

Label (See instructions) Use the IRS label. Otherwise, please print or type. L A B E L H E R E For the year Jan. 1-Dec. 31, 2009, or other tax year beginning ,2009, ending ,20 OMB No. 1545-0074 Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code ROSA P JACKSON Your social security number 161-36-5008 Spouse's social security no. 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 instructions) You Spouse

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. 3 Married filing separately. Enter spouse's SSN above and full name here. 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b 1. No. of children on 6c who: - lived with you 3. - did not live with you due to divorce or separation (see instr.) 0. Dependents on 6c not entered above 0. Add numbers on lines above 4.

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 24,800. 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 60. b Qualified dividends (see instructions) 9b 60. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 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 40. 14 Other gains or (losses). Attach Form 4797 14. 15a IRA distributions 15a. b Taxable amount (see inst.) 15b. 16a Pensions and annuities 16a. b Taxable amount (see inst.) 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 instructions) 19. 20a Social security benefits 20a. b Taxable amount (see inst.) 20b. 21 Other income. List type and amount (see instr.) 21. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 24,900.

Adjusted Gross Income 23 Educator expenses (see instructions) 23. 24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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 instr.) 29. 30 Penalty on early withdrawal of savings 30. 31a Alimony paid b Recipient's SSN 31a. 32 IRA deduction (see instructions) 32. 33 Student loan interest deduction (see instructions) 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 24,900.

38 Amount from line 37 (adjusted gross income)		38	24,900.	
Tax and Credits	39a Check <input type="checkbox"/> <input type="checkbox"/> You were born before Jan. 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/>			
	if: <input type="checkbox"/> <input type="checkbox"/> Spouse was born before Jan. 2, 1945, <input type="checkbox"/> Blind.			
	b If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here		39b <input type="checkbox"/>	
	40a Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40a	8,350.
	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 instructions)		40b <input type="checkbox"/>	
	41 Subtract line 40a from line 38		41	16,550.
	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 instructions ..		42	14,600.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	1,950.
	44 Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		44	186.
	45 Alternative minimum tax (see instructions). Attach Form 6251		45	
	46 Add lines 44 and 45		46	186.
	47 Foreign tax credit. Attach Form 1116 if required		47	
	48 Credit for child and dependent care expenses. Attach Form 2441		48	186.
	49 Education credits from Form 8863, line 29		49	
	50 Retirement savings contributions credit. Attach Form 8880		50	
51 Child tax credit (see instructions)		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 total credits		54	186.	
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55		
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 checked="" type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Sch. H ..		59	440.
	60 Add lines 55 through 59. This is your total tax		60	440.
Payments	61 Federal income tax withheld from Forms W-2 and 1099		61	840.
	62 2009 estimated tax payments and amount applied from 2008 return		62	
	63 Making work pay and government retiree credits. Attach Schedule M		63	400.
	64 a Earned income credit (EIC)		64a	3,865.
	b Nontaxable combat pay election		64b	
	65 Additional child tax credit. Attach Form 8812		65	3,000.
	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 inst.)		68	
	69 Excess social security and tier 1 RRTA tax withheld (see inst.)		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	8,105.	
Refund	72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid ..		72	7,665.
	73 a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> ..		73a	7,665.
	b Routing number <input type="text" value="107000178"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number <input type="text" value="5555"/>			
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 inst.		75	
	76 Estimated tax penalty (see instructions)		76	

Standard Deduction for -

- People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instr.
- All others: Single or Married filing separately, \$5,700
- Married filing jointly or Qualifying widow(er), \$11,400
- Head of household, \$8,350

If you have a qualifying child, attach Schedule EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? 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.

Your signature	Date	Your occupation	Daytime phone number
_____	_____	OPERATOR	217-555-1718
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
_____	_____		

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. _____