

Label

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

LABEL HERE

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 2008, ending 2008, ending 20
Your first name and initial DAVID H
Last name H
If a joint return, spouse's first name and initial
Last name H
Home address (number and street). If you have a P.O. box, see page 14. Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

OMB No. 1545-0074
Your social security number
Spouse's social security number
You must enter your SSN(s) above.
Checking a box below will not change your tax or refund.

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
b Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 17)
d Total number of exemptions claimed 2

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 21.

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

Table with 22 rows for income items: 7 Wages, salaries, tips, etc. Attach Form(s) W-2; 8a Taxable interest; 8b Tax-exempt interest; 9a Ordinary dividends; 9b Qualified dividends; 10 Taxable refunds, credits, or offsets of state and local income taxes; 11 Alimony received; 12 Business income or (loss); 13 Capital gain or (loss); 14 Other gains or (losses); 15a IRA distributions; 15b Taxable amount; 16a Pensions and annuities; 16b Taxable amount; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.; 18 Farm income or (loss); 19 Unemployment compensation; 20a Social security benefits; 20b Taxable amount; 21 Other income; 22 Add the amounts in the far right column for lines 7 through 21. Total income 0 00

Adjusted Gross Income

Table with 15 rows for adjusted gross income items: 23 Educator expenses; 24 Certain business expenses of reservists, performing artists, and fee-basis government officials; 25 Health savings account deduction; 26 Moving expenses; 27 One-half of self-employment tax; 28 Self-employed SEP, SIMPLE, and qualified plans; 29 Self-employed health insurance deduction; 30 Penalty on early withdrawal of savings; 31a Alimony paid; 31b Recipient's SSN; 32 IRA deduction; 33 Student loan interest deduction; 34 Tuition and fees deduction; 35 Domestic production activities deduction; 36 Add lines 23 through 31a and 32 through 35; 37 Subtract line 36 from line 22. Adjusted gross income 0 00

Tax and Credits

Standard Deduction for—
• People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see page 34.
• All others:
Single or Married filing separately, \$5,450
Married filing jointly or Qualifying widow(er), \$10,900
Head of household, \$8,000

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-61 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 for payments.

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? Yes. Complete the following. No

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.

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, EIN, Phone no.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED] [REDACTED] TN [REDACTED] [REDACTED]		1 Rents \$	OMB No. 1545-0115 <b>2008</b> Form 1099-MISC	<b>Miscellaneous Income</b>
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	<b>Copy B For Recipient</b>
RECIPIENT'S name David [REDACTED] [REDACTED] Street address (including apt. no.) [REDACTED] City, state, and ZIP code [REDACTED] TN [REDACTED]		6 Medical and health care payments \$	7 Nonemployee compensation \$ 0.00	
Account number (see instructions)		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
15a Section 409A deferrals \$		10 Crop insurance proceeds \$	11	
15b Section 409A income \$		12	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

This corrected Form 1099-MISC is submitted to rebut a document known to have been submitted by the party identified above as "PAYER" which erroneously alleges a payment to the party identified above as "RECIPIENT" of "gains, profit or income" made in the course of a "trade or business". Under penalty 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.

[REDACTED]  
David [REDACTED]

4/15/09  
Date

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED] [REDACTED] TN [REDACTED] Tel: [REDACTED]		1 Rents \$	OMB No. 1545-0115 <b>2008</b> Form 1099-MISC	<b>Miscellaneous Income</b>		
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$		<b>Copy B For Recipient</b>	
RECIPIENT'S name David H [REDACTED] Street address (including apt. no.) [REDACTED] City, state, and ZIP code [REDACTED] TN [REDACTED]	RECIPIENT'S identification number [REDACTED]	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
Account number (see instructions) 4425	7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
15a Section 409A deferrals \$	15b Section 409A income \$	11	12	13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$
16 State tax withheld \$	17 State/Payer's state no.	18 State income \$				

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[REDACTED]  
David H [REDACTED]

4/15/09  
Date

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PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED] TN [REDACTED]		1 Rents \$	2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	OMB No. 1545-0115 <b>2008</b> Form 1099-MISC	<b>Miscellaneous Income</b>
PAYER'S federal identification number [REDACTED]	RECIPIENT'S identification number [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$	7 Nonemployee compensation \$ 0.00	8 Substitute payments in lieu of dividends or interest \$	<b>Copy B For Recipient</b>	
RECIPIENT'S name [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	11	12		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Street address (including apt. no.) [REDACTED]		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$				
City, state, and ZIP code [REDACTED], TN [REDACTED]		Account number (see instructions)					
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$			

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[REDACTED]  
David H. [REDACTED]

4/15/09  
Date

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PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED] TX [REDACTED]		1 Rents \$	OMB No. 1545-0115 <b>2008</b> Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number [REDACTED]		4 Federal income tax withheld \$	5 Fishing boat proceeds \$	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name [REDACTED]		6 Medical and health care payments \$	7 Nonemployee compensation \$ 0.00	
Street address (including apt. no.) [REDACTED]		8 Substitute payments in lieu of dividends or interest \$	10 Crop insurance proceeds \$	11 12
City, state, and ZIP code [REDACTED] TN [REDACTED]		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
Account number (see instructions)		16 State tax withheld \$	17 State/Payer's state no.	18 State income \$
15b Section 409A income \$				

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[REDACTED]  
David H. [REDACTED]

4/12/04  
Date

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PAYER'S name, street address, city, state, ZIP code, and telephone no. [REDACTED] [REDACTED] TX [REDACTED] Tel: ([REDACTED])		1 Rents \$	OMB No. 1545-0115 <b>2008</b> Form 1099-MISC	<b>Miscellaneous Income</b>
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RECIPIENT'S name [REDACTED] Street address (including apt. no.) [REDACTED] City, state, and ZIP code [REDACTED], TN [REDACTED]		6 Medical and health care payments \$	7 Nonemployee compensation \$ 0.00	
Account number (see instructions) HAAS		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
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David H. [REDACTED]

4/15/09  
Date

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City, state, and ZIP code [REDACTED] TN [REDACTED]		16 State tax withheld \$	17 State/Payer's state no.	15b Section 409A income \$			
Account number (see instructions)							

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