

**Form 1 2009 Test Case #1.1 (updated 12/4/2009)**

Form 1 page 2, line 14a, changed amount to \$14,280.00

Schedule CB line 18a, changed amount to \$14,280.00

Schedule CB line 18, changed amount to \$3,570.00

Schedule CB line 20, changed amount to \$930.00

Test #1.1



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

# Form 1 Massachusetts Resident Income Tax Return 2009

FIRST NAME: BUDDY, M.I.: LAST NAME: LIGHT, 1. YOUR SOCIAL SECURITY NUMBER: 4 0 0 0 0 2 0 0 0  
 SPOUSE'S FIRST NAME: SHAWNNE, M.I.: LAST NAME: JOHNSSTONE, 2. SPOUSE'S SOCIAL SECURITY NUMBER: 4 0 0 0 0 2 1 0 0  
 ADDRESS: 2, PACKY, PLACE, APT# 36, BOSTON, CITY/TOWN/POST OFFICE/FOREIGN COUNTRY, STATE: MA, ZIP+4: 021234040

If taxpayer(s) is deceased, fill in appropriate oval(s) (see instructions):  Primary  Spouse  Fill in if name/address has changed since 2008  
 Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle (see instructions)  You  Spouse  
 State Election Campaign Fund (this contribution will not change your tax or reduce your refund)  \$1 You  \$1 Spouse, if filing jointly Total  \$  
 Fill in if noncustodial parent  Fill in if filing Schedule TDS (see instructions) Under age 18 (see instructions):  You  Spouse

1 Filing status: (select one only)  Single  Married filing joint return  Married filing separate return. (Enter spouse's Soc. Sec. number in the appropriate space above.)  
 Head of household (see instructions) (both must sign return)

2 Exemptions: Whole-dollar method only. Do not use cents.  
 a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,800. If married filing jointly, enter \$8,800 ..... 2a 8 8 0 0 0 0  
 b. Number of dependents. (Do not include yourself or your spouse.) Enter number  2 x \$1,000 ..... 2b 2 0 0 0 0 0  
 You must enclose Schedule DI.  
 c. Age 65 or over before 2010:  You  Spouse. Enter number  1 x \$700 ..... 2c 7 0 0 0 0 0  
 d. Blindness:  You  Spouse. Enter number  0 x \$2,200 ..... 2d 0 0 0 0 0 0  
 e. 1. Medical/Dental  2. Adoption  ..... 1 + 2 = 2e 0 0 0 0 0 0  
 From U.S. Schedule A, line 4 See instructions  
 f. TOTAL EXEMPTIONS: Add lines 2a through 2e. Enter here and on line 18 ..... 11 5 0 0 0 0

INCOME (SUBJECT TO CHANGE)

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) ..... 3 2 9 0 0 0 0 0  
 4 Taxable pensions and annuities (see instructions) ..... 4 0 0 0 9 8 0 0  
 5 a. Massachusetts bank interest ..... b. Exemption amount ..... a - b = 5 0 0 0 0 0 0 0  
 Exemption: if married filing jointly, subtract \$200 from line 5a; otherwise subtract \$100 and enter result (not less than "0").  
 6 Business/profession or farm income/loss (enclose Massachusetts Schedule C or U.S. Schedule C-EZ or U.S. Schedule F) ..... 6 0 0 0 0 0 0 0  
 If showing a loss, mark an X in box at left  
 7 If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions ..... 7 0 0 0 0 0 0 0  
 8 a. Unemployment compensation. See instructions ..... 8a 0 0 0 0 0 0 0  
 b. Massachusetts state lottery winnings ..... 8b 0 0 0 0 0 0 0  
 9 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (enclose Schedule X; not less than "0") ..... 9 0 0 0 1 0 2 0 0  
 10 TOTAL 5.3% INCOME. Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) ..... 10 2 9 2 0 0 0 0

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature: Buddy Light Date: 4/15/10 Print paid preparer's name: Wei Freecem Preparer's SSN or PTIN: 636 363 630  
 Spouse's signature (if filing jointly): Shawn Johnson Date: 4/15/10 Paid preparer's phone: (487) 255-6463 Paid preparer's EIN: 525 252 520  
 May DOR discuss this return with the preparer?  Yes  No Paid preparer's signature: W Freecem Date: 4/15/10 Fill in if self-employed

Attach, with a single staple, state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding).



SOCIAL SECURITY NUMBER

4010 002000

2009 FORM 1, PAGE 2

DEDUCTIONS

11 a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. **Not more than \$2,000.** (Medicare premiums deducted from your Soc. Sec. or retirement payments are **not** deductible.) ▶ 11a

b. Amount your spouse paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. **Not more than \$2,000.** (Medicare premiums deducted from your Soc. Sec. or retirement payments are **not** deductible.) ▶ 11b

12 Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions). ▶ 12

13 Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of December 31, 2009, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 12).  
 Not more than two: a. ▶  × \$3,600 = ▶ 13

14 Rental deduction. **Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately). See instructions.**  
 Total rent paid in 2009: a. ▶   ÷ 2 = ▶ 14

15 Other deductions from Schedule Y, line 16 (enclose Schedule Y) ▶ 15

16 **TOTAL DEDUCTIONS.** Add lines 11 through 15. ▶ 16

17 **5.3% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. **Not less than "0"** ▶ 17

18 Total exemption amount (from line 2, item f) ▶ 18

19 **5.3% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. **Not less than "0."** If line 17 is less than line 18, see instructions. ▶ 19

20 **INTEREST AND DIVIDEND INCOME** from Schedule B, line 38. **Not less than "0."** (enclose Schedule B) ▶ 20

21 **TOTAL TAXABLE 5.3% INCOME.** Add lines 19 and 20. (SUBJECT TO CHANGE) ▶ 21

22 **TAX ON 5.3% INCOME** (from tax table). If line 21 is more than \$24,000, multiply by .053. **Note:** If choosing the optional 5.85% tax rate, multiply line 21 and the amount in Schedule D, line 20 by .0585. See instructions; fill in oval. ▶   ▶ 22

23 **12% INCOME** from Schedule B, line 39. **Not less than "0"** (enclose Schedule B):  
 a. ▶      × .12 = ▶ 23

24 **TAX ON LONG-TERM CAPITAL GAINS** (from Schedule D, line 21). **Not less than "0."** Enclose Schedule D. If filing Sched. D-IS, Installment Sales, fill in oval and enclose Schedule D-IS ▶   ▶ 24

If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval (see instructions) ▶

25 Credit recapture amount (enclose Schedule H-2; see instructions).  
 BC  EOA  LIH  HR. ▶ 25

26 If you qualify for **No Tax Status**, fill in oval and enter "0" on line 27 (see worksheet in instructions) ▶

27 **TOTAL INCOME TAX.** Add lines 22 through 25 ▶ 27

CREDITS

28 Limited Income Credit (from worksheet in instructions) ▶ 28

29 Other credits from Schedule Z, line 15 (enclose Schedule Z) ▶ 29

30 Total credits. Add lines 28 and 29 ▶ 30

31 **INCOME TAX AFTER CREDITS.** Subtract line 30 from line 27. **Not less than "0"** ▶ 31



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

BUDDY

LIGHT

1400 0100 2000

**32** Voluntary contributions:

a. Endangered Wildlife Conservation ..... ▶ 32a

b. Organ Transplant Fund ..... ▶ 32b

c. Massachusetts AIDS Fund ..... ▶ 32c

d. Massachusetts United States Olympic Fund ..... ▶ 32d

e. Massachusetts Military Family Relief Fund ..... ▶ 32e

Total. Add lines 32a through 32e. .... ▶ 32

**33** Use tax due on out-of-state purchases (see instructions). If no use tax due enter "0" ..... ▶ 33

**34** Health Care penalty (from worksheet in instructions). Be sure to **enclose** Schedule HC:

a. You ▶  b. Spouse ▶  a + b = ..... ▶ 34

**35** INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY. Add lines 31-34 ..... ▶ 35

**36** Massachusetts income tax withheld (**enclose** all Massachusetts Forms W-2, W-2G, 2-G, 1099-G, 1099-MISC, 1099-R and PWH-WA) ..... ▶ 36

**37** 2008 overpayment applied to your 2009 estimated tax (from 2008 Form 1, line 44 or Form 1-NR/PY, line 49; do not enter 2008 refund) ..... ▶ 37

**38** 2009 Massachusetts estimated tax payments (**do not include amount in line 37**) ..... ▶ 38

**39** Payments made with extension ..... ▶ 39

**40** Earned Income Credit:

a. Number of qualifying children ▶  Amount from U.S. return ▶  × .15 = ..... ▶ 40

**41** Senior Circuit Breaker Credit (**enclose** Schedule CB) ..... ▶ 41

**42** Other refundable credits from Schedule RF, line 3 (**enclose** Schedule RF) ..... ▶ 42

**43** TOTAL. Add lines 36 through 42 ..... ▶ 43

**44** OVERPAYMENT. If line 35 is **smaller** than line 43, subtract line 35 from line 43. If line 35 is **larger** than line 43, go to line 47. If line 35 and line 43 are equal, enter "0" in line 46 ..... ▶ 44

**45** Amount of overpayment you want **APPLIED to your 2010 ESTIMATED TAX** ..... ▶ 45

**46** THIS IS YOUR REFUND. Subtract line 45 from line 44. Mail to: **Massachusetts DOR, PO Box 7000, Boston, MA 02204** ..... ▶ 46

**Direct Deposit of Refund.** See instructions. Type of account (you must select one): ▶  Checking  Savings

▶  ▶

Routing number (first two digits must be 01-12 or 21-32) Account number

**47** TAX DUE. Subtract line 43 from line 35. Pay online at [www.mass.gov/dor](http://www.mass.gov/dor), or use Form PV ..... ▶ 47

Pay in full. Write Soc. Sec. number(s) on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to: **Mass. DOR, PO Box 7003, Boston, MA 02204.**

(Add to total in line 47, if applicable.) ▶  Interest ▶  Penalty ▶  M-2210 amt. ▶   EX encl. Form M-2210

BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSE SCHEDULE HC.



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH YOUR RETURN.

FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

BUDDY

LIGHT

400-00-2000

Schedule HC Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY.

2009

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

1 a. Date of birth 10/11/1940 b. Spouse's date of birth 11/10/1992 c. Family size 04 (see instructions)

2 Federal adjusted gross income. If married filing separately, see instructions. (from U.S. Forms 1040, line 37; 1040A, line 21; or 1040EZ, line 4) 29,399.00

3 Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Commonwealth Care, Commonwealth Care Bridge, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions. See instructions if, during 2009, you turned 18, you were a part-year resident or a taxpayer was deceased. 3a You: Full-year MCC Part-year MCC No MCC/None 3b Spouse: Full-year MCC Part-year MCC No MCC/None If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4 Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2009, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in the oval in line(s) 4f and/or 4g and see instructions. If you were enrolled in private insurance and MassHealth, Commonwealth Care or Commonwealth Care Bridge, fill in the ovals, enter your private insurance information in line(s) 4f and/or 4g and go to line 5. 4a Private insurance (complete lines 4f and/or 4g below). If more than two, complete Schedule HC-CS You Spouse 4b MassHealth, Commonwealth Care or Commonwealth Care Bridge. Fill in oval(s) and go to line 5. You Spouse 4c Medicare (including a replacement or supplemental plan). Fill in oval(s) and go to line 5. You Spouse 4d U.S. Military (including Veterans Administration and Tri-Care). Fill in oval(s) and go to line 5. You Spouse 4e Other government program (enter the program name(s) only in lines 4f and/or 4g below). Note: This does not include the Health Safety Net. You Spouse

4f YOUR HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC

1. NAME OF PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM (from box 1 of Form MA 1099-HC) FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SUBSCRIBER NUMBER (from Form MA 1099-HC)

2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM IF NECESSARY (from box 1 of Form MA 1099-HC) FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SUBSCRIBER NUMBER (from Form MA 1099-HC)

4g SPOUSE'S HEALTH INSURANCE. Complete if you answered line(s) 4a or 4e and go to line 5. Fill in if you were not issued Form MA 1099-HC

1. NAME OF PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM FOR SPOUSE (from box 1 of Form MA 1099-HC) FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)

2. NAME OF SECOND PRIVATE INSURANCE COMPANY, ADMINISTRATOR OR OTHER GOVERNMENT PROGRAM IF NECESSARY FOR SPOUSE (from box 1 of Form MA 1099-HC) FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)

5 If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or Commonwealth Care Bridge, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2009, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH YOUR RETURN.



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

B U D D Y

L I G H T

4 0 0 0 0 - 2 0 0 0

Note: If reporting other income on Form 1, line 9 or Form 1-NR/PY, line 11 and/or claiming other deductions on Form 1, line 15, or Form 1-NR/PY, line 19, you must complete and enclose the following schedule(s) with your return.

Schedule X Other Income

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

2009

1	Alimony received (from U.S. return) (full- and part-year residents only; see instructions)..... ▶	1	00000000
2	Taxable IRA/Keogh and Roth IRA conversion distributions (from worksheet in instructions) ..... ▶	2	000010200
3	<b>Other gambling winnings</b> (sources other than Massachusetts state lottery). <b>Not less than "0"</b> ..... ▶	3	00000000
<b>Note:</b> Gambling losses are not deductible under Massachusetts law. Do not report Massachusetts state lottery winnings here; instead, report them on Form 1, line 8b or Form 1-NR/PY, line 10b.			
4	Fees and other 5.3% income. <b>Not less than "0"</b> ..... ▶	4	00000000
5	Total other 5.3% income. Add lines 1 through 4. <b>Not less than "0."</b> Enter here and on Form 1, line 9 or Form 1-NR/PY, line 11 ..... ▶	5	000010200

Schedule Y Other Deductions

Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

1	Allowable employee business expenses (from worksheet in instructions). (Non-residents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY) ..... ▶	1	00000000
2	Penalty on early savings withdrawal (from U.S. return). (Nonresidents and part-year residents, this deduction must be related to income reported on Form 1-NR/PY)..... ▶	2	00001500
3	Alimony paid (from U.S. return). Part-year residents, enter the amount paid while a Massachusetts resident; nonresidents, multiply alimony paid by line 14d of Form 1-NR/PY ..... ▶	3	00000000
4	Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty included in Form 1, line 3 or Form 1-NR/PY, line 5. Fill in applicable oval below ..... ▶	4	00000000
<input type="radio"/> Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F <input type="radio"/> Income exempt under U.S. tax treaty			
5	Moving expenses ..... ▶	5	00000000
6	Medical savings account deduction ..... ▶	6	00000000
7	Self-employed health insurance deduction (see instructions) ..... ▶	7	000010700
8	Health savings accounts deduction ..... ▶	8	000010800
9	<input type="radio"/> Certain qualified deductions from U.S. Form 1040 (see instructions) <input type="radio"/> Certain business expenses from U.S. Form 1040 (see instructions) ..... ▶	9	00000000
10	Student loan interest deduction (from U.S. Form 1040 or 1040A; only if not claiming the same expenses in line 12) ..... ▶	10	00007000
11	College Tuition Deduction (from worksheet in instructions) ..... ▶	11	00000000
12	Undergraduate student loan interest deduction (only if not claiming the same expenses in line 10; see instructions) ..... ▶	12	00000000
13	Deductible amount of qualified contributory pension income from another state or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6 (see instructions) ..... ▶	13	00000000
14	Claim of right deduction ..... ▶	14	00000000
15	Commuter deduction (from worksheet in instructions) ..... ▶	15	00000000
16	Total other deductions. Add lines 1 through 15. Enter here and on Form 1, line 15 or Form 1-NR/PY, line 19 ..... ▶	16	00003000



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER

BUDDY

LIGHT

400-00-2000

You, or your spouse if married filing jointly, must be at least 65 years of age before January 1, 2010, to qualify for this credit. Also, you must file as single, married filing jointly or head of household to qualify for this credit. If married filing separately, you do not qualify for this credit.

Schedule 3: Circuit Breaker Credit Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

2009

ADDRESS OF PRINCIPAL RESIDENCE IN MASSACHUSETTS (DO NOT ENTER PO BOX)

CITY/TOWN/POST OFFICE/FOREIGN COUNTRY

STATE ZIP + 4

2 PARRY PLACE

BOSTON

MA 02123 4040

1 Living quarters status during 2009: Homeowner Renter (if you received any federal and/or state rent subsidy, or you rent from a tax-exempt entity, you do not qualify for the Circuit Breaker Credit; see instr.)

2 Homeowners only, enter assessed value of principal residence as of January 1, 2009. If over \$788,000, you do not qualify for this credit. See instructions

INCOME CALCULATION

3 Massachusetts adjusted gross income (from line 19 of Schedule CB, line 3 worksheet on reverse) 3 29,099.00
4 Total Social Security benefits (see instructions) 4
5 Pensions/annuities/IRA/Keogh distributions not taxed on your Massachusetts tax return 5
6 Miscellaneous income, including cash public assistance 6
7 Massachusetts total income. Add lines 3 through 6 7 29,099.00
8 Exemptions from income (from Form 1, lines 2b through 2d or Form 1-NR/PY, lines 4b through 4d) 8 2,700.00
9 Qualifying income. Subtract line 8 from line 7 9 26,399.00
You do not qualify for the Circuit Breaker Credit if you are filing as "Single," and line 9 is greater than \$51,000; or you are filing as "Head of household," and line 9 is greater than \$64,000; or you are filing as "Married filing jointly," and line 9 is greater than \$77,000.
(DRAFT AS OF SEPTEMBER 18, 2009) (SUBJECT TO CHANGE)

CREDIT CALCULATION

If you filled in "Homeowner" in line 1, complete lines 10-17; if "Renter," skip to line 18.

10 Real estate taxes paid in calendar year 2009 for your principal residence. See instructions 10
11 Adjustments to real estate taxes (from line 4 of Schedule CB, line 11 worksheet on reverse) 11
12 Subtract line 11 from line 10 12
13 Enter 50% (.50) of water and sewer use charges paid in 2009 (see instructions) 13
14 Add lines 12 and 13 14
15 Income threshold. Multiply line 9 by 10% (.10) 15
16 Subtract line 15 from line 14. If line 15 is equal to or greater than line 14, you do not qualify for this credit. 16
17 Enter the lesser of line 16 or \$960 here and on Form 1, line 41 or Form 1-NR/PY, line 46 17

If you filled in "Renter" in line 1, complete lines 18-21.

18 Enter total amount of rent paid for your principal residence in 2009: a. 14,280.00 ÷ 4 = 18 3,570.00
Landlord's name and address JOE LANDING 1 MAINST BOSTON MA
19 Income threshold. Multiply line 9 by 10% (.10) 19 2,640.00
20 Subtract line 19 from line 18. If "0" or less, you do not qualify for this credit 20 930.00
21 Enter the lesser of line 20 or \$960 here and on Form 1, line 41 or Form 1-NR/PY, line 46 21 930.00



SOCIAL SECURITY NUMBER

400-00-2000

**Schedule DI** Dependent Information Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 40 or Form 1-NR/PY, lines 16, 17 or 45. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

1. FIRST NAME M.I. LAST NAME  
 SONNY S. HYNNE  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 SON  Yes

1. SOCIAL SECURITY NUMBER  
 400-00-2001  
 DATE OF BIRTH  
 01 01 2000

2. FIRST NAME M.I. LAST NAME  
 DAUGHT C. OMM  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 DAUGHTER  Yes

2. SOCIAL SECURITY NUMBER  
 400-00-2002  
 DATE OF BIRTH  
 02 03 1991

3. FIRST NAME M.I. LAST NAME  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 Yes

3. SOCIAL SECURITY NUMBER  
 DATE OF BIRTH

4. FIRST NAME M.I. LAST NAME  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 Yes

4. SOCIAL SECURITY NUMBER  
 DATE OF BIRTH

5. FIRST NAME M.I. LAST NAME  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 Yes

5. SOCIAL SECURITY NUMBER  
 DATE OF BIRTH

DRAFT AS OF SEPTEMBER 18, 2009 (SUBJECT TO CHANGE)

6. FIRST NAME M.I. LAST NAME  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 Yes

6. SOCIAL SECURITY NUMBER  
 DATE OF BIRTH

7. FIRST NAME M.I. LAST NAME  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 Yes

7. SOCIAL SECURITY NUMBER  
 DATE OF BIRTH

8. FIRST NAME M.I. LAST NAME  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 Yes

8. SOCIAL SECURITY NUMBER  
 DATE OF BIRTH

9. FIRST NAME M.I. LAST NAME  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 Yes

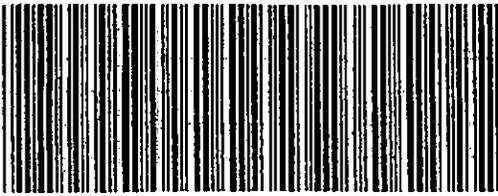
9. SOCIAL SECURITY NUMBER  
 DATE OF BIRTH

10. FIRST NAME M.I. LAST NAME  
 RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?  
 Yes

10. SOCIAL SECURITY NUMBER  
 DATE OF BIRTH

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2009 Schedule INC XXXXXXXXXXXXX

AREA RESERVED FOR 2-D BARCODE

BUDDY LIGHT 400002000

Form W-2 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD
99 9999111	20	29000		700
TOTALS	20	29000		700

Form 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE INCOME
99 9999333	0	98
99 9999334	0	199
TOTALS	0	297

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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