



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC

FOR PRIVACY ACT NOTICE, SEE INSTRUCTIONS.

Massachusetts Resident Income Tax Return

20

FIRST NAME Buddy	M.I.	LAST NAME Light	YOUR SOCIAL SECURITY NUMBER 400 00 2000
SPOUSE'S FIRST NAME Shawne	M.I.	LAST NAME Johnstone	SPOUSE'S SOCIAL SECURITY NUMBER 4000 02 100
ADDRESS 2 Packy Place Apt #3		CITY/TOWN/POST OFFICE/FOREIGN COUNTRY Boston	STATE ZIP+4 MA 02123 4040

Fill in if name/address has changed since 2007. If taxpayer(s) is deceased, fill in appropriate oval(s) (see instructions): Primary Spouse
 Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle (see instructions): You Spouse
 State Election Campaign Fund (this contribution will not change your tax or reduce your refund) \$1 You \$1 Spouse, if filing jointly **Total** ▶ \$
 Fill in if noncustodial parent Fill in if filing Schedule TDS (see instructions) Under age 18 (see instructions): You Spouse

1 Filing status: (select one only) Single Married filing joint return Married filing separate return. (Enter spouse's Soc. Sec. number in the appropriate space above.)
 Head of household (see instructions) (both must sign return)

2 Exemptions: **Whole-dollar method only. Do not use cents.**
 a. Personal exemptions. If single or married filing separately, enter \$4,400. If head of household, enter \$6,600. If married filing jointly, enter \$8,800 2a **8,800.00**
 b. Number of dependents. (Do not include yourself or your spouse.) Enter number ▶ **2** × \$1,000 2b **2,000.00**
 You must enclose Schedule DI.
 c. Age 65 or over before 2009: You Spouse. Enter number ▶ **1** × \$700 2c **700.00**
 d. Blindness: You Spouse. Enter number ▶ × \$2,200 2d **.00**
 e. 1. Medical/Dental ▶ **.00** From U.S. Schedule A, line 4 2. Adoption ▶ **.00** See instructions ... 1 + 2 = 2e **.00**
f. TOTAL EXEMPTIONS. Add lines 2a through 2e. Enter here and on line 18 2f **11,500.00**

INCOME

3 Wages, salaries, tips and other employee compensation (from all Forms W-2) ▶ 3 **29,000.00**
4 Taxable pensions and annuities (see instructions) ▶ 4 **98.00**
5 a. ▶ **199.00** Massachusetts bank interest - b. ▶ **200.00** Exemption amount a - b = 5 **.00**
 Exemption: if married filing jointly, subtract \$200 from line 5a; otherwise subtract \$100 and enter result (not less than "0").
6 Business/profession or farm income/loss (enclose Massachusetts Schedule C or U.S. Schedule C-EZ or U.S. Schedule F) ▶ 6 **.00**
7 If you are reporting rental, royalty, REMIC, partnership, S corporation, trust income/loss, see instructions ▶ 7 **.00**
8 a. Unemployment compensation ▶ 8a **.00**
 b. Massachusetts state lottery winnings ▶ 8b **.00**
9 Other income (alimony, taxable IRA/Keogh distribution, winnings, fees) from Schedule X, line 5 (enclose Schedule X; not less than "0") ▶ 9 **102.00**
10 TOTAL 5.3% INCOME. Add lines 3 through 9. (Be sure to subtract any loss(es) in lines 6 or 7) ... 10 **29,200.00**

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature <i>Buddy Light</i>	Date 4-15-9	Print paid preparer's name WE Fleece	Preparer's SSN or PTIN 636 363 630
Spouse's signature (if filing jointly) <i>Shawne Light</i>	Date 4-15-9	Paid preparer's phone 487-255-6463	Paid preparer's EIN 525 252 520
May I discuss this return with the preparer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date <input checked="" type="checkbox"/> Fill in if self-employed 4-15-9	
I do not want my preparer to file my return electronically <input type="checkbox"/>		<i>hm</i>	

Attach with a single staple, state copy of Forms W-2, W-2G and 1099 (showing Massachusetts withholding).

Test #1



SOCIAL SECURITY NUMBER

400002000

2008 FORM 1, PAGE 2

DEDUCTIONS

11	a. Amount you paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000. (Medicare premiums deducted from your Soc. Sec. or retirement payments are not deductible.)	▶ 11a	,	.00
	b. Amount your spouse paid to Social Security, Medicare, Railroad, U.S. or Mass. retirement. Not more than \$2,000. (Medicare premiums deducted from your Soc. Sec. or retirement payments are not deductible.)	▶ 11b	,	700.00
12	Child under age 13, or disabled dependent/spouse care expenses (from worksheet in instructions)	▶ 12	,	1,000.00
	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of December 31, 2008, or disabled dependent(s) (only if single, head of household or married filing joint return and not claiming line 12).			
	Not more than two: a. ▶ × \$3,600 =	▶ 13	,	.00
14	Rental deduction. Total rental deduction cannot exceed \$3,000 (\$1,500 if married filing separately). See instructions. Total rent paid in 2008: a. ▶ 24,000.00 ÷ 2 =	▶ 14	,	3,000.00
15	Other deductions from Schedule Y, line 16 (enclose Schedule Y)	▶ 15	,	300.00
16	TOTAL DEDUCTIONS. Add lines 11 through 15	▶ 16	,	5,000.00
17	5.3% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	▶ 17	,	24,200.00
18	Total exemption amount (from line 2, item f)	▶ 18	,	11,500.00
19	5.3% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0." If line 17 is less than line 18, see instructions	▶ 19	,	12,700.00
20	INTEREST AND DIVIDEND INCOME from Schedule B, line 38. Not less than "0." (enclose Schedule B)	▶ 20	,	.00
21	TOTAL TAXABLE 5.3% INCOME. Add lines 19 and 20	▶ 21	,	12,700.00
22	TAX ON 5.3% INCOME (from tax table). If line 21 is more than \$24,000, multiply by .053. Note: If choosing the optional 5.85% tax rate, multiply line 21 and the amount in Schedule D, line 20 by .0585. See instructions; fill in oval. ▶	▶ 22	,	743.00
23	12% INCOME from Schedule B, line 39. Not less than "0" (enclose Schedule B): a. ▶ , , .00 × .12 =	▶ 23	,	.00
24	TAX ON LONG-TERM CAPITAL GAINS (from Schedule D, line 21). Not less than "0." Enclose Schedule D. If filing Sched. D-IS, Installment Sales, fill in oval and enclose Schedule D-IS ▶ If excess exemptions were used in calculating lines 20, 23 or 24, fill in oval (see instructions) ▶	▶ 24	,	.00
25	Credit recapture amount (enclose Schedule H-2; see instructions). BC EOA LIH HR	▶ 25	,	400.00
26	If you qualify for No Tax Status , fill in oval and enter "0" on line 27 (see worksheet in instructions) ▶			
27	TOTAL INCOME TAX. Add lines 22 through 25	▶ 27	,	1,143.00
CREDITS				
28	Limited Income Credit (from worksheet in instructions)	▶ 28	,	73.00
29	Other credits from Schedule Z, line 14 (enclose Schedule Z)	▶ 29	,	.00
30	Total credits. Add lines 28 and 29	▶ 30	,	73.00
31	INCOME TAX AFTER CREDITS. Subtract line 30 from line 27. Not less than "0"	▶ 31	,	1,070.00



FIRST NAME

M: LAST NAME

SOCIAL SECURITY NUMBER

Light

400002000

32 Voluntary contributions:

a. Endangered Wildlife Conservation 32a , 30.00

b. Organ Transplant Fund 32b , .00

c. Massachusetts AIDS Fund 32c , 30.00

d. Massachusetts United States Olympic Fund 32d , .00

e. Massachusetts Military Family Relief Fund 32e , .00

Total. Add lines 32a through 32e. 32 , 60.00

Use tax due on out-of-state purchases (see instructions). If no use tax due enter "0" 33 , , .00

34 Health Care penalty (from worksheet in instructions). Be sure to enclose Schedule HC:

a. You ▶ .00 b. Spouse ▶ .00 a + b = 34 , .00

35 **INCOME TAX AFTER CREDITS, CONTRIBUTIONS, USE TAX and HC PENALTY.** Add lines 31-34 35 , 1,130.00

36 Massachusetts income tax withheld (enclose all Massachusetts Forms W-2, W-2G, 2-G, 1099-G, 1099-MISC, 1099-R and PWH-WA) 36 , , 20.00

37 2007 overpayment applied to your 2008 estimated tax (from 2007 Form 1, line 44 or Form 1-NR/PY, line 49; do not enter 2007 refund) 37 , , .00

38 2008 Massachusetts estimated tax payments (do not include amount in line 37) 38 , , .00

39 Payments made with extension 39 , , .00

40 Earned Income Credit:

a. Number of qualifying children ▶ 1 Amount from U.S. return ▶ 1,000.00 × .15 = 40 150.00

41 Senior Circuit Breaker Credit (enclose Schedule CB) 41 930.00

42 Refundable film credit (see instructions) 42 , , .00

43 **TOTAL.** Add lines 36 through 42 43 , 1,100.00

44 **OVERPAYMENT.** If line 35 is smaller than line 43, subtract line 35 from line 43. If line 35 is larger than line 43, go to line 47. If line 35 and line 43 are equal, enter "0" in line 46 44 , , .00

45 Amount of overpayment you want APPLIED to your 2009 ESTIMATED TAX 45 , , .00

46 **THIS IS YOUR REFUND.** Subtract line 45 from line 44.

Mail to: **Massachusetts DOR, PO Box 7000, Boston, MA 02204** 46 , , .00

Direct Deposit of Refund. See instructions. Type of account (you must select one): ▶ Checking Savings

▶

Routing number (first two digits must be 01-12 or 21-32) Account number

47 **TAX DUE.** Subtract line 43 from line 35. Pay online at www.mass.gov/dor, or use Form PV 47 , , 30.00

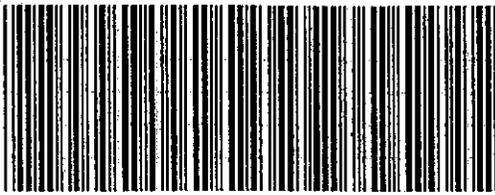
Pay in full. Write Soc. Sec. number on lower left corner of check and make payable to Commonwealth of Massachusetts. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204.

(Add to total in Interest , .00 Penalty , .00 M-2210 amt. , .00 EX incl. Form M-2210 line 47, if applicable.) ▶ , , , ,

BE SURE TO SIGN RETURN ON PAGE 1 AND ENCLOSE SCHEDULE HC.

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2008 Schedule INC XXXXXXXXXXXXX

AREA RESERVED
FOR 2-D BARCODE

BUDDY LIGHT 400002000

Form W-2 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD
99 9999111	20	29000		700

TOTALS	20	29000		700
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Form 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE INCOME
99 9999333	0	98
99 9999334	0	199

TOTALS	0	297
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XXXXXXXXXXXXXXXXXXXXXXXXXXXX



YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH YOUR RETURN.

FIRST NAME

M

LAST NAME

Light

SOCIAL SECURITY NUMBER

400002000

Health Care Information. You must enclose this schedule with Form 1 or Form 1-NR/PY.

20

Most Massachusetts residents age 18 and over are required to have health insurance if it is affordable for them or be subject to a penalty. Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

a. Date of birth > 10 11 1940 b. Spouse's date of birth > 11 10 1991

c. Family size (see instructions) > 4

Federal adjusted gross income. If married filing separately, see instructions. (from U.S. Forms 1040, line 37; 1040A, line 21; or 1040EZ, line 4) > 2, 29,399.00

Did you have health insurance at any point during 2008? > 3 You: [X] Yes [] No Spouse: [X] Yes [] No

If you are filing a joint return and one spouse answers Yes but the other spouse answers No or each spouse has different coverage, see instructions.

If you answer No, go to line 6 on page 2. If you answer Yes, follow the instructions below.

If you were enrolled in Medicare, Veterans Administration Program, Tri-Care or "Other" government health coverage at any point during 2008, go to line 5 on page 2. Note: See below if you were enrolled in MassHealth or Commonwealth Care.

If you were enrolled in MassHealth and/or Commonwealth Care and private insurance, fill in the oval(s). Also, complete Part A and/or Part B below and then go to line 4. If you only had MassHealth and/or Commonwealth Care fill in the oval(s) and go to line 4.

If you were enrolled in private health insurance, complete Part A and/or Part B below, using Form MA 1099-HC (see instructions if you did not receive Form MA 1099-HC from your carrier) and go to line 4.

Note: If you (and/or your spouse if married filing a joint return) had more than two insurance companies, complete Schedule HC-CS, Health Care Continuation Sheet (see instructions) to report the additional insurance company information, and fill in oval: >

PART A. YOUR HEALTH INSURANCE

1. NAME OF INSURANCE COMPANY OR ADMINISTRATOR (from box 1 of Form MA 1099-HC)

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) 3. SUBSCRIBER NUMBER (from Form MA 1099-HC)

2. NAME OF SECOND INSURANCE COMPANY OR ADMINISTRATOR (if NECESSARY) (from box 1 of Form MA 1099-HC)

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) 3. SUBSCRIBER NUMBER (from Form MA 1099-HC)

PART B. SPOUSE'S HEALTH INSURANCE (you must complete even if covered under same insurance plan)

1. NAME OF INSURANCE COMPANY OR ADMINISTRATOR FOR SPOUSE (from box 1 of Form MA 1099-HC)

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) 3. SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)

2. NAME OF SECOND INSURANCE COMPANY OR ADMINISTRATOR (if NECESSARY) FOR SPOUSE (from box 1 of Form MA 1099-HC)

FEDERAL IDENTIFICATION NUMBER OF INSURANCE CO. (from box 2 of Form MA 1099-HC) SPOUSE'S SUBSCRIBER NUMBER (from Form MA 1099-HC)

Were you insured for all of 2008? > 4 You: [X] Yes [] No Spouse: [X] Yes [] No

If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions. If you answer No, go to line 6. If you answer Yes, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.

YOU MUST COMPLETE AND ENCLOSE SCHEDULE HC WITH YOUR RETURN.



FIRST NAME

M. LAST NAME

SOCIAL SECURITY NUMBER

Light

400002000

5 If you were enrolled in Medicare, Veterans Administration Program, Tri-Care or "Other" government health coverage at any point during 2008 fill in the oval below for the plan in which you were enrolled. Skip the remainder of this schedule and continue completing your tax return. See instructions for information regarding "Other" government health coverage.

5a. > You: Medicare Veterans Administration Program Tri-Care Other (enter name of program below)
5b. > Spouse: Medicare Veterans Administration Program Tri-Care Other (enter name of program below)

NAME OF INSURANCE CARRIER OR PROGRAM

NAME OF INSURANCE CARRIER OR PROGRAM FOR SPOUSE

6 Was your income in 2008 at or below 150% of the federal poverty level (see table in instructions)? > 6 Yes No
If you answer Yes, a penalty does not apply to you in 2008. Skip the remainder of this schedule and continue completing your tax return. If you answer No, go to line 7.

7 Were you uninsured for all of 2008? > 7 You: Yes No Spouse: Yes No
If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions. If you answer Yes, go to line 9a. If you answer No, go to line 8.

8 Complete this section only if you, and/or your spouse if married filing jointly, were uninsured for part, but not all of 2008. Fill in the ovals below for the months you were covered, using Form MA 1099-HC. If you did not receive this form, fill in the ovals for the months you were covered at least 15 days or more.

See instructions if, during 2008, you turned 18, you were a part-year resident or a taxpayer was deceased.

MONTHS COVERED BY HEALTH INSURANCE

JAN FEB MARCH APRIL MAY JUNE JULY AUG SEPT OCT NOV DEC

YOU:
SPOUSE:

If you had four or more consecutive months without health insurance (four or more blank ovals in a row), go to line 9a. Otherwise, a penalty does not apply to you in 2008. Skip the remainder of this schedule and continue completing your tax return.

9 a. RELIGIOUS EXEMPTION. Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs? > 9a You: Yes No Spouse: Yes No

If you answer Yes, go to line 9b. If you answer No, go to line 10. If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions.

b. If you are claiming a religious exemption in line 9a, did you receive medical health care during the 2008 tax year? > 9b You: Yes No Spouse: Yes No

If you answer No to line 9b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 9b, go to line 10. If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions.

10 CERTIFICATE OF EXEMPTION. Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the entire 2008 tax year or for the period you were uninsured in 2008? > 10 You: Yes No Spouse: Yes No

If you answer Yes, enter the certificate number below, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 10, go to line 11. If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions.

YOUR CERTIFICATE NUMBER

SPOUSE'S CERTIFICATE NUMBER

BE SURE TO ENCLOSE SCHEDULE HC WITH YOUR RETURN.



FIRST NAME

W.I. LAST NAME

SOCIAL SECURITY NUMBER

Light

400002000

You, or your spouse if married filing jointly, must be at least 65 years of age before January 1, 2009 to qualify for this credit. Also, you must file as single, married filing jointly or head of household to qualify for this credit. If married filing separately, you do not qualify for this credit.

Circuit Breaker Credit Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules. **20**

ADDRESS: IF PRINCIPAL RESIDENCE IN MASSACHUSETTS (DO NOT ENTER PO BOX) CITY/TOWN/POST OFFICE - USE OR COUNTRY STATE ZIP + 4
2 Packy Place Boston MA 021234090

Living quarters status during 2008: Homeowner Renter (if you received any federal and/or state rent subsidy, or you rent from a tax-exempt entity, you do not qualify for the Circuit Breaker Credit; see instr.)
Note: If you moved during the year, see reverse.

Homeowners only, enter assessed value of principal residence as of January 1, 2008. If over \$793,000, you do not qualify for this credit. See instructions 2 , .00

3	Massachusetts adjusted gross income (from line 19 of Schedule CB, line 3 worksheet on reverse)	3	29,099.00
4	Total Social Security benefits received	4	, .00
5	Pensions/annuities/IRA/Keogh distributions not taxed on your Massachusetts tax return	5	, .00
6	Miscellaneous income, including cash public assistance	6	, .00
7	Massachusetts total income. Add lines 3 through 6	7	29,099.00
8	Exemptions from income (from Form 1, lines 2b through 2d or Form 1-NR/PY, lines 4b through 4d)	8	2700.00
9	Qualifying income. Subtract line 8 from line 7	9	26,399.00

You do **not** qualify for the Circuit Breaker Credit if you are filing as "Single," and line 9 is greater than \$49,000; or you are filing as "Head of household," and line 9 is greater than \$62,000; or you are filing as "Married filing jointly," and line 9 is greater than \$74,000.

CREDIT CALCULATION

If you filled in "Homeowner" in line 1, complete lines 10-17; if "Renter," skip to line 18.

10	Real estate taxes paid in calendar year 2008 for your principal residence. See instructions	10	, .00
11	Adjustments to real estate taxes (from line 4 of Schedule CB, line 14 worksheet on reverse)	11	, .00
12	Subtract line 11 from line 10	12	, .00
13	Enter 50% (.50) of water and sewer use charges paid in 2008 (see instructions)	13	, .00
14	Add lines 12 and 13	14	, .00
15	Income threshold. Multiply line 9 by 10% (.10)	15	, .00
16	Subtract line 15 from line 14. If "0" or less, you do not qualify for this credit	16	, .00
17	Enter the lesser of line 16 or \$930 here and on Form 1, line 41 or Form 1-NR/PY, line 45	17	.00

If you filled in "Renter" in line 1, complete lines 18-21.

18	Enter total amount of rent paid for your principal residence in 2008: a. 24,000.00 ÷ 4 =	18	6,000.00
	Landlord's name and address Joe Landing 1 main ST Boston MA		
19	Income threshold. Multiply line 9 by 10% (.10)	19	2,640.00
20	Subtract line 19 from line 18. If "0" or less, you do not qualify for this credit	20	3,360.00
21	Enter the lesser of line 20 or \$930 here and on Form 1, line 41 or Form 1-NR/PY, line 45	21	930.00



SOCIAL SECURITY NUMBER

400002000

Dependent Information Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 40 or Form 1-NR/PY, lines 16, 17 or 45. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

1. FIRST NAME: Sonny M.I.: LAST NAME: Shynne
 RELATIONSHIP TO TAXPAYER: Son IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

1. SOCIAL SECURITY NUMBER: 400002001
 DATE OF BIRTH: 01012000

2. FIRST NAME: Daught M.I.: LAST NAME: Comm
 RELATIONSHIP TO TAXPAYER: Daughter IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

2. SOCIAL SECURITY NUMBER: 400002002
 DATE OF BIRTH: 02031991

3. FIRST NAME: M.I.: LAST NAME:
 RELATIONSHIP TO TAXPAYER: IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

3. SOCIAL SECURITY NUMBER:
 DATE OF BIRTH:

4. FIRST NAME: M.I.: LAST NAME:
 RELATIONSHIP TO TAXPAYER: IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

4. SOCIAL SECURITY NUMBER:
 DATE OF BIRTH:

5. FIRST NAME: M.I.: LAST NAME:
 RELATIONSHIP TO TAXPAYER: IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

5. SOCIAL SECURITY NUMBER:
 DATE OF BIRTH:

6. FIRST NAME: M.I.: LAST NAME:
 RELATIONSHIP TO TAXPAYER: IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

6. SOCIAL SECURITY NUMBER:
 DATE OF BIRTH:

7. FIRST NAME: M.I.: LAST NAME:
 RELATIONSHIP TO TAXPAYER: IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

7. SOCIAL SECURITY NUMBER:
 DATE OF BIRTH:

8. FIRST NAME: M.I.: LAST NAME:
 RELATIONSHIP TO TAXPAYER: IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

8. SOCIAL SECURITY NUMBER:
 DATE OF BIRTH:

9. FIRST NAME: M.I.: LAST NAME:
 RELATIONSHIP TO TAXPAYER: IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

9. SOCIAL SECURITY NUMBER:
 DATE OF BIRTH:

10. FIRST NAME: M.I.: LAST NAME:
 RELATIONSHIP TO TAXPAYER: IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT? Yes

10. SOCIAL SECURITY NUMBER:
 DATE OF BIRTH: