		Department of the Treasury-Internal Revens	ae Service					
1040EZ	outquis ones se	Income Tax Return for S Joint Filers With No Dep	single and endents (Z1)	2009	n Justickow ziek z na ociolog za o do	OMB No. 1	1545-0074	
Label /	Yo	ur first name and initial	Last name	, 100	Your	social security num	nber	
(See page 9.)		Steven.	Norton			- H 10		
Use the IRS label.		oint return, spouse's first name and initial Last name			Spou	Spouse's social security number		
Otherwise, please print or type.	н	lome address (number and street). If you have a P.O. box, see page 9.  Apt. no.  Apt. no.  ity, town or post office, state, and ZIP code. If you have a foreign address, see page 9.				You must enter your SSN(s) above.		
Presidential Election Campaign (see page 9)		nn Arbor, Mi. 481		Checking a box below will not change your tax or refund.				
		Check here if you, or your spouse if	f a joint return, want !	\$3 to go to this fund	Yo	u 🗌 Sp	ouse	
Income	1	Wages, salaries, and tips. This shou Attach your Form(s) W-2.	ld be shown in box I	of your Form(s) W-	2. 1	0	00	
Form(s) W-2 here. Enclose, but do not attach, any								
	2	Taxable interest. If the total is over	2	0	00			
	3	Unemployment compensation in ex Fund dividends (see page 11).	ermanent 3	6,854	00			
payment.		es arry (CFF, 117) and other beating	many by dynar add as a					
You may benefit	5	Add lines 1, 2, and 3. This is your a If someone can claim you (or your s			4	6,854	00	
from filing Form 1040A or 1040. See Before You Begin on page 4.	set gib	the applicable box(es) below and en  You Spouse  If no one can claim you (or your spo \$18,700 if married filing jointly. S	ouse if a joint return),	enter \$9,350 if sing		9,350	00	
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0				3	1,000	00	
	-	This is your taxable income.	6	0	00			
Leaders to be a little	7	Federal income tax withheld from F	7	817	22			
Payments,	8	Making work pay credit (see works)		apools to decign	8	0 / /	-	
Credits,	9a	Earned income credit (EIC) (see		t paid It sweep to	9a			
and Tax	b	Nontaxable combat pay election.	and the state of	10 V 40 11				
	10	Add lines 7, 8, and 9a. These are yo	10	817	22			
120	11	Tax. Use the amount on line 6 above through 35 of the instructions. Then	es 27	0	00			
Refund	12a	If line 10 is larger than line 11, subti If Form 8888 is attached, check here	und.	817	22			
Have it directly deposited! See page 18 and fill in 12b, 12c, and 12d or Form 8888.	b	Routing number	cking Savings	nd houses				
	d	Account number	TI		oqub			
Amount you owe	13	If line 11 is larger than line 10, subtra the amount you owe. For details on	13		10000			
Third party designee	Do you want to allow another person to discuss this return with the IRS (see page 20)?  Yes. Complete the following.							
	Designee's Phone no.				Personal identification	00		
Sign here	accura	penalties of perjury, I declare that I have e tely lists all amounts and sources of income nformation of which the preparer has any kn	I received during the ta					
Joint return? See page 6.	Your signature Date 2/23/10 Your occupation				Do (	Daytime phone number		
Keen a conv for	Spouse	e's signature. If a joint return, both must sign		Spouse's occupation	AND CAN'T DE		1000	

Depart	48 January 20 Iment of the Inflevence S	1099-R, Distributi Profit-Sharing	ons From Pe	ge and Tax Statement, on nsions, Annuities, Retire , Insurance Contracts, 6040A, 1040-EZ, or 1040X.	ement or etc.	OMB No. 1545-0074	
17		rint your first name and middle initia	Last name	<i>(</i> )	2 Soc	ial security number (SSN)	
Steven .			/	Vorton			
	Address		Ann Art	hor, Mi. 48103			
her	have be	ar in space provided and check een unable to obtain (or have received the IRS of this fact. The amount and tax withheld by my employer	one box. For the ved an incorrect) s shown on line	tax year ending December 31,  Kolombia Form W-2 OR December 31,  Form W-2 OR December 31,  Form 109  or line 8 are my best estimates	99-R.	s or payments	
	Employer	6 Emp	6 Employer's or payer's				
	,	wh.In surs from		zline, Mi. 48176	ident	(fication number (if known)	
7	Form	W-2. Enter wages, tips, other com	pensation, and t	axes withheld.			
	a W	ages, tips, and other compensation _	0.00	g State income tax withhele	d	0.06	
		ocial security wages, , , , , '_		(Name of state) . Mich			
	c M	ledicare wages and tips	0.00	h Local income tax withhel	đ		
	d Ad	dvance EIC payment		(Name of locality)		//	
	e So	ocial security tips	0.00	<ul> <li>Social security tax withhere</li> </ul>	eld	662.32	
	f Fe	ederal income tax withheld	0.00	j Medicare tax withheld .		154.90	
8	Form	1099-R. Enter distributions from p	ensions, annuitie	s, retirement/profit-sharing plans	, IRAs, insura	nce contracts, etc.	
	a G	ross distribution		f Federal income tax withh	eld		
		axable amount		g State income tax withheld	d		
		axable amount not determined . [		h Local income tax withhele	d		
		otal distribution		i Employee contributions			
	e C	apital gain (included in 8b)		j Distribution codes , ,			
9		d you determine the amounts on li					
	R	ecords provided by 4 your efforts to obtain Form W-2, 1	he payer.	listed on line 5.			
10	Explain	your efforts to obtain Form W-2, I	Form 1099-R, or	Form W-2c, Corrected Wage an	d Tax Statem	ent.	
		none					
	ign lere	Under penalties of perjury, I declare correct, and complete.  Signature   Signature   Lise 9. Hard	,	ed this statement, and to the best of		and belief, it is true,	