

Label

(See instructions on page 12.)

Use the IRS label.
Otherwise,
please print
or type.

Presidential

Election Campaign ► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ► You Spouse**Filing Status**

Check only one box.

- 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 13.) 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 14)

Exemptions

If more than four dependents, see page 15.

a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.	b <input checked="" type="checkbox"/> Spouse	c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 15)
Karen MARSAN				Son	<input type="checkbox"/>
Anna MARSAN				Daughter	<input type="checkbox"/>
Rebecca MARSAN				Daughter	<input type="checkbox"/>
Joshua MARSAN				Son	<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on lines 6a and 6b
 No. of children on line which
 ■ lived with you
 ■ did not live with you due to divorce or separation (see page 16)
 Dependents on line not entered above

Add numbers on lines above ►

8

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	8a Taxable interest. Attach Schedule B if required	8b
b Tax-exempt interest. Do not include on line 8a		
9a Ordinary dividends. Attach Schedule B if required		9b
b Qualified dividends (see page 19)		
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)		
11 Alimony received		
12 Business income or (loss). Attach Schedule C or C-EZ		
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		
14 Other gains or (losses). Attach Form 4797		
15a IRA distributions 15a	b Taxable amount (see page 21)	
16a Pensions and annuities 16a	b Taxable amount (see page 22)	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
18 Farm income or (loss). Attach Schedule F		
19 Unemployment compensation		
20a Social security benefits 20a	b Taxable amount (see page 24)	
21 Other income. List type and amount (see page 24) ALASKA P.F.O. 1099-misc		
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►		

7 C6
 8a
 8b
 9a
 9b
 10
 11
 12
 13
 14
 15b
 16b
 17
 18
 19
 20a
 21 102-14 00
 22 102-14 00

Adjusted Gross Income

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

23	
24	
25	
26	
27	
28	
29	
30	
31a	
32	
33	
34	
35	

36 62-14 00
 37 62-14 00

Tax and Credits**Standard Deduction for—**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

38	Amount from line 37 (adjusted gross income)	38	6214 60
39a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. If: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked ► 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ► 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10700 00
41	Subtract line 40 from line 38	41	0
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33.	42	27200 00
43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
44	Tax (see page 33). Check if any tax is from: a <input checked="" type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4872 c <input type="checkbox"/> Form(s) 8889	44	156 00
45	Alternative minimum tax (see page 36). Attach Form 6251	45	
46	Add lines 44 and 45	46	156 00
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page 39). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8896 b <input type="checkbox"/> Form 8869 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	156 00

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	156 00

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1039 00
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	
b	Nonfederal combat pay election ► 66b	66b	
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	1039 00

Refund

Direct deposit? See page 59 and 58 in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	883 00
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	74a	883 00

b	Routing number	► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number	

75	Amount of line 73 you want applied to your 2008 estimated tax ► 75
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Amount You Own

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 ► 76
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77	Estimated tax penalty (see page 61) ► 77
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Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name ►	Phone no. ► ()	Personal identification number (PIN) ►	

Sign Here

Joint return? See page 13.

Keep a copy for your records.

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.

Your signature	Date	Your occupation	Daytime phone number
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Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	()
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Elegia M. Maran	3-28-08	American Citizen	()
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1 Type or print your first name and middle initial.

William B

Last name

MARSAN

2 Social security number (SSN)

3 Address

Palmer AC 99645

4 Enter year in space provided and check one box. For the tax year ending December 31, 2007.

I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code

JNC

6 Employer's or payer's identification number (if known)

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

- | | | | |
|---------------------------------------|----------|---|--------------|
| a Wages, tips, and other compensation | <u>8</u> | b State income tax withheld
(Name of state) | <u></u> |
| b Social security wages | <u>0</u> | c Medicare wages and tips | <u>0</u> |
| d Advance EIC payment | <u></u> | e Social security tips | <u></u> |
| f Federal income tax withheld | <u>0</u> | g Local income tax withheld
(Name of locality) | <u></u> |
| | | i Social security tax withheld | <u>26.32</u> |
| | | j Medicare tax withheld | <u>6.15</u> |

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

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

9 How did you determine the amounts on lines 7 and 8 above?

Recom suggested by JNC per the statutory language
used in IAC 34ct and 3121 and others as well

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

will not change we due to fear of IRS
retaliation - The amounts withheld on the w-2 is correct.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign
Here

Signature ►

William B Marsan

Date ► 3-28-08

1 Type or print your first name and middle initial.

Last 函題

2 Social security number (SSN)

Address

Morgan

Palmer AK 99645

4 Enter year in space provided and check one box. For the tax year ending December 31, 2007.

Form W-2 OR Form 1099-R.

I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

8 Employer's or payer's name, address, and ZIP code

⑥ Employer's or payer's identification number (if known)

Limited

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

- | | | | |
|---------------------------------------|---------------|--------------------------------|---------------|
| a Wages, tips, and other compensation | <u>Q</u> | g State income tax withheld | <u> </u> |
| b Social security wages | <u>G</u> | (Name of state) | <u> </u> |
| c Medicare wages and tips | <u>Q</u> | h Local income tax withheld | <u> </u> |
| d Advance EIC payment | <u> </u> | (Name of locality) | <u> </u> |
| e Social security tips | <u> </u> | i Social security tax withheld | <u> </u> |
| f Federal income tax withheld | <u>304.10</u> | Medicare tax withheld | <u> </u> |

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

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

9. How did you determine the amounts on lines 7 and 8 above?

Revisions from [REDACTED] and the statutory language used in IEC 3401 and 3121 and others as well

10 Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.

The amounts withheld on W-2 are correct.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Kloeden et al.

Willie B. Mann

Date ► 3-28-08