From: Paul Dulberg pdulberg@comcast.net @

Subject: 2008

Date: April 18, 2019 at 10:10 AM

To: Julia WIlliams juliawilliams@clintonlaw.net

Cc: Ed Clinton ed@clintonlaw.net, Mary Winch marywinch@clintonlaw.net



2008.zip

IL-1040 front (R-12/08)

Illinois Department of Revenue

2008 Form IL-1040 Individual Income Tax Return

10 9 or for fiscal year ending

	tax.iiiinois.gov						
	Step 1: Per	sor	al Information —				Do not write above this line
			Social Security numbers in the order they appear on your federal $3 2 3 - 7 6 - 4 0 0 1$		eturn 's Social Security	number	
		В	Print your personal information below				
			PAUL R Your first name and initial		BERG ast name		
				Spous	e's last name - or	nly if different	
			4606 HAYDEN CT Mailing address MCHENRY	IL		6005	1-7918
				State		ZIP	1-7510
L		С	Filing status (see instructions) Single or head of household Married filing jointly		Married filing	separately	Widowed
	Step 2: Inco	om	•				
3333			Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040EZ, Line 4	U.S. 1	040A, Line 2	1; or 1	489.00
and loss wills here			Federally tax-exempt interest and dividend income from your to U.S. 1040EZ	U.S. 1	040 or 1040A	2	0.00
5632		4	Other additions to your income. Attach Schedule M. Total income . Add Lines 1 through 3.			3 4	489.00
35 35	Step 3: Bas						
		5	Income received from Social Security benefits and certain reti	reme		0.00	
3		•	plans if included in Line 1. Attach federal page 1.	^	5 6	259.00	
DESPISE NAVE		7	Illinois Income Tax overpayment included in U.S. 1040, Line 10 Other subtractions to your income. Attach Schedule M.	U	7	0.00	
30		•	Check if Line 7 includes any amount from Schedule 1299-0	0			
		8	Add Lines 5, 6, and 7. This is the total of your subtractions.			8	259.00
ì		9	Illinois base income. Subtract Line 8 from Line 4.			9	230.00
	Step 4: Exe	essa!	tions —				
	See instructions before	10	 a Number of exemptions from your federal return b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see 	X	\$2,000 a _	2,000.00	
	figuring exemptions.		c Check if 65 or older: ☐ You + ☐ Spouse = ☐	x	\$2,000 b _ \$1,000 c _	0.00	
			Exemption allowance. Add Lines a through d.	- X	\$1,000 d _	10	2,000.00
	Step 5: Net						0.00
*			Residents Only: Net income. Subtract Line 10 from Line 9. 3 Nonresidents and part-year residents Only:	Skip L	ine 12.	11	0.00
your check	Step 6: Tax		Check the box that applies to you during 2008 Nonreside write the Illinois base income from Schedule NR. Attach Schedule NR.				
Staple you			Residents: Multiply Line 11 by 3% (.03). Write the result here Nonresidents and part-year residents: Write the tax before		oture of inves		0.00
		14	credits from Schedule NR.			13	
*			Recapture of investment tax credits. Attach Schedule 4255. Total tax . Add Lines 13 and 14. This amount may not be less to	than :	zero.		0.00

	Total tax amount from Page 1, Line 15	16	0.00
Step 7: Nonn	efundable Credits ————————————————————————————————————		
17	Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 17		
. New - 18	Property tax and K-12 education expense credit amount from	0 00	
Complete	Schedule ICR. Attach Schedule ICR.	0.00	
Schedule ICR]	Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 19		
20	Add Lines 17, 18, and 19. This is the total of your credits. This amount		0.00
	may not exceed the tax amount on Line 16.	20	0.00
21	Tax after nonrefundable credits. Subtract Line 20 from Line 16.	21 ——	0.00
Step 8: Payn	ents and Refundable Credit ————————————————————————————————————		
22	Illinois Income Tax withheld. Attach W-2 and 1099 forms.	0.00	
23	Estimated payments from Forms IL-505-I and IL-1040-ES,		
	including overpayment applied from 2007 return 23	0.00	
See Instructions 24	Pass-through entity tax payments. Attach Schedule K-1-P or K-1-T. 24		
	Earned Income Credit from Schedule ICR. Attach Schedule ICR. 25	0.00	
Complete	Total payments and refundable credit. Add Lines 22 through 25.	26 ——	0.00
Step 9: Over	payment or Underpayment ————————————————————————————————————		
27	Overpayment. If Line 26 is greater than Line 21, subtract Line 21 from Line 26.	27 ——	0.00
28	Underpayment. If Line 21 is greater than Line 26, subtract Line 26 from Line 21.	28 ——	0.00
Step 10: Und	erpayment of Estimated Tax Penalty and Donations—		
	Late payment penalty for underpayment of estimated tax.		
	a Check if at least two-thirds of your federal gross income is from farming.		
	b Check if you or your spouse are 65 or older and permanently		
	living in a nursing home.		
	c Check if your income was not received evenly during the year and		
	you annualized your income on Form IL-2210, otherwise we		
	will figure this penalty for you. Attach Form IL-2210.		
30			
MAKE "GIVING	, , , , , , , , , , , , , , , , , , , ,	0.00	
EASY	the donation amount here. Attach Schedule G. 30———		0.00
3		31 ——	0.00
Step 11: Ref	und or Amount You Owe ———————————————————————————————————		
32	If you have an overpayment on Line 27 and this amount is greater than		0.00
	Line 31, subtract Line 31 from Line 27. This is your remaining overpayment .	32 ——	0.00
33	Amount from Line 32 you want refunded to you	33 ——	0.00
34	Complete to direct deposit your refund		
Direct Deposit	Routing number Checking or Sav	vings .	
*	Account number		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0.00
3		tax. 35 ——	
instructions ["30			
for payment options.	If you have an overpayment on Line 27 and this amount is less than Line 31,	00	0.00
	subtract Line 27 from Line 31. This is the amount you owe .	36 ——	
Step 12: Sign		ladaa itiatuus s	arrest and samplets
	Under penalties of perjury, I state that I have examined this return, and, to the best of my know	leage, it is true, c	brrect, and complete
CIAN .	323-76-4001 08852571 847-497-4250 Your signature Date Daytime phone number Your spouse's signature	nature	Date
horo		mature	Date
	Confirmation Number: 09IIF000407720 Paid preparer's signature Date Preparer's phone number Preparer's FEIN,	SSN, or PTIN	
	If no payment enclosed, mail to:		
	ILLINOIS DEPARTMENT OF REVENUE ILLINOIS DEPARTMENT OF RE	VENUE	
	PO BOX 1040 SPRINGFIELD IL 62726-0001 GALESBURG IL 61402-1040		
IL-1040 back (R-12/08)	DR AP EV RR		

Illinois Credits

Tax year ending

Read this information first

Complete this schedule only if you are eligible for the

- Illinois Property Tax Credit
- K-12 Education Expense Credit
- Earned Income Credit (EIC)

- You must complete IL-1040 through Line 16 and Schedule CR, if applicable, before completing this schedule.
- The total amount of Illinois Property Tax Credit and K-12 Education Expense Credit cannot exceed tax. Only the Earned Income Credit may exceed tax.

Sten	1.	Provide	the	following	information
SIED		FIUVIUE	LIIC		IIIIOIIIIalioii

9 Add Lines 5 and 8. This is your nonrefundable credit amount. Write this amount on

	AUL R DULBERG 3 ur name as shown on your Form IL-1040 Your	3 2 3 _ 7 6 _ 4 0 0 1 Your Social Security number				
S	tep 2: Figure your nonrefundable credi	t				
1	Write the amount of tax from your IL-1040, Line 16.		1	0.0		
2	Write the amount of credit for tax paid to other states from your IL-1040,	Line 17.	2			
3	Subtract Line 2 from Line 1.		3	0.0		
36	ection A - Illinois Property Tax Credit					
1	a Write the total amount of Illinois Property Tax paid during the					
	tax year for the real estate that includes your principal residence.	4a	3,977.00			
	b Write the portion of your tax bill that is deductible as a business expense on U.S. income tax forms or schedules, even					
	if you did not take the federal deduction.	4b _	0.00			
	c Subtract Line 4b from Line 4a.	4c _	3,977.00			
	d Multiply Line 4c by 5% (.05).	4d	199.00			
5	Compare Lines 3 and 4d, and write the lesser amount here.		5	0.0		
;	Subtract Line 5 from Line 3.	6 _	0.00			
	ection B - K-12 Education Expense Credit					
or	You must attach the receipt you received from your students' school complete the <i>K-12 Education Expense Credit Worksheet</i> on the back this schedule.					
	a Write the total amount of K-12 education expenses from the receipt					
,	you received from your students' school or Line 13 of the worksheet					
	on the back of this schedule.	7a _	0.00			
		7b _	250.00			
	b You may not take a credit for the first \$250 paid.		0.00			
	b You may not take a credit for the first \$250 paid.c Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c _				
,		7c _				
	c Subtract Line 7b from Line 7a. If the result is negative, enter "zero."	7c 7d	0.00			





0.00

Form IL-1040, Line 18.

Step 3: Figure your refundable credit

Earned Income Credit

- Write the amount of federal EIC as shown on your U.S. 1040, Line 64a; U.S. 1040A, Line 40a; or U.S. 1040EZ, Line 8a.
 - **b** Multiply the amount on Line 10a by 5% (.05).
 - c Illinois residents: Write 1.0.

Nonresidents and part-year residents: Write the decimal from Schedule-NR, Line 48.

- **d** Multiply Line 10b by the decimal on Line 10c.
- 11 Write the amount from Line 10d here. This is your Illinois

 Earned Income Credit. Write this amount on Form IL-1040, Line 25.

10a	0.00
10h	0.00

10c 1 • 0

		0 0

Section B Continued - K-12 Education Expense Credit Worksheet (continued from Step 2, Section B)

Note Complete only if you did not receive a receipt from your student's school.

12 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

A Student's name	B Social Security number	C Grade	D School name	E School city	F Total tuition
Student's name	Social Security Humber	(K-12 only)	(IL K-12 schools only or write "home school," if applicable)	(IL cities only)	book/lab fees
a					
b					
c					_
d					
е	·			-	
1					
9	·				
h	··				
1					
j					

13 Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified education expenses for this year. Write this amount here and on Step 2, Line 7a of this schedule.

13 ______



1098, Copy B, For Payer, OMB #1545-0901 1098-E, Copy B, For Borrower, OMB #1545-1576 1099-DIV, Copy B, For Recipient, OMB #1545-0110 1099-INT, Copy B, For Recipient, OMB #1545-0112 1099-MISC, Copy B, For Recipient, OMB #1545-0115

NAME, ADDRESS AND FEDERAL I.D. NO.

CUSTOMER NAME, ADDRESS

CRYSTAL LAKE BANK & TRUST CO., N.A. 70 N. WILLIAMS STREET CRYSTAL LAKE IL 60014-4444

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918

Payer's Federal ID# 36-4196863 Questions? (815) 479-5200

600D00003459-01

FORM 1 OF 1

	2008 FOR	M 1099-INT: INTE	REST INCOME		
Account Nu	mber	Deposit ID	IRS Description	IRS Box#	Amount
026000055	28 00001		Interest income	1	4.05
026300052	08 00002	0000001618	Interest income	1	172.24
0263000520	08 00003	00000006218	Interest income	. 1	40.25
0264001232	20 00004		Interest income	1	11.25
TOTALS:	Early withd Interest on Federal inc Investment Foreign tax Tax-exemp	rawal penalty U.S. Savings Bonds come tax withheld expenses paid t interest		1 2 3 4 5 6 8	227.79 0.00 0.00 0.00 0.00 0.00 0.00
	026300052 026300052 026300052 026400123	Account Number 02600005528 00001 02630005208 00002 02630005208 00003 02640012320 00004 TOTALS: Interest inc Early withd Interest on Federal inclinvestment Foreign tax Tax-exempt	Account Number Deposit ID 02600005528 00001 02630005208 00002 00000001618 02630005208 00003 00000006218 02640012320 00004 TOTALS: Interest income Early withdrawal penalty Interest on U.S. Savings Bonds Federal income tax withheld Investment expenses Foreign tax paid Tax-exempt interest	02630005528 00001 02630005208 00002 00000001618 Interest income 02630005208 00003 00000006218 Interest income 02640012320 00004 Interest income Early withdrawal penalty Interest on U.S. Savings Bonds and Treasury obligations Federal income tax withheld Investment expenses Foreign tax paid	Account Number Deposit ID IRS Description IRS Box# 02600005528 00001 Interest income 1 02630005208 00002 00000001618 Interest income 1 02630005208 00003 00000006218 Interest income 1 02640012320 00004 Interest income 1 TOTALS: Interest income 1 Early withdrawal penalty Interest oncome tax withheld Investment expenses Foreign tax paid Tax-exempt interest 4 Investment expenses Foreign tax paid Tax-exempt interest 5 Federal income tax withheld Tax-exempt interest 8

TAXPAYER I.D. NO. 323-76-4001

if loan origination fees and/or capitalized interest are included in box

(keep for your records)

MISC, OID, and Q: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and

To Call the street in the stre

FIRESTSE This is important tax information and is being furnished to the internal Revenue Service. If you are required to file a remain a registrone statistical map be imposed on your life in Ric determines that in undersyment of the remain because you constanted a detection for student bean released ingrig a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on a file of the remain students.

est reported on this statement. Do not contact the recipient/lender for exclanations of the requirements for (and how to figure) any allowable deduction for the interest. Instead, for more information see Pub. 970, Tax Benefits for Education, and "Student Loan Interest Deduction Worksheef" in your Form 1040 or 1040A instructions.

int number. May show an account or other unique number the lender assigned to distinguish your account.

Shows the interest receive by the lender unique number the lender assigned to distinguish your account.

Include loan originateline by the lender unique is unique to one or more subdent loans made to you. For loans made on or after September 1, 2004, you may be able to deduct loan.

\$3901 The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to gligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction

DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE

Recould intillifelf, hely allow an account or four unique families are already as a season.

The control of credit care and a second of the control of the c

Informational Statement

This is not a bill or a refund notice. Keep for your tax records.

Certain 1099-G Government OMB NO.

2008

Payments 1545-0120 Department of the Treasury - Internal Revenue Service

Illinois Department of Revenue 101 West Jefferson Street Springfield, IL 62702 Federal ID# 37-6002057

Copy B - For recipient

This is important tax information and was furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Box 2 - Refunds, credits, or offsets from your state or local income tax

Box 3 -Tax year Box 2 amount is for tax year

This amount was reported to the IRS and may be taxable to you if you deducted the tax paid as an itemized deduction on your federal income tax return. Even if you did not receive the amount shown (e.g., credited to your estimated tax), it still may be taxable to you. See the Form U.S. 1040 instructions for more information.

2007

\$21 .

Recipient

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918



IMPORTANT TAX RETURN INFORMATION BELOW

Account Number:

0619247987

PAUL R DULBERG 4606 HAYDEN CT MCHENRY IL 60051-7918 Property Address: 4606 HAYDEN CT MCHENRY IL 60050

CITIMORTGAGE IS THE SERVICING AGENT. *
CALLS ARE RANDOMLY MONITORED AND
RECORDED TO ENSURE QUALITY SERVICE.
For Information Call: 1-800-283-7918 *

Customer Service Hours:

Mon - Fri 8:00 a.m. - 12:00 Midnight ET Sat - 9:00 a.m. - 6:00 p.m. ET

Or visit our website at www.citimortgage.com

CORRECTED (if check	red)
---------------------	------

	Ked) 8002 m 32919311	I CORRECTED (II chec	2009, this prepaid interest i		
Mortgage Interest Statement	OMB No. 1545-0901 2008 Form 1098	* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	CITIMORTGAGE, INC. P.O. BOX 9438 GAITHERSBURG, MD 20898-9438 CUSTOMER SERVICE: 1-800-283-7918		
Copy B For Payer	from payer(s)/borrower(s)* 9,657.52	Mortgage interest received f	PAYER'S social security number 323-76-4001	RECIPIENT'S federal identification no. 13-3222578	
The information in boxes 1, 2, 3 and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines	principal residence	2 Points paid on purchase of p	PAYER'S/BORROWER'S name PAUL R DULBERG		
	3 Refund of overpaid interest \$		Street address (including apt. no.) 4606 HAYDEN CT		
that an underpayment of tax results because you overstated a deduction for this mortgage interest or for	e insurance premiums v	4 Mortgage insurance premiu \$	City, State and ZIP code MCHENRY , IL 60051-7918		
these points or because you did not report this refund of interest on your return	und sidd any year fanis	5	Account number (see instructions) 0619247987		

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service

Annual Tax and Interest Statement

PRINCIPAL RALANCE INFORMATION

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

BEGINNING	\$150,208.23
PAID	\$3,617.48
ENDING	\$146,590.75

INTEREST INFORMATION	
GROSS INTEREST APPLIED	
NET INTEREST PAID(SEE BOX 1)	

\$9,657.52

IMPORTANT MESSAGES

The Information above is reported to the IRS. Principal Balance and Tax amounts are for informational purposes only.

This 2008 form 1098 statement contains important tax information for year ending 12/31/08. Please refer to the back of this statement for other important notices and instructions.

As required, your 2008 Form 1098 Statement information will be reported to the Internal Revenue Service. Please consult with your Tax Advisor or the Internal Revenue Service for any tax related questions.

Label			of the Treasury - Internal Revenue Service	2008	(00)		
PAUL R DULBERG R8 label.				2008 ending			
PAUL R DULBERG Spouse's social security number Spouse		or the ye	ar van. 1- Dec. 01, 2000, of other tax year beginning	, 2000, chang	, 20		
MCHENRY, TL 6051 MCHENRY, TL	Use the	PAUI	R DULBERG				
Presidential Pres	IRS label. L	4606	HAYDEN CT			Spouse	's social security number
Presidential Election Campaign Check here if you, or your spouse if filing jointly, wont \$3 to got this fund (see page 14) You Say of Sa	places print	MCH	NRY, IL 60051				
Prosidential Election Campaign Check-here if you, or your spouse if fing jointly, want \$3 to go to this fund (see page 14) You Spouse Filing Status X Single Married filing pointly (ever, af 6h) year A Head of household (with qualifying person). (See page 15.) Married filing separately crear spowers self interest interest in a white but not your dependent, enter this prome box. A A A A A A A A A	or type.					A	your SSN(s) above.
Filling Status 2 2	Presidential						
Adjusted for 1040 v. 2 Adjusted filling jointly (even if 66% one had informits) Americal filling operatolity stress appears at 10 v. 200 period and income to the control of the contro	Election Campa			vant \$3 to go to this fu	ınd (see page 14) ▶		You Spouse
Check only one box. Sharried filing spearafulty general services and	Filing Status	1 2	Single	4	Head of household (with	qualifying	person). (See page 15.)
Secret S	· iiiig Otatao	2			If the qualitying person is a c	hild but not	your dependent, enter this
Exemptions a	Check only	3	Married filing separately enter spouse's SSN above	e & full name below	******		
Yourself. If some one can class you go a population of the Cock 20 As a control of the Cock 20 As a cock 20	one box.	- 1	P	5 /		h depende	
C Dependents: (1) First name Last name (2) Dependents (3) Dependents (4) Total of the With you will not gled pendents, see page 17. Total number of exemptions cleamed. Total number of exemptions cleamed. Total number of exemptions cleamed. Total number of exemptions cleamed. Total number of exemptions. Total numb	Exemptions			andent, do not check	bex6a		on 6a and 6b
(1) First name Last name social security number relationship to which is next and the see page 17. d Total number of exemptions clatimest. 7 Wages, saleries, tips, etc: Affach Form(s) W. 2 8a Taxable interest. Attach Schedule B required. 8a Taxable interest. Attach Schedule B required b Qualified dividends (see page 21) 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/(loss). Attach Schedule C or C-EZ 14 Other gains or gasses). Attach Schedule C or C-EZ 15 Bir Adistributions 15 Bir Adistributions 15 Bir Adistributions 15 Bir Adistributions 16 Pensions and annulties 17 Rental real estate, royalties, partnerships. Scorporations, trusts, etc., Attach Schedule E 17 18 Farm incomesci (loss). Attach Schedule F. 19 Unemployment Also, 20 Social security benefits 21 Denembloyment compensation 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 21 Certain business expenses of researchs; performing artists, and fee-basis government officials. Attach Form 210 is 2 106-EZ 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 23 Edicator expenses (see page 28) 24 Certain business expenses of researchs; performing artists, and fee-basis government officials. Attach Form 210 is 2 106-EZ 24 Edicator expenses (see page 29) 29 Self-employed Eth. Bliff Left. Attach Form 8903 31 Alimony paid b Recipient's SN N 32 IRA deduction (see page 33) 33 Student loan interest deduction. Attach Form 8907 34 Tuttion and fees deduction. Attach Form 8907 35 Contestic production activities deduction. Attach Form 8903 36 Add lines 23 through 31s and 32 through 35	Lxciiiptiono			(2)	(3) Doors door	. (4)	on 6c who:
If more than four						o chi	ild for
than four dependents, see page 17. d Total number of exemptions claimed. 7 Wages, salaries, tips, etc. Affach Ferm(s)W-2 Attach Form(s) W-2 here, Also attach Forms trace above the salaries, tips, etc. Affach Schedule B frequired 8a Taxable interest. Attach Schedule B frequired 8b Taxable interest. Attach Schedule B frequired 9a Ordinary dividends. Attach Schedule B if required 9b Uallified dividends (see page 21) 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/(loss). Attach Schedule C or C-EZ 14 Alimony received 15 Capital gain/(loss). Attach Schedule C or C-EZ 16 Pensions and annutics 17 Rental real editar, crystales, partnerships. S corporations, trusts, etc. Attach Schedule E 17 Rental real editar, crystales, partnerships. S corporations, trusts, etc. Attach Schedule E 18 Farmi comona as disses, tatach Schedule F. 19 Unemployment also, please use 19 Unemployment compensation. 20 Social security benefits. 20a b Taxable amt 20b 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 22 489. 23 Educator expenses (see page 28) 24 Certain business expenses of reservishs, performing grists, and fee-basis government officials Attach Schedule SE. 25 Self-employed SEP, SIMPLE, and qualified plans 28 Self-employed SEP, SIMPLE, and qualified plans 28 Self-employed Pace page 30) 30 Penalty on early with drawal of savings 30 Penalty on early with drawal of savings 30 Penalty on early withdrawal of savings) i i striaire Last riaire		you	child	due to divorce
dependents							
Add Inumbers of exemptions claimed 1	dependents,						on 6c not
Total number of exemptions clafffield. Towards, sparlers, tips, etc. Affach Ferm (s) W. 2	see page 17.						
Name		d T	otal number of exemptions claimed		N . /////		on lines . 1
Attach Form(s) N-2 here. Also Tax exempt interest. Attach Schedule B if required Sa David interest. Attach Schedule C or C E David interest. David inter					7//	///	
Attach Form(s) W-2 here. Also W-2 here. Also Sand attach Forms W-26 and tollowed Sand attach Forms W-26 and tollowed Sand attach Sand and Sa	Income			7	7	7	
W-2 here. Also		8a	Taxable interest. Attach Schedule Sif required			8a	230.
## Strains (income services)	Attach Form(s)	b	Tax- exempt interest. Do not include on line 8a		8b		
W-2G and 10 Cauchile dividends (see page 21) 10 259.	W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if requir	ed		9a	1
Mas withheld. 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain/(loss). Attach Sch Dit not required, check here 13 13 14 15 15 15 15 15 15 15	W-2G and	b	Qualified dividends (see page 21)		9b	///	
12 Business income or (loss). Attach Schedule C or C-EZ 12 13 13 14 15 15 15 15 15 15 15	1099-R if tax	10	Taxable refunds, credits, or offsets of state and k	ocal income taxes (se	e page 22)	10	259.
13 Capital gain/(loss). Attach Sch Dir not required, check here. 13 14 15 15 16 15 17 15 18 18 18 16 18 18 18 18	was withheld.	11	Alimony received			11	
14 15 15 15 15 15 15 15		12	Business income or (loss). Attach Schedule C or	·C-EZ			
15 a RA distributions 16 a B Taxable amt 16 b RA distributions 16 a RA distri		13		heckhere			
get a W-2, see page 21. 16a Pensions and annuities 16a	If you did not			· // // // //			
17 Rental real estate, royalities, partnerships, S corporations, trusts, etc. Attach, Schedilie E 17	get a W-2,				****		
Enclose, but do not attach, any payment. Also, payment. Also, please use Form 1040-V. 20a Unemployment compensation 19 20b 20b 20c 21 22 24 22 24 22 24 22 24 23 25 25 26 26 26 26 26 27 26 27 27	see page 21.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
19	_			orations, trusts, etc.	Attach schedule .		
payment. Also, please use Form 1040-V. 20a Social security benefits. 20a b Taxable amt 20b 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 22 489. Adjusted Gross Income 23 Educator expenses (see page 28) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 Bealth savings account deduction. Attach Form 8889. 26 Moving expenses. Attach Form 3903 27 One-half of self-employment ax. Attach Schedute St. 27 28 Self-employed SEP, SIMPLE, and qualified plans. 28 29 Self-employed health insurance deduction (see page 29) 30 Penalty on early withdrawal of savings. 30 31a Alimony paid b Recipient's SSN ▶ 31a 31gRA deduction (see page 30). 32 33 Student loan interest deduction. Attach Form 8917. 34 35 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 31a and 32 through 35. 36							
Form 1040- V. 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. ▶ 22 489. Adjusted Gross 12 Educator expenses (see page 28)	payment. Also,			hTaya	phlo amt		
22 Add the amounts in the far right column for lines 7 through 21. This is your total income. ▶ 22 489. Adjusted Gross Income 23 Educator expenses (see page 28)					ible aint	7//	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 23 Educator expenses (see page 28). 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 25 Health savings account deduction. Attach Form 8869. 26 Moving expenses. Attach Form 3903. 27 One-half of self-employment ax. Attach Schedule SE. 28 Self-employed SEP, SIMPLE, and qualified plans. 28 Self-employed health insurance deduction (see page 29). 29 Self-employed health insurance deduction (see page 29). 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN ▶ 31a IRA deduction (see page 30). 31 Student loan interest deduction. Attach Form 8917. 32 Domestic production activities deduction. Attach Form 8903. 36 Add lines 23 through 31a and 32 through 35. 36 Add lines 23 through 31a and 32 through 35. 37 Unition and fees deduction attach Form 8903.	FOIII 1040- V.	21	Other income. List type and amount (see page 2	0)			1
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28 Self-employed SEP, SIMPLE, and qualified plans		26	Moving expenses. Attach Form 3903 .	. / / / / .	26		
29 Self-employed health insurance deduction (see page 29)		27			27		
30 Penalty on early withdrawal of savings		28					
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33 Student loan interest deduction (see page 33)							
Tuition and fees deduction. Attach Form 8917							
Domestic production activities deduction. Attach Form 8903							
36 Add lines 23 through 31a and 32 through 35							
400						31	6
		37					400

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

Form 1040 (2008)

Form 1040 (200	8) PA	AUL R DULBERG	323-76-4001 Page 2
Tax	38	Amount from line 37 (adjusted gross income).	38 489.
and		Check You were born before January 2, 1944, Blind. Total boxes	
Credits		if: Spouse was born before January 2, 1944, Blind. checked ▶ 39a	
	b	If your spouse itemizes on a separate return or you were a dual- status alien, see pg 34 & check here > 39b	
Standard)	The second state of the se	
Deduction	c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) > 39c	
for -	_ 40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 9,917.
People who checked any	√ 41	Subtract line 40 from line 38	41 (9,428.
box on line	42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see	(3/1201
39a, 39b, or	42	page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d	42 3,500.
39c or who can be	43	Taxable income. Subtractions #2 from line #1. #fline #2 smars than the #1. enter -0	43 0.
claimed as a		Tax. (see page 36) Check if any tax is from:a Form(s) 8814 b Form 4972	44 0.
dependent, see page 34.	44		45
	45	Alternative minimum tax (see page 39). Attach Form 6251.	
All others:	46	Add lines 44 and 45.	46 0.
Single or Married filing	47	Foreign tax credit. Attach Form #116 if required	
separately, \$5,450	48	Credit for child and dependent care expenses. Attach Form 2441 48	
Married filing	49	Credit for the elderly or the disabled. Attach Schedule R	
jointly or Qualifying	50	Education credits. Attach Form 8863	
widow(er),	51	Retirement savings contributions credit. Attach Form 8880	
\$10,900	52	Child tax credit (see page 42). Attach Form 8901 if required 52	
Head of household,	53	Credits from Form: a 8396 b 8839 c 5695	
\$8,000	54	Other credits from Form: a 3800 b 8801 c 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 0.
Other	57	Self-employment tax. Attach Schettlife SE	57
Taxes	58	Unreported social security and Medicare tax from Form a 4137 b 8919	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60	Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H	60
	61	Add lines 56 through 60. This is your total tax	61 0.
Payments	62	Federal income tax withheld from Forms W-2 and 1099 62	
	63	2008 estimated tax payments and amount applied from 2007 return 63	
If you have a qualifying	_ 64a	Earned income credit (EIC) NO 64a	
child, attach		Nontaxable combat pay election 64b	
Schedule EIC		Excess social security and tier 1-RRTA taxwithheld (see page 61) 65	
	66	Additional child tax credit Attach Form 8812 . 66	
	67	Amount paid with request for extension to file (see page 6*) 67	
	68	Credits from: Form: 2439 b 4136 c 8801 d 8885 68	
	69	First-time homebuyer credit. Attach Form 5405 69	
	70	Recovery rebate credit (see worksheet on pages 62 and 63)	
	71	Add lines 62 through 70. These are your total payments	71 0.
D-6	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72 0.
Refund Direct deposit?		Amount of line 72 you want refunded to you . If Form 8888 is attached, check here	73a
See page 63		Routing number C Type: Checking Savings	////
and fill in 73b,	▶ b		
73c, and 73d,		Account number	
or Form 8888.	74	Amount of line 72 you want applied to your 2009 estimated tax > 74	
Amount	75	Amount you owe. Subtract line 71 from tine 61. For details on how to pay, see page 65.	75
You Owe	76	Estimated tax penalty (see page 65)	VIIIXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Third Party			lete the following.
Designee	Design	nee's name Phone no.	Personal ID number
Cian	Undern	enalties of periury. I declare that I have examined this return and accompanying schedules and statements, and to the	(PIN)▶
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the hey are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	
Here Joint return?	You	ur signature Date Your occupation	Daytime phone number
See page 15.	<u> </u>	UNEMPLOYEED	·/////////////////////////////////////
Keep a copy for	Spo	buse's signature. If a joint return, both must sign. Date Spouse's occupation	X/////////////////////////////////////
your records.	,		<u> </u>
	Prepare	Cileck II	Preparer's SSN or PTIN
Droparor's	signatu	, och employed	
Use Only	rirm's r yours if	name (or self-employed),	
	address	s, and ZIP code Phone	
			Form 1040 (2008)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form

Schedule A - Itemized Deductions

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

OMB No. 1545-0074

2008

Attachment Sequence No. 07

				Your social security number		
PAUL R I	נטכ	JBERG	3	23-76-4001		
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and	1	Medical and dental expenses (see page A-1)				
Dental		· · · · · · · · · · · · · · · · · · ·				
Expenses		5-1				
		Enter amount from Form 1040, line 38 2				
		Multiply line 2 by 7.5% (.075)	_///			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter - 0	4			
Taxes You	5	State and local a X Income taxes, or b. General sales taxes 5 259	.///			
Paid	6	Real estate taxes (see page A-5)				
		6				
(See	7		-///			
page A-2.)		Personal property taxes	-///			
	8	Other taxes. List type and amoun▶				
		8	_///			
	9	Add lines 5 through 8	9	259.		
Interest	10	Home mortgage interest and points reported to you on Form 1098 10 9,658	.///			
You Paid	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-6 and				
(See						
page A-5.)		show that person's name, identifying no. and address.				
Note.			-///			
Personal	12	Points not reported to you on Form 1098. See page A-8 for special rules				
interest is	13	Qualified mortgage insurance premiums (See page A-6)				
not		Investment interest. Attach Form 4952 if required. (See page A- 6.) 14				
deductible.		Add lines 10 through 14	15	9,658.		
0:64 - 4 -		Gifts by cash or check. If you made any gift of \$250 or	1111			
Gifts to	10					
Charity		more, see page A-7	-{///			
If you made a						
gift and got a	17	Other than by cash or check. If any gift of \$250 or more,				
benefit for it,		see page A- 8. You must attach Form \$283 if over \$500				
see page A-7.	18	Carryover from prior year				
		Add lines 16 through 18	19			
OItI			1.0			
Casualty and Theft Losses	20	Considerate that the state of the self-time to the self-t	20			
Their Losses		Casualty or theft. ioss(as). Attach Form 4684. (See page A- 8.)	20			
Job Expenses	21	Unreimbursed employee expenses -job travel, union dues,				
and Certain		job education, etc. Attach Form 2106 or 2106-EZ				
Miscellaneous		if required. (See page A-9.) ▶				
Deductions						
(See		21				
page A-9.)	22	Tax preparation fees	1///			
		7//	-1///			
	23	Other expenses - investment, safe deposit box; etc. List type and amount *				
		23	_///			
	24	Add lines 21 through 23				
	25	Enter amount from Form 1040, line 38 25				
		Multiply line 25 by 2% (.02)				
		Subtract line 26 from line 24. If line 26 is more than line 24, enter - 0-	27			
			1///			
Other		Other - from list on page A-10. List type and amour*	. ///			
Miscellaneous			///			
Deductions			28			
Total	29	Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?				
Itemized		No. Your deduction is not limited. Add the amounts in the far right column				
Deductions		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	9,917.		
		Yes. Your deduction may be limited. See page A- 10 for the amount to enter.	7//			
	20		1//			
VDA F- D		If you elect to itemize deductions even though they are less than your standard deduction, check here	2			
NBA For Pape	erw	ork Reduction Act Notice, see Form 1040 instructions.	Sched	lule A (Form 1040) 2008		

PAUL R DULBERG 323-76-4001

Recovery Rebate Credit Worksheet - Line 70

Keep for Your Records

Bef	ore you begin: If you received Notice 1378, have it available. The notice shows the amount of your economic stimulus payment, which you will need to fill in line 28 below.
1.	Can you, or your spouse if filing a joint return, be claimed as a dependent on another person's return? No. Go to line 2. Yes. You cannot get the credit. Stop here.
2.	Does your tax return include a valid social security number for you and, if filing a joint return, your spouse? Yes. Skip lines 3 and 4 and go to line 5. No. Go to line 3.
3.	Are you filing a joint return for 2008? Yes. Go to line 4. No. You cannot take the credit. Stop here.
4.	Were either you or your spouse a member of the U.S. Armed Forces at any time during 2008? Yes. Go to line 5. No. You cannot take the credit. Stop here.
5. 6. 7. 8. 9.	Enter the amount from Form 1040, line 56 5. 0 Enter the amount from Form 1040, line 52 6. 0 Add lines 5 and 6. 7. 0 Enter \$600 (\$1, 200 if married filling jointly) 8. 600 Enter the smaller of line 7 or line 8 9. 0

Recovery Rebate Credit - Line 70 (continued)

-		every resource create Emere (continued)		
	10.	Is the amount on line 9 at least \$300 (\$600 if married filing jointly)?		
		Yes. If you have at least one qualifying child for whom you entered a valid social security number* on Form		
		1040, line 6c, column (2), and checked the box in column (4), or have at least one qualifying child with a		
		valid social security number* for whom you completed Form 8901, go to line 11. Otherwise, skip lines 11		
		through 21 and enter the amount from line 9 on line 22.		
		No. If line 7 is more than zero, go to line 11. Otherwise, skip line 11 and go to line 12.		
	11.	Is your gross income** more than the amount shown below for your fling status?		
1		Single or married filing separately - \$8,950		
		Married filing jointly - \$17,900		
		Head of household - \$11,500		
		• Qualifying widow(er) - \$14,400		
		No. Got to line 12.		
	40	Yes. Skip lines 12 through 18 and go to line 19.	12	0
	12.	Enter the amount from Form 1040, line 20a		0
	13.	Enter the amount of any nontaxable veterans' disability or death benefits you received in 2008	13.	
	14.	Are you filing Form 8812?		
		Yes. Skip line 15. Enter on line 16 the amount from Form 8812, line 4a.		
		X No. Go to line 15.		
	15.	$ Are you filing Form 2555 \ or \ 2555-EZ \ to \ exclude for eign \ earned \ income, \ \textbf{or} \ using \ one \ of \ the \ optional \ methods \ to \ figure $		
		your net earnings from self- employment on Schedule SE, or are you a church employee or member of the clergy?		
		Yes. Fill out the Earned Income Worksheet on page 8 of Pub. 972 and enter on line 16 the amount from line 8 of		
		that worksheet.		
		X No. Go to line 16.		
	16.	Earned income. If you did not already enter an amount on this line as instructed on line 14 or 15, complete		
		Worksheet B on page 51 through line 4b. Enter the amount from Worksheet B, line 4b (If you (or your spouse, if		
		filing jointly) had nontaxable combat pay, did no file Form 8812, and did not enter an amount on line 64b, add		
		your (and your spouse's) nontaxable combat pay to the amount on this line	16.	0
	17.	Qualifying income. Add lines 12, 13, and 16		
	18.	Is line 17 at least \$3,000?		
		X No. Skip lines 19 through 21 and enter the amount from line 9 on line 22.		
		Yes. Go to line 19.		
	19.	Enter \$300 (\$600 if married filing jointly)	19.	0
	20.	Enter the larger of line 9 or line 19.		0
		Multiply \$300 by the number of qualifying children for whom you entered a valid social security number * on:		
	21.	• Form 1040, line 6c, column (2), and checked the box in column (4), or		
			24	0
		• Form 8901, column (b)		-
		Add lines 20 and 21.		489
		Enter the amount from Form 1040, line 38		
	24.	Enter \$75,000 (\$150,000 if married filing jointly)	24	75,000
	25.	Is the amount on line 23 more than the amount on line 24?		
		No. Skip line 26. Enter the amount from line 22 on line 27 below.		
		Yes. Subtract line 24 from line 23	25	
	26.	Multiply line 25 by 5% (.05). Subtract line 26 from line 22 If zero or less enter- 0-	26	
	27.	Subtract line 20 from line 22. If 2010 of 1035, office 10	27	0
	28.	Enter the amount, if any, of the economic stimulus payment you received (before offset) as shown on Notice 1378		
		or www.irs.gov. If you received more than one payment, enter the total of all payments you received as shown on all Notices 1378 or on www.irs.gov. If filing a joint return, include your spouse's payment as shown on your		
		spouse's Notice 1378 or on www.irs.gov. If filling a joint return for 2007 and received an economic stimulus		
		payment, you and your spouse are each treated as having received half of the payment	28.	600
	29.	Recovery rebate credit. Subtract line 28 from line 27. If zero or less, enter - 0 Enter the result here and, if more		
		than zero, on Form 1040, line 70. If you entered an amount on line 13 on page 62, enter "VA" on the dotted line		
		to the left of Form 1040, line 70. If you (or your spouse, if filing jointly) had nontaxable combat pay, did not file		
		Form 8812, and did not enter an amount on line 64b, enter "NCP" to the left of Form 1040, line 70. If line 28 is more than line 27, you do not have to pay back the difference	29.	0
	* A	alid social security number is not required for a qualifying child if you file a joint return AND either you or your spouse was a member of the		rces at any time
	during	2008.		
	** Yo	ur gross income includes the total of the following amounts: Form 1040, lines 7, 8a, 9a, 10, 11, 13 (if you were not required to file Schedule l Iding any negative amounts); Schedule C, line 7; Schedule C- EZ, line 1; Schedule E, lines 3 and 4; Schedule F, line 11; Form 4835, line 7; Sc	D), 15b, 16b, 1 chedule K-1 (F	9, 20b, and 21 orm 1065), box 14.
	code	s B and C; Schedule K-1 (Form 1065- B), box 9, code K-2; Schedule K-1 (Form 1120S), box 14, code B. But do not include on this line any ar	nount for which	h you claimed the
	,	on earned income exclusion or the housing exclusion on Form 2555 or 2555- EZ. Durgross income also includes the total of all gains from Schedule D., lines 1, 8, and 13; Schedule D1, lines 1 and 8; Form 4684, line 14, and	column (c) of I	ines 35 and 40
	- 11			

Your gross income also includes the total of all gains from Schedule D, lines 1, 8, and 13; Schedule D-1, lines 1 and 8; Form 4684, line 14, and column (c) of lines 35 and 40; Form 4797, lines 2, 10, and 30; Form 6252, lines 24 and 35; Form 6781, lines 1 and 12; Form 8824, lines 14, 23, 35, and 36; and Form 2439, line 1a. But subtract from this total any section 1202 exclusion, any section 1045 or section 1397B rollover, any exclusion of gain from DC Zone assets or qualified community assets, and any section 121 exclusion shown on Schedule D or Form 4797.