

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning _____, 2009, ending _____, 20	OMB No. 1545-0074	
	Your first name and initial PETER	Last name BEACH	Your social security number 400-00-1903
	If a joint return, spouse's first name and initial SUSAN	Last name BEACH	Spouse's social security number 400-00-9103
	Home address (number and street). If you have a P.O. box, see page 14. 10 HOPE ST	Apt. no.	▲ You must enter your SSN(s) above. ▲
Presidential Election Campaign	City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. AUSTIN TX 78731	Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	

Filing Status

1 Single **4** Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

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

3 Married filing separately. Enter spouse's SSN above and full name here. **5** Qualifying widow(er) with dependent child (see page 16)

Exemptions

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

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 17)
Paul	BEACH	400-00-5002	SON	<input checked="" type="checkbox"/>
Suzanna	BEACH	400-00-5003	DAUGHTER	<input checked="" type="checkbox"/>

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

No. of children on 6c who:
 • lived with you: **2**
 • did not live with you due to divorce or separation (see page 18): _____

Dependents on 6c not entered above: _____

Add numbers on lines above: **4**

d Total number of exemptions claimed: **4**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	29,000
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 22)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount (see page 24)	15b	
16a	Pensions and annuities	16a	
b	Taxable amount (see page 25)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see page 27)	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 27)	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	29,000

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN		
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 34)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	29,000

Tax and Credits

Standard Deduction for—
• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.
• All others: Single or Married filing separately, \$5,700
Married filing jointly or Qualifying widow(er), \$11,400
Head of household, \$8,350

Table with 3 columns: Line number, Description, and Amount. Rows include 38 (29,000), 39a (Total boxes checked 39a), 40a (11,400), 41 (17,600), 42 (14,600), 43 (3,000), 44 (303), 45, 46 (303), 47, 48 (303), 49, 50, 51 (0), 52, 53, 54 (303), 55 (0).

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Rows include 56, 57, 58, 59, 60 (0).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Rows include 61 (1,990), 62, 63 (800), 64a (3,426), 64b, 65 (2,000), 66, 67, 68, 69, 70, 71 (8,216).

Refund

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

Table with 3 columns: Line number, Description, and Amount. Rows include 72 (8,216), 73a (8,216), 73b, 73c, 73d, 74.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Rows include 75, 76.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? [X] Yes. Complete the following. [] No
Designee's name: Billi Black
Phone no.: 555-555-5555
Personal identification number (PIN): 12345

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.
Your signature: 09003 Date: 01-20-2010 Your occupation: TRUCK DRIVER Daytime phone number: 512-458-1234
Spouse's signature: 09103 Date: Spouse's occupation: CLERICAL

Paid Preparer's Use Only

Preparer's signature: Drake Education Date: 11-25-2009 Check if self-employed: Preparer's SSN or PTIN: 400-00-0000
Firm's name (or yours if self-employed), address, and ZIP code: 123 Main St, Rock Hill, SC 29734 EIN: 12-3456789 Phone no.: 555-555-5555

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2009

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

PETER & SUSAN BEACH

Your social security number

400-00-1903

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see page A-1)	1	
	2	Enter amount from Form 1040, line 38 <input type="text" value="2"/>		
	3	Multiply line 2 by 7.5% (.075)	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid (See page A-2.)	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5	600
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see page A-5)	6	
	7	New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b.	7	
	8	Other taxes. List type and amount ▶ _____	8	
	9	Add lines 5 through 8		9
				600
Interest You Paid (See page A-6.)	10	Home mortgage interest and points reported to you on Form 1098.	10	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ _____	11	
	12	Points not reported to you on Form 1098. See page A-7 for special rules	12	
	13	Qualified mortgage insurance premiums (see page A-7)	13	
	14	Investment interest. Attach Form 4952 if required. (See page A-8.)	14	
	15	Add lines 10 through 14		15
Gifts to Charity If you made a gift and got a benefit for it, see page A-8.	16	Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16	
	17	Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18		19
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See page A-10.)		20
Job Expenses and Certain Miscellaneous Deductions (See page A-10.)	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ _____	21	
	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	
	25	Enter amount from Form 1040, line 38 <input type="text" value="25"/>	25	
	26	Multiply line 25 by 2% (.02)	26	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27
Other Miscellaneous Deductions	28	Other - from list on page A-11. List type and amount ▶ _____		28
Total Itemized Deductions	29	Is Form 1040, line 38, over \$166,800 (over \$83,400 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 40a. ▶		29
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		
				600

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2009

Attachment
Sequence No. **21**

▶ **See separate instructions.**

Name(s) shown on return **PETER & SUSAN BEACH** Your social security number
400-00-1903

Part I **Persons or Organizations Who Provided the Care -** You must complete this part.

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
ABC DAYCARE CNTR	BAILEY STREET AUSTIN, TX 78731	723-33-3333	5,000

Did you receive dependent care benefits?

 No → Complete only Part II below.
 Yes → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 56.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2009 for the person listed in column (a)
First	Last		
Paul	BEACH	400-00-5002	2,500
Suzanna	BEACH	400-00-5003	2,500

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 34.	3	5,000
4 Enter your earned income . See instructions	4	21,000
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	8,000
6 Enter the smallest of line 3, 4, or 5	6	5,000
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36	7	29,000

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																								
If line 7 is:	If line 7 is:																																																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Over</th> <th style="text-align: left;">But not over</th> <th style="text-align: left;">Decimal amount is</th> </tr> <tr> <td>\$0 - 15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000 - 17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000 - 19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000 - 21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000 - 23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000 - 25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000 - 27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000 - 29,000</td> <td></td> <td>.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0 - 15,000		.35	15,000 - 17,000		.34	17,000 - 19,000		.33	19,000 - 21,000		.32	21,000 - 23,000		.31	23,000 - 25,000		.30	25,000 - 27,000		.29	27,000 - 29,000		.28	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Over</th> <th style="text-align: left;">But not over</th> <th style="text-align: left;">Decimal amount is</th> </tr> <tr> <td>\$29,000 - 31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000 - 33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000 - 35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000 - 37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000 - 39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000 - 41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000 - 43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000 - No limit</td> <td></td> <td>.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000 - 31,000		.27	31,000 - 33,000		.26	33,000 - 35,000		.25	35,000 - 37,000		.24	37,000 - 39,000		.23	39,000 - 41,000		.22	41,000 - 43,000		.21	43,000 - No limit		.20	8 x .28
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9 Multiply line 6 by the decimal amount on line 8. If you paid 2008 expenses in 2009, see the instructions	9	1,400
10 Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43	10	303
11 Enter the amount from Form 1040, line 47; or Form 1040NR, line 44. Form 1040A filers, enter -0-	11	
12 Subtract line 11 from line 10. If zero or less, stop . You cannot take the credit	12	303
13 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 12 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 45	13	303

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit

OMB No. 1545-0074

Qualifying Child Information

2009

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.

Attachment
Sequence No. **43**

Name(s) shown on return

PETER & SUSAN BEACH

Your social security number

400-00-1903

- Before you begin:**
- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
 - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- CAUTION!**
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
 - It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information	Child 1	Child 2	Child 3
	First name Last name	First name Last name	First name Last name
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	Suzanna BEACH	Paul BEACH	
2 Child's SSN The child must have an SSN as defined on page 45 of the Form 1040A instructions or page 51 of the Form 1040 instructions unless the child was born and died in 2009. If your child was born and died in 2009 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	400-00-5003	400-00-5002	
3 Child's year of birth	Year <u>2003</u> If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year <u>2001</u> If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 1990 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.
4a Was the child under age 24 at the end of 2009, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Continue.
b Was the child permanently and totally disabled during any part of 2009?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER	SON	
6 Number of months child lived with you in the United States during 2009 <ul style="list-style-type: none"> If the child lived with you for more than half of 2009 but less than 7 months, enter "7." If the child was born or died in 2009 and your home was the child's home for the entire time he or she was alive during 2009, enter "12." 	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

Additional Child Tax Credit

2009

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment
Sequence No. **47**

Name(s) shown on return

PETER & SUSAN BEACH

Your social security number

400-00-1903

Part I All Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 47). If you used Pub. 972, enter the amount from line 8 of the worksheet on page 4 of the publication.				
		1		2,000	
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 47.		2		
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit		3		2,000
4a	Earned income (see instructions)	4a		29,000	
b	Nontaxable combat pay (see instructions)	4b			
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result.		5	26,000	
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		6		3,900

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions				
		7			
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, line 53, plus any taxes that you identified using code "UT" and entered on the dotted line next to line 57.		8		
9	Add lines 7 and 8.		9		
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions). 1040NR filers: Enter the amount from Form 1040NR, line 63.		10		
11	Subtract line 10 from line 9. If zero or less, enter -0-.		11		
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.		12		

Part III Additional Child Tax Credit

13	This is your additional child tax credit				
		13		2,000	

Enter this amount on
Form 1040, line 65,
Form 1040A, line 42, or
Form 1040NR, line 61.

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

**Making Work Pay and Government
Retiree Credits**

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

▶ **See separate instructions.**

OMB No. 1545-0074

2009
Attachment
Sequence No. **166**

Name(s) shown on return

PETER & SUSAN BEACH

Your social security number

400-00-1903

1a Important: See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR.

Check the "No" box below and see the instructions if **(a)** you have a net loss from a business, **(b)** you received a taxable scholarship or fellowship grant not reported on a Form W-2, **(c)** your wages include pay for work performed while an inmate in a penal institution, **(d)** you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or **(e)** you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

Yes. Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

No. Enter your earned income (see instructions) **1a**

b Nontaxable combat pay included on

line 1a (see instructions) **1b**

2 Multiply line 1a by 6.2% (.062) **2**

3 Enter \$400 (\$800 if married filing jointly) **3**

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) **4** 800

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 **5** 29,000

6 Enter \$75,000 (\$150,000 if married filing jointly) **6** 150,000

7 Is the amount on line 5 more than the amount on line 6?

No. Skip line 8. Enter the amount from line 4 on line 9 below.

Yes. Subtract line 6 from line 5 **7**

8 Multiply line 7 by 2% (.02) **8**

9 Subtract line 8 from line 4. If zero or less, enter -0- **9** 800

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

No. Enter -0- on line 10 and go to line 11.

Yes. Enter the total of the payments received by you (and your spouse, if filing jointly). Do not enter more than \$250 (\$500 if married filing jointly) **10** 0

11 Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work **not** covered by social security? Do not include any pension or annuity reported on Form W-2.

No. Enter -0- on line 11 and go to line 12.

Yes. ● If you checked "No" on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is "Yes" for both spouses)
● If you checked "Yes" on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) **11**

12 Add lines 10 and 11 **12**

13 Subtract line 12 from line 9. If zero or less, enter -0- **13** 800

14 Making work pay and government retiree credits. Add lines 11 and 13. Enter the result here and on Form 1040, line 63; Form 1040A, line 40; or Form 1040NR, line 60. **14** 800

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Paid Preparer's Earned Income Credit Checklist

▶ **Do not send to the IRS. Keep for your records.**

For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.

- **Investment Income**
- **Qualifying Child**
- **Earned Income**

A Taxpayer's name ▶ PETER BEACH

B If joint return, spouse's name ▶ SUSAN BEACH

Part I All Taxpayers

<p>1 Year after 2007 for which you are completing this form ▶ <u>2009</u></p>	
<p>2 Is the taxpayer's filing status married filing separately?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5a Was the taxpayer a nonresident alien for any part of the year on line 1?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>b Is the taxpayer's filing status married filing jointly?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6 Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit.</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

Part II Taxpayers With a Child	Child 1	Child 2
Caution. If there are two children, complete lines 8 through 14 for one child before going to the next column.	Suzanna BEACH	Paul BEACH
8 Child's name		
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> • The child is unmarried, or • The child is married and can be claimed as the taxpayer's dependent 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of the year on line 1) - <ul style="list-style-type: none"> • Under age 19, • Under age 24 and a full-time student (see definition in Pub. 596), or • Any age and permanently and totally disabled? <p>▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children). If the taxpayer does not have a qualifying child, go to Part III to see if the taxpayer can take the EIC for taxpayers who do not have a qualifying child.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? <p>▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Enter the child's relationship to the other person(s)		
c If the tiebreaker rules apply, would the child be treated as the taxpayer's qualifying child? See the instructions before answering <p>▶ If you checked "Yes" on line 13c, go to line 14. Otherwise, explain to the taxpayer that if both the taxpayer and the other person(s) claim any of the six tax benefits listed on page 4, the IRS will apply the tiebreaker rules, and the taxpayer's benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering <p>▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than two qualifying children). If you checked "Yes" on line 14, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit. <p>▶ If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.) **Yes** **No**

▶ If you checked "**No**" on line 16, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1? **Yes** **No**

▶ If you checked "**No**" on line 17, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1? **Yes** **No**

▶ If you checked "**Yes**" on line 18, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

19 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit **Yes** **No**

▶ If you checked "**No**" on line 19, the taxpayer **cannot** take the EIC. If you checked "**Yes**" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must be filed. Go to line 20.

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you? **Yes** **No**

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)? **Yes** **No**

22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete.) **Yes** **No**

23 Did you keep the following records?

- Form 8867 (or your own form or files),
- The EIC worksheet(s) or your own worksheet(s), and
- A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained **Yes** **No**

▶ If you checked "**Yes**" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.

▶ If you checked "**No**" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.

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

Your signature	Date	Spouse's signature. If joint return, BOTH must sign.	Date
	11-25-2009		11-25-2009
Paid preparer's signature	Date		
	11-25-2009		