

## IRS e-file Signature Authorization

2009

- Do not send to the IRS. This is not a tax return.
- Keep this form for your records. See instructions.

Declaration Control Number (DCN) ► [REDACTED]

Taxpayer's name

PETER P BUTTIGIEG

Social security number  
[REDACTED]

Spouse's name

Spouse's social security number  
[REDACTED]**Part I Tax Return Information—Tax Year Ending December 31, 2009 (Whole Dollars Only)**

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) .....	1	149,827
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11) .....	2	30,363
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7) .....	3	34,527
4 Refund (Form 1040, line 73a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 13a) .....	4	4,186
5 Amount you owe (Form 1040, line 75; Form 1040A, line 48; Form 1040EZ, line 13) .....	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2009, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize [REDACTED] to enter or generate my PIN [REDACTED] Enter five numbers, but do not enter all zeros
- as my signature on my tax year 2009 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ► 03/15/10

Spouse's PIN: check one box only

- I authorize [REDACTED] to enter or generate my PIN [REDACTED] Enter five numbers, but do not enter all zeros
- as my signature on my tax year 2009 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[REDACTED] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication [REDACTED] Providers of Individual Income Tax Returns.

ERO's signature ►

Date ► 03/15/10

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

## CT-1040V

### 2009 Connecticut Electronic Filing Payment Voucher

You must pay in full the total amount of tax due. If payment is not made on or before April 15, 2010, the tax due is subject to penalty and interest.

#### Balance Due Payment Options

**A. Pay Electronically:** Visit [www.ct.gov/DRS](http://www.ct.gov/DRS) to use the Taxpayer Service Center (TSC) to make a direct tax payment. After logging into the TSC, select the Make Payment Only option and choose a tax type from the drop down box. Using this option authorizes the Department of Revenue Services (DRS) to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.



**B. Pay by Credit Card or Debit Card:** You may elect to pay your 2009 tax liability using your American Express® card, Discover® card, MasterCard® card, VISA® card, or comparable debit card. A convenience fee will be charged by the credit card service provider. The fee is 2.49% of your total tax payment. You will be informed of the amount of the fee and you may elect to cancel the transaction. At the end of the transaction you will be given a confirmation number for your records. There are three ways to pay by credit card:

- Log in to your account in the TSC and select Make Payment by Credit Card;
- Visit [www.officialpayments.com](http://www.officialpayments.com) and select State Payments; or
- Call Official Payments Corporation toll-free at 1-800-2PAY-TAX (1-800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code 1777.

Your payment will be effective on the date you make the charge.

**C. Pay by Mail:** Make your check payable to **Commissioner of Revenue Services**. To ensure payment is applied to your account, write "CT-1040V efile" and your Social Security Number (SSN), optional, on the front of your check. Be sure to sign your check. **Do not send cash.** DRS may submit your check to your bank electronically. Return form CT-1040V below with your payment.

**Mail to:** Department of Revenue Services  
State of Connecticut  
PO Box 2921  
Hartford CT 06104-2921

CUT HERE

<p>Department of Revenue Services State of Connecticut (Rev. 12/09)</p> <p style="text-align: center;"><b>CT-1040V</b> <b>2009 Connecticut Electronic Filing Payment Voucher</b></p>				<p style="text-align: center;"><b>DRS Use Only</b> <b>112</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right;">0</td></tr></table> <p style="text-align: center;"><b>2009</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"><tr><td></td><td></td><td></td><td></td><td style="text-align: right;">2 0 1 0</td></tr><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>C C Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> <p style="text-align: center;"><b>735</b> <b>ELF</b></p>										0					2 0 1 0	M	M	D	D	C C Y Y					
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M	M	D	D	C C Y Y																									
<p>1. Enter the amount enclosed \$ <b>50</b></p> <p>2. Make check payable to: <b>Commissioner of Revenue Services</b>.</p> <p>3. Write your SSN (optional) and "CT-1040V efile" on your check.</p> <p>4. Mail to: DRS PO Box 2921, State of Connecticut, Hartford CT 06104-2921</p>				<p><input type="checkbox"/> Check here if this is the first time you are filing a Connecticut income tax return.</p>																									
<p>Your first name <b>PETER P</b></p>		<p>Middle initial <b>BUTTIGIEG</b></p>	<p>Last name <b></b></p>		<p>Your SSN <b></b></p>																								
<p>If a joint return, spouse's first name <b></b></p>		<p>Middle initial <b></b></p>	<p>Last name <b></b></p>		<p>Spouse's SSN <b></b></p>																								
<p>Home address (number and street) <b></b></p>		<p>PO Box <b></b></p>																											
<p>City or town <b>SOUTH BEND</b></p>		<p>State <b>IN</b></p>	<p>ZIP code <b>46617</b></p>																										

# Illinois Department of Revenue

## IL-8453 Illinois 2009 Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

### Step 1: Provide taxpayer information

PETER P BUTTIGIEG

Print or type	First name and middle initial	Spouse's first name (and last name if different)	Last name	Social Security number
	[REDACTED]			[REDACTED]
Mailing address	[REDACTED]			Spouse's Social Security number
	SOUTH BEND IN 46617-[REDACTED]			
City	State	ZIP	Daytime phone number	

### Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51	1	30 , 034   00
2 Tax from Form IL-1040, Line 13	2	901   00
3 Illinois Income Tax withheld from Form IL-1040, Line 22 only (write "0" if none)	3	889   00
4 Overpayment from Form IL-1040, Line 32	4	00
5 Total amount due from Form IL-1040, Line 36	5	12   00

6 Filing status:  Single/head of household     Married filing jointly     Married filing separately     Widowed

### Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (i.e., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

- 7 Routing no. (RN): \_\_\_\_\_  
8 Account no. (AN): \_\_\_\_\_  
9 Type of account:  Checking  Savings  
10 Date the payment is to be electronically withdrawn: \_\_\_\_\_  
11 Electronic funds withdrawal amount: \_\_\_\_\_ | 00  
12 Name on account: \_\_\_\_\_

### Step 4: Taxpayer declaration and signature (Sign only after Step 2 and Step 3 (if applicable) is completed.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.  
 I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2009 Illinois income tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.  
 I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic IL-1040 return and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign

here

Your signature

Date

Spouse's signature (if joint return, both must sign)

Date

### Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic IL-1040 return, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

03/31/10

Check if paid preparer:  (See instructions.)

ERO's signature

Date

Your Social Security number (SSN) or PTIN

ERO Firm's name or your name if self-employed

Federal employer identification number (FEIN)

use only Mailing address

Phone number

SOUTH BEND

IN

City

State

ZIP

### Step 6: Attach required documents (e.g., Forms W-2, W-2G, 1099-G, 1099-R, IL-1310).

Illinois

**IL-1040-V Payment Voucher for Individual Income Tax**

(on bottom of page).

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Illinois Department of Revenue

IL-1040-V Payment Voucher for Individual Income Tax

ID: 2C9

**2009**

Your payment is due April 15, 2010.

PETER P BUTTIGIEG

SOUTH BEND IN 46617

\$ 12.00

Print your payment amount.

Mail to: Illinois Department of Revenue  
Springfield IL 62726-0001

Preparer's phone number

Write your Social Security number on your check.

DCN [REDACTED]

Submission ID [REDACTED] - [REDACTED] - [REDACTED]

First Name(s) and Middle Initial(s) <b>PETER P</b>	Last Name <b>BUTTIGIEG</b>	Your Social Security Number [REDACTED]	Spouse's Social Security Number [REDACTED]
Spouse's First Name(s) and Middle Initial(s)	Spouse's Last Name	Street Address [REDACTED]	
City <b>SOUTH BEND</b>		State <b>IN</b>	Zip Code <b>46617</b>
Daytime Telephone Number [REDACTED]			

**Part I Tax Return Information (Whole Dollar Amounts Only)**

1. Federal Adjusted Gross Income (Form IT-40, Line 1 or IT-40EZ, Line 1) .....	1.	<b>149,827.00</b>
2. Indiana taxable income (Form IT-40, Line 7 or IT-40EZ, Line 7) .....	2.	<b>148,827.00</b>
3. Total Indiana tax (Form IT-40, Line 11 or IT-40EZ, Line 11) .....	3.	<b>6,604.00</b>
4. Total state tax withheld (Form IT-40, Schedule 5, Line 1 or IT-40EZ, Line 12) .....	4.	<b>3,344.00</b>
5. Total county tax withheld (Form IT-40, Schedule 5, Line 2 or IT-40EZ, Line 13) .....	5.	.00
6. Total Indiana tax credits (Form IT-40, Line 14 or IT-40EZ, Line 15) .....	6.	<b>4,841.00</b>
7. Refund (Form IT-40, Line 21 or IT-40EZ, Line 18) .....	7.	.00
8. Amount you owe (Form IT-40, Line 26 or IT-40EZ, Line 23) .....	8.	<b>1,763.00</b>

**Part II Direct Deposit**

9. Routing number	[REDACTED]	Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.
10. Account number	[REDACTED]	
11. Type of account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC	

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

**Do Not Mail  
This Form**

**Part III Declaration of Taxpayer**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2009 return is true correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IDOR. I also consent to the IDOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IDOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

**Taxpayer's PIN: check one box only**

- I authorize [REDACTED] to enter my PIN [REDACTED] as my signature on my tax year 2009 electronically filed income tax return.  
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Taxpayer's signature ► \_\_\_\_\_ Date 03/15/10

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter my PIN [REDACTED] as my signature on my tax year 2009 electronically filed income tax return.  
do not enter all zeros
- I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature ► \_\_\_\_\_ Date \_\_\_\_\_

**Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN. [REDACTED]

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ► \_\_\_\_\_ Date 03/15/10

**ERO Must Retain This Form - See instructions. Do Not Submit this form to IDOR unless requested to do so.**

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A

**POST FILING COUPON**  
**INDIANA DEPARTMENT OF REVENUE**

PETER P BUTTIGIEG

Date: 03/31/2010

Taxpayer's SSN:

Spouse's SSN:

SOUTH BEND

IN 46617-

2009 PFC Letter for Electronic Filers

Dear Taxpayer:

Your electronically filed 2009 Indiana Individual Income Tax Return indicates a balance owed to the Indiana Department of Revenue in the amount of \$ 1,763 .00 . If you have any questions regarding this amount owed, you should consult the tax preparer who prepared your income tax return electronically. Avoid penalty and interest charges by making your payment before the April 15, 2010, tax due date. You may pay by mail, by telephone, or via the Internet.

To pay by paper check or money order, mail your payment and the tear-off coupon at the bottom of this letter to: Indiana Department of Revenue, PO Box 1674, Indianapolis, IN 46206-1674. Make your check or money order payable to "Indiana Department of Revenue".

**PLEASE DO NOT SEND CASH.**

You may also pay by using the Indiana IN-ePay System. You may pay by electronic Check (eCheck) over the Internet by accessing our webpage at [www.in.gov/dor/epay](http://www.in.gov/dor/epay) and follow the instructions. The fee for paying by eCheck is \$1.00.

Finally, you may also use the Indiana IN-ePay System to pay by a major credit card. You can access this payment method at the webpage indicated above or by touch tone telephone at 1-800-2PAYTAX (1-800-272-9829) toll free. You will then be prompted for the information necessary to make your payment. A convenience fee will be charged by the credit card processor based on the amount of tax you are paying. You will be told what the fee is and you will have the option to cancel or continue the credit card transaction.

Sincerely,  
INDIANA DEPARTMENT OF REVENUE

Cut on line before mailing

Post Filing Coupon

CUT HERE

PFC

"Electronic calculation, processing, and payment of state tax liabilities serve as a convenience for Indiana taxpayers. The taxpayer remains responsible for providing accurate information and remains liable for payment of the correct amount of tax."

Period End Date 12/31/2009

Date Due 04/15/2010

Indiana Department of Revenue  
P.O. Box 1674  
Indianapolis, IN 46206-1674

PETER P BUTTIGIEG

Amount Due

\$

1,763 .00

SOUTH BEND

IN 46617-

Indiana

**IT-40ES Individual Estimated Income Tax Voucher**

(on bottom of page)

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Individual Estimated Income Tax

Tax year ending: 2010

E

Taxpayer Name: PETER

P. BUTTIGIEG

Spouse Name:

State Income Tax 1.

345.00

Voucher Number

Due Date

Your County

71

County Tax 2.

105.00

1

04/15/10

Your Social Security Number

Spouse's Social Security Number

Spouse's County

County Tax 3.

[REDACTED]

Total Estimated Payment

\$

450.00

INDIANA DEPARTMENT OF REVENUE

P.O. BOX 7225

INDIANAPOLIS, IN 46207-7225

Indiana

**IT-40ES Individual Estimated Income Tax Voucher**

(on bottom of page)

Cut on line before mailing

— — — — — CUT HERE — — — — —  
Individual Estimated Income Tax IT [REDACTED]

Tax year ending: 2010

E

Taxpayer Name: PETER

P BUTTIGIEG

State Income Tax 1. 345.00

Spouse Name:

Voucher Number

Due Date

Your County

71

County Tax 2.

105.00

2

06/15/10

Your Social Security Number

Spouse's Social Security Number

Spouse's County

County Tax 3.

Total Estimated Payment: \$ 450.00

INDIANA DEPARTMENT OF REVENUE

P.O. BOX 7225

INDIANAPOLIS, IN 46207-7225

Indiana

**IT-40ES Individual Estimated Income Tax Voucher**

(on bottom of page)

Cut on line before mailing

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Individual Estimated Income Tax

Tax year ending: 2010

E

Taxpayer Name: PETER

P BUTTIGIEG

Spouse Name:

State Income Tax 1.

345.00

Voucher Number

Due Date

Your County

71

County Tax 2.

105.00

3

09/15/10

Your Social Security Number

Spouse's Social Security Number

Spouse's County

County Tax 3.

Total Estimated Payment

\$

450.00

INDIANA DEPARTMENT OF REVENUE

P.O. BOX 7225

INDIANAPOLIS, IN 46207-7225

Indiana

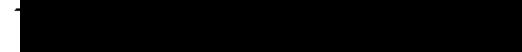
**IT-40ES Individual Estimated Income Tax Voucher**

(on bottom of page)

Cut on line before mailing

CUT HERE

Individual Estimated Income Tax



Tax year ending: 2010

E

Taxpayer Name: PETER

P BUTTIGIEG

Spouse Name:

State Income Tax 1.

345.00

Voucher Number:

Due Date

Your County

71

County Tax 2.

105.00

4

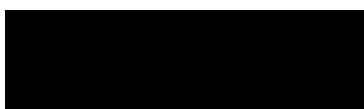
01/18/11

Your Social Security Number:

Spouse's Social Security Number:

Spouse's County

County Tax 3.



Total Estimated Payment

\$

450.00

INDIANA DEPARTMENT OF REVENUE

P.O. BOX 7225

INDIANAPOLIS, IN 46207-7225



TAXABLE YEAR

FORM

**2009****California e-file Signature Authorization for Individuals****8879**

Your name

**PETER P****BUTTIGIEG**

Your SSN or ITIN

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

**Part I Tax Return Information (whole dollars only)**

1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) .....	1	<b>21,546</b>
2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 27; Long Form 540NR, line 121; or Short Form 540NR, line 121) .....	2	
3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 28; Long Form 540NR, line 121; or Short Form 540NR, line 121) .....	3	<b>138</b>

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return.)**

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2009, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, Transmitter, or Intermediate Service Provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, Intermediate Service Provider, and/or Transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only** I authorize

\_\_\_\_\_

to enter my PIN

Do

\_\_\_\_\_

ERO firm name

as my signature on my 2009 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2009 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ► **03/15/10****Spouse's/RDP's PIN: check one box only** I authorize

\_\_\_\_\_

to enter my PIN

Do not enter all zeros

as my signature on my 2009 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2009 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ►

Date ►

Practitioner PIN Method Returns Only -- continue below

**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

\_\_\_\_\_

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2009 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2009 e-file Handbook for Authorized e-file Providers.

ERO's signature ►

Date ► **03/15/10**

Form 1040

**Department of the Treasury—Internal Revenue Service**

**U.S. Individual Income Tax Return 2009**

2009

(99)

IRS Use Only—Do not write or staple in this space.

## Label

(See instructions on page 14.)  
**Use the IRS label.**  
Otherwise,  
please print  
or type.

## Presidential Election Cam

**Filing Status**

- 1**  Single  
**2**  Married filing jointly (even if only one had income)  
**3**  Married filing separately. Enter spouse's SSN above

**4**  Head of household (with qualifying person). (See page 15) If the qualifying person is a child but not your dependent, enter this child's name here. ►

**5**  Qualifying widow(er) with dependent child (see page 16)

Check only one box:

### **Exemptions**

- and full name here. ► Power checked

3.  Married filing separately. Enter spouse's SSN above  
and full name here. ►

- 5** Qualifying widow(er) with dependent child (see page 16)

If more than four dependents, see page 17 and check here ►

### **Exemptions**

- 6a  Yourself. If someone can claim you as a dependent, do not check box 6a.

- b Spouse

- ### **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	Qual. child for child tax cr. (see page 17)	• lived with you • did not live with you due to divorce or separation (see page 18)
					Dependents on 6c not entered above

Add numbers on lines above.

### Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 ..... 7 150,523  
8a Taxable interest. Attach Schedule B if required. 8a 437

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

If you did not  
get a W-2,  
see page 22.

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

- |     |   |     |                                 |
|-----|---|-----|---------------------------------|
| 7   | Wages, salaries, tips, etc. Attach Form(s) W-2  | 7   | 150,523                         |
| 8a  | Taxable interest. Attach Schedule B if required   | 8a  | 437                             |
| b   | Tax-exempt interest: Do not include on line 8a  | 8b  | 566                             |
| 9a  | Ordinary dividends. Attach Schedule B if required   | 9a  | 292                             |
| b   | Qualified dividends (see page 22)   | 9b  | 124                             |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes (see page 23)          | 10  |                                 |
| 11  | Alimony received  | 11  |                                 |
| 12  | Business income or (loss). Attach Schedule C or C-EZ  | 12  |                                 |
| 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here ►        | 13  | -1,707                          |
| 14  | Other gains or (losses). Attach Form 4797   | 14  |                                 |
| 15a | IRA distributions   | 15a | b. Taxable amount (see page 24) |
| 16a | Pensions and annuities  | 16a | b. Taxable amount (see page 25) |
| 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17  | 282                             |
| 18  | Farm income or (loss). Attach Schedule F  | 18  |                                 |
| 19  | Unemployment compensation in excess of \$2,400 per recipient (see page 27)                  | 19  |                                 |
| 20a | Social security benefits  | 20a | b. Taxable amount (see page 27) |
| 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  | 149,827                         |

## **Adjusted Gross Income**

- |    |   |     |         |
|----|---|-----|---------|
| 3  | Educator expenses (see page 29)   | 23  |         |
| 4  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. | 24  |         |
| 5  | Health savings account deduction. Attach Form 8889  | 25  |         |
| 6  | Moving expenses. Attach Form 3903   | 26  |         |
| 7  | One-half of self-employment tax. Attach Schedule SE   | 27  |         |
| 8  | Self-employed SEP, SIMPLE, and qualified plans  | 28  |         |
| 9  | Self-employed health insurance deduction (see page 30)  | 29  |         |
| 0  | Penalty on early withdrawal of savings  | 30  |         |
| 1a | Alimony paid b Recipient's SSN ►  | 31a |         |
| 2  | IRA deduction (see page 31)   | 32  |         |
| 3  | Student loan interest deduction (see page 34)   | 33  |         |
| 4  | Tuition and fees deduction. Attach Form 8917  | 34  |         |
| 5  | Domestic production activities deduction. Attach Form 8903  | 35  |         |
| 6  | Add lines 23 through 31a and 32 through 35  | 36  |         |
| 7  | Subtract line 36 from line 22. This is your adjusted gross income ►   | 37  | 149-827 |

**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, see page 35.
- 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	149,827
39a	Check [ ] You were born before January 2, 1945, if: [ ] Spouse was born before January 2, 1945, [ ] Blind. [ ] Total boxes checked ► 39a [ ] 39b [ ] 40a 10,048		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here	► 39b [ ]	
40a	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	40a	10,048
b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ► 40b [ ]		
41	Subtract line 40a from line 38	41	139,779
42	<b>Exemptions.</b> 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	42	3,650
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	136,129
44	Tax (see page 37). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	44	31,820
45	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	45	
46	Add lines 44 and 45	46	31,820
47	Foreign tax credit. Attach Form 1116 if required	47	18
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Credits from Form: a [ ] 8396 b [ ] 8839 c [X] 5695	52	1,439
53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53	
54	Add lines 47 through 53. These are your <b>total credits</b>	54	1,457
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	30,363

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a [ ] AEIC payments b [ ] Household employment taxes. Attach Schedule H	59	
60	Add lines 55 through 59. This is your <b>total tax</b>	60	30,363

**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	34,527
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	<b>Earned income credit (EIC)</b>	64a	
b	Nontaxable combat pay election [64b]	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	22
70	Credits from Form: a [ ] 2439 b [ ] 4136 c [ ] 8801 d [ ] 8885	70	
71	Add lines 61, 62, 63, 64a, & 65 through 70. These are your <b>total payments</b>	71	34,549

**Refund**

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

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you <b>overpaid</b>	72	4,186
73a	Amount of line 72 you want <b>refunded to you</b> . If Form 8888 is attached, check here ► [ ]	73a	4,186
b	Routing number [ ]	c Type: [X] Checking [ ] Savings	
d	Account number [ ]		
74	Amount of line 72 you want applied to your <b>2010 estimated tax</b> ► [74]	74	

**Amount You Owe**

75	Amount you <b>owe</b> . Subtract line 71 from line 60. For details on how to pay, see page 74	75	
76	Estimated tax penalty (see page 74)	76	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)?	[X] Yes. Complete the following.	[ ] No
Designee's name ► [ ]	Personal identification number (PIN) ► [ ]	Phone no. ► [ ]

**Sign Here**

Joint return? See page 15.

Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
CONSULTANT			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature ► [ ]	Date	Check if self-employed [ ]	Preparer's SSN or PTIN [ ]
Firm's name (or yours if self-employed), address, and ZIP code ► [ ]		EIN	Phone no. ► [ ]

**SCHEDULE A**  
(Form 1040)

**Itemized Deductions**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Attach to Form 1040.

► See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040:

**PETER P. BUTTIGIEG**

Your social security number

<b>Medical and Dental Expenses</b>	Caution. Do not include expenses reimbursed or paid by others.		4
	1 Medical and dental expenses (see page A-1) .....	1	
	2 Enter amount from Form 1040, line 38 ..... <b>2</b>	<b>149,827</b>	
	3 Multiply line 2 by 7.5% (.075) .....	3	
<b>Taxes You Paid</b> (See page A-2.)	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....	11,237	
	5 State and local (check only one box):	5	
	a <input checked="" type="checkbox"/> Income taxes, or	6	6,397
	b <input type="checkbox"/> General sales taxes	7	
	6 Real estate taxes (see page A-5) .....	8	
	7 New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b .....		
	8 Other taxes. List type and amount ►		
	<b>INDIANA EXCISE TAX</b>		
	9 Add lines 5 through 8 .....	180	9
<b>Interest You Paid</b> (See page A-6.)	10 Home mortgage interest and points reported to you on Form 1098 .....	10	3,345
	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. See page A-7 for special rules .....	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	3,345
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see page A-8.	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8 .....	16	126
	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 .....	17	
	18 Carryover from prior year .....	18	
	19 Add lines 16 through 18 .....	19	126
	20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.) .....	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b> (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.) ►	21	
	22 Tax preparation fees .....	22	500
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24 Add lines 21 through 23 .....	24	500
	25 Enter amount from Form 1040, line 38 ..... <b>25</b>	<b>149,827</b>	
	26 Multiply line 25 by 2% (.02) .....	26	2,997
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....	27	0
	28 Other—from list on page A-11. List type and amount ►	28	
	29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?		
<b>Total Itemized Deductions</b>	<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 ►		

**SCHEDULE D**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

PETER P BUTTIGIEG

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. 12

**Capital Gains and Losses**

► 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.

Your social security number [REDACTED]

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2	2				
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4		
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet on page D-7 of the instructions			6		
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)			7	0	

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 USAA BROKERAGE-8678	VARIOUS	VARIOUS	26,370	28,077	-1,707
9 Enter your long-term totals, if any, from Schedule D-1, line 9	9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10	26,370			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12		
13 Capital gain distributions. See page D-2 of the instructions			13		
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions			14		
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back			15	-1,707	

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

Schedule D (Form 1040) 2009

**Part III Summary**

16	Combine lines 7 and 15 and enter the result	16	-1,707
	If line 16 is:		
	<ul style="list-style-type: none"> <li>• A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17	Are lines 15 and 16 both gains?		
	<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	
20	Are lines 18 and 19 both zero or blank?		
	<input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:	21	1,707)
	<ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>		
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	<input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (98)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts; REMICs, etc.)

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **13**

Name(s) shown on return

► Attach to Form 1040, 1040NR, or Form 1041.

► See Instructions for Schedule E (Form 1040).

Your social security number

**PETER P BUTTIGIEG**

**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1 List the type and address of each rental real estate property:			2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:				
			A	X			
			B				
			C				
<b>Income:</b>			<b>Properties</b>				
			<b>A</b>	<b>B</b>	<b>C</b>	<b>Totals</b> (Add columns A, B, and C)	
3 Rents received .....	1,600				3	<b>1,600</b>	
4 Royalties received .....	0				4	0	
<b>Expenses:</b>							
5 Advertising .....	0						
6 Auto and travel (see page E-4) .....	0						
7 Cleaning and maintenance .....	0						
8 Commissions .....	0						
9 Insurance .....	0						
10 Legal and other professional fees .....	0						
11 Management fees .....	0						
12 Mortgage interest paid to banks, etc. (see page E-5) .....	841				12	<b>841</b>	
13 Other interest .....	0						
14 Repairs .....	80						
15 Supplies .....	0						
16 Taxes .....	0						
17 Utilities .....	157						
18 Other (list) ► .....	0						
19 Add lines 5 through 18 .....	1,078				19	<b>1,078</b>	
20 Depreciation expense or depletion (see page E-5) .....	240				20	<b>240</b>	
21 Total expenses. Add lines 19 and 20	1,318						
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198 .....	282						
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 .....	0						
24 Income. Add positive amounts shown on line 22. Do not include any losses .....	282				24	<b>282</b>	
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here .....	0				25	0	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 .....	282				26	<b>282</b>	

## Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► See separate instructions.

2009

Attachment  
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

PETER P BUTTIGIEG

Use a separate Form 1116 for each category of income listed below. See Categories of Income beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions  
 b  General category income      d  Certain income re-sourced by treaty

f Resident of (name of country) ► UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

## Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1a Gross income from sources within country shown above, and of the type checked above (see page 13 of the instructions):	VARIOUS			
PASSIVE INCOME	292			1a 292
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deds. (attach stmt.)				
c Add lines 3a and 3b				
d Gross foreign source income (see instructions)	292			
e Gross income from all sources (see instructions)	152,852			
f Divide line 3d by line 3e (see instructions)	0.0019			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet on page 14 of the instructions)	6			
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	6			6
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ► 7				286

## Part II Foreign Taxes Paid or Accrued (see page 14 of the instructions)

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued													
		In foreign currency				In U.S. dollars									
	(h) Paid			(i) Accrued		Taxes withheld at source on:		(n) Other foreign taxes paid or accrued		Taxes withheld at source on:		(r) Other foreign taxes paid or accrued		(s) Total foreign taxes paid or accrued (add cols. (o) through (t))	
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Other foreign taxes paid or accrued	(p) Dividends	(q) Rents and royalties	(r) Interest	(s) Total foreign taxes paid or accrued (add cols. (o) through (t))	(t)					
A VARIOUS						18					18				
B															
C															
8 Add lines A through C, column(s). Enter the total here and on line 9, page 2 ► 8											18				

For Paperwork Reduction Act Notice, see page 19 of the instructions.

Form 1116 (2009)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	18	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	18	
12 Reduction in foreign taxes (see pages 15 and 16 of the instructions)	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit (see instructions)	13	18	
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see page 16 of the instructions)	14	286	
15 Adjustments to line 14 (see pages 16 and 17 of the instructions)	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	286	
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption	17	139,779	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see page 17 of the instructions.			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	0.0020	
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36 and 37	19	31,820	
Caution: If you are completing line 19 for separate category e (lump-sum distributions), see page 19 of the instructions.			
20 Multiply line 19 by line 18 (maximum amount of credit)	20	65	
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV (see page 19 of the instructions)	21	18	

**Part IV Summary of Credits From Separate Parts III (see page 19 of the instructions)**

22 Credit for taxes on passive category income	22	
23 Credit for taxes on general category income	23	
24 Credit for taxes on certain income re-sourced by treaty	24	
25 Credit for taxes on lump-sum distributions	25	
26 Add lines 22 through 25	26	
27 Enter the smaller of line 19 or line 26	27	
28 Reduction of credit for international boycott operations. See instructions for line 12 beginning on page 15	28	
29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29	18

Form 4562

Department of the Treasury  
Internal Revenue Service  
(99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment  
Sequence No. 67

Name(s) shown on return

PETER P BUTTIGIEG

Business or activity to which this form relates

Identifying number

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses .....	1	250,000
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 .....	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009 .....	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

## Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	09/01/09	22,609	27.5 yrs.	MM	S/L	240
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

## Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

## Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .....	22	240
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 4562 (2009)

THERE ARE NO AMOUNTS FOR PAGE 2

Form **5695****Residential Energy Credits**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service**2009**Attachment  
Sequence No. **158**

Name(s) shown on return

**PETER P BUTTIGIEG**

Your social security number [REDACTED]

Before You Begin Part I: Figure the amount of any credit for the elderly or the disabled you are claiming.

**Part I Nonbusiness Energy Property Credit (See instructions before completing this part.)**

1 Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.	
2 Qualified energy efficiency improvements (see instructions).	
a Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home.	2a <b>4,796</b>
b Exterior windows (including certain storm windows) and skylights	2b
c Exterior doors (including certain storm doors)	2c
d Metal roof with appropriate pigmented coatings, or asphalt roof with appropriate cooling granules, that are specifically and primarily designed to reduce the heat gain of your home, and the roof meets or exceeds the Energy Star program requirements in effect at the time of purchase or installation	2d
3 Residential energy property costs (see instructions).	
a Energy-efficient building property	3a
b Qualified natural gas, propane, or oil furnace or hot water boiler	3b
c Advanced main air circulating fan used in a natural gas, propane, or oil furnace	3c
4 Add lines 2a through 3c	4 <b>4,796</b>
5 Multiply line 4 by 30% (.30)	5 <b>1,439</b>
6 Maximum credit amount. (If you jointly occupied the home, see instructions)	6 <b>1,500</b>
7 Enter the smaller amount of line 5 or line 6	7 <b>1,439</b>
8 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	8 <b>31,820</b>
9 Enter the total, if any, of your credits from Form 1040, lines 47 through 50, and Schedule R, line 24; or Form 1040NR, lines 44 through 46	9 <b>18</b>
10 Subtract line 9 from line 8. If zero or less, stop. You cannot take the nonbusiness energy property credit	10 <b>31,802</b>
11 Nonbusiness energy property credit. Enter the smaller of line 7 or line 10	11 <b>1,439</b>

For Paperwork Reduction Act Notice, see instructions.

Form **5695** (2009)

**Before You Begin Part II:**

Figure the amount of any of the following credits you are claiming.

- Credit for the elderly or the disabled.
- District of Columbia first-time homebuyer credit.
- Alternative motor vehicle credit.
- Qualified plug-in electric vehicle credit.
- Qualified plug-in electric drive motor vehicle credit.

**Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)****Note.** Skip lines 12 through 21 if you only have a credit carryforward from 2008.

12 Qualified solar electric property costs .....	12	
13 Qualified solar water heating property costs .....	13	
14 Qualified small wind energy property costs .....	14	
15 Qualified geothermal heat pump property costs .....	15	
16 Add lines 12 through 15 .....	16	
17 Multiply line 16 by 30% (.30) .....	17	
18 Qualified fuel cell property costs .....	18	
19 Multiply line 18 by 30% (.30) .....	19	
20 Kilowatt capacity of property on line 18 above ► _____ x \$1,000 .....	20	
21 Enter the smaller of line 19 or line 20 .....	21	
22 Credit carryforward from 2008. Enter the amount, if any, from your 2008 Form 5695, line 28 .....	22	
23 Add lines 17, 21, and 22 .....	23	0
24 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 .....	24	
25 <b>1040 filers:</b> Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 11; Form 8839, line 18; Form 8859, line 11; Form 8834, line 22; Form 8910, line 21; Form 8936, line 14; and Schedule R, line 24. <b>1040NR filers:</b> Enter the amount, if any, from Form 1040NR, lines 44 through 46; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 11; Form 8839, line 18; Form 8859, line 11; Form 8834, line 22; Form 8910, line 21; and Form 8936, line 14.	25	
26 Subtract line 25 from line 24. If zero or less, enter -0- here and on line 27 .....	26	
27 Residential energy efficient property credit. Enter the smaller of line 23 or line 26 .....	27	0
28 Credit carryforward to 2010. If line 27 is less than line 23, subtract line 27 from line 23 .....	28	

**Part III Current Year Residential Energy Credits**

29 Add lines 11 and 27. Enter the result here and on Form 1040, line 52, or Form 1040NR, line 48, and check box c on that line .....	29	1,439
--	----	-------

**Form CT-1040NR/PY- 2009, Page 1 of 4**  
 Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2009 and ending:

Y	S	N	FJFC	N	FJC	N	FSFC	N	FSC	N	HH	N	QW
[REDACTED]													

PETER

P BUTTIGIEG

N Dec. N P

N Dec. Y N

[REDACTED] Y No forms N CT-2210

N CT-8379 N CT-1040CRC

SOUTH BEND

IN 46617 - [REDACTED] •

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	149827
2. Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	566
3. Add Line 1 and Line 2	3.	150393
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3	5.	150393
6. Income from Connecticut sources (from Schedule CT-ST, Line 30)	6.	17228
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	150393
8. Income tax	8.	7320
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.1146
10. Line 9 multiplied by Line 8	10.	839
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	839
13. Connecticut Alternative Minimum Tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13	14.	839
15. Adjusted net Connecticut minimum tax credit (from Form CT-8801)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	839
17. Individual use tax (from Schedule 3, Line 62). If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	839

Clip check here. Do not staple.  
 Do not send W-2 or 1099 forms.

19. Amount from Line 18

19.

839

## W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld		
20a. [REDACTED]	• 17228	•	789		
20b.	• 0	•	0		
20c.	• 0	•	0		
20d.	• 0	•	0		
20e.	• 0	•	0		
20f.	• 0	•	0		
20g.	• 0	•	0		
20h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)		20h.	0		
20. Total Connecticut income tax withheld: Amounts in Column C.		20.	789		
21. All 2009 estimated tax payments and any overpayments applied from a prior year		21.	0		
22. Payments made with Form CT-1040 EXT		22.	0		
23. Total payments: Add Lines 20, 21, and 22.		23.	789		
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.		24.	0		
25. Amount of Line 24 you want applied to your 2010 estimated tax		25.	0		
26. Total Contributions of Refund to Designated Charities (from Schedule 4, Line 63)		26.	0		
27. Refund: Lines 25 and 26 subtracted from Line 24.		27.	0		
27a. Acct. type	Ck.	Sv.	27b. Rout. #	27c. Acct. #	
27d. Refund going to a bank account outside the U.S.				27d.	
28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19.				28.	50
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).				29.	0
30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).				30.	0
31. Interest on underpayment of estimated tax (from Form CT-2210.)				31.	0
32. Total amount due: Add Lines 28 through 31.				32.	50

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here  
Keep a copy for your records.

Your Signature	Date	Daytime Telephone Number
• [REDACTED]	• [REDACTED]	• [REDACTED]
Spouse's Signature (if joint return)	Date	Daytime Telephone Number
• [REDACTED]	• [REDACTED]	• [REDACTED]
Pai [REDACTED]	Date [REDACTED]	Telephone Number [REDACTED]
• [REDACTED]	• 03312010	[REDACTED]
Preparer's SSN or PTIN		[REDACTED]
Firm's Name, Address, and ZIP Code		FEIN
• [REDACTED]		

**Third Party Designee** - Complete the following to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)
• [REDACTED]	• [REDACTED]	• [REDACTED]

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

33. Interest on state and local government obligations other than Connecticut	33.	566
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Cancellation of debt income	35.	0
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	36.	0
37. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	37.	0
38. Loss on sale of Connecticut state and local government bonds	38.	0
39. Domestic production activities	39.	0
40. Other - specify •	40.	0
<b>41. Total additions:</b> Add Lines 33 through 40.	41.	<b>566</b>
42. Interest on U.S. government obligations	42.	0
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	43.	0
44. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	44.	0
45. Refunds of state and local income taxes	45.	0
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	46.	0
47. 50% of military retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds.	49.	0
50. CHET contributions Acct. #:	50.	0
51. Other - specify •	51.	0
<b>52. Total subtractions:</b> Add Lines 42 through 51.	52.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

53. Connecticut AGI during residency portion of taxable year	53.	0
--	-----	---

	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	<b>0 . 0000</b>
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
<b>61. Total credit:</b> Add Line 60, all columns.	61.	0

**Schedule 3 - Individual Use Tax**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
• Total of individual purchases under \$300 not listed above			0	0	0	0

62. Individual use tax: Amounts for Column G.

62. • 0

**Schedule 4 - Contributions to Designated Charities**

63a. AR	■	63a. 0
63b. OT	■	63b. 0
63c. ESW	■	63c. 0
63d. BCR	■	63d. 0
63e. SNS	■	63e. 0
63f. MFRF	■	63f. 0
63. Total Contributions: Add Lines 63a through 63f.	■	63. • 0

**Schedule CT-SI**  
**Nonresident or Part-Year Resident**  
**Schedule of Income From Connecticut Sources**

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.  
Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

Your first name and middle initial <b>PETER P</b>	Last name <b>BUTTIGIEG</b>	Spouse's Social Security Number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

See instructions on Page 27 before completing this schedule. Complete in blue or black ink only.

**Part 1 - Connecticut Income - Part-Year Residents:** Complete Schedule CT-1040AW, Part-Year Resident Income Allocation.  
Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.  
**Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	►	1	17,228	
2. Taxable interest	►	2		
3. Ordinary dividends	►	3		
4. Alimony received	►	4		
5. Business income or (loss)	►	5		
6. Capital gain or (loss)	►	6		
7. Other gains or (losses)	►	7		
8. Taxable amount of IRA distributions	►	8		
9. Taxable amount of pensions and annuities	►	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	►	10		
11. Farm income or (loss)	►	11		
12. Unemployment compensation	►	12		
13. Taxable amount of social security benefits	►	13		
14. Other income: See instructions	►	14		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	►	15	17,228	00

**Part 2 - Adjustments to Connecticut Income - Enter adjustments directly related to income reported above.**

16. Educator expenses	►	16		
17. Certain business expenses of reservists, artists, and fee-basis government officials	►	17		
18. Health savings account deduction	►	18		
19. Moving expenses	►	19		
20. One-half of self-employment tax	►	20		
21. Self-employed SEP, SIMPLE, and qualified plans	►	21		
22. Self-employed health insurance deduction	►	22		
23. Penalty on early withdrawal of savings	►	23		
24. Alimony paid. Recipient's last name ►	SSN ►	24		
25. IRA deduction	►	25		
26. Student loan interest deduction	►	26		
27. Tuition and fees deduction	►	27		
28. Reserved for future use	►	28		
29. Total adjustments: Add Lines 16 through 28.	►	29		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY, Line 6.	►	30	17,228	00

**Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut-source income. See instructions, Page 31.**

- A. Working days (or other basis) outside Connecticut
- B. Working days (or other basis) inside Connecticut
- C. Total working days: Add Line A and Line B.
- D. Nonworking days (Holidays, weekends, etc.)
- E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.
- F. Total income being apportioned
- G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1.  
Basis, if other than working days:

A	
B	
C	
D	
E	
F	
G	

Illinois Department of Revenue  
**2009 Form IL-1040**

tax.illinois.gov

Individual Income Tax Return

or for fiscal year ending \_\_\_\_\_ / 09

Do not write above this line.

**Step 1: Personal Information**

PETER P

BUTTIGIEG

SOUTH BEND

IN 46617

C Filing status (see instructions)

Single or head of household       Married filing jointly       Married filing separately       Widowed

**Step 2: Income**

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4.

(Whole dollars only)  
1 149,827 .00

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ

2 566 .00

3 Other additions to your income. Attach Schedule M.

3 .00

4 Total income. Add Lines 1 through 3.

4 150,393 .00

**Step 3: Base Income**

5 Income received from Social Security benefits and certain retirement plans if included in Line 1. Attach federal Page 1.

5 .00

6 Illinois Income Tax overpayment included in U.S. 1040, Line 10

6 .00

7 Other subtractions to your income. Attach Schedule M.

7 .00

Check if Line 7 includes any amount from Schedule 1299-C

8 Add Lines 5, 6, and 7. This is the total of your subtractions.

8 .00

9 Illinois base income. Subtract Line 8 from Line 4.

9 150,393 .00

**Step 4: Exemptions**

See  
instructions  
before  
figuring  
exemptions.

10 a Number of exemptions from your federal return      1 X \$2,000 a 2,000 .00

b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here.

X \$2,000 b .00

c Check if 65 or older:  You +  Spouse = X \$1,000 c .00

d Check if legally blind:  You +  Spouse = X \$1,000 d .00

Exemption allowance. Add Lines a through d.      10 2,000 .00

**Step 5: Net Income**

11 Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12.      11 .00

12 Nonresidents and part-year residents Only:

Check the box that applies to you during 2009  Nonresident  Part-year resident, and

write the Illinois base income from Schedule NR. Attach Schedule NR. 12 30,438 .00

**Step 6: Tax**

13 Residents: Multiply Line 11 by 3% (.03). Write the result here.

Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR.

13 901 .00

14 Recapture of investment tax credits. Attach Schedule 4255.

14 .00

15 Total tax. Add Lines 13 and 14. This amount may not be less than zero.

15 901 .00

PETER P BUTTIGIEG

16 Total tax amount from Page 1, Line 15 NR 16 901 .00

**Step 7: Nonrefundable Credits**

17 Income tax paid to another state while an Illinois resident.

Attach Schedule CR. 17 .00

Complete  
Schedule ICR

18 Property tax and K-12 education expense credit amount from

Schedule ICR. Attach Schedule ICR. 18 .00

19 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 19 .00

20 Add Lines 17, 18, and 19. This is the total of your credits. This amount

may not exceed the tax amount from Line 16.

21 Tax after nonrefundable credits. Subtract Line 20 from Line 16.

21 901 .00

**Step 8: Payments and Refundable Credit**

22 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 22 889 .00

23 Estimated payments from Forms IL-505-I and IL-1040-ES,  
including overpayment applied from 2008 return 23 .00

See Instructions

24 Pass-through entity payments. Attach Schedule K-1-P or K-1-T. 24 .00

Complete  
Schedule ICR

25 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 25 .00

26 Total payments and refundable credit. Add Lines 22 through 25. 26 889 .00

**Step 9: Overpayment or Underpayment**

27 Overpayment. If Line 26 is greater than Line 21, subtract Line 21 from Line 26. 27 .00

28 Underpayment. If Line 21 is greater than Line 26, subtract Line 26 from Line 21. 28 12 .00

**Step 10: Underpayment of Estimated Tax Penalty and Donations**

29 Late payment penalty for underpayment of estimated tax. 29 .00

a Check if at least two-thirds of your federal gross income is from farming.

b Check if you or your spouse are 65 or older and permanently  
living in a nursing home.

c Check if your income was not received evenly during the year and  
you annualized your income on Form IL-2210, otherwise we  
will figure this penalty for you. Attach Form IL-2210.

MAKE "GIVING"

30 You can make voluntary charitable donations to many worthy causes  
using this form. It's easy - just complete Schedule G and enter  
the donation amount here. Attach Schedule G.

30 .00

EASY!

31 Total penalty and donations. Add Lines 29 and 30. 31 .00

**Step 11: Refund or Amount You Owe**

32 If you have an overpayment on Line 27 and this amount is greater than  
Line 31, subtract Line 31 from Line 27. This is your remaining overpayment. 32 .00

33 Amount from Line 32 you want refunded to you 33 .00

34 Complete to direct deposit your refund

Direct Deposit

Routing number   Checking or  Savings

Account number

35 Subtract Line 33 from Line 32. This amount will be applied to your 2010 estimated tax. 35 .00

See  
instructions  
for payment  
options.

36 If you have an underpayment on Line 28, add Lines 28 and 31. OR  
If you have an overpayment on Line 27 and this amount is less than Line 31, subtract Line 27 from  
Line 31. This is the amount you owe. 36 12 .00

**Step 12: Sign and Date**

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign  
here

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone number \_\_\_\_\_ Your spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Paid preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's phone number \_\_\_\_\_ Preparer's FEIN, SSN, or PTIN \_\_\_\_\_

If no payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 1040  
GALESBURG IL 61402-1040

If payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE  
SPRINGFIELD IL 62726-0001

**Illinois Department of Revenue  
2009 Schedule NR**

**Nonresident and Part-Year Resident  
Computation of Illinois Tax**

Attach to your Form IL-1040

IL Attachment No. 2

PETER P

BUTTIGIEG

Your name as shown on your Form IL-1040

[REDACTED]  
Your Social Security number

**Step 1: Provide the following information**

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?

Yes       No. If you answered "Yes," **STOP** you cannot use this form (see instructions).

- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2009.

a. I lived in

Illinois from \_\_\_\_\_ to \_\_\_\_\_ I lived in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year      Month Day Year      State      Month Day Year      Month Day Year

b. My spouse lived

in Illinois from \_\_\_\_\_ to \_\_\_\_\_ and \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year      Month Day Year      State      Month Day Year      Month Day Year

- 3 If you were a resident of any of the states listed below during the tax year, check the appropriate state:

Iowa       Kentucky       Michigan       Wisconsin

- 4 If you earned income or filed a tax return for the tax year in a state other than those listed above, write the two-letter abbreviation of that state.

CT    IN    CA

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

Income	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5 <u>150,523.00</u>	<u>30,438.00</u>
6 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6 <u>437.00</u>	<u>.00</u>
7 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	7 <u>292.00</u>	<u>.00</u>
8 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10)	8 <u>.00</u>	<u>.00</u>
9 Alimony received (federal Form 1040, Line 11)	9 <u>.00</u>	<u>.00</u>
10 Business income or loss (federal Form 1040, Line 12)	10 <u>.00</u>	<u>.00</u>
11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11 <u>-1,707.00</u>	<u>.00</u>
12 Other gains or losses (federal Form 1040, Line 14)	12 <u>.00</u>	<u>.00</u>
13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	13 <u>.00</u>	<u>.00</u>
14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14 <u>.00</u>	<u>.00</u>
15 Rents, royalties, partnerships, S corporations, estates, and trusts (federal Form 1040, Line 17)	15 <u>282.00</u>	<u>.00</u>
16 Farm income or loss (federal Form 1040, Line 18)	16 <u>.00</u>	<u>.00</u>
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17 <u>.00</u>	<u>.00</u>
18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18 <u>.00</u>	<u>.00</u>
19 Other income (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 <u>.00</u>	<u>.00</u>
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 <u>30,438.00</u>	

**Step 3: Continued****Adjustments to Income**

- 21 Write the Illinois portion of your federal total income from Page 1, Step 3, Line 20. **21** 30,438.00  
 22 Deduction for Educator Expenses (federal Form 1040, Line 23; or 1040A, Line 16) **22** .00 .00  
 23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24) **23** .00 .00  
 24 Deduction for health savings account (federal Form 1040, Line 25) **24** .00 .00  
 25 Moving expenses (federal Form 1040, Line 26) **25** .00 .00  
 26 Deduction for one-half of self-employment tax (federal Form 1040, Line 27) **26** .00 .00  
 27 Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 28) **27** .00 .00  
 28 Self-employed health insurance deduction (federal Form 1040, Line 29) **28** .00 .00  
 29 Penalty on early withdrawal of savings (federal Form 1040, Line 30) **29** .00 .00  
 30 Alimony paid (federal Form 1040, Line 31a) **30** .00 .00  
 31 Total IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17) **31** .00 .00  
 32 Deduction for student loan interest (federal Form 1040, Line 33; or 1040A, Line 18) **32** .00 .00  
 33 Deduction for tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19) **33** .00 .00  
 34 Domestic production activities deduction (federal Form 1040, Line 35) **34** .00 .00  
 35 Other adjustments (see instructions) **35** .00 .00  
 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income. **36** 0.00  
 37 Write your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4. **37** 149,827.00  
 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income. **38** 30,438.00

**Step 4: Figure your Illinois additions and subtractions**

In Column A, write the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

- 39 Federally tax-exempt interest income (Form IL-1040, Line 2) **39** 566.00 .00  
 40 Other additions (Form IL-1040, Line 3) **40** .00 .00  
 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income. **41** 30,438.00  
 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5) **42** .00 .00  
 43 Illinois Income Tax overpayment included on your U.S. 1040, Line 10. (Form IL-1040, Line 6) **43** .00 .00  
 44 Other subtractions (Form IL-1040, Line 7) **44** .00 .00  
 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions. **45** 0.00

**Step 5: Figure your Illinois income and tax**

- 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, write zero. This is your Illinois base income.  
 Write this amount on your Form IL-1040, Line 12. **46** 30,438.00  
 If Line 46 is zero, skip Lines 47 through 51, and write "0" on Line 52.  
 47 Write the base income from Form IL-1040, Line 9. **47** 150,393.00  
 48 Divide Line 46 by Line 47 (carry to three decimal places). Write the appropriate decimal. If Line 46 is greater than Line 47, write 1.000. **48** 0.202  
 49 Write your exemption allowance from your Form IL-1040, Line 10. **49** 2,000.00  
 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance. **50** 404.00  
 51 Subtract Line 50 from Line 46. This is your Illinois net income. **51** 30,034.00  
 52 Multiply the amount on Line 51 by 3% (.03). This amount may not be less than zero. This is your tax before recapture of investment credits.  
 Write this amount on your Form IL-1040, Line 13. **52** 901.00

**Tax Calculations**

If you are not filing for the calendar year January 1 through December 31, 2009, enter period from:

/ /2009 to: / /2009

Your Social  
Security Number

Spouse's Social  
Security Number

Place "X" in box if applying for ITIN

Place "X" in box if applying for ITIN

Your first name

Initial

Last name

**PETER**

If filing a joint return, spouse's first name

**P**

**BUTTIGIEG**

Last name

Present address (number and street or rural route)

Place "X" in box if you are  
married filing separately.

City

State

Zip code + 4

**SOUTH BEND**

Foreign Country (if applicable)

**IN**

**46617**

School Corporation Number (see pages 43 and 44)

**7205**

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2009.

County where  
you lived

**71**

County where  
you worked

**71**

County where  
spouse lived

County where  
spouse worked

**Round all entries**

1.	Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) .....	Federal AGI	1	<b>149,827 . 00</b>
2.	Enter amount from Schedule 1, line 15, and attach Schedule 1 .....	Indiana Add-Backs	2	. 00
3.	Add line 1 and line 2 .....		3	<b>149,827 . 00</b>
4.	Enter amount from Schedule 2, line 12, and attach Schedule 2 .....	Indiana Deductions	4	. 00
5.	Subtract line 4 from line 3 .....		5	<b>149,827 . 00</b>
6.	You must complete Schedule 3. Enter amount from Schedule 3, line 5, and attach Schedule 3 .....	Indiana Exemptions	6	<b>1,000 . 00</b>
7.	Subtract line 6 from line 5 (if answer is less than zero, leave blank) .....	State Taxable Income	7	<b>148,827 . 00</b>
8.	State adjusted gross income tax: multiply line 7 by 3.4% (.034) .....		8	<b>5,060 . 00</b>
9.	County tax. Enter county tax due from Schedule CT-40 .....		9	<b>1,544 . 00</b>
10.	Other taxes. Enter amount from Schedule 4, line 5 (attach schedule) .....		10	. 00
11.	Add lines 8, 9 and 10. Enter total here and on line 15 on the back .....	Indiana Taxes	11	<b>6,604 . 00</b>

12.	Enter credits from Schedule 5, line 9 (attach schedule) .....	12	<b>3,344 • 00</b>
13.	Enter offset credits from Schedule 6, line 7 (attach schedule) .....	13	<b>1,497 • 00</b>
14.	Add lines 12 and 13 .....	Indiana Credits	<b>4,841 • 00</b>
15.	Enter amount from line 11 .....	Indiana Taxes	<b>6,604 • 00</b>
16.	If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) .....	16	<b>• 00</b>
17.	Amount from line 16 to be donated to the Indiana Nongame Wildlife Fund .....	17	<b>• 00</b>
18.	Subtract line 17 from line 16 .....	Overpayment	<b>• 00</b>
19.	Amount from line 18 to be applied to your 2010 estimated tax account (see instructions on page 9).  Enter your county code.      county tax to be applied ..... \$ a      • 00  Spouse's county code      county tax to be applied ..... \$ b      • 00  Indiana adjusted gross income tax to be applied ..... \$ c      • 00  Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) .....	19d	<b>• 00</b>
20.	Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A .....	20	<b>• 00</b>
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions .....	Your Refund	<b>• 00</b>
22.	a. Routing Number  b. Account Number  c. Type:      Checking      Savings      Hoosier Works MC	<b>Direct Deposit</b> (see page 11)	
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions on page 11) .....	23	<b>1,763 • 00</b>
24.	Penalty if filed after due date (see instructions) .....	24	<b>• 00</b>
25.	Interest if filed after due date (see instructions) .....	25	<b>• 00</b>
26.	Amount Due: Add lines 23, 24 and 25 .....	Amount You Owe	<b>1,763 • 00</b>
	► No payment is due if you owe less than \$1. Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.		

Sign and date this return after reading the Filing Authorization statement on Schedule 7. Attach Schedule 7.

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- Mail to: Indiana Department of Revenue, P.O. Box 7231, Indianapolis, IN 46207-7231.

**Schedules 3 & 4**  
**Form IT-40, State Form 53997**  
(9-09)

**Schedule 3: Exemptions**  
(Schedule 4 begins after line 5 below.)

**2009**

Enclosure  
Sequence No. 03

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

Round all entries

1. Number of exemptions claimed on your federal return (if no federal return was filed, enter \$1,000 per qualifying person)	1	x \$1,000	1	1,000 .00
2. Claim an additional exemption for each dependent child <ul style="list-style-type: none"> <li>• who is a son, stepson, daughter, stepdaughter and/or foster child,</li> <li>• who was under the age of 19 by Dec. 31, 2009, or a full-time student who was under the age of 24 by Dec. 31, 2009, and</li> <li>• who you are eligible to claim as a dependent on your federal tax return.</li> </ul>				
Enter number you are eligible to claim		x \$1,500	2	.00
3. Place "X" in box(es) below if, by December 31, 2009				
You were age 65 or older		and/or blind		
Spouse was 65 or older		and/or blind		
Total number of boxes with Xs		x \$1,000	3	.00
4. If age 65 or older, enter amount from Form IT-40, line 1 If this amount is less than \$40,000, place "X" in box(es) below if:		\$ _____		
You were age 65 or older				
Spouse was 65 or older				
Total number of boxes with Xs		x \$500	4	.00
5. Add lines 1, 2, 3 and 4. Enter here and on Form IT-40, line 6		Total Exemptions	5	1,000 .00

**Schedule 4: Other Taxes**

Instructions begin on page 22

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet	1	.00
2. Household employment taxes. Attach Schedule IN-H	2	.00
3. Indiana advance earned income credit payments from W-2s	3	.00
4. Recapture of Indiana's CollegeChoice 529 credit. Attach Schedule IN-529R	4	.00
5. Add lines 1 through 4. Enter here and on Form IT-40, line 10	Other Taxes	5
		0 .00

**Schedule 5**  
Form IT-40, State Form 53998  
(9-09)

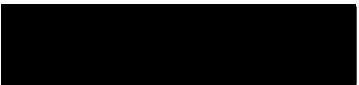
Name(s) shown on Form IT-40

PETER P BUTTIGIEG

**Schedule 5: Credits**  
Instructions begin on page 23

**2009**

Enclosure  
Sequence No. 04

Your Social Security Number  


Round all entries

1. Indiana state tax withheld (from box 17 of your W-2s or from 1099s)	1	3,344 . 00
2. Indiana county tax withheld (from box 19 of your W-2s or from 1099s)	2	. 00
3. Estimated tax paid for 2009; include any extension payment made with Form IT-9	3	. 00
4. Unified tax credit for the elderly	4	. 00
5. Earned income credit; enclose Schedule IN-EIC and enter amount from Section A, line A-2	5	. 00
6. Lake County residential income tax credit	6	. 00
7. Economic development for a growing economy credit	7	. 00
8. Media production expenditure credit	8	. 00
9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12	Total Credits 9	3,344 . 00

**Schedule 6**  
Form IT-40, State Form 53999  
(9-09)

**Schedule 6: Offset Credits**  
Instructions begin on page 25

**2009**

Enclosure  
Sequence No. 05

Name(s) shown on Form IT-40

Your Social Security Number  
[REDACTED]

PETER P BUTTIGIEG

Round all entries

1. Credit for local taxes paid outside Indiana	1	.00
2. County credit for the elderly: attach federal Schedule R	2	.00
<b>3. Other Local Credits: See instructions (attach additional sheets if necessary)</b>		
a. Enter credit name	code no.	3a .00
b. Enter credit name	code no.	3b .00
<b>Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see Limitation in instructions)</b>		
4. College credit: attach Schedule CC-40	4	.00
5. Credit for taxes paid to other states: attach other state's return	5	1,497 .00
<b>6. Other Credits: See instructions (attach additional sheets if necessary)</b>		
a. Enter credit name	code no.	6a .00
b. Enter credit name	code no.	6b .00
c. Enter credit name	code no.	6c .00
d. Enter credit name	code no.	6d .00
<b>Important: Lines 4 through 6 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see Additional Limitations in instructions)</b>		
<b>7. Add lines 1 through 6 and enter total here and on line 13 of Form IT-40</b>	Total Offset Credits ► 7	1,497 .00

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG

1. Federal filing information

Are you filing a federal income tax return for 2009? Place "X" in appropriate box.

Yes  No

2. Out-of-state income: Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

94

\$

30,438.00

\$

.00

3. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Date of death

If any individual listed at the top of the IT-40 died during 2009, enter date of death (MM/DD).

Taxpayer's date of death

2009

Spouse's date of death

2009

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your e-mail address.

I authorize the Department to discuss my return with my personal representative (see page 37).

Paid Preparer: Firm's Name (or yours if self-employed)

Yes  No      If yes, complete the information below.

IN-OPT on file with paid preparer if not filing electronically

Federal I.D. Number

PTIN OR

Social Security No.

Telephone  
number

Address

Address

Address

City    SOUTH BEND

City    SOUTH BEND

State    IN

Zip Code    46617-

State    IN

Zip Code    46617

Name(s) shown on Form IT-40

Your Social Security Number

PETER P. BUTTIGIEG



Lake County Residents: Turn to the Special Instructions for Lake County residents on page 41 if you and/or your spouse lived and/or worked in Lake County, IN, on Jan. 1, 2009. If you determine that Lake County tax is due, find your and/or spouse's 4-digit code number (see page 41) and enter it here:

Your Lake County 4-digit number

Spouse's Lake County 4-digit number

**SECTION 1: To be completed by those taxpayers who were residents of a county that had adopted a county income tax.**

		Column A - Yourself	Column B - Spouse's	
1.	Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1 (or lived in the same Lake County location on January 1), enter the entire amount from Form IT-40, line 7 on line 1A only. See instructions on page 38	1A	148,827 . 00	1B . 00
2.	If you claimed a non-Indiana locality earnings deduction on Schedule 2, line 8, enter the amount here. If not, leave blank	2A	. 00	2B . 00
3.	Add lines 1 and 2	► 3A	148,827 . 00	3B . 00
4.	Enter the resident rate from the county tax chart on the back of this schedule for the county where you lived on Jan. 1, 2009	4A	0.010375	4B . 00
5.	Multiply line 3 by the rate on line 4	5A	1,544 . 00	5B . 00
6.	Add lines 5A and 5B. Enter the total here. Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 7 and 8. Otherwise, enter the total here and on line 9 below (see page 39)	► 6		1,544 . 00
7.	Enter the amount of income that was taxed by any of the Kentucky counties listed on line 6 above	7		. 00
8.	Multiply line 7 by .0056 and enter total here	8		. 00
9.	Line 6 minus line 8. Enter the total here and on line 9 of Form IT-40	► 9		1,544 . 00

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2009, were residents of a county that had not adopted a county income tax, but worked in an Indiana county that had adopted a county income tax.**

		Column A - Yourself	Column B - Spouse's	
1.	Enter your principal employment income. See page 40 for further Section 2 instructions	1A	. 00	1B . 00
2.	Enter deductions. See page 40 for the complete list of allowable deductions and further instructions	2A	. 00	2B . 00
3.	Subtract line 2 from line 1	► 3A	. 00	3B . 00
4.	Enter some or all of the exemptions from line 5 of Schedule 3 (see instructions on page 40)	4A	. 00	4B . 00
5.	Subtract line 4 from line 3	► 5A	. 00	5B . 00
6.	Enter the nonresident rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2009	6A		6B . 00
7.	Multiply the income on line 5 by the rate on line 6	7A	. 00	7B . 00
8.	Enter total of 7A plus 7B. Add to any Section 1, line 9 amount, and carry to line 9 of Form IT-40	► 8		. 00

## Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► See separate instructions.

2009

Attachment  
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

**PETER P BUTTIGIEG**

Use a separate Form 1116 for each category of income listed below. See Categories of Income beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below:

- a  Passive category income      c  Section 901(j) income      e  Lump-sum distributions  
 b  General category income      d  Certain income re-sourced by treaty

f Resident of (name of country) ► **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			(Add cols. A, B, and C.)
	A	B	C	
1a. Gross income from sources within country shown above and of the type checked above (see page 13 of the instructions):	<b>VARIOUS</b>			
<b>PASSIVE INCOME</b>	<b>292</b>			1a
b Check if line 1a is compensation for personal services as an employee; your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)				
b Other deds. (attach stmt)				
c Add lines 3a and 3b				
d Gross foreign source income (see instructions)	<b>292</b>			
e Gross income from all sources (see instructions)	<b>152,852</b>			
f Divide line 3d by line 3e (see instructions)	<b>0.0019</b>			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet on page 14 of the instructions)				
b Other interest expense	<b>6</b>			
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	<b>6</b>			6
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ►				7
				<b>286</b>

**Part II Foreign Taxes Paid or Accrued (see page 14 of the instructions)**

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued								
		In foreign currency			In U.S. dollars			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
(f) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:					
(i) <input type="checkbox"/> Accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends	(p) Rents and royalties	(q) Interest				
A <b>VARIOUS</b>					<b>18</b>					
B										
C										
8 Add lines A through C, column(s). Enter the total here and on line 9, page 2 ►								8		18

For Paperwork Reduction Act Notice, see page 19 of the instructions.

Form 1116 (2009)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	9	18	
10 Carryback or carryover (attach detailed computation) .....	10		
11 Add lines 9 and 10 .....	11	18	
12 Reduction in foreign taxes (see pages 15 and 16 of the instructions) .....	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit (see instructions) .....	13	18	
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see page 16 of the instructions) .....	14	286	
15 Adjustments to line 14 (see pages 16 and 17 of the instructions) .....	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) .....	16	286	
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption .....	17	139,779	
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see page 17 of the instructions.			
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1" .....	18	0.0020	
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 .....	19	31,820	
Caution: If you are completing line 19 for separate category e (lump-sum distributions), see page 19 of the instructions.			
20 Multiply line 19 by line 18 (maximum amount of credit) .....	20	65	
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filling, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV (see page 19 of the instructions) .....	21	18	

**Part IV Summary of Credits From Separate Parts III (see page 19 of the instructions)**

22 Credit for taxes on passive category income .....	22	
23 Credit for taxes on general category income .....	23	
24 Credit for taxes on certain income re-sourced by treaty .....	24	
25 Credit for taxes on lump-sum distributions .....	25	
26 Add lines 22 through 25 .....	26	
27 Enter the smaller of line 19 or line 26 .....	27	
28 Reduction of credit for international boycott operations. See instructions for line 12 beginning on page 15 .....	28	
29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a .....	29	

**Form CT-1040NR/PY- 2009, Page 1 of 4**  
Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: **2009** and ending:

Y	S	N	FJFC	N	FJC	N	FSFC	N	FSC	N	HH	N	QW	N	Dec.	N	P
[REDACTED]																	
PETER										P BUTTIGIEG							
[REDACTED]																	
										Y No forms N CT-2210							
										N CT-8379 N CT-1040CRC							
SOUTH BEND										IN 46617 - [REDACTED] •							

- |   |           |
|---|-----------|
| 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) | 1. 149827 |
| 2. Additions to federal adjusted gross income (from Schedule 1, Line 41)  | 2. 566    |
| 3. Add Line 1 and Line 2  | 3. 150393 |
| 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)                                   | 4. 0      |
| 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.  | 5. 150393 |
| 6. Income from Connecticut sources (from Schedule CT-SI, Line 30)   | 6. 17228  |
| 7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.                                   | 7. 150393 |
| 8. Income tax   | 8. 7320   |
| 9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.                   | 9. 0.1146 |
| 10. Line 9 multiplied by Line 8   | 10. 839   |
| 11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)                         | 11. 0     |
| 12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.                        | 12. 839   |
| 13. Connecticut Alternative Minimum Tax (from Form CT-6251)   | 13. 0     |
| 14. Add Line 12 and Line 13.  | 14. 839   |
| 15. Adjusted net Connecticut minimum tax credit (from Form CT-8801)   | 15. 0     |
| 16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.                 | 16. 839   |
| 17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.                             | 17. 0     |
| 18. Total tax: Add Line 16 and Line 17.   | 18. 839   |

Clip check here. Do not staple.  
Do not send W-2 or 1099 forms.

19. Amount from Line 18

19. • 839

## W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
----------------------------------	-------------------------------	-------------	---------------------------------

20a.	• 17228	•	789		
20b.	• 0	•	0		
20c.	• 0	•	0		
20d.	• 0	•	0		
20e.	• 0	•	0		
20f.	• 0	•	0		
20g.	• 0	•	0		
20h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)		20h.	0		
<b>20. Total Connecticut income tax withheld:</b> Amounts in Column C.		20.	789		
21. All 2009 estimated tax payments and any overpayments applied from a prior year		21.	0		
22. Payments made with Form CT-1040 EXT		22.	0		
<b>23. Total payments:</b> Add Lines 20, 21, and 22.		23.	789		
24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.		24.	0		
25. Amount of Line 24 you want applied to your 2010 estimated tax		25.	0		
26. Total Contributions of Refund to Designated Charities (from Schedule 4, Line 63)		26.	0		
<b>27. Refund:</b> Lines 25 and 26 subtracted from Line 24.		27.	0		
27a. Acct. type	Ck.	Sv.	27b. Rout. #	27c. Acct. #	
27d. Refund going to a bank account outside the U.S.				27d.	
28. <b>Tax due:</b> If Line 19 is more than Line 23, Line 23 subtracted from Line 19.				28.	50
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).				29.	0
30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).				30.	0
31. Interest on underpayment of estimated tax (from Form CT-2210.)				31.	0
<b>32. Total amount due:</b> Add Lines 28 through 31.				32.	50

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here  
Keep a copy for your records.

Your Signature	Date	Daytime Telephone Number
• _____	•	•
Spouse's Signature (if joint return)	Date	Daytime Telephone Number
• _____	•	•
Paid [REDACTED]	Date [REDACTED]	Telephone Number [REDACTED]
• [REDACTED]	• 03312010	[REDACTED] Preparer's SSN or PTIN [REDACTED]
Firm's Name, Address, and ZIP Code • [REDACTED]		FEIN [REDACTED]

**Third Party Designee** - Complete the following to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)
• [REDACTED]	• [REDACTED]	• [REDACTED]

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

33. Interest on state and local government obligations other than Connecticut	33.	<b>566</b>
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Cancellation of debt income	35.	0
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	36.	0
37. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	37.	0
38. Loss on sale of Connecticut state and local government bonds	38.	0
39. Domestic production activities	39.	0
40. Other - specify	40.	0
<b>41. Total additions:</b> Add Lines 33 through 40.	41.	<b>566</b>
42. Interest on U.S. government obligations	42.	0
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	43.	0
44. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	44.	0
45. Refunds of state and local income taxes	45.	0
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	46.	0
47. 50% of military retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions      Acct. #:	50.	0
51. Other - specify	51.	0
<b>52. Total subtractions:</b> Add Lines 42 through 51.	52.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

53. Connecticut AGI during residency portion of taxable year	53.	0
--	-----	---

	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54.	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	<b>0.0000</b>
57. Apportioned income tax:	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
<b>61. Total credit:</b> Add Line 60, all columns.	61.	0

**Schedule 3 - Individual Use Tax**

Column A	Column B	Column C	Column D	Column E	Column F	Column G
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
•			0	0	0	0
• Total of individual purchases under \$300 not listed above			0	0	0	0
62. Individual use tax: Amounts for Column G.				62. •		0
<b>Schedule 4 - Contributions to Designated Charities</b>						
63a. AR				63a.		0
63b. OT				63b.		0
63c. ES/W				63c.		0
63d. BCR				63d.		0
63e. SNS				63e.		0
63f. MFRF				63f.		0
63. Total Contributions: Add Lines 63a through 63f.				63. •		0

**Schedule CT-SI**  
Nonresident or Part-Year Resident  
**Schedule of Income From Connecticut Sources**

**Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.**  
Any reference in this document to a spouse also refers to a party to a civil union recognized under Connecticut law.

Your first name and middle initial <b>PETER P</b>	Last name <b>BUTTIGIEG</b>	Your Social Security Number [REDACTED]
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

See instructions on Page 27 before completing this schedule. Complete in blue or black ink only.

**Part 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT-1040AW, Part-Year Resident Income Allocation.**

Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

**Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	►	1	17,228
2. Taxable interest	►	2	
3. Ordinary dividends	►	3	
4. Alimony received	►	4	
5. Business income or (loss)	►	5	
6. Capital gain or (loss)	►	6	
7. Other gains or (losses)	►	7	
8. Taxable amount of IRA distributions	►	8	
9. Taxable amount of pensions and annuities	►	9	
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	►	10	
11. Farm income or (loss)	►	11	
12. Unemployment compensation	►	12	
13. Taxable amount of social security benefits	►	13	
14. Other income: See instructions.	►	14	
15. Gross income from Connecticut sources: Add Lines 1 through 14.	►	15	17,228

**Part 2 - Adjustments to Connecticut Income** - Enter adjustments directly related to income reported above.

16. Educator expenses	►	16
17. Certain business expenses of reservists, artists, and fee-basis government officials	►	17
18. Health savings account deduction	►	18
19. Moving expenses	►	19
20. One-half of self-employment tax	►	20
21. Self-employed SEP, SIMPLE, and qualified plans	►	21
22. Self-employed health insurance deduction	►	22
23. Penalty on early withdrawal of savings	►	23
24. Alimony paid. Recipient's last name ►	SSN ►	24
25. IRA deduction	►	25
26. Student loan interest deduction	►	26
27. Tuition and fees deduction	►	27
28. Reserved for future use	►	28
29. Total adjustments: Add Lines 16 through 28.	►	29
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY, Line 6.	►	30 17,228 00

**Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. Do not complete Lines A through G if you know the exact amount of your Connecticut-source income. See instructions, Page 31.**

A. Working days (or other basis) outside Connecticut	A
B. Working days (or other basis) inside Connecticut	B
C. Total working days: Add Line A and Line B.	C
D. Nonworking days (Holidays, weekends, etc.)	D
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E
F. Total income being apportioned	F
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1.	G
Basis, if other than working days:	

Illinois Department of Revenue  
**2009 Form IL-1040**

[tax.illinois.gov](http://tax.illinois.gov) Individual Income Tax Return or for fiscal year ending \_\_\_\_ / **09**

Do not write above this line.

**Step 1: Personal Information**

PETER P BUTTIGIEG

SOUTH BEND IN 46617

C Filing status (see instructions)

Single or head of household       Married filing jointly       Married filing separately       Widowed

**Step 2: Income**

1	Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4	(Whole dollars only)	1	149,827 .00
2	Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ		2	566 .00
3	Other additions to your income. Attach Schedule M.		3	.00
4	Total income. Add Lines 1 through 3.		4	150,393 .00

Staple W-2 and 1099 forms here

**Step 3: Base Income**

5	Income received from Social Security benefits and certain retirement plans if included in Line 1. Attach federal Page 1.	5	.00
6	Illinois Income Tax overpayment included in U.S. 1040, Line 10	6	.00
7	Other subtractions to your income. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C	7	.00
8	Add Lines 5, 6, and 7. This is the total of your subtractions.	8	.00
9	Illinois base income. Subtract Line 8 from Line 4.	9	150,393 .00

**Step 4: Exemptions**

See instructions before figuring exemptions.

10	a Number of exemptions from your federal return	1	X \$2,000 a 2,000 .00
b	If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here.		X \$2,000 b .00
c	Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = X \$1,000 c .00		X \$1,000 c .00
d	Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = X \$1,000 d .00		X \$1,000 d .00
	Exemption allowance. Add Lines a through d.	10	2,000 .00

**Step 5: Net Income**

11	Residents Only: Net income. Subtract Line 10 from Line 9. Skip Line 12.	11	.00
12	Nonresidents and part-year residents Only: Check the box that applies to you during 2009 <input checked="" type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR.	12	30,438 .00

**Step 6: Tax**

13	Residents: Multiply Line 11 by 3% (.03). Write the result here. Nonresidents and part-year residents: Write the tax before recapture of investment credits from Schedule NR.	13	901 .00
14	Recapture of investment tax credits. Attach Schedule 4255.	14	.00
15	Total tax. Add Lines 13 and 14. This amount may not be less than zero.	15	901 .00

PETER P BUTTIGIEG

16 Total tax amount from Page 1, Line 15 NR 16 **901 .00**

**Step 7: Nonrefundable Credits**

17 Income tax paid to another state while an Illinois resident.

Attach Schedule CR. 17 **.00**

Complete  
Schedule ICR

18 Property tax and K-12 education expense credit amount from

Schedule ICR. Attach Schedule ICR. 18 **.00**

19 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 19 **.00**

20 Add Lines 17, 18, and 19. This is the total of your credits. This amount may not exceed the tax amount from Line 16. 20 **.00**

21 Tax after nonrefundable credits. Subtract Line 20 from Line 16. 21 **901 .00**

**Step 8: Payments and Refundable Credit**

22 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 22 **889 .00**

23 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2008 return 23 **.00**

See Instructions  
Complete  
Schedule ICR

24 Pass-through entity payments. Attach Schedule K-1-P or K-1-T. 24 **.00**

25 Earned Income Credit from Schedule ICR. Attach Schedule ICR. 25 **.00**

26 Total payments and refundable credit. Add Lines 22 through 25. 26 **889 .00**

**Step 9: Overpayment or Underpayment**

27 Overpayment. If Line 26 is greater than Line 21, subtract Line 21 from Line 26. 27 **.00**

28 Underpayment. If Line 21 is greater than Line 26, subtract Line 26 from Line 21. 28 **12 .00**

**Step 10: Underpayment of Estimated Tax Penalty and Donations**

29 Late payment penalty for underpayment of estimated tax. 29 **.00**

a Check if at least two-thirds of your federal gross income is from farming.

b Check if you or your spouse are 65 or older and permanently living in a nursing home.

c Check if your income was not received evenly during the year and you annualized your income on Form IL-2210, otherwise we will figure this penalty for you. Attach Form IL-2210.

30 You can make voluntary charitable donations to many worthy causes using this form. It's easy - just complete Schedule G and enter the donation amount here. Attach Schedule G.

**EASY!** 31 Total penalty and donations. Add Lines 29 and 30. 31 **.00**

**Step 11: Refund or Amount You Owe**

32 If you have an overpayment on Line 27 and this amount is greater than Line 31, subtract Line 31 from Line 27. This is your remaining overpayment. 32 **.00**

33 Amount from Line 32 you want refunded to you 33 **.00**

34 Complete to direct deposit your refund

Direct Deposit

Routing number   Checking or  Savings  
Account number

35 Subtract Line 33 from Line 32. This amount will be applied to your 2010 estimated tax. 35 **.00**

See  
instructions  
for payment  
options.

36 If you have an underpayment on Line 28, add Lines 28 and 31. OR If you have an overpayment on Line 27 and this amount is less than Line 31, subtract Line 27 from Line 31. This is the amount you owe. 36 **12 .00**

**Step 12: Sign and Date**

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign  
here

You  Date  Daytime phone number  Your spouse's signature  Date  
 03/31/10  Preparer's phone number  Preparer's TIN

If no payment enclosed, mail to:  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 1040  
GALESBURG IL 61402-1040

If payment enclosed, mail to:  
ILLINOIS DEPARTMENT OF REVENUE  
SPRINGFIELD IL 62726-0001

**Illinois Department of Revenue  
2009 Schedule NR**

Attach to your Form IL-1040.

**Nonresident and Part-Year Resident  
Computation of Illinois Tax**

IL Attachment No. 2

PETER P

BUTTIGIEG

Your name as shown on your Form IL-1040

Your Social Security number

**Step 1: Provide the following information**

- 1 Were you, or your spouse if "married filing jointly," a full-year resident of Illinois during the tax year?
  Yes       No      If you answered "Yes," **STOP**, you cannot use this form (see instructions).
- 2 If you, or your spouse if "married filing jointly," were a part-year resident during the tax year, tell us your residency dates for 2009.
  - a I lived in Illinois from \_\_\_\_\_ to \_\_\_\_\_ I lived in \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
  - Month Day Year      Month Day Year      Month Day Year
  - b My spouse lived in Illinois from \_\_\_\_\_ to \_\_\_\_\_, and \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
  - Month Day Year      Month Day Year      Month Day Year
- 3 If you were a resident of any of the states listed below during the tax year, check the appropriate state.
  Iowa       Kentucky       Michigan       Wisconsin
- 4 If you earned income or filed a tax return for the tax year in a state other than those listed above, write the two-letter abbreviation of that state.
   
**CT    IN    CA**

**Step 2: Complete Form IL-1040**

Complete Lines 1 through 10 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. Attach Schedule NR to your Form IL-1040.

**Step 3: Figure the Illinois portion of your federal adjusted gross income**

Write the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

Income	Column A Federal Total	Column B Illinois Portion
5 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1)	5 <b>150,523.00</b>	<b>30,438.00</b>
6 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2)	6 <b>437.00</b>	.00
7 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a)	7 <b>292.00</b>	.00
8 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10)	8 <b>.00</b>	.00
9 Alimony received (federal Form 1040, Line 11)	9 <b>.00</b>	.00
10 Business income or loss (federal Form 1040, Line 12)	10 <b>.00</b>	.00
11 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10)	11 <b>-1,707.00</b>	.00
12 Other gains or losses (federal Form 1040, Line 14)	12 <b>.00</b>	.00
13 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b)	13 <b>.00</b>	.00
14 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b)	14 <b>.00</b>	.00
15 Rents, royalties, partnerships, S corporations, estates, and trusts (federal Form 1040, Line 17)	15 <b>282.00</b>	.00
16 Farm income or loss (federal Form 1040, Line 18)	16 <b>.00</b>	.00
17 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3)	17 <b>.00</b>	.00
18 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b)	18 <b>.00</b>	.00
19 Other income (federal Form 1040, Line 21) Include winnings from the Illinois State Lottery as Illinois income in Column B.	19 <b>.00</b>	.00
20 Add Column B, Lines 5 through 19. This is the Illinois portion of your federal total income.	20 <b>30,438.00</b>	

### Step 3: Continued

Adjustments to Income

- 21 Write the Illinois portion of your federal total income from Page 1, Step 3, Line 20.
- 22 Deduction for Educator Expenses (federal Form 1040, Line 23; or 1040A, Line 16)
- 23 Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24)
- 24 Deduction for health savings account (federal Form 1040, Line 25)
- 25 Moving expenses (federal Form 1040, Line 26)
- 26 Deduction for one-half of self-employment tax (federal Form 1040, Line 27)
- 27 Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 28)
- 28 Self-employed health insurance deduction (federal Form 1040, Line 29)
- 29 Penalty on early withdrawal of savings (federal Form 1040, Line 30)
- 30 Alimony paid (federal Form 1040, Line 31a)
- 31 Total IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17)
- 32 Deduction for student loan interest (federal Form 1040, Line 33; or 1040A, Line 18)
- 33 Deduction for tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19)
- 34 Domestic production activities deduction (federal Form 1040, Line 35)
- 35 Other adjustments (see instructions).
- 36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.
- 37 Write your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4.
- 38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.

	Column A Federal Total	Column B Illinois Portion
21	30,438.00	
22	.00	.00
23	.00	.00
24	.00	.00
25	.00	.00
26	.00	.00
27	.00	.00
28	.00	.00
29	.00	.00
30	.00	.00
31	.00	.00
32	.00	.00
33	.00	.00
34	.00	.00
35	.00	.00
36	0.00	
37	149,827.00	
38	30,438.00	

### Step 4: Figure your Illinois additions and subtractions

In Column A, write the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

- 39 Federally tax-exempt interest income (Form IL-1040, Line 2)
- 40 Other additions (Form IL-1040, Line 3)
- 41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.
- 42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)
- 43 Illinois Income Tax overpayment included on your U.S. 1040, Line 10. (Form IL-1040, Line 6)
- 44 Other subtractions (Form IL-1040, Line 7)
- 45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.

	Column A Form IL-1040 Total	Column B Illinois Portion
39	566.00	.00
40	.00	.00
41	30,438.00	
42	.00	.00
43	.00	.00
44	.00	.00
45	0.00	

### Step 5: Figure your Illinois income and tax

- 46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, write zero. This is your Illinois base income.  
Write this amount on your Form IL-1040, Line 12.  
If Line 46 is zero, skip Lines 47 through 51, and write "0" on Line 52.
- 47 Write the base income from Form IL-1040, Line 9.
- 48 Divide Line 46 by Line 47 (carry to three decimal places). Write the appropriate decimal. If Line 46 is greater than Line 47, write 1.000.
- 49 Write your exemption allowance from your Form IL-1040, Line 10.
- 50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.
- 51 Subtract Line 50 from Line 46. This is your Illinois net income.
- 52 Multiply the amount on Line 51 by 3% (.03). This amount may not be less than zero. This is your tax before recapture of investment credits.  
Write this amount on your Form IL-1040, Line 13.

→	46	30,438.00
47	150,393.00	
48	0.202	
49	2,000.00	
50	404.00	
51	30,034.00	
→	52	901.00

Tax Calculations

For Privacy Notice, get form FTB 1131.  
**California Nonresident or Part-Year  
 Resident Income Tax Return 2009**

**Long Form**

**540NR** C1 Side 1

APE

BUTT  
 PETER P. BUTTIGIEG

09

P  
 AC  
 A  
 R  
 RP

SOUTH BEND IN 46617- [REDACTED]

Filing Status	1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married/RDP filing jointly. (see page 3) 3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here _____ 4 <input type="checkbox"/> Head of household (with qualifying person). (see page 4) 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died _____  If your California filing status is different from your federal filing status, check the box here. • <input type="checkbox"/>
	6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here (see page 15) • 6 <input type="checkbox"/>

Exemptions	► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only 7 Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2. If you checked the box on line 6, see page 15 ..... 7 <input type="checkbox"/> 1 X \$98 = \$ 98 8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; If both are visually impaired, enter 2 ..... 8 <input type="checkbox"/> X \$98 = \$ _____ 9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ..... 9 <input type="checkbox"/> X \$98 = \$ _____ 10 Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP.
------------	--

11 Exemption amount: Add line 7 through line 10	Total dependent exemptions • 10 <input type="checkbox"/> X \$98 = \$ 98
---	---

Total Taxable Income	12 Total California wages from your Form(s) W-2, box 16 • 12 21,546 00 13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 35; or 1040NR-EZ, line 10 ..... 13 149,827 00 14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ..... 14 149,827 00 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 16) ..... 15 27,016 00 16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C ..... 16 176,843 00 17 Adjusted gross income from all sources. Combine line 15 and line 16 ..... 17 3,651 00 18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see page 16) ..... 18 173,192 00 19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- ..... 19
----------------------	--

CA Taxable Income	31 Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 • 31 14,270 00 32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 ..... 32 21,546 00 35 CA Taxable Income from Schedule CA (540NR), Part IV, line 49 ..... 35 21,101 00 36 CA Tax Rate. Divide line 31 by line 19 ..... 36 0.0824 37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 ..... 37 1,739 00 38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. 38 0.1218 39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$160,739 (see page 17) ..... 39 12 00 40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ..... 40 1,727 00 41 Tax (see page 18). Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A • 41 00 42 Add line 40 and line 41 ..... 42 1,727 00
-------------------	---

Your name: **PETER P****BUTTIGIEG**

Your SSN or ITIN:

50 Enter the amount from Side 1, line 42 ..... **50** **1,727 00****Special Credits**51 Credit for joint custody head of household (see page 18) ..... **•51** **00**52 Credit for dependent parent (see page 18) ..... **•52** **00**53 Credit for senior head of household (see page 19) ..... **•53** **00**

54 Credit percentage. Divide line 35 by line 19.

If more than 1, enter 1.0000 (see page 19) ..... **54** **0.1218**55 Credit amount (see page 19). ..... **•55** **00**56 New jobs credit, amount generated (see page 19) ..... **•56** **00**57 New jobs credit, amount claimed (see page 19) ..... **•57** **00**58 Enter credit name **OTHER STATE** code no **187** and amount **►58** **512 00**59 Enter credit name \_\_\_\_\_ code no \_\_\_\_\_ and amount **►59** **00**60 To claim more than two credits (see page 19) ..... **•60** **00**61 Nonrefundable renter's credit (see page 57) ..... **•61** **00**62 Add line 55 and line 57 through line 61. These are your total credits **62** **512 00**63 Subtract line 62 from line 50. If less than zero, enter -0- **63** **1,215 00****Other Taxes**71 Alternative minimum tax. Attach Schedule P (540NR) ..... **•71** **00**72 Mental Health Services Tax (see page 20) ..... **•72** **00**73 Other taxes and credit recapture (see page 20) ..... **•73** **00**74 Add line 63, line 71, line 72, and line 73. This is your total tax **●74** **1,215 00****Payments**81 California income tax withheld (see page 20) ..... **●81** **1,353 00**82 Real estate or other withholding (see page 20) ..... **●82** **00**83 2009 CA estimated tax and other payments (see page 20) ..... **●83** **00**84 Excess SDI (or VPDI) withheld. To see if you qualify (see page 21) ..... **●84** **00****Child and Dependent Care Expenses Credit** (see page 21). Attach form FTB 3506.85 Qualifying person's social security number ..... **●85** \_\_\_\_\_86 Qualifying person's social security number ..... **●86** \_\_\_\_\_87 Enter the amount from form FTB 3506, Part III, line 8 ..... **●87** **00**88 Child and Dependent Care Expenses Credit from form FTB 3506, Part III, line 12 ..... **●88** **00**89 Add line 81, line 82, line 83, line 84, and line 88. These are your total payments **89** **1,353 00****Tax/Tax Due**101 Overpaid tax. If line 89 is more than line 74, subtract line 74 from line 89 ..... **101** **138 00**102 Amount of line 101 you want applied to your 2010 estimated tax ..... **●102** **00**103 Overpaid tax available this year. Subtract line 102 from line 101 ..... **●103** **138 00**104 Tax due. If line 89 is less than line 74, subtract line 89 from line 74 ..... **104** **00**

Your name: **PETER P****BUTTIGIEG**

Your SSN or ITIN: [REDACTED]

**Contributions**

	Code	Amount
California Seniors Special Fund. See instructions (see page 21)	● 400	00
Alzheimer's Disease/Related Disorders Fund	● 401	00
California Fund for Senior Citizens	● 402	00
Rare and Endangered Species Preservation Program	● 403	00
State Children's Trust Fund for the Prevention of Child Abuse	● 404	00
California Breast Cancer Research Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Military Family Relief Fund	● 409	00
California Sea Otter Fund	● 410	00
California Ovarian Cancer Research Fund	● 411	00
Municipal Shelter Spay-Neuter Fund	● 412	00
California Cancer Research Fund	● 413	00
ALS/Lou Gehrig's Disease Research Fund	● 414	00
<b>105 Add code 400 through code 414. This is your total contribution</b>	● 105	<b>00</b>

**Amount You Owe****121 AMOUNT YOU OWE.** Add line 104 and line 105 (see page 22). **Do not send cash.**

Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001

● 121 .00

**Interest and Penalties**

122 Interest, late return penalties, and late payment penalties	122	00
123 Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached	● 123	00
124 Total amount due (see page 23). Enclose, but do not staple, any payment	124	00

**Refund and Direct Deposit****125 REFUND OR NO AMOUNT DUE.** Subtract line 105 from line 103.

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002

● 125 .00

**138 .00**Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not attach a voided check or a deposit slip (see page 23). Have you verified the routing and account numbers? Use whole dollars only.**

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

 Checking Savings

[REDACTED]

**138 .00**

● Routing number

● Type

● Account number

● 126 Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

 Checking Savings

[REDACTED]

**.00**

● Routing number

● Type

● Account number

● 127 Direct deposit amount

**Important:** Attach a copy of your complete federal income tax return.

Under penalties of perjury, I declare that 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.

**Sign Here**

Your signature

X

Spouse's/RDP's signature  
(if a joint return, both must sign)

X

Daytime phone number (optional)

Date

It is unlawful to forge a spouse's/RDP's signature.

Joint return?  
(see page 23)

Paid preparer's signature /declaration of preparer is based on all information of which preparer has any knowledge)

[REDACTED]

 Paid preparer's SSN/TIN

Firm's name (or yours, if self-employed)

Firm's address

 FEIN

Do you want to allow another person to discuss this return with us (see page 23)?

 Yes  No**PREPARER**

Print Third Party Designee's Name

Telephone Number

RFD

**138**

2009

## Wage and Withholding Summary

W-2 CG

**Important: Attach this form to the back of your Forms 540/540A, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on return

PETER P BUTTIGIEG

SSN or ITIN

Caution: If your Form(s) W-2 are from multiple states or this schedule is not filled out, then attach copies of your Form(s) W-2, 592-B, 593, and 1099 showing CA tax withheld.

**Taxpayer W-2 information.** (Transfer amounts from your Form(s) W-2 to the appropriate boxes below.) Complete a box for each Form W-2 you receive.

1st W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDIV/PDI (Local income tax) (box 14 or 19)	

2nd W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDIV/PDI (Local income tax) (box 14 or 19)	

3rd W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDIV/PDI (Local income tax) (box 14 or 19)	

4th W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDIV/PDI (Local income tax) (box 14 or 19)	

**Spouse/RDP W-2 information.** (Transfer amounts from your Form(s) W-2 to the appropriate boxes below.) Complete a box for each Form W-2 you receive.

1st W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDIV/PDI (Local income tax) (box 14 or 19)	

2nd W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDIV/PDI (Local income tax) (box 14 or 19)	

3rd W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDIV/PDI (Local income tax) (box 14 or 19)	

4th W-2

Social Security Number (box a)	
Employer ID Number (EIN) (box b)	
State & Employer's State ID Number (box 15)	
Employer Name (box c)	
State Wages, Tips, etc. (box 16)	
CA State Income Tax (box 17)	
Social Security Wages (box 3)	
SDIV/PDI (Local income tax) (box 14 or 19)	

1. Total state wages from the Form(s) W-2 for taxpayer (Add box 16 from all Form(s) W-2 for taxpayer)  
For nonresidents or part-year residents, enter your total California wages from all your Form(s) W-2 for taxpayer  
(Add box 16 from all Form(s) W-2 for taxpayer) \$ \_\_\_\_\_
2. Total state wages from the Form(s) W-2 for spouse/RDP (Add box 16 from all Form(s) W-2 for spouse/RDP)  
For nonresidents or part-year residents, enter the total California wages from all Form(s) W-2 for spouse/RDP  
(Add box 16 from all Form(s) W-2 for spouse/RDP) \$ \_\_\_\_\_
3. Total California Wages from all Form(s) W-2 (Add line 1 and line 2, and enter here and on Form 540 2EZ, line 9; Form 540 or Form 540NR (Long or Short), line 12. If completing Form 540X, report any W-2 income on line 1a, column B, that was not reported on your original tax return.) \$ \_\_\_\_\_

TAXABLE YEAR

# California Adjustments —

## Nonresidents or Part-Year Residents

SCHEDULE

**CA (540NR)**

Important: Attach this schedule behind Long Form 540NR, Side 3 as a supporting California schedule.

Name(s) as shown on return:

**PETER P BUTTIGIEG**

SSN or ITIN

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP.**

During 2009:

1. a I was domiciled in (enter state or country) \_\_\_\_\_  
     b I was in the military and stationed in (enter state or country) \_\_\_\_\_  
 2. I became a California resident (enter the state of prior residence and date of move) \_\_\_\_\_  
 3. I became a nonresident (enter new state of residence and date of move) \_\_\_\_\_  
 4. I was a nonresident of California the entire year (enter state or country of residence) \_\_\_\_\_  
 5. The number of days I spent in California (for any purpose) is: \_\_\_\_\_  
 6. I owned a home/property in California (enter "Yes" or "No") \_\_\_\_\_

Yourself

Spouse/RDP

**INDIANA****37****NO**

Before 2009:

7. I was a California resident for the period of (enter dates) \_\_\_\_\_  
 8. I entered California on (enter date) \_\_\_\_\_  
 9. I left California on (enter date) \_\_\_\_\_

**Part II Income Adjustment Schedule****Section A — Income**

	<b>A</b> Federal Amounts (taxable amounts from your federal return)	<b>B</b> Subtractions See instructions. (difference between CA & federal law)	<b>C</b> Additions See instructions (difference between CA & federal law)	<b>D</b> Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	<b>E</b> CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7. Wages, salaries, tips, etc. See instructions before making an entry in column B or C	7 <b>150,523</b>		<b>26,210</b>	<b>176,733</b>	<b>21,546</b>
8. Taxable interest	8 <b>437</b>		<b>566</b>	<b>1,003</b>	
9. Ordinary dividends. See instructions. (b)	<b>124</b>	<b>292</b>		<b>292</b>	
10. Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B	10				
11. Alimony received. See instructions	11				
12. Business income or (loss)	12				
13. Capital gain or (loss). See instructions	13 <b>(1,707)</b>			<b>(1,707)</b>	
14. Other gains or (losses)	14				
15. IRA distributions. See instructions. (a)	15(b)				
16. Pensions and annuities. See instructions. (a)	16(b)				
17. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	17 <b>282</b>		<b>240</b>	<b>522</b>	
18. Farm income or (loss)	18				
19. Unemployment compensation in excess of \$2,400 per recipient	19				
20. Social security benefits. (a)	20(b)				
21. Other income. a. California lottery winnings b. Disaster loss carryover from FTB 3805V c. Federal NOL (Form 1040, line 21) d. NOL carryover from FTB 3805V	a b c d			21	0
e. NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f. Other (describe):	e f				
22. a Total: Combine line 7 through line 21 in each column. Continue to Side 2	22a <b>149,827</b>	0	27,016	<b>176,843</b>	<b>21,546</b>

<b>Income Adjustment Schedule</b>		<b>A</b> Federal Amounts (taxable amounts from your federal return)	<b>B</b> Subtractions See instructions (difference between CA & federal law)	<b>C</b> Additions See instructions (difference between CA & federal law)	<b>D</b> Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	<b>E</b> CA Amounts: (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
Section B — Adjustments to Income						
22 b Enter totals from Schedule CA (540NR), line 22a, column A through column E .....	22b	149,827		27,016	176,843	21,546
23 Educator expenses .....	23					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials .....	24					
25 Health savings account deduction .....	25					
26 Moving expenses .....	26					
27 One-half of self-employment tax .....	27					
28 Self-employed SEP, SIMPLE, and qualified plans .....	28					
29 Self-employed health insurance deduction .....	29					
30 Penalty on early withdrawal of savings .....	30					
31 a Alimony paid. b Enter recipient's:  SSN: _____ Last name: _____	31a					
32 IRA deduction .....	32					
33 Student loan interest deduction .....	33					
34 Tuition and fees deduction .....	34					
35 Domestic production activities deduction .....	35					
36 Add line 23 through line 35 in each column, A through E .....	36					
37 Total. Subtract line 36 from line 22b in each column, A through E. See instructions: 37		149,827	0	27,016	176,843	21,546

**Part III** **Adjustments to Federal Itemized Deductions**

38 Federal Itemized Deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16) .....	38	10,048
39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), line 7 (new motor vehicle tax), and line 8 (foreign taxes only). See instructions .....	39	6,397
40 Subtract line 39 from line 38 .....	40	3,651
41 Other adjustments including California lottery losses. See instructions. Specify _____	41	
42 Combine line 40 and line 41 .....	42	3,651

43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately .....	\$160,739
Head of household .....	\$241,113
Married/RDP filing jointly or qualifying widow(er) .....	\$321,483

No. Transfer the amount on line 42 to line 43.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 ..... 43 | 3,651 |

44 Enter the larger of the amount on line 43 or your standard deduction listed below:

Single or married/RDP filing separately .....	\$3,637
Married/RDP filing jointly, head of household, or qualifying widow(er) .....	\$7,274

44

3,651

**Part IV** **California Taxable Income**

45 California AGI. Enter your California AGI from line 37, column E .....	45	21,546
46 Enter your deductions from line 44 .....	46	3,651
47 Deduction Percentage. Divide line 37, column E, by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- .....	47	0.1218
48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 .....	48	445
49 California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- .....	49	21,101

# 2009 Other State Tax Credit

S

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on your California tax return <b>PETER P. BUTTIGIEG</b>	SSN, ITIN, or FEIN [REDACTED]
---	----------------------------------

**Part I Double-Taxed Income** (Read Specific Line Instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<b>WAGES</b>	<b>21,546</b>	<b>21,546</b>
1 Total double-taxed income	<b>21,546</b>	<b>21,546</b>

**Part II Figure Your Other State Tax Credit** (Read Specific Line Instructions for Part II before completing.)

2 California tax liability. See instructions	2	<b>1,727</b>	00
3 Double-taxed income taxable by California: Enter the amount from Part I, line 1, column (b)	3	<b>21,546</b>	00
4 California adjusted gross income. See instructions	4	<b>21,546</b>	00
5 Divide line 3 by line 4 (100% maximum)	5	<b>100.00</b>	%
6 Multiply line 2 by the percentage on line 5	6	<b>1,727</b>	00
7 Income tax liability paid to name of other state (use state's abbreviation) <b>IN</b> See instructions	7	<b>3,563</b>	00
8 Double-taxed income taxable by other state: Enter the amount from Part I, line 1, column (c)	8	<b>21,546</b>	00
9 Adjusted gross income taxable by other state. See instructions	9	<b>149,827</b>	00
10 Divide line 8 by line 9 (100% maximum)	10	<b>14.38</b>	%
11 Multiply line 7 by the percentage on line 10	11	<b>512</b>	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187. See instructions	12	<b>512</b>	00

<b>Label</b>		For the year Jan. 1-Dec. 31, 2009, or other tax year beginning <b>PETER P BUTTIGIEG</b>		2009, ending <b>20</b>	OMB No. 1545-0074
(See instructions on page 14.) Use the IRS label. Otherwise, please print or type.		Your first name and initial <b>PETER P</b>		Last name <b>BUTTIGIEG</b>	Your social security number ██████████
		If a joint return, spouse's first name and initial <b></b>	Last name ██████████		Spouse's social security number ██████████
		Home address (number and street). If you have a P.O. box, see page 14. <b>SOUTH BEND IN 46617</b>		Apt. no. ██████████	You must enter your SSN(s) above. ▲
Presidential Election Campaign ►		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ►		Checking a box below will not change your tax or refund.	
Filing Status		1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ►	You <input type="checkbox"/> Spouse <input type="checkbox"/>	
Check only one box.		2 <input type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16) and full name here. ►		
Exemptions		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►			
		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: <b>1</b>
		b <input type="checkbox"/> Spouse			No. of children on 6c who:
		c. Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual. child for child tax cr. (see page 17) a. lived with you b. did not live with you due to divorce or separation (see page 18)
		(1) First name _____ Last name _____			Dependents on 6c not entered above
		d Total number of exemptions claimed			Add numbers on lines above ► <b>1</b>
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 <b>150,523</b>	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		8a Taxable interest. Attach Schedule B if required		8a <b>437</b>	
		b Tax-exempt interest. Do not include on line 8a	8b <b>566</b>		
		9a Ordinary dividends. Attach Schedule B if required		9a <b>292</b>	
		b Qualified dividends (see page 22)	9b <b>124</b>		
		10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)		10 <b></b>	
		11 Alimony received		11 <b></b>	
		12 Business income or (loss). Attach Schedule C or C-EZ		12 <b></b>	
		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►		13 <b>-1,707</b>	
		14 Other gains or (losses). Attach Form 4797		14 <b></b>	
		15a IRA distributions <b>15a</b>	b Taxable amount (see page 24)	15b <b></b>	
		16a Pensions and annuities <b>16a</b>	b Taxable amount (see page 25)	16b <b></b>	
		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17 <b>282</b>	
		18 Farm income or (loss). Attach Schedule F		18 <b></b>	
		19 Unemployment compensation in excess of \$2,400 per recipient (see page 27)		19 <b></b>	
		20a Social security benefits <b>20a</b>	b Taxable amount (see page 27)	20b <b></b>	
		21 Other income. List type and amount (see page 29)		21 <b></b>	
		22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►		22 <b>149,827</b>	
Adjusted Gross Income		23 Educator expenses (see page 29)	<b>23</b>		
		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	<b>24</b>		
		25 Health savings account deduction. Attach Form 8889	<b>25</b>		
		26 Moving expenses. Attach Form 3903	<b>26</b>		
		27 One-half of self-employment tax. Attach Schedule SE	<b>27</b>		
		28 Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>		
		29 Self-employed health insurance deduction (see page 30)	<b>29</b>		
		30 Penalty on early withdrawal of savings	<b>30</b>		
		31a Alimony paid b Recipient's SSN ►	<b>31a</b>		
		32 IRA deduction (see page 31)	<b>32</b>		
		33 Student loan interest deduction (see page 34)	<b>33</b>		
		34 Tuition and fees deduction. Attach Form 8917	<b>34</b>		
		35 Domestic production activities deduction. Attach Form 8903	<b>35</b>		
		36 Add lines 23 through 31a and 32 through 35		<b>36</b>	
		37 Subtract line 36 from line 22. This is your adjusted gross income ►		<b>37</b>	<b>149,827</b>

**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, see page 35.
- 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	149,827
39a	Check [ ] You were born before January 2, 1945, if: [ ] Spouse was born before January 2, 1945, [ ] Blind. [ ] Total boxes checked ► 39a [ ] 39b [ ] 40a 10,048		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here	► 39b [ ] 40a 10,048	
40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a 10,048	
b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) ► 40b [ ]	40b [ ]	
41	Subtract line 40a from line 38	41 139,779	
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	42 3,650	
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 136,129	
44	Tax (see page 37). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	44 31,820	
45	Alternative minimum tax (see page 40). Attach Form 6251	45	
46	Add lines 44 and 45	46 31,820	
47	Foreign tax credit. Attach Form 1116 if required	47 18	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 29	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 42)	51	
52	Credits from Form: a [ ] 8396 b [ ] 8839 c [X] 5695	52 1,439	
53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ]	53	
54	Add lines 47 through 53. These are your total credits	54 1,457	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55 30,363	

**Other Taxes**

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a [ ] AEIC payments b [ ] Household employment taxes. Attach Schedule H	59	
60	Add lines 55 through 59. This is your total tax	60 30,363	

**Payments**

61	Federal income tax withheld from Forms W-2 and 1099	61 34,527	
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 22	
70	Credits from Form: a [ ] 2439 b [ ] 4136 c [ ] 8801 d [ ] 8885	70	
71	Add lines 61, 62, 63, 64a, & 65 through 70. These are your total payments	71 34,549	

**Refund**

Direct deposit?

See page 73 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72 4,186	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► [ ]	73a 4,186	
b	Routing number [ ]	c Type: [X] Checking [ ] Savings	
d	Account number [ ]		
74	Amount of line 72 you want applied to your 2010 estimated tax ► 74	74	

**Amount You Owe**

75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	
76	Estimated tax penalty (see page 74)	76	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 75)?	[X] Yes. Complete the following.	No
Designee's name ► [ ]	Personal identification number (PIN) ► [ ]	Phone no. ► [ ]

**Sign Here**

Joint return? See page 15.

Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
CONSULTANT			
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid****Preparer's Use Only**

Preparer's signature ► [ ]	Date 03/31/10	Check if self-employed [ ]	Preparer's SSN or PTIN [ ]
Firm's name (or yours if self-employed), address, and ZIP code ► [ ]	IN 46617- [ ]	EIN [ ]	Phone no. [ ]

SOUTH BEND

**SCHEDULE A**  
(Form 1040)

**Itemized Deductions**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **07**

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

► Attach to Form 1040.

► See Instructions for Schedule A (Form 1040).

Your social security number [REDACTED]

**PETER P. BUTTIGIEG**

<b>Medical and Dental Expenses</b>	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] <b>149,827</b>			
	3 Multiply line 2 by 7.5% (.075) .....	3	<b>11,237</b>	
<b>Taxes You Paid</b>  (See page A-2.)	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- .....		4	
	5 State and local (check only one box):	5	<b>6,397</b>	
	a <input checked="" type="checkbox"/> Income taxes, or ►			
	b <input type="checkbox"/> General sales taxes ►			
	6 Real estate taxes (see page A-5) .....	6		
	7 New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b. ....	7		
	8 Other taxes. List type and amount ►	8	<b>180</b>	
	9 Add lines 5 through 8 .....	9		<b>6,577</b>
	10 Home mortgage interest and points reported to you on Form 1098 .....	10	<b>3,345</b>	
<b>Note.</b>  Personal interest is not deductible.  (See page A-6.)	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 ►			
	12 Points not reported to you on Form 1098. See page A-7 for special rules .....	11		
	13 Qualified mortgage insurance premiums (see page A-7) .....	12		
	14 Investment interest. Attach Form 4952 if required. (See page A-8.) .....	13		
	15 Add lines 10 through 14 .....	14		<b>3,345</b>
<b>Gifts to Charity</b>  If you made a gift and got a benefit for it, see page A-8.	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8 .....	16	<b>126</b>	
	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 .....	17		
	18 Carryover from prior year .....	18		
	19 Add lines 16 through 18 .....	19		<b>126</b>
	20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.) .....	20		
<b>Job Expenses and Certain Miscellaneous Deductions</b>  (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.) ►	21		
	22 Tax preparation fees .....	22	<b>500</b>	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23		
	24 Add lines 21 through 23 .....	24	<b>500</b>	
	25 Enter amount from Form 1040, line 38. [25] <b>149,827</b>			
	26 Multiply line 25 by 2% (.02) .....	26	<b>2,997</b>	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....	27		<b>0</b>
	28 Other—from list on page A-11. List type and amount ►	28		
	29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)?			
<b>Total Itemized Deductions</b>	<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 ►			

**SCHEDULE D**  
**(Form 1040)**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

**2009**

Attachment Sequence No. **12**

Name(s) shown on return

**PETER P BUTTIGIEG**

Your social security number [REDACTED]

**Capital Gains and Losses**

► 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.

**Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2	2				
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4				
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5				
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet on page D-7 of the instructions	6				
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7				0

**Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 USAA BROKERAGE-8678	VARIOUS	VARIOUS	26,370	28,077	-1,707
9 Enter your long-term totals, if any, from Schedule D-1, line 9	9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10		26,370		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12				
13 Capital gain distributions. See page D-2 of the instructions	13				
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions	14				
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back	15				-1,707

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

Schedule D (Form 1040) 2009

**Part III Summary**

16	Combine lines 7 and 15 and enter the result.	16	-1,707
	If line 16 is:		
	<ul style="list-style-type: none"> <li>● A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>● A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>● Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17	Are lines 15 and 16 both gains?		
	<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-8 of the instructions.	18	
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on page D-9 of the instructions.	19	
20	Are lines 18 and 19 both zero or blank?		
	<input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Schedule D Tax Worksheet</b> on page D-10 of the Instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:	21	1,707
	<ul style="list-style-type: none"> <li>● The loss on line 16 or</li> <li>● (\$3,000), or if married filing separately, (\$1,500)</li> </ul>		
	<b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	<input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 39 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

**SCHEDULE E**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **13**

Name(s) shown on return

Your social security number

**PETER P BUTTIGIEG**

**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**1 List the type and address of each rental real estate property:**

A	[REDACTED]
B	[REDACTED]
C	[REDACTED]

	Yes	No
2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:		
● 14 days or		
● 10% of the total days rented at fair rental value?		
(See page E-3)		
A	X	
B		
C		

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received .....	3 1,600			3	1,600
4 Royalties received .....	4			4	
Expenses:					
5 Advertising .....	5				
6 Auto and travel (see page E-4) .....	6				
7 Cleaning and maintenance .....	7				
8 Commissions .....	8				
9 Insurance .....	9				
10 Legal and other professional fees .....	10				
11 Management fees .....	11				
12 Mortgage interest paid to banks, etc. (see page E-5) .....	12 841			12	841
13 Other interest .....	13				
14 Repairs .....	14 80				
15 Supplies .....	15				
16 Taxes .....	16				
17 Utilities .....	17 157				
18 Other (list) ► .....	18				
19 Add lines 5 through 18 .....	19 1,078			19	1,078
20 Depreciation expense or depletion (see page E-5) .....	20 240			20	240
21 Total expenses. Add lines 19 and 20.	21 1,318				
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198 .....	22 282				
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 .....	23 0				
24 Income. Add positive amounts shown on line 22. Do not include any losses .....	24				282
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here .....	25				
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 .....	26				282

## Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

► Attach to Form 1040, 1040NR, 1041, or 990-T.

► See separate instructions.

2009

Attachment  
Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

PETER P BUTTIGIEG

Use a separate Form 1116 for each category of income listed below. See Categories of Income beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- |   |  |   |
|---|--|---|
| a <input checked="" type="checkbox"/> Passive category income | c <input type="checkbox"/> Section 901(l) income               | e <input type="checkbox"/> Lump-sum distributions |
| b <input type="checkbox"/> General category income            | d <input type="checkbox"/> Certain income re-sourced by treaty |   |

f Resident of (name of country) ► UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
1a Gross income from sources within country shown above and of the type checked above (see page 13 of the instructions):	VARIOUS			
PASSIVE INCOME	292			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				292
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement) .....				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions) .....				
b Other deds. (attach stmt.) .....				
c Add lines 3a and 3b .....				
d Gross foreign source income (see instructions) .....	292			
e Gross income from all sources (see instructions) .....	152,852			
f Divide line 3d by line 3e (see instructions) .....	0.0019			
g Multiply line 3c by line 3f .....				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet on page 14 of the instructions) .....	6			
b Other interest expense .....				
5 Losses from foreign sources .....				
6 Add lines 2, 3g, 4a, 4b, and 5 .....	6			6
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ► <input type="checkbox"/>				286

**Part II Foreign Taxes Paid or Accrued (see page 14 of the instructions)**

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued									
		In foreign currency				In U.S. dollars					
		(h) <input checked="" type="checkbox"/> Paid	Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(i) <input type="checkbox"/> Accrued	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends	(p) Rents and royalties	(q) Interest	(r)		
A VARIOUS						18					18
B											
C											

8 Add lines A through C, column(s). Enter the total here and on line 9, page 2 ►  8

18

For Paperwork Reduction Act Notice, see page 19 of the instructions.

Form 1116 (2009)

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	18	
10 Carryback or carryover (attach detailed computation)	10		
11 Add lines 9 and 10	11	18	
12 Reduction in foreign taxes (see pages 15 and 16 of the instructions)	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit (see instructions)	13	18	
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see page 16 of the instructions)	14	286	
15 Adjustments to line 14 (see pages 16 and 17 of the instructions)	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	286	
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption  Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see page 17 of the instructions.	17	139,779	
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18	0.0020	
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41.  Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37  Caution: If you are completing line 19 for separate category e (lump-sum distributions), see page 19 of the instructions.	19	31,820	
20 Multiply line 19 by line 18 (maximum amount of credit)	20	65	
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV (see page 19 of the instructions)	21	18	

**Part IV Summary of Credits From Separate Parts III (see page 19 of the instructions)**

22 Credit for taxes on passive category income	22		
23 Credit for taxes on general category income	23		
24 Credit for taxes on certain income re-sourced by treaty	24		
25 Credit for taxes on lump-sum distributions	25		
26 Add lines 22 through 25	26		
27 Enter the smaller of line 19 or line 26	27	18	
28 Reduction of credit for international boycott operations. See instructions for line 12 beginning on page 15	28		
29 Subtract line 28 from line 27. This is your foreign tax credit. Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29	18	

Form 4562

Department of the Treasury  
Internal Revenue Service  
(99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment Sequence No. 67

Name(s) shown on return

PETER P BUTTIGIEG

Identifying number [REDACTED]

Business or activity to which this form relates [REDACTED]

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses .....	1	250,000
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
7 Listed property. Enter the amount from line 29		7		

8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 .....	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009 .....	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

## Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	09/01/09	22,609	27.5 yrs.	MM	S/L	240
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

## Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .....	22	240
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 4562 (2009)

THERE ARE NO AMOUNTS FOR PAGE 2

Form 5695

## Residential Energy Credits

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

2009

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

Attachment  
Sequence No. 158

Name(s) shown on return

PETER P BUTTIGIEG

Your social security number [REDACTED]

Before You Begin Part I: Figure the amount of any credit for the elderly or the disabled you are claiming.

**Part I Nonbusiness Energy Property Credit (See instructions before completing this part.)**

1	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)	► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2a	Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.	4,796
2b		
2c		
2d		
3a		
3b		
3c		
4	Add lines 2a through 3c	4,796
5	Multiply line 4 by 30% (.30)	1,439
6	Maximum credit amount. (If you jointly occupied the home, see instructions)	1,500
7	Enter the smaller amount of line 5 or line 6	1,439
8	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	31,820
9	Enter the total, if any, of your credits from Form 1040, lines 47 through 50, and Schedule R, line 24; or Form 1040NR, lines 44 through 46	18
10	Subtract line 9 from line 8. If zero or less, stop. You cannot take the nonbusiness energy property credit	31,802
11	<b>Nonbusiness energy property credit.</b> Enter the smaller of line 7 or line 10	1,439

For Paperwork Reduction Act Notice, see instructions.

Form 5695 (2009)

**Before You Begin Part II:**

Figure the amount of any of the following credits you are claiming.

- Credit for the elderly or the disabled.
- District of Columbia first-time homebuyer credit.
- Alternative motor vehicle credit.
- Qualified plug-in electric vehicle credit.
- Qualified plug-in electric drive motor vehicle credit.

**Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)****Note.** Skip lines 12 through 21 if you only have a credit carryforward from 2008.

12 Qualified solar electric property costs	12
13 Qualified solar water heating property costs	13
14 Qualified small wind energy property costs	14
15 Qualified geothermal heat pump property costs	15
16 Add lines 12 through 15	16
17 Multiply line 16 by 30% (.30)	17
18 Qualified fuel cell property costs	18
19 Multiply line 18 by 30% (.30)	19
20 Kilowatt capacity of property on line 18 above ► <input type="text"/> x \$1,000	20
21 Enter the smaller of line 19 or line 20	21
22 Credit carryforward from 2008. Enter the amount, if any, from your 2008 Form 5695, line 28	22
23 Add lines 17, 21, and 22	23
24 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43	24
25 1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 11; Form 8839, line 18; Form 8859, line 11; Form 8834, line 22; Form 8910, line 21; Form 8936, line 14; and Schedule R, line 24. 1040NR filers: Enter the amount, if any, from Form 1040NR, lines 44 through 46; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 11; Form 8839, line 18; Form 8859, line 11; Form 8834, line 22; Form 8910, line 21; and Form 8936, line 14.	25
26 Subtract line 25 from line 24. If zero or less, enter -0- here and on line 27	26
27 Residential energy efficient property credit. Enter the smaller of line 23 or line 26	27
28 Credit carryforward to 2010. If line 27 is less than line 23, subtract line 27 from line 23	28

**Part III Current Year Residential Energy Credits**

29 Add lines 11 and 27. Enter the result here and on Form 1040, line 52, or Form 1040NR, line 48, and check box c on that line	29	1,439
--	----	-------

If you are not filing for the calendar year January 1 through December 31, 2009, enter period from:

\_\_\_\_ / \_\_\_\_ /2009 to: \_\_\_\_ / \_\_\_\_ /2009

Your Social  
Security Number

Spouse's Social  
Security Number

Place "X" in box if applying for TIN

Place "X" in box if applying for ITIN

Your first name

Initial \_\_\_\_\_ Last name

**PETER**

If filing a joint return, spouse's first name

**P. BUTTIGIEG**

Initial \_\_\_\_\_ Last name

Present address (number and street or rural route)

Place "X" in box if you are  
married filing separately.

City

State

Zip code + 4

**SOUTH BEND**

Foreign Country (if applicable)

**IN** **46617**

School Corporation Number (see pages 43 and 44)

**7205**

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2009.

County where  
you lived

**71**

County where  
you worked

**71**

County where  
spouse lived

County where  
spouse worked

**Round all entries**

1	Enter your federal adjusted gross income (AGI) from your federal tax return (from Form 1040, line 37; Form 1040A, line 21; or from Form 1040EZ, line 4) .....	Federal AGI	1	<b>149,827.00</b>
2	Enter amount from Schedule 1, line 15, and attach Schedule 1 .....	Indiana Add-Backs	2	.00
3	Add line 1 and line 2 .....		3	<b>149,827.00</b>
4	Enter amount from Schedule 2, line 12, and attach Schedule 2 .....	Indiana Deductions	4	.00
5	Subtract line 4 from line 3 .....		5	<b>149,827.00</b>
6	You must complete Schedule 3. Enter amount from Schedule 3, line 5, and attach Schedule 3 .....	Indiana Exemptions	6	<b>1,000.00</b>
7	Subtract line 6 from line 5 (if answer is less than zero, leave blank) .....	State Taxable Income	7	<b>148,827.00</b>
8	State adjusted gross income tax: multiply line 7 by 3.4% (.034) .....		8	<b>5,060.00</b>
9	County tax. Enter county tax due from Schedule CT-40 .....		9	<b>1,544.00</b>
10	Other taxes. Enter amount from Schedule 4, line 5 (attach schedule) .....		10	.00
11	Add lines 8, 9 and 10. Enter total here and on line 15 on the back .....	Indiana Taxes	11	<b>6,604.00</b>

12.	Enter credits from Schedule 5, line 9 (attach schedule)	12	<b>3,344 • 00</b>	
13.	Enter offset credits from Schedule 6, line 7 (attach schedule)	13	<b>1,497 • 00</b>	
14.	Add lines 12 and 13	Indiana Credits	14	<b>4,841 • 00</b>
15.	Enter amount from line 11	Indiana Taxes	15	<b>6,604 • 00</b>
16.	If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)		16	<b>• 00</b>
17.	Amount from line 16 to be donated to the Indiana Nongame Wildlife Fund		17	<b>• 00</b>
18.	Subtract line 17 from line 16	Overpayment	18	<b>• 00</b>
19.	Amount from line 18 to be applied to your 2010 estimated tax account (see instructions on page 9).			
	Enter your county code	county tax to be applied	\$ a	<b>• 00</b>
	Spouse's county code	county tax to be applied	\$ b	<b>• 00</b>
	Indiana adjusted gross income tax to be applied		\$ c	<b>• 00</b>
	Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)		19d	<b>• 00</b>
20.	Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A		20	<b>• 00</b>
21.	Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions	Your Refund	21	<b>• 00</b>
22.	a. Routing Number			
	b. Account Number			<b>Direct Deposit (see page 11)</b>
	c. Type:	Checking	Savings	Hoosier Works MC
23.	If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20. (see instructions on page 11)		23	<b>1,763 • 00</b>
24.	Penalty if filed after due date (see instructions)		24	<b>• 00</b>
25.	Interest if filed after due date (see instructions)		25	<b>• 00</b>
26.	Amount Due: Add lines 23, 24 and 25	Amount You Owe	26	<b>1,763 • 00</b>
	► No payment is due if you owe less than \$1. Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.			

**Sign and date this return after reading the Filing Authorization statement on Schedule 7. Attach Schedule 7.**

---

Your Signature

Date \_\_\_\_\_

---

**Spouse's Signature**

Date

- Mail to: Indiana Department of Revenue, P.O. Box 7231, Indianapolis, IN 46207-7231

**Schedules 3 & 4**  
Form IT-40, State Form 53997  
(9-09)

**Schedule 3: Exemptions**  
(Schedule 4 begins after line 5 below)

**2009**

Enclosure  
Sequence No. 03

Name(s) shown on Form IT-40

Your Social Security Number  
[REDACTED]

PETER P. BUTTIGIEG

Round all entries

1. Number of exemptions claimed on your federal return      1      x \$1,000 .....  
(If no federal return was filed, enter \$1,000 per qualifying person)      1      1,000 . 00

2. Claim an additional exemption for each dependent child
- who is a son, stepson, daughter, stepdaughter and/or foster child,
  - who was under the age of 19 by Dec. 31, 2009, or a full-time student  
    who was under the age of 24 by Dec. 31, 2009, and
  - who you are eligible to claim as a dependent on your federal tax return.

Enter number you are eligible to claim      x \$1,500 .....  
2      . 00

3. Place "X" in box(es) below if, by December 31, 2009:

You were age 65 or older      and/or blind

Spouse was 65 or older      and/or blind

Total number of boxes with Xs      x \$1,000 .....  
3      . 00

4. If age 65 or older, enter amount from Form IT-40, line 1      \$ .....  
If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs      x \$500 .....  
4      . 00

5. Add lines 1, 2, 3 and 4. Enter here and on Form IT-40, line 6      Total Exemptions      5      1,000 . 00

**Schedule 4: Other Taxes**

Instructions begin on page 22

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet	.....	1	. 00
2. Household employment taxes: Attach Schedule IN-H	.....	2	. 00
3. Indiana advance earned income credit payments from W-2s	.....	3	. 00
4. Recapture of Indiana's CollegeChoice 529 credit: Attach Schedule IN-529R	.....	4	. 00
5. Add lines 1 through 4. Enter here and on Form IT-40, line 10	.....	Other Taxes	5      0 . 00

**Schedule 5**  
Form IT-40, State Form 53998  
(9-09)

Name(s) shown on Form IT-40

PETER P BUTTIGIEG

**Schedule 5: Credits**  
Instructions begin on page 23

**2009**

Enclosure  
Sequence No. 04

Your Social Security Number  


Round all entries

1. Indiana state tax withheld (from box 17 of your W-2s or from 1099s)	1	3,344 . 00
2. Indiana county tax withheld (from box 19 of your W-2s or from 1099s)	2	. 00
3. Estimated tax paid for 2009; include any extension payment made with Form IT-9	3	. 00
4. Unified tax credit for the elderly	4	. 00
5. Earned income credit; enclose Schedule IN-EIC and enter amount from Section A, line A-2	5	. 00
6. Lake County residential income tax credit	6	. 00
7. Economic development for a growing economy credit	7	. 00
8. Media production expenditure credit	8	. 00
9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12	Total Credits 9	3,344 . 00

**Schedule 6**  
Form IT-40, State Form 53999  
(9-09)

**Schedule 6: Offset Credits**  
Instructions begin on page 25

**2009**

Enclosure  
Sequence No. 05

Name(s) shown on Form IT-40

Your Social Security Number  
[REDACTED]

PETER P BUTTIGIEG

Round all entries.

1. Credit for local taxes paid outside Indiana	1	.00
2. County credit for the elderly: attach federal Schedule R	2	.00
3. Other Local Credits: See instructions (attach additional sheets if necessary)	[REDACTED]	
a. Enter credit name	code no.	3a .00
b. Enter credit name	code no.	3b .00
Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 8 (see Limitation in instructions)		
4. College credit: attach Schedule CC-40	4	.00
5. Credit for taxes paid to other states: attach other state's return	5	1,497 .00
6. Other Credits: See instructions (attach additional sheets if necessary)		
a. Enter credit name	code no.	6a .00
b. Enter credit name	code no.	6b .00
c. Enter credit name	code no.	6c .00
d. Enter credit name	code no.	6d .00
Important: Lines 4 through 6 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see Additional Limitations in instructions)		
7. Add lines 1 through 6 and enter total here and on line 13 of Form IT-40	Total Offset Credits ►	7 1,497 .00

Name(s) shown on Form IT-40

Your Social Security Number  
[REDACTED]

PETER P BUTTIGIEG

1. Federal filing information

Are you filing a federal income tax return for 2009? Place "X" in appropriate box.

Yes  No

2. Out-of-state income Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked

Your income

State where spouse worked

Spouse's income

94	\$	30,438.00	\$	.00
----	----	-----------	----	-----

3. Extension of time to file:

- Place "X" in box if you have filed a federal extension of time to file, Form 4868.
- Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

4. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

5. Date of death

If any individual listed at the top of the IT-40 died during 2009, enter date of death (MM/DD).

Taxpayer's date of death	2009	Spouse's date of death	2009
--------------------------	------	------------------------	------

Authorization Sign Form IT-40 after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

6. Your daytime telephone number

Your e-mail address

I authorize the Department to discuss my return with my personal representative (see page 37).

Paid Preparer; Firm's Name (or yours if self-employed)

Yes  No      If yes, complete the information below.

[REDACTED]

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

Telephone  
number

Federal I.D. Number

PTIN OR

Social Security No.

Address

Address

City SOUTH BEND

City SOUTH BEND

State IN

State IN

Zip Code 46617-

Zip Code 46617-