

Tax Year 2009

OKLAHOMA: TEST SCENARIO # 2

ATS

Ronald J Blackburn
Mary J Blackburn
74 Builer Dr
Oklahoma City Ok 73194

400-00-1059 Linked
400-00-1067 Linked

Taxpayer would like his Oklahoma refund direct deposited in his savings account .

Final result refund \$1763.00

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

OMB No. 1545-0074

Your first name and initial: RONALD J
Last name: BLACKBURN
Your social security number: _____

If a joint return, spouse's first name and initial: MARY J
Last name: BLACKBURN
Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see page 14. Apt. no.: 74 BUILER DR

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.: OKLAHOMA CITY OK 73194

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 } Boxes checked on 6a and 6b 2
 b Spouse } No. of children on 6c who:
 c Dependents:
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 17)

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 17)
STM	01			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

• lived with you 6
 • did not live with you due to divorce or separation (see page 18)
 Dependents on 6c not entered above
 Add numbers on lines above 8

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	28,400
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 22)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
		b Taxable amount(see page 24)	15b
16a	Pensions and annuities	16a	40,509
		b Taxable amount(see page 25)	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see page 27)	19	
20a	Social security benefits	20a	
		b Taxable amount(see page 27)	20b
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	58,909

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN	31a	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 34)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	58,909

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	58,909
	39a	Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. } Total boxes checked <input type="checkbox"/> 39a if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. }		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 and check here <input type="checkbox"/> 39b		
Standard Deduction for—	40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	23,871
• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.	b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) <input type="checkbox"/> 40b		
• All others: Single or Married filing separately, \$5,700	41	Subtract line 40a from line 38	41	35,038
Married filing jointly or Qualifying widow(er), \$11,400	42	Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37	42	29,200
Head of household, \$8,350	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	5,838
	44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	583
	45	Alternative minimum tax (see page 40). Attach Form 6251	45	
	46	Add lines 44 and 45	46	583
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	250
	49	Education credits from Form 8863, line 29	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see page 42)	51	333
	52	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	583
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Sch. H	59	
	60	Add lines 55 through 59. This is your total tax	60	0
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	4,260
	62	2009 estimated tax payments and amount applied from 2008 return	62	
	63	Making work pay and government retiree credits. Attach Schedule M	63	800
	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Additional child tax credit. Attach Form 8812	65	3,810
	66	Refundable education credit from Form 8863, line 16	66	
	67	First-time homebuyer credit. Attach Form 5405	67	
	68	Amount paid with request for extension to file (see page 72)	68	
	69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69	
	70	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	70	
	71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	71	8,870
Refund	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	8,870
Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input checked="" type="checkbox"/> X	73a	8,870
	b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number <input type="text"/>		
	74	Amount of line 72 you want applied to your 2010 estimated tax	74	
Amount You Owe	75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	75	
	76	Estimated tax penalty (see page 74)	76	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 75)? 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 15. Yes No

Keep a copy for your records. Yes No

Your signature: 05005 Date: 04-08-2010 Your occupation: CHEF Daytime phone number: 314-240-1246

Spouse's signature: 05055 Date: Spouse's occupation: Preparer's SSN or PTIN:

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 EIN Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2009

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

RONALD J & MARY J BLACKBURN

		1	2	3	4	
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see page A-1)	1				
	2 Enter amount from Form 1040, line 38 2	2				
	3 Multiply line 2 by 7.5% (.075)	3				
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	
Taxes You Paid (See page A-2.)	5 State and local (check only one box):					
	a <input checked="" type="checkbox"/> Income taxes, or	5	1,763			
	b <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see page A-5)	6	2,500			
	7 New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b.	7	812			
	8 Other taxes. List type and amount ▶	8				
	9 Add lines 5 through 8	9			5,075	
	Interest You Paid (See page A-6.)	10 Home mortgage interest and points reported to you on Form 1098.	10	7,000		
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶	11			
12 Points not reported to you on Form 1098. See page A-7 for special rules		12				
13 Qualified mortgage insurance premiums (see page A-7)		13				
14 Investment interest. Attach Form 4952 if required. (See page A-8.)		14				
15 Add lines 10 through 14		15			7,000	
Gifts to Charity If you made a gift and got a benefit for it, see page A-8.	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16	250			
	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17	5,000			
	18 Carryover from prior year	18				
	19 Add lines 16 through 18	19			5,250	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)				20	
Job Expenses and Certain Miscellaneous Deductions (See page A-10.)	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ Taxpayer 2106 7,724	21	7,724			
	22 Tax preparation fees	22				
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶	23				
	24 Add lines 21 through 23	24	7,724			
	25 Enter amount from Form 1040, line 38 25 58,909	25	58,909			
	26 Multiply line 25 by 2% (.02)	26	1,178			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			6,546	
Other Miscellaneous Deductions	28 Other - from list on page A-11. List type and amount ▶				28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter.				29	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here				23,871	

**Worksheet
for Line 7-
New motor
vehicle
taxes**

- Before you begin:**
- You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).
 - See the instructions for line 7 on page A-6.

Use this worksheet to figure the amount to enter on line 7.

(Keep a copy for your records.)

1	Enter the state and local sales and excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) after February 16, 2009 (see page A-6)	1	812	
2	Enter the purchase price (before taxes) of the new motor vehicle(s)	2	35,000	
3	Is the amount on line 2 more than \$49,500? <input checked="" type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6).			3
4	Enter the amount from Form 1040, line 38.	4	58,909	
5	Enter the total of any- • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico	5		
6	Add lines 4 and 5	6	58,909	
7	Enter \$125,000 (\$250,000 if married filing jointly)	7	250,000	
8	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6	8		
9	Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9		
10	Multiply line 3 by line 9			10
11	Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7			11

**Making Work Pay and Government
 Retiree Credits**

▶ **Attach to Form 1040A, 1040, or 1040NR.** ▶ **See separate instructions.**

Name(s) shown on return RONALD J & MARY J BLACKBURN		Your social security number	
<p>1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the "No" box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.</p> <p>Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?</p> <input checked="" type="checkbox"/> Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5. <input type="checkbox"/> No. Enter your earned income (see instructions)			
1a			
b	Nontaxable combat pay included on line 1a (see instructions)	1b	
2	Multiply line 1a by 6.2% (.062)	2	
3	Enter \$400 (\$800 if married filing jointly)	3	
4	Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a)	4	800
5	Enter the amount from Form 1040, line 38*, or Form 1040A, line 22	5	58,909
6	Enter \$75,000 (\$150,000 if married filing jointly)	6	150,000
7	Is the amount on line 5 more than the amount on line 6? <input checked="" type="checkbox"/> No. Skip line 8. Enter the amount from line 4 on line 9 below. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8	Multiply line 7 by 2% (.02)	8	
9	Subtract line 8 from line 4. If zero or less, enter -0-	9	800
10	Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions). <input checked="" type="checkbox"/> No. Enter -0- on line 10 and go to line 11. <input type="checkbox"/> Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly)	10	0
11	Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work not covered by social security? Do not include any pension or annuity reported on Form W-2. <input checked="" type="checkbox"/> No. Enter -0- on line 11 and go to line 12. <input type="checkbox"/> Yes. <ul style="list-style-type: none"> If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses) If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) 	11	0
12	Add lines 10 and 11	12	
13	Subtract line 12 from line 9. If zero or less, enter -0-	13	800
14	Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60.	14	800

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

2009

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **129**

Your name

RONALD J BLACKBURN

Occupation in which you incurred expenses

CHEF

Social security number

Part Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	4,474	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	500	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	2,000	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	250	
5 Meals and entertainment expenses (see instructions)		1,000
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5.	7,224	1,000

Note: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7	
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8).	7,224	1,000
<p>Note: If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.</p>		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	7,224	500
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10	7,724

Part II Vehicle Expenses

Section A - General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service	2007-01-01	
12	Total miles the vehicle was driven during 2009.	15,000 miles	miles
13	Business miles included on line 12	8,134 miles	miles
14	Percent of business use. Divide line 13 by line 12.	54.23 %	%
15	Average daily roundtrip commuting distance	30 miles	miles
16	Commuting miles included on line 12	5,000 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	1,866 miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 55 cents (.55). Enter the result here and on line 1.	22	4,474
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Section C - Actual Expenses

		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc		
24 a	Vehicle rentals		
b	Inclusion amount (see instructions)		
c	Subtract line 24b from line 24a		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 - see instructions)		
26	Add lines 23, 24c, and 25		
27	Multiply line 26 by the percentage on line 14		
28	Depreciation (see instructions)		
29	Add lines 27 and 28. Enter total here and on line 1		

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions)		
31	Enter section 179 deduction and special allowance (see instructions)		
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)		
33	Enter depreciation method and percentage (see instructions)		
34	Multiply line 32 by the percentage on line 33 (see instructions)		
35	Add lines 31 and 34.		
36	Enter the applicable limit explained in the line 36 instructions		
37	Multiply line 36 by the percentage on line 14.		
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above		

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See separate instructions.

Name(s) shown on return: **RONALD J & MARY J BLACKBURN**
 Your social security number: _____

Part I **Persons or Organizations Who Provided the Care** - You must complete this part.
 (If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	KINDERCARE	12 FUN ST OKLAHOMA CITY, OK 73194	57-4322211	3,000

Did you receive dependent care benefits? No Yes
 Complete only Part II below. Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 56.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2009 for the person listed in column (a)
First	Last		
Lance	Blackburn	400-55-8005	3,000

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 34.

4 Enter your earned income. See instructions

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4

6 Enter the smallest of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 **7** | 58,909

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 - 15,000		.35	\$29,000 - 31,000		.27
15,000 - 17,000		.34	31,000 - 33,000		.26
17,000 - 19,000		.33	33,000 - 35,000		.25
19,000 - 21,000		.32	35,000 - 37,000		.24
21,000 - 23,000		.31	37,000 - 39,000		.23
23,000 - 25,000		.30	39,000 - 41,000		.22
25,000 - 27,000		.29	41,000 - 43,000		.21
27,000 - 29,000		.28	43,000 - No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2008 expenses in 2009, see the instructions

10 Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43 **10** | 583

11 Enter the amount from Form 1040, line 47; or Form 1040NR, line 44. Form 1040A filers, enter -0- **11** |

12 Subtract line 11 from line 10. If zero or less, stop. You cannot take the credit **12** | 583

13 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 12 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 45 **13** | 250

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

OMB No. 1545-0908

Attachment
 Sequence No. **155**

Name(s) shown on your income tax return

RONALD J & MARY J BLACKBURN

Identifying number

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition and mileage, and attach Form 1098-C if required.)
A	SALVATION ARMY WOBURN MA 01801	MISCELLANEOUS, GOOD
B		
C		
D		
E		

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (yr/mo.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	2009-10-10	2000-01	PURCHASE	12,000	5,000	THRIFT STORE VALUE
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a Enter the letter from Part I that identifies the property in which you gave less than an entire interest. If Part II applies to more than one property, attach a separate statement. ▶ _____
- b Total amount claimed as a deduction for the property listed in Part I:
 - (1) For this tax year ▶ _____
 - (2) For any prior tax years ▶ _____
- c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee) _____

Address (number, street, and room or suite no.) _____

City or town, state, and ZIP code _____
- d For tangible property, enter the place where the property is located or kept ▶ _____
- e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

- 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?
- b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?
- c Is there a restriction limiting the donated property for a particular use?

Yes	No

Name(s) shown on return **RONALD J & MARY J BLACKBURN** Your social security number

Part I All Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 47). If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.		1	5,000
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 47.		2	333
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit.		3	4,667
4a	Earned income (see instructions)	4a		28,400
b	Nontaxable combat pay (see instructions)	4b		
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result.	5		25,400
6	Multiply the amount on line 5 by 15% (.15) and enter the result. Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input checked="" type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6		3,810

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions.	7		2,172
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, line 53, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 57.	8		0
9	Add lines 7 and 8.	9		2,172
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions). 1040NR filers: Enter the amount from Form 1040NR, line 63.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-.	11		2,172
12	Enter the larger of line 6 or line 11. Next, enter the smaller of line 3 or line 12 on line 13.	12		3,810

Part III Additional Child Tax Credit

13	This is your additional child tax credit	13		3,810
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Enter this amount on Form 1040, line 65, Form 1040A, line 42, or Form 1040NR, line 61.

Direct Deposit of Refund to More Than One Account

See separate instructions.

Attach to Form 1040, Form 1040A, Form 1040EZ, Form 1040NR, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

2009

Attachment Sequence No. 56

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number

RONALD J & MARY J BLACKBURN

1a Amount to be deposited in first account										1a	4,435									
b Routing number	2	5	3	1	7	4	5	7	6	c	<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings								
d Account number	2	6	5	4	3	2	1	0	8	9	1									
2a Amount to be deposited in second account										2a	4,435									
b Routing number	2	5	3	1	7	4	5	7	6	c	<input type="checkbox"/> Checking	<input checked="" type="checkbox"/> Savings								
d Account number	1	2	3	4	5	6	7	8	9	1	0									
3a Amount to be deposited in third account										3a										
b Routing number	X	X	X	X	X	X	X	X	X	c	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings								
d Account number	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
4 Total amount to be directly deposited. Add lines 1a, 2a, and 3a. The total must equal the amount shown on Form 1040, line 73a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040NR, line 68a; Form 1040NR-EZ, line 23a; Form 1040-SS, line 13a; or Form 1040-PR, line 13a										4	8,870									

Federal Supporting Statements

2009 PG01

Name(s) as shown on return

Your Social Security Number

RONALD J & MARY J BLACKBURN

FORM 1040 - LINE 6C - EXEMPTIONS

STM 01

FIRST NAME	LAST NAME	SSN	RELATIONSHIP	CHILD TAX CREDIT
Bill	Blackburn	400-55-3005	SON	
Bob	Blackburn	400-55-4005	SON	X
Kim	Blackburn	400-55-5005	DAUGHTER	X
Katie	Blackburn	400-55-6005	DAUGHTER	X
Leah	Blackburn	400-55-7005	DAUGHTER	X
Lance	Blackburn	400-55-8005	SON	X

Void

OMB No. 1545-0008

b Employer identification number (EIN) 80-1435678		1 Wages, tips, other compensation 28,400		2 Federal income tax withheld 4,260	
c Employer's name, address, and ZIP code JOHN WASHINGTON STEAKHOUSE 424 N WASHINGTON ST OKLAHOMA CITY OK 73194		3 Social security wages 28,400		4 Social security tax withheld 1,760	
		5 Medicare wages and tips 28,400		6 Medicare tax withheld 412	
		7 Social security tips		8 Allocated tips	
d Control number		9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial RONALD F 74 BUILDER DR OKLAHOMA CITY OK 73194		Last name BLACKBURN		11 Nonqualified plans	
		13 Statutory employee <input type="checkbox"/> Retmnt. plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
		14 Other		12b	
				12c	
f Employee's address and ZIP code				12d	
15 State Employer's state ID no. OKI 802345678		16 State wages, tips, etc. 28,400		17 State income tax 1,763	
				18 Local wages, tips, etc.	
				19 Local income tax	
				20 Locality name	

Form **W-2** Wage and Tax Statement

EEA

2009

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

 VOID CORRECTED

PAYER'S name, street address, city, state, and ZIP code OFFICE OF PERSONNEL MANAGEMENT 3000 N DAKOTA ST WASHINGTON DC 20006		1 Gross distribution \$ 40,509		OMB No. 1545-0119 2009 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S federal identification number 57-8888875		2a Taxable amount \$ 30,509		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input checked="" type="checkbox"/>		
RECIPIENT'S name RONALD F BLACKBURN 74 BUILDER DR OKLAHOMA CITY OK 73194		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S identification number		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
1st year of desig. Roth contrib.		7 Distribution code(s) 7		8 Other \$ %		
Account Number (Retirement Claim No.) CSA 4452478		9a Your percentage of total distribution %		9b Total employee contributions \$		
		10 State tax withheld \$		11 State/Payer's state no. OK		12 State distribution \$ 30,509
		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$

Form 1099-R

EEA

Department of the Treasury - Internal Revenue Service

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