

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

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning 2009, ending 20
Your first name and initial Last name
Steven R. Jones
If a joint return, spouse's first name and initial Last name
Home address (number and street), if you have a P.O. box, see page 14. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

OMB No. 1545-0074
Your social security number
Spouse's social security number
You must enter your 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. 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. 5 Qualifying widow(er) with dependent child (see page 16)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. 6c Dependents: (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 (see page 17) 6d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 -0-
8a Taxable interest. Attach Schedule B if required 8a 25 20
8b Tax-exempt interest. Do not include on line 8a 8b -0-
9a Ordinary dividends. Attach Schedule B if required 9a -0-
9b Qualified dividends (see page 22) 9b -0-
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 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 13 -0-
14 Other gains or (losses). Attach Form 4797 14 -0-
15a IRA distributions 15a -0- 15b Taxable amount (see page 24) 15b -0-
16a Pensions and annuities 16a -0- 16b Taxable amount (see page 25) 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 in excess of \$2,400 per recipient (see page 27) 19 -0-
20a Social security benefits 20a -0- 20b Taxable amount (see page 27) 20b -0-
21 Other income. List type and amount (see page 29) 21 -0-
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 25 20

Adjusted Gross Income 23 Educator expenses (see page 29) 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 30) 29 -0-
30 Penalty on early withdrawal of savings 30 -0-
31a Alimony paid b Recipient's SSN X X X X X X X X X X 31a -0-
32 IRA deduction (see page 31) 32 -0-
33 Student loan interest deduction (see page 34) 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 -0-
37 Subtract line 36 from line 22. This is your adjusted gross income 37 25 20

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.

1 Type or print your first name and middle initial. Last name **2** Social security number (SSN)

Steven R. Jones

3 Address

[REDACTED] NJ [REDACTED]

4 Enter year in space provided and check one box. For the tax year ending December 31, _____, I have been unable to obtain (or have received an incorrect) 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 **6** Employer's or payer's identification number (if known)

[REDACTED] [REDACTED]

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

| | | | |
|--|-----------|---------------------------------------|----------|
| a Wages, tips, and other compensation | - 0 - | g State income tax withheld | 4,418.20 |
| b Social security wages | - 0 - | (Name of state) | NJ |
| c Medicare wages and tips | - 0 - | h Local income tax withheld | - 0 - |
| d Advance EIC payment | - 0 - | (Name of locality) | |
| e Social security tips | - 0 - | i Social security tax withheld | 6,033.89 |
| f Federal income tax withheld | 18,289.55 | j Medicare tax withheld | 1,411.15 |

8 Form 1099-R. Enter distributions from pensions, annuities, retirement/profit-sharing plans, IRAs, insurance contracts, etc.

| | | | |
|--|--------------------------|--------------------------------------|----------------|
| a Gross distribution | - 0 - | f Federal income tax withheld | - 0 - |
| b Taxable amount | - 0 - | g State income tax withheld | - 0 - |
| c Taxable amount not determined | <input type="checkbox"/> | h Local income tax withheld | - 0 - |
| d Total distribution | <input type="checkbox"/> | i Employee contributions | - 0 - |
| e Capital gain (included in 8b) | - 0 - | j Distribution codes | not applicable |

9 How did you determine the amounts on lines 7 and 8 above?
 Public and company provided records, and the statutory language within the Internal Revenue Code.

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

Sign Here

under the laws of the United States of America
 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 ▶ [REDACTED] Date ▶ 3-18-10