

This is what I sent April 2008, (3 pages)

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

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

Your first name and initial: **Clyde B** Last name: **Johnson**

If a joint return, spouse's first name and initial: [Redacted] Last name: **Johnson**

Home address (number and street). If you have a P.O. box, see page 14. [Redacted]

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

Apt. no.: [Redacted] **Do not check this box unless you have more than one 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

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. Qualifying widow(er) with dependent child (see page 16)
- 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.

Exemptions

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

b Spouse

(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 17)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	-0-
8a	Taxable interest. Attach Schedule B if required	8a	-0-
8b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	-0-
9b	Qualified dividends (see page 21)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	-0-
11	Alimony received	11	-0-
12	Business income or (loss). Attach Schedule C or C-EZ	12	-0-
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-0-
14	Other gains or (losses). Attach Form 4797	14	-0-
15a	IRA distributions	15a	
15b	Taxable amount (see page 23)	15b	-0-
16a	Pensions and annuities	16a	
16b	Taxable amount (see page 24)	16b	-0-
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-0-
18	Farm income or (loss). Attach Schedule F	18	-0-
19	Unemployment compensation	19	-0-
20a	Social security benefits	20a	
20b	Taxable amount (see page 26)	20b	-0-
21	Other income. List type and amount (see page 28)	21	-0-
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 page 28)	23	-0-
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	-0-
25	Health savings account deduction. Attach Form 8889	25	-0-
26	Moving expenses. Attach Form 3903	26	-0-
27	One-half of self-employment tax. Attach Schedule SE	27	-0-
28	Self-employed SEP, SIMPLE, and qualified plans	28	-0-
29	Self-employed health insurance deduction (see page 29)	29	-0-
30	Penalty on early withdrawal of savings	30	-0-
31a	Alimony paid b Recipient's SSN	31a	-0-
32	IRA deduction (see page 30)	32	-0-
33	Student loan interest deduction (see page 33)	33	-0-
34	Tuition and fees deduction. Attach Form 8917	34	-0-
35	Domestic production activities deduction. Attach Form 8903	35	-0-
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	-0-

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	- 0 -
39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes 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	10900
41	Subtract line 40 from line 38	41	10900
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	7000
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	- 0 -
48	Credit for child and dependent care expenses. Attach Form 2441	48	- 0 -
49	Credit for the elderly or the disabled. Attach Schedule R	49	- 0 -
50	Education credits. Attach Form 8863	50	- 0 -
51	Retirement savings contributions credit. Attach Form 8880	51	- 0 -
52	Child tax credit (see page 42). Attach Form 8901 if required	52	- 0 -
53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	- 0 -
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	- 0 -
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	- 0 -
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	- 0 -
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	- 0 -
60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60	- 0 -
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	- 0 -
63	2008 estimated tax payments and amount applied from 2007 return	63	- 0 -
64a	Earned income credit (EIC)	64a	- 0 -
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65	- 0 -
66	Additional child tax credit. Attach Form 8812	66	- 0 -
67	Amount paid with request for extension to file (see page 61)	67	- 0 -
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	- 0 -
69	First-time homebuyer credit. Attach Form 5405	69	- 0 -
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70	- 0 -
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	
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	74	
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) ▶

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 *Clayton B. Johnson* Date *4-14-09* Your occupation *American Citizen* Daytime phone number *[redacted]*

Spouse's signature *[redacted]* Date *[redacted]* Spouse's occupation *N/A*

Payer	Payer Address	City, State Zip	Payer EIN	Box 6
State Farm Mutual Automobile Ins. Co.	P.O. Box 5000	Dupont, WA 98327	37-0533100	\$0
Noridian Mutual Insurance C.	901 40 th St. S., Ste. 1	Fargo, ND 58103	450173185	\$0
Cigna Healthcare Benefits	900 Cottage Grove Road	Hartford, CT 06152	23-2741293	\$0
National Merit Insurance Co.	500 South Broad Street	Meridian, CT 06450	91-1119010	\$0
Twin City Fire Ins. Co., The Hartford	P.O. Box 2939	Hartford, CT 06104	06-0732738	\$0
United Healthcare Ins. Co.	1003 Broad Street, Ste 300	Johnstown, PA 15906	362739571	\$0
Farmers Ins Exchange/Group	P.O. Box 2959	Shawnee Mission, KS 66201	95-2575893	\$0
ILWU-PMA Welfare Plan Benefits	1188 Franklin St., Ste 100	San Francisco, CA 94109	94-6068578	\$0
Zenith Administrators, Inc.	201 Queen Anne Ave N	Seattle, WA 98109	52-1590516	\$0
Safeco Ins. Co. of America	PO Box 515097	Los Angeles, CA 90051	91-0742148	\$0
Regence Blueshield	1800 Ninth Ave.	Seattle, WA 98101	91-0282080	\$0

This spreadsheet of correcting Forms 1099-Misc is submitted to rebut documents known to have been submitted by the parties identified above as "PAYER" which erroneously alleged payments to the party identified on the attached form 1040 as the recipient of "gains, profit or income" made in the course of a "trade or business." As far as any medical payments claimed thereon, none of them involved the exercise of a federal privilege. These amounts would only be taxable to me IF there was a contract specifying our relationship as that of an identified government agency or instrumentality hiring myself as an independent contractor performing a service for them. No such contracts exist. I am not an "employee" (as defined in 26 USC 3401(c)) of these insurance companies. Consequently, the documents you received are false reports and are hereby corrected above.

Under penalties of perjury, I declare that I have examined this spreadsheet and to the best of my knowledge and belief, it is true, correct, and complete.


 Clyde B. Johnson

4-15-09
 Date