Form **1040** Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2009

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

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

OMB No. 1545-0074

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Your first name	MI	Last name	Your social security number
EDWIN	J	HERASYMIUK	439-59-5799
If a joint return, spouse's first name	MI	Last name	Spouse's social security number
KIM	D	HERASYMIUK	437-45-5218

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.: 2137 SUTHERLAND PLACE

City, town or post office. If you have a foreign address, see instructions. State: LA ZIP code: 70058

HARVEY

You **must** enter your social security number(s) above.

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

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund? (see instructions) ▶ ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single

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

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

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

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

b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see instrs)
COLIN J HERASYMIUK	662-05-6990	Son	☒
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instrs):

Dependents on 6c not entered above:

Add numbers on lines above ▶ 3

d Total number of exemptions claimed

Income

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

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

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	198,155.
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 instrs) — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions — 15a — b Taxable amount (see instrs)	15b	
16a	Pensions and annuities — 16a — b Taxable amount (see instrs)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-1,253.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of $2,400 per recipient (see instructions)	19	
20a	Social security benefits — 20a — b Taxable amount (see instrs)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	196,902.

Adjusted Gross Income

23	Educator expenses (see instructions)	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instructions)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction (see instructions)	32	
33	Student loan interest deduction (see instructions)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 - 31a and 32 - 35	36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	196,902.

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 instructions.
- All others:

Single or Married filing separately, $5,700

Married filing jointly or Qualifying widow(er), $11,400

Head of household, $8,350

38	Amount from line 37 (adjusted gross income)	38	196,902.
39a	Check if: [ ] **You** were born before January 2, 1945, [ ] Blind. [ ] **Spouse** was born before January 2, 1945, [ ] Blind. **Total boxes checked** ► 39a [ ]		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ► 39b [ ]		
40a	**Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin)	40a	17,649.
b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instructions) ► 40b [ ]		
41	Subtract line 40a from line 38	41	179,253.
42	**Exemptions.** If line 38 is $125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply $3,650 by the number on line 6d. Otherwise, see instructions	42	10,950.
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	168,303.
44	**Tax** (see instrs). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	44	35,388.
45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45 ►	46	35,388.
47	Foreign tax credit. Attach Form 1116 if required — 47		
48	Credit for child and dependent care expenses. Attach Form 2441 — 48: 218.		
49	Education credits from Form 8863, line 29 — 49		
50	Retirement savings contributions credit. Attach Form 8880 — 50		
51	Child tax credit (see instructions) — 51		
52	Credits from Form: a [ ] 8396 b [ ] 8839 c [ ] 5695 — 52		
53	Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ] — 53		
54	Add lines 47 through 53. These are your **total credits**	54	218.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ►	55	35,170.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59	Additional taxes: a [ ] AEIC payments b [ ] Household employment taxes. Attach Schedule H	59	
60	Add lines 55-59. This is your **total tax** ►	60	35,170.

Payments

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099 — 61: 36,794.		
62	2009 estimated tax payments and amount applied from 2008 return — 62		
63	Making work pay and government retiree credit. Attach Schedule M — 63: 0.		
64a	**Earned income credit (EIC)** No — 64a		
b	Nontaxable combat pay election ► 64b		
65	Additional child tax credit. Attach Form 8812 — 65		
66	Refundable education credit from Form 8863, line 16 — 66		
67	First-time homebuyer credit. Attach Form 5405 — 67		
68	Amount paid with request for extension to file (see instructions) — 68		
69	Excess social security and tier 1 RRTA tax withheld (see instructions) — 69		
70	Credits from Form: a [ ] 2439 b [ ] 4136 c [ ] 8801 d [ ] 8885 — 70		
71	Add lns 61-63, 64a, & 65-70. These are your **total pmts** ►	71	36,794.

Refund

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

72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you **overpaid**	72	1,624.
73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here ► [ ]	73a	1,624.
► b	Routing number 065000090 ► c Type: [X] Checking [ ] Savings		
► d	Account number 2036696497		
74	Amount of line 72 you want **applied to your 2010 estimated tax** ► 74		

Amount You Owe

75	**Amount you owe.** Subtract line 71 from line 60. For details on how to pay, see instructions ►	75	
76	Estimated tax penalty (see instructions) — 76		

Third Party Designee

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

Designee's name ► MARK S. WEISER, C.P.A. Phone no. ► (504) 834-0940 Personal identification number (PIN) ► 48911

Sign Here

Joint return? See instructions.

Keep a copy for your records.

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
►		TECHNICIAN	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
►		BOOKEEPER	

Paid Preparer's Use Only

Preparer's signature ►	Date 03/07/2010	Check if self-employed [X]	Preparer's SSN or PTIN P00503645
Firm's name (or yours if self-employed), address, and ZIP code ►	MARK S. WEISER, C.P.A., L.L.C. 3333 W NAPOLEON AVE., #100 METAIRIE LA 70001	EIN 39-2069691 Phone no. (504) 834-0940	

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074

2009

Attachment Sequence No. 07

Name(s) shown on Form 1040: EDWIN J & KIM D HERASYMIUK

Your social security number: 439-59-5799

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38 2			
	3	Multiply line 2 by 7.5% (.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5	State and local **(check only one box):**			
	a	[X] Income taxes, or			
	b	[ ] General sales taxes	5	11,175.	
	6	Real estate taxes (see instructions)	6	641.	
(See instructions.)	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	11,816.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	4,362.	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11		
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See instrs for spcl rules	12		
	13	Qualified mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instrs.)	14		
	15	Add lines 10 through 14		15	4,362.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of $250 or more, see instrs	16	520.	
	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17	1,252.	
	18	Carryover from prior year	18		
	19	Add lines 16 through 18		19	1,772.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		
	22	Tax preparation fees	22		
(See instructions.)	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 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 in the instructions. List type and amount ►		28	
Total Itemized Deductions	29	Is Form 1040, line 38, over $166,800 (over $83,400 if married filing separately)?			
		[ ] **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	17,649.
		[X] **Yes.** Your deduction may be limited. See instructions for the amount to enter.			
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ► [ ]			

Itemized Deductions Limited per IRC Sec. 68.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIA0301 11/20/09

Schedule A (Form 1040) 2009

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

EDWIN J & KIM D HERASYMIUK | 439-59-5799

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

Part II Income or Loss From Partnerships and S Corporations

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

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No

If you answered 'Yes,' see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	ADVANCED MANUF. & TECHNOLOGY, INC.	S		91-2132510	
B					
C					
D					

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			1,253.		
B					
C					
D					
29a Totals					
b Totals			1,253.		

30	Add columns (g) and (j) of line 29a	30	
31	Add columns (f), (h), and (i) of line 29b	31	-1,253.
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	-1,253.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ►	41	-1,253.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074

2009

Attachment Sequence No. **21**

Name(s) shown on return: EDWIN J & KIM D HERASYMIUK

Your social security number: 439-59-5799

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 (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
SAINT ROSALIE SCHOOL	617 2ND AVENUE HARVEY LA 70058	72-6013753	1,089.

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 First	Last	(b) Qualifying person's social security number	(c) **Qualified expenses** you incurred and paid in 2009 for the person listed in column (a)
COLIN	HERASYMIUK	662-05-6990	1,089.

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	1,089.
4	Enter your **earned income.** See instructions	4	164,000.
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	34,155.
6	Enter the **smallest** of line 3, 4, or 5	6	1,089.
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36 — 7: 196,902.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X 0.20
9	Multiply line 6 by the decimal amount on line 8. If you paid 2008 expenses in 2009, see the instructions	9	218.
10	Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43 — 10: 35,388.		
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	35,388.
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	218.

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35	$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **8283**
(Rev December 2006)
Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

► **Attach to your tax return if you claimed a total deduction of over $500 for all contributed property.**
► **See separate instructions.**

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return: EDWIN J & KIM D HERASYMIUK

Identifying number: 439-59-5799

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of $5,000 or Less and Certain Publicly Traded Securities —

List in this section **only** items (or groups of similar items) for which you claimed a deduction of $5,000 or less. Also, list certain publicly traded securities even if the deduction is more than $5,000 (see instructions).

Part I Information on Donated Property — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A	AMVETS NATIONAL SERVICE FNDN HARVEY LA 70058	CLOTHING, ACCESSORIES, BEDDING, APPLIANCES, AND HOUSEHOLD ITEMS
B		
C		
D		
E		

Note: If the amount you claimed as a deduction for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	07/01/2009	Various	Purchase	6,260.	1,252.	Thrift shop value
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property

— Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ..... ► _____.
If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ..... ► _____.
(2) For any prior tax years ..... ► _____.

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town — State — ZIP code

d For tangible property, enter the place where the property is located or kept ►

e Name of any person, other than donee organization, having actual possession of the property ►

	Yes	No
3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c Is there a restriction limiting the donated property for a particular use?		

IT-540 SD **2009** or Fiscal Year

LOUISIANA Resident Individual Income Tax Return

Begun ___ 2009
Ended ___ 2010

Mail to: Department of Revenue
P.O. Box 3440
Baton Rouge, LA
70821-3440

1001

Attach W-2 here

- O If your name has changed, mark here.
- O If your address has changed, mark here.
- O If this is an amended return, mark here.
- O If this is for decedent, mark here.

439595799 437455218
EDWIN J HERASYMIUK
KIM D HERASYMIUK

2137 SUTHERLAND PLACE
HARVEY, LA 70058

Calendar year returns due 5/15/2010

Filing status (Enter appropriate number in the filing status box.) [2]

1 Single
2 Married filing jointly
3 Married filing separately
4 Head of household*
5 Qualifying widow(er)
* Qualifying persons's Name

Exemptions

6A Yourself	[X]	
65 or over	[ ]	
Blind	[ ]	
Qualifying widow	[ ]	
6B Spouse	[X]	
65 or over	[ ]	
Blind	[ ]	

Total of 6A and 6B [2]
6C Total dependents [1]
6D Total exemptions [3]
Dependent's Name(s): COLIN HERASY

Please do not staple; use paperclip instead. Do not submit a photocopy.

00000020000001038290 6 HERA21371 0000000000 0 0 00000 1 2 0 0 0

TPSSN	0439595799	LN19B	00000000	OWED	00000000	SCF1D	0000000
SPSSN	0437455218	LN20	00000000	LN46	00000000	F2	0000000
DEVID	0000001001	LN21	00000000	LN47	00000000	F3	0000000
TAXPD	0012312009	LN22	00000100	LN48	00000000	F4	0000000
FORMN	0000006060	LN23	00000000	LN49	00000000	F5	0000000
PTIN	0392069691	LN24	00008289	LN50	00000000	F6	0000000
LINE7	0000194887	LN25	00000000	LN51	00000000	F7	0000000
LN8A	0000017649	LN26	00000000	LN52	00000000	SCHH1	0000000
LN8B	0000011400	LN27	00000000	SCHE1	00196902	H2	0000000
LN8C	0000006249	LN28	00000000	E2	00000000	H3	0000000
LN9	0000035170	LN29	00008389	E2A	00000000	SCHG1	0000000
LN10	0000153468	LN30	00001935	E3	00196902	G2D	0000000
LN11	0000006501	LN31	00000000	4A17E	00002015	G2E	0000000
LN12A	0000000218	LN32	00001935	4B	00000000	G3A	0000000
LN12B	0000000022	LN33	00000000	4C	00000000	G3B	0000000
LN12C	0000000000	LN34	00000000	4D	00000000	G4A	0000000
LN12D	0000000000	LN35	00000000	4E	00000000	G4B	0000000
LN12E	0000000000	LN36	00000000	4F	00000000	G5	0000000
LN13	0000000025	LN37	00000000	4G	00000000	G6	0000000
LN14	0000000000	LN38	00000000	4H	00000000	G7	0000000
LN15	0000000047	LN39	00000000	E4I	00002015	G8	0000000
LN16	0000006454	LN40	00000000	E4J	00000000	G9	0000000
LN17	0000000000	LN41	00000000	E4K	00002015	10	0000000
LN18	0000006454	LN42	00001935	E5A	00194887	G11	0000000
LN19	0000000000	CREDT	00000000	E5B	00000000	12DSF	0000000
LN19A	0000000000	REFND	00001935	E5C	00194887	20SF	0000000
						SCODE	0000000

I declare that I have examined this return and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. I consent that my SSN may be given to the LA Office of Student Financial Assistance in order to properly identify any START Savings Program Account Holder.

Date _____ Taxpayer _____ Date _____ Spouse _____

Paid preparer _____ LAIA0201 11/19/09

Date 03/07/2010

SSN 392069691

9

Telephone (504)8340940

6060

2009 Resident Schedules (If used, must be submitted.)

Social Security No. 439595799

1001 Name(s) as shown on Form IT-540SD EDWIN J AND KIM D HERASYMIUK

6C Dependents

First Name	Last Name	Social Security No.	Relationship	Birthdate (mm/dd/yyyy)
COLIN	HERASYMIUK	662-05-6990	Son	02/07/2002

ADJUSTMENTS TO INCOME – SCHEDULE E

1	Federal adjusted gross income	1	196902
2	Interest and dividend income from other states and their political subdivisions	2	0
2A	Recapture of START contributions	2A	0
3	Total – Add Lines, 1, 2, and 2A	3	196902

	Exempt Income Description	Code		Amount
4A	Elementary & Secondary Tuition	17E	4A	2,015.
4B			4B	
4C			4C	
4D			4D	
4E			4E	
4F			4F	
4G			4G	
4H			4H	

4I	Exempt income before applicable federal tax	4I	2015
4J	Federal tax applicable to exempt income	4J	0
4K	Exempt income	4K	2015
5A	Louisiana adjusted gross income before IRC 280(C) wage expense adjustment	5A	194887
5B	IRC 280(C) wage expense adjustment	5B	
5C	Louisiana adjusted gross income	5C	194887

REFUNDABLE TAX CREDITS – SCHEDULE F

1 Credit for amounts paid by certain military servicemembers for obtaining LA Hunting and Fishing Licenses

1A **Yourself** ☐ Date of Birth (MM/DD/YYYY) _____ Driver's License number or State Identification _____ State of Issue _____

1B **Spouse** ☐ Date of Birth (MM/DD/YYYY) _____ Driver's License number or State Identification _____ State of Issue _____

1C **Dependents: List dependent name(s).**

Dependent name _____ Date of Birth (MM/DD/YYYY) _____
Dependent name _____ Date of Birth (MM/DD/YYYY) _____
Dependent name _____ Date of Birth (MM/DD/YYYY) _____
Dependent name _____ Date of Birth (MM/DD/YYYY) _____

1D Enter the total amount of fees paid for Louisiana hunting and fishing licenses purchased for the listed individuals ..... 1D _____

ADDITIONAL REFUNDABLE CREDITS

	Credit Description	Code		Amount
2			2	
3			3	
4			4	
5			5	
6			6	

7 Total Refundable Tax Credit ..... 7 _____

LAIA0512 11/19/09

6061

2009 Resident Schedules (If used, must be submitted.)

Social Security No. 439-59-5799

1001 Name(s) as shown on Form IT-540SD EDWIN J AND KIM D HERASYMIUK

MODIFIED FEDERAL INCOME TAX INFORMATION – SCHEDULE H

1	Amount of your federal income tax liability found on Federal Form 1040, Line 55	1	0
2	Amount of federal disaster credits allowed by IRS	2	0
3	Add Lines 1 and 2	3	0

NONREFUNDABLE TAX CREDITS – SCHEDULE G

1	Credit for tax liabilities paid to other states	1	0

2 Credit for certain disabilities

		Deaf	Loss of Limb	Mentally Incapacitated	Blind
2A	Yourself	☐	☐	☐	☐
2B	Spouse	☐	☐	☐	☐
2C	Dependent*	☐	☐	☐	☐

*2C List Dependent name(s) here _____

2D	Total number of qualifying individuals	2D	0
2E	Multiply Line 2D by $100	2E	0

3 Credit for contributions to educational institutions

3A	Value of computer or other technological equipment donated	3A	
3B	Multiply Line 3A by 40%	3B	

4 Credit for certain federal tax credits

4A	Amount of eligible federal credits	4A	
4B	Multiply Line 4A by 10%. This credit is limited to $25	4B	

ADDITIONAL NONREFUNDABLE TAX CREDITS – SCHEDULE G

	Credit Description	Code		Amount
5			5	
6			6	
7			7	
8			8	
9			9	
10			10	
11	Total Nonrefundable Tax Credits		11	

EXEMPT CODES FOR SCHEDULE E

Description	Code
Interest and Dividends on US Government Obligations	01E
Louisiana State Employees' Retirement Benefits *Taxpayer Date Retired:* _____ *Spouse Date Retired:* _____	02E
Louisiana State Teachers' Retirement Benefits *Taxpayer Date Retired:* _____ *Spouse Date Retired:* _____	03E
Federal Retirement Benefits *Taxpayer Date Retired:* _____ *Spouse Date Retired:* _____	04E
Other Retirement Benefits *Provide Name or Statute:* _____ *Taxpayer Date Retired:* _____ *Spouse Date Retired:* _____	05E
Annual Retirement Income Exemption for Taxpayers 65 or over *Provide name of pension or annuity:* _____	06E
Taxable Amount of Social Security	07E
Native American Income	08E
START Savings Program Contribution	09E
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition Deduction	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Other *(Identify:* _____ *)*	49E

1001

ATTACH TO RETURN IF COMPLETED.

2009 Louisiana School Expense Deduction Worksheet

Your Name	Your Social Security Number
EDWIN J AND KIM D HERASYMIUK	439-59-5799

I This worksheet should be used to calculate the three School Expense Deductions listed below. Refer to Revenue Information Bulletin 09-019 on LDR's website.

1 **Elementary and Secondary School Tuition** – R.S. 47:297.10 provides a deduction for amounts paid during the tax year for tuition and fees required for your dependent child's enrollment in a nonpublic elementary or secondary school that complies with the criteria set forth in *Brumfield v. Dodd* and Section 501(c)(3) of the Internal Revenue Code or to any public elementary or secondary laboratory school that is operated by a public college or university. The school can verify that it complies with the criteria. The deduction is equal to 50 percent of the actual amount of tuition and fees paid per dependent, limited to $5,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks and other supplies **required** by the school.

2 **Educational Expenses for Home-Schooled Children** – R.S. 47:297.11 provides a deduction for educational expenses paid during the tax year for home-schooling your dependent child. In order to qualify for the deduction, you must be approved by the State Board of Elementary and Secondary Education (BESE) for home-schooling. The deduction is equal to 50 percent of the actual qualified educational expenses paid for the home-schooling per dependent, limited to $5,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.

3 **Educational Expenses for a Quality Public Education** – R.S. 47:297.12 provides a deduction for the fees or other amounts paid during the tax year for a quality education of a dependent child enrolled in a public elementary or secondary school, including Louisiana Department of Education approved charter schools. The deduction is equal to 50 percent of the amounts paid per dependent, limited to $5,000. The amounts that can be deducted include amounts paid for uniforms, textbooks and other supplies **required** by the school.

II On the chart below, list the name of each qualifying dependent and the name of the school the student attends. If the student is home-schooled, enter 'home-schooled'. Enter 'X' in the box in column 1 if your dependent qualifies for the Elementary and Secondary School Tuition deduction, column 2 for Educational Expenses for Home-Schooled Children deduction, or column 3 for Quality Public Education deduction. If you have more than six qualifying dependents, attach a statement to your return with the required information.

Student	Name of Qualifying Dependent	Name of School	Deduction as described in Section I		
			1	2	3
A	COLIN HERASYMIUK	ST. ROSALIE SCHOOL	X		
B					
C					
D					
E					
F					

III Using the letters that correspond to each qualifying dependent listed in Section II, list the amount paid per student for each qualifying expense. For students attending a qualifying school, the expense must be for an item required by the school. Refer to the information in Section I to determine which expenses qualify for the deduction. Retain copies of cancelled checks, receipts and other documentation in order to support the amount of qualifying expenses.

Qualifying Expense	List the amount paid for each student as listed in Section II.					
	A	B	C	D	E	F
Tuition and Fees	3,665.					
School Uniforms	320.					
Textbooks, or Other Instructional Materials	0.					
Supplies	44.					
Total *(add amounts in each column)*	4,029.					
Multiply by	50%	50%	50%	50%	50%	50%
Deduction per Student – Enter the result or $5,000 whichever is less.	2,015.					

IV Total the Deduction per Student in Section III, based on the deduction for which the students qualified as marked in boxes 1, 2, or 3 in Section II.

Enter the **Elementary and Secondary School Tuition Deduction** here and on IT-540, Schedule E, code 17E	$ 2,015.
Enter the **Educational Expenses for Home-Schooled Children Deduction** here and on IT-540, Schedule E, code 18E ...	$
Enter the **Educational Expenses for a Quality Public Education Deduction** here and on IT-540, Schedule E, code 19E .	$

Donations and Tax Credits Worksheets

2009

► Keep for your records

Name(s) as Shown on Form IT-540	Social Security No.
EDWIN J AND KIM D HERASYMIUK	439-59-5799

Donations WorkSheet
(for Louisiana Residents, Part-year residents or Nonresidents)

1	Wildlife Habitat and Natural Heritage Fund	1	0
2	Louisiana Cancer Trust Fund — Prostate Cancer	2	0
3	Louisiana Animal Welfare Commission	3	0
4	Community Based Primary Health Care Fund	4	
5	National Lung Cancer Partnership	5	0
6	Total donations	6	0

Credit for Taxes Paid to Other States (for Louisiana Residents)

1	Credit for tax liabilities paid to other states (Attach a copy of the return filed with the other state.) **QuickZoom** to Out-of-State Tax Credit Worksheet	1	0

Louisiana citizens insurance credit

1	Amount included in the homeowner's Insurance premium.	1	100
A	Insurance company name	A	AMERICAN SECURITY IN
B	Policy Number	B	ALR21022936969

Summary of Payments

1 A	Payments on 2009 declarations	1 A	
B	Credits carried forward from 2008.	B	
C	Payments with extensions	C	
D	Paid by composite partnership filing	D	

Schedule F and Schedule F-NR, Refundable Tax Credits

1 Credit for amounts paid by certain military servicemembers for obtaining Louisiana hunting and fishing licenses

		Date of birth (MM/DD/YYYY)	Driver's License No. or State ID	State of Issue Use State Abbreviation
A	**Yourself**			
B	**Spouse**			

C **Dependents: List dependent name(s).**

Dependent name	Date of Birth (MM/DD/YYYY)

D	Enter the total amount of fees paid for Louisiana hunting and fishing licenses purchased for the listed individuals	1 D	

Schedule F- Additional Refundable Credits

	Credit Description	Code		Amount
2			2	
3			3	
4			4	
5			5	
6			6	
7	Total refundable tax credit		7	

Schedule H and Schedule H-NR — Modified Federal Income Tax Information

1	Amount of your federal income tax liability found on federal form 1040, line 55	1	0
2	Enter the amount of federal disaster credits allowed by IRS	2	0
3	Add lines 1 and 2	3	0

Schedule G and Schedule G-NR, Nonrefundable Tax Credits

1 Credit for Certain Disablities
Check the appropriate box(es). Only one credit is allowed per person.

	Deaf	Loss of Limb	Mental Incapacity	Blind
A Yourself	☐	☐	☐	☐
B Spouse	☐	☐	☐	☐
C Dependent(s)	☐	☐	☐	☐

Dependent's name(s). (Number of disability credits for dependents is based on number of dependents entered here):

D	Enter total number of qualifying individuals	1D	0
E	Multiply line 2D by $100 and enter the result here	E	0
2	Credit for contributions to educational institutions		
A	Value of computer equipment donated	2A	0
B	Multiply 2a by 40 % (. 40)	B	0
3	Credit for certain federal credits		
A	Eligible federal credits (see instructions)	3A	0
B	Lesser of 10 % of line 3a or $ 25	B	0
4	Other credits	4	0
5	Total credits against Louisiana tax Add lines 1e, 2b, 3b, and 4	5	0

Supplemental Information (for Louisiana Residents, Part-year residents or Nonresidents)

671109

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0130

Schedule K-1
(Form 1120S)

Department of the Treasury
Internal Revenue Service

2009

For calendar year 2009, or tax year beginning _____, 2009 ending _____, _____

Shareholder's Share of Income, Deductions, Credits, etc.

► See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
91-2132510

B Corporation's name, address, city, state, and ZIP code
ADVANCED MANUFACTURING & TECHNOLOGY
P. O. BOX 428
HARVEY, LA 70059

C IRS Center where corporation filed return
Ogden, UT 84201-0013

Part II Information About the Shareholder

D Shareholder's identifying number
439-59-5799

E Shareholder's name, address, city, state, and ZIP code
EDWIN J. HERASYMIUK
2137 SUTHERLAND PLACE
HARVEY, LA 70058

F Shareholder's percentage of stock ownership for tax year ..... 100.00000 %

FOR IRS USE ONLY

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

1	Ordinary business income (loss) -1,253.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative minimum tax (AMT) items -264.
11	Section 179 deduction	16 D	Items affecting shareholder basis 22,159.
12	Other deductions		
		17	Other information

*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule **K-1** (Form 1120S) 2009

SPSA0412 12/15/09