Department of the Treasury — Internal Revenue Service

Form 1040A U.S. Individual Income Tax Return (99) 2008

IRS Use Only — Do not write or staple in this space.

OMB No. 1545-0074

Label (See instructions.)

Your first name and initial: David — Last name:

Your social security number:

Use the IRS label. Otherwise, please print or type.

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

Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. — Apartment no.

▲ You **must** enter your SSN(s) above ▲

City, town or post office. If you have a foreign address, see instructions. — State: CA — ZIP code:

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

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a ..... Boxes checked on 6a and 6b 2

b ☒ **Spouse** .....

c **Dependents:**

If more than six dependents, see instructions.

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit
Robert		Son	

No. of children on 6c who:
- lived with you 1
- did not live with you due to divorce or separation (see instructions) .....

Dependents on 6c not entered above .....

d Total number of exemptions claimed ..... Add numbers on lines above ► 3

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	0.
8a	**Taxable** interest. Attach Schedule 1 if required			8a	3,304.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule 1 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 (far 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

22	Enter the amount from line 21 (adjusted gross income)	22	3,304.
23a	Check if: ☐ You were born before January 2, 1944, ☐ Blind; ☐ Spouse was born before January 2, 1944, ☐ Blind. Total boxes 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	10,900.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	0.
26	If line 22 is over $119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply $3,500 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.

Standard Deduction for –

- People who checked any box on line 23a, 23b, or 23c **or** who can be claimed as a dependent, see instrs.
- All others:

Single or Married filing separately, $5,450

Married filing jointly or Qualifying widow(er), $10,900

Head of Household, $8,000

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 8901 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	1,560.	
39	2008 estimated tax payments and amount applied from 2007 return	39		
40a	**Earned income credit (EIC)**	40a		
b	Nontaxable combat pay election. 40b			
41	Additional child tax credit. Attach Form 8812	41		
42	Recovery rebate credit (see instrs)	42	0.	
43	Add lines 38, 39, 40a, 41, and 42. These are your **total payments** ►			43 1,560.

If you have a qualifying child, attach Schedule EIC.

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 XXXXXXXXX ► c Type: ☐ Checking ☐ Savings		
d	► Account number XXXXXXXXXXXXXXXXX		
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	
48	Estimated tax penalty (see instructions)	48	

Third party designee

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

Designee's name ► Phone no. ► Personal identification number (PIN) ►

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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature ►	Date / /	Your occupation Handyman	Daytime phone number
Spouse's signature. If a joint return, **both** must sign.	Date / /	Spouse's occupation Nurse	

Paid preparer's use only

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

Schedule 1 (Form 1040A) (99)

Department of the Treasury — Internal Revenue Service

Interest and Ordinary Dividends for Form 1040A Filers

2008

OMB No. 1545-0074

Name(s) shown on Form 1040A: David & Mabel

Your social security number:

Part I Interest

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

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.

		Amount
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.		
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 Ordinary dividends

(See instructions for Form 1040A, line 9a.)

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.

		Amount
5 List name of payer.	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.	1 Rents	OMB No. 1545-0115	Miscellaneous Income
PROVO, UT 84601	$	2008	
	2 Royalties $	Form 1099-MISC	
	3 Other income $ ~~0~~ 917.76	4 Federal income tax withheld $	Copy C For Payer or State Copy or Copy 2
PAYER'S federal identification number: 87-06270 / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, address, city and ZIP code: MABEL CA	7 Nonemployee compensation $	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) / 2nd TIN not. ☐	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 ♻ Printed on Recycled Paper — Department of the Treasury - Internal Revenue Service — FORM 5112

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 _____

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.	1 Rents	OMB No. 1545-0115	Miscellaneous Income
Realty Los Gatos, CA 95030	$	2008	
	2 Royalties $	Form 1099-MISC	
	3 Other income $	4 Federal income tax withheld $	Copy C For Payer or State Copy or Copy 2
PAYER'S federal identification number 770 / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name, address, city and ZIP code David CA	7 Nonemployee compensation $ ~~Ø~~ 1223.06	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the 2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) / 2nd TIN not. ☐	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 ♻ Printed on Recycled Paper — Department of the Treasury - Internal Revenue Service

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

344462

1 Gross distribution $ 406.40		OMB No. 1545-0119	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
2a Taxable amount $ 406.40		2008 Form 1099-R	Copy B
2b Taxable amount not determined ☒		Total distribution ☒	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.
PAYER'S federal identification number: 94-	RECIPIENT'S identification number	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $ 0.00
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code: R00344 DAVID CHARLES SCHWAB & CO INC CUST SEP-IRA , CA		5 Employee contrib./Desig. Roth contrib. or insurance premiums $	6 Net unrealized appreciation in employer's securities $
		7 Distribution code(s) 1 IRA/SEP/SIMPLE ☒	8 Other $ %
		9a Your percentage of total distribution %	9b Total employee contributions $
	1st year of desig. Roth contrib.	10 State tax withheld $ $	11 State/Payer's state no.	12 State distribution $ $
Account number (see instructions)		13 Local tax withheld $ $	14 Name of locality	15 Local distribution $ $

This information is being furnished to the Internal Revenue Service.

Form 1099-R — 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, 3121, 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_____

Form **4852**
(Rev January 2007)

Department of the Treasury
Internal Revenue Service

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, 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) [X] 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
county of santa clara

70 w hedding street
san jose CA 95110

6 Employer's or payer's identification number *(if known)*
94-

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

a Wages, tips, and other compensation	0.	g State income tax withheld	5,422.
b Social security wages	102,000.	(Name of state) CA	
c Medicare wages and tips	197,859.	h Local income tax withheld	
d Advance EIC payment		(Name of locality)	
e Social security tips		i Social security tax withheld	6,324.
f Federal income tax withheld	1,560.	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		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined [ ]		h Local income tax withheld	
d Total distribution [ ]		i Employee contributions	
e Capital gain *(included in 8b)*		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 innacurate 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 ► _____