

2008

Amended

Form 1040X

(Rev. February 2009)

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

See separate instructions.

This return is for calendar year 2008, or fiscal year ended

| | | | | |
|----------------------|--|-----------|---------------------------------|--------------|
| Please print or type | Your first name and initial ROY E BARNES | Last name | Your social security number | |
| | If a joint return, spouse's first name and initial MARIE BARNES | Last name | Spouse's social security number | |
| | Home address (no. and street) or P.O. box if mail is not delivered to your home 447 WHITLOCK AVENUE | | Apt. no. | Phone number |
| | City, town or post office, state, and ZIP code MARIETTA, GA 30064 | | | |

- 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 it in our records? ☐ Yes ☐ No
- B Filing status. Be sure to complete this line. Note. You cannot change from joint to separate returns after the due date.
- On original return ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
- On this return ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)
- * If the qualifying person is a child but not your dependent, see page 4 of the instructions.

Use Part II on page 2 to explain any changes

| Income and Deductions (see instructions) | | A. Original amount or as previously adjusted (see page 4) | B. Net change - amount of increase or (decrease) - explain in Part II | C. Correct amount |
|---|--|---|---|-------------------|
| 1 | Adjusted gross income (see page 4) | 3648934. | <140,909.> | 3508025. |
| 2 | Itemized deductions or standard deduction (see page 4) | 480,321. | 1,409. | 481,730. |
| 3 | Subtract line 2 from line 1 | 3168613. | <142,318.> | 3026295. |
| 4 | Exemptions. If changing, fill in Parts I and II on page 2 (see page 5) | 4,666. | | 4,666. |
| 5 | Taxable income. Subtract line 4 from line 3 | 3163947. | <142,318.> | 3021629. |
| 6 | Tax (see page 5). Method used in col. C QDCGTW | 853,242. | <19,812.> | 833,430. |
| 7 | Credits (see page 6) | 10,294. | | 10,294. |
| 8 | Subtract line 7 from line 6. Enter the result but not less than zero | 842,948. | <19,812.> | 823,136. |
| 9 | Other taxes (see page 6) | 46,803. | | 46,803. |
| 10 | Total tax. Add lines 8 and 9 | 889,751. | <19,812.> | 869,939. |
| 11 | Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 6 | | | |
| 12 | Estimated tax payments, including amount applied from prior year's return | 79,616. | | 79,616. |
| 13 | Earned income credit (EIC) | | | |
| 14 | Additional child tax credit from Form 8812 | | | |
| 15 | Credits: Recovery rebate; federal telephone excise tax; or from Forms 2439, 4136, 5405, 8885, or 8801 (refundable credit only) | | | |
| 16 | Amount paid with request for extension of time to file (see page 6) | | | 975,000. |
| 17 | Amount of tax paid with original return plus additional tax paid after it was filed | | | |
| 18 | Total payments. Add lines 11 through 17 in column C | | | 1054616. |
| Refund or Amount You Owe | | | | |
| Note. Allow 8-12 weeks to process Form 1040X. | | | | |
| 19 | Overpayment, if any, as shown on original return or as previously adjusted by the IRS | | | 164,865. |
| 20 | Subtract line 19 from line 18 (see page 6) | | | 889,751. |
| 21 | Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6 | | | |
| 22 | If line 10, column C, is less than line 20, enter the difference | | | 19,812. |
| 23 | Amount of line 22 you want refunded to you | | | 19,812. |
| 24 | Amount of line 22 you want applied to your estimated tax | | | |

Sign Here
Joint return?
See page 4.
Keep a copy
for your
records.

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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date

Spouse's signature. If a joint return, both must sign.

Date

Paid
Preparer's
Use Only

Preparer's signature

Date

Check if
self-employed ☐

Preparer's SSN or PTIN

Firm's name (or
yours if self-
employed),
address, and
ZIP codeMOORE & CUBBEDGE, LLP
366 POWDER SPRINGS ST
MARIETTA, GA 30064

EIN 58-1113036

Phone no. (770) 422-0500

Part I Exemptions. See Form 1040 or 1040A Instructions.

Complete this part only if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina or for housing Midwestern displaced individuals.

A. Original number of exemptions reported or as previously adjusted

B. Net change

C. Correct number of exemptions

25 Yourself and spouse

25

Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.

26 Your dependent children who lived with you

26

27 Your dependent children who did not live with you due to divorce or separation

27

28 Other dependents

28

29 Total number of exemptions. Add lines 25 through 28

29

30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here.

| Tax year | Exemption amount | But see the instructions for line 4 on page 5 if the amount on line 1 is over: |
|----------|------------------|--|
| 2008 | \$3,500 | \$119,975 |
| 2007 | 3,400 | 117,300 |
| 2006 | 3,300 | 112,875 |
| 2005 | 3,200 | 109,475 |

30

31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 8 for 2008. If you are claiming an exemption amount for housing Midwestern displaced individuals, enter the amount from the 2008 Form 8914, line 2. (See instructions for line 4). Otherwise enter -0-

31

32 Add lines 30 and 31. Enter the result here and on line 4

32

33 Dependents (children and other) not claimed on original (or adjusted) return:

| (a) First name | Last name | (b) Dependent's social security number | (c) Dependent's relationship to you | (d) Check if qualifying child for child tax credit |
|----------------|-----------|--|-------------------------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

No. of children on 33 who:

• lived with you

☐

• did not live with you due to divorce or separation

☐

Dependents on 33 not entered above

☐**Part II Explanation of Changes**

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See pages 2 and 3 of the instructions. Also, check here ☐

RETURN IS BEING AMENDED TO REPORT THE FOLLOWING CHANGES:

1) CORRECT THE COST BASIS OF A SECURITY SALE REPORTED ON THE ORIGINAL RETURN

2) CORRECT THE REPORTING OF RENTAL PROPERTY DEPRECIATION

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.If 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 now wants to, check here ☐

Form **1040** EXTENSION GRANTED TO 10/15/09 **2008**
U.S. Individual Income Tax Return

(99)

IRS Use Only - Do not write or staple in this space.

| | | | |
|--|--|----------------------------|--|
| Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign | For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 | OMB No. 1545-0074 | |
| | Your first name and initial ROY E | Last name BARNES | Your social security number [REDACTED] |
| | If a joint return, spouse's first name and initial MARIE | Last name BARNES | Spouse's social security number [REDACTED] |
| | Home address (number and street). If you have a P.O. box, see page 14. 447 WHITLOCK AVENUE | | Apt. no. [REDACTED] |
| | City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. MARIETTA, GA 30064 | | You must enter ▲ your SSN(s) above. ▲ Checking a box below will not change your tax or refund. |

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) ☒ You ☒ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above

4 ☐ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) Is a qualifying child for child tax credit (see page 17) |
|----------------|-----------|--|-------------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Boxes checked on 6a and 6b: **2**

No. of children on 6a who:
☐ lived with you
☐ did not live with you due to divorce or separation (see page 16)

Dependents on 6a not entered above: **2**

d Total number of exemptions claimed **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **14,998.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a** **89,307.**

b Qualified dividends (see page 21) **9b** **89,307.**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12** **1,200,376.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13** **901,271.**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **15b** **1,453,780.**

16a Pensions and annuities **16a** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** **<215,511.>**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **20b**

21 Other income. List type and amount (see page 28)
BOARD FEES 100,000. **21** **100,000.**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22** **3,544,221.**

Adjusted Gross Income

23 Educator expenses (see page 28) **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 One-half of self-employment tax. Attach Schedule SE **27** **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 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.**

37 Subtract line 36 from line 22. This is your adjusted gross income **37** **3,508,025.**

810001
11-10-08

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88.

Form 1040 (2008)

As Amended

Tax and Credits

Standard Deduction for:

- People who checked any box on line 39a, 39b, or 39c of who can be claimed as a dependent.

- All others:
- Single or Married filing separately, \$5,450
- Married filing jointly or Qualifying widow(er), \$10,900
- Head of household, \$8,000

| | | | |
|-----|--|-----|------------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 3,508,025. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ... <input type="checkbox"/> 39a | | |
| | b If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ... <input type="checkbox"/> 39b | | |
| | c Check if standard deduction includes real estate taxes or disaster loss (see page 34) ... <input type="checkbox"/> 39c | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 481,730. |
| 41 | Subtract line 40 from line 38 | 41 | 3,026,295. |
| 42 | If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d | 42 | 4,666. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 3,021,629. |
| 44 | Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 44 | 833,430. |
| 45 | Alternative minimum tax. Attach Form 6251 | 45 | 0. |
| 46 | Add lines 44 and 45 | 46 | 833,430. |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | 6,726. |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| 49 | Credit for the elderly or the disabled. Attach Schedule R | 49 | |
| 50 | Education credits. Attach Form 8863 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit (see page 42). Attach Form 8901 if required | 52 | |
| 53 | Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | 3,568. |
| 55 | Add lines 47 through 54. These are your total credits | 55 | 10,294. |
| 56 | Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- | 56 | 823,136. |
| 57 | Self-employment tax. Attach Schedule SE | 57 | 45,455. |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60 | Additional taxes: a <input type="checkbox"/> AEIC payments b <input checked="" type="checkbox"/> Household employment taxes. Attach Schedule H | 60 | 1,348. |
| 61 | Add lines 56 through 60. This is your total tax | 61 | 869,939. |
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 | |
| 63 | 2008 estimated tax payments and amount applied from 2007 return | 63 | 79,616. |
| 64a | Earned income credit (EIC) | 64a | |
| 64b | Nontaxable combat pay election | 64b | |
| 65 | Excess social security and tier 1 RRTA tax withheld (see page 61) | 65 | |
| 66 | Additional child tax credit. Attach Form 8812 | 66 | |
| 67 | Amount paid with request for extension to file (see page 61) | 67 | 975,000. |
| 68 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 | 68 | |
| 69 | First-time homebuyer credit. Attach Form 5405 | 69 | |
| 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. |
| 72 | If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid | 72 | 184,677. |
| 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 73a | |
| 73b | Rolling number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> d Account number <input type="checkbox"/> | | |
| 74 | Amount of line 72 you want applied to your 2009 estimated tax | 74 | 184,677. |
| 75 | Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 | 75 | |
| 76 | Estimated tax penalty (see page 65) | 76 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? ☒ Yes. Complete the following. ☐ No

Sign Here

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | | | | |
|--|----------|------|--|---------------------|-----------|----------------------|--|
| Preparer's name | PREPARER | Date | | Your occupation | ATTORNEY | Daytime phone number | |
| Your signature | | Date | | Spouse's occupation | HOMEMAKER | | |
| Spouse's signature, if a joint return, both must sign. | | Date | | | | | |

Paid Preparer's Use Only

| | | | | | | | |
|--|--|------|--|------------------------|--------------------------|------------------------|--|
| Preparer's signature | | Date | | Check if self-employed | <input type="checkbox"/> | Preparer's SSN or PTIN | |
| Firm's name (or yours if self-employed), address, and ZIP code | MOORE & CUBBEDGE, LLP 366 POWDER SPRINGS ST MARIETTA, GA 30064 | | | EIN | [REDACTED] | | |
| 810002 11-10-08 | | | | Phone no. | (770) 422-0500 | | |

As Amended

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions

(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2008

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

ROY E & MARIE BARNES

| | | | | | |
|---|---|---|--|----|------------|
| Medical and Dental Expenses | | Caution. Do not include expenses reimbursed or paid by others. | | | |
| 1 | Medical and dental expenses (see page A-1) | 1 | | | |
| 2 | Enter amount from Form 1040, line 38 | 2 | | | |
| 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 Paid (See page A-2.) | | 5 State and local (check only one box): | | | |
| | | a <input checked="" type="checkbox"/> Income taxes, or | | 5 | 138,455. |
| | | b <input type="checkbox"/> General sales taxes | | 6 | 9,537. |
| | | 6 Real estate taxes (see page A-5) | | 7 | |
| | | 7 Personal property taxes | | 8 | |
| | | 8 Other taxes. List type and amount | | 9 | 147,992. |
| | | 9 Add lines 5 through 8 | | | |
| Interest You Paid (See page A-5.) | | 10 Home mortgage interest and points reported to you on Form 1098 | | 10 | 101,110. |
| | | 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-8 and show that person's name, identifying no., and address | | 11 | |
| | | 12 Points not reported to you on Form 1098 | | 12 | |
| | | 13 Qualified mortgage insurance premiums (See page A-6) | | 13 | |
| | | 14 Investment interest. Attach Form 4952 if required. (See page A-6.) STMT 5 | | 14 | 27,002. |
| | | 15 Add lines 10 through 14 | | 15 | 128,112. |
| Gifts to Charity If you made a gift and got a benefit for it, see page A-7. | | 16 Gifts by cash or check SEE STATEMENT 4 | | 16 | 239,107. |
| | | 17 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 | | 17 | |
| | | 18 Carryover from prior year | | 18 | |
| | | 19 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 and Certain Miscellaneous Deductions (See page A-9.) | | 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) | | 21 | |
| | | 22 Tax preparation fees | | 22 | 2,515. |
| | | 23 Other expenses - investment, safe deposit box, etc. List type and amount | | 23 | |
| | | 24 Add lines 21 through 23 | | 24 | 2,515. |
| | | 25 Enter amount from Form 1040, line 38 | | 25 | 3,508,025. |
| | | 26 Multiply line 25 by 2% (.02) | | 26 | 70,161. |
| | | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 | 0. |
| Other Miscellaneous Deductions | | 28 Other - from list on page A-10. List type and amount | | 28 | |
| Total Itemized Deductions | | 29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)? | | 29 | 481,730. |
| | | <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | | |
| | | <input checked="" type="checkbox"/> 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
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

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.

OMB No. 1545-0074

2008

Attachment
Sequence No. 12

Your social security number

ROY E & MARIE BARNES

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss) Subtract (e) from (d) |
|--|---|----------------------------------|-----------------|----------------------------|---|
| 1 WACHOVIA SECURITIES | | | 420,229. | 645,544. | <225,315.> |
| WACHOVIA SECURITIES | | | 16,157. | 50,507. | <34,350.> |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | | 2 | | | |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) | | 3 | 436,386. | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the Instructions | | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | | | | 7 | <259,665.> |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|----------------------------------|-----------------|----------------------------|---|
| 8 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. Add lines 8 and 9 in column (d) | | 10 | 1,292,887. | | |
| 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 | | | | 14 | () |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2 | | | | 15 | 1,160,936. |

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

Schedule D (Form 1040) 2008

Part III Summary

| | | | |
|--|---|----|----------|
| 16 | Combine lines 7 and 15 and enter the result | 16 | 901,271. |
| <p>If line 16 is:</p> <ul style="list-style-type: none"> • 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? | | |
| | <input checked="" type="checkbox"/> Yes. Go to line 18. | | |
| | <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22. | | |
| 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? | | |
| | <input checked="" type="checkbox"/> 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. | | |
| | <input type="checkbox"/> 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: | 21 | |
| | <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) | | |
| <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p> | | | |
| 22 | Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? | | |
| | <input checked="" type="checkbox"/> 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). | | |
| | <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR. | | |

Schedule D (Form 1040) 2008

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return

ROY E & MARIE BARNES

Your SSN

Before you begin: ✓ See the instructions for line 44 that begin on page 38 to see if you can use this worksheet to figure your tax.

✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

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 1. 3,021,629.
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 16 of Schedule D. If either line 15 or line 16 is a loss, enter -0- 3. 901,271.
- ☐ No. Enter the amount from Form 1040, line 13 4. 990,578.
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.
8. Enter the smaller of:
 - The amount on line 1, or
 - \$32,550 if single or married filing separately,
 - \$65,100 if married filing jointly or qualifying widow(er),
 - \$43,650 if head of household.
 8. 65,100.
9. Is the amount on line 7 equal to or more than the amount on line 8?
 - ☒ 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 10. _____
11. Are the amounts on lines 6 and 10 the same?
 - ☐ Yes. Skip lines 11 through 14; go to line 15.
 - ☒ No. Enter the smaller of line 1 or line 6 11. 978,574.
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 applies 15. 686,644.
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)

 Department of the Treasury
Internal Revenue Service (98)

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

2008

 Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

ROY E & MARIE BARNES
Part I **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

| 1 List the type and address of each rental real estate property: | | 2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: | | Yes | No |
|--|---|--|--|-----|----|
| A | B | 14 days or | 10% of the total days rented at fair rental value? | A | X |
| A | HOUSES - BARNES LAND & INVESTMENTS, LLC | | | | |
| B | | | | | |
| C | | | | | |

| Income: | | Properties | | | Totals (Add columns A, B, and C.) | |
|--|----|------------|---|---|--------------------------------------|------------|
| | | A | B | C | | |
| 3 Rents received | 3 | 265,038. | | | 3 | 265,038. |
| 4 Royalties received | 4 | | | | 4 | |
| Expenses: | | | | | | |
| 5 Advertising | 5 | | | | | |
| 6 Auto and travel (see page E-4) | 6 | | | | | |
| 7 Cleaning and maintenance | 7 | | | | | |
| 8 Commissions | 8 | | | | | |
| 9 Insurance | 9 | 20,572. | | | | |
| 10 Legal and other professional fees | 10 | 4,000. | | | | |
| 11 Management fees | 11 | | | | | |
| 12 Mortgage interest paid to banks, etc. (see page E-5) | 12 | | | | 12 | |
| 13 Other interest | 13 | 116,090. | | | | |
| 14 Repairs | 14 | 15,463. | | | | |
| 15 Supplies | 15 | 25,642. | | | | |
| 16 Taxes | 16 | 90,653. | | | | |
| 17 Utilities | 17 | 11,259. | | | | |
| 18 Other (list) SEE STATEMENT 8 | 18 | 92,987. | | | | |
| 19 Add lines 5 through 18 | 19 | 376,666. | | | 19 | 376,666. |
| 20 Depreciation expense or depletion (see page E-5) | 20 | 102,722. | | | 20 | 102,722. |
| 21 Total expenses. Add lines 19 and 20 | 21 | 479,388. | | | | |
| 22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198 | 22 | <214,350.> | | | | |
| 23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 23 | 214,350. | | | | |
| 24 Income. Add positive amounts shown on line 22. Do not include any losses | 24 | | | | 24 | 0. |
| 25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | 25 | | | | 25 | 214,350. |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | | 26 | <214,350.> |

| | | |
|------------|-------------------------------|-------------|
| SCHEDULE A | ITEMIZED DEDUCTIONS WORKSHEET | STATEMENT 6 |
|------------|-------------------------------|-------------|

| | |
|---|------------|
| 1. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 | 515,211. |
| 2. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. ALSO INCLUDE IN THE TOTAL ANY AMOUNT INCLUDED ON SCHEDULE A, LINE 16, THAT YOU ELECTED TO TREAT AS QUALIFIED CONTRIBUTIONS FOR RELIEF EFFORTS IN A MIDWESTERN DISASTER AREA | 27,002. |
| 3. IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1 | 488,209. |
| 4. MULTIPLY LINE 3 BY 80% (.80) | 390,567. |
| 5. ENTER THE AMOUNT FROM FORM 1040, LINE 38. | 3,508,025. |
| 6. ENTER: \$159,950 (\$79,975 IF MARRIED FILING SEPARATELY) | 159,950. |
| 7. IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5 | 3,348,075. |
| 8. MULTIPLY LINE 7 BY 3% (.03) | 100,442. |
| 9. ENTER THE SMALLER OF LINE 4 OR LINE 8 | 100,442. |
| 10. DIVIDE LINE 9 BY 1.5 | 66,961. |
| 11. SUBTRACT LINE 10 FROM LINE 9 | 33,481. |
| 12. TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29 | 481,730. |

| | | |
|------------|----------------|-------------|
| SCHEDULE C | OTHER EXPENSES | STATEMENT 7 |
|------------|----------------|-------------|

| DESCRIPTION | AMOUNT |
|------------------------------|------------|
| CONTINUING EDUCATION | 9,360. |
| LIBRARY | 33,476. |
| PROFESSIONAL DUES | 28,011. |
| CLIENT COSTS | 624,289. |
| STORAGE | 5,187. |
| POSTAGE | 14,577. |
| TELEPHONE | 11,983. |
| FIRM DEVELOPMENT | 307,681. |
| EQUIPMENT MAINTENANCE | 44,101. |
| SUBSCRIPTIONS | 2,297. |
| MISCELLANEOUS | 2,073. |
| AMORTIZATION | 1,710. |
| TOTAL TO SCHEDULE C, LINE 48 | 1,084,745. |

Alternative Minimum Tax - Individuals

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2008

Attachment
Sequence No. 32

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

Your social security number

ROY E & MARIE BARNES

Part I 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, 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 negative amount.) | 1 | 3,026,295. |
| 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 | |
| 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.> |
| 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) | 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 29 is more than \$214,900, see instructions) | 29 | 3,141,605. |

Part II Alternative Minimum Tax (AMT)

| | | |
|---|----|------------|
| 30 Exemption. (If you were under age 24 at the end of 2008, see instructions.) IF your filing status is ... AND line 29 is not over ... THEN enter on line 30 ... Single or head of household \$112,500 \$46,200 Married filing jointly or qualifying widow(er) 150,000 69,950 Married filing separately 75,000 34,975 If line 29 is over the amount shown above for your filing status, see instructions. | 30 | 0. |
| 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 filing 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, 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 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. | 32 | 748,935. |
| 33 Alternative minimum tax foreign tax credit (see instructions) | 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). 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. |

Part III Tax Computation Using Maximum Capital Gains Rates

| | | |
|---|----|------------|
| 37 Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions | 37 | 3,141,605. |
| 38 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 line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 38 | 978,574. |
| 39 Enter the amount from Schedule D (Form 1040), line 19 (as figured 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 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 figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 40 | 978,574. |
| 41 Enter the smaller of line 37 or line 40 | 41 | 978,574. |
| 42 Subtract line 41 from line 37 | 42 | 2,163,031. |
| 43 If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 43 | 602,149. |
| 44 Enter: <ul style="list-style-type: none"> • \$65,100 if married filing jointly or qualifying widow(er), • \$32,550 if single or married filing separately, or • \$43,650 if head of household. | 44 | 65,100. |
| 45 Enter the amount from line 7 of the Qualified Dividends and Capital Gain 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 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 | 2,043,055. |
| 46 Subtract line 45 from line 44. If zero or less, enter -0- | 46 | 0. |
| 47 Enter the smaller of line 37 or line 38 | 47 | 978,574. |
| 48 Enter the smaller of line 46 or line 47 | 48 | |
| 49 Subtract line 48 from line 47 | 49 | 978,574. |
| 50 Multiply line 49 by 15% (.15) If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. | 50 | 146,786. |
| 51 Subtract line 47 from line 41 | 51 | |
| 52 Multiply line 51 by 25% (.25) | 52 | |
| 53 Add lines 43, 50, and 52 | 53 | 748,935. |
| 54 If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 54 | 876,149. |
| 55 Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the instructions | 55 | 748,935. |

Form 6251 (2008)

Form **1040** EXTENSION GRANTED TO 10/15/09 **2008**
U.S. Individual Income Tax Return

(99)

IRS Use Only - Do not write or staple in this space.

| | | | | |
|--|-------------------|--|----------------------------|---|
| Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign | Label Here | For the year Jan. 1-Dec. 31, 2008, or other tax year beginning _____, 2008, ending _____, 20 | OMB No. 1545-0074 | |
| | | Your first name and initial ROY E | Last name BARNES | Your social security number [REDACTED] |
| | | If a joint return, spouse's first name and initial MARIE | Last name BARNES | Spouse's social security number [REDACTED] |
| | | Home address (number and street). If you have a P.O. box, see page 14. 447 WHITLOCK AVENUE | | Apt. no. [REDACTED] |
| | | City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. MARIETTA, GA 30064 | | You must enter your SSN(s) above. ▲ |
| Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse | | Checking a box below will not change your tax or refund. | | |

Filing Status

| | |
|--|--|
| 1 <input type="checkbox"/> Single | 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ |
| 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 16) |
| 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ | |

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) If you are claiming child tax credit (see page 17) |
|----------------|-----------|--|-------------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:
 • lived with you
 • did not live with you due to divorce or separation (see page 16)

Dependents on 6c not entered above: **2**

d Total number of exemptions claimed: **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**

8a Taxable interest. Attach Schedule B if required **8a 14,998.**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a 89,307.**

b Qualified dividends (see page 21) **9b 89,307.**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12 1,200,376.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13 1,051,271.**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount **15b 1,453,780.**

16a Pensions and annuities **16a** b Taxable amount **16b <224,602.>**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount (see page 26) **20b**

21 Other income. List type and amount (see page 28)
BOARD FEES 100,000. **21 100,000.**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **22 3,685,130.**

Adjusted Gross Income

23 Educator expenses (see page 28) **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 One-half of self-employment tax. Attach Schedule SE **27 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 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.**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 3,648,934.**

810001
11-10-08

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 88.

Form 1040 (2008)

AS ORIGINALLY FILED

Tax and Credits**Standard Deduction for -**

• People who checked any box on line 38a, 38b, or 38c or who can be claimed as a dependent.

• All others:
Single or Married filing separately, \$5,450

Married filing jointly or Qualifying widow(er), \$10,900

Head of household, \$8,000

| | | | |
|-----|---|-----|------------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 3,648,934. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked ... | 39a | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here | 39b | |
| c | Check if standard deduction includes real estate taxes or disaster loss (see page 34) | 39c | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 480,321. |
| 41 | Subtract line 40 from line 38 | 41 | 3,168,613. |
| 42 | If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d | 42 | 4,666. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 3,163,947. |
| 44 | Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 44 | 853,242. |
| 45 | Alternative minimum tax. Attach Form 6251 | 45 | 0. |
| 46 | Add lines 44 and 45 | 46 | 853,242. |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | 6,726. |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | |
| 49 | Credit for the elderly or the disabled. Attach Schedule R | 49 | |
| 50 | Education credits. Attach Form 8863 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit (see page 42). Attach Form 8901 if required | 52 | |
| 53 | Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5895 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | 3,568. |
| 55 | Add lines 47 through 54. These are your total credits | 55 | 10,294. |
| 56 | Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- | 56 | 842,948. |
| 57 | Self-employment tax. Attach Schedule SE | 57 | 45,455. |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60 | Additional taxes: a <input type="checkbox"/> AEIC payments b <input checked="" type="checkbox"/> Household employment taxes. Attach Schedule H | 60 | 1,348. |
| 61 | Add lines 56 through 60. This is your total tax | 61 | 889,751. |

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|--|-----|------------|
| 62 | Federal income tax withheld from Forms W-2 and 1099 | 62 | |
| 63 | 2008 estimated tax payments and amount applied from 2007 return | 63 | 79,616. |
| 64a | Earned income credit (EIC) | 64a | |
| b | Nontaxable combat pay election | 64b | |
| 65 | Excess social security and tier 1 RRTA tax withheld (see page 61) | 65 | |
| 66 | Additional child tax credit. Attach Form 8812 | 66 | |
| 67 | Amount paid with request for extension to file (see page 61) | 67 | 975,000. |
| 68 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 | 68 | |
| 69 | First-time homebuyer credit. Attach Form 5405 | 69 | |
| 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

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

| | | | |
|-----|---|-----|--|
| 72 | If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid | 72 | 164,430. |
| 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here | 73a | |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | | |
| 74 | Amount of line 72 you want applied to your 2009 estimated tax | 74 | 164,430. |

Amount You Owe

| | | | |
|----|---|----|------|
| 75 | Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65 | 75 | |
| 76 | Estimated tax penalty (see page 65) | 76 | 435. |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? ☒ Yes. Complete the following. ☐ No

Sign Here

Joint return? See page 16. Keep a copy for your records.

| | | |
|--|-----------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
| PREPARER | | |
| Your signature | Date | Your occupation |
| | | ATTORNEY |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation |
| | | HOMEMAKER |

Paid Preparer's**Use Only**

| | | |
|--|------------------------|------------------------|
| Preparer's signature | Check if self-employed | Preparer's SSN or PTIN |
| | | |
| Firm's name (or yours if self-employed), address, and ZIP code | EIN | Phone no. |
| MOORE & CUBBEDGE, LLP | | (770) 422-0500 |
| 366 POWDER SPRINGS ST | | |
| MARIETTA, GA 30064 | | |

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A - Itemized Deductions

(Schedule B is on page 2)

▶ Attach to Form 1040. ▶ See Instructions for Schedules A&B (Form 1040).

OMB No. 1545-0074

2008

Attachment
Sequence No. 07

Your social security number

ROY E & MARIE BARNES

| | | | |
|---|---|----|------------|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | |
| 1 | Medical and dental expenses (see page A-1) | 1 | |
| 2 | Enter amount from Form 1040, line 38 | 2 | |
| 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 Paid (See page A-2.) | 5 State and local (check only one box): | 5 | 138,455. |
| | a <input checked="" type="checkbox"/> Income taxes, or | | |
| | b <input type="checkbox"/> General sales taxes | | |
| | 6 Real estate taxes (see page A-5) | 6 | 9,537. |
| | 7 Personal property taxes | 7 | |
| | 8 Other taxes. List type and amount | 8 | |
| | 9 Add lines 5 through 8 | 9 | 147,992. |
| Interest You Paid (See page A-5.) | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | 101,110. |
| | 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, identifying no., and address | 11 | |
| Note. Personal interest is not deductible. | 12 Points not reported to you on Form 1098 | 12 | |
| | 13 Qualified mortgage insurance premiums (See page A-6) | 13 | |
| | 14 Investment interest. Attach Form 4952 if required. (See page A-6.) STMT 5 | 14 | 27,002. |
| | 15 Add lines 10 through 14 | 15 | 128,112. |
| Gifts to Charity If you made a gift and got a benefit for it, see page A-7. | 16 Gifts by cash or check | 16 | 239,107. |
| | 17 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 | 17 | |
| | 18 Carryover from prior year | 18 | |
| | 19 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 and Certain Miscellaneous Deductions (See page A-9.) | 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-9.) | 21 | |
| | 22 Tax preparation fees | 22 | 2,515. |
| | 23 Other expenses - investment, safe deposit box, etc. List type and amount | 23 | |
| | 24 Add lines 21 through 23 | 24 | 2,515. |
| | 25 Enter amount from Form 1040, line 38 | 25 | 3,648,934. |
| | 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 Miscellaneous Deductions | 28 Other - from list on page A-10. List type and amount | 28 | |
| Total Itemized Deductions | 29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter. STMT 6 | 29 | 480,321. |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | |

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (89)

Name(s) shown on return

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.

OMB No. 1545-0074

2008

Attachment
Sequence No. 12

Your social security number

ROY E & MARIE BARNES

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss) Subtract (e) from (d) |
|--|---|----------------------------------|-----------------|----------------------------|---|
| 1 WACHOVIA SECURITIES | | | 420,229. | 495,544. | <75,315.> |
| WACHOVIA SECURITIES | | | 16,157. | 50,507. | <34,350.> |
| | | | | | |
| | | | | | |
| | | | | | |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2 | | 2 | | | |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d) | | 3 | 436,386. | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 | |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 | |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f) | | | | 7 | <109,665.> |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold (Mo., day, yr.) | (d) Sales price | (e) Cost or other basis | (f) Gain or (loss) Subtract (e) from (d) |
|---|---|----------------------------------|-----------------|----------------------------|---|
| 8 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. Add lines 8 and 9 in column (d) | | 10 | 1,292,887. | | |
| 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 | | | | 14 | () |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2 | | | | 15 | 1,160,936. |

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

Schedule D (Form 1040) 2008

Part III Summary

16 Combine lines 7 and 15 and enter the result

16

1,051,271.

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?



Yes. Go to line 18.



No. Skip lines 18 through 21, and go to line 22.

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?



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
- (\$3,000), or if married filing separately, (\$1,500)

21

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?



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.

Schedule D (Form 1040) 2008

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Name(s) shown on return

ROY E & MARIE BARNES

Your SSN

Before you begin: ✓ See the instructions for line 44 that begin on page 36 to see if you can use this worksheet to figure your tax.

✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

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 1. 3,163,947.
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 a loss, enter -0- 3. 1,051,271.
 - ☐ **No.** Enter the amount from Form 1040, line 13 4. 1,140,578.
4. Add lines 2 and 3 4. 1,140,578.
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. 1,128,574.
7. Subtract line 6 from line 1. If zero or less, enter -0- 7. 2,035,373.
8. Enter the smaller of:
 - The amount on line 1, or
 - \$32,550 if single or married filing separately,
 - \$65,100 if married filing jointly or qualifying widow(er),
 - \$43,850 if head of household.8. 65,100.
9. Is the amount on line 7 equal to or more than the amount on line 8?
 - ☒ **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 10.
11. Are the amounts on lines 6 and 10 the same?
 - ☐ **Yes.** Skip lines 11 through 14; go to line 15.
 - ☒ **No.** Enter the **smaller** of line 1 or line 6 11. 1,128,574.
12. Enter the amount from line 10 (if line 10 is blank, enter -0-) 12. 0.
13. Subtract line 12 from line 11 13. 1,128,574.
14. Multiply line 13 by 15% (.15) 14. 169,286.
15. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applies 15. 683,956.
16. Add lines 14 and 15 16. 853,242.
17. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applies 17. 1,078,956.
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. 853,242.

* 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)

Department of the Treasury
Internal Revenue Service (99)

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

2008

Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

ROY E & MARIE BARNES

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

| 1 | List the type and address of each rental real estate property: | 2 | For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of: | Yes | No |
|---|--|---|--|-----|----|
| A | HOUSES - BARNES LAND & INVESTMENTS, LLC | | • 14 days or | | X |
| B | | | • 10% of the total days rented at fair rental value? | | |
| C | | | (See page E-3.) | | |

| Income: | | Properties | | | Totals | |
|------------------|---|------------|---|---|----------------------------|-------------|
| | | A | B | C | (Add columns A, B, and C.) | |
| 3 | Rents received | 265,038. | | | 3 | 265,038. |
| 4 | Royalties received | | | | 4 | |
| Expenses: | | | | | | |
| 5 | Advertising | | | | | |
| 6 | Auto and travel (see page E-4) | | | | | |
| 7 | Cleaning and maintenance | | | | | |
| 8 | Commissions | | | | | |
| 9 | Insurance | 20,572. | | | | |
| 10 | Legal and other professional fees | 4,000. | | | | |
| 11 | Management fees | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see page E-5) | | | | 12 | |
| 13 | Other interest | 116,090. | | | | |
| 14 | Repairs | 15,463. | | | | |
| 15 | Supplies | 25,642. | | | | |
| 16 | Taxes | 90,653. | | | | |
| 17 | Utilities | 11,259. | | | | |
| 18 | Other (list) SEE STATEMENT 8 | 92,987. | | | | |
| 19 | Add lines 5 through 18 | 376,666. | | | 19 | 376,666. |
| 20 | Depreciation expense or depletion (see page E-5) | 111,813. | | | 20 | 111,813. |
| 21 | Total expenses. Add lines 19 and 20 | 488,479. | | | | |
| 22 | Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198. | <223,441.> | | | | |
| 23 | Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2 | 223,441. | | | | |
| 24 | Income. Add positive amounts shown on line 22. Do not include any losses | | | | 24 | 0. |
| 25 | Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here | | | | 25 | (223,441.) |
| 26 | Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | | | | 26 | <223,441.> |

| SCHEDULE A | ITEMIZED DEDUCTIONS WORKSHEET | STATEMENT 6 |
|------------|--|-------------|
| 1. | ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 | 515,211. |
| 2. | ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE A, LINES 4, 14, AND 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28. ALSO INCLUDE IN THE TOTAL ANY AMOUNT INCLUDED ON SCHEDULE A, LINE 16, THAT YOU ELECTED TO TREAT AS QUALIFIED CONTRIBUTIONS FOR RELIEF EFFORTS IN A MIDWESTERN DISASTER AREA | 27,002. |
| 3. | IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 2 FROM LINE 1 | 488,209. |
| 4. | MULTIPLY LINE 3 BY 80% (.80) | 390,567. |
| 5. | ENTER THE AMOUNT FROM FORM 1040, LINE 38. | 3,648,934. |
| 6. | ENTER: \$159,950 (\$79,975 IF MARRIED FILING SEPARATELY) | 159,950. |
| 7. | IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? IF NO, YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 29. IF YES, SUBTRACT LINE 6 FROM LINE 5 | 3,488,984. |
| 8. | MULTIPLY LINE 7 BY 3% (.03) | 104,670. |
| 9. | ENTER THE SMALLER OF LINE 4 OR LINE 8 | 104,670. |
| 10. | DIVIDE LINE 9 BY 1.5 | 69,780. |
| 11. | SUBTRACT LINE 10 FROM LINE 9 | 34,890. |
| 12. | TOTAL ITEMIZED DEDUCTIONS. SUBTRACT LINE 11 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 29 | 480,321. |

| SCHEDULE C | OTHER EXPENSES | STATEMENT 7 |
|------------------------------|----------------|-------------|
| DESCRIPTION | AMOUNT | |
| CONTINUING EDUCATION | 9,360. | |
| LIBRARY | 33,476. | |
| PROFESSIONAL DUES | 28,011. | |
| CLIENT COSTS | 624,289. | |
| STORAGE | 5,187. | |
| POSTAGE | 14,577. | |
| TELEPHONE | 11,983. | |
| FIRM DEVELOPMENT | 307,681. | |
| EQUIPMENT MAINTENANCE | 44,101. | |
| SUBSCRIPTIONS | 2,297. | |
| MISCELLANEOUS | 2,073. | |
| AMORTIZATION | 1,710. | |
| TOTAL TO SCHEDULE C, LINE 48 | 1,084,745. | |

AS ORIGINALLY FILED

Alternative Minimum Tax - Individuals

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2008

Attachment
Sequence No. 32

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

Your social security number

ROY E & MARIE BARNES

Part I Alternative Minimum Taxable Income

| | | |
|---|----|------------|
| 1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8814, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8814, line 2), and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 3,168,613. |
| 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 | |
| 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 | <34,890.> |
| 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) | 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 29 is more than \$214,900, see instructions) | 29 | 3,282,514. |

Part II Alternative Minimum Tax (AMT)

| | | |
|---|----|------------|
| 30 Exemption. (If you were under age 24 at the end of 2008, see instructions.) IF your filing status is ... AND line 29 is not over ... THEN enter on line 30 ... Single or head of household \$112,500 \$46,200 Married filing jointly or qualifying widow(er) 150,000 69,950 Married filing separately 75,000 34,975 If line 29 is over the amount shown above for your filing status, see instructions. | 30 | 0. |
| 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 | 3,282,514. |
| 32 • If you are filing 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, 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 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. | 32 | 768,889. |
| 33 Alternative minimum tax foreign tax credit (see instructions) | 33 | 6,726. |
| 34 Tentative minimum tax. Subtract line 33 from line 32 | 34 | 762,163. |
| 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 | 35 | 846,516. |
| 36 AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | 36 | 0. |

Part III Tax Computation Using Maximum Capital Gains Rates

| | | | |
|--|--|----|------------|
| 37 | Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 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 Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 38 | 1,128,574. |
| 39 | Enter the amount from Schedule D (Form 1040), line 19 (as figured 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 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 figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter | 40 | 1,128,574. |
| 41 | Enter the smaller of line 37 or line 40 | 41 | 1,128,574. |
| 42 | Subtract line 41 from line 37 | 42 | 2,153,940. |
| 43 | If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 43 | 599,603. |
| 44 | Enter: <ul style="list-style-type: none"> • \$65,100 if married filing jointly or qualifying widow(er), • \$32,550 if single or married filing separately, or • \$43,650 if head of household. | 44 | 65,100. |
| 45 | Enter the amount from line 7 of the Qualified Dividends and Capital Gain 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 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. |
| 46 | Subtract line 45 from line 44. If zero or less, enter -0- | 46 | 0. |
| 47 | Enter the smaller of line 37 or line 38 | 47 | 1,128,574. |
| 48 | Enter the smaller of line 46 or line 47 | 48 | |
| 49 | Subtract line 48 from line 47 | 49 | 1,128,574. |
| 50 | Multiply line 49 by 15% (.15) | 50 | 169,286. |
| If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. | | | |
| 51 | Subtract line 47 from line 41 | 51 | |
| 52 | Multiply line 51 by 25% (.25) | 52 | |
| 53 | Add lines 43, 50, and 52 | 53 | 768,889. |
| 54 | If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result | 54 | 915,604. |
| 55 | Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the instructions | 55 | 768,889. |

Form 6251 (2008)

Georgia Form 500X (Rev. 4/09)
Amended Individual Income Tax Return



0900505015

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

Net Operating Loss ☐ Amended ☒ Change of Address ☐

Please answer all questions, fill in all applicable items, and explain changes on Page 2.

| | | | | | |
|--|---|---|------------------------------------|-----------------------------------|---------------------|
| Please Print OR Type | First name and initial (If joint return, use first names and middle initials of both) Last Name | | Your Social Security Number | | |
| | ROY E & MARIE BARNES | | | | |
| | Home Address (Number and Street or rural route) | | Spouse's Social Security Number | | |
| | 447 WHITLOCK AVENUE | | | | |
| | City, Town or Post Office | County | State | ZIP Code | |
| | MARIETTA | | GA | 30064 | |
| Filing Status Claimed | Single | Married Filing Jointly | Married Filing Separately | Head of Household | Surviving Widow(er) |
| | On Original Return [] | [X] | [] | [] | [] |
| | On This Return [] | [X] | [] | [] | [] |
| Note: You cannot change from Married filing jointly to Married filing separately after the due date of the return. | | | | | |
| Residency | On Original Return [X] | Full Year Resident [] | Part Year Resident From [] To [] | Nonresident [] | |
| | On This Return [X] | Full Year Resident [] | Part Year Resident From [] To [] | Nonresident [] | |
| Was a Federal Amended Return Filed? [X] Yes [] No - If YES, Please Attach Copy. | | | | | |
| Calendar Year 2008 or Fiscal Year Ending | | A As originally reported or as adjusted | | B Net Change Increase or Decrease | |
| Explain all changes on Page 2 | | | | C Correct Amount | |
| 1. Total Income (Georgia adjusted gross income) Form 500. Explain any changes on Page 2 | | 3,677,018. | | <140,909.> 3,536,109. | |
| 2. Standard or itemized deductions | | 480,321. | | 1,409. 481,730. | |
| 3. Exemptions. If changing fill in Part I and Part IV of Page 2 | | 5,400. | | 5,400. | |
| 4. Taxable Income. Subtract Lines 2 and 3 from Line 1 | | 3,191,297. | | <142,318.> 3,048,979. | |
| 5. Total Tax | | 191,218. | | <8,539.> 182,679. | |
| PAYMENTS AND CREDITS | | | | | |
| 6. Georgia Income Tax Withheld | | | | | |
| 7. Other Credits | | | | | |
| 8. Estimated Tax Payments: Georgia Form 500 | | 222,652. | | 222,652. | |
| 9. Amount paid with original return, plus additional payments made after it was filed | | | | 0. | |
| 10. Total of Lines 6 through 9, Column C | | | | 222,652. | |
| REFUND OR BALANCE DUE | | | | | |
| 11. Overpayment, if any, shown on original return: Georgia Form 500 | | | | 31,434. | |
| 12. Subtract Line 11 from Line 10 and enter result | | | | 191,218. | |
| 13. If Line 5, Column C is more than Line 12, enter Balance Due | | | | | |
| 14. Add interest (1% per month from the due date) | | | | | |
| 15. Total of Lines 13 and 14. Pay in full with this Return | | | | | |
| 16. If Line 5, Column C is less than Line 12, enter refund to be received | | | | 8,539. | |

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 true, correct, and complete.

Sign Here
Your Signature _____ Date _____ Spouse's Signature _____ Date _____

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

Department Use Only

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.

500X

| Part I. - Exemptions | | | | | | | | | | | | | | | | | |
|---|------------|---|--|-----------------------------|----------------------|---------|------------|-----------------------------|--------|--|----------|--------|-------------------------------|-----|-----|-----|-----|
| 1. Number of exemptions claimed on original return | | | | | 2 | | | | | | | | | | | | |
| 2. Number of exemptions claimed on this return | | | | | 2 | | | | | | | | | | | | |
| 3. Difference, if any | | | | | | | | | | | | | | | | | |
| Dependents (children and other) not claimed on the original (or adjusted) return: | | | | | | | | | | | | | | | | | |
| If more than three additional dependents, attach a list | First Name | Last | Social Security Number | Relationship to you | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 4. Additional Standard Deduction for Yourself and Spouse <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Regular</td> <td style="width: 10%; border: none;">66 or over</td> <td style="width: 10%; border: none;">Blind</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="border: none;">(Check only those boxes not checked on original return and only if Standard Deduction is used)</td> <td style="border: none;">Yourself</td> <td style="border: none;">Spouse</td> <td style="border: none;">Enter Number of boxes checked</td> </tr> <tr> <td style="border: none;">[]</td> <td style="border: none;">[]</td> <td style="border: none;">[]</td> <td style="border: none;">[]</td> </tr> </table> | | | | | | Regular | 66 or over | Blind | | (Check only those boxes not checked on original return and only if Standard Deduction is used) | Yourself | Spouse | Enter Number of boxes checked | [] | [] | [] | [] |
| Regular | 66 or over | Blind | | | | | | | | | | | | | | | |
| (Check only those boxes not checked on original return and only if Standard Deduction is used) | Yourself | Spouse | Enter Number of boxes checked | | | | | | | | | | | | | | |
| [] | [] | [] | [] | | | | | | | | | | | | | | |
| Part II. - Computation of Georgia Taxable Income for part-year residents and nonresidents | | | | | | | | | | | | | | | | | |
| | | Federal Income after Georgia Adjustments COLUMN A. | Income Not Taxable to Georgia COLUMN B. | GEORGIA INCOME COLUMN C. | | | | | | | | | | | | | |
| 1. Wages, Salaries, Tips, Etc | | | | | | | | | | | | | | | | | |
| 2. Interest and Dividends | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | |
| 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 4C on page 1 | | | | | | | | | | | | | | | | | |
| Part III. Disability OR retirement income exclusion <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">you</td> <td style="width: 30%; border: none;">spouse</td> </tr> <tr> <td style="border: none;">Date of birth OR disability</td> <td style="border: none;">spouse</td> </tr> <tr> <td style="border: none;">Type of disability</td> <td style="border: none;">spouse</td> </tr> </table> | | | | | | you | spouse | Date of birth OR disability | spouse | Type of disability | spouse | | | | | | |
| you | spouse | | | | | | | | | | | | | | | | |
| Date of birth OR disability | spouse | | | | | | | | | | | | | | | | |
| Type of disability | spouse | | | | | | | | | | | | | | | | |
| Part IV. - EXPLANATION OF CHANGES to Income, Deductions, Exemptions, and Credits. Show computations in detail. | | | | | | | | | | | | | | | | | |
| Attach applicable schedules. | | | | | | | | | | | | | | | | | |
| RETURN IS BEING AMENDED TO REPORT THE FOLLOWING CHANGES: | | | | | | | | | | | | | | | | | |
| 1) CORRECT THE COST BASIS OF A SECURITY SALE REPORTED ON THE ORIGINAL RETURN | | | | | | | | | | | | | | | | | |
| 2) CORRECT THE REPORTING OF RENTAL PROPERTY DEPRECIATION | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS: <ol style="list-style-type: none"> 1. 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 provided in the IT-553. Attach any applicable schedules from Form IT-553. 4. If you are filing an amended return to claim the low income credit, the claim must be filed by the end of the 12th month following the close of the taxable year for which the credit may be claimed. 5. If you want all or part of the refund applied to estimated tax, indicate this with the year and the amount under Line 16. 6. If the return is being amended due to a W-2, include a copy of the W-2. | | | | | | | | | | | | | | | | | |

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2009)

See separate instructions.

This return is for calendar year 2008, or fiscal year ended

| | | | |
|----------------------|---|-----------|---------------------------------|
| Please print or type | Your first name and Initial ROY E BARNES | Last name | Your social security number |
| | If a joint return, spouse's first name and Initial MARIE BARNES | Last name | Spouse's social security number |
| | Home address (no. and street) or P.O. box if mail is not delivered to your home 447 WHITLOCK AVENUE | | Apt. no. Phone number |
| | City, town or post office, state, and ZIP code MARIETTA, GA 30064 | | |

- 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 it in our records? ☐ Yes ☐ No
- B** Filing status. Be sure to complete this line. **Note.** You cannot change from joint to separate returns after the due date.
- On original return ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)
- On this return ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household* ☐ Qualifying widow(er)
- * If the qualifying person is a child but not your dependent, see page 4 of the instructions.

Use Part II on page 2 to explain any changes

| Income and Deductions (see instructions) | | A. Original amount or as previously adjusted (see page 4) | B. Net change - amount of increase or (decrease) - explain in Part II | C. Correct amount |
|--|--|---|---|-------------------|
| 1 | Adjusted gross income (see page 4) | 3648934. | <140,909.> | 3508025. |
| 2 | Itemized deductions or standard deduction (see page 4) | 480,321. | 1,409. | 481,730. |
| 3 | Subtract line 2 from line 1 | 3168613. | <142,318.> | 3026295. |
| 4 | Exemptions. If changing, fill in Parts I and II on page 2 (see page 5) | 4,666. | | 4,666. |
| 5 | Taxable income. Subtract line 4 from line 3 | 3163947. | <142,318.> | 3021629. |
| 6 | Tax (see page 5). Method used in col. C QDCGFW | 853,242. | <19,812.> | 833,430. |
| 7 | Credits (see page 6) | 10,294. | | 10,294. |
| 8 | Subtract line 7 from line 6. Enter the result but not less than zero | 842,948. | <19,812.> | 823,136. |
| 9 | Other taxes (see page 6) | 46,803. | | 46,803. |
| 10 | Total tax. Add lines 8 and 9 | 889,751. | <19,812.> | 869,939. |
| 11 | Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 6 | | | |
| 12 | Estimated tax payments, including amount applied from prior year's return | 79,616. | | 79,616. |
| 13 | Earned income credit (EIC) | | | |
| 14 | Additional child tax credit from Form 8812 | | | |
| 15 | Credits: Recovery rebate; federal telephone excise tax; or from Forms 2439, 4138, 5405, 8885, or 8801 (refundable credit only) | | | |
| 16 | Amount paid with request for extension of time to file (see page 6) | | | 975,000. |
| 17 | Amount of tax paid with original return plus additional tax paid after it was filed | | | |
| 18 | Total payments. Add lines 11 through 17 in column C | | | 1054616. |

Refund or Amount You Owe

Note. Allow 8-12 weeks to process Form 1040X.

| | | | |
|----|---|----|----------|
| 19 | Overpayment, if any, as shown on original return or as previously adjusted by the IRS | 19 | 164,865. |
| 20 | Subtract line 19 from line 18 (see page 6) | 20 | 889,751. |
| 21 | Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 6 | 21 | |
| 22 | If line 10, column C, is less than line 20, enter the difference | 22 | 19,812. |
| 23 | Amount of line 22 you want refunded to you | 23 | 19,812. |
| 24 | Amount of line 22 you want applied to your estimated tax | 24 | |

| | | |
|--|--|---|
| Sign Here Joint return? See page 4. Keep a copy for your records. | 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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. | |
| | Your signature _____ Date _____ | Spouse's signature. If a joint return, both must sign. _____ Date _____ |
| Paid Preparer's Use Only | Preparer's signature _____ | Date _____ |
| | Firm's name (or yours if self-employed), address, and ZIP code MOORE & CUBBEDGE, LLP 366 POWDER SPRINGS ST MARIETTA, GA 30064 | Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN _____ EIN _____ Phone no. (770) 422-0300 |

Part I Exemptions. See Form 1040 or 1040A instructions.

Complete this part only if you are:

- Increasing or decreasing the number of exemptions claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina or for housing Midwestern displaced individuals.

A. Original number of exemptions reported or as previously adjusted

B. Net change

C. Correct number of exemptions

25 Yourself and spouse

25

Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.

26 Your dependent children who lived with you

26

27 Your dependent children who did not live with you due to divorce or separation

27

28 Other dependents

28

29 Total number of exemptions. Add lines 25 through 28

29

30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here.

| Tax year | Exemption amount | But see the instructions for line 4 on page 6 if the amount on line 1 is over: |
|----------|------------------|--|
| 2008 | \$3,500 | \$119,875 |
| 2007 | 3,400 | 117,500 |
| 2006 | 3,300 | 112,875 |
| 2005 | 3,200 | 109,475 |

30

31 If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 2 for 2005 or line 6 for 2008. If you are claiming an exemption amount for housing Midwestern displaced individuals, enter the amount from the 2008 Form 8914, line 2. (See instructions for line 4). Otherwise enter -0-

31

32 Add lines 30 and 31. Enter the result here and on line 4

32

33 Dependents (children and other) not claimed on original (or adjusted) return:

| (a) First name | Last name | (b) Dependent's social security number | (c) Dependent's relationship to you | (d) Check if qualifying child for child tax credit |
|----------------|-----------|--|-------------------------------------|--|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

No. of children on 33 who:

☐ lived with you

☐ did not live with you due to divorce or separation

☐ Dependents on 33 not entered above
Part II Explanation of Changes

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year

in which the loss or credit occurred. See pages 2 and 3 of the instructions. Also, check here ☐

RETURN IS BEING AMENDED TO REPORT THE FOLLOWING CHANGES:

1) CORRECT THE COST BASIS OF A SECURITY SALE REPORTED ON THE ORIGINAL RETURN

2) CORRECT THE REPORTING OF RENTAL PROPERTY DEPRECIATION

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund.If 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 now wants to, check here ☐



0900405018

Version 4

Georgia Form 500 (Rev. 11/08)

Individual Income Tax Return

Georgia Department of Revenue

☒ Please check box if you
DO NOT want a booklet next year

2008 (Approved software version)

DEL ☐ EXT ☒ 6

Page 1

1. YOUR FIRST NAME
ROYMI
E

YOUR SOCIAL SECURITY NUMBER

[REDACTED]

Special Program Code

See Tax Booklet on Page 7

LAST NAME
BARNES

SUFFIX

SPOUSE'S FIRST NAME
MARIE

MI

SPOUSE'S SOCIAL SECURITY NUMBER

[REDACTED]

LAST NAME
BARNES

SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS
HAS CHANGED

2. 447 WHITLOCK AVENUE

3. CITY
MARIETTASTATE ZIP CODE
GA 30064

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number

Residency Status

▶ 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT

TO

3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6

5. Enter Filing Status with appropriate letter (See Tax Booklet Page 9)

Filing Status

▶ 5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.)

6a. Yourself ☒6b. Spouse ☒

6c. 2

7. Dependents - (If you have more than 3 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You



0900405028

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: <input checked="" type="checkbox"/> | | | |
| 8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) | ▶ | <input type="checkbox"/> 8. | 3,508,025 |
| (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income 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 Booklet on Page 9, Line 9) | ▶ | <input type="checkbox"/> 9. | 28,084 |
| 10. Georgia adjusted gross income (Net total of Line 8 and Line 9) | ▶ | <input type="checkbox"/> 10. | 3,536,109 |
| 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) | ▶ | 11a. | |
| See Tax Booklet on Page 10 Line 11 | | | |
| b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> | | | |
| Total of boxes x 1,300= | | ▶ | 11b. |
| c. Total Standard Deduction (Line 11a + Line 11b) | ▶ | 11c. | |
| Use EITHER Line 11c OR Line 12c (Do not write on both lines) | | | |
| 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A | | | |
| a. Federal Itemized Deductions (Schedule A - Form 1040) | ▶ | 12a. | 481,730 |
| b. Less adjustments: see Tax Booklet on Page 10, Line 12 | ▶ | 12b. | |
| c. Georgia Total Itemized Deductions | ▶ | 12c. | 481,730 |
| 13. Subtract either Line 11c or Line 12c from Line 10; enter balance | ▶ | <input type="checkbox"/> 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) | ▶ | <input type="checkbox"/> 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 | ▶ | 18. | 182,679 |
| 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. | |

845002 12-22-08

CCH

60 1019 050 2008 GA 004 T1 08

As Amended



YOUR SOCIAL SECURITY NUMBER

22. Department Use Only

DO NOT WRITE IN THIS BOX

23. Total prepayment credits (Add Lines 19, 20 and 21c) 23. 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 \$1.00) 28.

29. Georgia Cancer Research Fund (No gift of less than \$1.00) 29.

30. Statewide Land Conservation Program (No gift of less than \$1.00) 30.

31. Georgia National Guard Foundation (No gift of less 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
(If you owe) Add Lines 24, 27 thru 35

36. THIS IS THE AMOUNT YOU OWE 36.

37. (If you are due a refund) Subtract the sum of Lines 26 thru 35 from Line 25
THIS IS YOUR REFUND 37. 0

(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

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 penalty 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)

DATE

Do you want to authorize DOR to discuss
this return with the named preparer. YES ☒ NO ☐

NAME OF PREPARER OTHER THAN TAXPAYER

Signature of Preparer

PREPARER'S FEIN

PREPARER'S SSN/PTIN

PHONE NUMBER

(770) 422-0500



SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see Tax Booklet on Pages 9 and 10)

ADDITIONS to INCOME

- | | | | |
|--|---|----|---------|
| 1. Interest on Non-Georgia Municipal and State Bonds | ▶ | 1. | |
| 2. Lump Sum Distributions | ▶ | 2. | |
| 3. Federal deduction for income attributable to domestic production activities (IRC Section 199) | ▶ | 3. | |
| 4. Other (specify) SEE STATEMENT 1 | ▶ | 4. | 116,853 |
| 5. Total Additions (enter sum of Lines 1-4 here) | ▶ | 5. | 116,853 |

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) | ▶ | 7. | |
| 8. Georgia Higher Education Savings Plan | ▶ | 8. | |
| 9. Interest on United States Obligations (See Tax Booklet on Page 9) | ▶ | 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 |
| | Total | ▶ | 10. 88,769 |
| 11. Total Subtractions (enter sum of Lines 6-10 here) | ▶ | 11. | 88,769 |
| 12. Net Adjustments (Line 5 less Line 11) Enter Net Total here and on Line 9 of Page 2 (+ or -) of form 500 | ▶ <input type="checkbox"/> | 12. | 28,084 |



YOUR SOCIAL SECURITY NUMBER
[REDACTED]

SCHEDULE 2 CREDITS for LINE 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 Credit ▶ 2.
3. Credits from Form IND-OR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit) ▶ 3.
4. Enter the total from Lines 1-3 ▶ 4.

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits
You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule.
Enter the schedule total on Line 9. See Tax Booklet on Page 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**

| | | |
|------------------|------|-------------------------------|
| CREDIT 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 any enclosed schedules ▶ 9.

10. Enter the total of Lines 4 and 9 here and on Line 17, Pg 2 of 500 form ▶ 10.



0900405068

YOUR SOCIAL SECURITY NUMBER

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

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Tax Booklet, Page 10, Line 17 and Page 12

FEDERAL INCOME AFTER GEORGIA ADJUSTMENT
INCOME (COLUMN A)

INCOME NOT TAXABLE TO GEORGIA
INCOME (COLUMN B)

GEORGIA INCOME
INCOME (COLUMN C)

| | | |
|---|--|--|
| <input type="checkbox"/> 1. WAGES, SALARIES, TIPS, etc | <input type="checkbox"/> 1. WAGES, SALARIES, TIPS, etc | <input type="checkbox"/> 1. WAGES, SALARIES, TIPS, etc |
| <input type="checkbox"/> 2. INTERESTS AND DIVIDENDS | <input type="checkbox"/> 2. INTERESTS AND DIVIDENDS | <input type="checkbox"/> 2. INTERESTS AND DIVIDENDS |
| <input type="checkbox"/> 3. BUSINESS INCOME OR (LOSS) | <input type="checkbox"/> 3. BUSINESS INCOME OR (LOSS) | <input type="checkbox"/> 3. BUSINESS INCOME OR (LOSS) |
| <input type="checkbox"/> 4. OTHER INCOME OR (LOSS) | <input type="checkbox"/> 4. OTHER INCOME OR (LOSS) | <input type="checkbox"/> 4. OTHER INCOME OR (LOSS) |
| <input type="checkbox"/> 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 | <input type="checkbox"/> 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 | <input type="checkbox"/> 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 |
| <input type="checkbox"/> 6. TOTAL ADJUSTMENTS FROM FORM 1040 | <input type="checkbox"/> 6. TOTAL ADJUSTMENTS FROM FORM 1040 | <input type="checkbox"/> 6. TOTAL ADJUSTMENTS FROM FORM 1040 |
| <input type="checkbox"/> 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 | <input type="checkbox"/> 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 | <input type="checkbox"/> 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 |
| <input type="checkbox"/> 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 | <input type="checkbox"/> 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 | <input type="checkbox"/> 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage | | 9. % Not to exceed 100% |
| 10. Itemized or Standard Deduction (see Tax Booklet, Page 14, Line 10) | | 10. |
| 11. Personal Exemption from Form 500, Page 2 (see Tax Booklet, Page 14, Line 11a-c) | | |
| 11a. Number on Line 6c. multiplied by \$2,700 | 11a. | |
| 11b. Number on Line 7a. multiplied by \$3,000 | 11b. | |
| 11c. Add Lines 11a. and 11b. Enter total | 11c. | |
| 12. Total Deductions and Exemptions: Add Lines 10 and 11c | 12. | |
| 13. Multiply Line 12 by Ratio on Line 9 and enter result | 13. | |
| 14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of Form 500 | 14. | |

List the state(s) in which the income in Column B was earned and/or to which it was reported.

845014
12-22-09

1.

3.

2.

4.

As Amended



0900405018

Version 4

Georgia Form 500 (Rev. 11/08)

Individual Income Tax Return

Georgia Department of Revenue ☒ Please check box if you DO NOT want a booklet next year

2008 (Approved software version)

DEL ☐ EXT ☒ 6

Page 1

1. YOUR FIRST NAME
ROYMI
E

YOUR SOCIAL SECURITY NUMBER

[REDACTED]

SUFFIX

Special Program Code
See Tax Booklet on Page 7LAST NAME
BARNESSPOUSE'S FIRST NAME
MARIE

MI

SPOUSE'S SOCIAL SECURITY NUMBER

[REDACTED]

SUFFIX

DEPARTMENT USE ONLY

LAST NAME
BARNES2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED
447 WHITLOCK AVENUE3. CITY
MARIETTASTATE ZIP CODE
GA 30064

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6

5. Enter Filing Status with appropriate letter (See Tax Booklet Page 9) 5. B
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☒ 6c. 27. Dependents - (If you have more than 3 dependents, attach a list of additional dependents)
First Name, MI. Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You



0900405028

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: ☒

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) ☐ 8. 3,648,934
(Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income 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 Booklet 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**) ☐ 11a.
See Tax Booklet on Page 10 Line 11

b. Self: 65 or over? ☐ Blind? ☐ Spouse: 65 or over? ☐ Blind? ☐

Total of boxes x 1,300= 11b.
c. Total Standard Deduction (Line 11a + Line 11b) 11c.
Use **EITHER** Line 11c **OR** Line 12c (Do not write on both lines)

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use Itemized deductions, you must enclose Federal Schedule A
a. Federal Itemized Deductions (Schedule A - Form 1040) 12a. 480,321

b. Less adjustments: see Tax Booklet on Page 10, Line 12 12b.

c. Georgia Total Itemized Deductions 12c. 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. Enter total 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.



0900405038

YOUR SOCIAL SECURITY NUMBER

| | | |
|--|--------------------------|---------|
| 22. Department Use Only | DO NOT WRITE IN THIS BOX | |
| 23. Total prepayment credits (Add Lines 19, 20 and 21c) | | 222,652 |
| 24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE | | |
| 25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount | | 31,434 |
| 26. Amount to be credited to 2009 ESTIMATED TAX | | 31,262 |
| 27. Georgia Wildlife Conservation Fund (No gift of less than \$1.00) | | |
| 28. Georgia Children and Elderly Fund (No gift of less than \$1.00) | | |
| 29. Georgia Cancer Research Fund (No gift of less than \$1.00) | | |
| 30. Statewide Land Conservation Program (No gift of less than \$1.00) | | |
| 31. Georgia National Guard Foundation (No gift of less than \$1.00) | | |
| 32. Dog & Cat Sterilization Fund (No gift of less than \$1.00) | | |
| 33. Save the Curs Fund (No gift of less than \$1.00) | | |
| 34. Georgia Student Finance Authority Fund (No gift of less than \$1.00) | | |
| 35. Form 500 UET (Estimated tax penalty) (If you owe) Add Lines 24, 27 thru 35 | | 172 |
| 36. THIS IS THE AMOUNT YOU OWE | | |
| 37. (If you are due a refund) Subtract the sum of Lines 26 thru 35 from Line 25 THIS IS YOUR REFUND | | 0 |

(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

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 penalty 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)

DATE

Do you want to authorize DOR to discuss

NAME OF PREPARER OTHER THAN TAXPAYER

this return with the named preparer. YES ☒ NO ☐

Signature of Preparer

PREPARER'S FEIN

PREPARER'S SSN/PTIN

PHONE NUMBER

(770) 422-0500



0900405048

YOUR SOCIAL SECURITY NUMBER

2008 Version 4

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see Tax Booklet on Pages 9 and 10)

ADDITIONS to INCOME

- | | | | |
|--|---|----|---------|
| 1. Interest on Non-Georgia Municipal and State Bonds | ▶ | 1. | |
| 2. Lump Sum Distributions | ▶ | 2. | |
| 3. Federal deduction for income attributable to domestic production activities (IRC Section 199) | ▶ | 3. | |
| 4. Other (specify) SEE STATEMENT 1 | ▶ | 4. | 116,853 |
| 5. Total Additions (enter sum of Lines 1-4 here) | ▶ | 5. | 116,853 |

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) | ▶ | 7. | |
| 8. Georgia Higher Education Savings Plan | ▶ | 8. | |
| 9. Interest on United States Obligations (See Tax Booklet on Page 9) | ▶ | 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 |
| Total | ▶ | 10. | 88,769 |
| 11. Total Subtractions (enter sum of Lines 6-10 here) | ▶ | 11. | 88,769 |
| 12. Net Adjustments (Line 5 less Line 11) | ▶ | 12. | 28,084 |
| Enter Net Total here and on Line 9 of Page 2 (+ or -) of form 500 | ▶ <input type="checkbox"/> | 12. | 28,084 |



YOUR SOCIAL SECURITY NUMBER

SCHEDULE 2 CREDITS for LINE 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 Credit ▶ 2.
3. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assistance Credit, Qualified Caregiving Expense Credit, Georgia National Guard/Air National Guard Credit, Child and Dependent Care Expense Credit, Adoption Credit) ▶ 3.
4. Enter the total from Lines 1-3 ▶ 4.

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest and Other Credits
You must list the appropriate Credit Type Code in the space provided. If you claim more than four credits, enclose a schedule. Enter the schedule total on Line 9. See Tax Booklet on Page 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

| CREDIT 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 any enclosed schedules ▶ 9.

10. Enter the total of Lines 4 and 9 here and on Line 17, Pg 2 of 500 form ▶ 10.



YOUR SOCIAL SECURITY NUMBER

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

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Tax Booklet, Page 10, Line 17 and Page 12

| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT INCOME (COLUMN A) | INCOME NOT TAXABLE TO GEORGIA INCOME (COLUMN B) | GEORGIA INCOME INCOME (COLUMN C) |
|---|---|---|
| 1. WAGES, SALARIES, TIPS, etc <input type="checkbox"/> | 1. WAGES, SALARIES, TIPS, etc <input type="checkbox"/> | 1. WAGES, SALARIES, TIPS, etc <input type="checkbox"/> |
| 2. INTERESTS AND DIVIDENDS <input type="checkbox"/> | 2. INTERESTS AND DIVIDENDS <input type="checkbox"/> | 2. INTERESTS AND DIVIDENDS <input type="checkbox"/> |
| 3. BUSINESS INCOME OR (LOSS) <input type="checkbox"/> | 3. BUSINESS INCOME OR (LOSS) <input type="checkbox"/> | 3. BUSINESS INCOME OR (LOSS) <input type="checkbox"/> |
| 4. OTHER INCOME OR (LOSS) <input type="checkbox"/> | 4. OTHER INCOME OR (LOSS) <input type="checkbox"/> | 4. OTHER INCOME OR (LOSS) <input type="checkbox"/> |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="checkbox"/> | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="checkbox"/> | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 <input type="checkbox"/> |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="checkbox"/> | 6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="checkbox"/> | 6. TOTAL ADJUSTMENTS FROM FORM 1040 <input type="checkbox"/> |
| 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 <input type="checkbox"/> | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 <input type="checkbox"/> | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4 <input type="checkbox"/> |
| 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="checkbox"/> | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="checkbox"/> | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 <input type="checkbox"/> |

9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage ▶ 9. % Not to exceed 100%
10. Itemized or Standard Deduction (see Tax Booklet, Page 14, Line 10) ▶ 10.
11. Personal Exemption from Form 500, Page 2 (see Tax Booklet, Page 14, Line 11a-c)
- 11a. Number on Line 6c. multiplied by \$2,700 ▶ 11a.
- 11b. Number on Line 7a. multiplied by \$3,000 ▶ 11b.
- 11c. Add Lines 11a. and 11b. Enter total ▶ 11c.
12. Total Deductions and Exemptions: Add Lines 10 and 11c ▶ 12.
13. Multiply Line 12 by Ratio on Line 9 and enter result ▶ 13.
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C
Enter here and on Line 15, Page 2 of Form 500 ▶ 14.

List the state(s) in which the Income in Column B was earned and/or to which it was reported.

645014
12-22-08

1.

3.

2.

4.

AS ORIGINALLY FILED