

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

**LABEL HERE**

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: **William R.** Last name: **Barnes** Your social security number: \_\_\_\_\_

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

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. \_\_\_\_\_ Pennsylvania \_\_\_\_\_

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) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 17)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed \_\_\_\_\_

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) \_\_\_\_\_

Dependents on 6c not entered above \_\_\_\_\_

Add numbers on lines above ▶ 1

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	0	00
8a	Taxable interest. Attach Schedule B if required	8a	3	59
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		
16a	Pensions and annuities	16a	10,904.36	
b	Taxable amount (see page 25)	16b	0	00
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. List type and amount (see page 29)	21		
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	3	59

**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	31a		
b	Recipient's SSN ▶ _____	31b		
32	IRA deduction (see page 31)	32		
33	Student loan interest deduction (see page 34)	33		
34	Tuition and fees deduction. Attach Form 8817	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	3	59

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	3	59
	39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1945. <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1945. <input type="checkbox"/> Blind. Total boxes checked <b>▶</b> 39a <input type="checkbox"/> 1			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here <b>▶</b> 39b <input type="checkbox"/>			
<b>Standard Deduction for—</b>	40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40a	7,100	00
• 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) <b>▶</b> 40b <input type="checkbox"/>			
• All others:	41	Subtract line 40a from line 38	41	(7,096)	41
Single or Married filing separately, \$5,700	42	<b>Exemptions.</b> 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	3,650	00
Married filing jointly or Qualifying widow(er), \$11,400	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0	00
Head of household, \$8,350	44	<b>Tax</b> (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0	00
	45	<b>Alternative minimum tax</b> (see page 40). Attach Form 6251	45		
	46	Add lines 44 and 45 <b>▶</b>	46	0	00
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	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		
	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 <b>total credits</b>	54		
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- <b>▶</b>	55	0	00
<b>Other Taxes</b>	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 Schedule H	59		
	60	Add lines 55 through 59. This is your <b>total tax</b> <b>▶</b>	60	0	00
<b>Payments</b>	61	Federal income tax withheld from Forms W-2 and 1099	61	6,006	32
	62	2009 estimated tax payments and amount applied from 2008 return	62		
	63	Making work pay and government retiree credits. Attach Schedule M	63		
	64a	<b>Earned income credit (EIC)</b>	64a		
	b	Nontaxable combat pay election <input type="checkbox"/> 64b			
	65	Additional child tax credit. Attach Form 8812	65		
	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 <b>total payments</b> <b>▶</b>	71	6,006	32
<b>Refund</b>	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you <b>overpaid</b>	72	6,006	32
Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888	73a	Amount of line 72 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	73a	6,006	32
	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 <b>applied to your 2010 estimated tax</b> <b>▶</b>	74		
<b>Amount You Owe</b>	75	<b>Amount you owe.</b> Subtract line 71 from line 60. For details on how to pay, see page 74 <b>▶</b>	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 <b>▶</b>	Phone no. <b>▶</b>	Personal identification number (PIN) <b>▶</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

Your signature	Date	Your occupation	Daytime phone number
	4-13-10	Accountant	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

**1** Type or print your first name and middle initial. Last name  
William R. Barnes

**2** Social security number (SSN)  
[REDACTED]

**3** Address  
[REDACTED] Pennsylvania [REDACTED]

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2009,  
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  
[REDACTED]

**6** Employer's or payer's identification number (if known)  
[REDACTED]

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

<b>a</b> Wages, tips, and other compensation	<u>0</u>	<b>g</b> State income tax withheld	<u>897.15</u>
<b>b</b> Social security wages	<u>0</u>	(Name of state) <u>Pennsylvania</u>	
<b>c</b> Medicare wages and tips	<u>0</u>	<b>h</b> Local income tax withheld	<u>406.81</u>
<b>d</b> Advance EIC payment	<u>0</u>	(Name of locality) <u>Bethel Park</u>	
<b>e</b> Social security tips	<u>0</u>	<b>i</b> Social security tax withheld	<u>1811.79</u>
<b>f</b> Federal income tax withheld	<u>1589.92</u>	<b>j</b> Medicare tax withheld	<u>423.74</u>

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

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

**9** How did you determine the amounts on lines 7 and 8 above?  
Records provided by payor on line 5

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
None

**Sign Here**

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.

Signature ▶ [REDACTED]

Date ▶ April 13 2010

**Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**  
 ▶ Attach to Form 1040, 1040A, 1040-EZ, or 1040X.

**1** Type or print your first name and middle initial. Last name  
 William R. Barnes

**2** Social security number (SSN)  
 [REDACTED]

**3** Address  
 [REDACTED] Pennsylvania [REDACTED]

**4** Enter year in space provided and check one box. For the tax year ending December 31, 2009,  
 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  
 [REDACTED]

**6** Employer's or payer's identification number (if known)  
 [REDACTED]

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

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

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

<b>a</b> Gross distribution	_____	<b>f</b> Federal income tax withheld	_____
<b>b</b> Taxable amount	<u>10,904.36</u>	<b>g</b> State income tax withheld	_____
<b>c</b> Taxable amount not determined	<input type="checkbox"/>	<b>h</b> Local income tax withheld	_____
<b>d</b> Total distribution	<u>0.00</u>	<b>i</b> Employee contributions	_____
<b>e</b> Capital gain (included in 8b)	<input type="checkbox"/>	<b>j</b> Distribution codes	_____

**9** How did you determine the amounts on lines 7 and 8 above?  
 Records provided by payor on line 5

**10** Explain your efforts to obtain Form W-2, Form 1099-R, or Form W-2c, Corrected Wage and Tax Statement.  
 None

**Sign Here**  
 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.  
 Signature ▶ [REDACTED] Date ▶ April 13 2010