

Label

(See instructions)

Use the IRS label. Otherwise, please print or type

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 2008, ending 20

Your first name and initial George	Last name S
If a joint return, spouse's first name and initial Sheila A	Last name S
Home address (number and street). If you have a P.O. box, see instructions [Redacted]	
Apt. no. [Redacted]	
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions [Redacted]	

Your social security number

Spouse's social security number

You must enter your SSN(s) above

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) You Spouse

Filing Status

Check only one box

- 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 instructions) 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 instructions)

Exemptions

If more than four dependents, see instructions.

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 2
b <input checked="" type="checkbox"/> Spouse					
c Dependents:					No. of children on 6c who: • lived with you 2 • did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0 Add numbers on lines above 4
(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	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/>	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	<input type="checkbox"/>	

d Total number of exemptions claimed

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	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instructions)	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). Attach Schedule D if required. If not required, check here	13	<input type="checkbox"/>
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see instructions)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see instructions)	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	19	
20a	Social security benefits	20a	
b	Taxable amount (see instructions)	20b	
21	Other income. List type and amount (see instructions)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	0.

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 through 31a and 32 through 35	36	0.
37	Subtract line 36 from line 22. This is your adjusted gross income	37	0.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Standard Deduction for - People who checked any box on line 39a or 39b, or 39c or who can be claimed as a dependent, See instr. All others Single or Married filing separately, \$5,450 Married filing jointly or Qualifying widow(er), \$10,900 Head of household, \$8,000

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 for Payments.

Refund

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

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe.

Third Party Designee

Form for Third Party Designee with fields for name, phone, and personal identification number.

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.

Signatures section with fields for taxpayer and spouse signatures, dates, occupations, and phone numbers.

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

(Schedule B is on page 2)

OMB No. 1545-0074

2008

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ See instructions for Schedules A&B (Form 1040).

Names shown on Form 1040

Your social security number

George and Sheila S

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
Taxes You Paid		State and local (check only one box):			
(See instructions)		a <input type="checkbox"/> Income taxes, or		5	441.
		b <input checked="" type="checkbox"/> General sales taxes		6	2,901.
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			3,342.
Interest You Paid		Home mortgage interest and points reported to you on Form 1098		10	15,820.
(See instructions)		Home mortgage interest not reported to you on Form 1098, if paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11	
Note: Personal interest is not deductible		Points not reported to you on Form 1098. See instructions for special rules		12	
		Qualified mortgage insurance premiums (see instructions)		13	1,022.
		Investment interest. Attach Form 4952 if required. (See instructions)		14	
		Add lines 10 through 14		15	16,842.
Gifts to Charity		Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	4,418.
If you made a gift and got a benefit for it, see instructions		Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		Carryover from prior year		18	
		Add lines 16 through 18		19	0.
Casualty and Theft Losses		Casualty or theft loss(es). Attach Form 4684. (See instructions)		20	0.
Job Expenses and Certain Miscellaneous Deductions		Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions) ▶		21	
(See instructions)		Tax preparation fees		22	
		Other expenses - investment, safe deposit box, etc. List type and amount ▶		23	
		Add lines 21 through 23		24	
		Enter amount from Form 1040, line 38 25		25	
		Multiply line 25 by 2% (.02)		26	
		Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	0.
Other Miscellaneous Deductions		Other - from list in the instr. List type and amount ▶		28	0.
Total Itemized Deductions		Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?		29	20,184.
		<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 40			
		<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter			
		If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

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.

OMB No 1545-0074

1 Type or print your first name and middle initial. Last name
 George S

2 Social security number (SSN)
 [REDACTED]

3 Address
 [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2008.
 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	0	g State income tax withheld	0
b Social security wages	0	(Name of state)	0
c Medicare wages and tips	0	h Local income tax withheld	0
d Advance EIC payment	0	(Name of locality)	0
e Social security tips	0	i Social security tax withheld	3095.75
f Federal income tax withheld	1308.88	j Medicare tax withheld	724.01

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

a Gross distribution	0	f Federal income tax withheld	0
b Taxable amount	0	g State income tax withheld	0
c Taxable amount not determined <input type="checkbox"/>		h Local income tax withheld	0
d Total distribution <input type="checkbox"/>		i Employee contributions	0
e Capital gain (included in 8b)	0	j Distribution codes	0

9 How did you determine the amounts on lines 7 and 8 above?

Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby **DISPUTED. I receive no such "wages"**.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

None, the W-2 had been issued before "wage" errors were noted. The amounts they identified as withheld were correct as reflected in 7 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 ▶

[REDACTED SIGNATURE]

Date ▶

4/14/09

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.

OMB No. 1545-0074

1 Type or print your first name and middle initial. Last name
 Sheila [redacted] S [redacted]

2 Social security number (SSN)
 [redacted]

3 Address
 [redacted]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2008
 I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

hereby notify
 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	0	g State income tax withheld	0
b Social security wages	0	(Name of state)	0
c Medicare wages and tips	0	h Local income tax withheld	0
d Advance EIC payment	0	(Name of locality)	0
e Social security tips	0	i Social security tax withheld	324.29
f Federal income tax withheld	17.00	j Medicare tax withheld	75.85

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

a Gross distribution	0	f Federal income tax withheld	0
b Taxable amount	0	g State income tax withheld	0
c Taxable amount not determined <input type="checkbox"/>		h Local income tax withheld	0
d Total distribution <input type="checkbox"/>		i Employee contributions	0
e Capital gain (included in 8b)	0	j Distribution codes	0

9 How did you determine the amounts on lines 7 and 8 above?
 Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby **DISPUTED. I receive no such "wages"**.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
 None, the W-2 had been issued before "wage" errors were noted. The amounts they identified as withheld were correct as reflected in 7 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 ▶ [redacted] Date ▶ 4-14-09

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.

OMB No 1545-0074

1 Type or print your first name and middle initial. Last name **2** Social security number (SSN)
 Sheila [redacted] S [redacted] [redacted]

3 Address
 [redacted]

4 Enter year in space provided and check one box. For the tax year ending December 31, 2008,
 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 **6** Employer's or payer's identification number (if known)
 [redacted] [redacted]

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

a Wages, tips, and other compensation	0	g State income tax withheld	0
b Social security wages	0	(Name of state)	0
c Medicare wages and tips	0	h Local income tax withheld	0
d Advance EIC payment	0	(Name of locality)	0
e Social security tips	0	i Social security tax withheld	55.21
f Federal income tax withheld	0	j Medicare tax withheld	12.91

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

a Gross distribution	0	f Federal income tax withheld	0
b Taxable amount	0	g State income tax withheld	0
c Taxable amount not determined <input type="checkbox"/>		h Local income tax withheld	0
d Total distribution <input type="checkbox"/>		i Employee contributions	0
e Capital gain (included in 8b)	0	j Distribution codes	0

9 How did you determine the amounts on lines 7 and 8 above?
 Company provided W-2 which erroneously alleged payments of IRC section 3401(a) and 3121(a) "wages" hereby **DISPUTED**. I receive no such "wages".

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
 None, the W-2 had been issued before "wage" errors were noted. The amounts they identified as withheld were correct as reflected in 7 above.

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.
Sign Here Signature ▶ [redacted] Date ▶ 4-14-09

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. M [REDACTED] [REDACTED]		1 Rents \$	2 Dividends \$	3 Other income \$	4 Federal income tax withheld \$	OMB No. 1545-0047 2008 Form 1099-MISC Miscellaneous Income
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	5 Farming business proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	
RECIPIENT'S name Shirley S [REDACTED] Street address (including apt. no.) [REDACTED] City, state, and ZIP code [REDACTED]		9 Payer made direct sales of \$1,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	11	12	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions)		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15	16	
15a Section 409A deferrals \$	15b Section 409A income \$	18 State tax withheld \$	17 State/Payer's state no.	18 State income \$		

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

This Statement includes the above representation of a Form 1099-MISC. The above form is not intended to represent a corrected 1099-MISC filed by the party identified above as the "PAYER".

The correcting 1099-MISC above is submitted to "REBUT" a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment or payments to the party identified as "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business".

Neither the "PAYER" nor the "RECIPIENT" engaged in any transaction(s) with each other that were made in the course of a "trade or business" as those terms are defined. This correcting form ends any such presumption.

Under the penalty 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.

[REDACTED] 4-14-09
(signature and date signed)

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. W. [REDACTED] [REDACTED]		1 Rents \$	OMB No. 1545-0115 2008 Form 1099-MISC	Miscellaneous Income	
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	Copy B For Recipient
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name [REDACTED] Sheila [REDACTED] Street address (including apt. no.) [REDACTED] City, state, and ZIP code [REDACTED]		7 Nonemployee compensation \$ <i>0</i>	8 Substitute payments in lieu of dividends or interest \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions) [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$		
11		12			
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$			
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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Under the penalty 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 and date signed)

[REDACTED] 4-14-09