

Label (See instructions.)	Your first name and initial <u>David</u>	Last name <u>Maleki</u>	OMB no. 1545-0046
	If a joint return, spouse's first name and initial <u>Maleki</u>		Spouse's social security number
Use the IRS label. Otherwise, please print or type.	Home address (number and street). If you have a P.O. box, see instructions.		Apartment no.
	City, town or post office. If you have a foreign address, see instructions.		State ZIP code <u>CA</u>
			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

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)

Check only one box.

Exemptions

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

b ☒ Spouse

c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ☐ If qualifying child for credit (see instructions)	No. of children who also: ☐ lived with you ☐ did not live with you due to divorce or separation (see instructions) Dependents on file not entered above
(1) First name Last name <u>Robert</u>	<u>808</u>	<u>Son</u>	☐	<u>1</u>
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	

d Total number of exemptions claimed 3

Add numbers on lines above

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 0.

8a Taxable interest. Attach Schedule I if required 8a 3,304.

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule I if required 9a

b Qualified dividends (see instructions) 9b

10 Capital gain distributions (see instructions) 10

11a IRA distributions 11a 11b Taxable amount 11b

12a Pensions and annuities 12a 12b Taxable amount 12b

13 Unemployment compensation and Alaska Permanent Fund dividends 13

14a Social security benefits 14a 14b Taxable amount 14b

15 Add lines 7 through 14b (for right column). This is your total income 15 3,304.

Adjusted gross income

16 Educator expenses (see instructions) 16

17 IRA deduction (see instructions) 17

18 Student loan interest deduction (see instructions) 18

19 Tuition and fees deduction. Attach Form 8917 19

20 Add lines 16 through 19. These are your total adjustments 20

21 Subtract line 20 from line 15. This is your adjusted gross income 21 3,304.

Tax, credits, and payments

Standard Deduction for —

- People who checked any box on line 21a, 21b, or 21c or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$5,400
 - Married filing jointly or Qualifying widow(er), \$10,800
 - Head of household, \$6,000

Head of household, \$6,000

Married filing jointly or Qualifying widow(er), \$10,800

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income)	22	3,304.
23a	Check if: You were born before January 2, 1944, Spouse was born before January 2, 1944, Blind Blind	Total taxes checked	23a
	b If you are married filing separately and your spouse itemizes deductions, see instructions and check here	23b	
	c Check if standard deduction includes real estate taxes (see instructions)	23c	
24	Enter your standard deduction (see left margin)	24	10,800.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	0.
26	If line 22 is less than \$10,000, or you provided housing to a dependent child, see instructions. Otherwise, multiply \$2,000 by the total number of exemptions claimed on line 6d	26	10,500.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income	27	0.
28	Tax, including any alternative minimum tax (see instructions)	28	0.
29	Credit for child and dependent care expenses. Attach Schedule 2	29	
30	Credit for the elderly or the disabled. Attach Schedule 3	30	
31	Education credits. Attach Form 8863	31	
32	Retirement savings contributions credit. Attach Form 8880	32	
33	Child tax credit (see instructions). Attach Form 8801 if required	33	
34	Add lines 29 through 33. These are your total credits	34	
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-	35	0.
36	Advance earned income credit payments from Form(s) W-2, box 9	36	
37	Add lines 35 and 36. This is your total tax	37	0.
38	Federal income tax withheld from Forms W-2 and 1099	38	1,540.
39	2008 estimated tax payments and amount applied from 2007 return	39	
40a	Earned income credit (EIC)	40a	
	b Nonrefundable combat pay election. 40b	40b	
41	Additional child tax credit. Attach Form 8812	41	
42	Recovery rebate credit (see instructions)	42	0.
43	Add lines 38, 39, 40a, 41, and 42. These are your total payments	43	1,540.

Refund

Direct deposit? See instructions and fill in 45b, 45c, and 45d or Form 8888.

44	If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid	44	1,560.
45a	Amount of line 44 you want refunded to you . If Form 8888 is attached, check here	45a	1,560.
	b Routing number	c Type: Checking Savings	
	d Account number		
46	Amount of line 44 you want applied to your 2009 estimated tax	46	

Amount you owe

47	Amount you owe . Subtract line 43 from line 37. For details on how to pay, see instructions	47	0.
48	Estimated tax penalty (see instructions)	48	

Third party designee

Do you want to allow another person to discuss the return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
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. I declare under penalty of perjury that the information is true and correct. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.		
Preparer's signature	By / / Date	Your occupation Handyman Designee phone number
	By / / Date	Spouse's occupation Nurse

Paid preparer's use only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Form's name (or print if self-employed, address, and ZIP code)			
Self-Prepared			
			SSN / / Phone no.

Interest and Ordinary Dividends
for Form 1040A Filers

2008

OMB No. 1545-0047

Name(s) shown on Form 1040A

David S. Mabel

Four digit security number

Part I

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, enter the firm's name and the total interest shown on that form.

Interest

(See instructions
for Form 1040A,
line 8a.)

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address.

Amount

F.I.N. 38-1798424 (U.S. Treasury)

1

3,304.00

- 2 Add the amounts on line 1

2

3,304.00

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, line 8a

4

3,304.00

Part II

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, enter the firm's name and the ordinary dividends shown on that form.Ordinary
dividends(See instructions
for Form 1040A,
line 9a.)

- 5 List name of payer.

Amount

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, line 9a

6

☐ VOID☒ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. PROVO, UT 84601		1 Rents		OMB No. 1545-0011	
		2 Royalties		2008 Form 1099-MISC	
		3 Other income			
		4 Federal income tax withheld			
5 $\$217.76$		6 Medical and health care payments		Copy C For Payer or State Copy or Copy 3	
7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest			
9 Payer made direct sales of \$5,000 or more of consumer products to a bona fide recipient for resale ☐		10 Crop insurance proceeds			
11		12			
13 Excess golden parachute payments		14 Gross proceeds paid to an attorney		For Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.	
15 State tax withheld		16 State Payer's state no.			
17 State income		18 State income			
19 State income		20 State income			
21 State income		22 State income		23 State income	
24 State income		25 State income		26 State income	
27 State income		28 State income		29 State income	
30 State income		31 State income		32 State income	
33 State income		34 State income		35 State income	
36 State income		37 State income		38 State income	
39 State income		40 State income		41 State income	
42 State income		43 State income		44 State income	
45 State income		46 State income		47 State income	
48 State income		49 State income		50 State income	
51 State income		52 State income		53 State income	
54 State income		55 State income		56 State income	
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498 State income		499 State income		500 State income	
501 State income		502 State income		503 State income	
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507 State income		508 State income		509 State income	
510 State income		511 State income		512 State income	

5112
FORM

Please be advised of the following, and update your records accordingly.

This form was filed unnecessarily. No monies or other forms of remuneration were paid to the "recipient" by the "payer" in the course of a "Trade or Business", as defined in the Internal Revenue Code Section 7701(a)(26), or for any other federally connected activity.

This is my sworn statement. I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signed

Date



CORRECTED (if checked)

PAYER's name, street address, city, state, and ZIP code

CHARLES SCHWAB & CO., INC.
101 MONTGOMERY ST.
SAN FRANCISCO, CA 94104
1-800-435-4000



2008

1 Gross distribution

1 495.40

2a Taxable amount

1 495.40

2b Taxable amount not determined

☒

OMB No. 1545-0047

2008

Form 1099-D

Total Distribution

☒

Distributions From
Pensions, Annuities,
Retirement or
Profit-Sharing Plans,
IRAs, Insurance
Contracts, etc.

Copy B

Report this income on
your federal tax
return. If this form
shows federal
income tax withheld
in box 4, attach this
copy to your return.

This information is
being furnished to
the Internal Revenue
Service.

PAYER's federal identification number

RECIPIENT's identification number

94-

RECIPIENT's name, street address (including apt. no.), city, state, and ZIP code

RM544
DAVID
CHARLES SCHWAB & CO INC CUST
SEP-IRA

, CA

3 Capital gain (included in box 1a)

1

5 Employee contrib. (Do not include in box 1a)

1

7 Distribution code(s)

1

8a Your percentage of total distribution

%

4 Federal income tax withheld

1 0.00

6 Net unrealized appreciation in employer's securities

1

8 Other

1 %

9b Total employee contributions

1

10 State tax withheld

1

1

1

1

11 State/Payer's state no.

1

1

1

1

12 State distribution

1

1

1

1

Account number (see instructions)

Full year of emp. contrib.

1

1

1

1

13 Local tax withheld

1

1

1

1

14 Name of locality

1

1

1

1

15 Local distribution

1

1

1

1

Form 1099-D

Department of the Treasury - Internal Revenue Service

Please be advised of the following, and update your records accordingly.

The "payer" filed a return when none was required. The account from which monies were withdrawn does not qualify as an "Individual Retirement Account" as defined by Internal Revenue Code Sections 408, 5121, and others.

This is my sworn statement. I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Signed

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**

OMB No. 1545-0046

Department of the Treasury
Internal Revenue Service

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

1 Type or print your first name, middle initial and last name

Mabel

2 Social security number (SSN)**3** Address

CA

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 **CA** ☐ 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

county of santa clara

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

70 w bedding street

san jose

CA 95110

94-

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.**a** Wages, tips, and other compensation 0.**b** Social security wages 102,000.**c** Medicare wages and tips 197,859.**d** Advance EIC payment**e** Social security tips**f** Federal income tax withheld 1,560.**g** State income tax withheld 5,422.(Name of state) CA**h** Local income tax withheld

(Name of locality)

i Social security tax withheld 6,324.**j** Medicare tax withheld 2,869.**8** Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.**a** Gross distribution**b** Taxable amount**c** Taxable amount not determined ☐**d** Total distribution ☐**e** Capital gain (included in 8c)**f** Federal income tax withheld**g** State income tax withheld**h** Local income tax withheld**i** Employee contributions**j** Distribution codes**9** How did you determine the amounts on lines 7 and 8 above?

Consider this notice that the original Form W-2 issued by the payer contained one or more inaccurate amounts. The information provided on this corrected form is based on the payer's records and the statutory language behind Internal Revenue Code Sections 3401, 7701, and others.

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

None. Payers are generally unfamiliar with the proper application of the Internal Revenue Code, and are fearful of the I.R.S.

**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 =