

Electronic Filing Instructions for your 2009 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Declaration Control Number: 00-320055-77123-0 Accepted: 02/01/2010

Soon C Lim
323 meadow trail cv
cordova, TN 38018

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$2,154.00. The IRS estimates that you can expect your tax refund to be direct deposited into your account on or around 02/12/2010. This is only an estimate. The account information you entered - Account Number: 3502037858 Routing Transit Number: 084000084.		
Where's My Refund?	Before you call the Internal Revenue Service with questions about your refund, give them 8 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2009 Federal Tax Return Summary	Adjusted Gross Income	\$	20,357.00
	Taxable Income	\$	11,007.00
	Total Tax	\$	1,236.00
	Total Payments/Credits	\$	3,390.00
	Amount to be Refunded	\$	2,154.00
	Effective Tax Rate		6.07%

Consent to Use of Tax Return Information

Refund and Payment Options Consent Agreement

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Before we continue, we need your permission to check your tax return to see if you are eligible for certain options in our program. Specifically, we would like to check your age, whether you have a refund and the amount, your state of residence and whether you are a U.S. resident.

The following statements apply:

I authorize Intuit, the maker of TurboTax, to use the
2009 tax return information described above:

To determine my eligibility to place all or a portion of my refund on a debit card.
To determine whether a portion of any refund can be used to pay for tax preparation.

Sign this agreement by entering your name and the date below.

Soon

Taxpayer's First Name

Lim

Taxpayer's Last Name

Spouse's First Name (if applicable)

Spouse's Last Name (if applicable)

01/29/2010

Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Form 1040		Department of the Treasury — Internal Revenue Service		U.S. Individual Income Tax Return		2009		(99) IRS Use Only — Do not write or staple in this space.	
Label (See instructions.)	For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20							OMB No. 1545-0074	
	Your first name MI Last name							Your social security number	
	Soon C Lim							410-85-1002	
	If a joint return, spouse's first name MI Last name							Spouse's social security number	
	Home address (number and street). If you have a P.O. box, see instructions. Apartment no.							You must enter your social security number(s) above.	
Use the IRS label. Otherwise, please print or type.	323 meadow trail cv							▲	
	City, town or post office. If you have a foreign address, see instructions. State ZIP code							▲	
	cordova TN 38018							Checking a box below will not change your tax or refund.	
Presidential Election Campaign	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)							<input type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status	1 <input checked="" type="checkbox"/> Single							4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶	
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)								
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . ▶							5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)	
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.							Boxes checked on 6a and 6b 1	
	b <input type="checkbox"/> Spouse							No. of children on 6c who:	
	c Dependents:							• lived with you	
	(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)							• did not live with you due to divorce or separation (see instrs)	
								Dependents on 6c not entered above	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	d Total number of exemptions claimed							Add numbers on lines above 1	
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2							7 19,920.	
	8a Taxable interest. Attach Schedule B if required							8a 437.	
	b Tax-exempt interest. Do not include on line 8a 8b								
	9a Ordinary dividends. Attach Schedule B if required							9a	
	b Qualified dividends (see instrs) 9b								
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)							10	
	11 Alimony received.							11	
	12 Business income or (loss). Attach Schedule C or C-EZ							12	
	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ <input type="checkbox"/>							13	
	14 Other gains or (losses). Attach Form 4797							14	
	15a IRA distributions 15a b Taxable amount (see instrs) 15b								
	16a Pensions and annuities 16a b Taxable amount (see instrs) 16b								
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E							17	
	18 Farm income or (loss). Attach Schedule F							18	
	19 Unemployment compensation in excess of \$2,400 per recipient (see instructions)							19	
Adjusted Gross Income	20a Social security benefits 20a b Taxable amount (see instrs) 20b								
	21 Other income							21	
	22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . ▶							22 20,357.	
	23 Educator expenses (see instructions) 23								
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ							24	
	25 Health savings account deduction. Attach Form 8889							25	
	26 Moving expenses. Attach Form 3903							26	
	27 One-half of self-employment tax. Attach Schedule SE							27	
	28 Self-employed SEP, SIMPLE, and qualified plans							28	
	29 Self-employed health insurance deduction (see instructions)							29	
	30 Penalty on early withdrawal of savings							30	
	31a Alimony paid b Recipient's SSN . . ▶							31a	
	32 IRA deduction (see instructions)							32	
	33 Student loan interest deduction (see instructions)							33	
	34 Tuition and fees deduction. Attach Form 8917							34	
35 Domestic production activities deduction. Attach Form 8903							35		
36 Add lines 23 - 31a and 32 - 35							36		
37 Subtract line 36 from line 22. This is your adjusted gross income ▶							37 20,357.		
BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. FDIA0112 09/17/09 Form 1040 (2009)									

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 instructions.

• 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** 20,357.

39a Check if: ☐ You were born before January 2, 1945, ☐ Blind. **Total boxes checked ▶ 39a** ☐
☐ Spouse was born before January 2, 1945, ☐ Blind. **39b** ☐

b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ▶ **39b** ☐

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40a** 5,700.

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 instructions) **40b** ☐

41 Subtract line 40a from line 38 **41** 14,657.

42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions **42** 3,650.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 11,007.

44 Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 **44** 1,236.

45 Alternative minimum tax (see instructions). Attach Form 6251 **45**

46 Add lines 44 and 45 **46** 1,236.

47 Foreign tax credit. Attach Form 1116 if required **47**

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 instructions) **51**

52 Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695 **52**

53 Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐ **53**

54 Add lines 47 through 53. These are your total credits **54**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55** 1,236.

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 55-59. This is your total tax **60** 1,236.

Payments

If you have a qualifying child, attach Schedule EIC.

61 Federal income tax withheld from Forms W-2 and 1099 **61** 2,990.

62 2009 estimated tax payments and amount applied from 2008 return **62**

63 Making work pay and government retiree credit. Attach Schedule M **63** 400.

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 instructions) **68**

69 Excess social security and tier 1 RRTA tax withheld (see instructions) **69**

70 Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885 **70**

71 Add lns 61-63, 64a, & 65-70. These are your total pmts **71** 3,390.

Refund

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

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid **72** 2,154.

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here **73a** 2,154.

▶ b Routing number 084000084 ▶ c Type: ☒ Checking ☐ Savings

▶ d Account number 3502037858

74 Amount of line 72 you want applied to your 2010 estimated tax **74**

Amount You Owe

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions **75**

76 Estimated tax penalty (see instructions) **76**

Third Party Designee

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

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

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ▶ Date ▶ Your occupation ▶ Daytime phone number ▶

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 ▶ Self-Prepared ▶ EIN ▶

Phone no. ▶

Form **8889**Department of the Treasury
Internal Revenue Service**Health Savings Accounts (HSAs)**▶ **Attach to Form 1040 or Form 1040NR.**▶ **See separate instructions.**

OMB No. 1545-0074

2009Attachment
Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR

Soon C Lim

Social security number of HSA
beneficiary. If both spouses have
HSAs, see the instructions

▶ 410-85-1002

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2009 (see the instructions)	▶ <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2009 (or those made on your behalf), including those made from January 1, 2010, through April 15, 2010, that were for 2009. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see the instructions)	0.
3	If you were under age 55 at the end of 2009, and on the first day of every month during 2009, you were, or were considered, an eligible individual with the same coverage, enter \$3,000 (\$5,950 for family coverage). All others, see instructions for the amount to enter	3,000.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2009 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2009, also include any amount contributed to your spouse's Archer MSAs	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,000.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2009, see the instructions for the amount to enter	3,000.
7	If you were age 55 or older at the end of 2009, married, and you or your spouse had family coverage under an HDHP at any time during 2009, enter your additional contribution amount (see the instructions)	0.
8	Add lines 6 and 7	3,000.
9	Employer contributions made to your HSAs for 2009	250.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	250.
12	Subtract line 11 from line 8. If zero or less, enter -0-	2,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see the instructions).		

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2009 from all HSAs (see the instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see the instructions)	14b
c	Subtract line 14b from line 14a	14c
15	Unreimbursed qualified medical expenses (see the instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter 'HSA' and the amount	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 10% Tax (see the instructions), check here ▶ <input type="checkbox"/>	
b	Additional 10% tax (see the instructions). Enter 10% (.10) of the distributions included on line 16 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 57. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 57 enter 'HSA' and the amount	17b

BAA For Paperwork Reduction Act Notice, see the instructions.Form **8889** (2009)

Part III **Income and Additional Tax for Failure to Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Qualified HSA distribution	18	
19 Last-month rule.	19	
20 Qualified HSA funding distribution	20	
21 Total income. Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter 'HSA' and the amount	21	
22 Additional tax. Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 57. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 57, enter 'HDHP' and the amount	22	

Form 8889 (2009)

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Making Work Pay and Government
Retiree Credits**

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

► **See separate instructions.**

OMB No. 1545-0074

2009

Attachment
Sequence No. **166**

Name(s) shown on return

Soon C Lim

Your social security number

410-85-1002

1 a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the 'No' box below and see the instructions if **(a)** you have a net loss from a business, **(b)** you received a taxable scholarship or fellowship grant not reported on a Form W-2, **(c)** your wages include pay for work performed while an inmate in a penal institution, **(d)** you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or **(e)** you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

☐ **No.** Enter your earned income (see instructions) **1 a**

b Nontaxable combat pay included on line 1a
(see instructions) **1 b**

2 Multiply line 1a by 6.2% (.062) **2**

3 Enter \$400 (\$800) if married filing jointly) **3**

4 Enter the **smaller** of line 2 or line 3 (unless you checked 'Yes' on line 1a) **4** 400.

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22. **5** 20,357.

6 Enter \$75,000 (\$150,000 if married filing jointly) **6** 75,000.

7 Is the amount on line 5 more than the amount on line 6?

☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.

☐ **Yes.** Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8**

9 Subtract line 8 from line 4. If zero or less, enter -0- **9** 400.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

☒ **No.** Enter -0- on line 10 and go to line 11.

☐ **Yes.** Enter the total of the payments received by you (and your spouse, if filing jointly).
Do not enter more than \$250 (\$500 if married filing jointly) **10** 0.

11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work **not** covered by social security? Do not include any pension or annuity reported on Form W-2.

☒ **No.** Enter -0- on line 11 and go to line 12.

☐ **Yes.** • If you checked 'No' on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is 'Yes' for both spouses)
• If you checked 'Yes' on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) **11** 0.

12 Add lines 10 and 11 **12** 0.

13 Subtract line 12 from line 9. If zero or less, enter -0- **13** 400.

14 Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63, Form 1040A, line 40; or Form 1040NR, line 60 **14** 400.

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

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

Schedule M (Form 1040A or 1040) 2009

Tax Payments Worksheet

2009

► Keep for your records

Name(s) Shown on Return Soon C Lim	Social Security Number 410-85-1002
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Estimated Tax Payments for 2009 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/09		04/15/09			04/15/09		
2	06/15/09		06/15/09			06/15/09		
3	09/15/09		09/15/09			09/15/09		
4	01/15/10		01/15/10			01/15/10		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2009					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2009 extensions					

Taxes Withheld From:		Federal	State	Local
10	Forms W-2	2,868.	1,146.	
11	Forms W-2G			
12	Forms 1099-R			
13	Forms 1099-MISC and 1099-G			
14	Schedules K-1			
15	Forms 1099-INT, DIV and OID	122.		
16	Social Security and Railroad Benefits			
17	Form 1099-B			
18 a	Other withholding			
b	Other withholding			
c	Other withholding			
19	Total Withholding Lines 10 through 18c	2,990.	1,146.	
20	Total Tax Payments for 2009	2,990.	1,146.	

Prior Year Taxes Paid In 2009 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2008 extensions				
22	2008 estimated tax paid after 12/31/08				
23	Balance due paid with 2008 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet

2009

► Keep for your records

Name(s) Shown on Return Soon C Lim	Social Security Number 410-85-1002
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2008 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information			2008	2009
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions after limitation	3		1,146.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		20,357.
6	Tax liability for Form 2210 or Form 2210-F	6		836.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2008	2009
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2008	2009
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2009	b		
	b 2008	c		
	c 2007	d		
	d 2006	e		
	e 2005	f		
	f 2004			

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING
TAXPAYER: Soon C Lim
PRIMARY SSN: 410-85-1002

FEDERAL RETURN SUBMITTED: February 1, 2010 07:06 AM PST
FEDERAL RETURN ACCEPTANCE DATE: 02/01/2010

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2010. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2010, your Intuit electronic postmark will indicate April 15, 2010, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2010, and a corrected return is submitted and accepted before April 20, 2010. If your return is submitted after April 20, 2010, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2010. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2010, and the corrected return is submitted and accepted by October 20, 2010.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Electronic Filing Instructions for your 2009 Arkansas Tax Return

Important: Your taxes are not finished until all required steps are completed.



Soon C Lim
323 meadow trail cv
cordova, TN 38018

Balance Due/Refund	Your Arkansas state tax return (Form AR1000NR) shows a refund due to you in the amount of \$608.00. Your tax refund should be mailed to you by check within three to four weeks after your return is accepted.
Where's My Refund?	Before you call the Arkansas Dept of Finance and Administration with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Arkansas Dept of Finance and Administration directly at 1-800-882-9275. From outside of Arkansas use 1-800-438-1992. You can also visit the Arkansas Dept of Finance and Administration web site at www.arkansas.gov/efile .
What You Need to Sign	Sign and date Form AR8453-OL within 1 day of acceptance.
What You Need to Sign and Mail	<p>IMPORTANT: Sign, date and mail Form AR8453-OL (Declaration for Electronic Filing). This form is required to e-file your Arkansas return. Failure to mail in this form may impact your eligibility to e-file in future years. Form AR8453-OL - Since you chose to sign your return by paper using Form AR8453-OL, you must complete this form and mail to the Arkansas Dept of Finance and Administration within 1 business day from the date the Arkansas Dept of Finance and Administration accepts your return. The Arkansas Dept of Finance and Administration does not consider your return officially filed until it has this form. The form is included in this printout. Attach the following items to Form AR8453-OL: Form W-2 (Copy 2).</p> <p>Mail Form AR8453-OL to: Arkansas Electronic Filing Group P.O. Box 8067 Little Rock, AR 72203-8067</p> <p>Don't forget correct postage on the envelope.</p>
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Arkansas Dept of Finance and Administration already has your return.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of Form AR8453-OL and attachment(s) Printed copy of your state and federal returns

Electronic Filing Instructions for your 2009 Arkansas Tax Return

Important: Your taxes are not finished until all required steps are completed.



Soon C Lim
323 meadow trail cv
cordova, TN 38018

2009 Arkansas Tax Return Summary	Taxable Income	\$	18,357.00
	Total Tax	\$	572.00
	Total Payments/Credits	\$	1,146.00
	Amount to be Refunded	\$	608.00



AR8453-OL

**ARKANSAS INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

2009

U S E R P R I N T L A B E L	First Name and Initial	Last Name(s)	Your Social Security Number
	Soon C	Lim	● 410-85-1002
	Mailing Address		Spouse's Social Security Number
	323 meadow trail cv		
	City, State, and Zip Code		Telephone Number
	cordova TN 38018		(901) 759-1421

PART 1 TAX RETURN INFORMATION (Whole Dollars Only)

A t t a c h W 2 (S) H e r e a n d	1	1	Total Income (Form AR1000 or AR1000NR, Line 22)	1	20,357.	00
	2	2	Net Tax (Form AR1000 or AR1000NR, Line 44)	2	538.	00
	3	3	State Income Tax Withheld (Form AR1000 or AR1000NR, Line 45)	3	1,146.	00
	4	4	Refund (Form AR1000 or AR1000NR, Line 50)	4	608.	00
	5	5	Tax Due (Form AR1000 or AR1000NR, Line 54)	5		00

PART 2 DECLARATION OF TAXPAYER

- 6 a** ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2009 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

Routing Number _____ ☐ Checking ☐ Savings
 Account Number _____

Direct deposits will not be deposited into accounts outside the United States.

To comply with new banking rules, answer the following:

Will this refund go to an account outside the United States? ☐ Yes ☒ No

Call (501) 682-7225 if your response changes in the future.

- b** ☒ I do not want direct deposit of my refund, or I am not receiving a refund.

If I have filed a balance due return, I understand that if the state of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.

Under the penalties of perjury, I declare that the information I have provided and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2009 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete.

**Sign
Here**

Your Signature

Date

Spouse's Signature

Date

DO NOT MAIL A COPY OF YOUR AR1000/AR1000NR WITH THE AR8453-OL
MAIL THE AR8453-OL WITH W-2(S), 1099-R(S), AND/OR W-2G(S) TO:

**ARKANSAS ELECTRONIC FILING GROUP
P.O. BOX 8067
LITTLE ROCK, AR 72203-8067**

2009 AR1000NR
ARKANSAS INDIVIDUAL
INCOME TAX RETURN
Nonresident and Part Year Resident



N

Dept. Use Only																																																																																																																									
Jan 1 - Dec 31, 2009 or fiscal year ending _____, 20																																																																																																																									
PRINT LABEL TYPE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">FIRST NAME(S) AND INITIAL(S) (List for both spouses if applicable)</td> <td style="width:45%;">LAST NAME(S) (See Instructions)</td> <td style="width:10%;">YOUR SOCIAL SECURITY NUMBER</td> </tr> <tr> <td>● Soon C</td> <td>● Lim</td> <td>● 410-85-1002</td> </tr> <tr> <td colspan="2">MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)</td> <td>SPOUSE'S SOCIAL SECURITY NUMBER</td> </tr> <tr> <td colspan="2">● 323 meadow trail cv</td> <td>●</td> </tr> <tr> <td colspan="2">CITY, STATE AND ZIP CODE</td> <td></td> </tr> <tr> <td colspan="2">● cordova TN 38018</td> <td></td> </tr> </table>	FIRST NAME(S) AND INITIAL(S) (List for both spouses if applicable)	LAST NAME(S) (See Instructions)	YOUR SOCIAL SECURITY NUMBER	● Soon C	● Lim	● 410-85-1002	MAILING ADDRESS (Number and Street, P.O. Box or Rural Route)		SPOUSE'S SOCIAL SECURITY NUMBER	● 323 meadow trail cv		●	CITY, STATE AND ZIP CODE			● cordova TN 38018																																																																																																								
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cs Soon C Lim

410-85-1002

		A	Your/Joint Income	B		Spouse's Income Status 4 Only
TAX COMPUTATION	28	ADJUSTED GROSS INCOME: (From Line 27, Columns A and B, Page NR1)	28	20,357.00	28	00
	29	Select tax table: (Check the appropriate box) ● <input type="checkbox"/> LOW INCOME Table <input checked="" type="checkbox"/> REGULAR Table If you qualify for the Low Income Tax Table, enter zero (0) on Line 29A. If not, then: Enter the larger of your: ● <input type="checkbox"/> Itemized Deductions (See Instructions, Line 29) OR <input checked="" type="checkbox"/> Standard Deduction (See Instructions, Line 29)	29●	2,000.00	29●	00
	30	NET TAXABLE INCOME: (Subtract Line 29 from Line 28)	30●	18,357.00	30●	00
	31	TAX: (Enter tax from tax table)	31	572.00	31	00
	32	Combined tax: (Add amounts from Lines 31A and 31B)	32	572.00	32	00
	33	Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	33●		33●	00
TAX CREDITS	34	IRA and qualified plan withdrawal and overpayment penalties: (Attach federal Form 5329, if required)	34●		34●	00
	35	TOTAL TAX: (Add Lines 32 through 34)	35●	572.00	35●	00
	36	Personal Tax Credit(s): (Enter total from Line 7D, page NR1)	36●	23.00	36●	00
	37	State Political Contributions Credit: (Attach AR1800 or schedule)	37●		37●	00
	38	Other State Tax Credit: [Attach copy of other state tax return(s)]	38●		38●	00
	39	Child Care Credit: (20% of federal credit allowed; Attach federal Form 2441)	39●		39●	00
RATIO ON	40	Credit for Adoption Expenses: (Attach federal Form 8839)	40●		40●	00
	41	Phenylketonuria Disorder Credit: (See Instructions. Attach AR1113)	41●		41●	00
	42	Business and Incentive Tax Credit(s): [Attach schedule and certificate(s)]	42●		42●	00
	43	TOTAL CREDITS: (Add Lines 36 through 42)	43●	23.00	43●	00
	44	NET TAX: (Subtract Line 43 from Line 35. If Line 43 is greater than Line 35, enter 0).	44●	549.00	44●	00
	44 A	Enter the amount from Line 27, Column C.	44 A	19,920.00	44 A	00
PAYMENT S	44 B	Enter the total amount from Line 27, Columns A and B	44 B●	20,357.00	44 B●	00
	44 C	Divide Line 44A by 44B: (See Instructions)	44 C●	98.000000	44 C●	%
	44 D	APPORTIONED TAX LIABILITY: (Multiply Line 44 by Line 44C).	44 D●	538.00	44 D●	00
	45	Arkansas income tax withheld: (Attach state copies of W-2 Form(s))	45●	1,146.00	45●	00
	46	Estimated tax paid or credit brought forward from 2008:	46●		46●	00
	47	Payment made with extension: (See Instructions)	47●		47●	00
RT FA UND OR	48	Early childhood program: Certification Number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	48●		48●	00
	49	TOTAL PAYMENTS: (Add Lines 45 through 48)	49●	1,146.00	49●	00
	50	AMOUNT OF OVERPAYMENT/REFUND: (If Line 49 is greater than Line 44D, enter difference)	50●	608.00	50●	00
	51	Amount to be applied to 2010 estimated tax	51●		51●	00
	52	Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	52●		52●	00
	53	AMOUNT TO BE REFUNDED TO YOU: (Subtract Lines 51 and 52 from Line 50)	53●	608.00	53●	00
SIGN HERE	54	AMOUNT DUE: (If Line 49 is less than Line 44D, enter difference; if over \$1,000, see instructions)	54●	TAX DUE	54●	00
	55 A	Attach Form AR2210 or AR2210A. If required, enter exceptn in box.	55 A●		55 A●	00
	55 B	Penalty	55 B●		55 B●	00
	55 C	Attach your check or money order payable in U.S. Dollars to 'Dept. of Finance and Administration' for the tax due and penalty (if any). Include your SSN on your check. To pay by credit card, see Pg 17	55 C●		55 C●	00
	56	Income not subject to Arkansas tax from AR4, Part III:	56		56	
	56	May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
PREP AID ER	PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Your Signature		Occupation	Date	Home Telephone:	
	Spouse's Signature		Occupation	Date	Work Telephone:	
	Paid Preparer's Signature		Identification Number/Social Security Number		For Department Use Only	
	Preparer's Name		City	State	Zip Code	
	Address		Telephone Number			
Mailing Information		Mail REFUND returns to: DFA State Income Tax, P.O. Box 1000, Little Rock, AR 72203-1000				
		Mail TAX DUE returns to: DFA State Income Tax, P.O. Box 2144, Little Rock, AR 72203-2144				
		Mail NO TAX DUE returns to: DFA State Income Tax, P.O. Box 8026, Little Rock, AR 72203-8026				

Please Note: DUE DATE IS APRIL 15, 2010

Interest Income Worksheet**2009**

Keep for your records

Statement INT

Name(s) shown on return

Soon C Lim

Social Security Number

410-85-1002**Interest Income and Adjustments**

Payer's Name	T S J	Regular Interest	Type	St ID	U.S. Government Interest	Tax Exempt Interest	Type of Ad- just- ment	Ad- justment Amount (enter as positive)	Interest Subtotal
<u>Emigrant Direct</u>	<u>T</u>	<u>437.</u>							<u>437.</u>
Totals		<u>437.</u>			<u>0.</u>			<u>0.</u>	<u>437.</u>

Type

(blank) Regular Taxable Interest
M State Use Only
S Seller Financed

Type of Adjustment

N Nominee Distribution
O OID Adjustment
B ABP Adjustment
A Accrued Interest
H Other Adjustment
U U.S. Savings Bond Prev Reported

Summary of Net Interest after Adjustments

	Taxpayer	Spouse
1 Subtotal of all interest income	<u>437.</u>	
2 Net Arkansas tax-exempt interest and U.S. obligations	<u>0.</u>	
3 Net taxable AR interest income (Line 1 minus line 2)	<u>437.</u>	

Income Allocation Worksheet

2009

► Keep for your records

Name as Shown on Return

Soon C Lim

Social Security Number

410-85-1002

Income

	A Taxpayer	B Spouse	C Total	D AR Source (AR1000NR)
1 Wages, salaries, tips, etc	19,920.		19,920.	19,920.
2 a Military compensation pay (You/Joint)				
b Military compensation pay (Spouse)				
3 a Minister gross compensation amount				
b Rental value of a home				
4 Interest income	437.		437.	0.
5 Dividend income	0.		0.	0.
6 Alimony and separate maintenance received . .				
7 a Business or professional income				
b Fed/State depreciation adj - Sch C	0.	0.	0.	
8 Capital gains and losses from stocks, bonds, etc				
9 a Other gains or (losses)				
b Fed/State depreciation adj	0.	0.	0.	
10 IRA distributions and fully taxable annuities . .				
11 Employer-sponsored pension plan/QLfd IRA-TP. Employer-sponsored pension plan/QLfd IRA-SP				
12 a Rents, royalties, partnerships, estates, trusts, etc				
b Fed/State depreciation adj - Sch E	0.	0.	0.	
c Fed/State depreciation adj - Partnership K-1 . .	0.	0.	0.	
d Fed/State depreciation adj - S Corp K-1	0.	0.	0.	
e Fed/State depreciation adj - Est & Trust K-1 . .	0.	0.	0.	
f Fed/State depreciation adj - Form 4835	0.	0.	0.	
13 a Farm income				
b Fed/State depreciation adj - Sch F	0.	0.	0.	
14 Other income				

Adjustments to Income

1 Payments to IRA				
2 Payments to MSA				
3 Payments to HSA				
4 Deduction for interest paid on student loans . .				
5 Contributions to Intergenerational Trust				
6 Moving expenses				
7 Self-employed health insurance deduction . .				
8 Payments to KEOGH/SEP/SIMPLE Plans				
9 Forfeited interest penalty for early withdrawal .				
10 Alimony paid				
11 Support for permanently disabled individual . .				
12 Organ donor				
13 Tuition savings program				
14 Border city exemption				

Label
(See instructions.)

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

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20		OMB No. 1545-0074
Your first name <u>Soon</u>	MI <u>C</u>	Last name <u>Lim</u>
If a joint return, spouse's first name MI Last name		Your social security number <u>410-85-1002</u>
Home address (number and street). If you have a P.O. box, see instructions. <u>323 meadow trail cv</u>		Apartment no.
City, town or post office. If you have a foreign address, see instructions. <u>cordova</u>		State <u>TN</u>
ZIP code <u>38018</u>		
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		<input type="checkbox"/> You <input type="checkbox"/> Spouse

Filing Status

Check only one box.

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Exemptions

If more than four dependents, see instructions and check 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 <input type="checkbox"/> Spouse	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above
c Dependents:	
(1) First name Last name	(2) Dependent's social security number
	(3) Dependent's relationship to you
	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
d Total number of exemptions claimed	1

Income

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

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

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	19,920.
8a Taxable interest. Attach Schedule B if required	8a	437.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received.	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation in excess of \$2,400 per recipient (see instructions)	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	20,357.

Adjusted Gross Income

23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	20,357.

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 instructions.

• 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	20,357.
39 a	Check if: <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39 a		
	<input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. 39 b		
40 a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 a	5,700.
41	Subtract line 40a from line 38	41	14,657.
42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions	42	3,650.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	11,007.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	1,236.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	1,236.
47	Foreign tax credit. Attach Form 1116 if required	47	
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 instructions)	51	
52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	1,236.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	59	
60	Add lines 55-59. This is your total tax	60	1,236.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	2,990.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credit. Attach Schedule M	63	400.
64 a	Earned income credit (EIC). b Nontaxable combat pay election <input type="checkbox"/> 64 b	64 a	
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 instructions)	68	
69	Excess social security and tier 1 RRTA tax withheld (see instructions)	69	
70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
71	Add lines 61-63, 64a, & 65-70. These are your total pmts	71	3,390.

Refund

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

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	2,154.
73 a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 73 a		2,154.
	b Routing number <input type="checkbox"/> 084000084 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="checkbox"/> 3502037858		
74	Amount of line 72 you want applied to your 2010 estimated tax	74	

Amount You Owe

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?	<input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No
Designee's name	Phone no.
	Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature	Date
Spouse's signature. If a joint return, both must sign.	Date
Your occupation	Daytime phone number
Programmer Analyst	
Spouse's occupation	

Paid Preparer's Use Only

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

Form **8889**Department of the Treasury
Internal Revenue Service**Health Savings Accounts (HSAs)**

OMB No. 1545-0074

2009Attachment
Sequence No. **53**▶ **Attach to Form 1040 or Form 1040NR.**▶ **See separate instructions.**

Name(s) shown on Form 1040 or Form 1040NR

Soon C Lim

Social security number of HSA
beneficiary. If both spouses have
HSAs, see the instructions

▶ 410-85-1002

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2009 (see the instructions)	▶ <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2009 (or those made on your behalf), including those made from January 1, 2010, through April 15, 2010, that were for 2009. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see the instructions)	0.
3	If you were under age 55 at the end of 2009, and on the first day of every month during 2009, you were, or were considered, an eligible individual with the same coverage, enter \$3,000 (\$5,950 for family coverage). All others, see instructions for the amount to enter	3,000.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2009 from Form 8853, lines 3 and 4. If you or your spouse had family coverage under an HDHP at any time during 2009, also include any amount contributed to your spouse's Archer MSAs	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,000.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2009, see the instructions for the amount to enter	3,000.
7	If you were age 55 or older at the end of 2009, married, and you or your spouse had family coverage under an HDHP at any time during 2009, enter your additional contribution amount (see the instructions)	0.
8	Add lines 6 and 7	3,000.
9	Employer contributions made to your HSAs for 2009	250.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10	250.
12	Subtract line 11 from line 8. If zero or less, enter -0-	2,750.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see the instructions).		

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2009 from all HSAs (see the instructions)	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see the instructions)	14b
c	Subtract line 14b from line 14a	14c
15	Unreimbursed qualified medical expenses (see the instructions)	15
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter 'HSA' and the amount	16
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 10% Tax (see the instructions), check here ▶ <input type="checkbox"/>	
b	Additional 10% tax (see the instructions). Enter 10% (.10) of the distributions included on line 16 that are subject to the additional 10% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 57. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 57 enter 'HSA' and the amount	17b

BAA For Paperwork Reduction Act Notice, see the instructions.Form **8889** (2009)

Part III **Income and Additional Tax for Failure to Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Qualified HSA distribution	18	
19 Last-month rule.	19	
20 Qualified HSA funding distribution	20	
21 Total income. Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter 'HSA' and the amount	21	
22 Additional tax. Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 57. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 57, enter 'HDHP' and the amount	22	

Form 8889 (2009)

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Making Work Pay and Government
Retiree Credits**

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

► **See separate instructions.**

OMB No. 1545-0074

2009

Attachment
Sequence No. **166**

Name(s) shown on return

Soon C Lim

Your social security number

410-85-1002

1 a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the 'No' box below and see the instructions if **(a)** you have a net loss from a business, **(b)** you received a taxable scholarship or fellowship grant not reported on a Form W-2, **(c)** your wages include pay for work performed while an inmate in a penal institution, **(d)** you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or **(e)** you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

☐ **No.** Enter your earned income (see instructions) **1 a**

b Nontaxable combat pay included on line 1a
(see instructions) **1 b**

2 Multiply line 1a by 6.2% (.062) **2**

3 Enter \$400 (\$800) if married filing jointly) **3**

4 Enter the **smaller** of line 2 or line 3 (unless you checked 'Yes' on line 1a) **4** 400.

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22. **5** 20,357.

6 Enter \$75,000 (\$150,000 if married filing jointly) **6** 75,000.

7 Is the amount on line 5 more than the amount on line 6?

☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.

☐ **Yes.** Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8**

9 Subtract line 8 from line 4. If zero or less, enter -0- **9** 400.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

☒ **No.** Enter -0- on line 10 and go to line 11.

☐ **Yes.** Enter the total of the payments received by you (and your spouse, if filing jointly).
Do not enter more than \$250 (\$500 if married filing jointly) **10** 0.

11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work **not** covered by social security? Do not include any pension or annuity reported on Form W-2.

☒ **No.** Enter -0- on line 11 and go to line 12.

☐ **Yes.** • If you checked 'No' on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is 'Yes' for both spouses)
• If you checked 'Yes' on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) **11** 0.

12 Add lines 10 and 11 **12** 0.

13 Subtract line 12 from line 9. If zero or less, enter -0- **13** 400.

14 Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63, Form 1040A, line 40; or Form 1040NR, line 60 **14** 400.

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

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

Schedule M (Form 1040A or 1040) 2009

1030



Tennessee Department Of Revenue
Individual Income Tax Return

Filing Period	Due Date
Beginning:	
01/01/2009	04/15/2010
Ending:	Account Number
12/31/2009	

Soon C Lim

323 meadow trail cv

cordova

TN 38018

Developer's Code

1030

If this is an AMENDED RETURN,
please check the box at right

Please mail payments to:

**Tennessee Department of Revenue
Andrew Jackson State Office Building
500 Deaderick Street
Nashville, TN 37242-0300**

YOUR SSN: 410-85-1002

SPOUSE'S SSN:

FEIN:

Because a portion of the tax goes back to the city or county of residence, please provide the county and city (if within an incorporated municipality) of the taxpayer's legal residence on the lines below.

County

City

AFFIDAVIT FOR EXEMPTION

For tax years beginning January 1, 2000, any person 65 years of age or older having a total annual income derived from any and all sources of \$16,200 or less, or any persons who file a joint return and either spouse is 65 years of age or older having a total annual joint income derived from any and all sources of not more than \$27,000 may qualify for a total exemption from income tax. IF YOU QUALIFY FOR THE EXEMPTION, DO NOT COMPLETE THE SCHEDULES BELOW. CHECK THE BOX AT RIGHT AND SIGN RETURN ON PAGE 2.

CHECK ALL BOXES WHICH APPLY:

- | | | | | | | | | |
|---|---|------------------------------------------------------|---|----------------------------|------------------|---------------------|-------------|---------------------------|
| 1 | X | Single | | 6 | Blind (yourself) | 9 | Partnership | |
| 2 | | Married Filing Jointly | 4 | Quadriplegic (yourself) | 7 | Blind (your spouse) | 10 | Limited Liability Company |
| 3 | | Married Filing Separately (enter spouse's SSN above) | 5 | Quadriplegic (your spouse) | 8 | Trust | 11 | Estate |

ROUND TO THE NEAREST DOLLAR

TAX COMPUTATION

- | | | | |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| 1 | GROSS TAXABLE INCOME (From Schedule A) | 1 | 437. |
| 2 | SUBTRACT EXEMPTION — [\$1,250 if single or married filing separately
\$2,500 if married filing jointly | 2 | 1,250. |
| 3 | AMOUNT SUBJECT TO TAX (Line 1 less Line 2) | 3 | 0. |
| 4 | INCOME TAX (6% of Line 3) | 4 | |
| 5 | ENTER: Amount paid with extension request and/or prepayment(s) | 5 | |
| 6 | PENALTY — [If filed late, compute penalty at 5% of the tax (Line 4 minus Line 5)
for each 1 to 30 DAY PERIOD for which TAX IS DELINQUENT (Total
penalty NOT TO EXCEED 25%). Minimum penalty is \$15 regardless
of the amount of tax due or whether there is any tax due | 6 | |
| 7 | INTEREST — [If filed late, compute interest at 7.25% per annum on the tax (Line 4
minus Line 5) from the due date of payment to the date paid | 7 | |
| 8 | TOTAL AMOUNT DUE (Add Lines 4, 6, and 7, subtract Line 5) | 8 | |
| 9 | REFUND (If Line 5 exceeds total of Lines 4, 6, and 7, enter overpayment here) | 9 | |

RV-R0003501

**FOR OFFICE
USE ONLY ►**

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[illegible]

TNIA0112 12/10/09

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