo	in al 8888 mo	tached,	check here 🦂	. ▶ []	73 a	
Direct deposit? See instructions		≻ с Туре: ∫			avings	345	
and fill in 79b,	► d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXX					13.74	
73c, and 73d or	7.4 Amount of line 72 you want applied to your 2009 estimated		- 74		[
Form 8889,			است			77.	15,404.
Amount	75 Amount you owe. Subtract line 71 from line 61. For details of			ions		75	<u> 15,404.</u>
You Owe	76 Estimated lax penalty (see instructions)		76		1	<u> </u>	
Third Party	Do you want to allow another person to discuss this return with the II	RS (see instructio	ms)?	Y	es. Com	olete the fi	ollowing. X No
Designee	Designed's	Pho:			3,	orsonal ident umber (PIN)	ilication 🕨
	tening Notice panalities of medium, I declare that I have examined this return and e		dukes and	slatements, and to t			
Sign	Under panalties of perjury, I declare that I have examined this return and e helies, they are true, correct, and comptete, Declaration of properer (other t	han laxpayer) is ba	issa on ai	information of which	preparer ha	a any knowle	dge.
Here	Your signature	Date	Your or	cupation		Daytima p	yoya yawpai
Joint return? See instructions.	V	Į.	Tear	cher			
	Spouse's signature, if a jobit return, both must sign.	Dáte		в оссирабоп		-7 68 SE	
Keep a copy for your records.	Abrania a silinguist to a facility of the billion o	ļ	1.	cher		100	
io Jon tanaino	<u> </u>	Date	1+501	**************************************			SSN or PTIN
	Preparer's L	Dava	ļ		. 🗖	, repaiding	process of a sec-
Paid	Preparer's signature.			Check if self-employ	P	<u> </u>	
Prenarer's	Figure name Self-Prepared						
Use Only	(er yours if sulf-employed),	<u> </u>			EIN		
	eddress, and ZIP code				Раме по.		· · · · · · · · · · · · · · · · · · ·
 -							Form 1040 (2008)
							· · · · · · · · · · · · · · · · · · ·

SCHEDULE A (Form 1040)

Itemized Deductions

2008 2008

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1049. ► See Instructions for Schedule A (Form 1049). 2008

Name(a) shown on	Form 1	040		Your social security number
Bruce H I	Mann	& Elizabeth A Warren		
Medical		Caution. Do not include expenses reimbursed or paid by others.	156	· (4)
and Dental	1	the state of the s	1	
Expenses	2		34.49	
	3		3	70 A
	- 4	The state of the s		4
Taxes You	5	State and local (check only one box):		
Paid		a X Income texes, or	1.	1894
		b General sales taxes	5 39,6	03.3 / [名]]
	6	Real estate taxes (see instructions)	6 10,9	33. 2.6
(See	7	Personal properly taxes	7.	98.
instructions.)	8	Other taxes. List type and amount >	644	
	_		<u> 8 </u>	
	9	Add lines 5 through 8		. 9 49,644.
Interest You Paid	10		10	
100 Falu	11,	Home mortgage laterest 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,	JAN S	
		identifying number, and address ►		10° (5).
		پر سونشو اسر شونس بنواند کو نشو شون هو بند بندهه بند بنواند کو بنوند کو بند کو بنده هو شون بنواز که بند ایند. ا		
			11	
	12	Points not reported to you on Form 1058. See instra for spct rules	12.	
Note. Personal				
interest	13	Qualified mortgage insurance premiums (see instructions)	13	
is not	14	Investment interest. Attach Form 4952 if required.		
deductible.	40	(See Instri)	14	
material in		Add lines 10 through 14	e state to the state of the sta	15
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see trates	46	
If you made	17		16 23,9	91.7 ST
a gill and got a benefit	**	Officer than by cash or check. If any gift of \$250 or more, see instructions. You must atlach Form 8283 if		
for it, see		over \$500	17 2,5	73.
instructions.	18	Carryover from prior year	18	
	19	Add lines 16 through 18		26,534.
Casually and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684, (See instructions.)		20
***************************************	21	Unreimbursed employee expenses — job travel, union dues,	- NV (2)	28 - 20
		job education, etc. Attach Form 2106 or 2106 EZ. If	BANK .	
		required. (See Instructions.)		75.00
			21	
	22	Tax preparation fees	22	
(See		Other expenses - Investment, safe deposit box, etc. List	436 G	
Instructions.)	7			A Sept.
			23	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	24	Add fines 21 through 23	24	
	25	Enter amount from Form 1040, the 38 25	The state of the s	
	26	Multiply line 25 by 2% (.02)	26	
	27	man and the second of the seco		27
~	28	Other - from st in the instructions, List type and amount >		
Other Miscellaneous		and the second section and an extension of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section is a section of the second section is a second section of the second section is a section of the second section of the second section is a second section of the sec		
Deductions		— — — — — — — — — — — — — — — — — — — 		
Total	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if		
temized		married filing separately)?	:	
Daductions		No. Your deduction is not limited. Add the amounts in the far right for lines 4 through 28. Also, enter this amount on Form 1040	nt column	† †
		for lines 4 through 28. Also, enter this amount on Form 1040), line 40.	→ 20 69,485.
		X Yes. Your deduction may be limited. See instructions for the amount	_	44 X X X X X X X X X X X X X X X X X X
····	30	If you elect to itemize deductions even though they are less than your standard deduc	tlon, check here 🛌	· 数:零管管机等多级点。

Bruce H Mann & Elizabeth A Warren

Your social socurity number

		Schedule B — Interest and Ordinary Dividends		Attachmen Sequence	No. O	8
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 the instructions and list this interest itret. Also, show that buyer's social security number and address		,An	nount	
• • •		ING Direct	ľ		8,57	7.72
(See Instructions	i	Bank of America			11	8.69
for Form 1040, line 8a.)		Harvard University Employees Credit Union		1	2	8.81
one dail		First National Bank of Omaha	Ė		1.3	6.10
		Zions First National Bank			1,15	0.16
N. d. 1811-11		Diving 1100 American Dume				
Note: if you received a Form			1			
10SB-INT, Form 1099:O(D, or						
substitute statement from a brokerage				ļ .		
from a brokerage from Est the forme name as the payer				-		-
and enter the total interest shown on						
that form.						
						•
				-		
					-	
	_		2	97	2 : 61	1.48
	2	Add the amounts on line 1	-4	1 251	<u>, 7, 17, 1</u>	1,40
	.3	Allach Form 8815	3			
		Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	4	1	3,01	148
	Note	. If tine 4 is over \$1,500, you must complete Part IV.		Am	ount	
	5	List name of payer >			*, -	
Part II		IBM		<u> </u>	ι, 93 [.]	
Ordinary		Dreyfus			5.00	3.02
Dividends				<u></u>		
(See				<u></u>		
instructions for Form 1040,						
line 9a.)						
•						<u></u>
_						
Hote, Il you received a Form 1698-DIV or subsidiato etatement			5			
1898-DIV or substituto estement					<u> </u>	
nom a eroxerego Son ket iha Gen's				· · ·		
name as the payer and only the						·
name as the payer and order the ordinary dividence shows on that form.						
) 	.'	
				7. 3		
				':		
						· ·
	Ġ	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a	6	. 2	440	1.36
	Note	. If line 8 is over \$1,500, you must complete Part III.				
Part III Foreign	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) ha on account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	d a		Yes	No
Accounts	-					24
and	7 0	At any time during 2008, did you have an interest in or a signature or other authority over a financia in a foreign country, such as a bank account, securities account, or other anencial account? See in	SUTUÇU	លោទ		1.
Trusts		for exceptions and fling requirements for Form TD F 90-22.1.	• •		<u> </u>	X
(See	b	If 'Yes,' enter the name of the foreign country	- -	ب برد یو ۔		
instructions:)	Я	During 2008, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	y) tru	st?	i i	13
9 4 <u></u>	<u></u>	If Yes, you may have to file Form 3520. See instructions:			ليبيا	X

SCHEDULE C

(Form 1040).

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2002

Name of proprietor Elizabeth: A Warren A Principal business or profession, including product or service (see instructions) Consulting/Lecturing/Writing/Investing Consulting/Lecturing/Writing/Investing Educiness name. If no separate business name, leave blank. D Employer ID, number (EIN), If any Consulting address (including shifts or room nu.) Consulting method: (3) X Cash (2) Accordat (3) Other (specify)	Dapa	ulment of the Treasury not Revenue Service (99) Atta	Partner	ships, joint ventures,	, etc, g	enerally must file Form 1065 or 1065-	B.	Attectories No. 09
### Plant better before the production product cerebo (see instructions) B. Binder tools in production product cerebo (see instructions) B. Binder tools in production			cu to com	i iono, innoiste, or in	911		· · · · · · · · · · · · · · · · · · ·	
A Prince butwess reproducts, including product or service (per intendednee) Consult Flandy (N.E. St. Ling) / Trives £ Sing E Resistes of them (explained subjects name, lears bland) E Resistes of them (explained subjects name, lears bland) E Resistes of them (explained subjects name, lears bland) F According method: (1) Ling Clast 12 According (3) Other (specify) > F According method: (2) Ling Clast 2 According (3) Other (specify) > F According method: (3) Ling Clast 2 According (3) Ling Clast 3	171946					li i	Social Rect	alty number (SSN)
Consequence name. If as septemble services name, hereor black. E stations ordering characteristic services name, hereor black. F Accounting method: E station ordering characteristic services name, hereor black. F Accounting method: E station ordering characteristic services name, hereor black. F Life income I Gross receipts or safes. Caution. See the intercessions and shock this boay. It is provided or acquired this business during 2005, cheech there. F This income was responded by your on Form W-you and this Statutory employee' box on that form west checked, or competent of a quastified joint venture reporting only rental read estate information was reported by your on Form W-you and this Statutory employee' box on that form west checked, or competent fact. After sea individualists of the statutor of a quastified joint venture reporting only rental read estate inform means and allowances of a quastified joint venture reporting only rental read estate information in the statutor of the statutor of a quastified joint venture reporting only rental read estate information in the statutor of t	_							The first of the property and
E suchessame. If an expensive between name, here blank. E suches repetition delige of the previous of the pre	^							
Supplement post hilling states, and 28* over Cambbridge MA 0213 8	_				ng	, , , , , , , , , , , , , , , , , , ,		
Chipter create filles, use, and all roots F. Accounting method: (9) Close (2) Account (3) Olinhar (specify) F G. Did your materially participated in the operation of this business during 2006, feeds here H. If you sharted or acquired this business during 2006, feeds here Part I: (1) Close G. Till income 1 Gross receipts or school. Caution. See the instructions and check this box if. 9 Tills income was reported to you on Form Var and these this box if. 9 Tills income was reported to you on Form Var and the Section of the see of the control of the c	, 4	Manage Cours. N CO Seberate Manes	s name, Jesve	Diank		į. Į	Employ	er ID number (EIN), if any
F Accounting mathack (f)	E	Business address (including stille or ro	om nu.) 🟲			, , <u>, , , , , , , , , , , , , , , , , </u>	·. ····	
G Did you 'materially participate' in this operation of hijs business during 2009? If 'No,' see instructions for limit on icoses No No No No No No No N		City, town or post pilice, state, and ZiP	costo C	ambridge, MA	0213	8		
G bid you 'malarietly participeds' in-the operation of life business during 2009? If 'No,' oee instructions for timit on losses. Yes Ne If you alaried or acquired this business during 2008, check here Ne If you alaried or acquired this business during 2008, check here Ne If you alaried or acquired this business during 2008, check here Ne If you alaried or acquired this business during 2008, check here Ne If you alaried or acquired this business during 2008, check here Ne If you alaried or acquired this business during 2008, check here Ne If you alaried or acquired this business during 2008, check here Ne If you checked, or Ne If you checked to you or form when the check here Ne If you checked to you or form the last on the last of this business Ne If you checked to you have a check here Ne If you checked to you have a check here Ne If you checked to you have a check here Ne If you checked you must alter the business during 2008, it is not that checked you must alter the loss on line 1, see Individual Ne If you checked 32b, you must alter form 104 instructions). Ne If you checked 1 here Ne If you checked 1 here Ne If you checked 32b, you must alter Ne If you checked 1 here If you	F:	Accounting method: (1)	X Cash	(2) Accrual	(3)	Other (specify) >		
H. If you sland or explicit this business during 2008, check here Part 1	G	Did you 'malerially participate	' in the ope	eration of this business	durina	2008? If 'No.' see instructions for limit o	n losses	X Yes No
Part Income Conserved to x sales. Caution. See the instructions and check the box IT. This income was reported to you on Farm W-2 and the Statutory employee' box on that form was checked, or. * You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also sees instructions for limit on bases.	H							
1 Gross receipts or saries. Caution. See the instructions and check the box it: 1 This income was reported to you on Form W-2 and the 'Statetor' employee' box on that form wes a "You are a member of a qualified joint vesture reporting only rental real statist income not subject to self-employment tax. Also see instructions for limit on losses. 2 Returns and allowances 3 Subtract line 2 from Bire 1. 3 Q00,766. 4 Cool of goods sold (from line 42 on pagle 2). 5 Gross profit. Subtract line 4 from line 3 6 Cher Income, including federal and state gasoline or fuel tax credit or refund (see instructions). 6 Gross profit. Subtract line 6 from line 3 7 Gross Income. Add lines 5 and 6 Fair III-3 Exponses. Enter expenses for business use of your home only on line 30. 7 Gross Income. Add lines 5 and 6 Fair III-3 Exponses. Enter expenses for business use of your home only on line 30. 8 Advantising. 8 14 Pension and profit-sharing plans. 19 Coar and truck expenses. 10 Bensions and fees. 10 Pension and profit-sharing plans. 11 Pension and profit-sharing plans. 12 Returns the instructions). 12 Contract labor (see instructions). 13 Pension and specific in labor (see instructions). 14 3, 341. 15 Depreciption and section (12 2 2 Supples from Includid in Part III) (see instructions). 16 Contract labor (see instructions). 17 Employee bunnelit programs (other than on line 19). 18 Employee bunnelit programs (other than on line 19). 19 Employee bunnelit programs (other than on line 19). 19 Employee bunnelit programs (other than on line 19). 10 Employee bunnelit programs (other than nealth). 15 790. 26 Univer expenses (from line 48 on pagle 2). 27 Contract labor (see instructions). 28 Taxel and an intertalmment (see instructions). 29 138,834. 29 138,834. 20 Fenders or form 104, line 12, and Schedule SE, line 2 or on Form (104), line 12, and Schedule SE, line 2, or on Form (104), line 3. 29 138,834. 30 Expenses for bunders use of box on line 1, see linstructions). 29 138,1994. 29 138,1994. 29 138	Par	t I Income						
This income was reported to you on Form W-2 and the Statetory singloyee' box on that form was achested, you member of a qualified joint venture reporting only rintal rest estate income not subject to self-employment tax. Also see Instructions for first on bases. Returns and allowances. Returns and profits allowances. Returns and allowances. Returns and allowances. Returns and allowances. Returns and allow	_						1	1
checked, or "You'ere a member of a qualified join' venture reporting only rental real estate income not subject: 1 200,766. Refurms and allowances 2 Refurms and allowances 3 Subtract line 2 from size 1. Cost of goods sold from line 42 on page 2). 5 Gross profit. Subtract line 2 from size 1. Cost of goods sold from line 42 on page 2). 5 Gross profit. Subtract line 4 from line 3 Cost of goods sold from line 42 on page 2). 6 Other Income, Including federal and state gasoline or fuel tax credit or refund (see Instructions). 7 Gross Income. Add lines 5 and 6 Cost of goods sold from line 42 on page 2). 8 Advertising 8 18 Office expenses (see instructions). 19 Car and truck expenses (see instructions). 10 Commissions and fees 10 11 Contract labor (see finished line). 11 Contract labor (see finished line). 12 Depletion. 12 13 Depreciation and section 179 expenses definished in Part III). 25 Supplies front Individual in Part III). 26 Employee benefit programs (other than health). 15 7 790, 25 Utilities and interest in the subtractions). 26 Finished to part III). 27 Employee benefit programs (other than health). 15 18 Object see instructions). 28 Travel, meals, and entertalnment: 28 29 Labor (see instructions). 29 Car fact receives and fenses 10 10 Contract labor (see instructions). 20 Depletion. 12 21 Depreciation and section 179 expenses deduction (not included in Part III). 22 Supplies front Included in Part III). 23 Depreciation and section 190 (see instructions). 24 Travel, meals, and entertalnment: 28 25 Mages (less employment credits). 26 Wages (less employment credits). 27 Supplies profit or (loss), Subtract line 30 from line 7 28 Tentality profit or (loss), Subtract line 30 from line 7 29 Tentality profit or (loss), Subtract line 30 from line 7 29 Expenses for business use of your home. Ald hines 8 through 27 29 Expenses for business use of your home. Ald she fact line 30 from line 7 29 Fepalmace labor deviced the box on line 1, see instructions). Estates and fruits ent	1	 This income was reported to 	ion. See in o vou on F	ie instructions and cher orm W-2 and the State	ck the t	oox ii: nolovee' box on that form was	- 1	
to self-employment tax. Also see instructions for infit on losses. 1 200,766. 200,766. 3 200,766. 3 200,766. 3 200,766. 4 5 200,766. 5 5 200,766. 5 5 5 5 5 5 5 5 5		checked, or.					- 1	1
2 Subtract line 2 from fine 1		to self-employment tax. Also	rinioj belidi Izrofani ees	venture reporting only r lions for limit on losses	rental re	eal estate income not subject	7	4 200 266
3 Subfract line 2 from line 42 on page 2). 4 Cost of goods sold (from line 42 on page 2). 5 Gross profit. Subfract line 47 from line 3 6 Other Income, including federal and state gasoline or fuel tax credit or refund (see instructions). 7 Gross Income. Add lines 5 and 6 7 Gross Income. Add lines 5 and 6 7 Gross Income. Add lines 5 and 6 8 Advertising 8 A dispersion of the state of your home only on line 30. 9 Car and truck expenses for business use of your home only on line 30. 10 Commissions and fees 10 1 Subfract library (see instructions). 11 Confract labor (see instructions). 12 Depterson and profit sharing plans 13 Subfract labor (see instructions). 14 Subfract labor (see instructions). 15 Depterson and section 12 Supples (not included in Part III) 22 2, 0.653. 16 Depterson and section 179 explana deduction (not included in Part III) 22 1, 2.053. 179 explana deduction (not included in Part III) 22 1, 2.053. 18 Expenses benefit programs (other than health) 15 7.90. 19 Expenses for business use of lone. Add lines 8 through 27 2, 819. 19 Depterson of the state of th	2							
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1						(Albert State	31	131,921.
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# If you checked 32b, you must attach Form 6198. Your loss may be limited. 32b is not at risk. BAA For Paperwork Reduction Act Notice, see Form 1040 instructions. Schedule C (Form 1040) 2008								
BAA For Paperwork Reduction Act Notice, see Form 1049 instructions. Schedule C (Form 1040) 2008		♥ Ifnou checked 30h vou mus	t attach Fo	ırın 6198 Nourlass ma	ast his the	mited —	276	
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Sch	edule C (Form 1040) 2008 Elizabeth A Warren			Page 3
Par	Elli & Cost of Goods Sold (see Instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Cother (a	itach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If Yes, ettach explanation		<u>[</u>	Yes No.
35	finventory at beginning of year. If different from last year's closing inventory, attach explanation	.,	35	
36	Purchases less cost of items withdrawn for personal use	- , , 3	16	
37	Cost of labor. Do not include any amounts paid to yourself	- 3	17	
38	Materials and supplies	Γ		. <u></u>
39	Omencosts and a service of a se			
40	Add fines 35 through 39			
	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4			
	Information on Your Vehicle. Complete this part only if you are claiming car or truck expens required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file f			joi
43	When did you place your vehicle in service for business purposes? (month, day, year)	<u></u>	•	
	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle business b Commuting (see instructions) c Ott			
45	Was your vehicle available for personal use during off-duty hours?		· · · · · []	Yes No
46	Do you (or your spouse) have another vehicle available for personal use?	والمعارف	· • • • • []'	Yes No
	Do you have evidence to support your deduction?		· · · —	
	If Yes, is the evidence written?			Yes No
Pan	Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
Boo	ks, papers, professional journals	بحرجه لب م	· 	2,779.
Tur	botax	· ·····		40.
	م کا تعدید ساخت ساخت کا تعدید تعدید تعدید تعدید		 	
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-·: 	من ساس من شاه ه <mark>ی شاه ها ها من ساس ما ما ساس ما ما ساس ها ما ما ها ها ها ها شاه شاه ها ها ها ها ها ها ها ها من س</mark>	·———	-	
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- — — —	ا الله الله الله الله الله الله الله ال	· —. - · — ·	1.	, .
48	Total other expenses. Enter here and on page 1, line 27	48		2.819.

Schedule C (Farm 1040) 2008

SCHEDULE C

(Form 1940)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Depar	Iment of the Tressury. If Revenue Service (99)	► Partnersh	lps, joint ventures,	etc, generally must file Form 1065 1. *See Instructions for Schedu	or 1065-B.	ZUUO Attectment co
		tach to Form 1	uau, juaunn, driva	TSea Instructions for Schedu	, , , , , , , , , , , , , , , , , , , 	Sequence No. 09.
201110	of proprietor				- BOCIOI SECO	ud unioner (graft)
	Bruce H Mann	2 a - 14 a - 1	La Carlo de la Carlo de Carlo		D. Fater de	ula facui la de caltina
Ά	Principal business or profession, inc	NA CONTRACTOR OF THE PROPERTY		- •		ode from Instructions
	Consulting, Lect	uring. Wr	iting, Inves	Ling	<u>► 5419</u>	
C :	Business name, if no separate busin	iesa uswo, leave blo	mk.	•	D Employ	or ID number (EIN), II any
E	Business address finishiding switeror	roam na.)			* ~ ~ <u>~</u> ~ ~ ~ ~ ~ ~	ر ریاض میں میں میں میں کی کی در اس ب سے در اس
	City, fown or post office, state, and 2	⊈Poode Cat	mbridge, MA (02138		
F	Accounting method: (1)		(2) Accrual	(3) Other (specify) >		
G	Did you 'materially participa	ite" in the opera	tion of this business i	during 2008? If 'No,' see instructions	for limit on losses	X Yes No
H	If you started or acquired th	is business dur	ina 2008. check here	ren. Diange base e gipenere a an antantantan		
	t I 🐩 Income					<u> </u>
1:	Gross receipts of celes, Ca This income was reported checked, or	d to you on For	m W-2 and the 'Statu	k the box it: tory employee' box on that form was ental real estate income not subject	1	605.
						2
2				e a di e a a a a a di a a a a a e e e e e e e e e e e e e e		605.
3	Subtract line 2 from line 1.	e promise de di San				
4				era agai a la fara a la fara de l		
5	Gross profit, Subtract line.	4 from line 3				605.
6	Other Income, including fed (see instructions)	erel and state g	esoline or fuel tax cr	edit or refund	90 p. s. s. s. s. s. s	3
7	Gross Income. Add lines 5	and 6		<u> </u>	roa or 🗲 🗓	605.
Pař	Expenses, Ent					
8	Advertising			18 Office expense		1
			······	19 Pension and profil-sharing pla		
8	Cer and truck expenses (see instructions)	9		20 Rent of lease (see instruction	4	8
to	Commissions and fees			a Vehicles, machinery, and equ		. 2
		```  <del>``</del>		b Other business property		
11	Contract labor (see Instructions)	11		21 Repairs and maintenance		
40		<del></del>		22 Supplies (not included in Part		<del></del>
	Depletion	· · ·   · · ·	<del> </del>	7		<del></del>
13	Depreciation and section 179 expense deduction					
	(not included in Part III)			, , ,		
	(see instructions)	13		a Travel	_	a
14	Employee benefit programs (other than on line 19)			b Deductible meals and enterta (see instructions)	inment	, <u>, , , , , , , , , , , , , , , , , , </u>
			<del></del>			
	Insurance (other than health		<del></del>	25 Utilities	7.7	<del></del>
	Interest	370 mg		26. Wages (less employment cre-	ma) <u>20</u>	
	Mortgage (paid to banks, etc)	1		27 Other expenses (from line 48.		
	Other	16b		page 2).	27	566.
17	Legal & professional service		105.		## ## ## ## ## ## ## ## ## ## ## ## ##	· · · · · · · · · · · · · · · · · · ·
28	Total expenses before expenses	-			. , . , ► <u>28</u>	<del></del>
29	Tentative profit or (loss). Su		•	•	29	-66
	Expenses for business use	- · · ·		*****	, <u>30</u>	<u> </u>
31	Net profit or (loss). Subtrat	ct line 30 from li	ne 29.	_	İ	
	<ul> <li>If a profit, enter on both F 1040NR, line 13 (if you ched trusts, enter on Form 1041,</li> </ul>	sked the box on	12, and Schedule Si line 1, see Instruction	line 2 or on Form ns). Estates and	.,,, 31	-66.
	• If a loss, you must go to li	ne 32.		_1		
32	If you have a loss, check the	box that descri	ibes your investment	in this activity (see Instructions).	7	
	<ul> <li>If you checked 32a, enter 1840NR, line 13 (if you checon Form 1941, line 3.</li> </ul>	the loss on boll ked the box on	n Form 1040, line 12 line 1, see the line 3	, and Schedule SE, line 2, or on For 1 instructions). Estates and trusts, en	m ler32	<b>-</b>
	<ul> <li>If you checked 32b, you n</li> </ul>	iust allach Feri	m 6198. Your loss ma	ry be limited.	32	b Some investment is not at risk.

_	edule C (Form 1040) 2008 Bruce H. Mann			Page.
1	t III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attack	expla	ination)	
34	If Yes, allach explanation	- 1		s 🔲 No
35	Inventory at beginning of year. If different from fast year's closing inventory, attach explanation	35		<u> </u>
36	Purchases less cost of items withdrawn for personal use	36		<del></del>
37	Cost of labor. Do not include any amounts paid to yourself	37	<u> </u>	
-38	Materials and supplies	. 38	<u> </u>	
39	Other costs.			:-
40	Add lines 35 through 39		<u>}</u>	
41	Inventory at end of year	$\overline{}$		<del>-:</del>
	Cost of goods sold. Subtract line 41 from line 40: Enter the result here and on page 1, line 4			
Par	Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses of required to file Form 4562 for this business. See the instructions for line 13 to find out If you must life Form	n line : 4562.	9 and are not	
43	When did you place your vehicle in service for business purposes? (month, day, year)			
	Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle to Business b Commuting (see instructions) c Other			, - <del>-</del>
45	Was your vehicle available for personal use during off-duty hours?			
46	Do you (or your spouse) have another vehicle available for personal use?		· · · [] Yes	∏ No
47a	Do you have evidence to support your deduction?	• • •	∴ . ∐Yes	No
b	If 'Yes' is the evidence written?		Tyes	∏No
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.		1.455	<u> </u>
P <u>ro</u>	fessional Dues			511.
Pro	fessional Journals, Books			55.
-,		`		<del> '</del>
- <del></del>	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>			
				<del></del> ,
			•	
48 '	Total other expenses. Enter here and on page 1, line 27			566.
	· S	chedu	le C (Form 104	0).2008

### SCHEDULE D

(Form 1040)

Capital Gains and Losses

2008

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

(98)

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

- Use Schedule D-1 to list additional transactions for lines 1 and 8.

Albechment Sequence No. 12

Schedule D (Form 1040) 2008

Bruce H Mann & Elizabeth	A Warren				
Part L Short-Term Capital G	ains and Loss	es — Assets H	eld One Year or	Less	
(a) Description of property (Example) 100 shares XYZ Co)	(b) Date acquire (Mo. day, yr)	d (C) Date sold (Me, day, yr)	(d) Sales pice (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·					
	.]		<b>.</b>		
· · · · · · · · · · · · · · · · · · ·			=- ·	1	
			·	<u>"</u>	<u> </u>
		f i		i e	
				<u> </u>	<del>                                     </del>
2 Enter your short-term totals, if any, fro		-0 0		(Resolution of the Australia	
		<del> </del>		TO SEE TO LESS SHOW	
3 Total short-term sales price amount column (d)	المعاومة والأواف	<u>3</u>			
4 Short-term gein from Form 6252 and s	hort-term gain or (l	ess) from Forms 40	984, 6781, end 8824	4	
5 Net short-term gain or (loss) from part					<del></del>
6 Short-term capital loss carryover. Ente Worksheet in the instructions					1.
7 Net short-term capital gain or (loss),	Combine lines 1 th	rough 6 in column	(5)	· · · · · · · · · · · · · · · · · · ·	
Part II Long-Term Capital Ga	ins and Losse	s — Assets He	id More Than O	ne Year	
(R) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(C) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(0) Cost or other basis (coo instructions)	(f) Gain or (loss) Subtract (o) from (d)
8 Sentinel Investments			<del>ii</del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
Sentinel Investments	various	11/20/08	87,224.09	224,142.35	-136;918.26
Sencinel Invasiments	various	11/20/08	63,935.22	144,234,39	-B0,299.17
The state of the s		<u> </u>		<del></del>	
		!			
9 Enter your long-term totals, if any, from	Schodula D.4. lina	99			
10 Total long-term sales price amounts.	- :	, <u> </u>			
column (d)	. Aud mes dend 9	10	151,159.		
11 Gain from Form 4797; Part I; long-term Forms 4684, 6781, and 8824	gain from Forms 24	139 and 6252; and	long-term gain or (los	is) from	
12 Net long-term gain or (loss) from partne			·		
	•				- ( 4.
13 Capital gain distributions. See Instra-					
4. Long-term capital loss carryover. Enter Worksheet in the instructions	the amount, if any,	from line 15 of you	r Capital Loss Carry	over	
5 Net long-term capital gain or (loss). C	ombine lines 8 thro	ugh 14 la column (	f). Then go to Part III	ол 15	-217,217.

BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR Instructions.

Schedule D (Form 1040) 2008

### SCHEDULE E

(Form 1040)

Oppartment of the Treasury Inscried Revenue Service Name(s) station on return (99)

Supplemental Income and Loss (From rental real estate, royaltles, partnerships, S corporations, estates, trusts, REMICs, etc) Attach to Form 1040, 1040NR, or Form 1041. See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2008

Attachment Sequence No. 13

	uce H Mann & Elizabeth A	Warre	<b>217</b>			ľ	COUR SUCIAL:	iecuńty n	ilipei.	
	rt I Income or Loss From Re			valties Note. If y	ou are in the	business of rent	no persona	l aronerty.	. USB	
	Schedule G or C-EZ (see Instructions).	If you are	an individual, report farm rest	el income or loss from	Form 4835 o	n page 2, Me 40	ii9 L—aaur	. Imakariji	,	
_1	List the type and address of each renta	il real es	state property:		2 F0	r each reptal rea	estale	<del></del>	Yes	No
Α	property listed				perty listed on li your family use i	ne 1, did yo Ldevian dia	u 🖵		T	
	tax vear for ger					vear for gerson	el numoses	A	1	<u>L.</u>
В	<u> </u>		۔ ب سے بیان کے ساتھ کو سے بعد قو		lor for	more than the g 14 days, or	realer of:	T.		
			·		_  •'	10% of the total o	lays	В	<u> </u>	<u> </u>
¢	<u> </u>	<del></del>		<del></del>		ented at lay ren	al value?		1	
	<u> </u>		- : <u></u>	<del> </del>	1 121	e instructions.)		C	<u> </u>	<u></u>
lnc	ome:		<del></del>	Properties		-		Total		
3	Rents received.	3.	Α	В	4	C	(Add co	lomns A	, B, an	d C.)
4	Royalties received		872.				3		· .	i Sin
	penses:	1-1	9/4.		-		4			72.
.5	Advertising	5			1					
Ğ	Auto and travel (see instructions)		-		<del> </del>		13.68			
7	Cleaning and maintenance	7			·		- 1, 2			
8	Commissions	8	10.71.21.4	· · · · · · · · · · · · · · · · · · ·	1 :					
9.	Insurance	8				· · · · · · · · ·				
10.	Legal and other professional fees	10								
11	Management fees	11					2			
12	Mortgage Interest paid to banks, etc (see instructions)	1			1	Ī	A DESTRUCTION OF THE PERSON OF			
40	Other interest				.f		12		<del></del>	
14		13								
15	Supplies	15	····················		<del> </del>	······································				
16	Taxes	16			ļ					
17	Utilities	17				<del></del> [	\$3			
18	Other (list) ►			· · · · · · · · · · · · · · · · · · ·		·····				
		7 F		····	<del> </del>		13 45			
		] [					Salver Salver			
				3.1						
		_   _		•••						
	- <del> </del>	J _		· · · · · · · · · · · · · · · · · · ·	<u> </u>					
	والموالمة الموالمة المورات المارات الم	18	· · · · · · · · · · · · · · · · · · ·							
·		-					41.6			
	. The control of the	┨ ┡	<del></del>	<del></del>			Y.			
	ر ب به سب مع هم هم به بازد سب سب سب سب سب سب به ا	1		<del></del>			200			
	· <del></del>									
	Add lines,5 through 18	19				<del></del> ;	19			
20	Depreciation expense or depletion					<u> </u>				_
	(see instructions)	20	131,				20		13	31,.
	Total expenses. Add lines 19 and 20	21	131.				33			
	Income or (loss) from realal real estate or royally properties. Subtract line 21 from line 3			·		<b>(</b> )				
	(rents) or line 4 (royalties). If the result is a	1 1				i".				
	(loss), see instructions to find out if you must	1					<u> </u>			
•	file Form 6188	22	741.	<del>-</del>	;	······································	53			
23	Deductible rental real estate loss: Caution, Your rental real estate loss on line 22	1 1								
	may be limited: See Instructions to find out if you		,				÷.			
	must file Form 8582. Real estate professionals must complete fine 43 on page 2	23	ŀ	[		Ž.	<u> </u>			
	income. Add positive amounts shown on I		lo not include any loces				4		77.4	1.
25	Losses. Add royally losses from line 22 at	rd rentel	real estate losses from I	ine 23. Enter total I	osses hére	و ا	5			<u>+</u> ,
	Total renial real estate and royalty income or (fo	. "				· • • • • • • • • • • • • • • • • • • •	<del>-</del>	·· · · · ·		<del></del>
- 1	result here. If Paris A. III. IV. and line 40 on page 2 (	מסב ומח מו	ly to you, also enter this			1	1			
i	emount on Form 1040, line 17, or Form 1040NR, lin in the total on line 41 on page 2	s Io Oth	www.se, include this amount		1 4 4 2 3		5		74	a'
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				21-4					

Name of person with self-employment Income (as shown on Form 1040)

Elizabeth A Warren

Social security number of person

AXIZADECH A MAXIZEN	ing sen enthoyinesicatorile.		
Section B — Long Schedule SE			
Part I Self-Employment Tax	<del></del>	<del>. ·</del>	
Note. If your only income subject to self-employment tax is church employee income from services you performed as a minister or a member of a religio	ome, skip lines I through 4b. Ente	r-0- on line (	ic and go to Instructions.
A If you are a minister, member of a religious order, or Christian Science practi or more of other net earnings from self-employment, check here and continu	Hoper and you filled Form 4361 by	il veni bad CA	ena.
1 a Net (arm profit or (loss) from Schedule F, line 36, and farm partnerships, Sch 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (s	edule K-1 (Fórm 1065), box see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amoi Program payments included on Schedule F, line 6b, or listed on Schedule K- code X.		, 16	
Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule code A (other than farming); and Schedule K-1 (Form 1085-8), box 9, code J religious orders, see instructions for types of income to report on this line. Se income to report. Note, Skip this line if you use the nonfarm optional method.	1 Ministers and conscious of	. 2	131,921.
3 Combine fines 1a, 1b and 2	The state of the s	3	131,921.
·			
4 a If line 3 is more than zero, multiply line 3 by 92,35% (.9235). Otherwise, enter			121,829.
b If you elect one or both of the optional methods, enter the total of lines 15 and	17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop: you do not owe self-employ Exception. If less than \$400 and you had church employee income, enter-	ment lax. 0- and continue	- 4c	121,829.
5 a Enter your church employee income from Form W-2. See the instructions for definition of church employee income			<del></del>
b Mulliply line 5a by 92.35% (.9235). If less than \$100, enter -0-		56	0.
6 Net earnings from self-employment, Add lines 4c and 5b		6	121,829.
7 Maximum amount of combined wages and self-employment earnings subject the 6.2% portion of the 7.65% railroad retirement (fier 1) tax for 2008	o social security lax or	. 7	102,000.
8 à Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and refroad refrement (tier 1) compensation. If \$102,000 or more, skip lines 8b through 10, and go to line 11			202/000
b Unreported tips subject to social security tax (from Form 4137, line 10)			
c Wages subject to social security lax (from Form 8919, line 10)	8c	7 7	
d Add liges 8a, 8b, and 8c		. <u>8</u> d	
9 Subtract line 8d from line 7, if zero or less, enter-0-here and on line 10 and go		9	
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)		- 10	<del></del>
11 Multiply line 6 by 2,9% (.029)		11	3,533.
12 Self-employment tax, Add lines 10 and 11, Enter here and on Form 1040, lin	ì	12	3,533.
13 Deduction for one-half of self-amployment tax. Mulliply line 12 by 50% (.5). Enter the result here and on Form 1640, line 27	13 1,767.		
Part II Optional Methods To Figure Net Earnings (see instruction		<u>-1</u>	
Farm Optional Method. You may use this method only if (a) your gross farm income \$6,300 or (b) your net farm profits; were less than \$4,548.	a(1) was not more than		_
14 Maximum income for optional methods		. 14	4,200.
15 Enter the smaller of: two-thirds (2/3) of gross farm income(1) (not less than zero include this amount on line 4b above	o) or \$4,200. Also,		
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm pr \$4,548 and also less than 72.189% of your gross nonfarm income(4) and (b) you had self-employment of at least \$400 in 2 of the prior 3 years,	rofitera were less than		<del></del>
Caution. You may use this method no more than five times.			
46 Subtract line 15 from line 14		16	<del></del>
17 Enter the smaller of two-thirds (2/3) of gross nonfarm income(4) (not less than line 16. Also include this amount on line 4b above	zero) or the amount on	17	
to the published to the list and because to a second of the property of the list.	التراكي متحيم والارام متعاديها	4	- 1.0

- (1) From Schedule F, line 11, and Schedule K-1 (Form 1065), box 14, code B.
   (2) From Schedule F, line 36, and Schedule K-1 (Form 1065), box 14, code A manus the amount you would have entered on line 1b had you not used the optional method.
- (3) From Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A; and Schedule K-1 (Form 1065-B), box 9, code J1.
- (4) From Schedule C. line 7; Schedule C-EZ, line 1; Schedule K-1 (Form 1085); box 14, code C; and Schedule K-1 (Form 1065-B), box 9; code J2.

### En. 8829

### Expenses for Business Use of Your Home

File only with Schedule C (Form 1940).
Use a separate Form 8829 for each home you used for business during the year.
See separate instructions.

CMS No. 1545-0074

2008

Copariment of the Treasury Internal Revenue Service

(99)

Attachment Sequence No. 66 Name(s) of proprietor(s) Your sucial security number Elizabeth A Warren Part I Part of Your Home Used for Business Consulting/Lecturing/Writing/Investing Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) i. 360 2 Total érea of home 2 3,100 3 11.61 % For daycare facilities not used exclusively for business go to line 4. All others go to line 7. 4 Multiply days used for daycare during year by hours used per day 5 Total hours available for use during the year (366 days x 24 hours) (see instructions) 5 8.784 br Divide line 4 by line 5. Enter the result as a decimal amount Business percentage. For daycare facilities not used exclusively for business, multiply line 5 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 7 11.61 % Part II Figure Your Allowable Deduction Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions. В 138,894. (a) Direct expenses See insirs for columns (a) and (b) before completing lines 9-21. (b) indirect expenses 9 9 10 Deductible mortgage interest (see instructions) . . . 10 Real estate taxes (see instructions). . . . . . . . . 11 11 11,917. 12 11,917. **美华基金的**对数据20 13 17 1,384 14 Add line 12, column (a) and line 13 新了**是一种的**可能被发 1,384. 14 The second of th 1 15 Subtract line 14 from line 8. If zero or less, enter 4 15 137,510. Excess mortgage interest (see instructions). . . . . 16 Insurance 17 17 2,777. 18 Rent 18 Repairs and maintenance ...... 19 19 1,030. 5,723. 20 20 7,947. Other expenses (see Instrs) 21 16.447 Multiply line 22, column (b) by line 7 23 1,909. 24 Carryover of operating expenses from 2007 Form 8829, line 42. 25 2,939. Allowable operating expenses. Enter the smaller of line 15 or line 25 26 26 2.939. 27 Limit on excess casualty losses and depreciation, Subtract fine 26 from line 15 . . . 27 134,571. Excess casually losses (see instructions). Depreciation of your home from line 41 tielow. Carryover of excess casualty losses and depreciation from 2007 Form 8929, fire 43 30 Add lines 28 through 30 31 2,650. Allowable excess casualty losses and depreciation. Enler the smaller of line 27 of line 31 2,650. Add lines 14, 26, and 32 33 6,973. 34 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. 35 6,973. Depreciation of Your Home 36 Enter the smaller of your frame's adjusted trasts or its fair market value (see instructions) 36 465,000. 37 100,000. 38 365,000. 39 39 42,377. 4n Depreciation percentage (see instructions) 40 2.5641 % 41 2,650. Part IV Carryover of Unallowed Expenses to 2009

43 Excess casually losses and depreciation. Subtract line 32 from line 31, If less than zero, enter-0-....

43

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Ó.

### Form 4562

Department of the Treesury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. - Attach to your tax return.

ONB No. 1545-0172

2008

Allachment Sequence No. 67

Name(s) shown on return Idontilying number Bruce H Mann & Elizabeth A Warren Bushess or activity to which this form relates

Sc.	h C Consulting/Le	cturing/Wri	ting/Investing					
Pa	rt   Election To Ex Note: If you have a	pense Certain ny fisied property,	Property Under S	ection 179 ou complete Pai	t.L.			
1	Maximum amount. See the	instructions for a l	nigher limit for certain bu	sinesses	ng minima di mana		1	\$250,000
2	Total cost of section 179 p	ropedy placed in se	eivice (see instructions)				. 2	10,509.
3	Threshold cost of section 1						. 3	\$800,000
4	Reduction in limitation. Sul		4	0.				
.5	Dollar limitation for tax yea separately, see instruction	r. Sübtract line 4 fm	om line 1: If zero or less.	entec-0- If man	anilit hat		5	250,000.
6		l) Description of property		(b) Cost (busin		(C) Elected c	ost	Barrell State
G.	lass for office				7,650.	7,	650.	1 3 3 3 3 3 3 3
St	e Additional Section 179 Pr	operly Statement					859.	
7	Listed property. Enter the a	gnount from line 29			7		<del></del>	
8	Total elected cost of section	n 179 property. Add	d amounts in column (c),	lines 6 and 7		9	. 8	10,509.
9.	Tentative deduction. Enter	the emaller of line	5 or line 8				. 9	10,509.
10	Carryover of disallowed de	duction from line 13	of your 2007 Form 456	2	4 4 - 4	حجيج فيجومين	- 10	
11	Business Income limitation.	. Enter the smaller o	of business income (not	less than zero) o	r line 5 (sea	instrs)	11	250,000.
12	Section 179 expense dedu	ction. Add lines 9 a	nd 10, but do not enter n	nore than line 11	* * <u>* * * *</u>	<u> </u>	. 12	10,509.
13	Carryover of disallowed de-				. ► 13	· · · · · · · · · · · · · · · · · · ·	0.	医骨髓性医肠炎 發展
	Do not use Part II or Part I							
Par	t II Special Deprec	iation Allowan	ce and Other Depi	reciation (Do	not include	listed property.)	(See ii	istructions.)
14	Special depredation allowatax year (see Instructions)	nce for qualified pr	perfy (other than listed	property) placed	in service d	lunng the	. 14	
15	Property subject to section	168(f)(1) election .					. 16	
16	Other depreciation (including						16	· · · · · · · · · · · · · · · · · · ·
Par	till MACRS Depre	ciation (Do not i	clude listed property.) (	See instructions)			<u>-1 33-11</u>	
			Secti		<del> </del>			÷.
17	MACRS deductions for ass	ets placed in service					17	2,650.
			•				1	r No.
18	If you are electing to group asset accounts, check here	any assets placed t	n service during line tax ;	year into one or i	nore gener	aj. <b>&gt;</b> ∏		
,,,,,,,,,,,	Section B	- Assets Placed i	n Service During 2008				Syster	n
	(a) Classification of property	(b) Month end year places In service	(C) Basis for depreciation  business/investment use  coly — see instructions	(d) Recovery period	Conventi	on Method	.	(11) Depreciation deduction
19 a	3-year property							
ь	5-year property				1		•	
c	7-year property							
	10-year property				1			
	15-year property		· · · · · · · · · · · · · · · · · · ·	, . ,				
	20-year property		···········	· · · · · · · · · · · · · · · · · · ·	1			
	25-year property			25 yrs	-[	8/1		<del></del>
	Residential rental	75,534,64,545.5 #42.44, 4			100			<del></del>
	properly			27.5 yrs	MM	S/L		-
	· · · · · · · · · · · · · · · · · · ·			27.5 yrs	MM.	S/L		<del></del>
	Nonresidential real property	<del></del>	·	39 yrs	MM	S/L	<del></del>	
				4 .	MM	S/L		
		Assets Placed in	Service During 2008 Ta	x Year Using th	e Alternati			m
	Class life	學是經濟學			<b></b>	S/L		
	12-year:	Zarthania .	· · · · · · · · · · · · · · · · · · ·	12 yrs	ļ	S/L		**
	40-year			40 yrs	MM	S/L		
	IV Summary (See Int							
	Listed property, Enler amour						21	
22	Total. Add amounts from line 12, il the appropriate lines of your return	nes 14 through 17, lines	<b>19 and 20 in column (g), and</b>	tipe 21. Enter here	and on			<u> </u>
	the apprepriate lines of your return For essets shown above and the norther of the basis sittle				<u></u>		22	13,159.
	the norther of the basic attrib	utable to rection 76	34 costs	11191	no l		15.1	

### Form 8283

(Rev December 2005)

Department of the Treasury Internal Revenue Service

**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. 1545-0906

Allachment 155 ldentifying number

Nome(s) shown on your income tex return

Bruce H Mann & Elizabeth A Warren

Note: Fig	gure the amount	of your cont	ribution deduc	lion before com	oleling this form.	See your tax return in	structions.
_ , ,,,	Mr. Steel Co. 1		- 4				

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

			e than \$5,000 (see instruct)						
P	art 🗔 Informat	ion on Donated	Property - If you nee	i more	space, altaci	i a statemant.			
!	·	(a) Name and ad donee organ			(For a	(b) Description denoted vehicle, enter the and attach F	n of donated property year, make, madel, condition orn 1888-Cil required,)	/ m, and mileage.	
A	American Fr 5 Longfello Cambridge	iends Servic w Park	e MA 021	38	Clothing		Accessories		
В				<del></del>		<del></del>			
C									
D					*				Ţ
E			··						•
Not	e: If the amount you	l claimed as a deduc	ction for an Item is \$500 or i	855. yc	ou do not have	to complete column	as (d), (e), and (f).		
	C) Date of the contribution	(d) Oals acquired by doner (mo., yr)	(e) How acquired by derior		instead pluste house exist on	(g) Feirmarket velue (see instructions)	(h) Method used to dimerkel	elemble the fair value	:
	07/01/2008				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,573.	Comparative	sales	* <del></del>
В		4						· · · · · · · · · · · · · · · · · · ·	
C		<del></del>			<del></del>			<del></del>	<del></del>
E	<del></del>	<del> </del>					•		<del></del>
ý	a property its fisted in Part	ited în Part I. Comple I; also altach ine rec	stricted Use Property see lines 3a through 3c if co quired statement (see instru	ndillon clions)	s were placed ,	on a contribution			
2			es the property for which yo			entire interest		, " <b>»</b>	·
			erly, attach a separate stat						
	p i omi amonut ciak	neo as a deduction i	or the property listed in Par	t:1;		is lax year		<del></del>	<del></del> •
	فالمستجولة للمائش	وما والمالية الأوال أمال	se address to a company of the		• •	y prior tax yeara			<del></del> :
	the donce organiz	s or each organization above):	on to which any such contri	nnoù ,	was maqa in a	i briot Aèar (coumaen	e only il dillerent from	ì	
	Namé ot charitage chite	nization (dones)							
	Address (sumber, street	L and room or suite no.)				· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del> -
	City or town					······································	State ZIP	coda	<del>,</del>
	d For langible property,	enter the place where the	e property is located or kept 🕒						
•	e Name of any pers	on, other then dones	organization, having actua	posse	ssion of the p	roperty >			_
			<del></del>				· · · · · · · · · · · · · · · · · · ·	Yes	No
			or permanent, on the donee						
1	b Did you give to an zation in cooperati including the right having such incom	yone (offier than the ye fundralsing) the ri to vote donated sect he nossession, or rio	donee organization or anot ight to the income from the unites, to acquire the proper int to acquire?	her ong Jonate Ly by p	panization part d properly or i urchase or oil	icipating with the do to the possession of herwise, or to design	nee organi- the property, late the person		
. (	c is there a restriction	n limiting the donate	d property for a particular u	se?	* * * * * * *	<u> </u>	• • • • • • • • • • • • • • • • • • •		



### 2008 Form 1 MA0800111030 Massachusetts Resident Income Tax Return FORFULL YEAR RESIDENTS ONLY

For the year January 1 — December 31, 2008 or other laxable year

Beginning Ending

BRUCE. H MANN ELIZABETH WARREN MA 02138 CAMBRIDGE Nametador chipd since 2007 TP decessed Scouse decoased Check if veteran of U.S, armed forces who served in Operation Enduring Freedom, Iraqi Fraesom or Noble Eagle You 🕶 Spouse \$ 2 X \$1 Yeu X \$1 Spouse, if sting jointly. TOTAL -State Election Campaign Fund: Check if noncustodial parent Check if fling Schedule TDS Check if under age 18 You -Spouse > X Married filling Joint return Married filing saparate return 1 Filling status (select one only): Head of household 2 Exemptions: 8800 a Personal exemptions 0 x \$1.000 = bb No. of dependents. (Do not include yourself or your spouse.) Enter no. 0 x \$700 =c c Age 65 or over before 2009 You & Spouse = 🟲 0 x \$2,200 =d d Blindness You+ Spouse = -0 0 0 2 Adoption ► 1+2=e e 1 Medicalidenial 8800 f Total exemptions. Add lines 2a through 2e. Enter here and on line 18 21 688974 3 3 Wages, salaries, tips 0 4 Taxable pensions and annuities 4 O 5 MA bank interestra - b exemption 5 131855 6. 6 Business/profession or farm income or loss 741 7 Rental, royalty and REMIC, partnership, S corporation, trust income/loss: 7 ٥ 8a Ba Unemployment: 0 b b Massachusetts lottery winnings: 0 9 Other Income from Schedule X, line 5 . 9 821570 18 TOTAL 5.3% INCOME 10 SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete. Spouse's signature (If filling faintly) Date Your signature (Hás may delay your reimu) I do not want preparer to like my return electronically May the Department of Revenue discuss this return with the preparer shown here? Yes Check if well-scholoved Paid preparer's SSN Bala Print paid proparer's name Peid preparer's phone Pald proparer's EIN Paid preparar's signaturo

SELF-PREPARED



### 2008 Form 1, Page 2 MA0800121030 Massachusetts Resident Income Tax Return

11:	Amount paid to Social Security, Medicare, Rathoad, U.S. or Massachusetts Rathement	*	-11a	2000
	Amount your spouse paid to Social Security, Medicare, Ratiroad, U.S. or Massachusetts Retir	ement 😁	11 h	2000
12	Child under age 13, or disabled dependent/spouse care expenses	₽-	12	Ó
13	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31(08, or disabled dependent(s)			
	Not more than two a	x \$3,600 = >	13:	0.
14	Renfal deduction a > 0	+2=+	14	D)
15	Other deductions from Schedule Y, line 16	•	15.	0
16	Total deductions. Add lines 11 through 15	•	16	4000
17	5:3% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than 10'		17	817570
18	Exemption amount		18	8800
19	5.3% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than '0'		19	808770
20	INTEREST AND DIVIDEND INCOME	•	20	10451
21	TOTAL TAXABLE 5.3% INCOME, Add lines 19 and 20		.21	819221
22	TAX ON 5,3% INCOME. Note: If choosing the optional 5.85% tax rate, check and multiply line 21 and the			
	amount in Schedule D, line 28 by .0585		22	43419
23	12% INCOME. Not less than '0' a ► 0	x .12 =	23	Q
.24	TAX ON LONG-TERM CAPITAL GAINS. Not less than D'. Check if filing Schedule D-IS	` <b>.</b>	24	Ω
	Check if any excess exemptions were used in calculating lines 20, 23 or 24		•	
25	Credit recoptions amount. BC EOA LIH HR	<b>.</b>	25	Ó
26	If you quality for No Tax Status, check box and enter 0' on line 27			
27	TOTAL INCOME TAX. Add lines 22 through 25	4	27	43419
28	Limited Income Credit	<b>.</b>	28	0
29	Other credits from Schedule Z, line 15	-	29	0
30	Total credits. Add lines 28 and 29		30	0
31	INCOME TAX AFTER CREDITS, Subtract line 30 from line 27. Not less than '0'		31	43419



## 2008 Form 1, Page 3 MA0800131030 Massachusetts Resident Income Tax Return

32	Voluntery Contributions:			
	a Endangered Wildlife Conservo	-	32 a	0
	b:Organ Transplant Fund	· <b>&gt;</b> .	32 b	
	c Massachusetts AIDS Fund		32c	<u>Q</u>
	d Massachusetts U.S. Olympic Fund	<b>&gt;</b>	32d	Q:
	e Massachusetts Military Family Relief Fund	<b>)</b>	32e	
	Total, Add knes 32a through 32e		32	.0
33	Use tax due on out-of-state purchases, if no use tax due enter '0'		33	.0.
34	Health care penalty a You ► to Spouse-	8 + b=	34	
35	INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 31 through 33		35	43419
36	Massachusetts income tax withheld	<b>&gt;</b> -	36	35839
37	2007 overpayment applied to your 2008 estimated tax	<b>&gt;</b>	37.	0
38	2008 Massechusells estimated tax payments	► 1	38	0
39	Payments made with extension	Ĭ <del>.</del>	39	0
40	Earned Income Credit a Number of qualifying children . Amount from U.S. return . 0	x.15 = >=	40.	0
41	Senior Circuit Breaker Credit	<b>&gt;</b>	41	Q:
42	Refundable Film Credit	<b>P</b> *:	42	
43	TOTAL. Add lines 36 through 42		43	3583.9
44	Overpayment. Subtract line 35 from line 43	-	44	0
45	Amount of overpayment you want applied to your 2009 estimated tax	<b>*</b>	45	0
45	Refund. Subtract fine 45 from line 44. Mail to: Massachusetts DOR; PO Box 7001, Boston, MA 02204	•	46	0
	Direct deposit of refund. Type of acot: - checking serings			
ı	Routing No. > Account No. >			
47	Tax due. Mail to: Massachusetts DOR, PO Box 7002, Boston, MA 02204 Interest ► 0 Penalty ► 0 M-2210 amt ► 0	<b>₽</b>	47	7580 EX enclose Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



### 2008 Schedule B MA0801011030

BI	RUCE H	MANN			
Part	1. Interest and Dividend Inc	come			
1	Total interest income			1	10011
2	Total ordinary dividends			2	2440
3	Other interest and dividends not	included above		· <b>3</b>	
4	Total interest and dividends			.4	12451
5	Total Interest from Massachusett	is banks		5	
6:	Other interest and dividends to b	e excluded		6	
7	Subtotal			7.	12451
8	Allowable deductions from your t	trade or business		8.	
-9	Subtotal			∴ <b>0</b> .	12451
	2. Short-Term Capital Gain	s/Losses and Long-	Ferm Gains on Collectibles		
10	Short-term capital galos			10	
11	Long-term capital gains on collec-	clibles and pre-1996 insta	lment sales	11	
12	Gain on the sale, exchange or in held for one year or less	voluniary conversion of p	roperty used in a trade or business and	12	
13	Add lines 10 through 12			13	
14	Allowable deductions from your t	rade or businëss		:14	
15	Subtotal			1,5	
16	Short-term capital losses			16	
17	Loss on the sale, exchange or in- held for one year or less	voluntary conversion of p	roperty used in a trade or business and	17	
18		or years beginning after 1	981	18 🖖	
19	Combine lines 15 through 18	- ; -		19	
20	Short-term losses applied agains	it interest and dividends		20	



### 2008 Schedule B, page 2 MA0801021030

В	RUCE H	MANN		
21	Available short-term losses		21	
22	Short-term losses applied agains	t long-lerm gains	22	
23	Short-term losses available for ca		23	
24	Short-term gains and long-term g		24	
25	Long-term losses applied agains		25	
26	Subtotal.	· · · · · · · · · · · · · · · · · · ·	26	
27	Long-term gains deduction		27	
28	Short-term gains after long-term	gains deduction	28	
Part:	3 Adjusted Gross Interest.	Dividends, Short-Term Capit	al Gains and Long-Term Gains on Colle	ctibles
29	Enter the amount from line 9		29	12451
30	Short-term losses applied agains	t interest and dividends	30	
31	Subtotal interest and dividends		30 31	12451
32	Long-term losses applied against	t interest and dividends	32	2000
33	Adjusted interest and dividends	- <del>-</del>	33	10451
34	Enter the amount from line 26		34	
Part .	4: Taxable Interest, Dividen	ds and Certain Capital Gains	5	
35	Adjusted gross interest, dividend		35.	10451
36	Excess exemptions		36	
37	Subtract line 36 from line 35		37	10451
38	Interest and dividends taxable at	5.3%	38	10451
39	Taxable 12% capital gains		39	0
40	Available short-term losses for ca	invover in 2009	40	



## 2008 Schedule C MA0801111030 Massachusetts Profit or Loss from Business

ELIZABETH

A WARREN

CONSULTING/LECTURING/WRITING/INVESTING 541990

CAMBRIDGE

MA 02138

0 Accounting method: X Cash Accrual Other (specify) Number of employees Yes X No Did you materially participate in the operation of this business during 2008? Yes Did you claim the small business exemption from the sales tax on punchase of taxable energy or heating fuel during 2008? No Exclude Interest (other than from Massachuseits banks) and dividends from lines 1 and 4 and enter such amount in the 32 and in Schedule B. line 3 Caution: If this income was reported to you on Force W-2 and the "statutory employee" box on that form was checked, check here: 200766 1 a Gross receipts or sales 200766 a-b= 1 b Returns and allowances 2 Cost of goods sold and/or operations 2 200766 3 Gross profit: Subtract line 2 from line 1 Э. A 4 Other income 200766 5 Total income. Add line 3 and line 4 .5 Ġ 6 Advertising 0 7 Bad detits from sales or services 7 O :8 8 Car and truck expenses ٥ 9 9 Commissions and fees 0 16 10 Depletion 10509 11 Dépreciation and Section 179 deduction 12 12 Employee benefit programs 790 13 13 Insurance 14 Interest a Mortpage interest paid to financial institutions 0 a + b = 14b Other interest 3626 15 15 Legal and professional services 0 16 16 Office expense Ò 17 17 Pension and profit-sharing



### 2008 Schedule C, page 2 MA0801121030

18	Rent or lease	a vehicles, machinery and exp	ipment	0.					_
•		b other business property	<i>i</i> .	O		a+b =	18		0
19	Repairs and mai						19		Ó
20	Supplies	··					20	2	2053
21	Taxes and licens	sés					-21		0.
22	Travel	-ei 3					22	25	252
	Total meals and	entertainment	1	2796					
		a subject to limitations		6398		a - b =	23		398
24	Utilities			•			24	3	084
25	Wages						25		0
26	Other expenses			See Line 2	6, Other Expenses		26		160
27		Add lines 6 through 26					.27		872
28		r loss. Subtract line 27 from	r line 5				28		894
29		siness use of your home					29	-6	973
30	Abandoned Build		30		0				
31	Net profit or loss		31	131	921				
32		n from IAA banks) or dividend but			redute C-EZ, tine 1?				
		No. If 'yes," enter amount h					32		0
33		s, you must check the box t					33 a	All kivestment at risk	
, w. w.	Makin sumaraini ma	<b>-,</b> ,,		, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	24 <del></del> .		33b	Some investment is not a	l risk
Sch	odulo Cal. Cr	st of Goods Sold and	or Operatio	ńs					
OGG		alue closing inventory:	Cost	Lower of cost or market	Other				
		ge in determining quantilias, cost			ntary? If 'yes,' enclose o	nigh		Yes	No
۵.							4		0
7	Inventory at begi	uning or Year		Ó			•		•
	Purchases	8		Q.		a-b≒	2		0
	Items withdrawn	ior bersorisi use		4		d: D.	3		Õ
	Cost of labor	ià					À		Ö
4	Materials and su	ppiles					5		
<b>5</b>	Other costs	a e					6		0
6	Add lines 1 throu						7		ō
- 8	Inventory at end	of year Id and/or operations. Subtra	sies este 1 19	visa ia			8		.0



2008 Schedule C MA0801111030 Massachusetts Profit or Loss from Business

BRUCE H MANN

CONSULTING, LECTURING, WRITING, INVESTI 541990

CAMBRIDGE MA 02138

0

Accounting method: X Casti Accusal Other (specify)

Did you materially participate in the operation of this business during 2008?

Yes X No

Did you claim the small business exemption from the sales tax on purchase of taxable energy or heating fixel during 2009?

Exclude interest (other than from Massachusetts banks) and dividends from tines 1 and 4 and enter such amount in tine 32 and in Schedule B, tipe 3

Causion: If this bicome was reported to you on Form W-2 and the 'statutory employee' box on that form was checked, check texts:

18	. Gross receiple or seies	605				
	Returns and ellowences	0		a - b -	- 4	605
2	Cost of goods sold and/or operations			- <i>K</i> .	-2	O.
3	Gross profit. Subtract line 2 from line 1				3	605
4	Other income				4	.0
5	Total income. Add line 3 and line 4				5	605
6	Advertising				<u>6</u>	Ø
7	Bad debts from sales or services				7	0
8	Car and truck expenses				8	0
3	Commissions and fees				9	0
10	Depletion				10	0
11	Depreciation and Section 179 deduction				10 11	σ
12	Employee benefit programs				12	<b>O</b>
13	Instrance				13	0
14	Interest					
a	Mongage interest paid to Enancial Institutions		<b>'</b> 0			
b	Other interest		0	= वं ∻ ड	14	0
15	Legal and professional services				15	1,05
16	Office expense.				16	0
17	Pension and profit-strating				17	0



### 2008 Schedule C, page 2 MA0801121030

18	Rent or lease	a vehicles, machinery and equ	Uğunent	O				
		b offier business property	y.	<b>O</b> .	a+b=	18		0
19	Repairs and mal	nlenance				19		0
20	Supplies					20		0
21	Taxes and licens	es				21		00000
22	Trevel					22		Q
23a	Total meals and	entertainment	Q					
Ŀ	Enter 50% of 23	a subject to limitations	:0		a-b=	23		0.
24	Utilities	<u>-</u>				24		
25	Wages					.25		્0
26	Other expenses		Sec	e Line 26, Other Expense	is.	26		566
27	Total expenses.	Add lines 6 through 26				27		6 <b>71</b> .
28	Tentalive profit o	r loss. Subtrect line 27 from	n.lirie 5			28	-	-66
29	Expenses for but	siness use of your home				29		0
30	Abandoned Build	ling Renovation Deduction				30		
31	Net profit or loss	. Subtract total of line 29 an	nd line 30 from line 28			31	•	-66,
32	Isinterest (other than	n from MA banks) or dividend inc	reported on U.S. Sch C, knes 1 and/o	r 6 or Schedule C-EZ, Ine 17				
	Yes X	No. If 'yes,' enter amount he	ere and in Massachusetts Sche	dule B, line 3		32		0
33	If you have a los	s, you must check the box t	that describes your investment i	n this activity.	X	33 a	AR jewesinjeni at risk	
						33 b	Some investment is not at	risk.
Sch	edule C-4. Co	st of Goods Sold and	or Operations					
,		alue closkig inventory:	Cost Linver of cost or ma	irket Other				
			s or vakuations between epéning & clo	· · ·	e máblii		Yes	No
4	Inventory at begin	inning of year				1		°Q
ه زو	Purchases	inmig or your	O			-		•
	Items withdrawn	for normal use	(O O		a-b=	2		0
3	Cost of labor	sos bosocstoj eco	7			3		O.
4						4		O
	Maleriala and sur	holies'				7.		
- 7	Materials and sup	pplies						0
5	Other costs					5 6		
5	Other costs Add lines 1 thros	gh 5				5 6		0
5 6 7	Other costs Add lines 1 throughtventory at end	gh 5	att kne 7 from line 6:			5		0



2008 Schedule D MA0801211030 Long-Term Capital Gains and Losses Excluding Collectibles

BRUCE H MANN

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

Part	1. Long-Term Capital Gains and Losses, Excluding Collectibles			
1	Enter amounts included in U.S. Schedule D, line 8, column f		1	-217217
2.	Enter amounts included in U.S. Schedule D, line 9, column f		.2	·O'
3	Enter amounts included in U.S. Schedule D, line 11, column f		.3.	0
4	Enter amounts included in U.S. Schedule D, line 12, column f		.4	0
5	Enter amounts included in U.S. Schedule D, line 13, column f		-5	O.
8	Messachusens long-term capital gains and losses included in U.S. Form 4797, Part II		6	0
7	Carryover losses from prior years		7	-19050
8	Combine lines 1 through 7		8	-236267
.9	Differences, If any		Ð	.0,
10	Adjusted capital gains and losses		10	-236267
11	Long-term gains on collectibles and pre-1996 installment sales		11	Ō
12.	Subtotal		12	-236267
13	Capital losses applied against capital gains		13	Ó
14	Subtotal		14	-236267
15	Long-term capital losses applied against interest and dividends		15	<b>Š000</b>
16	Subtotal		16	-234267
17	Allowable deductions from your trade or business		17	<u>Q</u>
*18	Subtotal	-	18	Q.
19	Excess exemptions		19	0.
20	Taxable loag-term capital gains	<b>&gt;</b>	20	O
.21	Fex on long-term capital gains	<b>&gt;</b>	21	<b></b>
22	Available losses for carryover		22	-234267



2008 Schedule INC MA08INC11030

BRUCE

H MANN

### Form W-2 Information

A FÉOERAL ID NUMBER 04-2103580 04-2103580	B. STATE TAX WITHHELD 18102 17737	c. STATE WAGES 347933 341041	D. TAXPAYER SOCIAL SECURITY WITHHELD	E SPOUSE SOCIAL SECURITY WHITHELD 11891
TOTALS	35839	688974	11791	11891

### Form 1099 Information

A FEDERALID NUMBER WITHHELD C: STATE INCOME

TOTALS



2008 Schedule HC

MA0802911030

BRUCE

H MANN

Most Massachusetts residents age 18 and over are required to have health insurance if it is affordable for them or be subject to a penalty. Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions). Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Fallure to do so will delay the processing of your roturn.

1 b Spouse's detect birth 06221949 1 c Family size - 04271950 1 a Date of birth

829254 ▶ 2 2 Federal adjusted gross income

X Yes 3 You No 3 Did you have health insurance at any point during 2008? X Yes No Spouse

lf you are filing a joint return and one spouse answers Yes but the other spouse answers No or each spouse has different coverage,

If you enswer No, go to line 6 on page 2. If you answer Yes, follow the instructions below. If you were enrolled in Medicare, Veterans Administration Program, Tri-Care or Other government health coverage at any point during 2008, go to line 5 on page 2. Note: See below if you were enrolled to Massificallh or Commonwealth Care.

Check if you were enrolled in Massitealth and/or Commonwealth Care and private insurance. Also, complete Part A and/or Part B below and then go to line 4. Check if you only had Massitealth and/or Commonwelath Care and go to line 4.

► You Spouse

MassHealth and/or Commonwealth Care MassHealth and/or Commonwealth Care

If you were enrolled in private health insurance, complete Part A and/or Part B below, using Form MA 1099-HC (see instructions if you did not receive Form MA 1099-HC from your carrier) and go to line 4.

Note: If you (and/or your spouse if married filing a joint return) had more than two insurance companies, complete Schedule HC-CS, Health Care Continuation Sheet (see instructions) to report the additional insurance company information, and check:

Part A. Your Health Insurance

4 Were you insured for all of 2008?

HARVARD PILGRIM HEALTH CARE, INC

Part B. Spouse's Health Insurance HARVARD PILGRIM HEALTH CARE, INC.

X Yes

Spguse

X yes

Νo

No

If you are filing a joint return and one spouse answers Yes but the oliver spouse answers No, see instructions. If you answer No, go to the 6. If you answer Yes, you are not subject to a penalty. Slop the remainder of this schedule and continue completing your tex return.

04/24/2012 11:33 AM

1030



### 2008 Schedule HC, page 2 MA0802921030

5 If you were enrolled in Medicare, Veterans Administration Program, Tri-Care or 'Other' government health coverage at any point during 2008 check the plan in which you were enrolled. Skip the remainder of this schedule and continue completing your tax return. See instructions for information regarding 'Other' government health coverage.

5 a ►You Medicare Veterans Administration Program Tri-Care Other (enter name of program below)
5 b ► Spoulse Medicare Veterans Administration Program Tri-Care Other (enter name of program below)

#### Uninsured for All or Part of 2008-

6 Was your income in 2008 at or helow 150% of the federal poverty level? • 6 Yes No.
If you answer Yes, a penalty does not apply to you in 2008. Skip the remainder of this schedule and continue completing your tex return. If you answer No. go to fine 7.

7 Weite you uninsured for all of 2008? Plan Yes No. Spouse Yes No.

If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions. If you answer Yes, go to line 9a. If you answer No, go to line 8.

8 Complete this section only if you, and/or your spouse if married fling jointly, were uninsured for part, but not all of 2008. Check the months you were covered, using Form MA 1099-HC. If you did not receive this form, check the months you were covered at least 15 days or more.

### Months Covered By Health Insurance

You	Jan	feb	March	April	May	June	July	Aug	Sept	Oct	Nev	Dec
Spouse	Tan	Feb	Merch	Anni	May	June	July	Auto	Sent	Oct	Nov	Dec

If you had four or more consecutive months without health insurance (four or more blank months in a row), go to line 9a. Otherwise, a penalty does not apply to you in 2008. Skip the remainder of this schedule and continue completing your lax return.

### Religious Exemption and Certificate of Exemption

9 a Religious exemption: Are you claiming an exemption from the requirement to purchase health	► 9a You	Yes	No
insurance based on your sincerely held religious beliefs?	Spouse	Yes	No
If you answer Yes, go to line 9b. If you enswer No, go to line 10.			
9 b If you are claiming a religious exemption in line 9a, did you receive medical health care during	<ul><li>9 b You</li></ul>	Yes	No
the 2007 tax year?	Spouse	Yes	Na
If you answer No to line 9b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 9b,	go to line 10.		
10 Certificate of exemption: Have you obtained a Certificate of Exemption Issued by the Commonwealth Health Insurance	► 10 You	Yes	No
Connector Authority for the entire 2008 tax year or for the period you were uninsured in 2008?	Spouse	Yes	No

If you answer Yes enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 10, go to line 11.



### 2008 Schedule HC, page 3 MA0802931030

#### Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was afforcable to you during the 2008 tax year.

1.1 Did your employer offer affordable health insurance as determined by completing the Schedule HC • 11 You Yes No Worksheet for Line 11 in the instructions? Yes No

Check No if your employer did not offer health insurance, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

12 Were you eligible for government-subsidized health insurance as determined by completing the ► 12 You Yes No. Schedule HC Worksheet for Line 12 to the instructions? Spouse Yes No.

If you answer No. go to line 13. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

13 Were you able to afford private health insurance as determined by completing the Schedule HC 13 You Yes No Worksheet for Line 13 in the instructions? Spouse Yes No

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty. Worksheet in the instructions to calculate your penalty amount.

#### Complete Only If You Are Filing An Appeal

You may have grounds to appeal if you were unable to obtain afforcable insurance in 2008 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, check the box(es) below. The appeal will be heard by the Commonwealth Health insurance Connector Authority. By checking the box below, you are authorizing DOR to share information from your tax return, including this schedule, with the Connector Authority for purposes of deciding your appeal.

After you file your return, you will receive a follow-up letter from the Connector Authority asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that form within the time specified will lead to dismissel of your appeal. Once the Connector Authority receives your documentation, it will be reviewed. You may be required to allend a hearing on your case. You will be required to file your claims under the parts and penalties of perjury.

Note: If you are filing an appeal, do not enter a penalty amount on your tax return. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You I wish to appeal the penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

Spouse I wish to appeal the panalty. Lauthorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

Note: If you, and your spouse if manied filing a joint return, do not complete the section above, your appeal will not be processed, and the Health Care Penalty will be assessed.



2008 Schedule HC-CS MA0802941030

Complete Schedule HC-CS; Health Care Information Continuation Sheet, if you answer Yes to question 3 of Schedule HC and had more than two private health insurance companies. Note: Your two most recent health insurance companies should be reported on Schedule HC, line 3. Efficient the information below, using Form MA 1089-HC, to report the information from your additional insurance companies.

Part A. Your Health Insurance

Part B. Spouse's Health Insurance



2008 Schedule E MA0801341030

BRUCE H MANN

### Income or Loss from Real Estate and Royalties

inc	onie.		
1	Rents received	1	
2	Royalties received	2	872
Ex	oenses .		
3	Advertising	3.	
4	Auto and travel	4	
.5	Cleaning and maintenance	5	
6	Commissions	5. 6	
-7	Insurança	Ť	
8	Legal and other professional fees:	8	
ġ	Management fees	9	
10	Mortgage interest paid to banks, etc	10	
11	Other interest	11	
12	Repairs	12	
13	Supplies	13	
14	Texes	14	
15	Ullivies	75	
16	Other expenses.	16	
17	Add lines 3 through 16	17	
18	Depreciation expense or depletion	18	131
19	Total expenses. Add lines 17 and 18	19	131
20	Income or loss from rental real estate or royalty properties	.20	741
21	Deductible rental real estate loss,	21	
22	Income. Enter positive amounts shown on line 20	22	741
23	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	<b>_</b> 4
24	Rental real estate and royalty income or loss	24	741



### 2008 Schedule E, page 2 MA0801351030

# Income or Loss from Partnerships and S Corporations 25 Passive loss allowed

25	Passive loss allowed	25	
26	Passive income	26	
27	Non-passive loss	27	
28	Section 179 expense deduction	28	
29	Non-passive income	29	
30	Combine lines 26 and 29	30.	
31	Combine lines 25, 27 and 28	31	
32	Partnership and S corporation income or loss. Combine lines 30 and 31	32	. (
33	Interest (other than MA banks) and dividends If included in line 32	<b>33</b> ,	(
34	Interest from Massachusetts banks if included in line 32	.34.	(
35	Total income or loss from partnerships and S corporations	35	(
Inc	ome or Loss from Estates and Trusts		
36	Passive deduction or loss allowed	36:	
37	Passive income	37	
38	Non-passive deduction or loss.	36	
39	Non-passive other income	<b>39</b> .	
40	Add lines 37 and 39	40	
41	Add lines 36 and 38'	.41	_
42	Estate and trust income or loss. Combine lines 40 and 41	42	TO TO
43	Estate or non-graptor-type trust income	43	0, 0 0 0, 0
44	Grantor-type trust and non-Massachusetts estate and trust income	44	
45	Interest and dividends if Included in line 44	45	Q
46	Adjustments to 5.3% income	46	, <u>G</u>
47	Subtotal, Combine lines 45 and 46	47	
48	Income or loss from grantor type and non-Mass estates and trusts	<b>48</b>	Q
Inco	ome or Loss from REMICs		
49	Excess inclusion	49	
50	Țaxable income or loșa	. 50	Ū
51	Income	<b>51</b>	
52	Combine lines 50 and 51	.52	
Fan	n Income		
53	Net farm rental income or loss	63	
Sun	nmary		
54	Income or loss. Combine lines 24, 35, 48, 52 and 53	54	741
55	Massachusetts differences. Enclose statement	55	
56	Abandonad building renovation deduction	56	
57	Total Income or loss. Combine lines 54, 65 and 56	<b>57</b> ·	741



2008 Schedule E-1 MA0801311030

BRUCE GAS WELLS H MANN

OKLAHOMA

1 Rents received

Check one:

Real estate X Royaky

### Income or Loss from Real Estate and Royalties

#### income

2	Royalties received	2	872
Exp	enses		
3	Advertising	.3	
4.	Auto and fravel	4	
5	Cleaning and maintenance	5	
6	Commissions	6	
7	Insurance	<b>∄</b> -	
8	Legal and other professional fees.	.8.	
9	Management lees	9	
10	Mortgage interest paid to banks, etc	10	
11	Oliter Interest	11	
12	Repairs	12 ⁻	
13	Supplies	13	
14	Texes	14	
15	Unlites	15	
	Other expanses:	16	
17	Add lines 3 through 16	17	
18	Depreciation expense or depletion	18	131
19	Total expenses. Add lines 17 and 18	19	131
20	Income or loss from rental real estate or royalty properties	20	741
2,1	Deductible rental real estate loss	21	
22	încome. Enter positive amounts shown on line 20	22	741
23	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24	Reniel real estate and royalty income or loss	24	741
25	Was this rental property used by you or your family for more than 14 days or more than 10 percent.		
	of the total number of days that the property was rented at fair market value? Yes X No		

-1

04/24/2012 11:33 AM

### Form 4562, line 6 Additional Section 179 Property Statement

(a) Description of property	(b) Cost (bus use only)	(c) Elected cost
Printer	157.	157.
Special flooring	1,276.	1,276.
Artificial Plants for Office	1,426.	1,426:

Total 2.859.