

Electronic Filing Instructions for your 2008 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Haytham Faraj
5626 Cambourne rd
Dearborn Heights, MI 48127

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$4,689.00. Your tax refund should be direct deposited into your account within 8 to 14 days after your return is accepted. The account information you entered - Account Number: 1830176705 Routing Transit Number: 256074974.																		
Where's My Refund?	Before you call the Internal Revenue Service with questions about your refund, give them 8 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.																		
No Signature Document Needed	No signature form is required since you signed your return electronically.																		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return																		
2008 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>80,488.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>57,133.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>10,625.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>15,314.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>4,689.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>13.20%</td></tr></table>	Adjusted Gross Income	\$	80,488.00	Taxable Income	\$	57,133.00	Total Tax	\$	10,625.00	Total Payments/Credits	\$	15,314.00	Amount to be Refunded	\$	4,689.00	Effective Tax Rate		13.20%
Adjusted Gross Income	\$	80,488.00																	
Taxable Income	\$	57,133.00																	
Total Tax	\$	10,625.00																	
Total Payments/Credits	\$	15,314.00																	
Amount to be Refunded	\$	4,689.00																	
Effective Tax Rate		13.20%																	

Label (See instructions.)

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
Your first name MI Last name
Haytham Faraj
Your social security number
321-70-6884
If a joint return, spouse's first name MI Last name
Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
5626 Cambourne rd
You must enter your social security number(s) above.
City, town or post office. If you have a foreign address, see instructions. State ZIP code
Dearborn Heights MI 48127
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 instructions) You Spouse

Filing Status

Check only one box.

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

Exemptions

If more than four dependents, see instructions.

6a [X] 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) [X] if qualifying child for child tax credit (see instrs)
Boxes checked on 6a and 6b . 1
No. of children on 6c who:
• lived with you . . .
• did not live with you due to divorce or separation (see instrs) . .
Dependents on 6c not entered above .
Add numbers on lines above 1
d Total number of exemptions claimed 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

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

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 92,759.
8a Taxable interest. Attach Schedule B if required 8a 126.
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a 49.
b Qualified dividends (see instrs) 9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here [] 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount (see instrs) 15b
16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 13,171.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -24,717.
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see instrs) 20b
21 Other income 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 81,388.

Adjusted Gross Income

23 Educator expenses (see instructions) 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26 900.
27 One-half of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction (see instructions) 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction (see instructions) 32
33 Student loan interest deduction (see instructions) 33
34 Tuition and fees deduction. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 - 31a and 32 - 35 36 900.
37 Subtract line 36 from line 22. This is your adjusted gross income 37 80,488.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Standard Deduction for - People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$5,450 Married filing jointly or Qualifying widow(er), \$10,900 Head of household, \$8,000

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-61 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-71 for Payments.

Refund

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

Table with 3 columns: Line number, Description, and Amount. Includes lines 72-74 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-76 for Amount You Owe.

Third Party Designee

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

Sign Here

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.

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074

2008

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Haytham Faraj

321-70-6884

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	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 instructions.)	5 State and local (check only one box):				
	a	<input type="checkbox"/> Income taxes, or			
	b	<input checked="" type="checkbox"/> General sales taxes	5	1,110.	
	6	Real estate taxes (see instructions)	6	2,677.	
	7	Personal property taxes	7	33.	
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8	9	3,820.	
	Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	7,136.
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶		

		-----	11		
Note. Personal interest is not deductible.		12	Points not reported to you on Form 1098. See instrs for spl rules	12	
		13	Qualified mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14		
	15	Add lines 10 through 14	15	7,136.	
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	75.	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18	Carryover from prior year	18		
	19	Add lines 16 through 18	19	75.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
(See instructions.)	21	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
		See Form 2106/2106-EZ	21	10,434.	
	22	Tax preparation fees	22		
	23	Other expenses — investment, safe deposit box, etc. List type and amount ▶	23		
	24	Add lines 21 through 23	24	10,434.	
	25	Enter amount from Form 1040, line 38	25	80,488.	
	26	Multiply line 25 by 2% (.02)	26	1,610.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	8,824.		
Other Miscellaneous Deductions	28	Other — from list in the instructions. 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 checked="" 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 type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.	29	19,855.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>			

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

Haytham Faraj

Your social security number

321-70-6884

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 instructions). 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	Town home 423 Commerce st. Aurora, IL 60504	● 14 days, or ● 10% of the total days rented at fair rental value? (See instructions.)	A		X
B	Single Family home 1888 Avenida Segovia Oceanside, CA 92056		B		X
C			C		

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received	3 13,817.	12,950.		3	26,767.
4 Royalties received	4			4	
Expenses:					
5 Advertising	5 99.	99.			
6 Auto and travel (see instructions)	6 312.	357.			
7 Cleaning and maintenance	7 1,620.	980.			
8 Commissions	8				
9 Insurance	9 382.	584.			
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc (see instructions)	12 14,492.	17,958.		12	32,450.
13 Other interest	13				
14 Repairs	14	2,355.			
15 Supplies	15				
16 Taxes	16 5,164.	2,007.			
17 Utilities	17 174.				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19 22,243.	24,340.		19	46,583.
20 Depreciation expense or depletion (see instructions)	20			20	
21 Total expenses. Add lines 19 and 20	21 22,243.	24,340.			
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 instructions to find out if you must file Form 6198	22 -8,426.	-11,390.			
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23 -8,426.	-11,390.			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24	
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25	-19,816.
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	-19,816.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Haytham Faraj

321-70-6884

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? [] Yes [X] No
If you answered 'Yes,' see instructions before completing this section.

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row 1: The Law Firm of Puckett & Faraj, PC, S, [], 26-2570788, [].

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 2,606, 2,295, 2,606, 2,295. Line 30: 30. Line 31: 31, -4,901. Line 32: 32, -4,901.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Row 1: [], [].

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: [], [], [], []. Line 35: 35. Line 36: 36. Line 37: 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Line 39: 39.

Part V Summary

Table with 2 columns: Description, Amount. Line 40: 40. Line 41: 41, -24,717. Line 42: 42. Line 43: 43.

Form **3903**

Department of the Treasury
Internal Revenue Service (99)

Moving Expenses

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2008

Attachment
Sequence No. **62**

Name(s) shown on return

Haytham Faraj

Your social security number

321-70-6884

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
 ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1 Transportation and storage of household goods and personal effects (see instructions)	1	900.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	
3 Add lines 1 and 2	3	900.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	0.
5 Is line 3 more than line 4?		
<input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.		
<input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction		
	5	900.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **3903** (2008)

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Haytham Faraj

Identifying number

321-70-6884

Business or activity to which this form relates

Form 2106 Attorney

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,422.
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	08/08	33,338.	39 yrs	MM	S/L	321.
				MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	1,743.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ▶	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 24b If 'Yes,' is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	0.	
26 Property used more than 50% in a qualified business use:									
Cell phone	11/01/08	100.00	538.	0.	7.00	200DB/HY	0.	538.	
Cell Phone	10/11/08	100.00	322.	322.	7.00	200DB/HY	0.		
27 Property used 50% or less in a qualified business use:									
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	0.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		538.

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Haytham Faraj

Identifying number

321-70-6884

Business or activity to which this form relates

Section 179 Summary

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	1,422.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Computer	748.	748.
	See Additional Section 179 Property Statement		2,431.
7	Listed property. Enter the amount from line 29	7	538.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	3,717.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	3,717.
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	90,153.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	3,717.
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ▶	23	

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

2008

Attachment
Sequence No. **88**

Name(s) shown on return

Haytham Faraj

Identifying number

321-70-6884

Part I 2008 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)			
1 a	Activities with net income (enter the amount from Worksheet 1, column (a))	1 a	0.
1 b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1 b	-19,816.
1 c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1 c	
1 d	Combine lines 1a, 1b, and 1c.	1 d	-19,816.
Commercial Revitalization Deductions From Rental Real Estate Activities			
2 a	Commercial revitalization deductions from Worksheet 2, column (a).	2 a	
2 b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2 b	
2 c	Add lines 2a and 2b	2 c	
All Other Passive Activities			
3 a	Activities with net income (enter the amount from Worksheet 3, column (a))	3 a	
3 b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3 b	
3 c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3 c	
3 d	Combine lines 3a, 3b, and 3c.	3 d	
4	Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used.	4	-19,816.

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See the instructions for an example.

5	Enter the smaller of the loss on line 1d or the loss on line 4.	5	19,816.
6	Enter \$150,000. If married filing separately, see the instructions	6	150,000.
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7	100,304.
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8	Subtract line 7 from line 6.	8	49,696.
9	Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	24,848.
10	Enter the smaller of line 5 or line 9	10	19,816.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	0.
16	Total losses allowed from all passive activities for 2008. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16	19,816.

BAA For Paperwork Reduction Act Notice, see the instructions.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
423 Commerce st.	0.	8,426.			8,426.
1888 Avenida Segovia	0.	11,390.			11,390.
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶	0.	19,816.			

Worksheet 2 – For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶					

Worksheet 4 – Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
423 Commerce st.	E Ln 23	8,426.	0.42521195	8,426.	0.
1888 Avenida Segovia	E Ln 23	11,390.	0.57478805	11,390.	0.
Total ▶		19,816.	1.00	19,816.	0.

Worksheet 5 – Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶			1.00	

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

2008

Attachment
Sequence No. **129A**

Your name <u>Haytham Faraj</u>	Occupation in which you incurred expenses <u>Attorney</u>	Social security number <u>321-70-6884</u>
-----------------------------------	--	--

You May Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2008.

Caution: You can use the standard mileage rate for 2008 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part II and then go to line 1a below.		
	a Multiply business miles driven before July 1, 2008, by 50.5¢ (.505).	1 a	
	b Multiply business miles driven after June 30, 2008, by 58.5¢ (.585).	1 b	
	c Add lines 1a and 1b		1 c
2	Parking fees, tolls, and transportation, including train, bus, etc, that did not involve overnight travel or commuting to and from work	2	950.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	4,326.
4	Business expenses not included on lines 1c through 3. Do not include meals and entertainment	4	4,487.
5	Meals and entertainment expenses: \$ <u>1,341.</u> x 50% (.50) (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	671.
6	Total expenses. Add lines 1c through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9)). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	10,434.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____
- 8 Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instr) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? Yes No
- 10 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 11 a Do you have evidence to support your deduction? Yes No
- b If 'Yes,' is the evidence written? Yes No

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **2106-EZ** (2008)

Charitable Organization Worksheet

2008

▶ Keep for your records

Name(s) Shown on Return <u>Haytham Faraj</u>	Social Security Number <u>321-70-6884</u>
---	--

Charity Name . . . Fabretto Children's FCF
 Address 3134 1st st. 2nd flr
 City Arlington State VA ZIP code . . 22201

Combined Amounts Worksheet				
Note: Amounts entered in worksheets below will be summarized in this worksheet.				
Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	09/27/2008		Money	75.00
			Total:	75.00
			Prior Year Total:	

ItsDeductible Item Donations Worksheet								
Note: Amounts in this worksheet can only be entered using the interview process.								
Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

Other Item Donations Worksheet				
Note: Double-click on to enter additional information if needed.				
Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet								
Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring			2008 Amount	
1	09/27/2008	75.00	1	<input checked="" type="checkbox"/>	Once	<input type="checkbox"/>	Recur	75.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet					
Ref. No.	Donation Date	Description of Trip			Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven	Value of Miles	
Other Costs	Description of Other Costs				
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		
			<input type="checkbox"/> Once <input type="checkbox"/> Recur		

Haytham Faraj

321-70-6884

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? **Yes** **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ► **Yes** **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ► **Yes** **No**
- 4 What Type of charitable organization was it? Check one:

 (a) 50% charity **(b)** Other than 50% charity

Federal Information Worksheet

▶ Keep for your records

2008

Economic stimulus payment received (before offset) 600 .
 Check if taxpayer or spouse was a member of the U.S. Armed Forces during 2008

Part I – Personal Information Information in Part I is **completely calculated** from the Personal Information Worksheets. Enter taxpayer and spouse information on the applicable Personal Worksheet.

Taxpayer:
 First Name Haytham
 Middle Initial _____ Suffix _____
 Last Name Faraj
 Social Security No. 321-70-6884
 Occupation Attorney
 Date of Birth 08/01/1968 (mm/dd/yyyy)
 or Age as of 1/1/2009 40
 Daytime Phone (760) 521-7934 Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:
Can taxpayer be claimed as dependent of another person (such as parent)? Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):
 Is the taxpayer retired on total and permanent disability? Yes No

Presidential Election Campaign Fund:
 Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? Yes No

Spouse:
 First Name _____
 Middle Initial _____ Suffix _____
 Last Name _____
 Social Security No. _____
 Occupation _____
 Date of Birth _____ (mm/dd/yyyy)
 or Age as of 1/1/2009 _____
 Daytime Phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:
Can spouse be claimed as dependent of another person (such as parent)? Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):
 Is the spouse retired on total and permanent disability? Yes No

Presidential Election Campaign Fund:
 Does the spouse want \$3 to go to the Presidential Election Campaign Fund? Yes No

Part II – Address and Federal Filing Status

Address 5626 Cambourne rd Apt No. _____
 City Dearborn Heights State MI ZIP Code 48127
 Foreign country _____

APO/FPO address, check if appropriate APO FPO

Home phone _____
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime
 Check if you were affected by a natural disaster in 2008

Federal filing status:

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ▶
 Check this box if you are eligible to claim your spouse's exemption (see Help) ▶
 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name _____ Child's social security number _____
 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died ▶ 2006 2007

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is **completely calculated** from the Dependent and Nondependent Information Worksheets. Enter Part III information on the Dependent Information Worksheet.

First Name	MI	Social Security Number	Date of Birth			Qualified child/dependent care expenses incurred and paid in 2008	E I C	Lived with taxpayer in U.S.	Education tuition and fees	* Dep
			Age	C o d e	Not qualified for child tax credit					
Last Name	Suffix	Relationship								
Nawal Faraj		321-70-7470 Parent	01/24/1949 59	Q			N	<input type="checkbox"/>	No	
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		

*'Yes' qualifies as dependent. 'No' does not qualify as dependent.

If you are eligible for the child tax credit or the earned income credit enter amounts **not** considered earned income (see Help).

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2008? ... Yes No
If the SSN of either the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2008 ...
Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ... Yes No
Check if you were notified by the IRS that EIC cannot be claimed in 2008. ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... Yes No
Do you want to elect direct debit of federal balance due (Electronic Filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of financial institution (optional) ... Navy Federal Credit Union
Check the appropriate box ... Checking Savings
Routing number ... 256074974 Account number ... 1830176705

To enter information for the Installment Agreement Request, see Form 9465.

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from American Samoa, Guam, Commonwealth of the Northern Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...
Third party designee phone number ... Personal identification number ...

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information ...

**Personal Information Worksheet
For the Taxpayer**

2008

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer’s Personal Information

First name . . . Haytham Middle initial . . . Last name . . . Faraj

Suffix

Social security no. . . . 321-70-6884 Member of U.S. Armed Forces in 2008? . . . Yes No

Date of birth 08/01/1968 (mm/dd/yyyy) age as of 1-1-2009 40

Occupation Attorney Daytime phone (760) 521-7934 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2008 ► 2008 ► 2007 ► 2006 ► Before 2006 ►

Can someone (such as your parent) claim you as a dependent? ► Yes No

If so, are you actually claimed as a dependent on that person’s tax return? ► Yes No

Are you retired on total and permanent disability? (for Schedule R, see Help). ► Yes No

Check if this person is legally blind ►

If deceased, enter the date of death ► (mm/dd/yyyy)

Do you want \$3 to go to Presidential Election Campaign Fund? ► Yes No

Part II – Taxpayer’s State Residency Information

Enter this person’s state of residence as of December 31, 2008 MI

Check the appropriate box:

This person is a resident of the state above for the entire year

This person is a resident of the state above for only part of year

Date this person established residence in state above ► 09/01/2008

In which state (or foreign country) did this person reside before this change? ► CA

Part III – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2008

Part IV – Qualified Education

- 1 Are you enrolled in a degree, certificate, or credential program at a qualified institution? Yes No
- 2 Did you take post high-school classes at an eligible education institution to improve or acquire job skills? Yes No
- 3 Are you enrolled in the first or second year of education after high school? Yes No
- 4 Did you carry at least 1/2 full-time class schedule for one academic period? Yes No
- 5 Have you been convicted of possessing or distributing a controlled substance? Yes No
- 6 Did you attend an eligible institution in the Midwestern disaster area? Yes No
- 7 Check this box if you received a Form 1098-T
- 8 Check if you paid education expenses but didn't receive a Form 1098-T
- 9 Check if you received tax-free education assistance
- 10 Qualified for the Hope credit? Yes No
- 11 Qualified for the lifetime learning credit? Yes No
- 12 Qualified for the tuition and fees deduction? Yes No

Check one of the three boxes below to manually choose a credit or deduction:

- 13 Choose to take the Hope credit?
- 14 Choose to take the lifetime learning credit?
- 15 Choose to take the tuition and fees deduction?

QuickZoom to launch the Optimizer on the Education Tuition and Fees Worksheet ►

16 Education Expenses:

- a Tuition amounts reported on Form(s) 1098-T _____
- b Enter other qualifying tuition paid that was not reported on a Form 1098-T. _____
- c Enter amount of enrollment and attendance fees _____
- d Enter amount paid directly to the institution(s) for books _____
- e Enter amount paid directly to the institution(s) for equipment _____
- f Enter amount paid directly to the institution(s) for supplies. _____
- g Enter other expenses paid directly to the institution(s) _____
- h Total Education Expenses** Add lines 16a through 16g _____

17 Tax-Free Education Assistance:

- a Scholarships or grants reported on Form(s) 1098-T _____
- b Enter Scholarship amounts excluded from gross income _____
- c Enter Fellowship amounts received _____
- d Enter Pell Grant amounts received _____
- e Enter Veterans' educational assistance _____
- f Enter employer-provided educational assistance _____
- g Enter other tax-free assistance _____
- h Total Tax-Free Education Assistance** Add lines 17b through 17g _____

18 Qualified Education Expenses. Subtract line 17h from line 16h. Calculates only if qualifying person for education _____

19 Form(s) 1098-T

Copy No.	School Name	Qualified Tuition	Scholarships or Grants

Dependent and Nondependent Information Worksheet **2008**

▶ Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ▶
QuickZoom to Federal Information Worksheet ▶ _____

Part I – Personal Information

First name . . . Nawal Middle initial . . . Last name . . . Faraj
Suffix

Social security no. . . . 321-70-7470

Date of birth 01/24/1949 (mm/dd/yyyy) age as of 12-31-2008 59

Relationship to taxpayer or spouse Parent

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

Dependency code Q

Dependent is disabled

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? Yes No
Is this person a resident of Canada or Mexico? Yes No

Qualifying for the earned income credit N

Months lived with taxpayer in the United States

Check if this person is **not** a qualifying child for the child tax credit

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2008 _____

► Keep for your records

Name(s) Shown on Return
Haytham Faraj

Social Security Number
321-70-6884

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	92,759.		92,759.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	14,298.		14,298.
3 & 7	Total social security wages/tips	79,387.		79,387.
4	Total social security tax withheld	4,922.		4,922.
5	Total Medicare wages and tips	79,387.		79,387.
6	Total Medicare tax withheld	1,151.		1,151.
8	Total allocated tips			
9	Total advance earned income credit			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans . . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Tier 1 wages			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RRTA tips			
h	Total other items from box 14			
16	Total state wages and tips	92,759.		92,759.
17	Total state tax withheld			
19	Total local tax withheld.			

► Keep for your records

Name
Haytham Faraj

Social Security Number
321-70-6884

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below

a Employee's social security No . 321-70-6884
b Employer's ID number 53-9990000
c Employer's name, address, and ZIP code
Defense Finance Accounting Ser
DFAS-CLJFLAFA (USMC)
 Street 1240 East Ninth Street
 City Cleveland
 State OH ZIP Code 44199-2055
 Foreign Country _____

1 Wages, tips, other compensation
58,669.30
3 Social security wages
45,297.00
5 Medicare wages and tips
45,297.00
7 Social security tips

9 Advance EIC payment

11 Nonqualified plans

12 Enter box 12 below

2 Federal income tax withheld
7,500.74
4 Social security tax withheld
2,808.41
6 Medicare tax withheld
656.81
8 Allocated tips

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

d Control number _____

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Haytham M.I. _____
 Last Faraj Suff. _____
f Employee's address and ZIP code
 Street 5626 Cambourne rd
 City Dearborn Heights
 State MI ZIP Code 48127
 Foreign Country _____

13 Statutory employee
 Retirement plan
 Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is: A: Enter amount attributable to RRTA Tier 2 tax _____ M: Enter amount attributable to RRTA Tier 2 tax _____ P: Double click to link to Form 3903, line 4. R: Enter MSA contribution for Taxpayer Spouse G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IL		58,669.30	

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
Haytham Faraj
Employer's Name Defense Finance Accounting Ser

321-70-6884 Page **2**

ADDITIONAL INFORMATION

Part I Foreign Income

1 The income reported on this W-2 is from a foreign source **and** is eligible to be excluded on Form 2555

Part II Electronic Filing

Complete if you are filing this return electronically.

2 a This W-2 is 'non-standard' (handwritten, typewritten, or altered in any way)
b This W-2 is a corrected W-2

Part III Statutory Employees

Complete if box 13 Statutory employee box is checked.

3 Will you be deducting any expenses in connection with this income? Yes No
4 If so, select the copy of Schedule C you want to report this income on (double-click) _____

Part IV Dependent Care Benefits

Complete if box 10 of this W-2 has an entry.

5 Did this employer hire an on-staff care provider or furnish dependent care at your workplace? Yes No
6 Enter any amounts forfeited from a flexible spending account _____

Part V Clergy, Church Employees, Members of Recognized Religious Sects

Complete if this W-2 is for clergy, church employment, or for a member of a recognized religious sect.

Clergy only:

7 a Enter your designated housing or parsonage allowance _____
b Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value _____
If no FICA was withheld, check box c, d, e, or f below as appropriate

- c** Pay self-employment tax on housing or parsonage allowance only
- d** Pay self-employment tax on W-2 income only
- e** Pay self-employment tax on both W-2 income and housing allowance
- f** Exempt from SE tax and have an approved exemption Form 4361

Non-clergy:

If no FICA was withheld, check box a or b below as appropriate

8 a Pay self-employment tax on this W-2 income
b Exempt from SE tax and have an approved exemption Form 4029

Part VI Military

9 a Active duty military pay
b **Non-taxable** combat pay (From box 12, Code Q) _____

Part VII Unreported Tip Income

10 a Tips \$20 or more in a month which were not reported to employer _____
b Tips less than \$20 in a month which were not required to be reported _____
c Value of non-cash tips, such as tickets or passes, not reported to employer _____
d Actual amount of allocated tips if different than the amount in box 8 _____
e Tips paid out by you through a tip-sharing arrangement _____
f Employer is a federal, state, or local government and tips only subject to Medicare tax

► Keep for your records

Name Haytham Faraj Social Security Number 321-70-6884

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below

a Employee's social security No . 321-70-6884
b Employer's ID number 26-2570788
c Employer's name, address, and ZIP code
Law Firm of Puckett and Faraj
% Haytham Faraj
 Street 2181 Jamieson Ave. Unit 1505
 City Alexandria
 State VA ZIP Code 22314
 Foreign Country _____

1 Wages, tips, other compensation
34,090.00
3 Social security wages
34,090.00
5 Medicare wages and tips
34,090.00
7 Social security tips

9 Advance EIC payment

11 Nonqualified plans

12 Enter box 12 below

2 Federal income tax withheld
6,796.51
4 Social security tax withheld
2,113.58
6 Medicare tax withheld
494.34
8 Allocated tips

10 Dependent care benefits

 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

d Control number _____

Transfer employee information from the Federal Information Worksheet

e Employee's name
 First Haytham M.I. _____
 Last Faraj Suff. _____
f Employee's address and ZIP code
 Street 5626 Cambourne rd
 City Dearborn Heights
 State MI ZIP Code 48127
 Foreign Country _____

13 Statutory employee
 Retirement plan
 Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax _____
_____	_____	P: Double click to link to Form 3903, line 4. . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>MI</u>	<u>26-2570788</u>	<u>34,090.00</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
_____	_____	_____
_____	_____	_____
_____	_____	_____

Form 1099-INT Worksheet

2008

► Keep for your records

Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
--	---------------------------------------

Ownership: Check if Spouse
 (defaults to taxpayer) Check if Joint

Payer's name citimortgage

Box 1	Interest income for 2008 (not included in box 3) <u>32.54</u> _____ Choose type if special state handling (State Use Only – see Help).
Box 2	Early withdrawal penalty _____
Box 3	Interest on U.S. Savings Bonds and Treasury obligations _____
Box 4	Federal income tax withheld _____ State income tax withheld _____ State ID _____
Box 5	Investment expenses _____
Box 6	Foreign tax paid (All interest is considered passive. See Help) _____ a Check to deduct foreign taxes on Schedule A. <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116. <input type="text"/> c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest _____
Box 7	Foreign country or U.S. possession _____ Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. <input type="checkbox"/>
Box 8	Tax-exempt interest _____ State ID where exempt interest was earned. If more than 1 state, see Help _____
Box 9	Special private activity bond included in Box 8, if any OR _____ Private activity bond interest percentage of Box 8, if any _____ %

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

- | | | | |
|-----------------------------------|--------------------------------|-----------------------------------|--|
| N <input type="checkbox"/> | Nominee distribution | A <input type="checkbox"/> | Accrued interest |
| O <input type="checkbox"/> | Original issue discount (OID) | H <input type="checkbox"/> | Other |
| B <input type="checkbox"/> | Amortizable bond premium (ABP) | U <input type="checkbox"/> | U.S. savings bond interest previously reported |

Enter adjustment amount (enter as positive if subtracting/negative if adding) _____

Form 1099-INT Worksheet

2008

► Keep for your records

Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
--	---------------------------------------

Ownership: Check if Spouse
 (defaults to taxpayer) Check if Joint

Payer's name Navy Federal Credit Union

Box 1	Interest income for 2008 (not included in box 3) 44.14 _____ Choose type if special state handling (State Use Only – see Help).
Box 2	Early withdrawal penalty _____
Box 3	Interest on U.S. Savings Bonds and Treasury obligations _____
Box 4	Federal income tax withheld _____ State income tax withheld _____ State ID _____
Box 5	Investment expenses _____
Box 6	Foreign tax paid (All interest is considered passive. See Help) _____ a Check to deduct foreign taxes on Schedule A. <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116. <input type="text"/> c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest _____
Box 7	Foreign country or U.S. possession _____ Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. <input type="checkbox"/>
Box 8	Tax-exempt interest _____ State ID where exempt interest was earned. If more than 1 state, see Help _____
Box 9	Special private activity bond included in Box 8, if any OR _____ Private activity bond interest percentage of Box 8, if any _____ %

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

- | | | | |
|-----------------------------------|--------------------------------|-----------------------------------|--|
| N <input type="checkbox"/> | Nominee distribution | A <input type="checkbox"/> | Accrued interest |
| O <input type="checkbox"/> | Original issue discount (OID) | H <input type="checkbox"/> | Other |
| B <input type="checkbox"/> | Amortizable bond premium (ABP) | U <input type="checkbox"/> | U.S. savings bond interest previously reported |

Enter adjustment amount (enter as positive if subtracting/negative if adding) _____

Form 1099-INT Worksheet

2008

► Keep for your records

Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
--	---------------------------------------

Ownership: Check if Spouse
 (defaults to taxpayer) Check if Joint

Payer's name GMAC Mortgage

Box 1	Interest income for 2008 (not included in box 3) 29.77 ____ Choose type if special state handling (State Use Only – see Help).
Box 2	Early withdrawal penalty
Box 3	Interest on U.S. Savings Bonds and Treasury obligations
Box 4	Federal income tax withheld State income tax withheld State ID ____
Box 5	Investment expenses
Box 6	Foreign tax paid (All interest is considered passive. See Help) a Check to deduct foreign taxes on Schedule A. <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116. <input type="text"/> c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest
Box 7	Foreign country or U.S. possession Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. <input type="checkbox"/>
Box 8	Tax-exempt interest State ID where exempt interest was earned. If more than 1 state, see Help
Box 9	Special private activity bond included in Box 8, if any OR Private activity bond interest percentage of Box 8, if any %

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

- | | | | |
|-----------------------------------|--------------------------------|-----------------------------------|--|
| N <input type="checkbox"/> | Nominee distribution | A <input type="checkbox"/> | Accrued interest |
| O <input type="checkbox"/> | Original issue discount (OID) | H <input type="checkbox"/> | Other |
| B <input type="checkbox"/> | Amortizable bond premium (ABP) | U <input type="checkbox"/> | U.S. savings bond interest previously reported |

Enter adjustment amount (enter as positive if subtracting/negative if adding)

Form 1099-INT Worksheet

2008

► Keep for your records

Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
--	---------------------------------------

Ownership: Check if Spouse
 (defaults to taxpayer) Check if Joint

Payer's name Internal Revenue Service

Box 1	Interest income for 2008 (not included in box 3) <u>19.54</u> _____ Choose type if special state handling (State Use Only – see Help).
Box 2	Early withdrawal penalty _____
Box 3	Interest on U.S. Savings Bonds and Treasury obligations _____
Box 4	Federal income tax withheld _____ State income tax withheld _____ State ID _____
Box 5	Investment expenses _____
Box 6	Foreign tax paid (All interest is considered passive. See Help) _____ a Check to deduct foreign taxes on Schedule A. <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116. <input type="text"/> c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest _____
Box 7	Foreign country or U.S. possession _____ Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. <input type="checkbox"/>
Box 8	Tax-exempt interest _____ State ID where exempt interest was earned. If more than 1 state, see Help _____
Box 9	Special private activity bond included in Box 8, if any OR _____ Private activity bond interest percentage of Box 8, if any _____ %

Adjustments to Interest

Check the box that identifies the type of adjustment being made:

- | | | | |
|-----------------------------------|--------------------------------|-----------------------------------|--|
| N <input type="checkbox"/> | Nominee distribution | A <input type="checkbox"/> | Accrued interest |
| O <input type="checkbox"/> | Original issue discount (OID) | H <input type="checkbox"/> | Other |
| B <input type="checkbox"/> | Amortizable bond premium (ABP) | U <input type="checkbox"/> | U.S. savings bond interest previously reported |

Enter adjustment amount (enter as positive if subtracting/negative if adding) _____

Form 1099-DIV Worksheet

2008

▶ Keep for your records

Name(s) Shown on Return <u>Haytham Faraj</u>	Social Security Number <u>321-70-6884</u>
---	--

QuickZoom to another copy of Form 1099-DIV Worksheet ▶
QuickZoom to enter **exempt-interest dividends** from a mutual fund ▶

Ownership: Check if Spouse
 (defaults to taxpayer) Check if Joint

Payer's name American Century Investments

Box 1a	Total ordinary dividends <u>49.44</u> U.S. government interest, if any, included in box 1a _____
Box 1b	Qualified dividends _____ Adjusted qualified dividends _____
Box 2a	Total capital gain distributions _____
Box 2b	Unrecaptured Section 1250 gain _____
Box 2c	Section 1202 50% gain on QSB stock _____ Section 1202 60% gain (QSB Empowerment Zone stock sold after 12/22/05) _____
Box 2d	Collectibles (28%) gain _____
Box 3	Nontaxable distributions _____
Box 4	Federal income tax withheld _____ State income tax withheld _____ State ID _____
Box 5	Investment expenses _____
Box 6	Foreign tax paid (All income is considered passive. See Help) _____ a Check to deduct foreign taxes on Schedule A <input type="checkbox"/> OR b DoubleClick to link to a copy of Form 1116 <input type="text"/> c For Form 1116, select which column. A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in dividends _____
Box 7	Foreign country or U.S. possession _____ Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. <input type="checkbox"/>
Box 8	Cash liquidation distribution _____
Box 9	Noncash (fair market value) liquidation distribution. _____

Adjustments to Dividends or ESOP Distribution

Check the box that identifies the type of adjustment being made or if ESOP distribution:

- N** Nominee distribution
- H** Other adjustment
- D** ESOP distribution

Enter nominee or other adjustment amount (enter as positive) _____

Form 1099-MISC Summary

2008

▶ Keep for your records

Name(s) Shown on Return
Haytham Faraj

Social Security Number
321-70-6884

Form 1099-MISC Summary

Box	Description	Taxpayer	Spouse	Total
1	Total Rents	2,858.		2,858.
	▶ Schedule C			
	▶ Schedule E	2,858.		2,858.
	▶ Form 4835			
2	Total Royalties			
	▶ Schedule C			
	▶ Schedule E			
3	Total Other income			
	▶ Schedule C			
	▶ Schedule F			
	▶ Form 4835			
	For Form 1040:			
	▶ Winnings (Prizes, etc.)			
	▶ Alaska Permanent Fund			
▶ Other Income				
4	Federal tax withheld			
5	Fishing boat proceeds			
6	Medical and health care payments			
7	Total Nonemployee compensation			
	▶ Schedule C			
	▶ Schedule F			
	▶ Wages			
8	Substitute payments			
10	Total Crop insurance proceeds			
	▶ Schedule F			
	▶ Form 4835			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
	▶ Taxable amount			
15a	Section 409A deferrals	0.		0.
15b	Section 409A income	0.		0.
16	State tax withheld - total			

► Keep for your records

Name Haytham Faraj	Social Security Number 321-70-6884
-----------------------	---------------------------------------

Payer's Name Aurora Housing Authority
 Payer's Identification No. **EIN** . 36-2673279 or **SSN** . _____
 Account number (for your records only) _____

Spouse's 1099-MISC **Do not transfer this 1099-MISC to next year**

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

Box 1	Rents <u>2,858.00</u> <i>Required: double-click to select the form on which to report this income:</i> <input type="checkbox"/> Schedule C <input type="checkbox"/> Form 4835 <input type="checkbox"/> <u>423 Commerce st.</u> Schedule E	
Box 2	Royalties _____ <i>Required: double-click to select the form on which to report this income:</i> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule E	
Box 3	Other income _____ <i>Required: double-click to select the form on which to report this income:</i> <input type="checkbox"/> Schedule C <input type="checkbox"/> Form 4835 <input type="checkbox"/> Schedule F <input type="checkbox"/> <input type="checkbox"/> Winnings (Prizes, etc.) <input type="checkbox"/> From Alaska Permanent Fund <input type="checkbox"/> Other Income	
Box 4	Federal income tax withheld _____	
Box 5	Fishing boat proceeds _____ <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C	
Box 6	Medical and health care payments _____ <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C	
Box 7	Nonemployee compensation _____ <i>Required: double-click to select the form on which to report this income:</i> <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule F <input type="checkbox"/> Wages subject to Social Security & Medicare tax If checked, enter Reason Code for Form 8919 (see Help) _____ If Reason Code A, B, or C, enter determination date _____ <input type="checkbox"/> If Reason Code D, E, or F, Form SS-8 has been filed	
Box 8	Substitute payments in lieu of dividends or interest _____	
Box 10	Crop insurance proceeds _____ <i>Required: double-click to select the form on which to report this income:</i> <input type="checkbox"/> Schedule F <input type="checkbox"/> Form 4835	
Box 13	Excess golden parachute payments _____ Report 20% excise tax on Form 1040	
Box 14	Gross proceeds paid to an attorney _____ Taxable amount from box 14 to Schedule C _____ <i>Required: double-click to select the Schedule C on which to report this income:</i> <input type="checkbox"/> Schedule C	
Boxes 15a & b	Section 409A deferrals <u>0.00</u> Section 409A income <u>0.00</u>	
Boxes 16-18	State tax withheld - 1st state _____ State name (two letters) - 1st state <u>IL</u> State ID number - 1st state _____ State income - 1st state _____ State tax withheld - 2nd state _____ State name (two letters) - 2nd state _____ State ID number - 2nd state _____ State income - 2nd state _____	

Form 1099-R Summary

2008

► Keep for your records

Name(s) Shown on Return
Haytham Faraj

Social Security No.
321-70-6884

Traditional IRA Distributions			Taxpayer	Spouse
Gross	1	Total gross distributions from box 1 of Form 1099-R . . .		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	g	Less: Withdrawals of direct deposit of stimulus payment		
	2	Balance of gross traditional IRA distributions		
	a	Gross distribution transferred to Form 8930, line 2(a)		
	b	Qualified disaster recovery assistance distributions		
	c	Less: Amount rolled over		
	d	Gross distribution transferred to Form 8930, line 2(b)		
	e	Qualified disaster recovery home repayment distribution		
	f	Less: Amount rolled over		
g	Gross distribution transferred to Form 8930, line 21			
3	Amount of line 2 converted to a Roth IRA			
a	Less: Amount recharacterized			
4	Net amount of line 2 converted to a Roth IRA			
5	Amount of line 2 not converted to a Roth IRA			
Taxable	6	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxbl non-disaster amount not converted to a Roth IRA		
	a	Taxable distributions reported on Form 8915, line 18		
	b	Qualified disaster distributions on Form 1040, line 15b		
	c	Home repayment distributions on Form 1040, line 15b		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 15b		
11	If checked, taxable amount calculated on Form 8606	<input type="checkbox"/>	<input type="checkbox"/>	
Roth IRA Distributions				
Gross	12	Total gross distributions from box 1 of Form 1099-R		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Less: Withdrawals of direct deposit of stimulus payment		
	f	Less: Qualified home repayment distribution		
	g	Qualified disaster recovery distribution		
13	Roth IRA distributions subject to distribution rules			
Qualified	14	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
15	Qualified distributions subject to distribution rules			
Taxable	16	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 15b		
Recharacterizations (See Help)				
Gross	21 a	2008 form code N (included on Form 1040, line 15a)		
	21 b	2009 form code R (not included on 1040, line 15a)		

Pensions and Annuities			Taxpayer	Spouse
Gross	22	Total gross distributions from box 1 of Form 1099-R . . .	13,171.	
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 16		
	23	Net amount of line 22 converted to a Roth IRA		
	a	Less: Amount recharacterized		
	b	Net amount of line 23 converted to a Roth IRA		
	24	Distributions reported on Form 8891, line 7a		
	25	Gross distribution transferred to Form 1040, line 16a	13,171.	
	a	Less: Amount rolled over		
	b	Gross distribution transferred to Form 8930, line 1(a)		
	c	Qualified disaster recovery assistance distribution		
	d	Less: Amount rolled over		
	e	Gross distribution transferred to Form 8930, line 1(b)		
f	Qualified disaster recovery home repayment distribution			
g	Less: Amount rolled over			
h	Gross distribution transferred to Form 8930, line 21			
Taxable	26	Taxable amount in box 2a, Form 1099-R	13,171.	
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to a Roth IRA		
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster recovery amount to Form 8930		
	f	Qualified disaster recovery home repayment distribution		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 7		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	32 a	Taxable amount of distributions	13,171.	
	b	Taxable distributions reported on Form 8915, line 7		
	c	Taxable distributions reported on Form 8891, line 7b		
d	Taxable distributions from Form 8930			
e	Taxable home repayments from Form 8930			
f	Taxable amount transferred to Form 1040, line 16b	13,171.		

Roth Conversion Information

33	Modified adjusted gross income		
34	If checked, Roth conversion not allowed. Reason:		
a	Modified adjusted gross income too high		
b	Married filing separate and lived with spouse		

Section 1035 Tax-free Exchange			Taxpayer	Spouse
Pensions IRAs	35	Total gross distributions from box 1 of Form 1099-R . . .		
	36	Total gross distributions from box 1 of Form 1099-R . . .		
Distributions on 2008 1099-Rs Not Reported on the 2008 Return				
Code P	37	Distribution reported on 2007 tax return		
Code D	38	Distributions reported on 2006 tax return		
Code R	39	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		
Tax Withholding				
Box 4	40	Total federal tax withheld	1,016.	
Box 10	41	Total state tax withheld		
Box 13	42	Total local tax withheld		
Health Insurance Premiums				
	43	Health insurance deductible on Schedule A		

Keep for your records

Name: Haytham Faraj; Social Security Number: 321-70-6884

Source Form: 1099-R [X] CSA-1099-R [] CSF-1099-R [] RRB-1099-R []

If Spouse's 1099-R, check this box [] Do not transfer this 1099-R to next year [] Corrected []

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code. Defense Finance and Accounting Service, US Military Retirement Payment, PO Box 7130, London, KY 40742-7130

1 Gross distribution \$ 13,170.58; 2a Taxable amount (See Help) \$ 13,170.58; 2b Taxable amount not determined [] Total distribution []

3 Capital gain (included in box 2a) \$; 4 Federal income tax withheld \$ 1,015.58; 5 Employee contributions / Designated Roth contributions or insurance premiums \$; 6 Net unrealized appreciation in employer securities \$

7 Distribn code(s) 1st code 7 2nd code []; IRA/SEP/SIMPLE []; 8 Other \$; %

9a Your percentage of total distribution %; 9b Total employee contributions \$; City: Dearborn Heights, MI 48127

10 State tax withheld \$; 11 Payer's State / state no. MI /; 12 State distribution \$ 13,170.58

13 Local tax withheld \$; 14 Name of locality; 15 Local distribution \$

Check if NOT from a qualified retirement plan or IRA (see Help) [X]; If box 7 code is J or T, check if a qualified distribution (see Help) []; If box 7 code is J, enter amount used for first time home purchase []; If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) []

Rollovers Important. Do not enter a Roth conversion or recharacterization as a rollover. Entire distribution rolled over [] or amount of partial rollover []

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of: Treat as recipient's own []; Recipient, but was originally inherited from a spouse []; Spouse and not treat as recipient's own []; Someone other than a spouse []

Insurance Amount of insurance premiums deductible on Schedule A []; Amount of health savings account (HSA) funding distributions []; Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution []

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization []

RMD If this is a distribution from a traditional IRA or qualified retirement plan, and if this is a Required Minimum Distribution (RMD) (See Help), Entire gross is RMD [] or the amount of gross distbn that is the RMD []

ESP Withdrawal of an economic stimulus payment that was directly deposited into an IRA Entire distbn is from economic stimulus payment [] or part that is ESP []

IRA Contributions Worksheet

2008

▶ Keep for your records

Name(s) Shown on Return <u>Haytham Faraj</u>	Social Security Number <u>321-70-6884</u>
---	--

Traditional IRA Contributions

	Regular Traditional IRA Contributions	Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2008, including any made between 1/1/2009 and 4/15/2009, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
	▶ If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Repayments of qualified hurricane distributions taken in a prior year from nondeductible contributions to a traditional IRA		
10	Total traditional IRA contributions.		

	Additional Traditional IRA Contribution Information	Taxpayer	Spouse
11	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Enter any contributions included on line 10 that were made during 1/1/2009 to 4/15/2009 (<i>See Help</i>).		
13	Age 70-1/2 or older in tax year	—	—

	Deductible and Non-deductible Traditional IRA Contributions	Taxpayer	Spouse
14	Deductible traditional IRA contributions from worksheet		
15	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶		
16	Amount on line 14 you elect to make nondeductible		
17	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 17 before due date of return, including extensions.		
18	Deductible traditional IRA contributions, to Form 1040, line 32 . .		
19	Qualified reservist and hurricane repayments		
20	Nondeductible traditional IRA contributions, to Form 8606, ln 1. .		

IRA Contributions Worksheet

2008

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Haytham Faraj

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Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
21	Enter regular Roth IRA contributions made for 2008, including any made between 1/1/2009 and 4/15/2009, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.	500.	
22	Contributions recharacterized from a traditional IRA, (from In 4). . .		
23	Roth IRA contributions, from Schedule(s) K-1.		
24	Enter contributions recharacterized to a traditional IRA.		
▶	If there is a recharacterization indicated on line 24, an explanation must be attached to the tax return.		
25	Disallowed Roth IRA conversions		
26	Roth IRA contributions. Combine lines 21 through 25	500.	
27	Enter any contribution included on line 26 withdrawn before the due date of the tax return. <i>See Help</i>		
28	Excess Roth IRA contribution credit		
29	Total Roth IRA contributions	500.	
30	Repayments of qualified Roth reservist distributions		
31	Repayment of the basis portion from qualified Roth hurricane distributions taken in a prior year		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
32	Roth IRA contributions after limitation	500.	
33	Excess Roth IRA contributions, to Form(s) 5329, line 23	0.	
	Note: <i>You may avoid a penalty by withdrawing the amount on line 33 before due date of return, including extensions.</i>		

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
34	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
	Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i>		

Tax Payments Worksheet

2008

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Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
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Estimated Tax Payments for 2008 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/08		04/15/08			04/15/08		
2	06/16/08		06/16/08			06/16/08		
3	09/15/08		09/15/08			09/15/08		
4	01/15/09		01/15/09			01/15/09		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2008					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2008 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	14,298.		
11 Forms W-2G			
12 Forms 1099-R	1,016.		
13 Forms 1099-MISC and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits			
17 Form 1099-B			
18 a Other withholding			
b Other withholding			
c Other withholding			
19 Total Withholding Lines 10 through 18c	15,314.		
20 Total Tax Payments for 2008	15,314.		

Prior Year Taxes Paid In 2008 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2007 extensions				
22 2007 estimated tax paid after 12/31/07				
23 Balance due paid with 2007 return				
24 Other (amended returns, installment payments, etc) . .				

Name(s) Shown on Return
Haytham Faraj

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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38	80,488.00
(2) Nontaxable income entered elsewhere on return	0.00
(3) Available income: 2007 refundable credits in excess of tax	0.00
(4) Enter any additional nontaxable income	29,900.00
(5) Total available income	110,388.00

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arkansas, California, Colorado, Georgia, New Jersey or New York only:

Double-click in column (4) to select your locality for each state entered.

(1) S t a t e	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount
MI	09/01/08	12/31/08	6.0000	6.0000	0.0000	871.00	0.00	290.33
CA	01/01/08	08/31/08	8.7500	7.2500	1.5000	1,019.00	210.83	819.89

c Total general sales tax using tables 1,110.22

d Sales Tax Paid on Specific Items (motor vehicles, boats):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items _____

f Total general sales tax per tables plus sales tax on specific items 1,110.22

g Actual State and Local General Sales Tax:

Enter actual sales taxes paid (instead of table amount) _____

h State and Local Income Taxes:

State and Local Income taxes _____

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 1,110.22

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 Real estate taxes:

a Real estate taxes paid on principal residence 2,676.92

b	Real estate taxes paid on additional homes or land	_____	
	Personal portion of real estate taxes from Schedule E Worksheet for:		
c	Principal residence	_____	
d	Vacation home	_____	
e	Less real estate taxes deducted on Form 8829	_____	
f	Add lines 2a through 2e (to Schedule A, line 6)		<u>2,676.92</u>
3	Personal property taxes:		
a	Auto registration fees based on the value of the vehicle.		
	2007 Amount Enter 2008 description:		
	_____ Mercedes S55	_____	33.00
	_____	_____	_____
	_____	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____	
c	Other personal property taxes	_____	
d	Add lines 3a through 3c (to Schedule A, line 7)		<u>33.00</u>
4	Other taxes:		
a	Other taxes from Schedule(s) K-1	_____	
b	Foreign taxes from interest and dividends	_____	
c	Foreign taxes from Schedule(s) K-1	_____	
d	Other foreign taxes (not used to claim a foreign tax credit)	_____	
e	Other taxes.		
	2007 Amount Enter 2008 description:		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)		_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:		
a	Mortgage interest and points from the Home Mortgage Interest Worksheet		<u>7,135.74</u>
b	Qualified mortgage interest from Schedule E Worksheet	_____	
c	Less home mortgage interest/points deducted on Form 8829	_____	
d	Less home mortgage interest from Form 8396, line 3	_____	
e	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above		<u>7,135.74</u>
6	Home mortgage interest not reported on Form 1098:		
a	Mortgage interest from the Home Mortgage Interest Worksheet	_____	
b	Less home mortgage interest deducted on Form 8829	_____	
c	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above	_____	
7	Points not reported on Form 1098:		
a	Amortizable points from the Home Mortgage Interest Worksheet	_____	
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____	
c	Less points deducted on Form 8829	_____	
d	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above	_____	

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Name(s) Shown on Return
Haytham Faraj

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Note: Use this worksheet to report home mortgage interest you paid on your main home or second home. Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

1 Was the mortgage interest reported to you on Form 1098? Yes No

2 Recipient's/lender's name. Citimortgage
If you bought your home from the recipient and did **NOT** receive a Form 1098, enter the recipient's identifying number and address:
Recipient's SSN or ID number _____
Recipient's address _____

QuickZoom if you paid more interest than is shown on Form 1098

If you and someone else were liable for this mortgage and the other person received the Form 1098, **QuickZoom** to complete information for that person

3 Mortgage interest paid on your main home or second home in 2008 7,135.74
4 Points paid in 2008 to buy your main home from Form 1098, box 2. _____

Points NOT reported on Form 1098:

5 Points not reported on Form 1098 that you paid in 2008 to purchase or improve your **main home** _____
6 If you paid other points to this lender which must be spread over the life of the loan, for example points you paid on your second home, on a home equity loan, or when you refinanced, enter the following:
a Total points originally paid on a loan for which the points must be amortized _____
b Date loan was made or date of refinance _____
c Length of loan (years) _____
d Points deducted in prior years for this loan _____
e Amortized points allowable this year _____
f Check this box if the points remaining for this loan are deductible in full in 2008 because you refinanced or paid off the loan
g Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 6a) _____

QuickZoom to another copy of Home Mortgage Interest Worksheet

Charitable Contributions Summary

2008

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Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
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Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
Fabretto Children's FCF	75.	75.		
Totals: _____	75.	75.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals: _____					

Part III Contribution Carryovers to 2009

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2008 contributions . . .	75.		75.			
2 2008 contributions allowed	75.	0.	75.	0.	0.	0.
3 Carryovers from:						
a 2007 tax year						
b 2006 tax year						
c 2005 tax year						
d 2004 tax year						
e 2003 tax year						
4 Carryovers allowed in 2008	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2008	0.		0.	0.	0.	0.
6 Carryovers to 2009:						
a From 2008	0.		0.	0.	0.	0.
b From 2007						
c From 2006						
d From 2005						
e From 2004						
f From 2003						

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 50% charity? Yes No

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Name(s) Shown on Return
Haytham Faraj

Social Security Number
321-70-6884

Use this worksheet if **(a)** someone can claim you, or your spouse if filing jointly, as a dependent; **(b)** you or your spouse were born before January 2, 1944, or were blind; **(c)** you paid real estate taxes; or **(d)** you have a net disaster loss on Form 4684, line 18a.

1	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Single or married filing separately — \$5,450 • Married filing jointly or Qualifying widow(er) — \$10,900 • Head of household — \$8,000 	<input type="checkbox"/> — ► . . .	1	5,450.
2	Can you be claimed as a dependent? <input checked="" type="checkbox"/> No. Enter the amount from line 1 on line 4. Skip line 3. <input type="checkbox"/> Yes. Go to line 3.			
3	Is your earned income* more than \$600? <input type="checkbox"/> Yes. Add \$300 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$900	<input type="checkbox"/> — ► . . .	3	
4	Enter the smaller of line 1 or line 3. If born after January 1, 1944, and not blind, enter this amount on line 6. Otherwise, go to line 5		4	5,450.
5	If born before January 2, 1944, or blind, multiply the number on Form 1040, line 39a, or on Form 1040A, line 23a by: \$1,050 (\$1,350 if single or head of household)		5	
6	Enter any net disaster loss from Form 4684, line 18a. If more than zero, check the box on Form 1040, line 39c		6	
7	Did you pay real estate taxes in 2008? Enter the state and local real estate taxes you paid that would be deductible on Schedule A, line 6. If you were itemizing your deductions. See the instructions for Schedule A, line 6. Do not include foreign real estate taxes		7	2,677.
8	Enter \$500 (\$1,000 if married filing jointly).		8	500.
9	Enter the smaller of line 7 or line 8. If more than zero, check the box on Form 1040, line 39c		9	500.
10	Add lines 4, 5, 6 and 9. Enter the total here and on Form 1040, line 40.		10	5,950.

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Earned Income Worksheet

2008

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Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet for Dependents Computation

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	92,759.		92,759.
7 Taxable employer-provided adoption benefits.			
8 Add lines 5 through 7. To Form 2441, lines 20 and 21 (or Schedule 2 of Form 1040A)	92,759.		92,759.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5 (or Schedule 2 of Form 1040A)	92,759.		92,759.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet for Dependents, line 1	92,759.		92,759.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	92,759.		92,759.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	92,759.		92,759.

Part IV – Form 8812 Taxable Earned Income Computation

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	92,759.		92,759.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 Combine lines 23 through 26. To Form 8812, line 4a.	92,759.		92,759.

Schedule E

Schedule E Worksheet

2008

Keep for your records.

Name(s) as shown on return Haytham Faraj Social Security Number 321-70-6884

This copy of the worksheet will be on Schedule E, Page 1, Copy 1, Property A

1 Property type Town home Location (street address) 423 Commerce st.
 City Aurora State IL Zip 60504 Foreign Country _____

Check all that apply

- A Owned by spouse
- B Owned jointly
- C Rental property
- D Royalty property
- E Active participation
- F Material participation
- G Commercial property
- H Some investment is not at risk
- I Rented to a nonpassive activity
- J Other passive exceptions
- K Complete taxable disposition - See Help
- L Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No
- M Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No
- N Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No
- O Was this activity located in a Qualified Disaster Area? Yes No

Ownership Percentage

- P Check to allocate income and expenses using ownership percentage
- Q Enter ownership percentage _____ %

Combined personal residence and rental use

- R Check to allocate personal use items
- S Percentage of rental use _____ %

Vacation home

- T Check if this is a vacation home property
- U Check to allocate interest and taxes using Tax Court Method
- V Number of days rented _____
- W Number of days personal use _____
- X Number of days property owned if less than 366 _____

Income

		% if Different	Total
3 Enter rental income (not reported on 1099)	10,959.		
Rents from 1099-MISC and Cancellation of Debt Worksheets	2,858.		
Total rents received	13,817.	100.000000	13,817.
4 Enter royalties received (not reported on 1099)			
Royalties from 1099-MISC, Schedule K-1 and Cancellation of Debt Worksheets			
Total royalties received			

Expenses

	(a) Total	(b) Enter % if not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
5 Advertising	99.		99.		
6a Auto					
b Travel	312.		312.		
7 Cleaning and maintenance	1,620.		1,620.		
8 Commissions					
9a Mortgage insurance qualified					
b Other insurance	382.		382.		
10 Legal and other professional fees					
11 Management fees					
12a Mortgage interest qualified	14,492.		14,492.		
b Mortgage interest other					
13 Other interest					
14 Repairs					
15 Supplies					
16a Real estate taxes	5,164.		5,164.		
b Other taxes					
17 Utilities	174.		174.		
18 Other expenses					
a					
b					
c					
d					
e Indirect operating expense					
f Operating expense carryover					
g Vehicle rental					
h Amortization					
19 Add lines 5 through 18	22,243.		22,243.		
20a Depreciation					
b Depletion					
c Depreciation carryover					
21 Total expenses. Add 19 and 20			22,243.		
22 Income or (loss)			-8,426.		
23 Deductible rental real estate loss			-8,426.		

Schedule E

Schedule E Worksheet

2008

Keep for your records.

Name(s) as shown on return Haytham Faraj Social Security Number 321-70-6884

This copy of the worksheet will be on Schedule E, Page 1, Copy 1, Property B

1 Property type Single Family home Location (street address) 1888 Avenida Segovia
 City Oceanside State CA Zip 92056 Foreign Country _____

Check all that apply

- A Owned by spouse
- B Owned jointly
- C Rental property
- D Royalty property
- E Active participation
- F Material participation
- G Commercial property
- H Some investment is not at risk
- I Rented to a nonpassive activity
- J Other passive exceptions
- K Complete taxable disposition - See Help
- L Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No
- M Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No
- N Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No
- O Was this activity located in a Qualified Disaster Area? Yes No

Ownership Percentage

- P Check to allocate income and expenses using ownership percentage
- Q Enter ownership percentage _____ %

Combined personal residence and rental use

- R Check to allocate personal use items
- S Percentage of rental use _____ %

Vacation home

- T Check if this is a vacation home property
- U Check to allocate interest and taxes using Tax Court Method
- V Number of days rented _____
- W Number of days personal use _____
- X Number of days property owned if less than 366 _____

Income

		% if Different	Total
3 Enter rental income (not reported on 1099)	12,950.		
Rents from 1099-MISC and Cancellation of Debt Worksheets			
Total rents received	12,950.	100.000000	12,950.
4 Enter royalties received (not reported on 1099)			
Royalties from 1099-MISC, Schedule K-1 and Cancellation of Debt Worksheets			
Total royalties received			

Expenses

	(a) Total	(b) Enter % if not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
5 Advertising	99.		99.		
6a Auto					
b Travel	357.		357.		
7 Cleaning and maintenance	980.		980.		
8 Commissions					
9a Mortgage insurance qualified					
b Other insurance	584.		584.		
10 Legal and other professional fees					
11 Management fees					
12a Mortgage interest qualified	17,958.		17,958.		
b Mortgage interest other					
13 Other interest					
14 Repairs	2,355.		2,355.		
15 Supplies					
16a Real estate taxes	2,007.		2,007.		
b Other taxes					
17 Utilities					
18 Other expenses					
a					
b					
c					
d					
e Indirect operating expense					
f Operating expense carryover					
g Vehicle rental					
h Amortization					
19 Add lines 5 through 18	24,340.		24,340.		
20a Depreciation					
b Depletion					
c Depreciation carryover					
21 Total expenses. Add 19 and 20			24,340.		
22 Income or (loss)			-11,390.		
23 Deductible rental real estate loss			-11,390.		

Shareholders' Share of Income, Credits,
Deductions, etc.

2008

► Keep for your records

Shareholder's Name Haytham Faraj	Social Security Number 321-70-6884
-------------------------------------	---------------------------------------

Part I Information About the Corporation

- A** Corporation's Employer Identification Number 26-2570788
- B** Corporation's
 Name The Law Firm of Puckett & Faraj, PC
 Address
 City
 State
 ZIP Code
- C** IRS Center where corporation filed return

Part II Information About the Shareholder

- Shareholder is Taxpayer Spouse Joint
- D** Shareholder's Identifying Number 321-70-6884
- E** Shareholder's
 Name Haytham Faraj
 Address 5626 Cambourne rd
 City Dearborn Heights
 State MI
 ZIP Code 48127
- F** Shareholder's percentage of stock ownership for tax year 50.000000 %
 At-Risk Status (check one):
 All investment in corporation is at-risk
 Some investment in corporation **not** at-risk

Final K-1

Amended K-1

Part III Shareholder's Share of Current Year Income, Deductions, Credits, Other Items

- Check Type of Activity Reported on this Schedule K-1:
- Business
 Rental Real Estate
 Other Rental Activities
 Other (investment club, etc.)
- 1** Ordinary business income (loss) -2,606.
 Check if "materially" participated in the business activities
- 2** Net rental real estate income (loss)
 Check if "materially" participated in rental real estate activities
 Check if "actively" participated in rental real estate activities
 Check if rental of property to a nonpassive activity
- 3** Other net rental income (loss)
 Check if rental of property to a nonpassive activity
- 4** Interest income.
 Interest income from U.S. obligations included in box 4.
- 5 a** Ordinary dividends
5 b Qualifying dividends
 Interest income from U.S. obligations included in box 5.
- 6** Royalties
Double-click to link royalties to Schedule E Worksheet

Part III Shareholder's Share of Current Year Income, Deductions, Other Items (continued)

7	Net short-term capital gain (loss)	_____
8 a	Net long-term capital gain (loss)	_____
8 b	Collectibles (28%) gain (loss)	_____
8 c	Unrecaptured section 1250 gain	_____
9	Net section 1231 gain (loss)	_____
10	Other income (loss)	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
11	Section 179 deduction	2,295.
12	Other deductions	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
13	Credits & credit recapture	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
14	Foreign transactions	
	A Name of country or U.S. possession. . . . ▶ _____	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
15	Alternative minimum tax (AMT) items	
	Code Description	Amount
	A Post-1986 depreciation adjustment	-36.
	_____	_____
	_____	_____
	_____	_____
	_____	_____
16	Items affecting shareholder basis	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____
17	Other information	
	Code Description	Amount
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Federal Carryover Worksheet

2008

▶ Keep for your records

Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
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2007 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information			2007	2008
1 Filing status	1		-	1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2			
3 Itemized deductions after limitation	3			19,855.
4 Check box if required to itemize deductions	4	<input type="checkbox"/>		<input type="checkbox"/>
5 Adjusted gross income	5			80,488.
6 Tax liability for Form 2210 or Form 2210-F	6			10,625.
7 Alternative minimum tax	7			0.
8 Federal overpayment applied to next year estimated tax	8			

QuickZoom to the IRA Information Worksheet for IRA information (see Tax Help) ▶

Excess Contributions			2007	2008
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a			
b Spouse's excess Archer MSA contributions as of 12/31	b			
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a			
b Spouse's excess Coverdell ESA contributions as of 12/31	b			
11 a Taxpayer's excess HSA contributions as of 12/31	11 a			
b Spouse's excess HSA contributions as of 12/31	b			

Loss and Expense Carryovers			2007	2008
12 a Short-term capital loss	12 a			
b AMT Short-term capital loss	b			
13 a Long-term capital loss	13 a			
b AMT Long-term capital loss	b			
14 a Net operating loss available to carry forward	14 a			
b AMT Net operating loss available to carry forward	b			
15 a Investment interest expense disallowed	15 a			
b AMT Investment interest expense disallowed	b			
16 Nonrecaptured net Section 1231 losses from:				
a 2008	16 a			
b 2007	b			
c 2006	c			
d 2005	d			
e 2004	e			
f 2003	f			

Haytham Faraj

321-70-6884

Loss and Expense Carryovers (cont'd)				2007	2008
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2008 . . .	17 a	
		b	2007 . . .	b	
		c	2006 . . .	c	
		d	2005 . . .	d	
		e	2004 . . .	e	
		f	2003 . . .	f	
Credit Carryovers				2007	2008
18	General business credit		18		
19	Adoption credit from:	a	2008	19 a	
		b	2007	b	
		c	2006	c	
		d	2005	d	
		e	2004	e	
		f	2003	f	
20	Mortgage interest credit from:	a	2008	20 a	
		b	2007	b	
		c	2006	c	
		d	2005	d	
21	Credit for prior year minimum tax		21		
22	District of Columbia first-time homebuyer credit		22		
23	Residential energy efficient property credit		23		
24	Amount overpaid less earned income credit		24		
Other Carryovers				2007	2008
25	Section 179 expense deduction disallowed		25		0.
26	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	26 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

IRA Information Worksheet

2008

► Keep for your records

Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
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Part I Traditional IRA		Taxpayer	Spouse
	Basis and Value		
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2008		
3	Basis carryover as of 12/31/2008		
	Excess Contributions		
4	Excess contributions as of 12/31/2007		
5	Carryover of excess contributions to 12/31/2008		

Part II Roth IRA		Taxpayer	Spouse
	Basis (Contribution and Conversion History)		
6	Basis in Roth IRA contributions	500.	
7	Basis in Roth IRA conversions		
8	Contribution basis carryover as of 12/31/2008	500.	
9	Conversion basis carryover as of 12/31/2008		
	Excess Contributions		
10	Excess contributions as of 12/31/2007		
11	Carryover of excess contributions to 12/31/2008		

Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2007 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs		

Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/08 (<i>See Help</i>)		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/08 (<i>See Help</i>)		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/08		
21	Check this box if you converted all of the traditional IRAs you had in 2008 to Roth IRAs in 2008	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

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2008

Page 2

Name(s) Shown on Return <u>Haytham Faraj</u>	Social Security Number <u>321-70-6884</u>
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Part V	Roth IRA Contribution and Conversion Balances	Taxpayer	Spouse
22	Opened a Roth IRA before 2004	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2007 Balances (Basis - Before 2008 Transactions)		
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
24	Cumulative pre 2004 conversions - taxable and nontaxable	_____	_____
25	2004 conversion contributions taxable at conversion	_____	_____
26	2004 conversion contributions not taxable at conversion	_____	_____
27	2005 conversion contributions taxable at conversion	_____	_____
28	2005 conversion contributions not taxable at conversion	_____	_____
29	2006 conversion contributions taxable at conversion	_____	_____
30	2006 conversion contributions not taxable at conversion	_____	_____
31	2007 conversion contributions taxable at conversion	_____	_____
32	2007 conversion contributions not taxable at conversion	_____	_____
	2008 Transactions - Contributions	Taxpayer	Spouse
33	Regular Roth IRA contributions	500.	_____
34	Rollover from Roth 401(k) and Roth 403(b)	_____	_____
35	Conversion contributions taxable at conversion	_____	_____
36	Conversion contributions not taxable at conversion	_____	_____
37	Repayments of qualified Roth reservist distributions	_____	_____
38	Repayment of basis from prior year hurricane distributions	_____	_____
	2008 Transactions - Distributions		
39	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)	_____	_____
40	Distributions from cumulative pre 2004 conversions	_____	_____
41	Distributions from 2004 conversions taxable at conversion	_____	_____
42	Distributions from 2004 conversions not taxable at conversion	_____	_____
43	Distributions from 2005 conversions taxable at conversion	_____	_____
44	Distributions from 2005 conversions not taxable at conversion	_____	_____
45	Distributions from 2006 conversions taxable at conversion	_____	_____
46	Distributions from 2006 conversions not taxable at conversion	_____	_____
47	Distributions from 2007 conversions taxable at conversion	_____	_____
48	Distributions from 2007 conversions not taxable at conversion	_____	_____
49	Distributions from 2008 conversions taxable at conversion	_____	_____
50	Distributions from 2008 conversions not taxable at conversion	_____	_____
51	Did you have any open Roth IRA accounts on 12/31/08	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Balance carryover to 2009 (Basis - After 2008 Transactions)		
52	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	500.	_____
53	Cumulative pre 2005 conversions - taxable and nontaxable	_____	_____
54	2005 conversion contributions taxable at conversion	_____	_____
55	2005 conversion contributions not taxable at conversion	_____	_____
56	2006 conversion contributions taxable at conversion	_____	_____
57	2006 conversion contributions not taxable at conversion	_____	_____
58	2007 conversion contributions taxable at conversion	_____	_____
59	2007 conversion contributions not taxable at conversion	_____	_____
60	2008 conversion contributions taxable at conversion	_____	_____
61	2008 conversion contributions not taxable at conversion	_____	_____

IRA Information Worksheet

2008

► Keep for your records

Page 3

Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
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	Part VI Roth IRA Basis Adjustments	Taxpayer	Spouse
	Received From Former Spouse due to Divorce or Inheritance		
62	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
63	Cumulative pre 2004 conversions - taxable and nontaxable	_____	_____
64	2004 conversion contributions taxable at conversion	_____	_____
65	2004 conversion contributions not taxable at conversion	_____	_____
66	2005 conversion contributions taxable at conversion	_____	_____
67	2005 conversion contributions not taxable at conversion	_____	_____
68	2006 conversion contributions taxable at conversion	_____	_____
69	2006 conversion contributions not taxable at conversion	_____	_____
70	2007 conversion contributions taxable at conversion	_____	_____
71	2007 conversion contributions not taxable at conversion	_____	_____
72	2008 conversion contributions taxable at conversion	_____	_____
73	2008 conversion contributions not taxable at conversion	_____	_____
	Transferred To Former Spouse due to Divorce		
74	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)	_____	_____
75	Cumulative pre 2004 conversions - taxable and nontaxable	_____	_____
76	2004 conversion contributions taxable at conversion	_____	_____
77	2004 conversion contributions not taxable at conversion	_____	_____
78	2005 conversion contributions taxable at conversion	_____	_____
79	2005 conversion contributions not taxable at conversion	_____	_____
80	2006 conversion contributions taxable at conversion	_____	_____
81	2006 conversion contributions not taxable at conversion	_____	_____
82	2007 conversion contributions taxable at conversion	_____	_____
83	2007 conversion contributions not taxable at conversion	_____	_____
84	2008 conversion contributions taxable at conversion	_____	_____
85	2008 conversion contributions not taxable at conversion	_____	_____

Your Name Haytham Faraj	Social Security Number 321-70-6884
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Occupation in Which You Incurred Expenses
Attorney

Line 4 – Other Business Expenses

1	Business gifts	1	
2	Education	2	
3	Home office (QuickZoom to Employee Home Office Wks) ►	3	889.
4	Trade publications	4	270.
5	Depreciation and amortization (vehicles use the Vehicle Expenses Worksheet)	5	1,422.
6	Other:		
	<u>job search</u>	6	871.
	<u>Cell Phone Bills</u>		1,035.
	_____		
	_____		
7	Total other business expenses. Add lines 1 through 6. Carries to Form 2106, line 4.	7	4,487.

Line 7 – Allocation of Employer Reimbursements

8	Reimbursements that were not reported in box 1 of Form W-2	8	
9	Total expenses for the period(s) covered by the reimbursements on line 8	9	
10	Meal and entertainment expenses included in line 9	10	
11	Divide line 10 by line 9	11	
12	Employer reimbursement for meals and entertainment. Multiply line 8 by line 11. Carries to Form 2106, line 7, column B.	12	
13	Employer reimbursement for other than meals and entertainment. Subtract line 12 from line 8. Carries to Form 2106, line 7, column A	13	
	Department of Transportation (DOT) Employees - complete lines 14 - 19		
14	Employer reimbursement for meals and entertainment expenses	14	
15	Total meals and entertainment expenses for the period(s) covered by the reimbursements on line 14	15	
16	Meal expenses included in line 15 that are covered by DOT rules regarding hours of service limits	16	
17	Divide line 16 by line 15	17	
18	Employer reimbursement for DOT meals. Multiply line 14 by line 17.	18	
19	Employer reimbursement for other meals and entertainment. Subtract line 18 from line 14	19	

Line 10 – Allocation of Business Expenses

(Qualified Performing Artists, Armed Forces Reservists, and Disabled Individuals)

20	Total employee expenses from Form 2106, line 10.	20	10,434.
21	Qualified performing artist expenses. Carries to Form 1040, line 24 (or to Form 1040NR, line 34)	21	
22	Armed Forces Reservists related travel more than 100 miles from home (up to the federal per diem rate). Carries to Form 1040, line 24 (not applicable to Form 1040NR)	22	
23	Impairment-related work expenses. Carries to Schedule A (Form 1040), line 28 (or to Schedule A (Form 1040NR), line 16)	23	
24	Net employee expenses. Subtract lines 21, 22, and 23 from line 20. Carries to Schedule A (Form 1040), line 21 (or to Schedule A (Form 1040NR), line 9)	24	10,434.

Employee Home Office Worksheet

▶ Keep for your records

2008

Copy 1

Your name
Haytham Faraj

Social Security Number
321-70-6884

Part I **Part of Your Home Used for Business** Attorney
5626 Cambourne rd

1 Area used regularly and exclusively for business, regularly and exclusively for daycare, or regularly for inventory storage	1	400
2 Total area of home	2	2,100
3 Divide line 1 by line 2. Enter result as a percentage	3	19.05 %
<ul style="list-style-type: none"> ● For daycare facilities not used exclusively for business, also complete lines 4 - 9. ● All others, skip lines 4 - 9 and enter the amount from line 3 on line 10. 		
4 Area used only partly for daycare	4	_____
5 Divide line 4 by line 2. Enter the result as a percentage	5	_____ %
6 Multiply days used for daycare during year by hours used per day	6	_____ hr
7 Total hours available for use during the year (366 x 24 hours)	7	_____ hr
8 Divide line 6 by line 7. Enter result as a decimal amount	8	_____
9 Multiply line 8 by line 5	9	_____ %
10 Business percentage. For daycare facilities not used exclusively for business, add line 3 and line 9. All others, enter the amount from line 3	10	19.05 %

Part II **Figure Your Allowable Deduction**

11 Total wages from this business	11	34,090.
12 Percent of wages from the business use of this home	12	85.00 %
13 Wages from the business use of home. Multiply line 11 by line 12	13	28,977.
14 Gain from business use of home shown on Schedule D or Form 4797	14	_____
15 Gross income from wages, Sch D and Form 4797. Add line 13 and line 14	15	28,977.
16 a Total employee expenses (excluding home office)	16 a	9,545.
b If there is more than one home office for this business, enter the amount of expenses from line 16a allocable to this home office.	b	_____
17 Any losses from this business shown on Schedule D or Form 4797	17	_____
18 Net income from business use of home. Line 15 less line 16 and line 17	18	19,432.

	(a) Direct expenses	(b) Indirect expenses	
See instructions for columns (a) and (b) before completing lines 19 - 29			
19 Casualty losses	_____	_____	
20 Deductible mortgage interest	_____	_____	
21 Real estate taxes	_____	2,677.	
22 Add lines 19, 20, and 21	_____	2,677.	
23 Multiply line 22, column (b) by line 10	_____	510.	
24 Add line 22, column (a) and line 23	_____	_____	510.
25 Subtract line 24 from line 18. If zero or less, enter -0-	_____	_____	18,922.
26 Insurance	_____	890.	
27 Rent	_____	_____	
28 Repairs and maintenance	_____	1,254.	
29 Utilities	_____	837.	
30 Other expenses	_____	_____	
31 Add lines 26 through 30	_____	2,981.	

32	Multiply line 31, column (b) by line 10	568.	
33	Carryover of operating expenses from 2007.		
34	Add line 31 in column (a), line 32, and line 33.	34	568.
35	Allowable operating expenses. Enter the smaller of line 25 or line 34	35	568.
36	Limit on excess casualty losses and depreciation. Subtract line 35 from line 25.	36	18,354.
37	Excess casualty losses	37	
38	Depreciation of your home from Part III	38	321.
39	Carryover of excess casualty losses and depreciation from 2007	39	
40	Add lines 37 through 39.	40	321.
41	Allowable excess casualty losses and depreciation. Enter the smaller of line 36 or line 40	41	321.
42	Add lines 24, 35, and 41	42	1,399.
43	Casualty loss portion, if any, from lines 24 and 41. Carry amount to Form 4684 , Section B.	43	
44	Allowable expenses for business use of your home. Subtract line 43 from line 42.	44	1,399.
45	Less deductible mortgage interest, mortgage insurance and real estate taxes reported on Sch A	45	510.
46	Form 2106 home office expenses. Carries to Form 2106 Adj Wks, line 3	46	889.

Part III Depreciation of Your Home

47	Enter the smaller of your home's adjusted basis or its fair market value	47	175,000.
48	Value of land included on line 47	48	
49	Basis of building. Subtract line 48 from line 47	49	175,000.
50	Business basis of building. Multiply line 49 by line 10	50	33,338.
51	Depreciation percentage	51	0.9615 %
52	Depreciation attributable to business use of home. Multiply line 50 by line 51	52	321.
53	Depreciation for additions and improvements attributable to business use of home	53	
54	Total allowable depreciation. Add line 52 and line 53. Enter here and on line 38	54	321.

Part IV Carryover of Unallowed Expenses to 2009

55	Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0-	55	0.
56	Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0-	56	0.

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Name(s) Shown on Return Haytham Faraj	Social Security Number 321-70-6884
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Description	Amount
Income	
Wages	92,759.
Interest income before Series EE bond exclusion	126.
Dividend income	49.
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	-4,901.
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	13,171.
Unemployment compensation	
Other income	
Total income	101,204.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	900.
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	900.
Modified adjusted gross income	100,304.

Form 4562

Depreciation and Amortization Report

2008

Haytham Faraj
Form 2106 - Attorney

Tax Year 2008
► Keep for your records

321-70-6884

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Home office	H	08/01/08	175,000		19.05			33,338	39.0	SL/MM		321
Cell Phone	SL	10/11/08	322		100.00			322	7.0	200DB/HY		0
Cell phone	L	11/01/08	538		100.00	538	0	0	7.0	200DB/HY		0
Computer		12/06/08	748		100.00	748	0	0	5.0	200DB/HY		0
External hard drive		12/11/08	136		100.00	136	0	0	5.0	200DB/HY		0
SUBTOTAL CURRENT YEAR			176,744	0		1,422	0	33,660			0	321
TOTALS			176,744	0		1,422	0	33,660			0	321

Code: S = Sold, A = Auto, L = Listed, H = Home Office

Form 4562**Alternative Minimum Tax Depreciation Report****2008**Haytham Faraj
Form 2106 - AttorneyTax Year 2008
► Keep for your records

321-70-6884

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
DEPRECIATION													
Home office	H	08/01/08	175,000		19.05			33,338	39.0	SL/MM		321	0.
Cell Phone	SL	10/11/08	322		100.00			322	7.0	150DB/HY		0	0.
Cell phone	L	11/01/08	538		100.00	538	0	0	7.0	200DB/HY		0	0.
Computer		12/06/08	748		100.00	748	0	0	5.0	200DB/HY		0	0.
External hard drive		12/11/08	136		100.00	136	0	0	5.0	200DB/HY		0	0.
SUBTOTAL CURRENT YEAR			176,744	0		1,422	0	33,660			0	321	0.
TOTALS			176,744	0		1,422	0	33,660			0	321	0.

Code: S = Sold, A = Auto, L = Listed, H = Home Office

Tax History Report

2008

▶ Keep for your records

Name(s) Shown on Return

Haytham Faraj

	Five Year Tax History:				
	2004	2005	2006	2007	2008
Filing status					Single
Total income					81,388.
Adjustments to income					900.
Adjusted gross income					80,488.
Tax expense					3,820.
Interest expense					7,136.
Contributions					75.
Miscellaneous deductions					8,824.
Other itemized deductions					
Total itemized/standard deduction					19,855.
Exemption amount					3,500.
Taxable income					57,133.
Tax					10,625.
Alternative minimum tax					
Total credits					
Other taxes					
Payments					15,314.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					4,689.
Effective tax rate %					13.20
**Tax bracket %					25

**Tax bracket % is based on Taxable income.

Tax Summary
 ▶ Keep for your records

2008

Name (s)	SSN
Haytham Faraj	321-70-6884
Total income	81,388.
Adjustments to income	900.
Adjusted gross income	80,488.
Itemized/standard deduction	19,855.
Exemption amount	3,500.
Taxable income	57,133.
Tentative tax	10,625.
Additional taxes	
Alternative minimum tax	0.
Total credits	
Other taxes	
Total tax	10,625.
Total payments	15,314.
Estimated tax penalty	
Refund	4,689.
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
 you had rental real estate and royalty income(loss).

Compare to U. S. Averages

▶ Keep for your records

2008

Name(s) Shown on Return Haytham Faraj	Social Security No 321-70-6884
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Your 2008 adjusted gross income (AGI) 80,488.
 National adjusted gross income range used below from 50,000. to 99,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	92,759.	67,343.
Taxable interest	126.	2,282.
Tax-exempt interest		6,264.
Dividends	49.	3,140.
Business net income		19,352.
Business net loss		-6,205.
Net capital gain		10,717.
Net capital loss		-2,294.
Taxable IRA		13,815.
Taxable pensions and annuities	13,171.	24,227.
Rent and royalty net income		9,232.
Rent and royalty net loss	-19,816.	-9,684.
Partnership and S corporation net income		21,799.
Partnership and S corporation net loss	-4,901.	-11,795.
Taxable social security benefits		15,005.
Medical and dental expenses deduction		6,868.
Taxes paid deduction	3,820.	6,285.
Interest paid deduction	7,136.	10,607.
Charitable contributions deduction	75.	2,889.
Total itemized deductions	19,855.	20,882.
Child care credit		574.
Education tax credits		1,233.
Child tax credit		1,794.
Retirement savings contributions credit		77.
Earned income credit		0.
Other Information	Actual Per Return	National Average
Adjusted gross income	80,488.	76,389.
Taxable income	57,133.	50,976.
Income tax	10,625.	6,924.
Alternative minimum tax	0.	1,341.
Total tax liability	10,625.	7,322.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING
TAXPAYER: Haytham Faraj
PRIMARY SSN: 321-70-6884

FEDERAL RETURN SUBMITTED: April 15, 2009 09:31 PM PDT
FEDERAL RETURN ACCEPTANCE DATE:

Your return was electronically transmitted on 04/16/2009

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2009. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2009, your Intuit electronic postmark will indicate April 15, 2009, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2009, and a corrected return is submitted and accepted before April 20, 2009. If your return is submitted after April 20, 2009, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2009. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2009, and the corrected return is submitted and accepted by October 20, 2009.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Form 4562, line 6

Additional Section 179 Property Statement

(a) Description of property	(b) Cost (bus use only)	(c) Elected cost
External hard drive from Schedule K-1	136.	136. 2,295.
Total		<u>2,431.</u>

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>10,625.</u>
Check if from:	
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Tax. Add lines A through F. Enter the result here and on line 44 <u>10,625.</u>

SMART WORKSHEET FOR: Form 3903 (Dearborn Heights): Moving Expenses

General Information Smart Worksheet	
A	Enter the new principal place of work for this move . . . <u>Dearborn Heights</u>
B	If you are NOT in the military, enter the total amount your employer paid for your move (Enter ONLY if your Form W-2 does not show an amount in Box 12 with code P) . . . <u>0.</u>
C	Enter the number of miles from your old home to your new workplace <u>2,300 miles</u>
D	Enter the number of miles from your old home to your old workplace <u>11 miles</u>
E	Subtract line D from line C. If zero or less, enter -0- <u>2,289 miles</u>
Is line E at least 50 miles?	
Yes	▶ You meet this test.
No	▶ You do not meet this test. You cannot deduct your moving expenses. Do Not complete Form 3903.
F	For foreign moves check here only if all the following apply <input type="checkbox"/>
	<ul style="list-style-type: none"> ● You moved in an earlier year ● You are claiming only storage fees while you are away from the United States ● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 (Dearborn Heights): Moving Expenses

Moving Expenses Smart Worksheet	
Enter your moving expenses:	
A	Transportation expenses for this move <u>900.</u>
B	Storage of household goods and personal effects _____
C	Travel expenses for this move (See Tax Help for new mileage rates) _____
D	Lodging expenses for this move _____

SMART WORKSHEET FOR: Form 2106 (Attorney) -- Form 2106 Adjustments Wks -- Form 4562: Depreciation & Amortization

Form 4562, Line 12 Smart Worksheet	
(Only applies if Summary Form 4562 used)	
A	Total Section 179 before limitation <u>1,422.</u>
B	Section 179 allowable, if different. _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Additional Standard Deduction Real Estate Taxes (Real Estate Taxes less Foreign)	
The additional standard deduction for real estate taxes does not include foreign real estate taxes. Enter any foreign real estate taxes below that are reported on Schedule A, line 6.	
A	Did you have any foreign real estate taxes: Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>
B	Real estate taxes available to compute the additional standard deduction:
1	Foreign real estate taxes reported on Schedule A, line 6. _____
2	Additional standard deduction real estate taxes line 2f above less line B1 <u>2,676.92</u>

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or home equity interest is over one-hundred-thousand dollars enter the amount of interest that should be reported on Schedule A on lines A, B, and C below.	
Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>	
A	Home mortgage interest and points reported on Form 1098:
1	Sum of lines 5a through 5d below <u>7,135.74</u>
2	Limited amount to report on Sch A, line 10 _____
B	Home mortgage interest not reported on Form 1098:
1	Sum of lines 6a and 6b below _____
2	Limited amount to report on Sch A, line 11 _____
C	Points not reported on Form 1098:
1	Sum of lines 7a through 7c below _____
2	Limited amount to report on Sch A, line 12 _____

SMART WORKSHEET FOR: Schedule E Worksheet (423 Commerce st.)

Mortgage Interest Smart Worksheet				
Lender's Name	Amount	Qualified Mortgage Interest		
<u>Bank of America</u>	<u>11,793.</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Citimortgage Inc.</u>	<u>2,699.</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

SMART WORKSHEET FOR: Schedule E Worksheet (423 Commerce st.)

Activity Summary Smart Worksheet		
Supporting information provided by program. NO ENTRIES ARE NEEDED.		
A Ownership		<u>Taxpayer</u>
B At-risk status		<u>All</u>
C Passive status		<u>Active RE</u>
	Regular	AMT
Schedule E		
D Tentative profit (loss)	-8,426.	-8,426.
E Other adjustments and preferences		
F At-risk disallowed loss		
G Passive carryover loss.		
H Passive disallowed loss		
I Net profit (loss) allowed	-8,426.	-8,426.
Related Disposition		
J Tentative profit (loss)		
K At-risk disallowed loss		
L Passive carryover loss.		
M Passive disallowed loss		
N Net profit (loss) allowed		

SMART WORKSHEET FOR: Schedule E Worksheet (1888 Avenida Segovia)

Mortgage Interest Smart Worksheet				
Lender's Name	Amount	Qualified Mortgage Interest		
<u>GMAC Mortgage</u>	7,768.	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Navy Federal Credit Union</u>	10,190.	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

SMART WORKSHEET FOR: Schedule E Worksheet (1888 Avenida Segovia)

Activity Summary Smart Worksheet		
Supporting information provided by program. NO ENTRIES ARE NEEDED.		
A	Ownership	Taxpayer
B	At-risk status	All
C	Passive status	Active RE
 Schedule E		
D	Tentative profit (loss)	-11,390.
E	Other adjustments and preferences	
F	At-risk disallowed loss	
G	Passive carryover loss	
H	Passive disallowed loss	
I	Net profit (loss) allowed	-11,390.
Related Disposition		
J	Tentative profit (loss)	
K	At-risk disallowed loss	
L	Passive carryover loss	
M	Passive disallowed loss	
N	Net profit (loss) allowed	

SMART WORKSHEET FOR: Form 2106 (Attorney) -- Form 2106 Adjustments Wks

Depreciation Information Smart Worksheet	
A	Enter Section 179 carryover from prior year
B	Section 179 elected in current year (non-vehicles only) 1,422.
C	Total carryover and non-vehicle Section 179. Line A plus line B 1,422.
D	Enter allowable carryover and non-vehicle Section 179, if different from line C
E	To enter assets (except autos, home office) QuickZoom to the Asset Entry Wks . . . ▶
F	To enter home office assets QuickZoom to the Home Office Asset Entry Wks . . . ▶ _____
G	To view a calculated report of all depreciation information for Form 2106, QuickZoom to the Depreciation Reports . . . ▶
H	QuickZoom to Form 4562 for Form 2106 . . . ▶

Electronic Filing Instructions for your 2008 Michigan Tax Return

Important: Your taxes are not finished until all required steps are completed.



Haytham Faraj
5626 Cambourne rd
Dearborn Heights, MI 48127

Balance Due/Refund	Your Michigan state tax return (Form MI-1040) shows a balance due of \$1,352.00. Mail your completed Form MI-1040-V with included payment made payable to the State of Michigan by April 15, 2009. Make sure you sign your check and write your social security number and "2008 MI-1040-V" on the check.									
No Signature Document Needed	No signature form is required since you signed your return electronically.									
What You Need to Mail	Your return shows a balance due of \$1,352.00. Mail your completed Form MI-1040-V with included payment of \$1,352.00 made payable to State of Michigan by April 15, 2009 to: Mail to: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909-8274 Do not mail Form MI-1040-V with payment until your return has been ACCEPTED for electronic filing by the Michigan Department of Treasury.									
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns									
2008 Michigan Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>31,076.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>1,352.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>1,352.00</td></tr></table>	Taxable Income	\$	31,076.00	Total Tax	\$	1,352.00	Payment Due	\$	1,352.00
Taxable Income	\$	31,076.00								
Total Tax	\$	1,352.00								
Payment Due	\$	1,352.00								



Detach here and mail with your payment. Do not fold or staple the voucher.

Michigan Department of Treasury (Rev. 9-08)

2008 MICHIGAN Individual Income Tax e-file Payment Voucher

MI-1040-V

Issued under authority of Public Act 281 of 1967. See instruction for filing guidelines

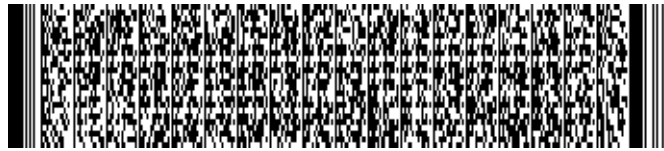
Use this form if you e-file your Michigan individual income tax return.
Do not use this form to make any other payments to the State of Michigan.

▶1. Filer's Name(s) (First, Middle Initial, Last) and Home Address (Street, City, State, ZIP Code) HAYTHAM FARAJ 5626 CAMBOURNE RD DEARBORN HEIGHTS MI 48127	▶2. Filer's Social Security Number 321-70-6884	Spouse's Social Security Number
	WRITE PAYMENT AMOUNT HERE ➔ \$ 1,352.00	
	MAIL TO: Michigan Department of Treasury P.O. Box 30774 Lansing, MI 48909-8274	Make check payable to ' State of Michigan. ' Write your Social Security number and ' 2008 MI-1040-V ' on the front of your check.

DO NOT WRITE IN THIS SPACE

MIIA2101 10/27/08

2008 MICHIGAN Individual Income Tax Barcode Datasheet



This datasheet is PAGE 1 of your individual income tax return and/or home heating credit claim. You must staple this form to the top of Form MI-1040 or MI-1040CR-7 for your return to be complete and to speed the processing.

Do **NOT** file this form alone.

See additional instructions below.



Software Use Only	
<input checked="checked" type="checkbox"/> MI-1040 included	<input type="checkbox"/> MI-1040CR-7 included

FILER'S IDENTIFICATION

Filer's First Name Haytham	MI	Last Name Faraj	Filer's Social Security Number 321-70-6884
If a Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security Number
Home Address (No., Street, P.O. Box or Rural Route) 5626 Cambourne rd			
City or Town Dearborn Heights	State MI	ZIP Code 48127	

INSTRUCTIONS

If you make a correction to any of your data, you must reprint the corrected page of the return and this barcode datasheet to capture the corrected information in the barcode.

Staple this form to the top of your MI-1040 *Individual Income Tax Return* or your MI-1040CR-7 *Home Heating Credit Claim*. Do **NOT** file this form alone.

Mail the original datasheet and original return/claim (not photocopies) to the address on your return/claim. Both forms must be filed with payment, if owed.

If you filed Form MI-1040 form with this barcode datasheet and without payment, and are submitting your payment at a later date, mail to Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48929. Make your check payable to "**State of Michigan**" and **print the filer's Social Security Number** and "**2008 income tax**" the front of your check.

Do **NOT** include this form when mailing a payment separately from your return.

2008 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 15, 2009.

Type or print in blue or black ink.

P L A C E H E R E L A B E L	▶ 1 Filer's First Name HAYTHAM	M.I.	Last Name FARAJ	▶ 2 Filer's Social Security No. 321-70-6884
	If a Joint Return, Spouse's First Name	M.I.	Last Name	▶ 3 Spouse's Social Security No.
	Home Address (No., Street, P.O. Box or Rural Route) 5626 CAMBOURNE RD			
	City or Town DEARBORN HEIGHTS	State MI	ZIP Code 48127	▶ 4 School District Code (5 digits - see instructions) 82230

**MILITARY FAMILY RELIEF FUND
CHILDREN'S TRUST FUND
CHILDREN OF VETERANS TUITION GRANT PROGRAM**

You may contribute to the Military Family Relief Fund, Children's Trust Fund and the Children of Veterans Tuition Grant Program on lines 21, 22, and 23 of this form.

▶ 5 STATE CAMPAIGN FUND Check this box if you (or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund. <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>a You</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b Spouse</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	a You	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b Spouse	<input type="checkbox"/>	<input type="checkbox"/>	▶ 6 FARMERS, FISHERMEN OR SEAFARERS <input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing or seafaring.
	Yes	No								
a You	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
b Spouse	<input type="checkbox"/>	<input type="checkbox"/>								
▶ 7 FILING STATUS. Check one. a <input checked="" type="checkbox"/> Single b <input type="checkbox"/> Married, filing jointly c <input type="checkbox"/> Married, filing separately* *If you check box 'c,' complete line 3 and enter spouse's name below: <div style="border: 1px solid black; width: 200px; height: 15px; margin-left: 20px;"></div>	▶ 8 RESIDENCY. Check all that apply. a <input type="checkbox"/> Resident b <input type="checkbox"/> Nonresident* c <input checked="" type="checkbox"/> Part-Year Resident* *If you check box 'b' or 'c,' you must complete and attach Schedule NR.									

▶ 9 EXEMPTIONS	
a Number of exemptions you claimed on your 2008 federal return	▶ 9a <input type="text" value="1"/> x \$3,500 3,500.00
b Number of individuals 65 or older who qualify for a special exemption	▶ 9b <input type="text"/> x \$2,200 .00
c Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled	▶ 9c <input type="text"/> x \$2,200 .00
d Number of children ages 18 and under you claimed as Michigan exemptions	▶ 9d <input type="text"/> x \$600 .00
e Number of qualified disabled veterans	▶ 9e <input type="text" value="1"/> x \$250 250.00
f If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check the box and enter \$2,200	▶ 9f <input type="checkbox"/> (✓) \$2,200 .00
g If someone else can claim you as a dependent, check the box, complete Worksheet 2 in the instructions, and enter the amount from the worksheet	▶ 9g <input type="checkbox"/> (✓) .00
h Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15	▶ 9h 3,750.00
10 Adjusted Gross Income from your U.S. 1040, 1040A, 1040EZ or 1040NR (see instructions) . . .	▶ 10 80,488.00
11 Additions from Michigan Schedule 1, line 7. Attach Schedule 1	▶ 11 .00
12 Total. Add lines 10 and 11	▶ 12 80,488.00
13 Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1	▶ 13 47,250.00
14 Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter '0'	▶ 14 33,238.00
15 Exemption allowance. Enter the amount from line 9h or Schedule NR, line 20	▶ 15 2,162.00
16 Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter '0'	▶ 16 31,076.00
17 Tax. Multiply line 16 by 4.35% (.0435). Enter here and carry amount to line 18	▶ 17 1,352.00

<p>DIRECT DEPOSIT Deposit your refund directly into your bank account! See instructions and complete a, b and c.</p>	a Routing Transit Number ▶ <input style="width: 150px; height: 20px;" type="text"/>	b Type of Account ▶ (1) <input type="checkbox"/> Checking (2) <input type="checkbox"/> Savings
	c Account Number ▶ <input style="width: 450px; height: 20px;" type="text"/>	

18	Enter amount of tax from line 17	18	1,352.	00
19	Total Nonrefundable Credits. Attach Schedule 2	19		00
20	Income tax. Subtract line 19 from line 18. If line 19 is greater than line 18, enter '0'	20	1,352.	00
21	Military Family Relief Fund. Enter your contribution amount (\$1 minimum)	21		00
22	Children's Trust Fund. Enter your contribution amount (\$5 minimum)	22		00
23	Children of Veterans Tuition Grant Program. Enter your contribution amount (\$2 minimum)	23		00
24	Additional Voluntary Contributions from Form 4642, line 6, Attach Form 4642	24		00
25	USE TAX Enter use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1, line 3, in the instructions.	25	0.	00
26	Add lines 20, 21, 22, 23, 24 and 25	26	1,352.	00

REFUNDABLE CREDITS AND PAYMENTS

27	Property Tax Credit. Attach MI-1040CR or MI-1040CR-2	27		00
28	Farmland Preservation Credit. Attach MI-1040CR-5.	28		00
29	Qualified Adoption Expenses. Attach U.S. 8839 and MI-8839	29		00
30	Stillbirth Credit. Enter amount from Worksheet 3, in the instructions	30		00
31 a	Federal Earned Income Tax Credit	31 a		00

b	Michigan Earned Income Tax Credit. Multiply line 31a by 10% (0.10)	31 b		00
32	Michigan tax withheld from Schedule W, line 3. Attach Schedule W	32		00
33	Estimated tax, extension payments and 2007 credit forward	33		00
34	Total refundable credits and payments. Add lines 27, 28, 29, 30, 31b, 32 and 33	34		00

REFUND OR TAX DUE

35	If line 34 is less than line 26, subtract line 34 from line 26. Include interest [] and penalty [] if applicable (see instr) PAY	35	1,352.	00
36	If line 34 is greater than line 26, subtract line 26 from line 34. You overpaid this amount.	36		00
37	Amount of line 36 to be credited to your 2009 estimated tax for your 2009 tax return	37		00
38	Subtract line 37 from line 36 REFUND	38		00

Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2007, check the appropriate box below.
 Filer is Deceased Spouse is Deceased

Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature	Date
Spouse's Signature	Date

I authorize Treasury to discuss my return with my preparer. Yes No

Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN []

Preparer's Business Name (print or type) []

Self-Prepared
Preparer's Business Address (print or type) []

Refund, Credit or zero returns. Mail your return to: **Michigan Department of Treasury, P.O. Box 30726, Lansing, MI 48909-8226**
Pay amount on line 35. Mail your check and return to: **Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48909-8227**

Make your check payable to 'State of Michigan.' Print your **Social Security number** and '2008 income tax' on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your MI-1040 available when you visit: www.michigan.gov/it

2008 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967

Type or print in blue or black ink.

Attach to Form MI-1040.

Attachment 1A

Filer's First Name Haytham	M.I.	Last Name Faraj	► Filer's Social Security Number 321-70-6884
If a Joint Return, Spouse's First Name	M.I.	Last Name	Spouse's Social Security Number

Additions to Income

1	Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions	► 1		00
2	Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)	► 2		00
3	Gains from Michigan column of MI-1040D and MI-4797	► 3		00
4	Losses attributable to other states (see instructions)	► 4		00
5	Net loss from federal column of your Michigan MI-1040D or MI-4797	► 5		00
6	Other (see instructions). Describe: _____	► 6		00
7	Total additions. Add lines 1 through 6. Enter here and on MI-1040, line 11	► 7		00

Subtractions from Income

8	Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. (Attach U.S. <i>Schedule B</i> or <i>1040A Schedule 1</i> if over \$5,000.)	► 8		00
9	Military pay from U.S. Armed Forces included in MI-1040, line 10 (attach Schedule W). (Include retirement pay on line 12 of this schedule.)	► 9		00
10	Gains from federal column of Michigan MI-1040D and MI-4797	► 10		00
11	Income attributable to another state. Explain type and source: <u>Schedule NR</u>	► 11	34,079.	00
12	Retirement or pension benefits included in MI-1040, line 10. (Include military retirement here.) See exceptions in instructions. Name of payer: <u>13,171</u>	► 12	13,171.	00
13	Dividend/interest/capital gains deduction for senior citizens (see instructions)	► 13		00
14	Social Security benefits from U.S. <i>1040</i> , line 20b or U.S. <i>1040A</i> , line 14b	► 14		00
15	Income earned while a resident of a renaissance zone. Name of zone: _____	► 15		00
16	Michigan state and local income tax refunds received in 2008 and included in MI-1040, line 10	► 16		00
17	Michigan Education Savings Program	► 17		00
18	Michigan Education Trust	► 18		00
19	Venture Capital Deduction. Attach Form 4534	► 19		00
20	Miscellaneous subtractions (see instructions). Describe: _____	► 20		00
21	Total subtractions. Add lines 8 through 20. Enter here and on MI-1040, line 13	► 21	47,250.	00

2008 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967.

Type or print in blue or black ink
Attach to Form MI-1040. Read all instructions before completing this form.

Attachment 02

1 Filer's First Name Haytham	M.I.	Last Name Faraj	2 Filer's Social Security Number 321-70-6884
If a Joint Return, Spouse's First Name	M.I.	Last Name	3 Spouse's Social Security Number

4 **Residency Status.** Check appropriate box.
See worksheet.

*Dates of Michigan Residency in 2008 (Enter dates as MM-DD-YYYY, Example: 04-15-2008)

a Nonresident

b Part-Year Resident of Michigan.

Enter dates of residency in 2008*

FROM:

TO:

	YOU	SPOUSE
FROM:	09-01-2008	
TO:	12-31-2008	

Income Allocation

	A Total Income	B Michigan Income	C Other State(s) Income
5 Wages, salaries, other payments (tips, etc)	92,759.00	34,090.00	58,669.00
6 Interest and dividends	175.00	48.00	127.00
7 Business and farm income (attach U.S. Schedules C and F)	00	00	00
8 Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S. 4797	00	00	00
9 Income reported on U.S. Schedule E	-24,717.00	0.00	-24,717.00
10 Pensions, IRA distributions, annuities and Social Security	13,171.00	13,171.00	0.00
11 Other (see instructions)	00	00	00
12 Total income. Add lines 5 through 11	81,388.00	47,309.00	34,079.00
13 Enter the total adjustments from U.S. 1040, line 36, or U.S. 1040A, line 20. Describe: <u>Moving expenses</u>	900.00	900.00	0.00
14 Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Michigan Schedule 1, line 11 or, if a negative amount, enter as a positive amount on Michigan Schedule 1, line 4	80,488.00	46,409.00	34,079.00

Exemption Allowance (If one spouse is a full-year resident, see instructions.)

15 Subtract the amount on your MI-1040, line 9d, from the amount on your MI-1040, line 9h	15	3,750.	00
16 Enter your Michigan source income from line 14, column B	16	46,409.	00
17 Enter your total income from line 14, column A	17	80,488.	00
18 Divide line 16 by line 17 and enter the percentage here (cannot exceed 100%)	18	57.66	%
19 Multiply line 15 by the percentage on line 18 or enter amount from Worksheet, in the instructions	19	2,162.	00
20 Add the amount from your MI-1040, line 9d, to your calculation on line 19. Enter here and on MI-1040, line 15	20	2,162.	00

Michigan Information Worksheet

2008

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name Faraj
 First Name Haytham
 Middle Initial _____ Suffix _____
 Social Security No. . . 321-70-6884
 Date of Birth 08/01/1968 (mm/dd/yyyy)
 Age as of 1/1/2009 . . 40
 Date of death _____
 Occupation Attorney
 Work Phone (760) 521-7934
 Home Phone _____

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. . . _____
 Date of Birth _____ (mm/dd/yyyy)
 Age as of 1/1/2009 . . _____
 Date of death _____
 Occupation _____
 Work Phone _____

Print phone number on city returns Home TP work Spouse work

c/o Name _____
 Address 5626 Cambourne rd Apt No. _____
 City Dearborn Heights State . . MI ZIP Code . . 48127
 School District Name ▶ Crestwood
 School District Code ▶ 82230

Part II – Main Form

Taxpayer **Spouse (if different)**

<input type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Full-Year Resident	▶ _____
<input type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Nonresident	▶ _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form MI-1040: Part-Year Resident	▶ _____

Enter Nonresident and Part-Year Resident allocations on Schedule NR. ▶ _____
 Taxpayer residency dates From 09/01/2008 To 12/31/2008
 Spouse residency dates From _____ To _____

City Resident Status (complete if filing a city income tax return):

Detroit

- Full-year resident
- Nonresident
- Part-year resident

Other cities:

Important: Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion
- Battle Creek
- Big Rapids
- Flint
- Grand Rapids
- Grayling
- Hamtramck
- Ionia
- Jackson
- Lansing
- Lapeer
- Muskegon
- Muskegon Heights
- Pontiac
- Portland
- Saginaw
- Springfield
- Walker

City name	Residency Status			Part-year residents only:		
	Full year	Non res	Part-year	Taxpayer's Former address Spouse's Former address (if different from taxpayer's)	Dates of residency From To	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

Full Name	Relationship	Age	Disabled Veteran	Special exemption code	Filing a 2008 Michigan tax return
_____	_____	____	<input type="checkbox"/>	___	<input type="checkbox"/>
_____	_____	____	<input type="checkbox"/>	___	<input type="checkbox"/>
_____	_____	____	<input type="checkbox"/>	___	<input type="checkbox"/>
_____	_____	____	<input type="checkbox"/>	___	<input type="checkbox"/>

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
- Renter (including service-fee housing, nursing home, or other adult care facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet ▶ _____

Part VI – Electronic Filing Information

Fed/State (F/S) Return:

- Yes No
- Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
- Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

TP's Prior Year Adjusted Gross Income or Household Income (See Help) _____

TP's Prior Year Refund or Tax Due Amount (See Help) _____

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help) _____

Spouse's Prior Year Refund or Tax Due Amount (See Help) _____

Part VII – Direct Deposit Information or Direct Debit Information

- Yes No
- Use **direct deposit** for any **Michigan tax refund**
 - Use **direct deposit** for any **city tax refund** (see help)
 - Use **direct debit** for any **city tax due** (see help)

Enter the payment date to withdraw from the account below _____

Bank Information:

Name of financial institution . . . _____

Account type . . . Checking Savings

Routing number _____

Account number _____

Part VIII – Additional Return Information

Exemptions:

Taxpayer	Spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Blind
<input type="checkbox"/>	<input type="checkbox"/>	Deaf
<input type="checkbox"/>	<input type="checkbox"/>	Paraplegic/Hemiplegic/Quadriplegic
<input type="checkbox"/>	<input type="checkbox"/>	Totally and Permanently Disabled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	<input type="checkbox"/>	Can be claimed as a dependent on someone else's return

Person Filing on Behalf of Deceased:

Use federal Form 1310 in place of Form MI-1310

Personal Representative

Claimant

First Name . . . _____ Middle Initial . . . ____ Last Name . . . _____

Address _____

City _____ State . . . ____ ZIP Code . . _____

Name/Address Change for CF-1040 city returns only (excludes Detroit):

Name and address are same as last year

State Campaign Fund:

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does TP want \$3 to go to State Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does spouse want \$3 to go to State Campaign Fund?

Third Party Designee (See Help):

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	TP authorizes another person (designee) to discuss return with city Income Tax Department (CF-1040 only)?
		Designee's name (other than preparer) _____
		Designee's phone number (other than preparer) _____
		Personal identification number _____

Part IX – Extension Status

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tax return due date extended?
		Extended due date . . . _____
		QuickZoom to Form 4: Application for extension to file tax returns ► _____

Part X – Amended Return

Filing a Michigan amended return

Enter the tax year you are amending . . . _____

QuickZoom to Form MI-1040X: Amended Income Tax Return ► _____

QuickZoom to Form MI-1040: Individual Income Tax Return ► _____

Michigan Household Income Worksheet

2008

▶ Keep for your records

Name as Shown on Return
Haytham Faraj

Social Security Number
321-70-6884

Household Income Computation (for full year and part-year residents)

	Column A	Column B
Full year residents: Complete column A only. Part-year residents: Complete columns A and B. QuickZoom to Schedule NR before completing column B . . . ▶ _____	Total Amount	Amount received during Michigan residency
1 Wages, salaries, tips, sick, strike and SUB pay ▶ 1	92,759.	34,090.
Interest and dividends:		
2 a Taxable interest and dividend income	175.	48.
b Nontaxable interest		
Interest and dividends (including nontaxable interest) ▶ 2	175.	48.
Net rent, business or royalty income:		
3 a U.S. Schedule C income		
b U.S. Schedule E income	-24,717.	-10,842.
c Other gains or losses		0.
Net rent, business or royalty income ▶ 3	-24,717.	-10,842.
Retirement pension and annuity benefits:		
4 a Pension and IRA distributions	13,171.	13,171.
b Lump-sum distribution		
Name of payer: <u>13,171</u>		
Retirement pension and annuity benefits ▶ 4	13,171.	13,171.
5 Net farm income ▶ 5		
Capital gains or (losses):		
6 a Capital gains or losses		
b Excluded gain on sale of residence		
Combine lines 6a and 6b ▶ 6		
Alimony and other taxable income:		
7 a Gambling/lottery winnings		
b Prizes and awards from Form 1099-MISC		
c Combine lines 7a and 7b		
d Line 7c minus \$300		
e Other income from Form 1099-MISC		
f Alimony received		
g Other taxable income		
h Combine lines 7d through 7g		
less: prior year Michigan Property Tax Credit (see tax help)		
Total. Describe: _____ ▶ 7		
Social security, SSI and railroad retirement benefits:		
8 a Social security or railroad retirement benefits		
b Less deductions for medicare premiums		
c Supplemental security income		
d Death benefits and amounts received for minor children or other dependent adults who live with you		
Combine lines 8a through 8d ▶ 8		
9 Child support ▶ 9		
10 Unemployment compensation ▶ 10		

Other nontaxable income:			
11 a	Compensation for damages to character or for personal injury or sickness		
b	An inheritance or life insurance proceeds (from other than spouse)		
c	Death benefits paid by or on behalf of an employer.		
d	Minister's housing allowance		
e	Other (see <i>Tax Help</i>). Enter description:		
	Total. Describe: _____ ▶ 11		
12	Workers' compensation, veterans' disability compensation ▶ 12		
13	FIP and other DHS benefits. ▶ 13		
14	Subtotal. Add lines 1 through 13. ▶ 14	81,388.	36,467.
Adjustments:			
15 a	IRA deduction		
b	Moving expenses	900.	900.
c	One half of self-employment tax		
d	Self-employment health insurance deduction		
e	SEP, SIMPLE or qualified plans		
f	Penalty for early withdrawal.		
g	Alimony paid		
h	Student loan interest deduction.		
i	Health savings account deduction		
j	Net operating loss deduction:		
	(1) Federal net operating loss deduction.		
	(2) Federal modified taxable income (see <i>Help</i>).		
	(3) Enter the smaller of (1) or (2). If less than zero, enter -0-.		
k	Educator expenses		
l	Tuition and fees deduction		
m	Certain business expenses of reservists, performing artists, and fee-basis government officials		
n	Domestic production activities deduction		
o	Archer MSA deduction		
p	Jury duty pay given to employer		
q	Other adjustments		
15	Total adjustments. Describe: Moving expenses ▶ 15	900.	900.
16	Medical insurance or HMO premiums you paid for you and your family (after tax premiums only). ▶ 16		
17	Add lines 15 and 16 ▶ 17	900.	900.
18	Household Income. Subtract line 17 from line 14 ▶ 18	80,488.	35,567.
	QuickZoom to Form MI-1040CR (Homestead Property Tax Credit) ▶ _____		
	QuickZoom to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) ▶ _____		
	QuickZoom to Form MI-1040CR7 (Home Heating Credit) ▶ _____		

► Keep for your records

Name(s) Shown on Return
Haytham Faraj

Your Social Security Number
321-70-6884

Part I 2009 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2009 Estimates:

- a 100% (110%) of **2008** taxes (default, see Tax Help) 1,352.
- b 100% of tax on **2009** estimated taxable income 1,352.
- c 90% of tax on **2009** estimated taxable income 1,217.
- d 66-2/3% of tax on **2009** estimated taxable income (farmers and fishermen) 902.
- e Equal to 100% of overpayment (no vouchers)
- f Enter total amount you want to use for estimates and check box ►

2 Selected estimated tax amount:

- a 2009 Required Annual Payment based on your choice above 1,352.
- b Estimated amount of 2009 state income tax withholding
- c **Total of estimated tax payments required for 2009** (line 2a less line 2b) 1,352.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$501 or more (default)
- b Calculate estimates if _____ (specify amount) or more.
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form MI-1040, line 36) _____

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess 1,352.
- d Apply to extent of first quarter amount and refund excess 338.
- e Enter amount you want to apply ► _____
- f Amount applied to 2009 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2009	2 Jun 15, 2009	3 Sep 15, 2009	4 Jan 15, 2010	Total
1 If you have already made payments, enter amounts. . .					
2 Indicate which payment is due next. (e.g. if it is now May 26, 2009, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required payment.	338.	338.	338.	338.	1,352.
4 Overpayment applied	0.	0.	0.	0.	0.
5 Net payment due	338.	338.	338.	338.	1,352.
6 Voucher amounts					

Part V Changes to Income, Credits and Withholding for 2009

2008 income and deductions are shown in the '2008 Actual' column below.

***Caution:** For each line in the '2009 Estimated' column, enter the estimated 2009 amount **if different** from 2008. Otherwise, the '2008 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2008 Actual	*2009 Estimated
1 Federal adjusted gross income	80,488.	
2 Additions		
3 Subtractions	47,250.	
4 Exemption allowance amount	2,162.	
5 Credits:		
a Credit for income tax paid to Michigan cities		
b Credit for income tax paid to another state		
c College tuition and fees credit		
d Other nonrefundable credits		
e Property tax credit		
f Farmland preservation tax credit		
g Qualified adoption expenses		
h Stillbirth credit		
i Michigan earned income tax credit		
6 Income tax withheld		

Part VI 2009 Estimated Taxable Income and Tax

1 Estimated 2009 income subject to tax	1	33,238.
2 Exemption allowance amount	2	2,162.
3 Balance. Subtract line 2 from line 1	3	31,076.
4 Estimated tax. Multiply line 3 by 4.35 percent (.0435)	4	1,352.
5 All estimated credits	5	
6 Subtract line 5 from line 4. This is your 2009 tax based on your estimate of 2009 income	6	1,352.

Pension Deduction Worksheet

2008

▶ Keep for your records

Name as Shown on Return <u>Haytham Faraj</u>	Social Security Number <u>321-70-6884</u>
---	--

* T P P e	** 4 5 7	If Roth conversion		*** T S	Payer/Description	Federal Amount	Michigan amount (Part-year residents only)
		Date of conversion from Regular to Roth IRA (mm/dd/yy)	Age 59-1/2 or older as of conversion date Yes No				
G				T	13,171	13,171.	13,171.

<p>* Enter pension type: G - Government/Public/Military/Railroad P - Private (including IRAs) C - 2008 Roth IRA conversion N - Other distributions (subject to Michigan income tax)</p>	<p>** Check if Distribution is from a 457 plan (subject to Michigan income tax) (Automatically changes pension type to "N")</p>	<p>*** Enter pension ownership: T - Taxpayer S - Spouse</p>
---	---	---

Pension Deduction Calculation	Taxpayer	Spouse	Total
1 Distributions from government/public/military sources . . .	13,171.		13,171.
2 If you received a combination of public and private retirement benefits, subtract line 1 from \$43,440 (\$86,880 if married filing jointly)			
3 Distributions from private sources/IRAs that qualify for a deduction (do not include any Roth IRA conversions) . . .			
4 Conversions from a traditional IRA to a Roth IRA that qualify for a deduction (recipient age 59-1/2 or older) . . .			
5 Add line 3 and line 4			
6 Allowable private pension deduction. Enter the smaller of line 2 or line 5			
7 Total pension deduction. Add line 1 and line 6. Enter here and on Schedule 1, line 12			13,171.

SMART WORKSHEET FOR Schedule 1: Additions and Subtractions

Other States Income Smart Worksheet	
Full year residents:	
A	Apportioned income from MI-1040H, line 18. _____
B	Business income (including rents and royalties) derived solely in another state _____
Part-year or nonresidents:	
C	Enter the amount of income from Schedule NR, line 14, column C <u>34,079.</u>

SMART WORKSHEET FOR Sch NR: Nonresident and Part-Year Resident

Income Allocation Smart Worksheet			
	Column A Total Income	Column B Michigan Income	
1	Wages, salaries, tips, sick, strike and SUB pay	92,759.	34,090.
2	Interest and dividends from U.S. Schedule B	175.	48.
3	Business income or loss from U.S. Schedule C		
4	Farm income or loss from U.S. Schedule F		
5	Capital gains/losses from U.S. Schedule D		
6	Income reported on U.S. Schedule E	-24,717.	0.
7	Pension and IRA distributions	13,171.	13,171.
8	Taxable Social Security benefits		
9	State and local tax refunds		
10	Alimony received		
11	Unemployment compensation		
12	Other gains or losses from U.S. Form 4797		
13	Other income		
14	Total income. Add lines 1 through 13	81,388.	47,309.
15	Educator expenses		
16	Certain business expenses of reservists, performing artists, and fee-basis government officials		
17	IRA deduction		
18	Student loan interest deduction		
19	Tuition and fees deduction		
20	Health savings account deduction		
21	Moving expenses	900.	900.
22	One-half of self-employment tax		
23	Self-employment health insurance deduction		
24	Self-Employed SEP, SIMPLE or qualified plans		
25	Penalty for early withdrawal of savings		
26	Alimony paid		
27	Domestic production activities deduction		
28	Archer MSA deduction		
29	Jury duty pay given to employer		
30	Other adjustments to income		
31	Total adjustments. Add lines 15 through 30	900.	900.
32	Adjusted gross income. Subtract line 31 from line 14	80,488.	46,409.

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

Haytham Faraj

Your social security number

321-70-6884

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 instructions). 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	Town home 423 Commerce st. Aurora, IL 60504	● 14 days, or ● 10% of the total days rented at fair rental value? (See instructions.)	A		X
B	Single Family home 1888 Avenida Segovia Oceanside, CA 92056		B		X
C			C		

Income:	Properties			Totals	
	A	B	C	(Add columns A, B, and C.)	
3 Rents received	3 13,817.	12,950.		3	26,767.
4 Royalties received	4			4	
Expenses:					
5 Advertising	5 99.	99.			
6 Auto and travel (see instructions)	6 312.	357.			
7 Cleaning and maintenance	7 1,620.	980.			
8 Commissions	8				
9 Insurance	9 382.	584.			
10 Legal and other professional fees	10				
11 Management fees	11				
12 Mortgage interest paid to banks, etc (see instructions)	12 14,492.	17,958.		12	32,450.
13 Other interest	13				
14 Repairs	14	2,355.			
15 Supplies	15				
16 Taxes	16 5,164.	2,007.			
17 Utilities	17 174.				
18 Other (list) ▶	18				
19 Add lines 5 through 18	19 22,243.	24,340.		19	46,583.
20 Depreciation expense or depletion (see instructions)	20			20	
21 Total expenses. Add lines 19 and 20 . .	21 22,243.	24,340.			
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 instructions to find out if you must file Form 6198	22 -8,426.	-11,390.			
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23 -8,426.	-11,390.			
24 Income. Add positive amounts shown on line 22. Do not include any losses	24			24	
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25			25	-19,816.
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	-19,816.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Haytham Faraj

321-70-6884

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? [] Yes [X] No
If you answered 'Yes,' see instructions before completing this section.

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row 1: The Law Firm of Puckett & Faraj, PC, S, 26-2570788.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 2,606, 2,295, -4,901.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Row 1: A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 1: 39.

Part V Summary

Table with 2 columns: Description, Amount. Row 1: Net farm rental income or (loss) from Form 4835. Row 2: Total income or (loss). Row 3: Reconciliation of farming and fishing income. Row 4: Reconciliation for real estate professionals.

Form **3903**

Department of the Treasury
Internal Revenue Service (99)

Moving Expenses

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2008

Attachment
Sequence No. **62**

Name(s) shown on return

Haytham Faraj

Your social security number

321-70-6884

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
 ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1 Transportation and storage of household goods and personal effects (see instructions)	1	900.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	
3 Add lines 1 and 2	3	900.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	0.
5 Is line 3 more than line 4?		
<input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.		
<input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction		
	5	900.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **3903** (2008)

SMART WORKSHEET FOR: Form 3903 (Dearborn Heights): Moving Expenses

General Information Smart Worksheet

A Enter the new principal place of work for this move . . . Dearborn Heights

B If you are NOT in the military, enter the total amount your employer paid for your move
(Enter **ONLY** if your Form W-2 does not show an amount in Box 12 with code **P**) . . . 0.

C Enter the number of miles from your **old home** to your **new workplace** 2,300 miles

D Enter the number of miles from your **old home** to your **old workplace** 11 miles

E Subtract line D from line C. If zero or less, enter -0- 2,289 miles

Is line E at least 50 miles?
Yes ▶ You meet this test.
No ▶ You do not meet this test. You **cannot** deduct your moving expenses.
Do Not complete Form 3903.

F For **foreign** moves check here **only** if **all** the following apply. ▶

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 (Dearborn Heights): Moving Expenses

Moving Expenses Smart Worksheet

Enter your moving expenses:

A Transportation expenses for this move 900.

B Storage of household goods and personal effects _____

C Travel expenses for this move (See Tax Help for new mileage rates) _____

D Lodging expenses for this move _____