

Tax Year 2009

**OKLAHOMA: TEST SCENARIO # 6 (Non Resident) ATS Only**

ATS

John J Lamb	400-00-3504
Mary P Lamb	400-00-3554
839 White Fleece Road	
Dallas Tx 75203	

Mary will file her own return MFS.

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

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning \_\_\_\_\_, 2009, ending \_\_\_\_\_, 20

OMB No. 1545-0074

**Label** L Your first name and initial Last name  
 JOHN J LAMB

**See instructions in page 14.)** B If a joint return, spouse's first name and initial Last name

**Use the IRS label.** H Home address (number and street). If you have a P.O. box, see page 14. Apt. no.  
 839 WHITE FLEECE ROAD

**Otherwise, please print or type.** R City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.  
 Dallas TX 75203

**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 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.  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here. **MARY P LAMB** 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  
 b  Spouse

**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)
Sarah	Lee	900-78-3004	Daughter	<input checked="" type="checkbox"/>
Annie	Poop	400-00-4004	Parent	<input type="checkbox"/>

Boxes checked on 6a and 6b: 1  
 No. of children on 6c who:  
 • lived with you: \_\_\_\_\_  
 • did not live with you due to divorce or separation (see page 18): 1  
 Dependents on 6c not entered above: 1  
 Add numbers on lines above: 3

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	22,300
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 <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 24)	15b	100
16a	Pensions and annuities	16a	
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	22,400

**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	22,400

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	22,400
<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1945, if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 and check here <b>39b</b> <input type="checkbox"/>		
<b>40a</b>	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	<b>40a</b>	5,700
<b>b</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) <b>40b</b> <input type="checkbox"/>		
<b>41</b>	Subtract line 40a from line 38	<b>41</b>	16,700
<b>42</b>	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	<b>42</b>	10,950
<b>43</b>	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	5,750
<b>44</b>	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	<b>44</b>	578
<b>45</b>	Alternative minimum tax (see page 40). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	578
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 29	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 42)	<b>51</b>	578
<b>52</b>	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	<b>52</b>	
<b>53</b>	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your total credits	<b>54</b>	578
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	0

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Sch. H	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your total tax	<b>60</b>	0

**Payments**

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	2,380
<b>62</b>	2009 estimated tax payments and amount applied from 2008 return	<b>62</b>	
<b>63</b>	Making work pay and government retiree credits. Attach Schedule M	<b>63</b>	400
<b>64a</b>	Earned income credit (EIC)	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b> <input type="checkbox"/>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	422
<b>66</b>	Refundable education credit from Form 8863, line 16	<b>66</b>	
<b>67</b>	First-time homebuyer credit. Attach Form 5405	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 72)	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld (see page 72)	<b>69</b>	
<b>70</b>	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	<b>70</b>	
<b>71</b>	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments	<b>71</b>	3,202

**Refund**

<b>72</b>	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	<b>72</b>	3,202																				
<b>73a</b>	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	<b>73a</b>	3,202																				
<b>b</b>	Routing number <table border="1"> <tr> <td>0</td><td>1</td><td>2</td><td>4</td><td>5</td><td>6</td><td>7</td><td>7</td><td>8</td> </tr> </table> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	0	1	2	4	5	6	7	7	8													
0	1	2	4	5	6	7	7	8															
<b>d</b>	Account number <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6	7	8	9													
1	2	3	4	5	6	7	8	9															
<b>74</b>	Amount of line 72 you want applied to your 2010 estimated tax	<b>74</b>																					

**Amount You Owe**

<b>75</b>	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74	<b>75</b>	
<b>76</b>	Estimated tax penalty (see page 74)	<b>76</b>	

**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. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
<b>05004</b>	<b>04-08-2010</b>	<b>CARPENTER</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
			<b>201-777-9311</b>

**Paid Preparer's Use Only**

Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	EIN <input type="text"/>		
			Phone no. <input type="text"/>

Department of the Treasury  
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment  
Sequence No. **47**

Name(s) shown on return

Your social security number

**JOHN J LAMB**

**Part I All Filers**

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).			
	<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).			
	<b>1040NR filers:</b> 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.			
<b>2</b>	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 47 . . . . .	<b>2</b>		<b>578</b>
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit . . . . .	<b>3</b>		<b>422</b>
<b>4a</b>	Earned income (see instructions) . . . . .	<b>4a</b>	<b>22,300</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>4b</b>		
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>	<b>19,300</b>	
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result . . . . . <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> ; you cannot take this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.	<b>6</b>		<b>2,895</b>

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>7</b>	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 . . . . .	<b>7</b>		
<b>8</b>	<b>1040 filers:</b> 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. <b>1040A filers:</b> Enter -0-. <b>1040NR filers:</b> 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.	<b>8</b>		
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>		
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69. <b>1040A filers:</b> 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). <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 63.	<b>10</b>		
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>		
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 3 or line 12 on line 13.	<b>12</b>		

**Part III Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .	<b>13</b>		<b>422</b>
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Enter this amount on  
Form 1040, line 65,  
Form 1040A, line 42, or  
Form 1040NR, line 61.

**SCHEDULE M**  
(Form 1040A or 1040)

Department of the Treasury  
Internal Revenue Service (99)

**Making Work Pay and Government  
Retiree Credits**

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

▶ See separate instructions.

OMB No. 1545-0074

**2009**  
Attachment  
Sequence No. **166**

Name(s) shown on return

Your social security number

**JOHN J LAMB**

**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.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

**Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

**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** 400

**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . . **5** 22,400

**6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6** 75,000

**7** Is the amount on line 5 more than the amount on line 6?

**No.** Skip line 8. Enter the amount from line 4 on line 9 below.

**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** 400

**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).

**No.** Enter -0- on line 10 and go to line 11.

**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**

**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.

**No.** Enter -0- on line 11 and go to line 12.

**Yes.** ● 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**

**12** Add lines 10 and 11 . . . . . **12**

**13** Subtract line 12 from line 9. If zero or less, enter -0- . . . . . **13** 400

**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** 400

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

Name(s) as shown on return

Your social security number

JOHN J LAMB

**CAUTION!** To be a qualifying child for the child tax credit, the child must be under age 17 at the end of 2009 and meet the other requirements listed in instructions.

<b>1</b>	1. Number of qualifying children: <u>1</u> X \$1,000. Enter the result.	1	<u>1,000</u>																																				
<b>2</b>	2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36.	2	<u>22,400</u>																																				
<b>3</b>	3. <b>1040 Filers.</b> Enter the total of any -																																						
	<ul style="list-style-type: none"> <li>● Exclusion of income from Puerto Rico, and</li> <li>● Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul>	3	_____																																				
	<b>1040A and 1040NR Filers.</b> Enter -0-.																																						
<b>4</b>	4. Add lines 2 and 3. Enter the total.	4	<u>22,400</u>																																				
<b>5</b>	5. Enter the amount shown below for your filing status.																																						
	<ul style="list-style-type: none"> <li>● Married filing jointly - \$110,000</li> <li>● Single, head of household, or qualifying widow(er) - \$75,000</li> <li>● Married filing separately - \$55,000</li> </ul>	5	<u>55,000</u>																																				
<b>6</b>	6. Is the amount on line 4 more than the amount on line 5?																																						
	<input checked="" type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7.																																						
	<input type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4.	6	_____																																				
	<small>If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.</small>																																						
<b>7</b>	7. Multiply the amount on line 6 by 5% (.05). Enter the result.	7	<u>0</u>																																				
<b>8</b>	8. Is the amount on line 1 more than the amount on line 7?																																						
	<input type="checkbox"/> <b>No. STOP</b>																																						
	<small>You cannot take the child tax credit on Form 1040, line 52; Form 1040A, line 33; or Form 1040NR, line 47. You also cannot take the additional child tax credit on Form 1040, line 66; Form 1040A, line 41; or Form 1040NR, line 61. Complete the rest of your Form 1040, 1040A, or Form 1040NR.</small>																																						
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. Go to Part 2.	8	<u>1,000</u>																																				
<b>9</b>	9. Enter the amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43.	9	<u>578</u>																																				
<b>10</b>	10. Add the amounts from -																																						
	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Form 1040</td> <td style="text-align: center;">or</td> <td style="text-align: center;">Form 1040A</td> <td style="text-align: center;">or</td> <td style="text-align: center;">Form 1040NR</td> <td></td> </tr> <tr> <td>Line 47</td> <td></td> <td>_____</td> <td></td> <td>Line 44</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Line 48</td> <td></td> <td>Line 29</td> <td></td> <td>Line 45</td> <td style="text-align: right;">+ _____</td> </tr> <tr> <td>Line 49</td> <td></td> <td>Line 30</td> <td></td> <td></td> <td style="text-align: right;">+ _____</td> </tr> <tr> <td>Line 50</td> <td></td> <td>Line 31</td> <td></td> <td></td> <td style="text-align: right;">+ _____</td> </tr> <tr> <td>Line 51</td> <td></td> <td>Line 32</td> <td></td> <td>Line 46</td> <td style="text-align: right;">+ _____</td> </tr> </table>	Form 1040	or	Form 1040A	or	Form 1040NR		Line 47		_____		Line 44	_____	Line 48		Line 29		Line 45	+ _____	Line 49		Line 30			+ _____	Line 50		Line 31			+ _____	Line 51		Line 32		Line 46	+ _____	10	_____
Form 1040	or	Form 1040A	or	Form 1040NR																																			
Line 47		_____		Line 44	_____																																		
Line 48		Line 29		Line 45	+ _____																																		
Line 49		Line 30			+ _____																																		
Line 50		Line 31			+ _____																																		
Line 51		Line 32		Line 46	+ _____																																		
	Enter the total.																																						
<b>11</b>	11. Are you claiming any of the following credits?																																						
	<ul style="list-style-type: none"> <li>● Mortgage interest credit, Form 8396</li> <li>● Adoption credit, Form 8839</li> <li>● Residential energy efficient property credit, Form 5695</li> <li>● District of Columbia first-time homebuyer credit, Form 8859</li> </ul>																																						
	<input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10.	11	_____																																				
	<input type="checkbox"/> <b>Yes.</b> Complete the Line 11 Worksheet on the next page to figure the amount to enter here.																																						
<b>12</b>	12. Subtract line 11 from line 9. Enter the result.	12	<u>578</u>																																				
<b>13</b>	13. Is the amount on line 8 of this worksheet more than the amount on line 12?																																						
	<input type="checkbox"/> <b>No.</b> Enter the amount from line 8.																																						
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the TIP below.	13	<u>578</u>																																				

**TIP** You may be able to take the **additional child tax credit** on Form 1040, line 66; Form 1040A, line 41; or Form 1040NR, line 61, only if you answered "Yes" on line 13.

- First, complete your Form 1040 through line 65, Form 1040A through line 40a, or Form 1040NR through line 60.
- Then, use Form 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 52; Form 1040A, line 33; or Form 1040NR, line 47.

1040 and 1040NR Filers - Earned Income Worksheet

2009

(Keep for your records)

Name(s) as shown on return

Your social security number

JOHN J LAMB

**Before you begin:**

- Use this worksheet only if you were sent here from the Line 11 Worksheet on page 6 of this publication or line 4a of Form 8812, Additional Child Tax Credit.
- Disregard community property laws when figuring the amounts to enter on this worksheet.
- If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1. a.	Enter the amount from Form 1040, line 7, or Form 1040NR, line 8	1a.	<u>22,300</u>
b.	Enter the amount of any nontaxable combat pay received. Also enter this amount on Form 8812, line 4b. This amount should be shown in Form(s) W-2, box 12, with code Q	1b.	_____
	<b>Next</b> , if you are filing Schedule C, C-EZ, F, or SE, or you received a Schedule K-1 (Form 1065 or Form 1065-B), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.		
2. a.	Enter any statutory employee income reported on line 1 of Schedule C or C-EZ	2a.	_____
b.	Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.* Reduce this amount by any unreimbursed nonfarm partnership expenses you deducted on Schedule E. Do not include any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property	2b.	_____
c.	Enter any net farm profit or (loss) from Schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A.* Reduce this amount by any unreimbursed farm partnership expenses you deducted on Schedule E. Do not include any amounts exempt from self-employment tax	2c.	_____
d.	If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, Section B, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c	2d.	_____
e.	If line 2c is a profit, enter the <b>smaller</b> of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c	2e.	_____
3.	Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, <b>stop</b> . Do not complete the rest of this worksheet. Instead, enter -0- on line 2 of the Line 11 Worksheet on page 6 or line 4a of Form 8812, whichever applies	3.	<u>22,300</u>
4.	Enter any amount included on line 1a that is:		
a.	A scholarship or fellowship grant not reported on Form W-2	4a.	_____
b.	For work done while an inmate in a penal institution (enter "PRI" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR)	4b.	_____
c.	A pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan (enter "DFC" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR). This amount may be shown in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity	4c.	_____
5. a.	Enter any amount included on line 3 that is also included on Form 2555, line 43, or Form 2555-EZ, line 18. Do not include any amount that is also included on line 4a, 4b, or 4c above	5a.	_____
b.	Enter the amount, if any, from Form 2555, line 44, that is also deducted on Schedule C, C-EZ, or F, or included on Schedule E in partnership net income or (loss)	5b.	_____
c.	Subtract line 5b from line 5a	5c.	_____
6.	Enter the amount from Form 1040, line 27	6.	_____
7.	Add lines 4a through 4c, 5c, and 6	7.	_____
8.	Subtract line 7 from line 3	8.	<u>22,300</u>

- If you were sent here from the Line 11 Worksheet on page 6, enter this amount on line 2 of that worksheet.
- If you were sent here from Form 8812, enter this amount on line 4a of that form.

\* If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE, Section A. Put your name and social security number on Schedule SE and attach it to your return.

Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 38-3838196			1 Wages, tips, other compensation 11,500		2 Federal income tax withheld 1,300
c Employer's name, address, and ZIP code RUGS AND MORE 7777 NAILS DRIVE Dallas TX 75203			3 Social security wages 11,500		4 Social security tax withheld 713
			5 Medicare wages and tips 11,500		6 Medicare tax withheld 167
			7 Social security tips		8 Allocated tips
			9 Advance EIC payment		10 Dependent care benefits
d Control number			11 Nonqualified plans		12a See instructions for box 12
e Employee's first name and initial JOHN J LAMB 839 WHITE FLEECE ROAD Dallas TX 75203 4			13 Statutory employee Retmnt. plan Third-party sick pay		12b
			14 Other		12c
					12d
f Employee's address and ZIP code			15 State Employer's state ID no. TX 384759		16 State wages, tips, etc. 11,500
			17 State income tax 500		18 Local wages, tips, etc.
			19 Local income tax		20 Locality name

Form **W-2 Wage and Tax Statement** EEA Department of the Treasury-Internal Revenue Service  
**2009**  
 Copy B - To Be Filed With Employee's FEDERAL Tax Return. For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.  
 This information is being furnished to the Internal Revenue Service.

The information on the Form W-2 was used to prepare the taxpayer's 2009 Federal tax return by .  
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Void <input type="checkbox"/>		a Employee's social security number		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 38-1425336			1 Wages, tips, other compensation 10,800		2 Federal income tax withheld 1,080
c Employer's name, address, and ZIP code PAPER BROS 4321 PEN DRIVE OKLAHOMA CITY OK 73194			3 Social security wages 10,800		4 Social security tax withheld 670
			5 Medicare wages and tips 10,800		6 Medicare tax withheld 157
			7 Social security tips		8 Allocated tips
			9 Advance EIC payment		10 Dependent care benefits
d Control number			11 Nonqualified plans		12a See instructions for box 12
e Employee's first name and initial JOHN J LAMB 839 WHITE FLEECE ROAD Dallas Tx 75203			13 Statutory employee Retmnt. plan Third-party sick pay		12b
			14 Other		12c
					12d
f Employee's address and ZIP code			15 State Employer's state ID no. OK 382176		16 State wages, tips, etc. 950
			17 State income tax 71		18 Local wages, tips, etc.
			19 Local income tax		20 Locality name

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PAYER'S name, street address, city, state, and ZIP code  <b>SERENITY INSURANCE CO</b>  <b>123 BEACH ST</b> <b>Dallas TX 75203</b>		<b>1</b> Gross distribution \$ <u>100</u>	OMB No. 1545-0119  <b>2009</b>  Form 1099-R		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
PAYER'S federal identification number <b>69-9687321</b>		<b>2a</b> Taxable amount \$ <u>100</u>	<b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S identification number		<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$		<b>Copy A</b> For Internal Revenue Service Center  File with Form 1096.
RECIPIENT'S name <b>JOHN J LAMB</b>		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums \$	<b>6</b> Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) <b>939 WHITE FLEECE ROAD</b>		<b>7</b> Distribution code(s) <u>07</u>	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	<b>8</b> Other \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code <b>Dallas Tx 75203</b>		<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$		
1st year of desig. Roth contrib.		<b>10</b> State tax withheld \$	<b>11</b> State/Payer's state no. <u>TX 132143</u>		<b>12</b> State distribution \$ <u>100</u>
Account number (see instructions)		<b>13</b> Local tax withheld \$	<b>14</b> Name of locality		<b>15</b> Local distribution \$

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The information on the Form 1099-R is used to prepare taxpayer's 2009 Federal tax return by.

PAYER'S name, street address, city, state, and ZIP code		<b>1</b> Gross distribution \$	OMB No. 1545-0119  <b>2009</b>  Form 1099-R		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
PAYER'S federal identification number		<b>2a</b> Taxable amount \$	<b>2b</b> Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S identification number		<b>3</b> Capital gain (included in box 2a) \$	<b>4</b> Federal income tax withheld \$		<b>Copy A</b> For Internal Revenue Service Center  File with Form 1096.
RECIPIENT'S name		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums \$	<b>6</b> Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)		<b>7</b> Distribution code(s)	IRA/SEP/SIMPLE <input type="checkbox"/>	<b>8</b> Other \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 5498, and W-2G.
City, state, and ZIP code		<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$		
1st year of desig. Roth contrib.		<b>10</b> State tax withheld \$	<b>11</b> State/Payer's state no.		<b>12</b> State distribution \$
Account number (see instructions)		<b>13</b> Local tax withheld \$	<b>14</b> Name of locality		<b>15</b> Local distribution \$