

22222		Void <input type="checkbox"/>	a Employee's social security number 400-00-5474		For Official Use Only ▶ OMB No. 1545-0008				
b Employer identification number (EIN)			1 Wages, tips, other compensation 21500		2 Federal income tax withheld 1750				
c Employer's name, address, and ZIP code Local School District 101 E Main St Reedsburg, WI 53959			3 Social security wages 24100		4 Social security tax withheld 1862				
			5 Medicare wages and tips 24100		6 Medicare tax withheld 368				
			7 Social security tips		8 Allocated tips				
d Control number			9 Advance EIC payment		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.	11 Nonqualified plans		12a See instructions for box 12 G 2600.00		
Ann Oak E7590 Stone Church Drive Rock Springs, WI 53961			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b			
			14 Other			12c			
						12d			
f Employee's address and ZIP code			15 State WI	Employer's state ID number 00-123456	16 State wages, tips, etc. 21500	17 State income tax 700	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2009** Department of the Treasury—Internal Revenue Service
Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable. **For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.**
 Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

For the year Jan. 1-Dec. 31, 2009,
or other tax year
beginning _____, 2009
ending _____, 20__.

Complete form using BLACK INK

DO NOT STAPLE

Your social security number 400-00-5404	Spouse's social security number 400-00-5474
---------------------------------------------------	-------------------------------------------------------

Your legal last name Hickory		Legal first name Test		M.I.	State election campaign fund If you want \$1 to go to the State Election Campaign Fund, check here. <input type="checkbox"/> You <input checked="" type="checkbox"/> Your spouse
If a joint return, spouse's legal last name Oak		Spouse's legal first name Ann		M.I.	
Home address (number and street). If you have a PO Box, see page 8. E7590 Stone Church Dr				Apt. no.	
City or post office Rock Springs		State WI	Zip code 53961		
Filing status Check <input checked="" type="checkbox"/> below <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here <input type="checkbox"/> Head of household (see page 8). Also, check here if married.....					Tax district Check below then fill in either the name of city, village, or town and the county in which you lived at the end of 2009. City, village, or town <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town Freedom County of <input type="checkbox"/> Sauk
Legal last name		Legal first name		M.I.	School district number See page 37 4753
If married, fill in spouse's SSN above and full name here		If married, fill in spouse's SSN above and full name here		Special conditions 05	

See page 34 before assembling return

Print numbers like this → 0 1 2 3 4 5 6 7 8 9		Not like this → 0 1 4 7		NO COMMAS; NO CENTS	
1	Federal adjusted gross income (see page 9)	1		44619	.00
	Form W-2 wages included in line 1			21500	.00
2	State and municipal interest (see page 9)	2			.00
3	Capital gain/loss addition (see page 10)	3			.00
4	Other additions } Fill in code number and amount, see page 10. } Fill in total other additions on line 4.		04	1200	.00
	16 1000 .00				.00
5	Add the amounts in the right column for lines 1 through 4	5		46819	.00
6	State tax refund (Form 1040, line 10)	6			.00
7	United States government interest	7			.00
8	Unemployment compensation (see page 12)	8			.00
9	Social security adjustment (see page 12)	9			.00
10	Capital gain/loss subtraction (see page 12)	10		60	.00
11	Other subtractions } Fill in code number and amount, see page 13. } Fill in total other subtractions on line 11.		03	1000	.00
					.00
12	Add lines 6 through 11	12		1060	.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13		45759	.00

PAPER CLIP payment here



NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	45759	.00
15	Standard deduction. See table on page 45, OR <input type="checkbox"/> If someone else can claim you (or your spouse) as a dependent, see page 21 and check here <input type="checkbox"/>	15	11739	.00
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	34020	.00
17	Exemptions (Caution: See page 22)			
a	Fill in exemptions from your federal return <u>3</u> x \$700	17a	2100	.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	17b		.00
c	Add lines 17a and 17b	17c	2100	.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income	18	31920	.00
19	Tax (see table on page 38)	19	1770	.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20		.00
21	Armed forces member credit (must be stationed outside U.S. See page 22)	21		.00
22	School property tax credit			
a	Rent paid in 2009-heat included <u>.00</u> } Find credit from table page 24	22a		.00
	Rent paid in 2009-heat not included <u>.00</u> }			
b	Property taxes paid on home in 2009 <u>2300.00</u> Find credit from table page 25	22b	278	.00
23	Historic rehabilitation credits	23		.00
24	Working families tax credit } If line 14 is less than \$10,000 (\$19,000 if married filing joint), see page 25	24		.00
25	Certain nonrefundable credits from line 3 of Schedule CR	25		.00
26	Add credits on lines 20 through 25	26	278	.00
27	Subtract line 26 from line 19. If line 26 is larger than line 19, fill in 0	27	1492	.00
28	Alternative minimum tax. Enclose Schedule MT	28	0	.00
29	Add lines 27 and 28	29	1492	.00
30	Married couple credit. Enclose Schedule 2, page 4	30	480	.00
31	Other credits from Schedule CR, line 15	31		.00
32	Net income tax paid to another state. Enclose Schedule OS	32		.00
33	Add lines 30, 31, and 32	33	480	.00
34	Subtract line 33 from line 29. If line 33 is larger than line 29, fill in 0. This is your net tax	34	1012	.00
35	Recycling surcharge. Enclose Schedule RS	35		.00
36	Sales and use tax due on out-of-state purchases (see page 27)	36		.00
37	Advance earned income credit (see page 28)	37		.00
38	Donations (decreases refund or increases amount owed)			
a	Endangered resources <u>10.00</u>	f	Firefighters memorial <u>.00</u>	
b	Packers football stadium <u>15.00</u>	g	Prostate cancer research <u>.00</u>	
c	Breast cancer research <u>.00</u>	h	Military family relief <u>20.00</u>	
d	Veterans trust fund <u>.00</u>	i	Second Harvest <u>5.00</u>	
e	Multiple sclerosis <u>.00</u>	Total (add lines a through i)	38j	50 .00
39	Penalties on IRAs, retirement plans, MSAs, etc. (see page 28)	39		.00
40	Credit repayments and other penalties (see page 29)	40		.00
41	Add lines 34 through 37, and 38j through 40	41	1062	.00



NEW

NEW

Name(s) shown on Form 1		Your social security number 	
NO COMMAS; NO CENTS			
42	Amount from line 41	42	<u>1062 .00</u>
43	Wisconsin tax withheld. Enclose withholding statements	43	<u>700 .00</u>
44	2009 estimated tax payments and amount applied from 2008 return	44	<u>.00</u>
45	Earned income credit. Number of qualifying children . . . ▶ Federal credit00 x% =	45	<u>.00</u>
46	Farmland preservation credit. Enclose Schedule FC	46	<u>575 .00</u>
47	Repayment credit (see page 30)	47	<u>.00</u>
48	Homestead credit. Enclose Schedule H or H-EZ	48	<u>.00</u>
49	Farmland tax relief credit. Property taxes on farmland3829 .00 x .18 =	49	<u>689 .00</u>
50	Eligible veterans and surviving spouses property tax credit	50	<u>.00</u>
51	Other credits from Schedule CR, line 22. Enclose Schedule CR	51	<u>.00</u>
52	Add lines 43 through 51	52	<u>1964 .00</u>
53	If line 52 is larger than line 42, subtract line 42 from line 52. This is the AMOUNT YOU OVERPAID	53	<u>902 .00</u>
54	Amount of line 53 you want REFUNDED TO YOU	54	<u>902 .00</u>
55	Amount of line 53 you want APPLIED TO YOUR 2010 ESTIMATED TAX	55	<u>.00</u>
56	If line 52 is smaller than line 42, subtract line 52 from line 42. This is the AMOUNT YOU OWE . Paper clip payment to front of return	56	<u>.00</u>
57	Underpayment interest. Fill in exception code - See Sch. U [] 57 Also include on line 56 (see page 33)	57	<u>.00</u>

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 34)? **Yes** Complete the following. **No**

Designee's name ▶ _____ Phone no. ▶ () _____ Personal identification number (PIN) ▶

--	--	--	--	--	--

 **Paper clip copies of your federal income tax return and schedules to this return. Assemble your return (pages 1-4) and withholding statements in the order listed on page 34.**

Sign here
 ▼ Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____ Daytime phone () _____

I-010a

Mail your return to: Wisconsin Department of Revenue
 If tax due PO Box 268, Madison WI 53790-0001
 If refund or no tax due PO Box 59, Madison WI 53785-0001
 If homestead credit claimed PO Box 34, Madison WI 53786-0001

For Department Use Only

R	T	MAN	C		

Do Not Submit Photocopies



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 22)

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	.00
2	Interest paid from line 15, federal Schedule A. Do not include interest paid on a second home located outside Wisconsin or on a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities	2	.00
3	Gifts to charity from line 19, federal Schedule A. See instructions for exceptions	3	.00
4	Casualty losses from line 20, federal Schedule A, <u>only</u> if the loss is directly related to a federally-declared disaster	4	.00
5	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 15 on page 2 of Form 1	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	9	.00

▶ **You must submit this page with Form 1 if you claim either of these credits** ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 26)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1	Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income 1	21500.00
2	Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income 2	.00
3	Combine lines 1 and 2. This is earned income 3	21500.00
4	Add amounts from your federal Form 1040, lines 24, 28, and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18) pension plans included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income . . . 4	.00
5	Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0 5	21500.00
6	Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000 6	16000.00
7	Rate of credit is .03 (3%) 7	x .03
8	Multiply line 6 by line 7. Fill in here and on line 30 on page 2 of Form 1 8	480.00

Do not fill in more than \$480.



Schedule **FC**

Farmland Preservation Credit

2009

Wisconsin
Department of Revenue

Enclose with Wisconsin
Form 1, 1NPR, 2, 4, 4I, 4T, or 5

Legal name(s) shown on Form 1, 1NPR, 2, 4, 4I, 4T, or 5

Hickory, Test

Social Security Number or ID number

400 00 5404

Check here if this is an amended Schedule FC



Questions Questions 1 through 7 **must** be answered (see instructions, page 4).

- 1 a Individuals – Were you a legal resident of Wisconsin for all of 2009? (If “No,” you do not qualify.) 1a Yes No
- b Corporations – Were you organized under the laws of Wisconsin? (If “No,” you do not qualify.) 1b Yes No
- 2 Have you been notified that you are in noncompliance with **any** soil and water conservation plan or standard? 2 Yes No
- 3 Have the 2008 property taxes for all of the farmland on which this claim is based been paid in full? 3 Yes No
- 4 What is the number of acres on which this claim is based? (See instructions, page 4.) 4 160 **ACRES**
- 5 Did the farmland produce gross farm profits of at least \$6,000 during 2009 or a total of at least \$18,000 during 2007, 2008, and 2009 combined? 5 Yes No
- 6 Were at least 35 acres of the farmland on which this claim is based enrolled in the Conservation Reserve Program during 2009? 6 Yes No
- 7 If the farmland was used by someone else who met the requirement in question 5, what is that person’s name and address? _____

Household Income Complete lines 8 through 10.

Print numbers like this → 0 1 2 3 4 5 6 7 8 9

NO COMMAS; NO CENTS

- 8 Taxable income and dependents’ farm income (see instructions, page 4).
 - a Individuals (including partners and all corporate shareholders) –
 - (1) Income from line 13 of Form 1 (Form 1NPR filers see instructions) 8a(1) 45759.00
 - (2) Spouse’s income from Wisconsin income tax return (if married filing separately) 8a(2) .00
 - (3) Farm income of dependents under age 18 – Complete the worksheet below 8a(3) .00

Name	Birth Date	Farm Income
		.00
		.00
		.00
Total farm income – fill in here and on line 8a(3) above00

Note: If you have more than 3 dependents with farm income, enclose a separate schedule.

- b Corporations – Income from Wisconsin Form 4 or 5 (see instructions) 8b .00
- c Trusts and Estates – Total from Income Worksheet on page 5 of the instructions 8c .00
- 9 Other household income and adjustments (see instructions, pages 5 through 7).
 - a Depreciation 9a 1000.00
 - b Nonfarm business losses 9b .00
 - c Amortization 9c .00
 - d Capital gains not taxable 9d 60.00
 - e Capital loss carryforwards 9e .00
 - f Cash public assistance, county relief, and Wisconsin Works payments (do not include foster care payments). 9f .00
 - g Child support, maintenance payments, and other support money (court ordered) 9g .00
 - h Contributions to deferred compensation plans 9h 2600.00
 - i Contributions to IRAs, self-employed SEP, SIMPLE, and qualified plans 9i .00
 - j Depletion expense and intangible drilling costs 9j .00
 - k Add lines 8 through 9j. Enter here and on line 9L, at the top of page 2 9k 49419.00

PAPER CLIP Schedule FC behind tax return



9 L Fill in the amount from line 9k (page 1) here	9L	<u>49419</u>	<u>.00</u>
m Gain from sale of home excluded for federal tax purposes (see instructions)	9m		<u>.00</u>
n Nontaxable housing allowance provided to a member of the clergy	9n		<u>.00</u>
o Income of a nonresident or part-year resident spouse.	9o		<u>.00</u>
p Interest on state and municipal bonds	9p		<u>.00</u>
q Interest on United States securities	9q		<u>.00</u>
r IRA, SEP, and SIMPLE distributions, distributions from retirement plans, pension, annuity, railroad retirement, and veterans' pension or disability payments	9r		<u>.00</u>
s Military compensation or cash benefits	9s		<u>.00</u>
t Nontaxable income from sources outside Wisconsin.	9t		<u>.00</u>
u Nontaxable income of a Native American	9u		<u>.00</u>
v Rent reduction for a resident manager	9v		<u>.00</u>
w Scholarships, fellowships, and grants	9w		<u>.00</u>
x Social security and SSI payments (do not include Title XX payments)	9x		<u>.00</u>
y Unemployment compensation	9y		<u>.00</u>
z Workers' compensation and nontaxable loss of time insurance (for example, sick pay)	9z		<u>.00</u>
10 TOTAL HOUSEHOLD INCOME – Add lines 9L through 9z	10	<u>49419</u>	<u>.00</u>

Credit Computation Complete lines 11 through 18, as applicable (see instructions, pages 7 through 9).			
11 a Fill in the net 2009 property taxes on which this claim is based	11a	<u>5750</u>	<u>.00</u>
b Fill in the SMALLER of the amount on line 11a or \$6,000	11b	<u>5750</u>	<u>.00</u>
12 Using the income amount on line 10, fill in the appropriate amount from TABLE 1 , page 15.	12	<u>6000</u>	<u>.00</u>
13 Subtract line 12 from line 11b (if line 12 exceeds line 11b, fill in 0)	13	<u>0</u>	<u>.00</u>
14 Using the amount on line 13, fill in the appropriate amount from TABLE 2 , page 16.	14	<u>0</u>	<u>.00</u>
15 Regular Credit – Check below to indicate the percentage of credit for which you qualify:			
a <input type="checkbox"/> 100% – Fill in amount from line 14	15a		<u>.00</u>
b <input type="checkbox"/> 80% – Fill in 80% of line 14 amount	15b		<u>.00</u>
c <input type="checkbox"/> 70% – Fill in 70% of line 14 amount	15c		<u>.00</u>
d <input type="checkbox"/> Multiple Percentages – From line 21 of WORKSHEET 2 , page 12	15d		<u>.00</u>
16 10% Special Minimum Credit – Fill in 10% of line 11b.	16	<u>575</u>	<u>.00</u>
17 Credit Based on Prior Year's Law – Fill in amount from line 11 of WORKSHEET 1 , page 11 – available only if your agreement was effective before 8/15/91	17		<u>.00</u>
18 FARMLAND PRESERVATION CREDIT – Fill in the LARGEST of line 15a through 17 on line 18. Fill in the credit from line 18 on one of the following lines: line 46 of Form 1; line 71 of Form 1NPR; line 23 of Form 2; or line 42 of Schedule CR	18	<u>575</u>	<u>.00</u>

Certification If applicable, check to the right of line 19 to certify both of the following (see instructions, page 9):			
19 a None of the information on my previously submitted zoning certificate has changed, and			
b I have notified the county land conservation committee that I intend to file a 2009 Schedule FC 19 <input type="checkbox"/>			

Sign Here *This farmland preservation credit claim and all enclosures are true, correct, and complete to the best of my knowledge.*

Claimant's signature ▲ _____ Date ▲ _____

SCHEDULE I

ADJUSTMENTS TO CONVERT 2009 FEDERAL ADJUSTED GROSS INCOME AND ITEMIZED DEDUCTIONS TO THE AMOUNTS ALLOWABLE FOR WISCONSIN

2009

Wisconsin
Department of Revenue

◆ Enclose with Wisconsin Form 1 or Form 1NPR ◆

Name(s) shown on Form 1 or Form 1NPR

Your social security number

Hickory, Test

PART I – FEDERAL ADJUSTED GROSS INCOME

(Read instructions before completing Schedule I)

- 1. Fill in your 2009 federal adjusted gross income from line 37, Form 1040 (line 21, Form 1040A) 1 43369
- 2. Capital gains and losses (federal Schedule D)
 - a. Fill in any loss claimed on line 13, Form 1040, as a positive amount 2a _____
 - b. Fill in any gain reported on line 13, Form 1040 2b (_____)
 - c. Fill in revised capital gain or (loss) from line 13 of revised Form 1040 (attach revised Schedule D and any accompanying forms and schedules) . . 2c _____
 - d. Combine lines 2a, 2b, and 2c—indicate a loss by parentheses 2d _____
- 3. Supplemental schedule of gains or losses (federal Forms 4797 and 4684)
 - a. Fill in any loss claimed on line 14, Form 1040, as a positive amount. 3a _____
 - b. Fill in any gain reported on line 14, Form 1040 3b (_____)
 - c. Fill in revised gain or (loss) from line 14 of revised Form 1040 (attach revised Form 4797, Form 4684, and any accompanying forms and schedules) 3c _____
 - d. Combine lines 3a, 3b, and 3c—indicate a loss by parentheses 3d _____
- 4. Combine lines 1, 2d, and 3d 4 43369

5. Other adjustments:

Description	COL. I Amount per 2009 federal return	COL. II Amount determined under IRC in effect for Wisconsin	COL. III Difference (see line 5 instructions)
a. Educator expenses	250		250
b. Tuition	1000		1000
c.			
d.			
e.			
f.			
g.			
h.			
i. Total difference (combine amounts in Col. III) 5i			<u>1250</u>

- 6. Federal adjusted gross income as computed under the Internal Revenue Code in effect for Wisconsin (combine lines 4 and 5i). Fill in here and on line 1 of Wisconsin Form 1 or line 33 of Form 1NPR. (Note: The above figures must also be used to complete Columns A and B for each of the lines 1 through 31 of Form 1NPR.) 6 44619

PART II – ITEMIZED DEDUCTIONS

(Complete this part only for those federal itemized deductions which may be used in computing the Wisconsin itemized deduction credit.)

Who must complete Part II:

This part should be completed only by individuals claiming the Wisconsin itemized deduction credit. Whenever adjustments have been made in Part I, federal itemized deductions which are based on federal adjusted gross income are affected. Part II must be completed to report the difference in the amount of the deduction based on the revised federal adjusted gross income. Part II must also be completed whenever specific items require adjustment.

7. Adjustments:

Description	COL. I Amount per 2009 federal return	COL. II Amount determined under IRC in effect for Wisconsin
a. Medical expense		
b. Contributions		
c. Interest		

The amounts in Col. II should be used to compute the Wisconsin itemized deduction credit (Schedule 1 of Form 1 or Form 1NPR).

Label

(See instructions on page 14.)

Use the IRS label.

Otherwise, please print or type.

Header section containing personal information: Name (Test Hickory), Social Security numbers (400 00 5404), Address (E7590 Stone Church Drive, Rock Springs WI 53961), and Filing status options.

Presidential Election Campaign

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

Filing Status

- 1 [] Single
2 [X] 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).
5 [] Qualifying widow(er) with dependent child (see page 16)

Exemptions

Table for Exemptions (6a-6d) including dependent information for Benjamin Hickory (son, SSN 400 00 5455) and total exemptions claimed (3).

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 page 22.

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

Table for Income (7-22) listing various income sources and their taxable amounts, totaling 46350.

Adjusted Gross Income

Table for Adjusted Gross Income (23-37) listing deductions such as educator expenses (250), moving expenses (1731), and tuition (1000), resulting in an adjusted gross income of 43369.

**SCHEDULE F
(Form 1040)**

Profit or Loss From Farming

OMB No. 1545-0074

2009

Attachment
Sequence No. **14**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

▶ See Instructions for Schedule F (Form 1040).

Name of proprietor Test Hickory	Social security number (SSN) 40005404
A Principal product. Describe in one or two words your principal crop or activity for the current tax year. Beef Farm	B Enter code from Part IV ▶
C Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual	D Employer ID number (EIN), if any
E Did you "materially participate" in the operation of this business during 2009? If "No," see page F-2 for limit on passive losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.)
Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

1	Sales of livestock and other items you bought for resale	1	100000			
2	Cost or other basis of livestock and other items reported on line 1	2	75000			
3	Subtract line 2 from line 1	3		25000		
4	Sales of livestock, produce, grains, and other products you raised	4		25000		
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		5b	Taxable amount	
6a	Agricultural program payments (see page F-3)	6a	10000	6b	Taxable amount	
7	Commodity Credit Corporation (CCC) loans (see page F-3):					
a	CCC loans reported under election	7a				
b	CCC loans forfeited	7b		7c	Taxable amount	
8	Crop insurance proceeds and federal crop disaster payments (see page F-3):					
a	Amount received in 2009	8a		8b	Taxable amount	
c	If election to defer to 2010 is attached, check here <input type="checkbox"/>	8d		8d	Amount deferred from 2008	
9	Custom hire (machine work) income	9				
10	Other income, including federal and state gasoline or fuel tax credit or refund (see page F-3)	10		2000		
11	Gross income. Add amounts in the right column for lines 3 through 10. If you use the accrual method to figure your income, enter the amount from Part III, line 51	11		62000		

Part II Farm Expenses—Cash and Accrual Method. Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

12	Car and truck expenses (see page F-5). Also attach Form 4562	12				
13	Chemicals	13				
14	Conservation expenses (see page F-5)	14				
15	Custom hire (machine work)	15	17000			
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-5)	16	1000			
17	Employee benefit programs other than on line 25	17				
18	Feed	18	6000			
19	Fertilizers and lime	19				
20	Freight and trucking	20				
21	Gasoline, fuel, and oil	21	1500			
22	Insurance (other than health)	22				
23	Interest:					
a	Mortgage (paid to banks, etc.)	23a				
b	Other	23b				
24	Labor hired (less employment credits)	24				
25	Pension and profit-sharing plans	25				
26	Rent or lease (see page F-6):					
a	Vehicles, machinery, and equipment	26a				
b	Other (land, animals, etc.)	26b				
27	Repairs and maintenance	27		4000		
28	Seeds and plants	28				
29	Storage and warehousing	29				
30	Supplies	30				
31	Taxes	31		3000		
32	Utilities	32				
33	Veterinary, breeding, and medicine	33		5000		
34	Other expenses (specify):					
a	-----	34a				
b	-----	34b				
c	-----	34c				
d	-----	34d				
e	-----	34e				
f	-----	34f				

35	Total expenses. Add lines 12 through 34f. If line 34f is negative, see instructions	35	37500		
36	Net farm profit or (loss). Subtract line 35 from line 11. Partnerships, see page F-7. • If a profit, enter the profit on both Form 1040, line 18 , and Schedule SE, line 1a ; on Form 1040NR, line 19 ; or on Form 1041, line 6 . • If a loss, you must go to line 37.	36	24500		
37	If you have a loss, you must check the box that describes your investment in this activity (see page F-7). • If you checked 37a, enter the loss on both Form 1040, line 18 , and Schedule SE, line 1a ; on Form 1040NR, line 19 ; or on Form 1041, line 6 . • If you checked 37b, you must attach Form 6198 . Your loss may be limited.			37a	<input type="checkbox"/> All investment is at risk.
				37b	<input type="checkbox"/> Some investment is not at risk.

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2009

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule SE (Form 1040).**

Name of person with **self-employment** income (as shown on Form 1040)

Social security number of person
with **self-employment** income ▶

Who Must File Schedule SE

You must file Schedule SE if:

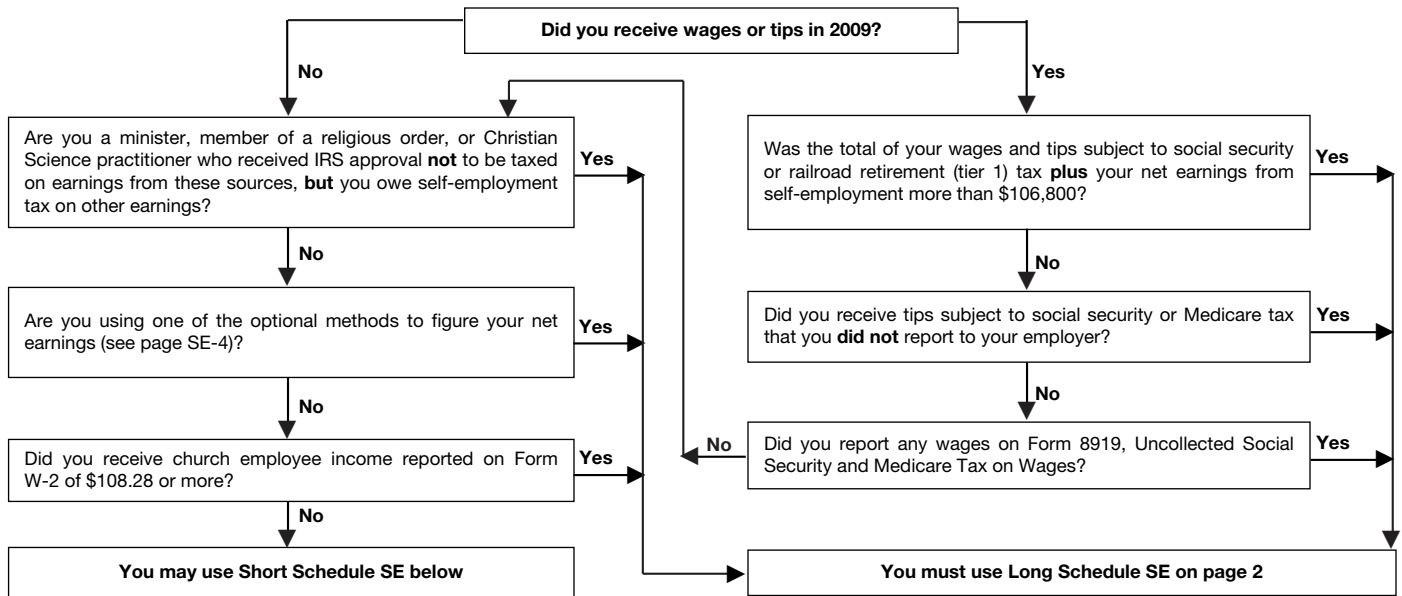
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see page SE-1).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-4).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write "Exempt—Form 4361" on Form 1040, line 56.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, above.



Section A—Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	24500
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b ()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see page SE-1 for types of income to report on this line. See page SE-3 for other income to report	2	
3 Combine lines 1a, 1b, and 2	3	24500
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax ▶	4	22626
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56.	5	3462
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27	6	1731