

**Label**  
(See page 17.)

**Use the IRS label.**

Otherwise, please print or type.

Presidential

**Election Campaign**

**Filing status**

Check only one box.

**Exemptions**

If more than six dependents, see page 20.

**Income**

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

If you did not get a W-2, see page 24.

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

**Adjusted gross income**

LABEL HERE	Your first name and initial <b>ELLEN R</b>	Last name <b>BROOKS</b>	OMB No. 1545-0074
	If a joint return, spouse's first name and initial	Last name	Your social security number
	Home address (number and street). If you have a P.O. box, see page 17.	Apt. no.	Spouse's social security number
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 17.		You must enter your SSN(s) above.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 17)  You  Spouse

**1 Single**
 **2 Married filing jointly (even if only one had income)**
 **3 Married filing separately. Enter spouse's SSN above and full name here.**
 **4 Head of household (with qualifying person). (See page 18.) 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 19)**

<b>6a</b> <input checked="" type="checkbox"/> <b>Yourself.</b> If someone can claim you as a dependent, do not check box 6a.	Boxes checked on 6a and 6b: <b>1</b>																																					
<b>b</b> <input type="checkbox"/> <b>Spouse</b>	No. of children on 6c who:																																					
<b>c Dependents:</b>	• lived with you • did not live with you due to divorce or separation (see page 21)																																					
<table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 20)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>	(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 page 20)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	Dependents on 6c not entered above:		
(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 page 20)																																		
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<b>d Total number of exemptions claimed.</b>	Add numbers on lines above: <b>1</b>																																					

<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2.	7	-000-
<b>8a</b> Taxable interest. Attach Schedule B if required.	8a	139
<b>b</b> Tax-exempt interest. Do not include on line 8a.	8b	
<b>9a</b> Ordinary dividends. Attach Schedule B if required.	9a	
<b>b</b> Qualified dividends (see page 25).	9b	
<b>10</b> Capital gain distributions (see page 25).	10	
<b>11a</b> IRA distributions.	11a	
<b>11b</b> Taxable amount (see page 25).	11b	
<b>12a</b> Pensions and annuities.	12a	
<b>12b</b> Taxable amount (see page 26).	12b	
<b>13</b> Unemployment compensation in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see page 28).	13	
<b>14a</b> Social security benefits.	14a	
<b>14b</b> Taxable amount (see page 28).	14b	
<b>15</b> Add lines 7 through 14b (far right column). This is your total income.	15	139

<b>16</b> Educator expenses (see page 30).	16	
<b>17</b> IRA deduction (see page 30).	17	
<b>18</b> Student loan interest deduction (see page 32).	18	
<b>19</b> Tuition and fees deduction. Attach Form 8917.	19	
<b>20</b> Add lines 16 through 19. These are your total adjustments.	20	-0100-
<b>21</b> Subtract line 20 from line 15. This is your adjusted gross income.	21	139

Tax, credits, and payments	22	Enter the amount from line 21 (adjusted gross income).	22	1	39
	23a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind } Total boxes checked ▶ 23a <input type="checkbox"/>			
	b	If you are married filing separately and your spouse itemizes deductions, see page 34 and check here ▶ 23b <input type="checkbox"/>			
<b>Standard Deduction for—</b> • People who checked any box on line 23a, 23b, or 24b or who can be claimed as a dependent, see page 34. • All others: Single or Married filing separately, \$5,700 Married filing jointly or Qualifying widow(er), \$11,400 Head of household, \$8,350	24a	Enter your standard deduction (see left margin).	24a	5	700.00
	b	If you are increasing your standard deduction by certain real estate taxes or new motor vehicle taxes, attach Schedule L and check here (see page 34) ▶ 24b <input type="checkbox"/>			
	25	Subtract line 24a from line 22. If line 24a is more than line 22, enter -0-.	25	-	0.00
	26	Exemptions. If line 22 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 34.	26	3	650.00
	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. ▶ 27	27	-	0.00
	28	Tax, including any alternative minimum tax (see page 35).	28	-	0.00
	29	Credit for child and dependent care expenses. Attach Form 2441.	29		
	30	Credit for the elderly or the disabled. Attach Schedule R.	30		
	31	Education credits from Form 8863, line 29.	31		
	32	Retirement savings contributions credit. Attach Form 8880.	32		
	33	Child tax credit (see page 38).	33		
	34	Add lines 29 through 33. These are your total credits.	34	-	0.00
	35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-.	35	-	0.00
	36	Advance earned income credit payments from Form(s) W-2, box 9.	36	-	0.00
	37	Add lines 35 and 36. This is your total tax. ▶ 37	37	-	0.00
	38	Federal income tax withheld from Forms W-2 and 1099.	38	4	388.25
	39	2009 estimated tax payments and amount applied from 2008 return.	39	-	0.00
	40	Making work pay and government retiree credits. Attach Schedule M.	40	-	0.00
	41a	Earned income credit (EIC).	41a	-	0.00
	b	Nontaxable combat pay election. 41b			
	42	Additional child tax credit. Attach Form 8812.	42	-	0.00
	43	Refundable education credit from Form 8863, line 16.	43	-	0.00
	44	Add lines 38, 39, 40, 41a, 42, and 43. These are your total payments. ▶ 44	44	4	388.25
Refund	45	If line 44 is more than line 37, subtract line 37 from line 44. This is the amount you overpaid.	45	4	388.25
	46a	Amount of line 45 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/> 46a	46a	4	388.25
Direct deposit?	b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number <input type="text"/>			
	47	Amount of line 45 you want applied to your 2010 estimated tax.	47		
Amount you owe	48	Amount you owe. Subtract line 44 from line 37. For details on how to pay, see page 66. ▶ 48	48		
	49	Estimated tax penalty (see page 66).	49		

**Third party designee** Do you want to allow another person to discuss this return with the IRS (see page 67)?  Yes. Complete the following.  No

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

**Sign here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See page 17. Keep a copy for your records.

Your signature: E. R. B. Date: 4/14/10 Your occupation: AMERICAN CITIZEN Daytime phone number:

Spouse's signature: If a joint return, both must sign. Date: Spouse's occupation:

**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**  
▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

1 Type or print your first name and middle initial. Last name  
ELLEN R Brooks

2 Social security number (SSN)

3 Address

4 Enter year in space provided and check one box. For the tax year ending December 31, 2009.  
I have been unable to obtain (or have received an incorrect)  Form W-2 OR  Form 1099-R.  
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code  
[Redacted]

6 Employer's or payer's identification number (if known)  
[Redacted]

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	_____	g State income tax withheld	_____ <u>1281.64</u>
b Social security wages	_____	(Name of state)	_____
c Medicare wages and tips	_____	h Local income tax withheld	_____ <u>0.00</u>
d Advance EIC payment	_____	(Name of locality)	_____
e Social security tips	_____	i Social security tax withheld	_____ <u>3649.95</u>
f Federal income tax withheld	_____ <u>4388.25</u>	j Medicare tax withheld	_____ <u>853.62</u>

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	_____	f Federal income tax withheld	_____
b Taxable amount	_____	g State income tax withheld	_____
c Taxable amount not determined	<input type="checkbox"/>	h Local income tax withheld	_____
d Total distribution	_____ <input type="checkbox"/>	i Employee contributions	_____
e Capital gain (included in 8b)	_____	j Distribution codes	_____

9 How did you determine the amounts on lines 7 and 8 above?  
PERSONAL RECORDS AND RECORDS PROVIDED BY THE COMPANY ON LINE 6

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
NONE ABOVE

**Sign Here**  
Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.  
Signature ▶ E R B Date ▶ 4/14/10