

Form 1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2008

(99)

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

Label

See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

LABEL HERE

For the year Jan. 1–Dec. 31, 2008, or other tax year beginning _____, ending _____

OMB No. 1545-0074

Your first name M.I. Last name Suffix

Jacqueline D Davey

Your social security number

606-13-5883

If a joint return, spouse's first name M.I. Last name Suffix

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 14.

3463 B Hinahina Street

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

Honolulu HI 96816

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☒ Single

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

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

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.

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

Exemptions

If more than four dependents, see page 17.

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) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 17)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above

1

0

0

0

1

Income

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

If you did not get a W-2, see page 21.

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

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

8a Taxable interest. Attach Schedule B if required

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

8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 21)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 22)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

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

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Taxable amount (see page 23)

16a Pensions and annuities

16b Taxable amount (see page 24)

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20b Taxable amount (see page 26)

21 Other income. List type and amount (see page 28)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

23

24

25

26

27

28

29

30

31a Alimony paid

b Recipient's SSN

31a

32 IRA deduction (see page 30)

32

33 Student loan interest deduction (see page 33)

33

34 Tuition and fees deduction. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37

111,219

14

0

0

0

111,233

111,233

111,233

Adjusted Gross Income

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

Form 1040 (2008)

38	Amount from line 37 (adjusted gross income).	38	111,233
39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here. <input type="checkbox"/> 39b		
c	Check if standard deduction includes real estate taxes or disaster loss (see page 34). <input type="checkbox"/> 39c		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,967
41	Subtract line 40 from line 38	41	103,266
42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d.	42	3,500
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	99,766
44	Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	21,915
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	21,915
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 42). Attach Form 8901 if required	52	
53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 47 through 54. These are your total credits	55	
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	21,915
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60	
61	Add lines 56 through 60. This is your total tax	61	21,915
62	Federal income tax withheld from Forms W-2 and 1099	62	24,472
63	2008 estimated tax payments and amount applied from 2007 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65	
66	Additional child tax credit. Attach Form 8812	66	
67	Amount paid with request for extension to file (see page 61)	67	
68	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68	
69	First-time homebuyer credit. Attach Form 5405	69	
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70	
71	Add lines 62 through 70. These are your total payments	71	24,472
72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	2,557
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/> 73a		2,557
b	Routing number <input type="text" value="321379410"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value="11001958190"/>		
74	Amount of line 72 you want applied to your 2009 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see page 65	75	0
76	Estimated tax penalty (see page 65)	76	
Do you want to allow another person to discuss this return with the IRS (see page 66)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name	Phone no.	Personal identification number (PIN)	
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	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Accounting Solutions 970 N. Kalaheo Ave., Suite A-111 Kailua	EIN	P00569657 99-0349542
	State HI	ZIP code	808-254-5100 96734