_							
1040EZ		Income Tax Return for Joint Filers With No D				OMB No. 1545-0074	
Label	$\overline{}$	Your first name and initial	Last name)	Your social	security number	
	-	oreen M.					
(See page 9.) Use the	E	Poreen M. Handrickson Last name Last name			Spouse's social security number		
IRS label.		fome address (number and street). If you have a P.O. box, see page 9. Apt. no.					
Otherwise, please print	1				your SSN(s) above.		
or type.	E	City, town or post office, state, and ZIP coo	20	Checking a box below will not			
Presidential		J			change your	change your tax or refund.	
Election Campaign			$\overline{}$	_			
(page 9)		Check here if you, or your spous	You	☐ Spouse			
Income	1	Wages, salaries, and tips. This sh Attach your Form(s) W-2.	hould be shown in box 1 of your Form(s)	W-2.	1	-0-	
Attach Form(s) W-2	2	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.			2	-0-	
here. Enclose, but	3	3 Unemployment compensation and Alaska Permanent Fund dividends (see page 11).			3	-0-	
do not attach, any	4	Add lines 1, 2, and 3. This is you		4	-0-		
payment.	5	If someone can claim you (or yo the applicable box(es) below and					
		You Spouse If no one can claim you (or your \$17,900 if married filing jointly	spouse if a joint return), enter \$8,950 if y. See back for explanation.	single;	5	8950	
	6	Subtract line 5 from line 4. If lin This is your taxable income.	ne 5 is larger than line 4, enter -0	•	6	-0-	
Payments	7	Federal income tax withheld from	m box 2 of your Form(s) W-2.		7	5	
and tax	8:	Earned income credit (EIC) (se	ee page 12).		8a	-0-	
anu tax	t	Nontaxable combat pay election.	8b				
	9	Recovery rebate credit (see work	sheet on pages 17 and 18).		9	-0-	
	10	Add lines 7, 8a, and 9. These are	e your total payments.	•	10	5	
	11	Tax. Use the amount on line 6 above to find your tax in the tax table on pages 28-36 of the booklet. Then, enter the tax from the table on this line.			11	-0-	
Refund Have it directly deposited! See page 18 and fill in 12b, 12c, and 12d or Form 8888.	12a	a If line 10 is larger than line 11, subtract line 11 from line 10. This is your reful If Form 8888 is attached, check here ▶ □		refund.	12a	5	
	▶ b	Routing number					
	> d	d Account number					
Amount you owe	13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe. For details on how to pay, see page 19.					
	Do		o discuss this return with the IRS (see page	e 20)? 🔲 Ye	s. Complete th	ne following. No	
Third party designee	Desi				entification _		
Sign here	Und	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpeyer) is based on all information of which the pregard has any knowledge.					
Joint return? See page 6.	You	eignature, 1 / // //	Date 13/23/09 Your occupation	03/23/09 Your occupation		Daytirpe phone number	

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•	Sign	in.	or	-	Ŧ

7

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.

Doreen M.	Hendrickson	Z 500a
3 Address		
4 Enter year in space provided and check on	e box. For the tax year ending December 31, 2008	

made to me and tax withheld by my employer or payer named on line 5.

Wages, tips, and other compensation _____

Medicare wages and tips . . . _____

Federal income tax withheld . . _____

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

Taxable amount not determined .

Total distribution

Capital gain (included in 8b)

Social security tips

Gross distribution .

Taxable amount

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

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easury Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

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OMB No. 1545-0074

security number (SSM)

I have been unable to obtain (or have received an incorrect) I Form W-2 OR I Form 1099-R. I harding the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments

6 Employer's or payer's

identification number (if known). Form W-2. Enter wages, tips, other compensation, and taxes withheld. State income tax withheld (Name of state)

> h Local income tax withheld (Name of locality) __ Social security tax withheld Medicare tax withheld . 1--

Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc. Federal income tax withheld State income tax withheld -0-Local income tax withheld

Distribution codes

-0-

Employee contributions

Sign Here

My personal records.

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

Date + 03/23/09 Signature >