<b>1040</b>		intment of the Treasury—Internal Revenue 5. Individual Income Tax R		(90) RS Use	Only—Bo s	ot write a	r staple in this space.		
(	_	or the year Jan. 1-Dec. 91, 2008, or other tax year beginning , 2008, ending , 20			OMB No. 1545-0074				
Label	Yo	ur first name and initial	Last name			Your social security number		ber	
See L instructions A	89.8		ş.			3 <u></u>	1 1	- 6	
instructions on page 14.) B Use the IRS L	If a	If a joint return, spouse's first name and initial Last name			Spouse's social security number			umber	
Otherwise, H	Ho	me address (number and street). If you have	a P.O. box, see page 14. Apt. no.		0.	You must enter your SSN(s) above.		•	
please print or type.	City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.  Checking a box below will not change your tax or refund.								
Election Campaign	) C	heck here if you, or your spouse if filin	g jointly, want \$3 to go to	this fund (see p	age 14)	• [	You 🗆 Spou	50	
Filing Status	1 2	☐ Single ☐ Married filing jointly (even if only on	4 C				ig person). (See pag it not your depender		
Check only	3 [	Married filing separately. Enter spou	use's SSN above	this child's nam	a hara. 🟲				
one box.		and full name here. ▶	5 _			h deper	dent child (see pag Boxes checked	je 10)	
Exemptions	6a b	Yourself. If someone can claim y Spouse	you as a dependent, do no	ot check box 6a	,:	on 6a and 6b			
	a	Dependents:	(2) Dependent's	(8) Dependent's (4) Virginia (4			on 6c who:  • Ilved with you		
		(1) Birst name Last name	social security number	You You	gredit (see )		· did not live with	73	
If more than four				9		100	you due to divorce or separation		
dependents, see			<del>                                     </del>		1 0	9	(see page 18) Dependents on 60	- 2	
page 17.		<del></del>		2			not entered above.		
	-	Total acceptance of acceptance defend	31 (8)	<u> </u>		E	Add numbers on		
	d	Total number of exemptions claimed	****			17	lines above ►		
Income	7 9 a	Wages, salaries, tips, etc. Attach Forr Taxable interest, Attach Schedule B i				8a			
Attach Form(s)	Ь	Tax-exempt interest. Do not include	on line 8a		<u> </u>				
W-2 here. Also attach Forms	9.a	Ordinary dividends, Attach Schedule I	Bif required			9a			
W-2G and	ь	Qualified dividends (see page 21)	91	)		-			1
1099-R if tax	10	Taxable refunds, credits, or offsets of	t state and local income ta	rkes (see page 2	12)	10		<u> </u>	Gross
was withheld.	11	Alimony received	L. L. C C. T.			12			Income
	12	Business income or (loss). Attach Sch Capital gain or (loss). Attach Scheduk	1 ° 6	13					
If you did not	14	Other gains or (losses). Attach Form		eas, chack have	_	14			•
get a W-2,	15a	IRA distributions . 15a		able amount (see )	nage 23)	15b			
see page 21.	16a	Pensions and annuities 16a		able amount (see		16b			•
Enclose, but do	17	Florital roal estate, royalties, partnershi				17			
not attach, any payment. Also,	18	Farm income or (loss). Attach Schedu	ıla F			18			
please use	19	Unemployment compensation				19			
Form 1040-V.	20a	Social security benefits . 20a		able amount (see )	page 26)	206		<del></del>	
	21	Other income. List type and amount ( Add the amounts in the far right column		e in voyetotal inv	como h	21			
			25			- 22			
Adjusted	23	Educator expenses (see page 28)							
Gross	24	Certain business expenses of reservists, p fee-basis government officials. Attach Fo		ı					
Income	25	Health savings account deduction. At						4	Adjusted
	26	Moving expenses, Attach Form 3903	60	3				<u> </u>	
	27	One-half of self-employment tax. Attac		1					Gross
	28	Self-employed SEP, SIMPLE, and qui		)				V	Income
	29	Self-employed health insurance dedu						'	
	30	Penalty on early withdrawal of saving							
	31a					4			
	32		31			-			
	33	Student loan interest deduction (see p				-			
	34	Tuition and fees deduction, Attach Fo				+			
	35	Comestic production activities deduction	II. PAINCII I OITH OFOC L	2.1		36			
	36	Add lines 23 through 31a and 32 thro	ougn 35		:	200			

Form 1040 (2008)			Page 2
Tax	38	Amount from line 37 (adjusted gross income)	98
and		Check   You were born before January 2, 1944, Blind. Total baces	
Credits	000	if: ☐ Spouse was born before January 2, 1944, ☐ Blind.   checked ▶ 39a ☐	
Orecins		If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ➤ 39lb □	
Standard Deduction	С	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ➤ 39c ☐	
for—	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin).	40
· People who	41	Subtract line 40 from line 38	41
checked any	42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see	
box on line 39a, 39b, or		page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d .	42
39c or who	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
can be claimed as a	44	Tax (see page 36). Check if any tax is from: a 🔲 Form (s) 8814 b 🔲 Form 4972 📜	44
dependent,	45	Alternative minimum tax (see page 39). Attach Form 6251	45
see page 34.	46	Add lines 44 and 45	46
All others:			
Single or Married filing	47	dutes di malute du de municipal de la companya de	
separately,	48		
\$5,450	49	Credit for the elderly or the disabled. Attach Schedule R 49	
Married filing	50	Education credits. Attach Form 8863	
Jointly or	51	Retirement savings contributions credit. Attach Form 8890 . 51	
Qualifying widow(er),	52	Child tax credit (see page 42). Attach Form 8901 if required	
\$10,900	53	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695 53	
Head of	54	Other credits from Form: a 3800 b 8801 c 54	
household,		Add lines 47 through 54. These are your total credits	55
\$8,000	55 56	Subtract line 55 from line 48. If line 55 is more than line 48, enter -0-	56
	3.6		28969
Other	57	Self-employment tax. Attach Schedule SE	57
Taxes	58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58
unco	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60	Additional taxes; a 🗌 AEIC payments b 🔲 Household employment taxes. Attach Schedule H 📗	60
	61	Add lines 56 through 60. This is your total tax	61
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62	
rayments	63	2008 estimated tax payments and amount applied from 2007 return 63	
		2000 Castriand tax paymond and amount approximent 2007 Icham	
If you have a qualifying	64a	Edition monito stout (Elej	F .
child, attach	b	Nontaxable combat pay election 64b	
Schedule EIC.	65	Excess social security and tier 1 RRTA tax withheld (see page 61) 65	3
	66	Additional child tax credit. Attach Form 8812	
	67	Amount paid with request for extension to file (see page 61) 67	
	68	Credits from Form: a 2439 b 4136 c 8901 d 8865 68	
	69	First-time homebuyer credit. Attach Form 5405	
	70	Recovery rebate credit (see worksheet on pages 62 and 63) 70	9
	71	Add lines 62 through 70. These are your total payments	71
0.61	ovn :		72
Refund	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	C10. C1 C1 C1
Direct deposit?	73a		73a
See page 63 and fill in 73b,	- b	Routing number	
73c, and 73d,	- d	Account number	
or Form 8888.	74	Amount of line 72 you want applied to your 2009 estimated tax ► 74	
Amount	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 ▶	75
You Owe	76	Estimated tax penalty (see page 65)	
8 MAY - 2017-0 - 2017	Do	you want to allow another person to discuss this return with the IRS (see page 66)? 🔲 Yes. C	omplete the following. No
Third Party			
Designee	Dec	gnee's Phone Personal identifica e ► no. ► ( ) number (PIN)	mon
Sign		er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the best of my knowledge and
Sign	beli	f, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi	ich preparer has any knowledge.
Here	Vo	r signature   Date   Your occupation	Daytime phone number
loint return?	101	adiana.	- James Programmes
See page 15.	1		(: ):
Keep a copy for your	Spo	use's signature. If a joint return, both must sign. Date Spouse's occupation	
records.		CONTRACTOR	
	0.	Date	Preparer's SSN or PTIN
D 11	Fre	orer's Check if self-employed □	
<u> </u>	GIG		
Paid Preparer's	_	,	T
<u> </u>	Fire	's name (or si f self-employed), ress, and ZIP code Phone no.	

Taxable Income

Tentative Tax

Income Tax Liability