2009

Amended

Amended U.S. Individual Income Tax Return

▶ See separate Instructions.

OMB No. 1545-0074

Your first name and middle initial ROY E BARNES	Your last name		Your social security number
If a joint return, your spouse's first name and middle initial MARIE BARNES	Your spouse's last n	ame	Your spouse's social security no.
Your current home address (number and street). If you have a P.O. b 447 WHITLOCK AVENUE	ox, see instructions.	Apt. no.	Your phone number
Your city, town or post office, state, and ZIP code. If you have a fore MARIETTA , GA 30064	gn address, see Instructions.	E E E E E E E E E E E E E E E E E E E	
All filers must complete lines A, B, and C.			
Qualifying widow(er) Head of household (If the qua	are not changing your filing sta Married filing separately lifying person is a child but not		
B This return is for calendar year X 2009 2008	L 2007		
Other year. Enter one: calendar year or fiscal year (mo	nth and year ended):		
C Explanation of changes. In the space provided below, tell us why a RETURN IS BEING AMENDED TO CORRECT TO DEPRECIATION		RENTAL :	PROPERTY

Income and Deductions		Correct Amount
1 Adjusted gross income (see instructions). If net operating loss (NOL) carryback is included, check here	1	5,076,104.
2 Itemized deductions or standard deduction (see page 6 of instructions)	2	554,082.
3 Subtract line 2 from line 1	3	4,522,022.
4 Exemptions. If changing, complete the Exemptions section on page 2 and enter the amount from		
line 30 (see page 6 of instructions)	4	4,866.
5 Taxable income. Subtract line 4 from line 3	5	4,517,156.
Tax Liability		
6 Tax (see page 7 of instructions). Enter method used to figure tax: QDCGTW	6	1,199,117.
7 Credits (see page 8 of Instructions). If general business credit carryback is included, check here	7	8,741.
8 Subtract line 7 from line 6. If the result is zero or less, enter 0-	8	1,190,376.
9 Other taxés (see page 8 of instructions)	9	40,834.
10 Total tax. Add lines 8 and 9	10	1,231,210.
Payments		
11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see page 8		
of instructions)	11	26,060.
12 Estimated tax payments, including amount applied from prior year's return (see page 8 of instructions)	12	318,703.
13 Earned income credit (EIC) (see page 8 of instructions) 14 Refundable credits from Schedule M or Form(s) 2439 4136 5405 8801 8812	13	
14 Refundable credits from Schedule M or Form(s) 2439 4136 5405 8801 8812	1 1	
8863 8865 or other (specify):	14	
15 Total amount paid with request for extension of time to file, tax paid with original return, and		
additional tax paid after return was filed (see page 9 of Instructions)	15	883,233.
16 Total payments, Add lines 11 through 15	16	1,227,996.
Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)		
17 Overpayment, If any, as shown on original return or as previously adjusted by the IRS (see page 9 of	1	
instructions)	17	
18 Subtract line 17 from line 16 (If less than zero, see page 9 of instructions)	18	1,227,996.
19 Amount you owe. If line 10 is more than line 18, enter the difference (see page 9 of instructions)	19	3,214.
20 If line 10 is less than line 18, enter the difference. This is the amount overpaid on this return	20	
21 Amount of line 20 you want refunded to you	21	
22 Amount of line 20 you want applied to your (enter year): estimated tax 22	134417/1412.	
Complete	and sig	n this form on Page 2.



Exemptions

Complete this part only if you are:

Increasing or decreasing the number of exemptions (personal and dependents) 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 a Midwestern disaster.

See Form 1040 or Form 1040A instructions and page 10	of Form 1040X instruc	itlons.		Corr	ect Num Amoun	
3 Yourself and spouse. Caution. If someone can claim yo	u as a dependent, you	ı cannot clalm an exemptle	on for yourself	23		
				24		
5 Your dependent children who did not live with you do				25		
26 Other dependents				26		
7 Total number of exemptions. Add lines 23 through 29				27		
28 Multiply the number of exemptions claimed on line 2	7 by the exemption an	nount shown in the instruc	tions			•
for line 28 for the year you are amending (see page 1				28		
29 If you are claiming an exemption amount for housing						
amount from Form 8914, line 6 for 2006. If you are of						
displaced by a Midwestern disaster, enter the amoun	nt from Form 8914, lin	e 2 for 2008, or line 6 for 2	009	29		
30 Add lines 28 and 29. Enter the result here and on line	e 4 on page 1 of this fo	orm		30		
31 List ALL dependents (children and others) claimed c				structions.		
(a) First name Last name		(b) Dependent's social security number	(c) Depen relationship	dent's 1 to you	quali	heck bóx lf lfying child ild tax credit
						<u> </u>
**************************************	.		-		-	
	· · · · · · · · · · · · · · · · · · ·			····	-	
Presidential Election Campaign Fund			L			
Complete lines A, B, and C on page 1 Complete lines 1 through 22 on page 1 Complete lines 23 through 31 on page 2, if required Attach any supporting documents and new or change Sign and date this form Sign Here Remember to keep a copy of this form for your recorunder penalties of perjury, I declare that I have filed and schedules and statements, and to the best of my knowledge (other than taxpayer) is based on all information about the service of the s	anged forms and schods. ds. original return and that edge and belief, this a	t I have examined this ame mended return is true, co				
>	1	•				
Your signature D	ate S	ipouse's signature. If a joir	it return, both mus	st sign. Da	te	
Paid Preparer's Use Only			·	-		
)						
Preparer's signature MOORE & CUBBEDGE, LLP 366 POWDER SPRINGS ST MARIETTA, GA 30064	Date					
Firm's name (or yours if self-employed), address, and ZI	P code Check if self-emp	loyed (770) 42	22-0500			•
Preparer's SSN or PTIN	. cc oen sirip	Phone number		IN		
For Company Annal Production and April 1970 and April 1971	u Iro mou	, none number				a4 67 1 -

1040	u	.S. Individual Income Tax Retu	ım 200 9	9 (99) IRS Use Onl	- Do not write	or sta	ole in this space.	
Label		year Jan, 1-Dec. 31, 2009, or other tax year beginning		09, ending	0		OMB Na. 1545-00	74
See L	You	r first name and initial	Last name			Your	social security num	iber
nstructions A		Y E	BARNES			4		يست
on page 14.)		oint return, spouse's first name and initial	Last name			Spot	se's social security	глитраг
Use the IRS 🕒		RIE	BARNES					
label. Otherwise.		ne address (number and street). If you have a	P.O. box, see page 14.		Apt. no.	Ι.	You must enter	
please print R		7 WHITLOCK AVENUE					your SSN(s) ab	ove. 🛦
ortype, E	i "	town or post office, state, and ZIP code. If you have a	i foreign address, see page 14.				y woled xod a gally:	
Presidential Election Campaig		RIETTA, GA 30064	en tid iAA			┛	ge your tex or refur	
Election Campai		Check here if you, or your spouse if	filing jointly, want \$3 to				You X s	
Filing Status	1 I 2	Single XI Married filing jointly (even if only one ha	d incomo)	4 Head of household person is a child b			, ,	
	3	Married filling separately. Enter spouse's	•	name here.	ut Hot your t	ieheur	ient, enter this cr	HIU 8
Check only one box.	•	and full name here.	9014 95046	5 QualifyIng widow(er) with danc	ndent	child (cae nage	16\
	ва	X Yourself. If someone can claim you as a	dependent, do not check l	20x 6a			Boxes checked	2
Exemptions		X Spouse					on 6a and 6b No. of children	
		Dependents:	(2) Dependent's social	(3) Dependent's	(4) V	quality-	on 6c who: lived with you	
		(1) First name Last name	security number	relationship to you	(4) V ing c child is (see pa	x credit	e did not live wil	Ib
	_		i (you due to divort or separation (see page 18)	,,,
If more than four	_		;				,	,_
dependents, see page 17 and			1 1				Dependents on 6 not entered abov	ю
check here 🕨 📖	ᆜ _		<u> </u>	<u> </u>			Add numbers	
	<u>d</u>	1 4 (4) (14) (14) (14) (17)						$\frac{2}{000}$
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-				/ la	150,	$\frac{000.}{811.}$
Attach Form(s)	8a h	Taxable interest. Attach Schedule B if requir Tax-exempt interest. Do not include on line	Ra	l ab l	Minus	ia	33,	077.
W-2 here. Also attach Forms	9 a	Ordinary dividends, Attach Schedule B if req	nired			la	75	083.
W-2G and	b	Qualified dividends (see page 22)	unow ,	9b 75.	081.		, , ,	
1099-R If tax was withheld.	10	Qualified dividends (see page 22)	and local income taxes	STMT 1 STMT	3	0	17.	951.
was withingir.	11	Alimony received	STMT 4			11		
16,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	Business income or (loss). Attach Schedule				12	1,427,	240.
If you did not get a W-2,	13	Capital gain or (loss). Attach Schedule D If re	equired. If not required, che	ock here		13	1,732,	659.
see page 22.	14	Other gains or (losses). Attach Form 4797				14	-117,	
England but do	15 a	IRA distributions 15a		b Taxable amount		5b	1,807,	
Enclose, but do not attach, any	16a	***************************************		b Taxable amount		6b		163.
payment. Also,	17	Rental real estate, royalties, partnerships, S				17	-152,	<u>u 6 / .</u>
please use Form 1040-V.	18 19	Farm income or (loss). Attach Schedule F Unemployment compensation in excess of \$2,400 p	per recipient	***************************************		18		
		(see page 27) Social security benefits 20a		b Taxable amount (see pa	······ —	.0b		
	21	Other income. List type and amount (see pa		w taxabid attiount (acc pi	· /			
		BOARD FEES	u/	68,		2 1	68,	750.
	22	Add the amounts in the far right column for	lines 7 through 21. This is			22	5,107,	
	23	Educator expenses (see page 29) Certala business expenses of reservists, performing officials. Attach Form 2106 or 2106-EZ		23	211 211			
Adjusted	24	officials, Attach Form 2106 or 2108-EZ	attists' sur ine-brais doverum	24	77.5 77.5			
Gross Income	25	Health savings account deduction. Attach Fo			71.5 71.5 71.5 71.5			
IIICOME	26	Moving expenses, Attach Form 3903	1. 1. 25m	26	400			
	27	One-half of self-employment tax, Attach Sch			488.			
	28 29	Self-employed SEP, SIMPLE, and qualified Self-employed health Insurance deduction (138.			
	30	Penalty on early withdrawal of savings			<u> </u>			
	31a			31a	I de la companya de l			
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	32	IRA deduction (see page 31)	<u> </u>	32	15			
	33	Student loan interest deduction (see page 3						
	34	Tultion and fees deduction. Attach Form 89	,		772			
	35	Domestic production activities deduction. A						
040005	36	Add lines 23 through 31a and 32 through 3	5			36		626.
910001 102009	37	Subtract line 36 from line 22. This is your a	djusted gross income	***************************************	🕨	37	5,076,	104.
LHA For Disclo	osure	, Privacy Act, and Paperwork Reductio	n Act Notice, see page	97.			Form 10	140 (2009)

Form 1040 (2009)	RO	Y E & MARIE BARNES							P:	age 2
Tax and		Amount from line 37 (adjusted gross income)					38	8 5	5,076,10)4.
Credits		Check You were born before January	_		Total boxes		75000 15000 15000			
Standard		lf: Spouse was born before Janu	iary 2, 1945,	Blind.	checked	➤ 39a		relar Inter		
Deduction for ~	b	If your spouse itemizes on a separate return or you were a	dual-status alien, se	e page 35 and ch	nack here	▶ 39b	J			
People who check any	40a	Itemized deductions (from Schedule A) or your	standard deductio	n (see left ma	rgin)		40	1	554,08	32.
box on line 39a, 39b, or	b	Itemized deductions (from Schedule A) or your If you are increasing your standard deduction by certain re disaster loss, attach Schedule L and check here (see page	eal estate taxes, new :	motor vehicle tax	kes, or a nal	. ► 40b 🗆				
40b 01 who	41	Subtract line 40a from line 38		******	.,,,	····	, 4		1,522,02	22.
cialmed as a dependent.	42	Exemptions. If line 38 is \$125,100 or less and yo	ou did not provide	housing to a f	Midwestern di	splaced individu	al,			
dehendaur.		multiply \$3,650 by the number on line 6d. Others	wise, see page 37	***********	***************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4		4,86	56.
	43	Taxable income, Subtract line 42 from line 41.1							4,517,15	
All others:	44	Tax. Check if any tax is from: a Form(s) 88	314 b 🗔 Form	4972 ,			4	4 :	1,199,1	17.
Single or	45	Alternative minimum tax. Attach Form 6251	*********	,	**:,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4			0.
Married filing separately,	46	Add lines 44 and 45						6	1,199,1	17.
\$5,700	47	Foreign tax credit, Attach Form 1116 if required	********************		47	8,74	11.鏖		<u> </u>	
Married filing jointly or	48	Gredit for child and dependent care expenses. At	tach Form 2441		48					
Qualifying widow(er),	49	Education credits from Form 8863, line 29			49					
\$11,400	50	Retirement savings contributions credit. Attach i			50					
Head of	51	Child tax credit (see page 42)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51					
household, \$8,350	52	Gredits from Form: a 8396 b 883	9 6 5695		52		322	MOTEU STATE STAT STAT		
	53	Other credits from Form: a 3800 b	8801 c		53		201			
	54	Add lines 47 through 53. These are your total cr	redits		1 (* - *) * (*) 1 () .	(***************		54	8,7	
	55	Subtract line 54 from line 46. If line 54 Is more t	han line 46, enter	-0) [55	1,190,3	
Other	56	Self-employment tax, Attach Schedule SE Unreported social security and Medicare tax from			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,.,		56	38,9	75 .
Taxes	57	Unreported social security and Medicare tax from	n Form: a 🔲 4	137 b	8919			57		
	58	Additional tax on IRAs, other qualified retiremen						58		
	69	Additional taxes: a AEIC payments b 🖸	Household em	ployment taxe	s, Attach Sche	edule H		59	1,8	
	60	Add lines 55 through 59. This is your total tax.				***************************************		60	1,231,2	10.
Payments	81	Federal income tax withheld from Forms W-2 ar	id 1099		61	26,06				
	62	2009 estimated tax payments and amount appli	ed from 2008 retu	rn	62	318,70	03.			
	63	Making work pay and government retiree credit	s. Attach Schedule	M	63			inista.		
if you have I a qualifying I		a Earned Income credit (EIC)			64a			1000000 10000000 10000000		
child, altach		Nontaxable combat pay election	64b		AND					
Schedule EIC.	65	Additional child tax credit. Attach Form 8812								
	66	Refundable education credit from Form 8863, ii						225		
	67	First-time homebuyer credit. Attach Form 5405					2986 2087	Marie Comment		
	68	Amount paid with request for extension to file (TOTAL STREET		
	69	Excess social security and tier 1 BRTA tax with			69		10.			
	70	Credits from Form: a 2439 b 4136			70				511 5	
	71			-		************		71	344,7	63.
Refund		If line 71 is more than line 60, subtract line 60 f						72		
Direct deposit? See page 73		a Amount of line 72 you want refunded to you. If	Form 8888 is atta	oned, check h	era		7	73a		
and fill in 73b, 73c, and 73d,				► d Account	1 94 1					
or Form 8888.	74				74		#		886,4	17
Amount You Owe	75	•			1 1			75	000,4	4/.
Third Par		Estimated tax penalty (see page 74)	hia natura cuita tha		. 76 X	Yes, Complete	##		I I No	
Designe	•	Designed's		Phone	► (770) 422-0	500 Pe	erson al Ide Imber (PIN)	ntification	
Sign	Unc	or penalties of perjury, I declare that I have examined this complete, Declaration of preparer (other than taxpayer) is the complete of the penaltic of preparer (other than taxpayer) is the complete of the penaltic of preparer (other than taxpayer) is the complete of the penaltic of th	return and accompany based on all information	ring schedules at on of which prep	nd statements, a arer has any kno	ınd to the best of n Wlodge,	ny knowled		•	orrect,
Here		Your signature	Date	Your occupation	n			Daytime	phone number	
Joint return? See page 15.				ATTORN.	<u> </u>		,			
Keep a copy for your	•	Spouse's signature. If a joint return, 00th must sign.	Date	Spouse's occup				2002	berkentigt, der er er er	
records.				HOMEMA:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		matically
Pald		parer*s			Date	Check If self-	Pr	eparer's S	MITT to MB	
Preparer						employed				
Use Only	Fir	n's name (or MOORE & CUBBE					EIN			.
04000-		tod) address	RINGS ST				Phone ho	·(770) 422-0	500
910002		MARTETTA, GA	30064							

SCHEDULE A (Form 1040)

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

Itemized Deductions

Attach to Form 1040. ➤ See Instructions for Schedule A (Form 1040). OMB No. 1545-0074

ROY E & MARIE BARNES Caution. Do not include expenses reimbursed or paid by others. Medical and Medical and dental expenses (See page A-1.) 1 Dental Enter amount from Form 1040, line 38 _____ 2 Expenses Multiply line 2 by 7.5% (.075) Subtract line 3 from line 1, If line 3 is more than line 1, enter -0-Taxes You State and local (check only one box): 142,903. Paid 5 a X income taxes, or b General sales taxes (See 20,602. page A·2.) Real estate taxes (See page A-5.) 6 New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked bax 5b Other taxes. List type and amount 8 163,505. a, 28,401 Interest Home mortgage interest and points reported to you on Form 1098 10 Home mortgage interest and points reported to you on Form 1098. If paid to the person You Paid from whom you bought the home, see page A-7 and show that person's name, (See ldentifying no., and address page A-6.) 11 Note. Personal 12 Points not reported to you on Form 1098 interest is Qualified mortgage insurance premiums (See page A-7.) 13 not Investment interest, Attach Form 4952 if required. (See page A-8.) STMT 9 deductible. 15,560. 14 43,961: Add lines 10 through 14... 15 Gifts by cash or check SEE STATEMENT 8 195,709. Gifts to 16 Charity Other than by cash or check. If any gift of \$250 or more, see page A-8. If you made a 200,000 You must attach Form 8283 if over \$500 17 gift and got a Carryover from prior year 18 benefit for it, see page A-8. 395,709. 19 19 Add lines 16 through 18 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See page A-10.) Unreimbursed employee expenses - job travel, union dues, job education, etc. Job Expenses and Certain Attach Form 2106 or 2106 EZ If required. (See page A-10.) Miscellaneous Deductions 21 22 Tax preparation fees Other expenses - Investment, safe deposit box, etc. List type and amount (See page A-10.) 23 Add lines 21 through 23 24 Enter amount from Form 1040, line 38 Multiply line 25 by 2% (.02) 26 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other - from list on page A-11. List type and amount Other 28 Miscellaneous Deductions 28 Total Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filling separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column Deductions for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. STMT 10▶ 554,082. X Yes. Your deduction may be limited. See page A-11 for the amount to enter. If you elect to itemize deductions even though they are less than your standard deduction, check here

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (

Supplemental Income and Loss

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

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

➤ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

stachment 13

Name(s) shown on return

ROY E & MARIE BARNES

Your social security number

RO.	Y E & MARIE BARNES						Action metals
P:	Income or Loss From Rental						l property, use
	Schedule C or C-EZ (see page E-3). If you						
- F	List the type and address of each rental real estate				ich rental real estate p		Yes No
A	HOUSES - BARNES LAND &	⊥N7	ESTMENTS, LLC		e 1, did you or your fa g the tax year for pers		
4	OF BELOOM DEED OF HEAV				ore than the greater o		A X
В	SLAWSON PETROLEUM			14	days or		
_			 		% of the total days re	ented at fair	B
c			<u> </u>		ntal value? page E-3)		
_1				Properties	34go t. 0)		Totals
ทด	come:	ŀ	A	B	c	- (Add co	lumns A, B, and C.)
3	Rents received	3	303,412,			3	303,412.
	Royalties received	4		500.		4	500.
	penses:					r finance	
5	Advertising	5					
6	Auto and travel (see page E-4)	6					
	Cleaning and maintenance	7					
	Commissions	8					
	Insurance	9	16,093.				
10	Legal and other professional fees	10					
11	Management fees	11					
	Mortgage interest paid to banks, etc.					Same al sur	
	(see page E-5)	12				12	
	Other interest	13	122,726.				
	Repairs	14	127,327.				
	Suppiles	15	6.4.405				
	Taxes	1 8	64,187.			Control of the contro	
	Utilities	17	12,643.			714 114 114 114 114 114 114 114 114 114	
18	Other (list)		2 020			77.200	•
	SEE STATEMENT 14		3,828.				
		18					
						7 100 100 100 100 100 100 100 100 100 10	
					ļ,	20110	
10	Add Inno E through 19	19	346,804.			19	346,804.
	Add lines 5 through 18	20	123,291.			20	123,291.
	Total expenses. Add lines 19 and 20	21	470,095.			20	
22	Income or (loss) from rental real estate						
	or royalty properties. Subtract line 21					West and	
	from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to				1		
	find out if you must file Form 6198	22	-166,683.	500.	.	11111111111	
	•						
23	Deductible rental real estate loss, Caution. Your rental real estate loss on line 22 may				1		
	be limited. See page E-5 to find out if you	1					
	must file Form 8582. Real estate professionals					PARTITION AND ADDRESS OF THE PARTY OF THE PA	
	must complete line 43 on page 2	23	176,863		1k		
	Income. Add positive amounts shown on line 22. I					24	500.
	Lasses. Add royally losses from line 22 and rental					25 (176,863.
26	Total rental real estate and royalty income or (lo						
	If Parts II, III, IV, and line 40 on page 2 do not appl						477 070
	line 17, or Form 1040NR, line 18. Otherwise, include	de this	amount in the total on line 41	on page 2	********************	26	-176,363.

6251

Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2009
Attachment Sequence No. 32

Your social security number Name(s) shown on Form 1040 or Form 1040NR ROY E & MARIE BARNES Part Alternative Minimum Taxable Income 1 If filling Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, 4,522,022. enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (if less than zero, enter as a negative amount.) 2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, Or 2.5% (,025) of Form 1040, line 38. If zero or less, enter -0-2 163,505. 3 Taxes from Schedule A (Form 1040), lines 5, 6, and 8 4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions... 5 Miscellaneous deductions from Schedule A (Form 1040), line 27 6 If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filling separately), enter the amount from line 11 -49,093. of the Itemized Deductions Worksheet on page A-11 of the instructions for Schedule A (Form 1040) 7 If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule 7 -17,9518 Tax refund from Form 1040, line 10 or line 21 9 Investment interest expense (difference between regular tax and AMT) 10 Depletion (difference between regular tax and AMT) 11 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount 12 Alternative tax net operating loss deduction 13 Interest from specified private activity bonds exempt from the regular tax 14 Qualified small business stock (7% of gain excluded under section 1202) 14 15 Exercise of incentive stock options (excess of AMT income over regular tax income) 15 16 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 16 17 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 17 -9,836. 18 Disposition of property (difference between AMT and regular tax gain or loss) -7,051. 19 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 66.124. 20 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 22 20 21 Loss limitations (difference between AMT and regular tax income or loss) 21 22 Circulation costs (difference between regular tax and AMT) 22 23 Long-term contracts (difference between AMT and regular tax Income) 24 Mining costs (difference between regular tax and AMT) 25 Research and experimental costs (difference between regular tax and AMT) 26 Income from certain installment sales before January 1, 1987 26 27 27 Intangible drilling costs preference 28 Other adjustments, including income-based related adjustments 28 29 Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 4,667,720. 29 is more than \$216,900, see instructions.) Part II Alternative Minimum Tax (AMT) 30 Exemption. (If you were under age 24 at the end of 2009, see Instructions.) THEN enter on line 30 IF your filing status is ... AND line 29 is not over... Single or head of household\$112,500 \$46,700 Married filing jointly or qualifying widow(er)...... 150,000 70.950 0. Married filing separately 75.000 35.475 If line 29 is over the amount shown above for your filing status, see instructions. 31 Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 4,667,720. 34 and 36 and skip the rest of Part II 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 1,074,500. 32 for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling separately) from the result. 8,741. 33 Alternative minimum tax foreign tax credit (see instructions) 1,065,759. 34 Tentative minimum tax. Subtract line 33 from line 32 35 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). 1,190,376. If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J 36 AMT. Subtract line 35 from line 34. If zero or less, enter -0 . Enter here and on Form 1040, line 45

919481 12-11-09 LHA For Paperwork Reduction Act Notice, see instructions.

Form 6251 (2009)

Forn	6251 (2009) ROY E & MARIE BAI	RNES			4	Page 2
Pa	Tax Computation Using Maximum Cap	ital Gains Rates				
37	Enter the amount from Form 6251, line 31. If you are filing Fo	rm 2555 or 2555-EZ,	enter the	amount from		
	Ine 3 of the worksheet in the Instructions			************************	37	4,667,720.
	Enter the amount from line 6 of the Qualified Dividencis and C					
	Worksheet in the instructions for Form 1040, line 44, or the a		1		Part and the	
	ine 13 of the Schedule D Tax Worksheet on page D-10 of the					
	Schedule D (Form 1040), whichever applies (as refigured for t	the AMT, if	1 1			
	necessary) (see the instructions). If you are filing Form 2555		}]			
	see instructions for the amount to enter		38	1,761,250.		
	Enter the amount from Schedule D (Form 1040), line 19 (as re					
	AMT, if necessary) (see instructions). If you are filing Form 25					
	see instructions for the amount to enter		39		Carlo and App	
	If you did not complete a Schedule D Tax Worksheet for the				Tribana	
	AMT, enter the amount from line 38. Otherwise, add lines 38				Caller II	
	the smaller of that result or the amount from line 10 of the S					
	Worksheet (as refigured for the AMT, if necessary). If you are		-			
	or 2555-EZ, see instructions for the amount to enter		40	1,761,250	100000	
	Enter the smaller of line 37 or line 40			**************************************	41	1,761,250.
	Subtract line 41 from line 37				42	2,906,470.
43	If line 42 is \$175,000 or less (\$87,500 or less if married filing	separately), multiply i	line 42 by	26% (.26),		
	Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500					
	the result	•		>	43	810,312.
44	Enter:					· · · · · · · · · · · · · · · · · · ·
	• \$67,900 if married filing jointly or qualifying wildow(er),					
	• \$33,950 if single or married filling separately, or		44	67,900	•	
	• \$45,500 if head of household.				400	
45	Enter the amount from line 7 of the Qualified Dividends and	Capital Gain		•	orional horiz	
	Tax Worksheet in the instructions for Form 1040, line 44, or				mercanilly in	
	line 14 of the Schedule D Tax Worksheet on page D-10 of th					
	Schedule D (Form 1040), whichever applies (as figured for the					
	you did not complete either worksheet for the regular tax, er		45	2,755,906		
	, and and 1000 and protect and a second and a					
46	Subtract line 45 from line 44. If zero or less, enter -0-		46	0	•	
					A PARA PARA PARA PARA PARA PARA PARA PA	
47	Enter the smaller of line 37 or line 38		47	1,761,250	•	
					A STATE OF THE PARTY OF THE PAR	
48	Enter the smaller of line 46 or line 47		48			
					Anna Amar.	
49	Subtract line 48 from line 47		49	1,761,250	•	
50	Multiply line 49 by 15% (.15)				50	264,188.
	If line 39 is zero or blank, skip lines 51 and 52 and go to l	ina 53 Othanvisa d	o to line	51		
	in this 55 to 2010 or Brank, Skip thies 51 and 52 and 90 to	illie ooi o'illei wioe, g		J.,		
51	Subtract line 47 from line 41	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51			
52	Multiply line 51 by 25% (.25)				52	
					-	1,074,500.
53	Add lines 43, 50, and 52	•••••••		••••••••••	53	1,074,500:
E4	If line 37 is \$175,000 or less (\$87,500 or less if married filing	separately) multiply	line 37 h	126% (26)		
- J-1	Otherwise, multiply line 37 by 28% (.28) and subtract \$3,50			, .	1	
					54	1,303,462.
	the result		************			2,200,3024
E	Enter the smaller of line 53 or line 54 here and on line 32. If	you are filing Form 9	555 or 25	55-E7 do not enter		
	this amount on line 32. Instead, enter it on line 4 of the work				55	1,074,500.
_	and amount of the del meteral offer it on the partie wor				<u>~~</u>	Form 6251 (2009)
						, =, ==== . (2000)

1040	U	.S. Individual Income Tax	Return	2009	(99)	RS Use Only - Do no	ot write or	staple in this space,
Label	For the	year Jan. 1-Dec. 31, 2009, or other tax year t	oeginning	, 2009, e	ending	.20		OMB No. 1645-0074
I .	You	first name and initial		Last name			- 1	our social security number
(See L. Instructions A	(RO	Y E		BARNES				
on page 14.)	ifaj	oint return, spouse's first name and ir	itial	Last name	·			pouse's social security number
Use the IRS	. MA	RIE		BARNES				Stephen Valley
label.	Hom	ne address (number and street). If you	have a P.O. box,	see page 14.		Apt. n	0,	You must enter
Otherwise, E	44	7 WHITLOCK AVENU	<u> </u>					▲ your SSN(s) above.▲
please print F or type. E	: UNIV	town or post office, state, and ZiP code. If ye		resa, see page 14.				Checking a box below will not
Presidential		RIETTA, GA 3006						change your tax or refund.
Election Campa	aign 🕨	Check here If you, or your sp	ouse if filing John	tly, want \$3 to go				X You X Spous
Filing Status	, 1	Single		4		•		g person). If the qualifying
	2 1	X Married filing jointly (even if only			•		our dep	endent, enter this child's
Check only	3 [Married filing separately. Enter s	pouse's SSN abov		name he			
one box.		and full name here.						lent child (see page 16) Boxes checked
Exemptions		X Yourself. If someone can claim					,,,,,,,,	con 8a and 8b
•	n /	X Spouse			1 (3) Dec	aendent's	{4}√ if qua	No. of children on 8e who:
		Dependents; (1) First name Last na		ependent's social ecurity number	relation	onship to you	(1)√ i qua ing child child tax o	for a lived with you
	_	i) rist name Last na	1116			you	(вве раде	you due to divorce or separation
If we are then force	_			<u> </u>				(see page 18)
If more than four dependents, see	_			<u> </u>	<u> </u>			Dependents on 6c
page 17 and				<u> </u>		<u> </u>		not entered above Add numbe/s
check here 🕨 l	d_	Total number of exemptions claimed		.1i			1	on None
	7	Wages, salaries, tips, etc. Attach For						150,000
Income	88	Taxable interest. Attach Schedule B						53,811
Attach Form(s)	b				1 - 1		100000000000000000000000000000000000000	
W-2 here. Also attach Forms	9a	Ordinary dividends. Attach Schedule	B if required	*******************	J.,,		9a	75,083
W-2G and	b	Tax-exempt interest. Do not include Ordinary dividends. Attach Schedule Qualified dividends (see page 22)			9b	75,081		
1099-R If tax	10	Taxable refunds, credits, or offsets of	f state and local in	ncome taxes	STMT 1	STMT 3	10	17,951
was withheld.	11	Alimony received						<u> </u>
	12	Business Income or (loss). Attach S						1,427,240
If you did not get a W-2,	13	Capital gain or (loss). Attach Schedu	ile D if required, if	not regulred, check	here	▶□	13	1,732,659
see page 22.	14	Other gains or (losses). Attach Form					. 14	-117,098
	15a	IRA distributions] 15a	1	b Taxable amo	unt	. 151	
Enclose, but do	16 a	Pensions and annuities	16a		b Taxable amo	unt	. 16t	
not aitach, any payment. Also,	17	Rental real estate, royalties, partners	hips, S corporatio	ons, trusts, etc. Attac	h Schedule E		. 17	-161,158
please use	18	Farm income or (loss), Attach Schel Unemployment compensation in excess of	dule F	,			. 18	
Form 1040-V.	19	(see page 27)				.,	. 19	
	20a	,			b Taxable amo	unt (see page 27)	201)
	21	Other income, List type and amount	(see page 29)			ZO BEO		50 850
		BOARD FEES				68,750		68,750
	22	Add the amounts in the far right colo				······	- 22	5,098,639
	23	Educator expenses (see page 29) Certain business expenses of reservisis, p officials. Attach Form 2106 or 2106-EZ	erforming artists, and	fee-basia government	23			grad
Adjusted Gross	24	officials. Attach Form 2106 or 2106-EZ	U		24			
Income	25	Health savings account deduction.			25			
moonio	26	Moving expenses, Attach Form 390			26	19,488	150	
	27	One-half of self-employment tax. At Self-employed SEP, SIMPLE, and q			28	17,400		edir Till gali
	28	Self-employed SEF, Stivings, and q			29	12,138		The state of the s
	29 30				30		•	or house of the second of the
		Penalty on early withdrawal of savin Alimony pald b Recipient's SSN			31a			
	31a 32	IRA deduction (see page 31)		L				A STATE OF THE STA
	33	Student loan interest deduction (se				····	napy)	leave and and and and and and and and and and
	34	Tuition and fees deduction. Attach F					1222	
	35	Domestic production activities dedu					25066	
	36	Add lines 23 through 31a and 32 th			4.		36	
910001	37	Subtract line 36 from line 22. This is			******************		37	

Form 1040 (2009)	R	DY E & MARIE BARNES	200		Page 2
Tax and		Amount from line 37 (adjusted gross income)		38	5,067,013.
Credits		Check You were born before January 2, 1945, Blind. Total boxes			-,,
Standard	,550	if: Spouse was born before January 2, 1945, ☐ Billnd. ehecked ► 392	.		
Deduction for -	Ь	If your spouse itemizes on a seperate return or you were a dual-status alien, see page 35 and check here	h		
People who check any		***************************************	_	40a	554,173.
box on line 39a, 39b, or	- 'b	Itemized deductions (from Schedule A) or your standard deduction (see left margin) If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35)	ю	12.	
40b 01 who		Subtract line 40a from line 38		41	4,512,840.
can be claimed as a	42	Exemptions. If line 38 is \$125, 100 or less and you did not provide housing to a Midwestern displaced	individual.		
dependent.		multiply \$3,650 by the number on line 6d. Otherwise, see page 37			4,866.
]	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	4,507,974.
All others:	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972			1,195,903.
Single or	45	Alternative minimum tax. Attach Form 6251			0.
Married filing	48	Add lines 44 and 45		46	1,195,903.
separately, \$5,700	47		8,741		
Married Illing	48	Credit for child and dependent care expenses. Attach Form 2441 48	4/122		
Jointly or Qualifying	49	Education gredits from Form 8863, line 29			
włdow(er), \$11,400	50	Retirement savings contributions credit. Attach Form 8880 50			
Head of	51	Child tax credit (see page 42) 51			
household, \$8,350	52	Credits from Form: a 8396 b 8839 c 5695 52			
\$0,000	53	Other credits from Form: a 3800 b 8801 c 53			
	54	Add lines 47 through 53. These are your total credits		54	8,741.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-			1,187,162.
Other	56				38,975.
Taxes	57	Self-employment tax. Attach Schedule SE Unreported social security and Medicare tax from Form: a 4137 b 8919	• * • • • • • • • • • • • • • • • • • •	57	30,5,5
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			
	59	Additional taxes: a Atlac payments b X Household employment taxes. Attach Schedule H			1,859.
	60	Add lines 55 through 59. This is your total lax	·····	60	1,227,996.
Payment		Federal income tax withheld from Forms W-2 and 1099 61 2	6,060		
, «յ,,,,			8,703		
		Making work pay and government retiree credits. Attach Schedule M 63	,	1000	
If you have	•	a Earned income credit (EIC)			
a qualifying child, altach	Γ΄.	Nontaxable combat pay election 64b			
Schedule ElC,	65	Additional child tax credit, Attach Form 8812 65		77777	
	66	Refundable education credit from Form 8863, line 16		5117acrada 277acrada	
	67	First-time homebuyer credit. Attach Form 5405 67		ine and the time to the	
	68	Amount paid with request for extension to file (see page 72) 68			
	69	Excess social security and tier 1 RRTA tax withheld (see page 72) 69			
	70	Credits from Form: a 2439 b 4136 c 8801 d 8885 70			
	71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments		7 1	344,763.
Refund		If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid		72	
Direct deposit?		a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	, ▶ 🔲	73a	
See page 73 and fill in 73b,		Doubling		History History	
73o, and 73d, or Form 8888.	74			4000	
Amount	75			75	883,233.
You Owe	> 76	Estimated tax penalty (see page 74)			THE PERSON NAMED IN THE PE
Third Pa	rty	Do you want to allow another person to discuss this return with the IRS (see page 75)?	Complete th	e following	. No
Designe	e ļ	esigned's Page (770) 42	2-050) () Persons	l Identification (PIN)
Sign	Unc	er penalties of perjury, I deciare that I have examined this return and accompanying schedules and statements, and to the complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my k	nowledge ar	d-belief, they are true, correct,
Here	and	Your signature Date Your occupation		Day	lme phone number
Joint return? See page 15.		ATTORNEY		1	•
Каер а сору		Spouse's signature. If a joint return, DOTI must sign. Date Spouse's accupation		200000	
for your records,		HOMEMAKER			
Paid	Pre		eck If self-	Prapara	's SSN or PTIN
Prepare	"S ^{slgr}		ployed	_ _3	
Use Only	,	's name (or MOORE & CUBBEDGE, LLP	TĒĪ		
	you	s if self-am- 366 POWDER SPRINGS ST	Ph	оле по. (7	70) 422-0500
910002 10-20-09		ed), address, MARIETTA, GA 30064			

SCHEDULE A

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

➤ Attach to Form 1040. ➤ See Instructions for Schedule A (Form 1040).

2009
Attachment

ROY E & MARIE BARNES Medical Caution. Do not include expenses reimbursed or paid by others. and Medical and dental expenses (See page A-1.) 1 Dental Expenses Multiply line 2 by 7.5% (.075) 3 Subtract line 3 from line 1. If line 3 is more than line 1, enter-0-Taxes You State and local (check only one box): Paid a X Income taxes, or SEE STATEMENT 142,903. 5 General sales taxes (See 20,602. page A-2.) Real estate taxes (See page A-5.) New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b Other taxes. List type and amount R 163,505. Home mortgage Interest and points reported to you on Form 1098

Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address Interest 28,401, 10 You Paid (See page A-6.1 Note. 11 Personal Points not reported to you on Form 1098 12 Interest Is Qualified mortgage insurance premiums (See page A-7.) 13 not deductible. Investment Interest. Attach Form 4952 if required. (See page A-8.) STMT 15,560. 14 43,961. Add lines 10 through 14 Gifts by cash or check SEE STATEMENT 8 195,709. Gifts to 16 Charity Other than by cash or check, If any gift of \$250 or more, see page A-8. If you made a You must attach Form 8283 if over \$500 200,000 17 gift and got a Carryover from prior year 18 benefit for it, see page A-8. 395,709. Add lines 16 through 18 19 Casualty and Theft Losses Casualty or theft loss(es). Attach Form 4684. (See page A-10.) Job Expenses Unreimbursed employee expenses - job travel, union dues, job education, etc. and Certain Attach Form 2106 or 2106-EZ if required. (See page A-10.) Miscellaneous **Deductions** 21 22 Other expenses - investment, safe deposit box, etc. List type and amount (See page A-10.} 23 Add lines 21 through 23 24 Enter amount from Form 1040, line 38 _____ 25 Multiply line 25 by 2% (.02) 26 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-27 Other 28 Other - from list on page A-11. List type and amount Miscellaneous Deductions 28 Total Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? Itemized No. Your deduction is not limited. Add the amounts in the far right column **Deductions** for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. STMT 554,173. X Yes. Your deduction may be limited. See page A-11 for the amount to enter. 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 1040, 1040NR, or Form 1041. ➤ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. 13

Name(s) shown on return

ROY E & MARIE BARNES

Your social security number
ALCO ACCOUNTS
many the real of the second

P	Income or Loss From Renta Schedule Cor C-EZ (see page E-3). If you							Il property, use
1	List the type and address of each rental real estate					ch rental real estate		Yes No
	HOUSES - BARNES LAND &		-	LC .		1, did you or your		100 100
´`					during	the tax year for per	sonal purposes	A X
В	SLAWSON PETROLEUM					re than the greater	of:	<u> </u>
٦,						days or		В
Ç			· · · · · · · · · · · · · · · · · · ·	·		% of the total days i tal value?	ented at fair	
						age E-3)		c
		ĺ		Prope	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Totals
mo	come:	ŀ	A	, , , , , , , , , , , , , , , , , , ,		С	(Add co	lumns A, B, and C.)
9	Rents received	3	303,412.		<u> </u>		3	303,412.
	Royalties received	4			500.		4	500.
Ex	penses:						Metavach	3001
	Advertising	5					A Comment of the Comm	
6	Auto and travel (see page E-4)	6					ATTORN CANALA CONTRACTOR A	
	Cleaning and maintenance	7	-	·		· · · · · · · · · · · · · · · · · · ·	O STATE OF THE PARTY OF THE PAR	
		8						
9	Commissions	9	16,093.				TOPIC CAN	
	Insurance Legal and other professional fees	10	10,0551				ineral tall	
		11	· · · · · · · · · · · · · · · · · ·				Tentro Chica	
10	Management fees	'-				••••		
12	Mortgage interest paid to banks, etc.	٠						
40	(see page E-5)	12 13	122,726.				12	
	Other interest						in marinda.	
	Repairs	14	127,327.				75 Marie	
	Supplies	15					17.1.20	
	Taxes	16	64,187.				150100000	
	Utilitles	17	12,643.					
18	Other (fist)		2 222					
	SEE STATEMENT 14		3,828.				1,237,174,194	
		18					Surfaces (Ass.)	
	•	,-					JETUM KIA	
							4500	
					.,,.		The state of the s	
19	Add lines 5 through 18	19	346,804.				19	346,804.
20	the state of the s	20	132,382.				20	132,382.
21	Total expenses. Add lines 19 and 20	21	479,186.				Control of the Contro	
99	Income or (loss) from rental real estate	. !	ļ				THE COURT	
	or royalty properties. Subtract line 21							
	from line 3 (rents) or line 4 (royalties).						Color Posterio	
	If the result is a (loss), see page E-5 to							
	find out if you must file Form 6198	22	-175,774.		500.		1700	
0.2	Deductible rental real estate loss. Caution.						12.37	
20	Your rental real estate loss on line 22 may							
	be limited, See page E-5 to find out if you						7.077/45	
	must file Form 8582. Real estate professionals						Transfer of the second	
	must complete line 43 on page 2	23	185,954);	()	
24	Income, Add positive amounts shown on line 22.	Do noti	nclude any losses				24	500.
	Losses. Add royalty losses from line 22 and rental			ter total lo	sses here			185,954)
	Total rental real estate and royalty income or (lo							
	If Parts II, III, IV, and line 40 on page 2 do not appl							
	line 17, or Form 1040NR, line 18. Otherwise, include						26	-185,454.
92	491 10-23-09 LHA For Paperwork Reduction							e E (Form 1040) 2009

6251

Alternative Minimum Tax - Individuals

► Attach to Form 1040 or Form 1040NR.

2009
Attachment
Sapuence No. 32

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

Aur englet escurity sumbe

	Y E & MARIE BARNES		المرا المستقد
	intil Alternative Minimum Taxable Income		
1	# filling Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 8), and go to line 2. Otherwise,		
	enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.)	1 1	4,512,840.
	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	
	Taxes from Schedule A (Form 1040), lines 5, 6, and 8	3	163,505.
	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	· · · · · · · · · · · · · · · · · · ·
	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
	If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filling separately), enter the amount from line 11		· · · · · · · · · · · · · · · · · · ·
	of the Itemized Deductions Worksheet on page A-11 of the Instructions for Schedule A (Form 1040)	6	-49,002.
	If filling Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule	7	
	Tax refund from Form 1040, line 10 or line 21	8	-17,951.
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	
	Alternative tax net operating loss deduction	12	
13	Interest from specified private activity bonds exempt from the regular tax	13	
1/	Qualified small business stock (7% of gain excluded under section 1202)	14	·
15	Exercise of incentive stock options (excess of AMT income over regular tax income)		
10	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)	17	-9,836.
	Disposition of property (difference between AMT and regular tax gain or ioss)	18	
19	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 23	19	-7,051.
	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 22	20	66,124.
	(radinantes) and a contraction of the contraction	21	
	Circulation costs (difference between regular tax and AMT)	22	
	Long-term contracts (difference between AMT and regular tax income)	23	
24	Mining costs (difference between regular tax and AMT)	24	
	Research and experimental costs (difference between regular tax and AMT)	25	
26	Income from certain installment sales before January 1, 1987	26	
27	Intangible drilling costs preference	27	
28	Other adjustments, including income-based related adjustments	28	
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filling separately and line		
_	29 is more than \$216,900, see instructions.)	29	4,658,629.
P	artill Alternative Minimum Tax (AMT)		<u> </u>
30	Exemption. (If you were under age 24 at the end of 2009, 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 \$46,700 \]		
	Single or head of household \$112,500 \$46,700		
	Married filing jointly or qualifying widow(er) 150,000 70,950 Married filing separately 75,000 35,475	30	0.
	If line 29 is over the amount shown above for your filling status, see instructions.		
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines		
	34 and 36 and skip the rest of Part II	31	4,658,629.
32	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter.	39836	· · · · · · · · · · · · · · · · · · ·
	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured	32	1,071,954.
	for the AMT, If necessary), complete Part III on page 2 and enter the amount from line 55 here.	10.2006	
		2.5	
	• All others: if line 31 is \$175,000 or less (\$87,500 or less if married filling separately), multiply line 31 by	開發制	
	26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling		
ga	26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling separately) from the result.	93	8 7 4 1
	26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling separately) from the result. Alternative minimum tax foreign tax credit (see Instructions)	33	8,741.
34	26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. Alternative minimum tax foreign tax credit (see Instructions) Tentative minimum tax. Subtract line 33 from line 32		8,741. 1,063,213.
34	26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filling separately) from the result. Alternative minimum tax foreign tax credit (see instructions) Tentative minimum tax. Subtract line 33 from line 32 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47).	33	
34 35	26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. Alternative minimum tax foreign tax credit (see Instructions) Tentative minimum tax. Subtract line 33 from line 32	33	8,741. 1,063,213. 1,187,162.

Ρ.	ttill Tax Computation Using Maximum Capital Gains Rates) La Lev	M-SHP	
37	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ,	enter ti	e amount from		
	line 3 of the worksheet in the instructions			37	4,658,629.
	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax	í 1		1389	
	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 refigured for the AMT, if]		140	
	necessary) (see the instructions), if you are filing Form 2555 or 2555-EZ,				
	see instructions for the amount to enter	38	1,761,250.	30.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000	
	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the				
	AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ,				
	see Instructions for the amount to enter	39			
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the			22.46	
	AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter			7.0	
	the smaller of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555				
	or 2555-EZ, see instructions for the amount to enter	40	1,761,250.		
41	Enter the smaller of line 37 or line 40			41	1,761,250.
	Subtract line 41 from line 37			42	2,897,379.
43	If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply li	ine 42 t	ov 26% (,26).		
	Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married fill)				
	the result	•	• • • • • • • • • • • • • • • • • • • •	43	807,766.
44	Enter:				
	• \$67,900 If married filing jointly or qualifying widow(er),				
	• \$33,950 if single or married filling separately, or	44	67,900.		
	• \$45,500 if head of household.			1997	
45	Enter the amount from line 7 of the Qualified Dividends and Capital Gain			秦城	
	Tax Worksheet in the Instructions for Form 1040, line 44, or the amount from			图影	
	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	2,746,724.		
46	Subtract line 45 from line 44. If zero or less, enter -0-	46	0.	1000	
47	Enter the smaller of line 37 or line 38	47	1,761,250.	1994	
48	Enter the smaller of line 46 or line 47	48			
49	Subtract line 48 from line 47	49	1,761,250.	学 篇	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
50	Multiply line 49 by 15% (.15)		>	50	264,188.
				3.0	
	If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go	o to lin	e 51.	教理	
51	Subtract line 47 from line 41	51			
52	Multiply line 51 by 25% (.25)		>	52	
53	Add ilnes 43, 50, and 52			53	1,071,954.
54	If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply l	line 37	by 26% (,26).		
	Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married fill	ing sep	arately) from		
	the result	• .	• •	54	1,300,916.
55	Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 25	55 or 2	555-EZ, do not enter		
	this amount on line 32. Instead, enter it on line 4 of the worksheet in the instruction			55	1,071,954.
					Form 6251 (2009)



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

Georgia Form 500X (Rev. 1/10)
Amended Individual Income Tax Return

		YOUR FIRST	NAME	-	MI E	and the same	OCIAL SECURITY NUMI	3ER	
		YOUR LAST BARNES	NAME		 _	SUFFIX	<u></u>	·· ·	
ATION		SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY MARIE						NUMBER	
ORM		LAST NAME BARNES				SUFFIX			
TAXPAYER INFORMATION		ADDRESS (NUMBER AND STREET or P.O, BOX) (Use 2nd address line for Apt., Suite or Building Number)						F ADDRESS HAS CHANGED	
TAXE		CITY MARIET	TA		STATE GA	ZIP C0 300			
		(COUNTRY II	FOREIGN)	ngangan nganan di sanggan mala di di dilambi di salah ya ki bibbi.					
		Filing Status Claimed	Single Marrie On This Return [] Note: You cannot change from Married	[X]	1]	ely Head of Household [ely after the due date o	1	
		Residency	On This Return [X] Full Year	Resident [Part Year Reside	ent From	n To	[] Nonresident	
	Was a Federal Amended Return Filed? [X] Yes [] No. If YES, Please Attach Copy.								
		Calendar Year 2009 or Fiscal Year Ending As originally reported or as adjusted Increase or Decrease				C Correct Amount			
		1. Federal	Adjusted Gross Income (from Form 1040)).	5,067	,013.	9,091.	5,076,104.	
			come (Georgia adjusted gross Income) Form	n 500.		0.01	0.001	T 0.00 0.00	
			any changes on Page 2.		5,059	,881. ,173.		5,068,972. 554,082.	
			rd or Itemized Deductions.)		$\frac{1}{400}$		5,400.	
			lons. If changing fill in Part I and Part IV of F Income. Subtract Lines 3 and 4 from Line 2				9,182.		
		6. Total Ta	······································	۷.		,758.		270,309.	
S	-		ax Income Tax Withheld	····		,690.		8,690.	
PAYMENTS AND CREDITS		8. Other C			 	70201		7,000	
何品	1		ed Tax Payments; Georgia Form 500		94	,925.		94,925.	
120		<u> </u>	t paid with original return, plus additional pa	vments made a	 		<u></u>	166,143.	
A P			Lines 7 through 10, Column C	,			· · · · · · · · · · · · · · · · · · ·	269,758.	
	Т		yment, if any, shown on original return; Geo	rola Form 500				0.	
<u>س</u> ظ	1		at Line 12 from Line 11 and enter result					269,758.	
REFUND OR	1		3, Column C is more than Line 13, subtract I	Line 13 from Lir	ne 6, enter Bal	ance Due.		551.	
	2	15. Add Int	erest (1% per month from the due date)						
E A		16. Total of	Lines 14 and 15. Pay in full with this Return	1				551.	
H A	9	17. If Line 6	3, Column C is less than Line 13, subtract Li	ine 13 from Line	e 6, enter refur	nd to be re	celved.		
L			t to be credited to Estimated Tax; Year				Amount		
			f perjury, I declare that I have filed an original return and the		his amended return	Including ac	companying schedules and state	ements, and to the best of	
		my кломлеоде an lgn Here	d belief this amended ratum is true, correct, and complete.	•					
	_	- —	Signature	Date	Spouse's	Signature	;	Date	
_									
S	igi	nature of prep	parer other than taxpayer, based on all inforr	nation of which	s/he has any	knowledge	e Date ID numb	er of preparer	

500X



Part I Exemp									
Number of exemptions claimed on original return									
	exemptions claimed on this return						2		
3. Difference, if	any								
Dependents (ch	nildren and other) not claimed on the or	ginal (or adjus	ted) re	turn:					
If more than	First Name Las			Social Security N	Vumber	Relati	onship to you		
three		· · · · · · · · · · · · · · · · · · ·							
additional dependents,	,								
attach a list					4				
	Standard Deduction for Yourself and Sp	OCUSO		65 or over	Bilnd				
	y those boxes not checked on original		eif	[] [1 1	Enter Number of boxes			
	only if Standard Deduction is used)				1	checked >			
	only if Standard Deduction is used) outation of Georgia Taxable Income for				nts				
Fait II, 5 Comp	Attacked of Georgia Laxable (feeline fe	v beir boat Is							
				eral Income after rgia Adjustments		icome Not ble to Georgia	GEORGIA INCOME		
				COLUMN A.		OLUMN B.	COLUMN C.		
1	as Tips Sta				·				
	es, Tips, Etc				 		·		
	Dividends								
	ome or (loss)			•	 		1		
	or (loss)				 				
i	Total Lines 1 through 4	**************			 				
Adjustments						•	ļ		
6. Total from Fed	deral Form 1040	*************			-				
	Adjustments, explain in PART IV below				 				
	ss Income; Line 5 plus or minus Lines 6				1.		/M-11. /4000/		
	a Line 8, Golumn C by Column A - Enter					%)	(Not to exceed 100%)		
	tandard Deduction								
	mptions						_		
	ons and Exemptions: Add Lines 10 and								
13. Multiply Line	12 by Ratio on Line 9 and enter result	.,							
	ble Income: Subtract Line 13 from Line		ne 50 c	n page 1					
Part III. Disab	pility OR retirement income exclusion	you			spo	ouse			
Date	of birth OR disability				spa	ouse			
Туре	of disability	you				use			
Dowl IV PVP	I ANATION OF CHANGES to farence								
	LANATION OF CHANGES to Income,	Degactions, i	evemb	nons, and Great	.a. 2(10W	computations (n uetan,		
	ach applicable schedules.								
	BEING AMENDED TO CO	RRECT T	HE I	REPORTING	OF F	RENTAL PR	COPERTY		
DEPRECIATI	ION								
				•					
1									
INSTRUCTIONS	1								
	f your orlginal and amended federal return. Jeing amended due to a K-1, Include the origi	nal and amende	d K-1						
3. If you are filing	an amended return to claim the low income of	redit, the claim i	nust be	filed by the end of th	he 12th m	onth following the	close of		
the taxable year	for which the credit may be claimed.								
4. If you want all o	or part of the refund applied to estimated tax, being amended due to a W-2, include a copy	indicate this with	i the yea	ar and the amount or	n Line 18.				
լ թ, ուսеյեստոն	ленту антепшен ние се а муча, плотине а сору г	いたいは タターとも							

MAIL COMPLETED RETURN TO: GEORGIA DEPARTMENT OF REVENUE, PROCESSING CENTER, P.O. BOX 740318, ATLANTA, GEORGIA 30374-0318

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. $^{945022}_{01\text{-}20\text{-}10}$

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

Dee se	Salare illerincholler		
Your first name and middle initial ROY E BARNES	Your last name		Your social security number
If a joint return, your spouse's first name and middle initial MARIE BARNES	Your spouse's last n	ame	Your spouse's social security no.
Your current home address (number and street). If you have a P.O. 447 WHITLOCK AVENUE	box, see instructions.	Apt. no.	Your phone number
Your city, town or post office, state, and ZIP code. If you have a for MARIETTA, GA 30064	reign address, see instructions		
All filers must complete lines A, B, and C.			
A Amended return filing status. You must check one box even if you status from joint to separate returns after the due date. Single Qualifying widow(er) Head of household (if the qualifying widow(er))	ou are not changing your filing st Married filing separately ualifying person is a child but not		
B This return is for calendar year X 2009 2008 Other year. Enter one: calendar year or fiscal year (n	2007 2006 nonth and year ended):		
C Explanation of changes. In the space provided below, tell us why RETURN IS BEING AMENDED TO CORRECT DEPRECIATION		RENTAL	PROPERTY

ncome and Deductions		Correct Amount
1 Adjusted gross income (see instructions). If net operating loss (NOL) carryback is included, check here	1	5,076,104.
2 Itemized deductions or standard deduction (see page 6 of instructions)	2	554,082.
3 Subtract line 2 from line 1	3	4,522,022.
4 Exemptions, if changing, complete the Exemptions section on page 2 and enter the amount from		
line 30 (see page 6 of instructions)	4	4,866.
5 Taxable Income. Subtract line 4 from line 3	5	4,517,156.
Tax Liability		
6 Tax (see page 7 of instructions). Enter method used to figure tax: QDCGTW	6	1,199,117.
7 Credits (see page 8 of instructions). If general business credit carryback is included, check here	7	8,741.
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	В	1,190,376.
9 Other taxes (see page 8 of instructions)		40,834.
10 Total tax, Add lines 8 and 9		1,231,210.
Payments		
11 Federal Income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see page 8		
of instructions)	11	26,060.
12 Estimated tax payments, including amount applied from prior year's return (see page 8 of instructions)	12	318,703.
13 Earned income credit (EIC) (see page 8 of Instructions)	13	
13 Earned income credit (EIC) (see page 8 of instructions) 14 Refundable credits from Schedule M or Form(s) 2439 4136 5405 8801 8812		
8863 8885 or cher (specify):	14	
15 Total amount paid with request for extension of time to file, tax paid with original return, and		
additional tax paid after return was filed (see page 9 of Instructions)	15	883,233.
16 Total payments. Add lines 11 through 15	. 16	1,227,996.
Refund or Amount You Owe (Note. Allow 8-12 weeks to process Form 1040X.)		
17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS (see page 9 of		
instructions)	. 17	
18- Subtract line 17 from line 16 (If less than zero, see page 9 of instructions)		1,227,996.
To babatas into 11 form into 15 (il 1000 start boly) oce page o of into decisio)		
19 Amount you owe. If line 10 is more than line 18, enter the difference (see page 9 of instructions)		3,∠⊥4.
	. 19	3,214.
19 Amount you owe. If line 10 is more than line 18, enter the difference (see page 9 of instructions)	. <u>19</u> . 20	3,214.

Form 1040X (Rev, 01-2010)



Exemptions

Complete this part only if you are									
Increasing or decreasing the nu	•		-						
Increasing or decreasing the ex	cemption amount for i	housing individuals disp	placed by Hu	ırricane Katrina	or a Midwesterr	n disasi 1			
See Form 1040 or Form 1040A in	structions and page	10 of Form 1040X Instru	ictions.				Correct Ar	: Num noun	
23 Yourself and spouse. Caution.	lf someone can cleim	vou as a dependent vo	nu cannot cl	alm an exemptio	n for vourself	23			-
24 Your dependent children who		you do a dopondonty y				24			
						25			
'	Your dependent children who did not live with you due to divorce or separation Other dependents Total number of exemptions. Add lines 23 through 26								
						26 27			
28 Multiply the number of exem						2/			
for line 28 for the year you a						28			
29 If you are claiming an exemp						20			
amount from Form 8914, line	-					00			
displaced by a Midwestern of						29			
30 Add lines 28 and 29. Enter t						30			•
31 List ALL dependents (childre	en and others) claime	d on this amended retu						T ran ci	neck box if
(a) First name	Last nam	ę	(b) Dep	endent's social urity number	relations	endent's hip to yo	u	qual	fying child Id tax credit
				·	1			101 011	To Tax STOCK
							····		
					ļ				
								-	
Check here if this is a joint Checklist Before mailing this form, remem Complete name, address Complete lines A, B, and Complete lines 1 through Complete lines 23 through Attach any supporting data Sign and date this form Sign Here Remember to keep a copy of Under penalties of perjury, I deschedules and statements, and (other than taxpayer) is based of complete lines in the lines of perjury.	iber to s, and social security I C on page 1 n 22 on page 2, if re- gh 31 on page 2, if re- couments and new o this form for your re- ciare that I have filed if to the best of my kn	number quired r changed forms and so cords. an original return and th owledge and belief, this	chedules nat I have ex a amended r	amined this ame etum is true, coi	ended retum, in	-		, -	
>									
Your signature		Date	Spouse's s	ignature, if a joir	nt return, both r	nust sig	gn. Date		
Paid Preparer's Use Only									
7									
Preparer's signature MOORE & CUBBEDG 366 POWDER SPRI MARIETTA, GA 30	ngs st	Date							
Firm's name (or yours if self-en		d ZIP code Check if self-er	nployed	(770) 4:	22-0500	4			
Preparer's SSN or PTIN				Phone number		EIN			

For forms and publications, visit IRS on the Web at www.irs.gov.



Version 1 Georgia Form 500 (Rev. 11/09) Individual Income Tax Return Georgia Department of Revenue DEL T EXT Page 1 2009 (Approved software version) YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER M 1. ROY Ε Special Program Code See Tax Booklet on Page 8 SUFFIX LAST NAME BARNES SPOUSE'S FIRST NAME М SPOUSE'S SOCIAL SECURITY NUMBER MARIE DEPARTMENT USE ONLY LAST NAME SUFFIX BARNES ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) HAS CHANGED 2. 447 WHITLOCK AVENUE STATE ZIP CODE 3. MARIETTA 30064 GA(COUNTRY IF FOREIGN) Residency Status 4. 1. 4. Enter your Residency Status with the appropriate number 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 3. NONRESIDENT Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6 Filing Statue ▶ 5. B 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 10) A. Single B. Married filling joint C. Married filling separate (spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er) 6a. Yourself X 6b. Spouse X 6c. 2 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 7. Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, Ml. Last Name Social Security Number Relationship to You First Name, MI. Last Name Social Security Number Relationship to You First Name, Mi. Last Name Relationship to You Social Security Number

945001 11-16-09

As Amended

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2009 [

Version 1



Page 2

YOUR SOCIAL SECURITY NUMBER

7a. Number of Dependents (DO NOT include yourself or your spouse)	7a.	
7b. Add Lines 6c and 7a. Enter total	7b.	2
If amount on line 8, 9, 10, 13 or 15 is negative, check box. Example:		
8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040EZ) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross	8, Income is less	5 , 0 7 6 , 1 0 4 s 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 10, Line 9)	9,	-7,132
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	10.	5,068,972
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) See Tax Booklet on Page 11 Line 11	11a.	
b. Self: 65 or over? Blind? Spouse: 65 or over? Blind?		
Total of boxes x 1,300= c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)	11b.	
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use Itemized deductions, you a. Federal Itemized Deductions (Schedule A - Form 1040)		se Federal Schedule A 554,082
b. Less adjustments: see Tax Booklet on Page 12, Line 12	12b.	•
c. Georgia Total Itemized Deductions	120.	554,082
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	- 🗌 13,	4,514,890
14a. Number on Line 8c. 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.	4,509,490
16. Tax (Use Tax Table in the Tax Booklet on Pages 19-21)	- 16.	270,309
17. Credits from Schedule 2, Page 5, Line 11 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,	270,309
19. Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose W-2s, 1099s, etc.)	1 9,	8,690
20. Estimated Tax for 2009 and Form IT-560	20.	94,925
21. Low Income Credit (See Tax Booklet on Page 13) 21a. > 21b. >	21c.	
945002 11-16-08 40 1019-050 2009	GA 004	T1 09

Georgia Form 500

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Individual Income Tax Return Georgia Department of Revenue

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22.	Department Use Only	DO NOT WRITE IN THIS BOX									
23.	Total prepayment credits (Add Lines 1	9, 20 and 21c)		. ▶	23,	103,615					
24.	If Line 18 exceeds Line 23 enter BALA	NCE DUE STATE		, >	24.	166,694					
25.	If Line 23 exceeds Line 18 enter OVER	PAYMENT amount		. >	25.						
26.	Amount to be credited to 2010 ESTI	MATED TAX		•	26.						
27.	Georgia Wildlife Conservation Fund (N	o glft 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 g	ft of less than \$1.00)		. ▶	29.						
30.	Statewide Land Conservation Progran	(No gift of less than \$1.00)		. 🕨	30.						
31.	Georgia National Guard Foundation (N	o gift of less than \$1,00)		. >	31,						
32.	Dog & Cat Sterilization Fund (No gift o	f less than \$1.00)		. 🕨	32.						
33.	Save the Cure Fund (No gift of less ti	nan \$1.00)		▶	33.						
34,	Georgia Student Finance Authority Fu	nd (No gift of less than \$1.00)		▶	34.						
35,	Form 500 UET (Estimated tax penalt			▶	35,	5,950					
	(If you owe) Add Lines 24, 27 thru 35 THIS IS THE AMOUNT YOU OWE	1 		>	36.	172,644					
37.	(If you are due a refund) Subtract the THIS IS YOUR REFUND		ne 25	>	37.						
(F	PO BO)	IA DEPARTMENT OF REVENUE SSING CENTER (740399 FA, GA 30374-0399	(REFUND) Blue Label:	PRO- PO B	RGIA DEPARTMEN CESSING CENTER IOX 740380 ANTA, GA 30374-0						
	ENCLOSE ALL ITEM	IS IN RETURN ENVELOPE. DO 1	NOT STAPLE YOUR CHECK, W-2'S	OR	TAX RETURN						
per	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 N	UMBER								
-	Taxpayer's Signature (Check	s box if deceased) DATE									
-	Spouse's Signature (Check	(box if deceased) DATE	BREDARED OTHER THAN TAVE	ANERT							

0.450.1

Signature of Preparer

945011 11-16-09

this return with the named preparer. YES X NO

As Amended

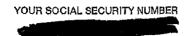
PHONE NUMBER

PREPARER'S SSN/PTIN

V. 10



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Georgia Form **500** Individual Income Tax Return Georgia Department of Revenue

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SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see Tax Booklet on Pages 10 and 11)

	DITIONS to INCOME						
1.	Interest on Non-Georgia Muni	icipal and State Bonds	****************		>	1.	
2.	Lump Sum Distributions	************************************			>	2.	
	Federal deduction for Income attr (IRC Section 199)	ibutable to domestic produ	otion activities		>	3,	
4.	Other (specify) SE	E STATEMENT	1		\blacktriangleright	4,	34,971
	Total Additions (enter sum of 3TRACTION from INCO		1+32)++3++4+1+4+4+1/+		>	5.	34,971
6.	Retirement Income Exclusion	n (see Tax Booklet on Pa	age 10)	•			
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 (Tax	able portion from Feder	ral retum)		>	7.	
8.	Georgia Higher Education Sa	avings Plan			>	8.	
9.	Interest on United States Ob	oligations (See Tax Book	det on Page 1	O)	>	9.	
10.	Other Adjustments (specify)	Adjustment				Amount	
	SEE STA	Adjustment				Amount	
		Adjustment				Amount	
		Adjustment				Amount	
		Total			>	10.	42,103
			1		>	11.	42,103
12.	Net Adjustments (Line 5 less Enter Net Total here and on) of form 500		>	X 12.	-7,132

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SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (see Tax Booklet on Pages 12 and 15)

1.	Other State Credit(s) Tax Cre	dit (see Tax Booklet on Page 14)	> 1,							
2.	ance Credit, Qualified Caregi	ving Expense Credit, Georgia Nationa	on Home Purchase or Retrofit Credit, Driver Education Credit, Disaster Assist- I Guard/Air National Guard Credit, Child and Dependent Care Expense Credit,							
3.	Low and Zero Emission Vehic	ole Credit	▶ 3.							
4.	Qualified Education Expense Credit (Individual/Non pass through)									
5,	Clean Energy Property Credi	t (Individual/Non paesthrough)	> 5.							
	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 10. See Tax Booklet on Page 15 for a list of available credits and their applicable codes.									
6.	COMPANY NAME		CREDIT CODE TYPE							
	OWNERSHIP	FEIN .	CREDIT CLAIMED ON THIS RETURN							
7.	COMPANY NAME		CREDIT CODE TYPE							
	OWNERSHIP	FEÍN	CREDIT CLAIMED ON THIS RETURN							
8.	COMPANY NAME		CREDIT CODE TYPE							
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN							
9,	COMPANY NAME		CREDIT CODE TYPE							
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN							
10	. Any additional pass-through	r credits claimed (attach schedule)	▶ 10.							
11	, Enter the total of Lines 1 thr	rough 10 here and on Line 17, Pg 2 of	500 form ► 11.							

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2009 Version 1 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 12 and Page 14. INCOME NOT TAXABLE TO GEORGIA FEDERAL INCOME AFTER GEORGIA ADJUSTMENT GEORGIA INCOME INCOME (COLUMN A) INCOME (COLUMN B) INCOME (COLUMN C) WAGES, SALARIES, TIPS, etc 1. WAGES, SALARIES, TIPS, etc. 1. WAGES, SALARIES, TIPS, etc. INTERESTS AND DIVIDENDS 2. INTERESTS AND DIVIDENDS INTERESTS AND DIVIDENDS BUSINESS INCOME OR (LOSS) 3. BUSINESS INCOME OR (LOSS) 3. BUSINESS INCOME OR (LOSS) OTHER INCOME OR (LOSS) OTHER INCOME OR (LOSS) OTHER INCOME OR (LOSS) 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 TOTAL INCOME; TOTAL LINES 1 THRU 4 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 TOTAL ADJUSTMENTS FROM FORM 1040 TOTAL ADJUSTMENTS FROM FORM 1040 .6, TOTAL ADJUSTMENTS FROM FORM 1040 TOTAL ADJUSTMENTS FROM FORM 500, 7. TOTAL ADJUSTMENTS FROM FORM 500. TOTAL ADJUSTMENTS FROM FORM 500. SCHEDULE 1, PAGE 4 SCHEDULE 1, PAGE 4. SCHEDULE 1, PAGE 4 8 ADJUSTED GROSS INCOME: ADJUSTED GROSS INCOME: ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 LINE 6 PLUS OR MINUS LINES 6 AND 7 LINE 5 PLUS OR MINUS LINES 6 AND 7 RATIO; Divide Line 8, Column C by Line 8, Column A. Enter percentage 9. 9. % Not to exceed 100% 10. Itemized or Standard Deduction (see Tax Booklet, Page 16, Line 10) Personal Exemption from Form 500, Page 2 (see Tax Booklet, Page 16, Line 11a-c) 11. multiplied by \$2,700 \blacktriangleright 11a. '11a. Number on Line 6c. multiplied by \$3,000 \rightarrow 11b. 11h. Number on Line 7a. 11c. Add Lines 11a, and 11b. Entertotal > 11c. Total Deductions and Exemptions; Add Lines 10 and 11c ______ 12. 12. Multiply Line 12 by Ratio on Line 9 and enter result ______ 13. 13. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C 14.

List the state(s) in which the income in Column B was earned and/or to which it was reported. 11-16-09

Enter here and on Line 15, Page 2 of Form 500

1.

2.



Version 1 Georgia Form 500 (Rev. 11/09) Individual Income Tax Return Georgia Department of Revenue DEL T EXT T 2009 (Approved software version) Page 1 YOUR FIRST NAME М YOUR SOCIAL SECURITY NUMBER 1. ROY Ε Special Program Code See Tax Booklet on Page 8 LAST NAME SUFFIX BARNES SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER MARIE DEPARTMENT USE ONLY LAST NAME SUFFIX BARNES **CHECK IF ADDRESS** ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) HAS CHANGED 2. 447 WHITLOCK AVENUE CITY STATE ZIP CODE 3. MARIETTA 30064 (COUNTRY IF FOREIGN) Residency Status 4. Enter your Residency Status with the appropriate number 4, 1 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 3. NONRESIDENT Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Schedule 3 of Form 500, page 6 Filing Status 5. Enter Filing Status with appropriate letter (See Tax Booklet Page 10) A. Single B. Married filling joint C. Married filling separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er) 6a, Yourself 6b. Spouse 💢 6c. 2 6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 7. Dependents - (If you have more than 3 dependents, attach a list of additional dependents) First Name, MI. Last Name Social Security Number Relationship to You First Name, ML Last Name Social Security Number Relationship to You First Name, MI. Last Name Social Security Number Relationship to You

945001 11-16-09

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue

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2009



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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) (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more you must enclose a copy of your Federal Form 1040 Pages 1 and 2.		8, ne is less	5,067,013 than your W-2's,
9. Adjustments from Schedule 1 (see Tax Booklet on Page 10, Line 9)	> 🛚	9.	-7,132
10. Georgia adjusted gross income (Net total of Line 8 and Line 9)	▶ 🗆	10.	5,059,881
11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION) See Tax Booklet on Page 11 Line 11	>	11a,	
b. Self; 65 or over? Blind? Spouse; 65 or over? Blind?			
Total of boxes x 1,300= c. Total Standard Deduction (Line 11a + Line 11b) Use EITHER Line 11c OR Line 12c (Do not write on both lines)		11b. 11c.	
Total Itemized Deductions used in computing Federal Taxable Income, If you use Itemized a. Federal Itemized Deductions (Schedule A - Form 1040)		st enclose 12a.	Federal Schedule A 554,173
b. Less adjustments: see Tax Booklet on Page 12, Line 12	>	12b.	
c. Georgia Total Itemized Deductions		12c.	554,173
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	 	- 13.	4,505,708
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.	4,500,308
16. Tax (Use Tax Table in the Tax Booklet on Pages 19-21))	16.	269,758
17. Credits from Schedule 2, Page 5, Line 11 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.	269,758
19. Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose W-2s, 1099s, etc.)	, >	19,	8,690
20. Estimated Tax for 2009 and Form IT-560	>	20.	94,925
21. Low Income Credit (See Tax Booklet on Page 13) 21a. > 21b. > 945002 11-18-09	>	21c.	

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Georgia Form 500

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Version 1

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OUR SOCIAL SECURITY NUMBER

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	-		_	_	٠.			-

, Department Use Only	DO NOT WRITE IN THIS BOX	e e			
	•	•			
. Total prepayment credits (Add	l Lines 19, 20 and 21c)		. ►	23,	103,61
. If Line 18 exceeds Line 23 ent	er BALANCE DUE STATE		►	24.	166,143
, If Line 23 exceeds Line 18 ent	er OVERPAYMENT amount		►	25,	
. Amount to be credited to 20	10 ESTIMATED TAX	·	>	26.	
. Georgia Wildlife Conservation	Fund (No gift of less than \$1.00)		>	27.	
. Georgia Children and Elderly F	Fund (No gift of less than \$1.00)		> ,	28,	
. Georgia Cancer Research Fur	d (No gift of less than \$1.00)		►	29,	
), Statewide Land Conservation	Program (No gift of less than \$1.00)		>	30.	
. Georgia National Guard Found	dation (No gift of less than \$1.00)		▶	31,	
2. Dog & Cat Sterllization Fund (No gift of less than \$1.00)		>	32.	
3. Save the Cure Fund (No gift o	of less than \$1.00)	,	>	33.	
I. Georgla Student Finance Auti	nority Fund (No gift of less than \$1.00)		►	34.	
5. Form 500 UET (Estimated ta:	* * * * * * * * * * * * * * * * * * * *		>	35.	5,92
(If you owe) Add Lines 24, 23			_	36.	172,06
•	stract the sum of Lines 26 thru 35 from L	ino 95	–	QU,	± / Z / U U
				37.	
			., -		
PAYMENT) Green Label:	GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 740399 ATLANTA, GA 30374-0399	(REFUND) Blue Label:	PROP POB	RGIA DEPARTN CESSING CENT IOX 740380 ANTA, GA 3037	
FNCLOSE /	ALL ITEMS IN RETURN ENVELOPE, DO	NOT STAPLE YOUR CHECK W-2"	SOR	TAX BETURN	
			_ ~		•

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) Do you want to authorize DOR to discuss	DATE NAME OF PREPARER OTHER THAN TAXPAYER	
this return with the named preparer. YES X NO Signature of Preparer	PREPARER'S FEIN PREPARER'S SSN/PTIN	PHONE NUMBER



SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (see Tax Bookiet on Pages 10 and 11)

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ADDITIONS to INCOME							
1.	Interest on Non-Georgia Municipal a	and State Bonds		>	1.		
2.	Lump Sum Distributions				2,		
3.	Federal deduction for income attributable (IRC Section 199)	le to domestic produ	iction activities	>	3.		
4.	Other (specify) SEE S	TATEMENT	1	>	4.	34,971	
ճ. ՏՍ	Total Additions (enter sum of Lines BTRACTION from INCOME	1-4 here)			5,	34,971	
6.	Retirement Income Exclusion (see T	Tax Booklet on Pa	age 10)		•		
a.	Self: Date of Birth Da	ate of Disability:	Type of Disability:				
					ва.		
d,	Spouse; Date of Birth Da	ate of Disability:	Type of Disability:				
					6b.		
7.	Social Security Benefits (Taxable po	ortion from Federa	al retum)	>	7,		
8.	Georgia Higher Education Savings	Plan			8.		
9.	Interest on United States Obligation	ns (See Tax Bookl	let on Page 10)	>	9.		
10.	Other Adjustments (specify) Ad	djustment		Amo	punt		

12. Net Adjustments (Line 5 less Line 11.

Adjustment

Adjustment

Adjustment

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

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

SEE STATEMENT 2

42,103

42,103

-7,132

Amount

Amount

11.

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SCHEDULE 2 CREDITS for LINE 17, PAGE 2 (see Tax Booklet on Pages 12 and 15)

1.	Other State Credit(s) Tax Cre	dit (see Tax Booklet on Page 14),	▶ 1.				
2.	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, Eligible Single-Family Residence Credit)						
3.	Low and Zero Emission Vehic	ole Gredit	> 3,				
4.	Qualified Education Expense	Credit (Individual/Non pass through	⟩ ▶ 4.				
5.	Clean Energy Property Credi	t (Individual/Non passthrough)	> 5.				
	You must list the appropriate	Credit Type Code in the space prov	orp., LLC or Partnership interest and Other Credits vided. If you claim more than four credits, enclose a schedule. for a list of available credits and their applicable codes.				
6.	COMPANY NAME		CREDIT CODE TYPE				
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN				
7.	COMPANY NAME		CREDIT CODE TYPE				
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN				
8.	COMPANY NAME		CREDIT CODE TYPE				
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN				
9,	COMPANY NAME		CREDIT CODE TYPE				
	OWNERSHIP	FEIN	CREDIT CLAIMED ON THIS RETURN				
10). Any additional pass through	credits claimed (attach schedule)	> 10.				
11	i. Enter the total of Lines 1 thr	ough 10 here and on Line 17, Pg 2 c	f 500 form▶ 11.				

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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 12 and Page 14.

FEDE	RAL IN	ICOME AFTER GEORGIA ADJUSTMENT INCOME (COLUMN A)		E NOT TAXABLE TO GEORGIA INCOME (COLUMN B)		GEORGIA INCOME INCOME (COLUMN C)		
] ^{t,}	WAGES, SALARIES, TIPS, etc	1.	WAGES, SALARIES, TIPS, etc	1.	WAGES, SALARIES, TIPS, etc		
Γ] ^{2.}	INTERESTS AND DIVIDENDS	2.	INTERESTS AND DIVIDENDS	2.	INTERESTS AND DIVIDENDS		
	3.	BUSINESS INCOME OR (LOSS)	☐ ^{3,}	BUSINESS INCOME OR (LOSS)	Э.	BUSINESS INCOME OR (LOSS)		
] 4.	OTHER INCOME OR (LOSS)	4.	OTHER INCOME OR (LOSS)	☐ ^{4,}	OTHER INCOME OR (LOSS)		
	5.	TOTAL INCOME: YOTAL LINES 1 THRU 4	5.	TOTAL INCOME: TOTAL LINES 1 THRU 4	5,	TOTAL INCOME; TOTAL LINES 1 THRU 4		
. [5.	TOTAL ADJUSTMENTS FROM FORM 1040	☐ ^{6.}	TOTAL ADJUSTMENTS FROM FORM 1040	6.	TOTAL ADJUSTMENTS FROM FORM 1040		
[⁷ 7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4	7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4	7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1, PAGE 4		
[e.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7	8.	ADJUSTED GROSS INCOME; LINE 5 PLUS OR MINUS LINES 5 AND 7		
9.	RATI	O: Divide Line 8, Column C by Line 8, Colu	lmn A. Ei	nter percentage	▶ 9.	% Not to exceed 100%		
10.	ltemi	ized or Standard Deduction (see Tax Book	et, Page	16, Line 10)	1 0.			
11.	11. Personal Exemption from Form 500, Page 2 (see Tax Booklet, Page 16, Line 11a-c)							
11a.	Num	ber on Line 6c. multiplied by \$2,7	00		▶ 1 1a,			
11b.	Num	ber on Line 7a. multiplied by \$3,0	00		▶ 11b.			
11c.	11c. Add Lines 11a. and 11b. Enter total 11c.							
12.	2. Total Deductions and Exemptions; Add Lines 10 and 11c > 12.							
13, 14,	Geo	iply Line 12 by Ratio on Line 9 and enter re rgia Taxable Income: Subtract Line 13 fron er here and on Line 15, Page 2 of Form 500	n Line 8,	Column C				
Link the shaded in which the foregree in Only you have a condens to which it was something								

3.

4,