2008

Amended

₫ 1040X

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2009) See separate instructions.							urn .			ONIC	140, 1943	-0074				
This return is for calendar year ► 2008, or fiscal year ended ►																
	Your fire	st name and E BAR	inițial				Las	t name)			You	r socia	880	urlty nur	nber
		t return, spor IE BAR		name and initial		<u>,</u>	Las	t name	!		-	Sumusa's social security number				
Please print	Homé a 447	address (no. and street) or P.O. box if mail is not delivered to your home Apt. no. PI WHITLOCK AVENUE									Pho	Phone number				
Pie	Olty, toy	wn or post of IETTA,	ffice, state, GA	and ZIP code 30064				 -								
A	A If the address shown above is different from that shown on your last return filed with the IRS, would you like us to change										200000					
	lt in ou	r records?	********			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	111011 0	to It lot Would	a you iik	5 G3 (O L	រាជា រប្	-] Y a	. r	□No
В	Filing a	status. Be s	ure to co	mplete this line. N	ote. You cannot cl	nange from jo	Int to se	parate	returns after th	sh auh ar	fs.		Щ.,	J 11	69	IVO
	On origi	inal return 🕽	▶ ∐ {	Single 🔣 Married	l filing fointly		ed filing			_	l of house	hold		Oual	lifying wid	dowler)
	On this		▶ □ :	Single X Married	filing jointly	Marrie	ed filing				of house				iifying wk	
·	* If the	qualifying pe	erson is a c	hlld but not your de	pendent, see page	4 of the Instru	ctions.		-					444	my mig rik	idit[Si]
			Use Par	t II on page 2 to e	xplain any chang	es			A. Original a or as previ adjuste	ously	8. No	of Inc	rease		C. Corr amou	
				nd Deductions			-		(see page			ecreas in In P				
	1 Ac	djusted gross	s încome (see page 4)	******************	*********		1	3648	934.	<14			>	3508	025.
	2 lte	emized dedu	ctions or s	tandard deduction (s	see page 4),	*****		2	480,	321.			09.			$\overline{730}$.
	3 St	ubtract line 2	trom Ilne	1	*************			3	3168		<14					295.
	4 E>	xemptions. If	l changing,	, fill in Parts I and II o	n page 2 (see page	e 5)		4	4,	666.				-		666.
	5 Ta	axable incom	ie, Subtrac	t lîne 4 from line 3				5	3163	947.	<14	2,3	18.	-		629.
⊅	6 Ta	ax (see page	5). Methor	d used in col. C <u>Q</u> .	DCGTW			в	853,	242.			12.		833,	
ΞŢ	7 Cr	redits (see pa	age 6)					7		294.						294.
Ë				6. Enter the result bu				8	842,	948.	<1	9,8	12.	-		136.
Tax Liability	9 0	ther taxes (se	ee page 6)	******************				9	46,	803.						803.
	10 To	otal tax. Add	lines 8 and	19			,,,,	10	889,	751.	<1	9,8	12.	>		939.
	11 Fe	ederal incom	e tax withh	eld and excess socia	il security and tier t	I										
	RI	RTA tax with	4 tax withheld. If changing, see page 6 11					- {								
nts	12 Estimated tax payments, including amount applied fr				plied from prior ye	ar's return .		12	79,	616.					79,	616.
me	13 Ea	arned income		, ,		13										
Payments	14 Ac	dditional child redita: Becover	d tax credi v rebete: fed	t from Form 8812 eral telephone excise ta ble credit only)	e of from Earne (490	4100		14								
	16 54	105, 8885, or 8	801 (refunda	ble credit only)	d or holl I offile 5400!	4140 ₁		15								
	16 Ar	mount paid v	vith reques	st for extension of tin	ne to file (see page	6)		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			16		975,	000.
	17 Ar	mount of tax	paid With	original return plus a	dditional tax paid a	fter It was filed	i						17			
	10 (otai payment	s, Add IINB	s 11 through 17 in c					1515111111111111111111111	.,.,,,,,,,,,,			18		1054	<u>616.</u>
					te. Allow 8-12 w		ess Fo	- rm 104								
	19 U	verpayment, ubtract line d	n any, as a	shown on original ret	urn or as previous!	y adjusted by	the IRS	*******					19		164,	865.
	24 A	mount wou	illi morre	18 (see page 6)			•••••						20		889,	<u>751.</u>
	22 lf	lina 10. zolu	nan Cliebe	ne 10, column C, is r	nore man line zu, e Han diffarence	nter the differ	ence and	d see p	age 6				21			
	23 Ar	mount of line	11111 U, 15 16 1 99 VALL W	ss than line 20, enter	rite dittatatica	*****************	******		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				22			812.
	24 Ar	mount of line	. 22 you w	ant refunded to you ant applied to you		estimated t					**********		23	XX	19,	812.
Sig He	n re	Under per the best of preparer i	naitles of per of my knowle has any know	fury, i declare that I have edge and belief, this ame	e flied an original return anded return is true, co	and that I have rect, and compl	examined eta, Decla	l this am aration o	ended return, inc f preparer (other	luding acc	ompanying yer) is base	sched donal	ules and Informa	state Ilon e	ments, and f which the	i to
See Kee	t return' page 4. p a copy our rds.						.							ı		
reco	ប្រជា វេប៉ូនិ.	You	Your signature Date					Spouse's signature. If a joint return, both must sign. Date								
		Prepare			,		Date	<u></u>		7				rer's	SSN or PT	IN .
Pai		signatur	re 🖊							Check self-en		_	1			•
	pare		me (or elf-	MOORE & 0	CUBBEDGE,	LLP					EIN	5	8-11	1	3036	
Us	e Only	employed address.	1),	366 POWDI	ER SPRING	S ST					Phone no.	58-1113036 a (770) 422-0500				
		ZIP code	4114	MARIETTA	GA 3006	4					,	·-				
	-	_				-										

Form 1040X (Rev. 2-2009) ROY E & MARIE BARNES				Page 2
Complete this part only if you are: Increasing or decreasing the number of exemptions claimed on line 6d are amending, or Increasing or decreasing the exemption amount for housing individuals Hurricane Katrina or for housing Midwestern displaced individuals.	•	A. Orlginal number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions
25 Yourself and spouse Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself. 26 Your dependent children who lived with you 27 Your dependent children who lived with you due to divorce or separation 28 Other dependents 29 Total number of exemptions. Add lines 25 through 28 30 Multiply the number of exemptions claimed on line 29 by the amount lister for the tax year you are amending. Enter the result here. Tax Exemption But see the instructions for year amount year amount page 5 lifthe amount on 11 12,000 1	25 28 27 28 29 29 d below or line 4 on line 1 is over: 30 a Katrina, an			
2008 Form 8914, line 2. (See Instructions for line 4). Otherwise enter-0- 32 Add lines 30 and 31. Enter the result here and on line 4	31			
33 Dependents (children and other) not claimed on original (or adjusted) retu		<u> </u>		
(a) First name Last name (b) First name (c) Alloren and other) not claimed on original (or adjusted) returned to the control of the contro	Im: (b) Dependent's social	(c) Dependent's relationship to you	No. of on 93 v	children Who;
Partill Explanation of Changes Enter the line number from page 1 for each item you a supporting forms and schedules for the items change may be returned. Be sure to include your name and so	are changing and give		e did with ye divorce separa Depen on 33 r entered	dente oot above
in the change relates to a net operating loss carryback or a general business or in which the loss or credit occurred. See pages 2 and 3 of the instructions. Als RETURN IS BEING AMENDED TO REPORT 1 1) CORRECT THE COST BASIS OF A SECRETURN	edit carryback, attach the o, check here THE FOLLOWI CURITY SALE	schedule or form that NG CHANGES REPORTED	shows the year ON THE ORIG	>
Part III Presidential Election Campaign Fund, Checklif you did not previously want \$3 to go to the fund but now want to, check here if a joint return and your spouse did not previously want \$3 to go to the fund but a 10702	ing below will not incre	ease your tax or redu	ice your refund.	40X (Rev. 2-2009)

Common C	<u>#</u> 1040	EXT	ENSION GRANTED TO IC. S. Individual Income Tax Ret	urn 2008	(99) IRS Use Only - Dor	not write or	staple in this space.
Pour tritteries and inmail Last times Sankture	Label				ending , 20		OMB No. 1545-0074
BARNES Sequence Roy Ro	(See L			Last name		Υ	our social security number
Use the first Line	Instructions A						
Home attracts forming and present of state and pure on the process of state and pure of state and pu	on page 14.)					٤	Spousa's social security number
Chearks and process grints or types. Cheark From 20 2 2 2 2 2 2 2 2							
passe print passe of the for typh. Presidents Company Compan	O.L. 1 H			P.O. box, see page 14.	Apt. 1	10.	
Composition							▲ your SSN(s) above.▲
Filling Status 1	or typė. 📙	Çiliy,	•	a foreign address, see page 14.			
Filing Status 1							
Cheak only 2 X Married filing pintry (even if only one latal recome) 2 X Married filing pengrathly, Either spouse's SSN above 2 X Married filing pengrathly, Either spouse's SSN above 5 Qualifying widow(c) with dependent child (see page 16) 2 X Pourse X Vourse! If seeme and child you as a dependent, do not check box 61 X Pourse! If seeme and child you as a dependent check box 61 X Pourse! If seeme and child you as a dependent check box 61 X Pourse! If seeme and child you are a dependent check box 61 X Pourse! If seeme and child you can be dependent check box 61 X Pourse! If seeme and child you can be dependent check box 61 X Pourse! If seeme and child you can be dependent check box 61 X Pourse! If seeme and child you can be dependent; X Y Y Y Y Y Y Y Y Y Y Y Y Y	ciection Campa			fillng Jointly, want \$3 to go			
Cheak only one box	Filing Status			4			
Second	•	2 1			•	уоиг дер	endent, enter this child's
Box		3 [- • • •		process, Wilderson		
B Sopose	one box.		and full name here.	5	L Qualifying widow(ar) with	n depend	ent child (see page 16)
## If more than four coperindates, spanning and the properties of	Exemptions	ba i	🕰 Yourself. If someone can claim you as:	a dependent, do not check box	6a		
If more than four dependents, see page 17.	-				/2) December de	Las and	
If more than four dependents, see page 17.			·	(2) Dependent's social security number	relationship to	họ child r child tax cr	or Ilved with you
Import than four depending		_	Tritot name	1	уоц	(see page 1	you due to divorce
If moter than hour dependents, 509 page 17.		-		<u> </u>			(see page 18)
Property	If more than four	_		<u> </u>		ļ	Dependents on 6c
Troome	dependents.	-			· · · · · · · · · · · · · · · · · · ·		
March Forms Wages, salaries, thos, etc. Attach Form(s) W-2 Attach Forms Wages, salaries, thos, etc. Attach Schedule B if required 5	see hage 17.	 	Total number of everentians plained		<u></u>		
Attach Form(s) W-2 here, Also attach Forms W-2 here, Also here W-2 here, Also here, Also here W-2 here, Also here, Also here W-2 here, Also he	I		Wanes salaries tine atc Attach Form(a) W/	,9		7	above 4
## Tax-example interest. Do not include on line 88			Taxable Interest Attach Schedule B if requir	4,ad	*************************************	. 4.	14 998
20 Attach Forms Value Collary dividends, Attach Schedule B if required September Septembe			Tax-exempt interest. Do not include on line	8я	[85 1	. va	14,550.
Taxable refunds, credits, or offsats of state and local income taxes 10			Ordinary dividends. Attach Schedule B if rea	ulred	[Q ₂	89 307
Taxable refunds, credits, or offsats of state and local income taxes 10	W-2G and		Qualified dividends (see page 21)	unou ,	Lab I 89.307		05,507*
11 Allmony received 12 2 Business income or (loss), Attach Schedule C or C-EZ 1 1 2 2 1 , 2 0 0 , 3 76 .			Taxable refunds, credits, or offsats of state a	nd local Income taxes	05/00/	10	
If you did not get a W-2, as page 21. 12 1,200,376. 13 901,271. 14 15 15 15 14 15 15 15	was withheld.		Alimony received	are recently torrest (comments)	***************************************	11	
get a W-2, see page 21. 13 Capital gain or (loss). Attach Schedule D if required, the not required, check here 14 901, 271. 15 IRA distributions 15 IRA distributions 15 IRA distributions 16 Pensions and annutities 16 Pensions and annutities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 < 215,511. 18 Parm Income or (loss). Attach Schedule F 19 Unemployment compensation 20 Social security benefits 20 Income 21 Other income. List type and amount (see page 28) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 23 Educator expenses (see page 28) 24 Cetain business expenses of reservises, performing artists, and fee-basis government of facilities. Attach Form 2700 of 2700-EZ 25 Educator expenses account deduction. Attach Form 8889 26 Self-employed SEP, SIMPLE, and qualified plans 27 One-half of self-employment tax. Attach Schedule SE 29 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed bealth insurance adduction (see page 29) 30 Panalty on early withdrawal of savings 31 Allmony paid b Recipient's SSN ▶ 1 3 IRA deduction (see page 30) 33 Student lean interest deduction, Attach Form 8917 36 Domostic production attivities deduction, Attach Form 8903 36 Add lines 23 through 31 and 32 through 35 Add lines 23 through 31 and 32 through			Business Income or (loss), Attach Schedule	C or C-EZ	***************************************	12	1.200.376.
14 Other gains or (losses). Attach Form 4797 14 15 15 17,453,780 15 15 17,453,780 15 15 17,453,780 15 15 17,453,780 17,453,780 17,453,78		13	Capital gain or (loss). Attach Schedule D if re	aguired. If not required, check i	here 🕨 🗀		
15a		14	Other gains or (losses), Attach Form 4797	· · · · · · · · · · · · · · ·			
Pensions and annuities 16a b Taxable amount 16b		15a	IRA distributions 15a		b Taxable amount	15b	1,453,780.
Payment, Also, please use 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 <215 , 511 .		16a	Pensions and annuities 16a		b Taxable amount	16b	
Please use 18 Farm Income or (loss). Attach Schedule F 18 19 19 19 19 19 19 19		17	Rental real estate, royalties, partnerships, S	corporations, trusts, etc. Attacl	n Schedule E	17	<215,511.>
19	please use	18					· · · · · · · · · · · · · · · · · · ·
20a Social security benefits 20a	Form 1040-V.	19	Unemployment compensation			19	
BOARD FEES 100,000. 21 100,000. 21 100,000. 22 3,544,221.		20a	Social security benefits 20a [b Taxable amount (see page 26)	20b	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 3 , 544 , 221 .		21		ge 28)		100	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income			BOARD FEES		100,000	21	100,000.
Second 1					r total income	22	3,544,221.
Second 1		-	Educator expenses (see page 28) Certain business expenses of reservists, performing	artists and fee-hasis government	23		
Income 26 Moving expenses. Attach Form 3903 25 27 One-half of self-employment tax. Attach Schedule SE 27 22,728. 28 Self-employed SEP, SiMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 29) 29 13,468. 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ ; 31a 32 IRA deduction (see page 30) 32 33 Student loan interest deduction (see page 33) 33 34 Tuitton 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			officials, Atlach Form 2106 or 2105-EZ	with of Kita too page dove tilling it			
27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see page 29) 29 1.3, 468. 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ 1 31a 32 IRA deduction (see page 30) 33 Student loan interest deduction (see page 33) 34 Tuitlon and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 36 Add lines 23 through 31a and 32 through 35							
28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see page 29) 29 13,468. 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ : : 31a 32 IRA deduction (see page 30) 33 Student loan interest deduction (see page 33) 34 Tuitlon and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 36 36, 196.	income		Moving expenses, Attach Form 3903				
29 Self-employed health insurance deduction (see page 29) 30 Penalty on early withdrawal of savings 31 Allmony paid b Recipient's SSN ▶ 32 IRA deduction (see page 30) 33 Student loan interest deduction (see page 33) 34 Tuitlon and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 36 36 , 196	•		Une-hair of self-employment tax, Attach Sch	edule SE		•	2
30 Penalty on early withdrawal of savings 80 31a Allmony paid b Recipient's SSN ▶ 31a 32 IRA deduction (see page 30) 32 Student loan interest deduction (see page 33) 33 Tuitlon and fees deduction. Attach Form 8917 34 Domestic production activities deduction. Attach Form 8903 35 Add lines 23 through 31a and 32 through 35 36 Add lines 23 through 31a.			Self-employed SEP, SIMPLE, and qualified p	напя			
31a Alimony paid b Recipient's SSN ▶ : : 31a 32 IRA deduction (see page 30) 32 33 Student loan interest deduction (see page 33) 33 34 Tuitlon 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 36 , 196 .			Penalty on early withdrawed of caring	see bade sa) '''''	<u> </u>		:
32 IRA deduction (see page 30) 32 33 34 35 36 36 37 39 39 39 39 39 39 39			Alimony poid b Decisionts CON >		——————————————————————————————————————		
33 Student loan Interest deduction (see page 33) 34 Tuitlon and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31a and 32 through 35 36 36, 196.			IRA deduction (see page 50)			- 7	A decision of the control of the con
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 36 , 196.			Student loop Interest deduction (see page 50)				
Domestic production activities deduction. Attach Form 8903 35 36, 196.			Tuttlen and foor deduction Attach Form 200)			
36 Add lines 23 through 31a and 32 through 35			Demostic production activities deduction 45	tach Form 9009			
35, 196.					[]	. 10	26 406
	810001 11-10-08		Subtract line 26 from line 32. This is user a	digated areas income			
11-10-08 37 Subtract line 36 from line 22. This is your adjusted gross income 37 3,508,025. LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88. Form 1040 (2008)						3/	

Form 1040 (2008)	R	OY E & MARIE BARNES				Page 2
Tax and		Amount from line 37 (adjusted gross income)			38	3,508,025.
Credits		Check \[You were born before January 2, 1944, \[\exists \] \[\exists \] \[\exists \] \[\exists \]	Total boxes		3554	0,500,0251
	•••	if: Spouse was born before January 2, 1944, Blind.				
Standard Deduction for •	h	If your spouse itemizes on a separate return or you were a dual-status allen, see page 34 an				
People who		Check if standard deduction includes real estate taxes or disaster loss (see pa			12/2	
checked any box on line		Itemized deductions (from Schedule A) or your standard deduction (see left			40	481,730.
39a, 39b, or	41				41	3,026,295.
390 or who		If line 38 is over \$119,975, or you provided housing to a Midwestern displace	d individual ear	nana 26	41	3,020,233.
claimed as a dependent.		Otherwise, multiply \$3,500 by the total number of exemptions claimed on line			42	4,666.
1	43	Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41,	enter -O-	***************************************	43	3,021,629.
	44	Tax. Check If any tax is from: a Form(s) 8814 b Form 4972	VIII.VI V ,		44	833,430.
All others: Single or	45	Alternative minimum tax. Attach Form 6251	•,•••	******************************	45	033,430.
Married Illing	48	Add lines 44 and 45			46	833,430.
separately, \$5,450		Foreign lax credit. Attach Form 1116 if required	47	6,726.		000,400;
Married filling Jointly or	48	Credit for child and dependent care expenses. Attach Form 2441	48	3,720,		
Qualifying	49				1	
widow(er), \$10,900	50	Education credits. Attach Form 8863	. 50		460	
Head of	51	Retirement savings contributions credit. Attach Form 8880	. 51			
blockeaucit, 000,8\$	52	Child tax credit (see page 42). Attach Form 8901 if required	52		136.837	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	53	Credits from Form: a 8396 b 8839 c 5695	53			
L	54			3,568.	極高	
	55	Other credits from Form: a 3800 bX_ 8801 c Add lines 47 through 54. These are your total credits			55	10 291
	56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	***************************************		56	10,294. 823,136.
Other	57	Self-employment tax. Attach Schedule SE	***************************************	<u> </u>	57	45,455.
Taxes	58	Unreported social security and Medicare tax from Form: a 4137 b	8919	***************************************	68	10,200,
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329	If required		69	
	60	Additional taxes: a AEIC payments b X Household employment ta	ves Attach Sch	edule H	60	1,348.
	61	Add lines 56 through 60. This is your total tax	MOOT FILLIAMS COST	Duale (1)	61	869,939.
Payments	5 62	Federal Income tax withheld from Forms W-2 and 1099	62		16 WA	
-	63	* *************************************		79,616.	1487AD	
If you have	64	a Earned income credit (EIC)		, , , , , , , , , , , , , , , , , , , ,	1000 C	
a qualifying child, attach	_ ;	Nontaxable combat pay election ► 64b	ASE.			
Schedule EfC.	65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65			
	66	Additional child tax credit. Attach Form 8812			100	
	67	Amount pald with request for extension to file (see page 61)	67	975,000.		
	68	Credits from Form: a 2439 b 4136 c 8801 d 8885	68			
	69	First-time homebuyer credit. Attach Form 5405	69	······································	恢复	
	70	Recovery rebate credit (see worksheet on pages 62 and 63)	70			
	71	Add lines 62 through 70. These are your total payments	****************	>	71	1,054,616.
Refund	72	If iline 71 is more than line 61, subtract line 61 from line 71. This is the amoun	t you overpaid	· · · · · · · · · · · · · · · · · · ·	72	184,677.
Direct deposit?	73	a Amou <u>nt of line 72 you wa</u> nt refunded to you. If Form 8888 is attached, check	here,		73a	
See page 68 and fill in 73b, 73c, and 73d,	>	Routing Checking Savings Account			£450.	
or Form 8888.	74	Amount of line 72 you want applied to your 2009 estimated tax	74	184,677.		
Amount	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see	e page 65	>	75	
You Owe			76		建筑	
Third Par		Do you want to allow another person to discuss this return with the IRS (see pa	ge 66)? X	Yes. Complete the f	ollowing.	. No
Designee		ssignees ► PREPARER Photo no.				identification (PIN)
Sign	and	or penaities of perjury, I declare that I have examined this return and accompanying schedules complete. Declaration of preparer (other than laxpeyer) is based on all information of which pro-	and statements, a aparer has any kno	and to the best of my know wledge.	wledge and	d ballef, they are true, correct,
Here Joint return?		Tour signature Date Your occupat	lon		Dayti	me phone number
See page 15.	•	ATTOR				
Keep a copy for your	. *	Spouse's signature. If a joint return, both must sign. Date Spouse's one	upation		\$2,5°C	
racords,		HOMEMA		,	179	数据数据数据
Paid		arer's	Date	Check If self-	Preparer'	's SSN or PTIN
Preparer			1	employed		
Use Only		's name (or MOORE & CUBBEDGE, LLP		EM		
810002 11-10-08	ploy	sitself-em- ed, address, ZP code MARIETTA GA 30064		Phone	no.(77	70) 422-0500
+ t - +D-UU	រាក្រក	ZIP code MARTETITA (3A 101)64				

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

Schedule A - Itemized Deductions

(Schedule B is on page 2)

Attach to Form 1040.

➤ See Instructions for Schedules A&B (Form 1040).

2008
Attachment
Sequence No. 07

ROY E & MARIE BARNES Caution. Do not include expenses reimbursed or paid by others. Medical Medical and dental expenses (see page A-1) and 1 Enter amount from Form 1040, line 38 _____ 2 **Dental** Multiply line 2 by 7.5% (.075) 3 Expenses Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. Taxes You State and local (check only one box): SEE STATEMENT 3 Paid a X Income taxes, or 138,455. b General sales taxes (See page A-2.) Real estate taxes (see page A-5) 9,537. Personal property taxes 7 Other taxes. List type and amount 8 147,992. Interest 101,110. Home mortgage interest and points reported to you on Form 1098 10 Home mortgage interest not reported to you on Form 1098. If pald to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address You Paid (See page A-5.) Note. 11 Personal Points not reported to you on Form 1098 12 interest is Qualified mortgage insurance premiums (See page A-6) 13 not deductible. Investment interest. Attach Form 4952 if required. (See page A-6.) STMT 5 27,002. 14 Add lines 10 through 14..... 128,112. Gifts by cash or check SEE STATEMENT 4 Gifts to 16 16 Charity Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 If you made a 17 gift and got a benefit for it, see page A-7. Carryover from prior year 18 Add lines 16 through 18 19 239,107. Casualty and Theft Losses 20 Casualty or theft loss(es). Attach Form 4684, (See page A-8.) 20 Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106 EZ If required, (See page A-9.) Miscellaneous Deductions 21 2,515. Other expenses - investment, safe deposit box, etc. List type and amount (See page A-9.) 23 Add lines 21 through 23 2,515. 24 Enter amount from Form 1040, line 38 $\underline{\hspace{1cm}}$ 25 3 , 5 0 8 , 0 2 5Multiply line 25 by 2% (.02) Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-0. 27 Other Other - from list on page A-10. List type and amount Miscellaneous Deductions Total Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filling separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 28, Also, enter this amount on Form 1040, line 40. STMT 6 481,730. X Yes. Your deduction may be limited. See page A-10 for the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

SCHEDULE D

Capital Gains and Losses

Attach to Form 1040 or Form 1040NR.
 See Instructions for Schedule D (Form 1040).
 Use Schedule D-1 to list additional transactions for lines 1 and 8.

2008
Attachment
Sequence No. 12

four social security number

Department of the Treasury Internal Revenue Service (Name(a) shown on return

ROY E & MARIE BARNES Part Short-Term Capital Gains and Losses - Assets Held One Year or Less (b) Date (a) Description of property (Example: 100 sh, XYZ Co.) (C)Date sold (Mo., day, yr.) (8) Cost or other basis (f) Gain or (loss) Subtract (e) from (d) acquired (Mo., day, yr.) (d) Sales price 420,229. WACHOVIA SECURITIES 645,544. <225,315.> 50,507. WACHOVIA SECURITIES 16,157. <34,350.> Enter your short-term totals, if any, from Schedule D-1, line 2 2 Total short-term sales price amounts. Add lines 1 and 2 in column (d) 3 436,386 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions 6 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) <259,665.> Part | Long-Term Capital Gains and Losses - Assets Held More Than One Year (C) Date sold (Mo., day, yr.) (a) Description of property (Example: 100 sh, XYZ Co.) (B) Cost or (1) Gain or (loss) Subtract (e) from (d) (d) Sales price · acquired [Mo., day, yr.) other basis 8 WACHOVIA SECURITIES 1,292,887. 131,951.1,160,936. Enter your long-term totals, if any, from Schedule D-1, line 9 9 10 Total long-term sales price amounts. 292,887 Add lines 8 and 9 in column (d) 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 Capital gain distributions 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

15 1,160,936.

Schedule D (Form 1040) 2008

Pa	Summary		1 1992
16	Combine lines 7 and 15 and enter the result	. 16	901,271.
	 If line 16 is: A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.	Company of the Compan	
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the Instructions	18	
19	Enter the amount, If any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? X Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: The loss on line 16 or	21 (,
	• (\$3,000), or if married filing separately, (\$1,500) Note. When figuring which amount is smaller, treat both amounts as positive numbers.	E. S. Control of any property of the control of the	
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? X Yes, Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). No. Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return ROY E & MARIE BARNES	ur SSN	
Before you begin: ✓. See the instructions for line 44 that begin on page 36 to see if you can use this worksh	et to flo	jure your tax.
If you do not have to file Schedule D and you received capital gain distributions, be sur checked the box on line 13 of Form 1040.	e you	
1. Enter the amount from Form 1040, line 43. However, if you are filing Form		
2555 or 2555-EZ (relating to foreign earned income), enter the amount from		
line 3 of the worksheet on page 37		•
2. Enter the amount from Form 1040, line 9b* 2. 89,307.		
3. Are you filing Schedule D?*		
Yes. Enter the smaller of line 15 or 18 of		
Schedule D. If either line 15 or line 18 is 3. 901, 271.		
No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3 4. 990,578.		
5. If you are claiming investment interest expense		
on Form 4952, enter the amount from line 4g		
of that form. Otherwise, enter -0 5 12,004.		
6. Subtract line 5 from line 4. If zero or less, enter -0 6. 978,574. 7. Subtract line 6 from line 1. If zero or less, enter -0 7. 2,043,055.		
Laboration and the second seco		
8. Enter the smaller of:		
 The amount on line 1, or \$ 32,550 If single or married filing separately, 8. 65,100. 		
• \$32,550 If single or married filling separately, 8. 65,100.		
\$ 65,100 if married filing jointly or qualifying widow(er),		
\$ 43,650 if head of household.		
9. Is the amount on line 7 equal to or more than the amount on line 8? X Yes. Skip lines 9 and 10; go to line 11 and check the "No" box.		
No. Enter the amount from line 7		
10. Subtract line 9 from line 8 10.		
11. Are the amounts on lines 6 and 10 the same?		
Yes. Skip lines 11 through 14; go to line 15.		
X No. Enter the smaller of line 1 or line 6		
12 Enter the amount from tine 10 /if line 10 is blank enter (0)		
12. Enter the amount from line 10 (if line 10 is blank, enter 0-) 12. 0 - 13. Subtract line 12 from line 11 13. 978,574 -		
14. Multiply line 13 by 15% (.15)	14.	146,786.
15. Figure the tax on the amount on line 7, Use the Tax Table or Tax Computation Worksheet, whichever		<u> </u>
	15.	686,644.
applies 16. Add lines 14 and 15	16.	833,430.
17. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever		
applies	17.	1,029,145.
18. Tax on all taxable income. Enter the smaller of line 16 or line 17. Also include this amount on Form		
1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44.		
Instead, enter it on line 4 of the worksheet on page 37	18	833,430.
* If you are filing Form 2555 or 2555-EZ, see the footnote in the worksheet on page 37 before completing this line.		

SCHEDULE E

(Form 1040)

Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

➤ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

ROY E & MARIE BARNES

-,	Schedule C or C-EZ (see page E-3). If you	are an i	ndividual, report farm rental	l income o	r loss from Fo	rm 4835 on page	ı 2, ilne 40.		
	List the type and address of each rental real estate				2 For each	rental real estate	property listed	Yes	No
A	HOUSES - BARNES LAND &	INV	ESTMENTS, LL	C		did you or your t			
						e tax year for per. than the greater (, ,	Α	X
В					• 14 da	-	JI.		
						of the total days r	ented at fair	В	
С						value?			
					(See pag	e E-3.)		c _	
ind	come:	_		Proper	ties			Totals	
			A	В		C		imns A, B, an	
3	Rents received	3	265,038.		!		3	265,0	738.
4	Royaltles received	4					4		
	penses:		ļ				The state of the s		
5	Advertising	5					raminated in the second		
	Auto and travel (see page E-4)	6					11/10/00/10/10 11/10/00/10/10 11/10/10/10/10/10/10/10/10/10/10/10/10/1		
	Cleaning and maintenance	7							
	Commissions	8	00 500				THE MESSAGE OF THE PARTY OF THE		
	Insurance	9	20,572.				ate spraig policy		
	Legal and other professional fees	10	4,000.				The state of the s		
	Management fees	11					Andrew College		
12	Mortgage interest paid to banks, etc.						25 22 43 FT		
	(see page E-5)	12	115 000				12	 	
	Other interest	13	116,090.				TANGE AND		
	Repairs	14	15,463.				1 congression of contract depth contract depth contract contract contract contract contract contract		
	Supplies	15	25,642.				A COMPANY		
	Taxes	16	90,653.						
	Utilities	17	11,259.				in printing and		
18	Other (list)	-	02 007						
	SEE STATEMENT 8	-	92,987.				25. F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
		18					THE PARTY OF THE P		
		-							
		-							
40	Add the F through 10	19	376,666.				19	376,	666.
	Add lines 5 through 18	20	102,722.				20	102,	
	Depreciation expense or depletion (see page E-5) Total expenses. Add lines 19 and 20	21	479,388.						
۲:	Total expenses. Add tines to and 20	- 1	312 y 3 0 0 4				The second of th		
22	l Income or (loss) from rental real estate						PART CONTRACTOR		
	or royalty properties. Subtract line 21		İ						
	from line 3 (rents) or line 4 (royalties).	. 1							
	If the result is a (loss), see page E-5 to find out if you must file Form 6198	22	<214,350.>				Appli 1995		
	and out if you must say to the direction		,				Marie Control		
2	3 Deductible rental real estate loss. Caution.				-		Section 1		
	Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you				1		71/00/10/10		
	must file Form 8582. Real estate professionals						**************************************		
	must complete line 43 on page 2	23	(214,350))k)		
2	4 Income. Add positive amounts shown on line 22.						24		0.
	5 Losses. Add royalty losses from line 22 and rental			er total los	ses here		25 (214,	350)
	6 Total rental real estate and royalty income or (lo								
	If Parts II, III, IV, and line 40 on page 2 do not app	ly to you	u, also enter this amount on	Form 104	0,				
	line 17, or Form 1040NR, line 18. Otherwise, inclu-	de this a	amount in the total on line 4	1 on page	2		26	<214,	350.5



SCHE	DULE A	ITEMIZED DEDUCTIONS WORKSHEET STATEMENT	6
1.	ENTER THE TOTAL OF	F THE AMOUNTS FROM SCHEDULE A, LINES 4,	
	9, 15, 19, 20, 27,	, AND 28	11 .
2.	ENTER THE TOTAL OF	THE AMOUNTS FROM SCHEDULE A. LINES 4.	4 111 111 6
	14, AND 20, PLUS A	ANY GAMBLING AND CASUALTY OR THEFT	
	LOSSES INCLUDED ON	1 LINE 28. ALSO INCLUDE IN THE TOTAL ANY	
	AMOUNT INCLUDED OF	SCHEDULE A, LINE 16, THAT YOU ELECTED	
	TO TREAT AS QUALITY	FIED CONTRIBUTIONS FOR RELIEF EFFORTS	
3.	IS THE AMOUNT ON I	ISASTER AREA	02.
.	IF NO. YOUR DEDUCT	PION IS NOT LIMITED. ENTER THE AMOUNT	
	FROM LINE 1 ABOVE	ON SCHEDULE A, LINE 29.	
	IF YES, SUBTRACT 1	LINE 2 FROM LINE 1	09.
4.	MULTIPLY LINE 3 BY	7 80% (.80)	
5.	THE WINDOW.	FROM FORM 1040, LINE 38 3.508,025.	
6.	ENTER: \$159,950 ()	579,975 IF MARRIED FILING	
7.	SEPARATELY)	LINE 6 LESS THAN THE AMOUNT	
, •	ON LINE 5?	TIME O PESS THAN THE WWOOML	
		FION IS NOT LIMITED. ENTER	
	THE AMOUNT FROM L	INE 1 ABOVE ON SCHEDULE A.	
	LINE 29.	·	
	IF YES, SUBTRACT 1	LINE 6 FROM LINE 5 3,348,075.	
8.	MULTIPLY LINE 7 BY	7 3% (.03) 100.442.	
9.	ENTER THE SMALLER	OF LINE 4 OR LINE 8	42.
10. 11.	DIVIDE LINE 9 BY 1 SUBTRACT LINE 10 I	7001	
**	DODINGT HIME IN 1	FROM LINE 9	81.
12.	TOTAL ITEMIZED DEI ENTER THE RESULT I	OUCTIONS. SUBTRACT LINE 11 FROM LINE 1. HERE AND ON SCHEDULE A, LINE 29 481,7	30.
 			
SCHE	DULE C	OTHER EXPENSES STATEMENT	7
DESC	RIPTION	AMOUN'T	
	INUING EDUCATION	9,3	60.
LIBR	aki Essional dues	33,4	
	NT COSTS	28,0	
STOR		624,2	
POST		5,1 14.5	
TELE	PHONE	14,5 11,9	
	DEVELOPMENT	307,6	
	PMENT MAINTENANCE	44,1	
	CRIPTIONS	2,2	
	ELLAENOUS	2,0	73.
MUMUM	TIZATION	1,7	10.
ATOTA	L TO SCHEDULE C, LI	INE 48 1,084,7	45.

6251 6251

Department of the Treasury Internal Revenus Service (98)

Alternative Minimum Tax - Individuals

Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074
2008
Attachment

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

ROY E & MARIE BARNES

ROY E & MARIE BARNES		
Partil Alternative Minimum Taxable Income		
1 If filling Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise,		•
anter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	3,026,295.
2 Medical and dental. Enter the Smaller of Schedule A (Form 1040), line 4, Of 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3 Taxes from Schedule A (Form 1040), line 9	3	147,992.
4 Enter the home mortgage interest adjustment, If any, from line 6 of the worksheet on page 2 of the instructions	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6 If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11		
of the Itemized Deductions Worksheet on page A-10 of the Instructions for Schedule A (Form 1040)	6	<33,481.5
7 If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	7	
8 Tax refund from Form 1040, line 10 or line 21	8	
9 Investment interest expense (difference between regular tax and AMT)	9	
10 Depletion (difference between regular tax and AMT)	10	
11 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock (7% of gain excluded under section 1202)	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 13	18	799.
19 Passive activities (difference between AMT and regular tax income or loss)	19	0.
20 Loss limitations (difference between AMT and regular tax income or loss)		
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative tax net operating loss deduction	28	·····
29 Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line	20	
29 is more than \$214,900, see instructions)	29	3,141,605.
Pare Alternative Minimum Tax (AMT)	25	<u> </u>
30 Exemption. (If you were under age 24 at the end of 2008, see instructions.)		
IF your filling status is AND line 29 is not over THEN enter on line 30		
Single or head of household \$112,500 \$46,200	de amani Manana	
Married filing jointly or qualifying widow(er)	30	0.
Married filing separately	-Frontier	
31 Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines		
34 and 36 and skip the rest of Part II	31	3,141,605.
32 • If you are filling Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter.	Taran and	3,141,000;
• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured	32	748,935.
for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.	22	140,733.
• All others: If line 31 is \$175,000 or less (\$87,500 or less if married filling separately), multiply line 31 by		
26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing		
separately) from the result. 33. Alternative minimum tay foreign tay gradit (e.g. Instructions)		
33. Alternative minimum tax foreign tax credit (see Instructions) 34. Tentative minimum tax, Subtract line 33 from line 33.	33	6,726.
34 Tentative minimum tax. Subtract line 33 from line 32	34	742,209.
35 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47).		000 501
If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	35	826,704.
36 AMT. Subtract line 35 from line 34. If zero or less, enter -0 · Enter here and on Form 1040, line 45	36	0.
12-02-08 LHA For Paperwork Reduction Act Notice, see instructions.		Form 6251 (2008

	1 6251 (2008) ROY E & MARIE BARNES				Page Z
11.40.	Tax Computation Using Maximum Capital Gains Rates				
	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ,				0 144 505
١	ine 3 of the worksheet in the instructions	*********		37	3,141,605.
	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax		•		
	Worksheet in the instructions for Form 1040, line 44, or the amount from				
	ine 13 of the Schedule D Tax Worksheet on page D10 of the instructions for	1			
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if				
	necessary) (see the instructions). If you are filling Form 2555 or 2555 EZ,		070 574		
	see instructions for the amount to enter	38	978,574.		
	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the				
	AMT, If necessary) (see instructions). If you are filing Form 2555 or 2555-EZ,	_			
	see instructions for the amount to enter	39			
	If you did not complete a Schedule D Tax Worksheet for the regular tax or the				
	AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter	1			
	the smaller of that result or the amount from line 10 of the Schedule DTax				•
	Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555		000 504	Manay.	
	or 2555-EZ, see instructions for the amount to enter		978,574.	Manager .	070 F74
	Enter the smaller of line 37 or line 40			41	978,574. 2,163,031.
42	Subtract line 41 from line 37		0004 40=	42	∠,⊥03,∪31.
43	If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply it				
	Otherwise, multiply line 42 by 28% (,28) and subtract \$3,500 (\$1,750 if married fill	- '			600 140
	the result			43	602,149.
44	Enter:			Harris St.	
	• \$65,100 if married filing jointly or qualifying widow(er),	1	CF 100		
	• \$32,550 if single or married filling separately, or	44	65,100.		
	• \$43,650 if head of household.				
45	Enter the amount from line 7 of the Qualified Dividends and Capital Gain	1 1			
	Tax Worksheet in the instructions for Form 1040, line 44, or the amount from				
	line 14 of the Schedule D Tax Worksheet on page D-10 of the Instructions for				A company
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If		0 040 000		
	you did not complete either worksheet for the regular tax, enter ·0·	45	2,043,055.		
		1	0		
46	Subtract line 45 from line 44. If zero or less, enter -0-	46	0.		
			000 004		
47	Enter the smaller of line 37 or line 38	47	978,574.		
		1			
48	Enter the smaller of line 46 or line 47	48			
			070 574		
49	Subtract line 48 from line 47	49	978,574.		
					146 506
50	Multiply line 49 by 15% (.15)			50	146,786.
	If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, g	o to line	51.		
	, ,				
51	Subtract line 47 from line 41	51			
52	Multiply line 51 by 25% (.25)	••••••		52	
					740 005
53	Add lines 43, 50, and 52	• • • • • • • • • • • • • • • • • • • •		53	748,935.
			B00 (1 5 0)		
54	If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply				
	Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married fi	-			076 140
	the result	*1-********	· · · · · · · · · · · · · · · · · · ·	54	876,149.
55	Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2			_	210 D2E
_	this amount on line 32, instead, enter it on line 4 of the worksheet in the instruction	ons	•••••••••••	55	748,935.
					Form 6251 (2008)

<u>#</u> 1041	O EX	TENSION GRANTED TO $10/15/09$ 2008 (99) IRSUS Individual Income Tax Return	a Only - Do not	write or st	aple in this space.
Label	For t	he year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending	,20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OMB No. 1545-0074
(See	ᄔ	our first name and initial Last name		You	r social security number
instructions	A B	OY E BARNES			
	·	a joint return, spouse's first name and initial Last name	_	Spo	uae's ecclal security number
Tabal	 -	ARIE BARNES			
Iabel. Otherwise,		ome address (number and street). If you have a P.O. box, see page 14.	Apt, no.		You must enter
please print		47 WHITLOCK AVENUE			your SSN(s) above. 🛦
or type.	E "	ty, town or post office, state, and ZIP code. If you have a Icreign address, see page 14.		Che	ocking a box below will not
Presidential L Election Camp	i molek	ARIETTA, GA 30064			nge your tax or refund.
- Court		the state of the s			You X Spouse
Filing Statu		Tead of floure			person). If the qualifying
	3	X Married filing jointly (even if only one had income) Married filing separately. Enter spouse's SSN above person is a ch name here.	illd but not you	ut depen	dent, enter this child's
Check only one box.		· · · · · · · · · · · · · · · · · · ·			·
	R:	and full name here. 5	ow(er) with d	ependen	t child (see page 16)
Exemptions	\$ "t	X Spouse	*******************	*****	on 6a and 8b
•		Dependents: (2) Dependent (3) Dependent	('a [4]	√ ir quainv-	No. of children on 6c who:
	`	(1) First name Last name security number (3) Dependently number violationship to you	io di	v ir quainy- g child for lid tax credit	 Ilved with you did not live with
		you	(St	88 page 17)	you due to diverse or separation
			· · · · · · · · · · · · · · · · · · ·		(see page 18)
If more than four					Dependents on 6c
dependents, see page 17.					not entered above
	C	Total number of exemptions claimed			Add numbers on lines above
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	above 4
Attach Form(s)	8a	Taxable interest. Attach Schedule B if required		8a	14,998.
W-2 here. Also	1	lax-exempt interest. Do not include on line 8a 85 1	Į.	防衛	<u> </u>
attach Forms	9a	Ordinary dividends. Attach Schedule B if required	ſ	9a	89,307.
W-2G and 1099-R If tax	b	dualilled dividences (see page 21)	9.307.6	100	05/0011
was withheld.	10	Taxable refunds, credits, or offsets of state and local income taxes		10	
	11	Allmony received	1	11	
lf you did not	12	Business income or (loss), Attach Schedule C or C-EZ		12	1,200,376.
get a W-2,	13	Capital gain or (loss). Attach Schedule Diff required, if not required, check here		13	1,051,271.
see page 21.	14	Other gains or (losses). Attach Form 4797		14	
Enclose, but do	15a	INA distributions b Taxable amount		15b	1,453,780.
поt attach, any		Pensions and annuitles 18a b Taxable amount	Ī	16b	
payment. Also,	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	<224,602.>
please use Form 1040-V	18	Farm Income or (loss). Attach Schedule F		18	
, , , , , , , , , , , , , , , , , , , ,	19	Unemployment compensation		19	
	208	D Taxable amount (see	e page 26) 🚪	20b	
	21	Other Income. List type and amount (see page 28) BOARD FEES 100			
	22	,	0,000.	21	100,000.
	23	Add the amounts in the far right column for lines 7 through 21. This is your total income		22	3,685,130.
Adjusted	24	Educator expanses (see page 28) Certain business expenses of reservists, performing artists, and ree-basis government officials. Attach Form 2106 or 2106-EZ 23 24			•
Gross	25				
ncome	26	Marilan assessment Altrick Co. 6000			
	27	One-half of self-employment tax. Attach Schedule SE 27 22	2,728.		
	28	Self-employed SEP, SIMPLE, and qualified plans 28	4,140.		
•	29		3,468.	A	
	30	Penalty on early withdrawal of savings 30	-, - 00.		
	31a	Alimony paid b Recipient's SSN ▶ 31a		2000年	
	32	IRA deduction (see page 90) 32			
	33	Student loan Interest deduction (see page 33) 33			
	34	Tuition and lees deduction. Attach Form 8917 34			
	35	Domestic production activities deduction. Attach Form 8903 35	9		
nddau i	36	Add lines 23 through 31a and 32 through 35		36	36,196.
810001 11-10-08	37	Subtract line 36 from line 22. This is your adjusted gross income		37	3,648,934.
HA For Discl	osure,	Privacy Act, and Paperwork Reduction Act Notice, see page 88.		31	Sam 1040/2008)

Form 1040 (2008)

					7
Form 1040 (2008)	R	OY E & MARIE BARNES			Fage 2
Tax and	38	Amount from line 37 (adjusted gross income)		38	3,648,934.
Credits	39a	Check You were born before January 2, 1944, Bilad. Tota	al boxes	5.50	
		if: Spouse was born before January 2, 1944, Bilad. Sche	cked ► 39a		
Standard Deduction for -	b	If your spouse itemizes on a separate return or you were a duel-status alien, see page 34 and check			
People who		Check if standard deduction includes real estate taxes or disaster loss (see page 34)			
checked any box on line	40			40	480,321.
39a, 39b, or 39c of who	41	Subtract line 40 from line 38			3,168,613.
can be	42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced indivi-		16.704.3	
dependent.		Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d			4,666.
	43				3,163,947.
All others:	44				853,242.
Single or	45	Alternative minimum tax, Attach Form 6251			0.
Married Illing separately,	48	Add lines 44 and 45		46	853,242.
\$5,450	47	Foreign tax credit. Attach Form 1116 if required 47	1	6.335	
Married filing jointly or	48				
Qualifying	49	Credit for the elderly or the disabled, Attach Schedule R 45	9	A A	
widow(er), \$10,900	50	Education credits, Attach Form 8863 50	0		
Head of	51				
household, \$8,000	52		<u> </u>		+
1	53	and any drawn (as a page 12).	<u>"</u>		
L	54			8.	
	55				10,294.
	58				842,948.
Other	67				45,455.
Taxes	58		19	58	
Luxoo	59	· ·			
	60			****	1,348.
		Add lines 56 through 60. This is your total tax			889,751.
Payments			2	7,920.2	
. ayo			3 79,61	<u>6.</u>	
If you have			4a		
a qualifying child, altach		b Nontaxable combat pay election ▶ 64b			
Schedule EIC.	65		15		
	66		16		
	67		975,00	0.	
	68		38		
	69		59		
•	70		70		
	71	Add lines 62 through 70. These are your total payments		71	1,054,616.
Refund	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you		72	164,430.
Direct deposit?		a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here		73a	
See page 63 and fill in 73b,	▶ `	Routing		ander die	
73c, and 73d, or Form 8888.			74 164,43	0.	
Amount		Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page		▶ 75	
You Owe			76 43		5345 4784 204 204 204 20
Third Par		Do you want to allow another person to discuss this return with the IRS (see page 66)?		the followin	a No
Designee		Dosigner's PREPARER Phono		Porsor	al Identification
Sign		ter penalties of perjury, I declare that I have examined this return and accompanying schedules and sta I complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer h	atements, and to the best of m	y knowledge a	ind bellef, they are true, correct,
Here	OH I LI	Your signature Date Your eccupation	as ally kilomisciga,	Day	time phone number
Joint return? See page 15,		ATTORNEY		ļ	
Квер а сору		Spouse's signature, if a joint return, both must sign. Date Spouse's occupation		in s	(5)(2)(2)(2)(2)(2)(2)(2)(3)(2)(3)(2)(2)(3)(2)(2)(3)(2)(2)(3)(2)(3)(3)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3
for your records.		HOMEMAKE	R		
Paid	Pre	pare/'s	Check it self-	Prepar	er's SSN or PTIN
Preparer			1 employed		
Use Only	_	m's name for MOORE & CUBBEDGE, LLP		EIN	
	уоц	rs if solf-om-		Phone no.('	70) 422-0500
810002 11-10-08		yed), address, MARIETTA, GA 30064		· · ·	<u> </u>

SCHEDULES A&B (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) Shown on Form 1040

Schedule A - Itemized Deductions

Attach to Form 1040.

(Schedule B is on page 2)
See Instructions for Schedules A&B (Form 1040).

ROY E &	MAF	RIE BARNES				
Medical		Caution. Do not include expenses reimbursed or paid by others.	\$75 \$30	·	Ţ	
and	1	Medical and dental expenses (see page A-1)	1		1	
Dental	2	Enter amount from Form 1040, line 38 2	N.S			
Expenses	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You	5	State and local (check only one box):	\Box			
Paid		a X Income taxes, or SEE STATEMENT 3	5	138,455	; .	
(See		b General sales taxes				
page A-2.)	6	Real estate taxes (see page A-5)	6	9,537		
	7	Personal property taxes	7			
	8	Other taxes, List type and amount	10			
)				ł	
		• • • • • • • • • • • • • • • • • • •	8			
	9	Add lines 5 through 8			9	147,992.
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	101,110).	
You Paid	11	Home mortgage interest not reported to you on Form 1098, if paid to the person from whom you bought the home, see page A-6 and show that person's name,	tel Ca			
(See		identifying no., and address				
page A-5.)					1	
Note.			11			
Personal Interest is	12	Points not reported to you on Form 1098	12			
not	13	Qualified mortgage insurance premiums (See page A-6)	13			
deductible.	14	Investment interest, Attach Form 4952 If required, (See page A-8.) STMT 5	14	27,002	3.	
	15				15	128,112.
Gifts to	16	Add lines 10 through 14 Gifts by cash or check SEE STATEMENT 4	16	239,107	7.	
Charity	17	Other than by cash or check. If any glift of \$250 or more, see page A-8.			_	
lf you made a		You must attach Form 8283 if over \$500	17		ŀ	
gift and got a benefit for it,	18	Carryover from prior year			_	
see page A-7.		Add lines 16 through 18			19	239,107.
Casualty and						
Theft Losses	20	Casualty or theft loss(es), Attach Form 4684. (See page A-8.)			20	
Job Expenses	21		18			
and Certain		Attach Form 2106 or 2106-EZ if required. (See page A-9.)	i i in		-	
Miscellaneous Deductions)	• • • • • • • • • • • • • • • • • • •	4,03 3,03		- 1	
			21			
	22	Tax preparation fees	22	2,515	5.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount	135			
(See]	-				
page A-9.)						
			23			
	24	Add Ilnes 21 through 23	24	2,515	5 •	
	25	Enter amount from Form 1040, line 38 25 3 , 6 4 8 , 9 3 4 .	105			
	26	Multiply line 25 by 2% (.02)	26	72,979		
	27	Subtract line 26 from line 24, if line 26 is more than line 24, enter -0-			27	0.
Other	28	Other · from list on page A-10. List type and amount		<u> </u>	334	
Miscellaneous Deductions					3/2	
Deductions					22	
					28	
Total	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?			CSV 201	
Itemized		No. Your deduction is not limited. Add the amounts in the far right column]			
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40,	} S:	rmt 6 🕨 🛽	29	480,321.
		X Yes. Your deduction may be limited. See page A-10 for the amount to enter.)	1		200 DY 100
	30				阿科	

Schedule A (Form 1040) 2008

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).

2008

Department of the Treasury Internal Revenue Service (99) ▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

ROY E & MARIE BARNES Part Short-Term Capital Gains and Losses - Assets Held One Year or Less (b) Date (a) Description of property (Example: 100 sh. XYZ Co.) (0) Date sold (Mo., day, yr.) (e) Cost or (f) Gain or (loss) Subtract (e) from (d) (d) Bales price acquired (Mo., day, yr.) 495,544. WACHOVIA SECURITIES 420,229. <75,315.> 16,157. 50,507. <34,350.> WACHOVIA SECURITIES Enter your short-term totals, if any, from Schedule D-1, line 2 2 Total short-term sales price amounts. 436.386 3 Add lines 1 and 2 in column (d) Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions 6 <109,665.> Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) Partill Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (c) Date sold (Mo., day, yr.) (A) Description of property (Example: 100 sh, XYZ Co.) (e) Cost or (1) Gain or (loss) Subtract (e) from .(d) ecquired (Mo., day, yr.) (d) Sales price WACHOVIA SECURITIES 1,292,887. 131,951,1,160,936. 9 Enter your long-term totals, if any, from Schedule D-1, line 9 9 10 Total long-term sales price amounts. 292.887 Add lines 8 and 9 in column (d) 10 1 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 13 Capital gain distributions 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the Instructions 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

15 1,160,936.

Schedule D (Form 1040) 2008

Sec. 1188	ISUM Summary		
16	Combine lines 7 and 15 and enter the result	16	1,051,271.
	If line 16 is:	53.AF2	
	A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then		
	go to line 17 below.		•
	A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR,		
	line 14. Then go to line 22,		
	With the state of		
17	Are lines 15 and 16 both gains?		
	X Yes. Go to line 18.	300	
	No. Skip lines 18 through 21, and go to line 22.		
	, <u>,</u>	N/10	
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the		
	instructions	18	
		6.9%	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on	\$2000 \$4000	
	page D9 of the instructions	19	
00	Av. II. day that we have	12 May	
20	Are lines 18 and 19 both zero or blank?	30140C	
	X Yes, Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the		
	Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form		
	1040 (or in the Instructions for Form 1040NH). Do not complete lines 21 and 22 below.		
	No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the		•
	Schedule D Tax Worksheet on page D-10 of the Instructions. Do not complete lines 21 and 22 below.		
	22 polyw,		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	mine 10, or round, line 14, the smaller of:		
	• The loss on line 16 or	21 (,
	• (\$3,000), or if married filing separately, (\$1,500)	. <u>21</u> (STONES CONTRACTOR
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.	100000	
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		Contract Co
	X Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete		
	the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the instructions		
	for Form 1040 (or in the Instructions for Form 1040NR).		
	No. Complete the rest of Form 1040 or Form 1040NR.	5.44	
		计制建定	
		Schedu	le D (Form 1040) 2008

me(s) shown on return Y E & MARIE BARNES	Yourssu
efore you begin: 🗸 See the instructions for line 44 that begin on page 36 to	to see If you can use this worksheet to figure your tax.
√ If you do not have to file Schedule D and you received checked the box on line 13 of Form 1040.	capital gain distributions, be sure you
1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the worksheet on page 37 2. Enter the amount from Form 1040, line 9b* 2 89,307.	1. 3,163,947.
3. Are you filing Schedule D?* X Yes. Enter the smaller of line 15 or 18 of Schedule D. If either line 16 or line 19 is a loss, enter -0- No. Enter the smouth from Form 1040, line 19 4. Add lines 2 and 3 5. If you are claiming investment interest expense	
on Form 4952, enter the amount from line 4g of that form. Otherwise, enter -0- 6. Subtract line 5 from line 4. If zero or less, enter -0- 7. Subtract line 6 from line 1. If zero or less, enter -0- 8. Enter the smaller of: • The amount on line 1, or	6. 1,128,574. 7. 2,035,373.
 \$ 32,550 if single or married filling separately, \$ 65,100 if married filling jointly or qualifying wildow(er), \$ 43,650 if head of household. 9. Is the amount on line 7 equal to or more than the amount on line 8? 	8. <u>65,100.</u>
Yes, Skip lines 9 and 10; go to line 11 and check the "No" box. No. Enter the amount from line 7	9
10. Subtract line 9 from line 8 11. Are the amounts on lines 6 and 10 the same? Yes. Skip lines 11 through 14; go to line 15.	
Test oxip lines 17 through 14, go to line 10. X No. Enter the smaller of line 1 or line 6 12. Enter the amount from line 10 (if line 10 is blank, enter 0.) 13. Subtract line 12 from line 11	11. 1,128,574. 12. 0. 13. 1,128,574.
14. Multiply line 13 by 15% (.15)15. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation applies	on Worksheet, whichever
16. Add lines 14 and 15	on Worksheet, whichever
18. Tax on all taxable income. Enter the smaller of line 16 or line 17. Also include 1040, line 44. If you are filling Form 2555 or 2555 FZ, do not enter this amount	de this amount on Form

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss
(From rental real estate, royalties, partnerships,
s corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

➤ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

Name(s) shown on return

Your social security number

	Y E & MARIE BARNES intil Income or Loss From Rental	Rea	Estate and Roya	ilties N	lote. If you are	in the business of	renting personal	property	, USB	
	Schedule C or C-EZ (see page E-3). If you	are an i	ndividual, report farm rent	al Income	or loss from F	rental real estate	Z, IIII 4U.		Yes I	No
	List the type and address of each rental real estate HOUSES — BARNES LAND &			LC		, did you ar your f			103	10
^	HOUSES - BARNES DAMA &	TTAA	moinidio, n		during ti	ne tax year for pers	anal purposes	A		X
В						than the greater o	f:			
P					• 14 d	ays or of the total days r	antod at fair	В		
						il value?	midu at iaii			
					(See par			С		
				Prope	rties			Totals		
ш	come:	ſ	A	F	3	С	(Add colu			
3	Rents received	3	265,038.				3	26	5,03	8.
	Royalties received	4					4			
	penses:									
ő	Advertising	Б								
	Auto and travel (see page E-4)	6								
7	Cleaning and maintenance	7								
8	Commissions	8								
9	Insurance	8	20,572.							
10	Legal and other professional fees	10	4,000.							
11	Management fees	11								
12	Mortgage interest paid to banks, etc.	I				•	ARCHA!			
	(see page E-5)	12					12			
13	Other Interest	13	116,090.							
14	Repairs	14	15,463.			·				
15	Supplies	16	25,642.							
16	Taxes	16	90,653.							
17	Utilities	17	11,259.							
18	Other (list)									
	SEE STATEMENT 8		92,987.							
		18								
		"								
_			300				7.15 10	2.7	C 61	cc
19	Add lines 5 through 18	19	376,666.				19		1,8	
20		20	111,813.				20	<u> </u>	Ι,Ο.	13.
21	Total expenses. Add lines 19 and 20	21	488,479.							
22	! Income or (loss) from rental real estate		ļ .				757. S			
	or royalty properties. Subtract line 21		Ì				300 00 E			
	from line 3 (rents) or line 4 (royalties).	i	ļ							
	if the result is a (loss), see page E-5 to		<223,441.		}					
	find out if you must file Form 6198	22	<u> </u>				PM			
23	3 Deductible rental real estate loss. Caution.						90.00			
	Your rental real estate loss on line 22 may						2007 2007 2007 2007			
	be limited. See page E-5 to find out if you						造 類			
	must file Form 8582, Real estate professionals	28	223,441.		1					
^	must complete line 43 on page 2 Income. Add positive amounts shown on line 22.						24			0.
2	4 Income. Add positive amounts snown on title 22. 5 Losses. Add royalty losses from line 22 and rental	Legal ne	rtata inecae from line 22 E	nter Infal (nggag hara		25 (2.2	3,4	
	5 Losses. And royally losses from line 22 and remail 6 Total rental real estate and royalty income or (10									
2	I parts II, III, IV, and line 40 on page 2 do not app	lu ta ua	mininio impo 24 anu 20. En Milaleo enter this amount (no Form 1	040.					
	line 17, or Form 1040NR, line 18. Otherwise, Inclu-	da ihls	amount in the total on line	41 on nac	18 2		26	<22	23,4	41.
-	THE 17,01 FORM 10401811, MIC 10. Otherwise, motor			· · · · · · · · · · · · · · · · · · ·		.,,	Schedu			

CHEDULE A IT	EMIZED DEDUCTIONS WORKSHEET	STATEMENT (
9, 15, 19, 20, 27, AN 2. ENTER THE TOTAL OF TH 14, AND 20, PLUS ANY LOSSES INCLUDED ON LI	E AMOUNTS FROM SCHEDULE A, LINES 4, D 28	515,211
TO TREAT AS QUALIFIED IN A MIDWESTERN DISAS IS THE AMOUNT ON LINE IF NO, YOUR DEDUCTION FROM LINE 1 ABOVE ON	CONTRIBUTIONS FOR RELIEF EFFORTS THE AREA	27,002
IF YES, SUBTRACT LINE 4. MULTIPLY LINE 3 BY 80 5. ENTER THE AMOUNT FROM 6. ENTER: \$159,950 (\$79; SEPARATELY) 7. IS THE AMOUNT ON LINE ON LINE 5? THE NO. YOUR DEDUCTION	E 2 FROM LINE 1	
LINE 29. IF YES, SUBTRACT LINE 8. MULTIPLY LINE 7 BY 3 ENTER THE SMALLER OF	E 6 FROM LINE 5 3,488,984. 8 (.03)	104,670 69,780
12. TOTAL ITEMIZED DEDUC ENTER THE RESULT HER	TIONS. SUBTRACT LINE 11 FROM LINE 1. LE AND ON SCHEDULE A, LINE 29	480,32
SCHEDULE C	OTHER EXPENSES	STATEMENT
DESCRIPTION		TRUOMA
CONTINUING EDUCATION LIBRARY PROFESSIONAL DUES CLIENT COSTS STORAGE STORAGE POSTAGE TELEPHONE FIRM DEVELOPMENT EQUIPMENT MAINTENANCE SUBSCRIPTIONS MISCELLAENOUS AMORTIZATION		9,36 33,47 28,01 624,28 5,18 14,57 11,98 307,68 44,10 2,29 1,71
TOTAL TO SCHEDULE C, LIN		1,084,74
	AS ORIGINALLY FILED	

6251

Department of the Treasury Internal Revenue Service 199)

Alternative Minimum Tax - Individuals

Attach to Form 1040 or Form 1040NR.

OMB No. 1645-0074

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

ROY E & MARIE BARNES Part M Alternative Minimum Taxable Income 1 if (filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, 3,168,613. enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (if less than zero, enter as a negetive amount.) 2 Medical and dental, Enter the Smaller of Schedule A (Form 1040), line 4, Or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-2 147,992. 3 Taxes from Schedule A (Form 1040), line 9 3 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions 4 5 Miscellaneous deductions from Schedule A (Form 1040), Ilne 27 5 6 If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 <34.890.> of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040) в 7 If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount 7 8 Tax refund from Form 1040, line 10 or line 21 8 9 Investment interest expense (difference between regular tax and AMT) 9 10 Depletion (difference between regular tax and AMT) 10 11 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 11 12 Interest from specified private activity bonds exempt from the regular tax 13 Qualified small business stock (7% of gain excluded under section 1202)______ 13 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 14 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 16 17 Disposition of property (difference between AMT and regular tax gain or loss) 17 799. 18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 13 18 19 Passive activities (difference between AMT and regular tax income or loss) 19 20 Loss limitations (difference between AMT and regular tax income or loss) 20 21 Circulation costs (difference between regular tax and AMT) 21 22 Long-term contracts (difference between AMT and regular tax income) 22 23 Mining costs (difference between regular tax and AMT) 23 24 Research and experimental costs (difference between regular tax and AMT) 24 25 Income from certain installment sales before January 1, 1987 25 26 Intangible drilling costs preference 26 27 Other adjustments, including income-based related adjustments 27 28 Alternative tax net operating loss deduction 28 29 Alternative minimum taxable income. Combine lines 1 through 28, (If married filing separately and line 3,282,514. 29 is more than \$214.900, see instructions) Part [[8] Alternative Minimum Tax (AMT) 30 Exemption. (If you were under age 24 at the end of 2008, see instructions.) AND line 29 is not over... IF your filing status is THEN enter on line 30 \$112,500 Single or head of household \$46,200 Married filling jointly or qualifying widow(er) 150,000 69.950 0. 30 Married filing separately 75,000 34,975 If line 29 is over the amount shown above for your filing status, see instructions. 31 Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 3,282,514. 34 and 36 and skip the rest of Part II 31 32 • If you are filling Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. ● If you reported capital gain distributions directly on Form 1040, llne 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 768,889. 32 for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 6,726. 33 Alternative minimum tax foreign tax credit (see instructions) 33 762,163. 34 Tentative minimum tax, Subtract line 33 from line 32 35 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J 846,516. 36 AMT. Subtract line 35 from line 34, if zero or less, enter -D-. Enter here and on Form 1040, line 45

819481 12-02-08 LHA For Paperwork Reduction Act Notice, see instructions.

Pa	Tax Computation Using Maximum Capital Gains Rates				
37	Enter the amount from Form 6251, line 31. If you are filling Form 2555 or 2555-EZ, e	enter the	amount from		
	Ine 3 of the worksheet in the instructions			37	3,282,514.
38	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax	1 1			
	Worksheet in the Instructions for Form 1040, line 44, or the amount from				•
	ine 13 of the Schedule D Tax Worksheet on page D-10 of the Instructions for	1			
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if				
	necessary) (see the instructions). If you are filling Form 2555 or 2555-EZ,	1			
	see instructions for the amount to enter	38	1,128,574.		
	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the				
•	AMT, If necessary) (see instructions). If you are filing Form 2555 or 2555-EZ,		-		
	see instructions for the amount to enter	39			
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the			1.0	
70	AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter				
	the smaller of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary), if you are filing Form 2555		•	1 A A	
	or 2555-EZ, see instructions for the amount to enter	40	1,128,574.		
44	Enter the smaller of line 37 or line 40			41	1,128,574.
	Subtract line 41 from line 37			42	2,153,940.
42	If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply i	line 42 by	26% (.26).		
40	Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married fill	Ind separ	ately) from		
	the result			43	599,603.
4.4	Enter:	************		1515	
44	• \$65,100 if married filing jointly or qualifying widow(er),	1			
	• \$32,550 if single or married filing separately, or	44	65,100.	2.4	
	• \$43,650 if head of household.		· · · · · · · · · · · · · · · · · · ·	1988	
4 =	Enter the amount from line 7 of the Qualified Dividends and Capital Gain				
45	Tax Worksheet in the Instructions for Form 1040, line 44, or the amount from				
	line 14 of the Schedule D Tax Workshest on page D-10 of the instructions for				
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If				
	you did not complete either worksheet for the regular tax, enter -0-	45	2,035,373		
	you did not complete elither workarteer for the regular sext of the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the regular sext, or the complete elither workarteer for the complete elither sext, or the complete elither sext,				
46	Subtract line 45 from line 44. If zero or less, enter -0-	46	0		
HU	Odditast little 40 flotti ii to 144 ii 2010 Si 1030, Ottati O	· -			
47	Enter the smaller of line 37 or line 38	47	1,128,574		
41	Enter the situation of injects of injects of	·			
45	Enter the smaller of line 46 or line 47	48		3.6	
70	Like the strategy of line 40 of line 17	· -			
40	Subtract line 48 from line 47	49	1,128,574	• 5	
-11-3	THE CHILITING THE PARTY TO SEE THE CONTROL OF THE C	. 1		1.09.00	
50	Multiply line 49 by 15% (.15)		>	50	169,286.
μ.					
	If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, g	go to line	51.		
5	Subtract line 47 from line 41	51			
_					
5	2 Multiply line 51 by 25% (.25)	************		52	
	,				
5	3 Add lines 43, 50, and 52			53	768,889.
	,				
5	4 If line 37 is \$175,000 or less (\$87,500 or less if married filling separately), multiply	y Ilne 37 l	y 26% (.26).		
	Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married	filing sep	arately) from		005 004
	the result			54	915,604.
5	5 Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2	2555 or 2	555-EZ, do not enter		nco 000
	this amount on line 32. Instead, enter it on line 4 of the worksheet in the instruct	tlons		. 55	768,889
_					Form 6251 (2008



Georgia Form 500X (Rev. 4/09)

Amended Individual Income Tax Return

Mailing Address
Georgia Department of Ravenue
Processing Center
P.O. Box 740318
Atlanta. Georgia 30374-0318

8,539.

Date

Net Operati	ng Loss Amended X Change of Address		Atla	anta, Georgia 30374-0318
	Please answer all questions, fill in all app	licable items, and explain cl	langes on Page 2.	
Please	First name and initial (if joint return, use first names and middle initials of ROY E & MARIE BARNES	of both) Last Name	Your S	ocial Security Number
Print OR	Home Address (Number and Street or rural route) 447 WHITLOCK AVENUE		Spous	e's Social Security Number
	City, Town or Post Office Go	ounty	State GA	ZIP Code 30064
Filing Status Claimed	On Original Return [] [X] On This Return [] [X] Note: You cannot change from Married filing jointly to Married filing	Intly Married Filing Separ [] [] separately after the due da	[]	
Residency] Part Year Resident F	rom Ta rom Ta	
	Was a Federal Amended Return Filed? [X] Ye		Please Attach Copy.	
	Year 2008 or Fiscal Year Ending Explain all changes on Page 2	A As originally reported or as adjusted	B Net Change Increase or Decrease	G Correct Amount
	l Income (Georgia adjusted gross income) Form 500. Explain any changes on Page 2	3,677,018.	<140,909	> 3,536,109.
	dard or Itemized deductions	480,321.	1,409.	
	nptions. If changing fill in Part I and Part IV of Page 2	5,400.		5,400.
	able Income, Subtract Lines 2 and 3 from Line 1	3,191,297.		> 3,048,979.
	l Tax	191,218.	<8,539.	> 182,679.
	PAYMENTS AND CREDITS			
	rgla Income Tax Withheld			
	er Credits	000 650		
	mated Tax Payments: Georgia Form 500	222,652.		222,652.
	ount paid with original return, plus additional payments made rit was filed			
	of Lines 6 through 9, Column C			0.
	REFUND OR BALANCE DUE		······································	222,652.
	rpayment, if any, shown on original return: Georgia Form 500			31,434.
	tract Line 11 from Line 10 and enter result			191,218.
				- エノステム土〇 *

Signature of preparer other than taxpayer, based on all information of which s/he has any knowledge Date ID number of preparer

MAIL COMPLETED RETURN TO: GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER, P.O. BOX 740318, ATLANTA,

GEORGIA 30374-0318

Date

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief this amended return is rule, correct, and complete.

GEORGIA PUBLIC REVENUE CODE SECTION 48-2-31 STIPULATES THAT TAXES SHALL BE PAID IN LAWFUL MONEY OF THE UNITED STATES, FREE OF ANY EXPENSE TO THE STATE OF GEORGIA.

Spouse's Signature

Department Use Only 845021 04-14-09

Sign Here

13. If Line 5, Column C is more than Line 12, enter Balance Due

16. If Line 5, Column C is less than Line 12, enter refund to be received

14. Add interest (1% per month from the due date)15. Total of Lines 13 and 14. Pay in fell with this Return

Your Signature

500X

Part I Exemptions	······································						
Number of exemptions claimed on original return				2			
2. Number of exemptions claimed on this return							
3. Difference, if any							
Dependents (children and other) not claimed on the original (or adjusted) return	n'						
		curity Number	Pointic	onship to you			
If more than First Name Last three	Suciai 36	county (Autume)	neiatic	mamp to you			
additional							
dependents, attach a list				·			
	egular 66 orover	Blind					
Pladiabilat official and operation for the first operation	-		Enter Number				
(Check only those boxes not checked on original Yourself		[]	of boxes checked				
return and only if Standard Deduction is used) Spouse			CHBUKBU	<u> </u>			
Part II Computation of Georgia Taxable Income for part-year re	sidents and noni	esidents	**	T			
	Federal Income Georgia Adjustn		ncome Not able to Georgia	GEORGIA INCOME			
	COLUMN A		COLUMN B.	COLUMN C.			
	-						
1. Wages, Salarles, Tips, Etc							
2. Interest and Dividends	1						
3. Business Income or (loss)							
4. Other income or (loss)							
5. Total Income: Total Lines 1 through 4							
Adjustments to Income:							
6. Total from Federal Form 1040							
7. Total Georgia Adjustments, explain in PART IV below							
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7				(Not to exceed 100%)			
9. RATIO: Divide Line 8, Column C by Column A - Enter Percentage		(·)	(NOT TO EXCEED 100 %)			
10. Itemized or Standard Deduction							
11. Personal Exemptions				-			
12. Total Deductions and Exemptions: Add Lines 10 and 11				ļ			
13. Multiply Line 12 by Ratio on Line 9 and enter result							
14. Georgia Taxable Income: Subtract Line 13 from Line 8. Enter on Line 40							
5 / OLD OF C 179		Spc	ousa				
			DUS8				
Type of disability you		shc	puse				
Part IV EXPLANATION OF CHANGES to Income, Deductions, E	xemptions, and	Credits. Show	computations i	n detail.			
Attach applicable schedules.							
RETURN IS BEING AMENDED TO REPORT THE	E FOLLOWT	NG CHANG	EES:				
The state of the s							
1) CORRECT THE COST BASIS OF A SECUR	RITY SALE	REPORT	ED ON THE	ORIGINAL			
RETURN							
2) CORRECT THE REPORTING OF RENTAL 1	PROPERTY	DEPRECIA	ATION	· ·			
1							
				4			
INSTRUCTIONS:							
Attach a copy of your original and amended federal return.							
2. If the return is being amended due to a K-1, include the original and amended	K-1.						
3. If the return is being used to carryback a N.O.L., it must be filed by the date pro-	rovided in the IT-553	3. Altach any app	licable schedules f.	rom Form IT-553.			
4. If you are filling an amended return to claim the low income credit, the claim in the taxable year for which the credit may be claimed.	nust be thed by the e	and of the 12th m	onth tollowing the	Close of			
5. If you want all or part of the refund applied to estimated tax, indicate this with	the year and the am	nount under Line	16.				
6. If the return is being amended due to a W-2, include a copy of the W-2.							

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

Thi	reium	is for calendar year > 2008, or tiscal year ended	uviiona.						
	Your fire	st name and initial E BARNES	Last name	w.c.u.			Your socia	Seci	urity number
~		t return, spouse's first name and Initial IE BARNES	Last name				Spouse's social security number		
Please print	Home a 447	ddress (no. and street) or P.O. box if mail is not delivered to your home WHITLOCK AVENUE			Apt, no.	Phone number			
Ple		wn or post office, state, and ZIP code IETTA, GA 30064							
A	If the a	address shown above is different from that shown on your last return fi	led with the	e IRS, would	you like	us to ch	nange		an a
	it in ou	ir records?		********		**********	. 🕨 🗆] Y	es 🔲 No
В		status. Be sure to complete this line. Note, You cannot change from joint t			ne due dat	8.			
	-	Inal return Single X Married filing jointly Married fi				of house!	rold		ifying widow(er)
	On this	return Single X Married filing jointly Married fil qualifying person is a child but not your dependent, see page 4 of the instruction		ely _	Haad	of housel	rold* []	Qual	ifying widow(er)
	11 (1)13	drawing berson is a crind out that your dependent, see page 4 or die liestigiche	ns.	A. Original a	imaun!	R Not	change -	1	
		Use Part II on page 2 to explain any changes		or as previ	ously	amount	of Increase crease) -		C. Correct amount
		Income and Deductions (see instructions)		(see page	9 4)	explair	in Part II	<u></u>	
		djusted gross income (see page 4)		3648			,909.		3508025.
		amized deductions or standard deduction (see page 4)		480,			L,409.		481,730.
	3 8	Subtract line 2 from line 1	3	3168		<142	2,318.	<u>></u>	3026295.
		ixemptions, if changing, fill in Parts I and II on page 2 (see page 5)			666.	-140	010	<u> </u>	4,666.
	5 T	axable income. Subtract line 4 from line 3 ax (see page 5), Method used in col. C QDCGTW	5 6	3163 853,			2,318.		3021629.
Tax Liability	7 0	Predits (see page 6)	7		294.		812.	1	833,430.
jab		Subtract line 7 from line 6. Enter the result but not less than zero		842,		<10	9,812.	_	10,294. 823,136.
쏬		Other taxes (see page 6)			803.		7,0,2	-	46,803.
1		Total tax. Add lines 8 and 9			751.	<19	812.		869,939.
	11 F	ederal income tax withheld and excess social security and tier 1					<u>,</u>	1	
		RRTA tax withheld. If changing, see page 6							
s t :	12 E	Estimated tax payments, including amount applied from prior year's return		79,	616.				79,616.
Payments	13 E	Earned Income credit (EIC)						ļ	
Pay	14 A	Additional child tax cradit from Form 8812 Credits: Recovery rebate; lederal telephone excise tax; or from Forms 2439, 4138, 405, 8885, or 8801 (refundable credit only)	14					ļ	
	16 A	5405, 8885, or 8801 (refundable credit only) Amount paid with request for extension of time to file (see page 6)	15					-	975,000.
	17 A	Amount of tax paid with original return plus additional tax paid after it was filed			**********		16	┼-	973,000.
	18 1	Total payments. Add lines 11 through 17 in column C		***************************************	,	***********	18		1054616.
		Refund or Amount You Note. Allow 8-12 weeks to proces	Owe				10		
	19 (Overpayment, if any, as shown on original return or as previously adjusted by the					19		164,865.
	20 8	Subtract line 19 from line 18 (see page 6)	.:				20	1	889,751.
	21 /	Amount you owe. If line 10, column C, is more than line 20, enter the different	ce and see p	age 6			21		
	22	If fine 10, column C, is less than line 20, enter the difference			**,******	*************	22	ļ	19,812.
	23 A	Amount of line 22 you want refunded to you	**************			*********	23	<u> </u>	19,812.
S	ign	Amount of line 22 you want applied to your estimated ta	amined this on	nonded return it	1		- pake dules es		
	ere	Under penalties of perjury, I declare that I have filed an original return and that I have extended the best of my knowledge and belief, this amended return is true, correct, and complete preparer has any knowledge.	. Declaration o	of preparer (other	rthan taxpo	ayer) is bese	d on all inform	nation	of Which the
ol az	int retur	n?							
Κe	e pape ep a cor ryour	ny	N.						1
16	cords.	Your signature Date	Spouse	e's signature.	If a joint i	eturn, bot	h must sign	,	Date
yes.			Date		Check	: if	Pre	parer'	s SSN or PTIN
	aid	signature 'P'			1	mployed			
	repare se On	Vours setf-				EIN		, E	
U	ac UN	address and				Phone no.	(770)	4	22-0500
		ZIP code MARIETTA, GA 30064							

Forn	1040X (Rev. 2-2009) ROY E & MARIE BARNES						Page 2
	Exemptions. See Form 1040 or 1040A Instructions	•	 -	A. Orlginal number		, '<u></u> ,	r tago p
<u> </u>	Complete this part only if you are:			of exemptions		٠	C. Correct
	 Increasing or decreasing the number of exemptions claimed on line 6 	id of the return you	1	reported or as	B. Net c	hange	number of
	are amending, or Increasing or decreasing the exemption amount for housing individua	nia diaminand bu		previously adjusted			exemptions
	 increasing of decreasing the exemption amount for notising including. Hurricane Katrina or for housing Midwestern displaced individuals. 	ais displaced by					
			Т		-		
25	Yourself and spouse		25				
	Caution. If someone can claim you as a dependent, you cannot claim a				1		
	exemption for yourself.						
26	Your dependent children who lived with you		26	1			
	Your dependent children who did not live with you due to				+		
	divorce or separation		27				
28	Other dependents			 	+		
	Total number of exemptions. Add lines 25 through 28						
	Multiply the number of exemptions claimed on line 29 by the amount II						·
-	for the tax year you are amending. Enter the result here.	0104 001011			1		
	Tax Exemption But see the instructions	s for line 4 on					
	year amount page 5 lf the amount or	n line 1 is over:					
	200B \$3,500 \$119,875 2007 3,400 117,300						
	2006 3,300 112,875 2005 3,200 109,475		30	*1			
31	If you are daiming an exemption amount for housing individuals displaced by Hurti	cano Kalifina	- ŬŬ				
٠.	enter the amount from Form 8914, fine 2 for 2005 or line 6 for 2008, if you are claim	ing an					
	exemption emount for housing Midwestern displaced individuals, enter the amount 2008 Form 8914, line 2. (See instructions for line 4). Otherwise enter -0-						
32	Add lines 30 and 31. Enter the result here and on line 4						
			, , 02				
33	Dependents (children and other) not claimed on original (or adjusted)	return:			į	No.	of children
		(b) Dependent's	tocial	(c) Dependent's	(a) Check If	on 3	3 who:
	(a) First name Last name	security humi	DET .	relationship to you	qualifying child for child tax credit		ved with
						you	
		1				•.0	lid not live
						divo	you due to
,] '	aration 🕨
						हे गर्व	endents 13 not
						ente	ered above
	art II Explanation of Changes	<u></u>			<u></u>		
2000	Enter the line number from page 1 for each item yo	ou are changing	and gi	ive the reason for e	ach change	e. Attach	only the
	Enter the line number from page 1 for each item yo supporting forms and schedules for the items chai may be returned. Be sure to include your name and	nged. If you do d social securit	not atta v numb	ach the required in: ser on any attachma	formation, y	our Forn	n 1 0 40X
if t	the change relates to a net operating loss carryback or a general busines	s credit carryhack	attach l	the schedule or form th	at shows the	vear	
In	which the loss or credit occurred. See pages 2 and 3 of the instructions.	. Also, check here	,		ac on one me	,00,	>
\overline{R}	ETURN IS BEING AMENDED TO REPORT	THE FO	LOW	ING CHANGE	S:		
_							i
1) CORRECT THE COST BASIS OF A S	SECURITY	SAL	E REPORTED	ON TH	E OR	IGINAL
$\overline{\mathbb{R}}$	ETURN						
2) CORRECT THE REPORTING OF REN	TAL PROP	ERTY	DEPRECIAT	ION		
_				·			
_							
_							·
	Part III Presidential Election Campaign Fund. C	recking below w	ill not In	crease your tax or r	educe your	refund.	
]f	you did not previously want \$3 to go to the fund but now want to, check	here					>
Jf	a joint return and your spouse did not previously want \$3 to go to the fu	nd but now wants	to, chec	k here			▶ □
_							



Version 4 Georgia Form 500 (Rev. 11/08) Individual Income Tax Return Please check box if you DO NOT want a booklet next year Georgia Department of Revenue Page 1 EXT 6 DEL I 2008 (Approved software version) YOUR SOCIAL SECURITY NUMBER YOUR FIRST NAME MI \mathbf{E} Special Program Code 1. ROY See Tax Booklet on Page 7 SUFFIX LAST NAME BARNES SPOUSE'S FIRST NAME М SPOUSE'S SOCIAL SECURITY NUMBER MARIE DEPARTMENT USE ONLY SUFFIX LAST NAME BARNES ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) HAS CHANGED 2. 447 WHITLOCK AVENUE STATE ZIP CODE CITY 3. MARIETTA 30064 (COUNTRY IF FOREIGN) Residency Status 4. 1 4. Enter your Residency Status with the appropriate number 3. NONRESIDENT 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT ΤO Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6 Fillng Status 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 9) A. Single B. Married filling joint C. Married filling separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er) 6a, Yourself X 6b. Spouse X 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 7. Dependents - (If you have more than 3 dependents, attach a list of additional dependents) Last Name First Name, ML Relationship to You Social Security Number First Name, MI. Last Name Relationship to You Social Security Number Last Name First Name, MI. Relationship to You Social Security Number

Georgia Form 500 Individual Income Tax Return



Page 2

YOUR SOCIAL SECURITY NUMBER

ndividual Income Tax Return Beorgla Department of Revenue	
Version 4	

7a. Number of Dependents (DO NOT Include yourself or your spouse)	➤ 7a.	
7b. Add Lines 6c and 7a. Enter total	➤ 7b.	2
If amount on line 8, 9, 10, 13 or 15 is negative, check box. Example: 🔀		
8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross you must enclose a copy of your Federal Form 1040 Pages 1 and 2.	8. s income is	3 , 508 , 025 less than your W-2's,
9. Adjustments from Schedule 1 (see Tax Booklet on Page 9, Line 9)	►	28,084
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.	3,536,109
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) See Tax Booklet on Page 10 Line 11	► 11a.	
b. Self: 65 or over? Blind? Spouse: 65 or over? Blind?		
Total of boxes x 1,300= c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	► 11b.	
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, y a. Federal Itemized Deductions (Schedule A · Form 1040)	/ou must end ► 12a.	404 500
b. Less adjustments: see Tax Booklet on Page 10, Line 12	► 12b.	
c. Georgia Total Itemized Deductions	► 120.	481,730
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	13,	3,054,379
14a. Number on Line 6c. 2 multiplied by \$2,700	► 14a.	5,400
14b. Number on Line 7a. multiplied by \$3,000	► 14b.	
14c. Add Lines 14a. and 14b. Enter total	► 14c.	5,400
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	15.	3,048,979
16. Tax (Use Tax Table in the Tax Booklet on Pages 17-19)	16.	182,679
17. Credits from Schedule 2, Page 5, Line 10 of Form 500 (Enter total but not more than the amount on Line 16)	→ 17.	
18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero 19. Georgia Income Tax Withheld (Enter Tax Withheld Column 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	▶ 18	182,679
(Enter Tax Withheld Only and enclose W-2s, 1099s, etc.)	► 19.	
20. Estimated Tax for 2008 and Form IT-560	► 20,	222,652
21. Low income Credit (See Tax Booklet on Page 11) 21a, ▶ 21b. ▶ ▶ 845002 12-22-08	▶ 21c.	
CCH 60 1019 050 200	8 G2	004 m1 no

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



Page 3

YOUR SOCIAL SECURITY NUMBER

20	U8 Version 4		i			
22.	Department Use Only DO NOT WRITE II	YOB SIHT N				
23,	Total prepayment credits (Add Lines 19, 20 and 21c)	******		., 🕨		222,652
24.	If Line 18 exceeds Line 23 enter BALANCE DUE STATE			>	24,	
25.	If Line 23 exceeds Line 18 enter OVERPAYMENT amount			►	25.	39,973
26.	Amount to be credited to 2009 ESTIMATED TAX			>	26.	39,801
27.	Georgia Wildlife Conservation Fund (No gift of less than \$	1.00)		▶	27.	
28.	Georgia Children and Elderly Fund (No gift of less than \$1	1,00)		▶	28.	
29.	Georgia Cancer Research Fund (No glft of less than \$1.0	0)		▶	29.	
30.	Statewide Land Conservation Program (No gift of less tha	an \$1.00)		>	30.	
31.	Georgia National Guard Foundation (No gift of less than \$	(00.1		▶	31.	
32,	Dog & Cat Sterilization Fund (No gift of less than \$1.00)			▶	32.	
33.	Save the Cure Fund (No gift of less than \$1.00)	****************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	>	33.	
34.	Georgia Student Finance Authority Fund (No gift of less t	han \$1.00)		>	34.	
36.						172
37,	(If you are due a refund) Subtract the sum of Lines 26 the THIS IS YOUR REFUND		ne 25	>	37.	0
(P	AYMENT) Green Label: GEORGIA DEPARTMENT OF R PROCESSING CENTER PO BOX 740399 ATLANTA, GA 30374-0399	EVENUE	(REFUND) Blue Label:	PRO PO E	RGIA DEPARTME CESSING CENTER BOX 740380 ANTA, GA 30374-	
	ENCLOSE ALL ITEMS IN RETURN ENVE	LOPE, DO N	OT STAPLE YOUR CHECK, W-2"	SOR	TAX RETURN	
pen	orgia Public Revenue Gode Section 48-2-31 stipulates that taxes s alty of perjury, I declare that I have examined this return, includi s, correct and complete. Declaration of preparer (other than taxpa	ng accompany	ing schedules and statements, and t	o the !	best of my knowle	
		PHONE NU	JMBER			
	Taxpayer's Signature (Check box If deceased)	DATE				
~	Spouse's Signature (Check box if deceased) Do you want to authorize DOR to discuss	DATE NAME OF I	PREPARER OTHER THAN TAXE	AYEI	R	

PREPARER'S FEIN

PREPARER'S SSN/PTIN

PHONE NUMBER (770) 422-0500

Signature of Preparer

this return with the named preparer. YES X NO



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Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2008
Version 4

				- Danier C and 10)	
SCF	SEDULE 1 ADJUSTMENT	rs to INCOME!	BASED on GEORGIA LAW (see Tax Booklet o	in Pages 9 and 10)	
ADI	DITIONS to INCOME Interest on Non-Georgia Munici	pal and State Bonds	, >	1.	
2.	Lump Sum Distributions		>	2.	
			duction activities	3.	
	(IRC Section 199)	STATEMENT		4.	116,853
5. SU	Total Additions (enter sum of L	ines 1-4 here) ME	<u> </u>	5.	116,853
6.	Retirement Income Exclusion (see Tax Booklet on l	Page 11)		
a,	Self: Date of Birth	Date of Disability	Type of Disability:		
				6а.	
b	, Spouse; Date of Birth	Date of Disability	: Type of Disablilty:		
				6b,	
. 7.	Social Security Benefits (Taxa	ble portion from Fed	deral return)	7.	
8	. Georgia Higher Education Sav	vings Plan		8.	
9			ooklet on Page 9)		
10	, Other Adjustments (specify)	Adjustment	BONUS DEPRECIATION	Amount	
	•	Adjustment	ADJUSTMENT	Amount	77,013
		Adjustment	CROY K-1 JCWA/JGTRRA	Amount	
		Adjustment	DEPRECIATION	Amount	11,756
		•		1 0.	88,769
			•		88,769
1:	2 Not Adjustments (Line 5 less	s Line 11))	► ∏ 12.	28,084
	Enter Net Total here and on	Line 9 of Page 2 (+ -	or -) of form 500	14.	

Georgia Form 500
Individual Income Tax Return
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845013 12-22-08



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		INE 17, PAGE 2 (see Tax Booklet				
1.	Other State(s) Tax Credit (see Tax	Booklet on Page 12)	▶ 1.			
2.	Low and Zero Emission Vehicle Credit					
3.	Retrofit Credit, Driver Education (Expense Credit, Georgia National	Physicians Credit, Disabled Person Ho Credit, Disaster Assistance Credit, Qua I Guard/Air National Guard Credit, Chili , Adoption Credit)	lifled Garegiving			
4.	Enter the total from Lines 1-3		> 4.			
5.	Now were the the amount of the	adit Type Code in the space provided.	LLC or Partnership Interest and Other Credits If you cialm more than four credits, enclose a schedul at of available credits and their applicable codes.			
	CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN			
6	. COMPANY NAME					
	CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN			
7	. COMPANY NAME					
	CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN			
	3. COMPANY NAME					
	CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN			
	9. Enter the total from Lines 5-8	and any enclosed schedules	> 9.			
	10. Enter the total of Lines 4 and	9 here and on Line 17, Pg 2 of 500 forr	n > 10.			

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Individual Income Tax Return Georgia Department of Revenue



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YOUR SOCIAL SECURITY NUMBER

DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500

SCHEDULE 3 C	OMPUTATION OF GEORGIA TAXA	BLE INCOME FOR ONLY PART-YEAR RESIDENTS ixable but other state(s) tax credit may apply. See Tax Boo	3 AND NON oklet, Page 10	RESIDENTS.), Line 17 and Page 12
FEDERAL INCOM	anomai sixie as a georgia fesicorris es de after georgia adjustment come (column a)	INCOME NOT TAXABLE TO GEORGIA INCOME (COLUMN B)		GEORGIA INCOME INCOME (COLUMN C)
1. WAG	BES, SALARIES, TIPS, etc	1. WAGES, SALARIES, TIPS, etc	1.	WAGES, SALARIES, TIPS, etc
2. INTE	ERESTS AND DIVIDENDS	2. INTERESTS AND DIVIDENDS	2.	INTERESTS AND DIVIDENDS
3, BUS	SINESS INCOME OR (LOSS)	3. BUSINESS INCOME OR (LOSS)	☐ ^{3.}	BUSINESS INCOME OR (LOSS)
4. OTH	HER INCOME OR (LOSS)	4. OTHER INCOME OR (LOSS)	□ 4.	OTHER INCOME OR (LOSS)
5. TO	TAL INCOME: TOTAL LINES 1 THRU 4	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	5,	TOTAL INCOME; TOTAL LINES 1 THRU 4
6, TO	OTAL ADJUSTMENTS FROM FORM 1040	6. TOTAL ADJUSTMENTS FROM FORM 1040	☐ s.	TOTAL ADJUSTMENTS FROM FORM 1040
	OTAL ADJUSTMENTS FROM FORM 500, CHEDULE 1, PAGE 4	7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4	7.	TOTAL ADJUSTMENTS FROM FORM 500, SOHEDULE 1, PAGE 4
	DJUSTED GROSS INCOME: INE 6 PLUS OR MINUS LINES 6 AND 7	8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 5 AND 7	8.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7
9. RATIO: I	Divide Line 8, Column C by Line 8, 0	Column A. Enter percentage	, ▶ 9.	% Not to exceed 100%
10. Itemized	d or Standard Deduction (see Tax B	Booklet, Page 14, Line 10)	, ▶ 10,	
11. Persona	al Exemption from Form 500, Page 2	2 (see Tax Booklet, Page 14, Line 11a-c)		
11a. Number	r on Line 6c. multiplied by 9	\$2,700	, > 11a.	
11b. Number	r on Line 7a. multiplied by	\$3,000	► 11b.	
11e. Add Lir	nes 11a. and 11b. Enter total		> 11c.	
12. Total D	eductions and Exemptions: Add Lir	nes 10 and 11c	> 12.	
13. Multiply	y Line 12 by Ratio on Line 9 and en	nter result	, 🕨 13,	
14. Georgi Enter h	a Taxable Income: Subtract Line 13 here and on Line 15, Page 2 of Form	n 500	> 14.	
List the state 845014 12-22-08 1		nn B was earned and/or to which it was reported 3,		



	0300400010			
	ersion 4			
	gia Form 500 (Rev. 11/08)			
	dual income Tax Return pla Department of Revenue Please check box If you DO NOT want a booklet next year			
-	· <u>hand</u> page	5		Page 1
				9
	our first name	MI	YOUR SOCIAL SECURITY NUMBER	
1. R	YO.	E		Special Program Gode
	Low halts		AHEEW	See Tax Booklet on Page 7
	AST NAME BARNES		SUFFIX	
1	ARNES			
s	POUSE'S FIRST NAME	M]	SPOUSE'S SOCIAL SECURITY NUMBER	
	IARIE			DEPARTMENT USE ONLY
	ast name		SUFFIX	ļ
E	BARNES			
	DEBERG ONLY DER SER STREET - D. G. DAM HE - A - A - A - A - A - A - A - A - A -	1 1 A	CHECK IF ADDRESS	
A . ر	DDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address 47 WHITLOCK AVENUE	ine tot Ab	it, stille or Building Number) HAS CHANGED	
٤. ٦	ET MILLIPOON PARIOR			
				<u> </u>
C	HTY		STATE ZIP CODE	
3. I	(ARIETTA		GA 30064	
{	COUNTRY IF FOREIGN)			
4 F	Story on Pariday of Chatta with the engraperate number			Residency Status 4 1
4. E	nter your Residency Status with the appropriate number			4, ш
1.	FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT		Υo	3. NONRESIDENT
	Part-Year Residents and Nonresidents must omit Lines	9 thru '	14 and use Schedule 3 of Form 500, page 6	
				Filing Status
5.				
	A. Single B. Married filing joint C. Married filing separate (spe	ouse's socia	al security number must be entered above) D. Head of Housen	old or Qualitying Widow(ar)
6.	Number of exemptions (Check appropriate box(es) and	enter to	otal in 6c.) 6a. Yourself 💢 6b. Spouse	X 6c. 2
7.				<u>// 00, 2</u>
	First Name, MI.		t Name	
	,			
	Social Security Number	Rela	ationship to You	
	First Name, MI.	Lact	t Name	
	enstrane, m.	Las	LNuite	
	Social Security Number	Rela	ationship to You	
	•			
	First Name, MI.	Las	t Name	
	Conial Convity Number	nat.	ationship to Vou	
	Social Security Number	Hela	ationship to You	

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Page 2

YOUR SOCIAL SECURITY NUMBER

7a. Number of Dependents (DO NOT include yourself or your spouse)	7a.
7b, Add Lines 6c and 7a, Enter total	7b. 2
If amount on line 8, 9, 10, 13 or 15 is negative, check box. Example: 🔀	
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income	8. 3 , 648 , 934 ne is less than your W-2's,
you must enclose a copy of your Federal Form 1040 Pages 1 and 2. 9. Adjustments from Schedule 1 (see Tax Bocklet on Page 9, Line 9)	9. 28,084
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	10. 3,677,018
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) See Tax Booklet on Page 10 Line 11	11a.
b. Self: 65 or over? Blind? Spouse; 65 or over? Blind?	
Total of boxes x 1,300= c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	11b. 11c.
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use Itemized deductions, you must a. Federal Itemized Deductions (Schedule A - Form 1040)	st enclose Federal Schedule A 12a. 480,321
b. Lass adjustments: see Tax Booklet on Page 10, Line 12	12b.
c. Georgia Total Itemized Deductions	120. 480,321
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	13. 3,196,697
14a. Number on Line 6c. 2 multiplied by \$2,700	14a 5,400
14b. Number on Line 7a. multiplied by \$3,000	14b.
14c. Add Lines 14a. and 14b. Entertotal	14c. 5,400
15, Georgia taxable Income (Line 13 less Line 14c or Schedule 3, Line 14)	15. 3,191,297
16. Tax (Use Tax Table in the Tax Booklet on Pages 17-19)	16. 191,218
17. Credits from Schedule 2, Page 5, Line 10 of Form 500 (Enter total but not more than the amount on Line 16)	17.
18. Balance (Line 16 less Line 17) If zero or less than zero, enter zero	18. 191,218
19. Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose W-2s, 1099s, etc.)	19,
20. Estimated Tax for 2008 and Form IT-560	20. 222,652
21. Low Income Credit (See Tax Booklet on Page 11) 21a. > 21b. >	21c.

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Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



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ZΨ	U8 Version 4				· · · · · · · · · · · · · · · · · · ·			
22.	Department Use Only DO NOT V	VRITE IN THIS BOX						
23.	Total prepayment credits (Add Lines 19, 20 and 2	10)		, >	23.	222,652		
24.	If Line 18 exceeds Line 23 enter BALANCE DUE S'	TATE		. 🕨	24.			
25.	If Line 23 exceeds Line 18 enter OVERPAYMENT	amount		. 🕨	25,	31,434		
26.	Amount to be credited to 2009 ESTIMATED TAX	·		, >	26.	31,262		
27.	Georgia Wildlife Conservation Fund (No gift of les	s than \$1.00)		, >	27,			
28.	Georgia Children and Elderly Fund (No gift of less	than \$1.00)		. 🕨	28.			
29.	Georgia Cancer Research Fund (No gift of less th	an \$1.00)		. ►	29.			
30.	Statewide Land Conservation Program (No gift of	less than \$1.00)		. 🗲	30,			
31.	Georgia National Guard Foundation (No gift of les	s than \$1.00}		. ►	31.			
32.	Dog & Cat Sterilization Fund (No gift of less than	\$1.00)		. 🗲	32,			
33.	Save the Cure Fund (No gift of less than \$1.00)	****		. •	33.			
34.	Georgia Student Finance Authority Fund (No gift	of less than \$1.00}		. ►	34.			
35.	Form 500 UET (Estimated tax penalty)			▶	35.	172		
				▶	36,			
37.	(If you are due a refund) Subtract the sum of Line THIS IS YOUR REFUND			▶	37,	0		
(F	(PAYMENT) Green Label: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 740399 ATLANTA, GA 30374-0399 (REFUND) Blue Label: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 740380 ATLANTA, GA 30374-0380							
	ENCLOSE ALL ITEMS IN RETURN ENVELOPE. DO NOT STAPLE YOUR CHECK, W-2'S OR TAX RETURN							
por	Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of GA. Under ponalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has knowledge.							

	PHONE NUMBER	
Taxpayer's Signature (Check box if deceased)	DATE	
Spouse's Signature (Check box if deceased) Do you want to authorize DOR to discuss this return with the named preparer. YES NO	DATE NAME OF PREPARER OTHER THAN TAXPAYER	
Signature of Preparer	PREPARER'S FEIN PREPARER'S SSN/PTIN	PHONE NUMBER (770) 422-0500
845011 12-22-08		



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SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see Tax Booklet on Pages 9 and 10) ADDITIONS to INCOME Interest on Non-Georgia Municipal and State Bonds 1. 2. Lump Sum Distributions 3. Federal deduction for income attributable to domestic production activities 3. (IRC Section 199) 116,853 SEE STATEMENT 1 4. Other (specify) 116,853 5. Total Additions (enter sum of Lines 1-4 here) SUBTRACTION from INCOME 6. Retirement Income Exclusion (see Tax Booklet on Page 11) a. Self: Date of Birth Date of Disability: Type of Disability: . 6a. b. Spouse: Date of Birth Date of Disability: Type of Disability: 6b. 7. Social Security Benefits (Taxable portion from Federal return) 8. Georgia Higher Education Savings Plan 9. Interest on United States Obligations (See Tax Booklet on Page 9) BONUS DEPRECIATION 10. Other Adjustments (specify) Adjustment Amount 77,013 ADJUSTMENT Adjustment Amount CROY K-1 JCWA/JGTRRA Adjustment Amount DEPRECIATION 11,756 Adjustment Amount Total 88,769

11. Total Subtractions (enter sum of Lines 6-10 here)

Enter Net Total here and on Line 9 of Page 2 (+ or -) of form 500

12. Net Adjustments (Line 5 less Line 11)

88,769

28,084

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SC	HEDULE 2 CREDITS for L	INE 17, PAGE 2 (see	Tax Booklet on Page 10)			
1.	Other State(s) Tax Credit (see Tax	Booklet on Page 12)	▶ 1.			
2.	Low and Zero Emission Vehicle C	redit	> 2.			
3.	Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Gredit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit)					
4.	Enter the total from Lines 1-3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ 4.			
	You must list the appropriate Cre	dit Type Code in the spac	or, S Corp., LLC or Partnership Interest and Other Credits se provided. If you claim more than four credits, enclose a schedule. se 13 for a list of available credits and their applicable codes.			
5.	COMPANY NAME					
	CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN			
6.	COMPANY NAME					
	CHEDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN			
7.	COMPANY NAME					
	CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN			
8.	COMPANY NAME					
	CREDIT CODE TYPE	FEIN	CREDIT CLAIMED ON THIS RETURN			
9,	Enter the total from Lines 5-8 and	d any enclosed schedules	▶ 9.			
10). Enter the total of Lines 4 and 9 h	nere and on Line 17, Pg 2	of 500 form ► 10.			

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DO NOT USE LINES 9 THRU 14 OF PAGE 2, FORM 500

Incom	eerned in another state as a Georgia resident is tax: RAL INCOME AFTER GEORGIA ADJUSTMENT INCOME (COLUMN A)	able but oth INCOM					
	1. WAGES, SALARIES, TIPS, etc	1.	WAGES, SALARIES, TIPS, etc	¹.	WAGES, SALARIES, TIPS, etc		
	2. INTERESTS AND DIVIDENDS	2.	INTERESTS AND DIVIDENDS	^{2.}	INTERESTS AND DIVIDENDS		
	3, BUSINESS INCOME OF (LOSS)	3.	BUSINESS INCOME OR (LOSS)	3.	BUSINESS INCOME OR (LOSS)		
[4. OTHER INCOME OR (LOSS)	□ 4.	OTHER INCOME OR (LOSS)	☐ ^{4.}	OTHER INCOME OR (LOSS)		
	5. TOTAL INCOME: TOTAL LINES 1 THRU 4	5.	TOTAL INCOME; TÓTAL LINES 1 THRU 4	☐ ^{6,}	TOTAL INCOME: TOTAL LINES 1 THRU 4		
[6. TOTAL ADJUSTMENTS FROM FORM 1040	<u> </u>	TOTAL ADJUSTMENTS FROM FORM 1040	G.	TOTAL ADJUSTMENTS FROM FORM 1040		
[7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4	7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4	7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4		
[8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8. 	ADJUSTED GROSS INCOME; LINE 5 PLUS OR MINUS LINES 6 AND 7	8.	ADJUSTED GROSS INCOME; LINE 5 PLUS OR MINUS LINES 6 AND 7		
9.	RATIO: Divide Line 8, Column C by Line 8, Col	umn A. Er	nter percentage	> 9.	% Not to exceed 100%		
10.	Itemized or Standard Deduction (see Tax Book	det, Page	14, Line 10)	▶ 10.	·		
11.	1. Personal Exemption from Form 500, Page 2 (see Tax Booklet, Page 14, Line 11a-c)						
11a.	Number on Line 6c, multiplied by \$2,	► 11a.					
11b.	Number on Line 7a. multiplied by \$3,						
11c.	Add Lines 11a. and 11b. Enter total						
12.	2. Total Deductions and Exemptions: Add Lines 10 and 11c 12.						
13. 14.	Multiply ⊔ne 12 by Ratio on Line 9 and enter i Georgia Taxable Income; Subtract Line 13 froi Enter here and on Line 15, Page 2 of Form 50	m Line 8, 4	Column C				

List the state(s) in which the Income in Column B was earned and/or to which it was reported. 845014 12-22-08 1. 3,

AS ORIGINALLY FILED