

Label
(See instructions.)

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

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20		OMB No. 1545-0074
Your first name VIVEK	MI Last name G RAMASWAMY	Your social security number [REDACTED]
If a joint return, spouse's first name MI Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apartment no. [REDACTED]
City, town or post office. If you have a foreign address, see instructions. [REDACTED]		State ZIP code [REDACTED]
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		☒ You ☐ Spouse

Filing Status

Check only one box.

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

Exemptions

If more than four dependents, see instructions and check here ▶ ☐

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.	Boxes checked on 6a and 6b 1
b ☐ Spouse	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above 1
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 instrs)
	☐
	☐
	☐
d Total number of exemptions claimed 1	

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 instructions.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	602,280.
8a Taxable interest. Attach Schedule B if required	8a	325.
b Tax-exempt interest. Do not include on line 8a	8b	70.
9a Ordinary dividends. Attach Schedule B if required	9a	5,100.
b Qualified dividends (see instrs)	9b	5,100.
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). Att Sch D if reqd. If not reqd, ck here	13	36,944.
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	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 instrs)	20b	
21 Other income <u>Invesco settlement distribution</u>	21	27.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	644,676.

Adjusted Gross Income

23 Educator expenses (see instructions)	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 instructions)	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 - 31a and 32 - 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	644,676.

Tax and Credits**Standard Deduction for —**

• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

38	Amount from line 37 (adjusted gross income)	38	644,676.
39 a	Check if: ☐ You were born before January 2, 1945, ☐ Blind. ☐ Spouse was born before January 2, 1945, ☐ Blind. Total boxes checked 39 a ☐		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here 39 b ☐		
40 a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 a	74,996.
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) 40 b ☐		
41	Subtract line 40a from line 38	41	569,680.
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	2,433.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	567,247.
44	Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	44	167,816.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	3,472.
46	Add lines 44 and 45	46	171,288.
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 instructions)	51	
52	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695	52	
53	Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	171,288.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H	59	
60	Add lines 55-59. This is your total tax	60	171,288.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	196,219.
62	2009 estimated tax payments and amount applied from 2008 return	62	
63	Making work pay and government retiree credit. Attach Schedule M	63	0.
64 a	Earned income credit (EIC).	64 a	
b	Nontaxable combat pay election 64 b ☐		
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 instructions)	68	
69	Excess social security and tier 1 RRTA tax withheld (see instructions)	69	
70	Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885	70	
71	Add lns 61-63, 64a, & 65-70. These are your total pmts	71	196,219.

Refund

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

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid	72	24,931.
73 a	Amount of line 72 you want refunded to you . If Form 8888 is attached, check here ☐	73 a	24,931.
b	Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
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 instructions	75	
76	Estimated tax penalty (see instructions)	76	

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)
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Sign Here

Joint return? See instructions. 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 Analyst	Daytime phone number
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 Self-Prepared		EIN	Phone no.