

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0074

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

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

Label Here

Your first name and initial Last name

Your social security number

If a joint return, spouse's first name and initial Last name

Spouse's social security number

Home address (number and street), if you have a P.O. box, see page 14. Apt. no. #7

City, town or post office, state, and ZIP code, if you have a foreign address, see page 14.

▲ You must enter your SSN(s) above. ▲

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Checking a box below will not change your tax or refund.

Filing Status

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 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

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

Exemptions

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

b Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> Qualifying child for child tax credit (see page 17)
-	-	-	-	<input type="checkbox"/>
-	-	-	-	<input type="checkbox"/>
-	-	-	-	<input type="checkbox"/>
-	-	-	-	<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b: No. of children on file with: lived with you; did not live with you due to divorce or separation (see page 18). Dependents on file not entered above. Add numbers on lines above ▶ **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	-0-	-
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 page 21)	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	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 ▶ <input type="checkbox"/>	13	6,594	31
14	Other gains or (losses). Attach Form 4797	14		
15a	IRA distributions	15a		
b	Taxable amount (see page 23)	15b		
16a	Pensions and annuities	16a		
b	Taxable amount (see page 24)	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 page 26)	20b		
21	Other income. List type and amount (see page 28)	21		
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	6,594	31

Adjusted Gross Income

23	Educator expenses (see page 28)	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 page 29)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid	31a		
b	Recipient's SSN ▶	31b		
32	IRA deduction (see page 30)	32		
33	Student loan interest deduction (see page 33)	33		
34	Tuition and fees deduction. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 9903	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	6,594	31

Tax and Credits

Standard Deduction for—

- People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.
- All others:
 - Single or Married filing separately, \$5,450
 - Married filing jointly or Qualifying widow(er), \$10,900
 - Head of household, \$8,000

38	Amount from line 37 (adjusted gross income)	38	6,594	31
39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. checked ▶ 39a			
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b			
c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶ 39c			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,450	00
41	Subtract line 40 from line 38	41	1,144	31
42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42	3,500	00
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	-0-	
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	-0-	
45	Alternative minimum tax (see page 39). Attach Form 6251	45	-0-	
46	Add lines 44 and 45	46	-0-	
47	Foreign tax credit. Attach Form 1116 if required	47		
48	Credit for child and dependent care expenses. Attach Form 2441	48		
49	Credit for the elderly or the disabled. Attach Schedule R	49		
50	Education credits. Attach Form 8863	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit (see page 42). Attach Form 8901 if required	52		
53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> 5095	54		
55	Add lines 47 through 54. These are your total credits	55	-0-	
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	-0-	

Other Taxes

57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60		
61	Add lines 56 through 60. This is your total tax	61	-0-	

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62		
63	2008 estimated tax payments and amount applied from 2007 return	63		
64a	Earned income credit (EIC)	64a		
b	Nontaxable combat pay election <input type="checkbox"/> 64b			
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65		
66	Additional child tax credit. Attach Form 8812	66		
67	Amount paid with request for extension to file (see page 61)	67		
68	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68		
69	First-time homebuyer credit. Attach Form 5405	69		
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70		
71	Add lines 62 through 70. These are your total payments	71	-0-	

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	-0-	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	73a	-0-	
b	Routing number <input type="text"/>			
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="text"/>			
74	Amount of line 72 you want applied to your 2009 estimated tax ▶ 74			

Amount You Owe

75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 ▶	75	-0-	
76	Estimated tax penalty (see page 65)	76		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? Yes. Complete the following No

Designee's name ▶	Phone no. ▶ () - -	Personal identification number (PIN)	<input type="text"/>
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Sign Here

Joint return? See page 15. 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	

California National

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115		Miscellaneous Income
		\$	2008		
		2 Royalties			
PAYER'S federal identification number		3 Other income	4 Federal income tax withheld		Copy B For Recipient
		\$	\$		
RECIPIENT'S identification number		5 Fishing boat proceeds	6 Medical and health care payments		<p>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.</p>
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or stock		
		\$ 0.00	\$		
		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		
Account number (see instructions)		11	12		
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
15a Section 408A deferrals		16 State tax withheld	17 State/Payer's state no.		18 State income
15b Section 408A income		\$	CA		\$
\$		\$	\$		\$

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

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

Under 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.

Date

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 **2** Social security number (SSN)

3 Address

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)

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)	_____
c Medicare wages and tips	_____ -0-	h Local income tax withheld	_____ -0-
d Advance EIC payment	_____ -0-	(Name of locality)	_____
e Social security tips	_____ -0-	i Social security tax withheld	_____ -0-
f Federal income tax withheld	_____ -0-	j Medicare tax withheld	_____ -0-

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?
Erroneous statutory language behind IRC claiming recipient to be a federally privileged worker, involved in federally privileged activities and others.

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.
None made. 1099 was issued by "PAYER" identified on line item #5 prior to catching the error.

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 ▶ _____ Date ▶ 01/13/10

Affidavit of Non "federally privileged" Statement

To Whom It May Concern this is to notify that (known as RECIPIENT) for the calendar year referenced by the attached tax return, while as a direct consultant to (known as PAYER) from (08/14/07 to present) and as an in-direct consultant with PAYER through (From 4/27/06 to 08/13/07) a staffing placement agency, the following is stated:

1. That the RECIPIENT has not received payments from, or has been involved in any federally privileged activity including any "trade or business" such as "..... the performance of the functions of a public office." as defined in 26 IRC Sec. 7701(a)(26)**

**** "Trade or business"**

The term "trade or business" includes the performance of the functions of a public office." 26 IRC Sec.-Subtitle F-Chapter 79-Sec. 7701(a)(26)

(where the term "includes" shall not be deemed to exclude other things otherwise within the meaning of the term defined)

I attest, under penalties of perjury, that to the best of my knowledge and belief this document is true, correct and complete.

1-12-10
V
(RECIPIENT) Date 1-12-10

INC
Signature of Company or Organization or Authorized Representative (PAYER)

Print name
HR DIRECTOR
Title
1-12-10
Date