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

U.S. Individual Income Tax Return 2008

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

OMB No. 1545-0074

For the year Jan 1 - Dec 31, 2008, or other tax year beginning , 2008, ending , 20

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)
CHAD M DEAN	435-71-5129	Son	☐
COLIN J HERASYMIUK	662-05-6990	Son	☒
			☐
			☐

If more than four dependents, see instructions.

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

Dependents on 6c not entered above:

Add numbers on lines above ► 4

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	93,399.
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	58,346.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	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	151,745.

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	1,977.		
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 - 31a and 32 - 35			36	1,977.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ►			37	149,768.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

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Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	149,768.
39a	Check if: [ ] You were born before January 2, 1944, [ ] Blind. [ ] Spouse was born before January 2, 1944, [ ] 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 [ ]		
c	Check if standard deduction includes real estate taxes or disaster loss (see instructions) ► 39c [X]		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,534.
41	Subtract line 40 from line 38	41	138,234.
42	If line 38 is over $119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply $3,500 by the total number of exemptions claimed on line 6d	42	14,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	124,234.
44	Tax (see instrs). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	44	23,746.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45 ►	46	23,746.
47	Foreign tax credit. Attach Form 1116 if required — 47		
48	Credit for child and dependent care expenses. Attach Form 2441 — 48: 499.		
49	Credit for the elderly or the disabled. Attach Schedule R — 49		
50	Education credits. Attach Form 8863 — 50		
51	Retirement savings contributions credit. Attach Form 8880 — 51		
52	Child tax credit (see instructions). Attach Form 8901 if required — 52		
53	Credits from Form: a [ ] 8396 b [ ] 8839 c [ ] 5695 — 53		
54	Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ] — 54		
55	Add lines 47 through 54. These are your total credits	55	499.
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- ►	56	23,247.

Standard Deduction for —
- People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $5,450

Married filing jointly or Qualifying widow(er), $10,900

Head of household, $8,000

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	58	
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 56-60. This is your total tax ►	61	23,247.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099 — 62: 10,011.		
63	2008 estimated tax payments and amount applied from 2007 return — 63		
64a	Earned income credit (EIC) — No — 64a		
b	Nontaxable combat pay election ► 64b		
65	Excess social security and tier 1 RRTA tax withheld (see instructions) — 65		
66	Additional child tax credit. Attach Form 8812 — 66		
67	Amount paid with request for extension to file (see instructions) — 67		
68	Credits from Form: a [ ] 2439 b [ ] 4136 c [ ] 8801 d [ ] 8885 — 68		
69	First-time homebuyer credit. Attach Form 5405 — 69		
70	Recovery rebate credit (see worksheet) — 70: 0.		
71	Add lines 62 through 70. These are your total payments ►	71	10,011.

Refund

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

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► [ ]	73a	
b	Routing number XXXXXXXXX ► c Type: [ ] Checking [ ] Savings		
d	Account number XXXXXXXXXXXXXXXXX		
74	Amount of line 72 you want applied to your 2009 estimated tax ► 74		

Amount You Owe

75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions ►	75	13,236.
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 ► Preparer Phone no. ► Personal identification number (PIN) ►

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 04/01/2009	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

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

EDWIN J & KIM D HERASYMIUK

Your social security number: 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					58,346.
B					
C					
D					
29a Totals					58,346.
b Totals					

30	Add columns (g) and (j) of line 29a	30 58,346.
31	Add columns (f), (h), and (i) of line 29b	31
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 58,346.

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 58,346.
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 T; 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 or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074

2008

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	2,494.

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. See the instructions for Form 1040, line 60, 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 2008 for the person listed in column (a)
COLIN	HERASYMIUK	662-05-6990	2,494.

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 35	3	2,494.
4	Enter your **earned income.** See instructions	4	60,000.
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	33,399.
6	Enter the **smallest** of line 3, 4, or 5	6	2,494.
7	Enter the amount from Form 1040, line 38, or Form 1040NR, line 36 — 7: 149,768.		
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 2007 expenses in 2008, see the instructions	9	499.
10	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 — 10: 23,746.		
11	Enter the amount from Form 1040, line 47, or Form 1040NR, line 44 — 11:		
12	Subtract line 11 from line 10. If zero or less, **stop.** You cannot take the credit	12	23,746.
13	**Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 12 here and on Form 1040, line 48 or Form 1040NR, line 45	13	499.

If line 7 is:

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

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **8917**

Department of the Treasury
Internal Revenue Service

Tuition and Fees Deduction

► See instructions.
► Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

2008

Attachment Sequence No. 63

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

Your social security number: 439-59-5799

Caution: *You **cannot** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** in the same year.*

Before you begin: ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions.

✓ If you file Form 1040, figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2008 Form 1040 instructions for line 36.

1	(a) Student's name (as shown on page 1 of your tax return) First name	Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
	CHAD M	DEAN	435-71-5129	1,977.

2	Add the amounts on line 1, column (c), and enter the total		2	1,977.
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15	3 151,745.		
4	Enter the total from either: • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, **or** • Form 1040A, lines 16 through 18	4		
5	Subtract line 4 from line 3.* If the result is more than $80,000 ($160,000 if married filing jointly), **stop;** you cannot take the deduction for tuition and fees		5	151,745.
6	**Tuition and fees deduction.** Is the amount on line 5 more than $65,000 ($130,000 if married filing jointly)? [X] **Yes.** Enter the **smaller** of line 2, or $2,000. [ ] **No.** Enter the **smaller** of line 2, or $4,000.		6	1,977.

*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, use Worksheet 6-1 in Publication 970 to figure the amount to enter.

Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

Two-Year Comparison 2008

Name(s) Shown on Return: EDWIN J & KIM D HERASYMIUK

Social Security Number:

Income	2007	2008	Difference	%
Wages, salaries, tips, etc	94,824.	93,399.	-1,425.	-1.50
Interest and dividend income	18.		-18.	-100.00
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, Scorps, etc	-3,844.	58,346.	62,190.	999.00
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	90,998.	151,745.	60,747.	66.76
Adjustments to Income		1,977.	1,977.	
Adjusted Gross Income	90,998.	149,768.	58,770.	64.58
Itemized Deductions				
Medical and dental				
Income or sales tax	3,215.	3,185.	-30.	-0.93
Real estate taxes	691.	634.	-57.	-8.25
Personal property and other taxes				
Interest paid	6,223.	4,872.	-1,351.	-21.71
Gifts to charity	520.	540.	20.	3.85
Casualty and theft losses				
Miscellaneous				
Phaseout of itemized deductions				
Total Itemized Deductions	10,649.	9,231.	-1,418.	-13.32
Standard or Itemized Deduction	10,700.	11,534.	834.	7.79
Exemption Amount	13,600.	14,000.	400.	2.94
Taxable Income	66,698.	124,234.	57,536.	86.26
Income tax	9,516.	23,746.	14,230.	149.54
Additional income taxes				
Alternative minimum tax	0.	0.	0.	
Total Income Taxes	9,516.	23,746.	14,230.	149.54
Nonbusiness credits	3,154.	499.	-2,655.	-84.18
Business credits				
Total Credits	3,154.	499.	-2,655.	-84.18
Self-employment tax				
Other taxes				
Total Tax After Credits	6,362.	23,247.	16,885.	265.40
Withholding	11,967.	10,011.	-1,956.	-16.34
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments		0.	0.	
Total Payments	11,967.	10,011.	-1,956.	-16.34
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	5,605.		-5,605.	-100.00
Balance Due		13,236.	13,236.	

Current year effective tax rate ..... 15.52 %

IT-540 SD 2008 or Fiscal Year

LOUISIANA Resident
Individual Income Tax Return

Begun ____ 2008
Ended ____ 2009

Mail to: Department of Revenue
P.O. Box 3550
Baton Rouge, LA
70821-3550

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 5/15/2009

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	
6B	Spouse	X
	65 or over	
	Blind	

Total of 6A and 6B 2
6C Total dependents 2
6D Total exemptions 4

Dependent's Name(s):
CHAD DEAN
COLIN HERASY

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

00000020000020482910 HERA21370 0000000000 0 0 00000 1 0 4 0 1 0

TPSSN	0439595799	LN19B	00000000	LN45	00000000	F3	0000000
SPSSN	0437455218	LN20	00000000	LN46	00000000	F4	0000000
DEVID	0000001001	LN21	00000000	LN47	00000000	F5	0000000
TAXPD	0012312008	LN22	00000089	LN48	00000000	F6	0000000
FORMN	0000006982	LN23	00000124	LN49	00000037	F7	0000000
PTIN	0392069691	LN24	00000000	LN50	00002923	SCHH1	0000000
LINE7	0000149768	LN25	00002715	SCHE1	00000000	H2	0000000
LN8A	0000000000	LN26	00000000	E2	00000000	H3	0000000
LN8B	0000000000	LN27	00000000	E2A	00000000	SCHG1	0000000
LN8C	0000000000	LN28	00000000	E3	00000000	G2D	0000000
LN8D	0000000000	LN29	00000000	4A	00000000	G2E	0000000
LN9	0000023247	LN30	00002928	4B	00000000	G3A	0000000
LN10	0000126521	LN31	00000000	4C	00000000	G3B	0000000
LN11	0000005864	LN32	00000000	4D	00000000	G4A	0000000
LN12A	0000000499	LN33	00000000	4E	00000000	G4B	0000000
LN12B	0000000025	LN34	00000000	4F	00000000	G5	0000000
LN12C	0000000000	LN35	00000000	4G	00000000	G6	0000000
LN12D	0000000000	LN36	00000000	4H	00000000	G7	0000000
LN13	0000000025	LN37	00000000	E4I	00000000	G8	0000000
LN14	0000000000	LN38	00000000	E4J	00000000	G9	0000000
LN15	0000000050	LN39	00000000	E4K	00000000	10	0000000
LN16	0000005814	LN40	00000000	E5A	00000000	G11	0000000
LN17	0000000000	LN41	00000000	E5B	00000000	12DSF	0000000
LN18	0000005814	CREDT	00000000	E5C	00000000	20SF	0000000
LN19	0000000000	REFND	00000000	SCF1D	00000000	SCODE	0000000
LN19A	0000000000	OWED	00002886	F2	00000000		

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. If married filing joint, both SSN's may be submitted.

Date _____ Taxpayer _____ Date _____ Spouse _____

Paid preparer _____ LAIA0201 01/14/09

Date 04/01/2009

SSN 392069691

8

Telephone (504)8340940

6982

1001
R-210R (1/09)

2008

Underpayment of Individual Income Tax Penalty Computation 2008 Taxable Year Resident Filers

PLEASE PRINT OR TYPE.

Name(s) shown in the order on tax return	Social Security Number(s)
Yours EDWIN J HERASYMIUK	Yours 439-59-5799
Spouse's KIM D HERASYMIUK	Spouse's 437-45-5218

Section 1 — Required annual payment computation

1	2008 tax liability – See instructions	5041
2	2007 tax liability – See instructions	3182
3	Enter the smaller of Line 1 or Line 2	3182
4	Number of payments required for year	4

Section 2 — Underpayment Computation		**04/15/08**	**06/16/08**	**09/15/08**	**01/15/09**
5	Required payment – From Section 1, divide amount on Line 3 by amount on Line 4. See instructions	795	795	796	796
6	Amount paid for each period – See instructions	678	679	679	679
7	Carryforward – Overpayment or underpayment from previous period shown on Section 2, Line 9 of each column. Carryforward amounts from the previous period can be a positive number or a negative number. ***Note:*** *No carryforward amount can be shown for the first period. See instructions*				
8	Amount available for period. Add Lines 6 and 7	678	679	679	679
9	Underpayment or overpayment – Subtract Line 5 from Line 8. A positive number indicates an overpayment. A negative number indicates an underpayment. Move the number on this line to Line 7 in next column	117	116	117	117

Section 3 — Exceptions

10	Exception 1 – See worksheet in the instructions. **If you meet this exception, you do not owe an underpayment penalty. STOP – You do not need to file this form.**				
11	Exception 2 – Prior Year's Tax Liability				
12	Exception 3 – Prior Year's Income				
13	Exception 4 – Annualized Income				no exception available
14	Exception 5 – Installment Period Income				

Section 4 — Penalty Computation

15	Amount of underpayment (from Line 9 above)	117	116	117	117
16	Date of Payment – See instructions	04/15/2009	04/15/2009	04/15/2009	04/15/2009
17	Number of days from due date of installment	365	303	212	90
18	Penalty – See instructions	14	12	8	3
19	Penalty – Add amounts on Line 18. Enter total here and on Form IT-540, Line 32 if you have an **overpayment.** Enter the total here and on Form IT-540, Line 49 if you have a **balance due**				37

Louisiana

Form R-210R Annualized Income Worksheet 2008

Name(s) Shown on Tax Return	Social Security Number
EDWIN J AND KIM D HERASYMIUK	439-59-5799

QuickZoom to Form R210R, checkbox (must be checked to use this method) .....

Exception 2 - Prior Year's Tax Liability

		04/15/2008	06/16/2008	09/15/2008	01/15/2009
A	Total amount paid and withheld from January 1, 2008 ,through the installment date indicated (cumulative) ..	678	1357	2036	2715
		25%	50%	75%	100%
B	2007 tax. Multiply the 2007 tax by the percentage in each column. Prior year .. 3308	827	1654	2481	3308
C	Exception Test: Pass/Fail	Failed	Failed	Failed	Failed

Exception 3 - Prior Year's Income

1 2007 taxable income.	1	84636
2 Compute the tax using 2008 filing status and tables	2	3358
3 2007 non-refundable credits	3	50
4 2007 refundable credits	4	76
5 Line 2 minus lines 3 and 4.	5	3232

		04/15/2008	06/16/2008	09/15/2008	01/15/2009
A	Total amount paid and withheld from January 1, 2008 ,through the installment date indicated (cumulative) ..	678	1357	2036	2715
		25%	50%	75%	100%
B	2007 tax. Multiply the 2007 tax by the percentage in each column.	808	1616	2424	3232
C	Exception Test: Pass/Fail	Failed	Failed	Failed	Failed

Exception 4 - Annualized Income Worksheet

		01/01/08 to 03/31/08	01/01/08 to 06/30/08	01/01/08 to 09/30/08
A	Enter your AGI each period	22389	44777	67166
B	Annualization factors	4	2	1.33
C	Line A times line B	89556	89554	89331
D	Enter federal income tax associated with the income for each period	2164	4328	6493
E	Line D times line B	8656	8656	8636
F	Line C minus line E	80900	80898	80695
G	For the amounts on line F, determine the correct tax based upon filing status and number of exemptions claimed on line 6D of the 2008 return.	3133	3133	3118
H	Enter the amount of refundable & nonrefundable credits associated with each period. Refer to Form IT-540, Schedules F and G to determine these credits			
I	Line H times line B	0	0	0
J	Line G minus line I	3133	3133	3118
K	Applicable percentage (farmer/fisherman see govt instructions)	22.5%	45%	67.5%
L	Line J times line K	705	1410	2105
M	Enter total of credit carry-forward, declarations, and withholding associated with each period			
N	Exception Test: Pass/Fail	Failed	Failed	Failed

Exception 5 - Installment Period Income

		01/01/08 to 03/31/08	01/01/08 to 05/31/08	01/01/08 to 08/31/08	01/01/08 to 12/31/08
A	Enter your AGI each period				
B	Enter federal income tax associated with the income from line A				23247
C	Line A minus line B	0	0	0	0
D	Enter Louisiana individual income tax due using the 2008 Louisiana individual income tax tables. Determine tax based upon the total exemptions claimed on line 6D of the 2008 return	0	0	0	0
E	Enter the amount of refundable & nonrefundable credits associated with each period. Refer to Form IT-540, Schedules F and G along with other available credits for 2008: Child Care Credit, Child Care Credit Carryover, Education Credit, Earned Income Tax Credit, Louisiana Property Insurance Credit, and Louisiana Citizens Insurance Credit to determine these credits				263
F	Line D minus line E	0	0	0	0
G	Multiply line F by 90%(.90)	0	0	0	0
H	Enter the amount of payments and withholding for each period				

I Exception Test: Pass/Fail ....

EDWIN J AND KIM D HERASYMIUK 439-59-5799

2008 Louisiana Earned Income Credit (LA EIC) Worksheet

Louisiana Revised Statute 47:297.8 allows a refundable tax credit for resident individuals who claimed and received a Federal Earned Income Credit (EIC). The Federal EIC is available for certain individuals who work, who have a valid social security number, who have a qualifying child, or who are between ages 25 and 64. These individuals cannot be a qualifying child or dependent of another person.

Do not complete if you did not claim a Federal Earned Income Credit (EIC)

1	Louisiana Earned Income Credit – Enter the amount from Federal Form 1040EZ, Line 8a, OR Federal Form 1040A, Line 40a, OR Federal Form 1040, Line 64a. Leave blank if you did not claim a Federal Earned Income Credit (EIC)	1	
2	Multiply Line 1 above by 3.5% (.035), round to the nearest dollar, and enter the result on Line 3	2	x.035
3	Enter this amount on Form IT-540, Line 21	3	0.

2008 Louisiana Property Insurance Credit Worksheet

Louisiana Revised Statute 47:297.7 allows a refundable tax credit of 7% (.07) of the property insurance premiums for individuals who paid an insurance premium for a homeowner's insurance policy, a condominium owner's insurance policy, or a tenant homeowner's policy for their primary residence less the amount of the Louisiana Citizens Property Insurance assessment. The credit is calculated by subtracting the amount of the Louisiana Citizens Property Insurance assessment, which is also a refundable credit under La. R.S.47:6025, from the amount of your property insurance premiums and multiplying the result by 7% (.07).

Do not complete if you did not pay an insurance premium for a homeowner's policy, a condominium owner's policy, or a tenant homeowner's policy for your primary residence for 2008. You must attach a copy of the declaration page of your insurance policy in order to claim these credits.

1	Louisiana Property Insurance Premium – Enter the amount of your premium for your homeowner's policy, your condominium owner's policy, or your tenant homeowner's policy that you paid for your primary residence for 2008	1	1,859.
2	Louisiana Citizens Property Insurance Assessment – Enter the amount of your Louisiana Citizens Property Insurance Assessment that appeared on your homeowner's or property's insurance declaration page on Line 2 of this worksheet. If you did not claim this credit by filing Form R-540INS, you are entitled to the credit as long as you paid the Louisiana Citizens Property Insurance Assessment on your homeowner's policy or on your business property. Enter the amount of your Louisiana Citizens Property Insurance Assessment on Form IT-540, Line 22	2	89.
3	Subtract Line 2 from Line 1 and enter the result	3	1,770.
4	Multiply Line 3 by 7% (.07), round to the nearest dollar, and enter the result on Line 5	4	x.07
5	Enter this amount on Form IT-540, Line 23	5	124.

AGENCY		
Major	Sub	Minor
08540	117	120

LOAN NUMBER: 1936303513

American Security Insurance Company
PO Box 50355, ATLANTA, GEORGIA 30302
RESIDENTIAL PROPERTY
ADDITIONAL INSURED ENDORSEMENT

11/17/2008
POLICY NUMBER:
17HOC1936303513

ADDITIONAL INSURED-NAME AND ADDRESS (Street No., City, State, Zip)
EDWIN HERSYMIUK
KIM HERSYMIUK
2137 SUTHERLAND PLACE
HARVEY, LA 70058-1403

NAMED INSURED MORTGAGEE-Name and Address:
CHASE HOME FINANCE LLC
ITS SUCCESSORS AND/OR ASSIGNS
P.O. BOX 47020
DORAVILLE, GA 30362
PHONE: (877) 530-8951

POLICY PERIOD ONE YEAR	COVERAGES	LIMITS OF LIABILITY	PREMIUM
EFFECTIVE DATE: 11/05/2008 EXPIRATION DATE: 11/05/2009	DWELLING	$ 184,400	$ 1,770.00
EFFECTIVE TIME: 12:01 A.M.			
DESCRIBED LOCATION (if different from mailing address above)			
2137 SUTHERLAND DRIVE			
HARVEY, LA 70058			
	2007 LA FAIR Plan Emergency Assessment		$ 88.50
			$
			$
	ANNUAL PREMIUM AMOUNT		$ 1,770.00
	ANNUAL TOTAL AMOUNT		$ 1,858.50

Forms and endorsements which are made a part of this policy at time of issue:

SEE BACK FOR LIST OF FORMS INCLUDED

Subject to the terms and provisions of the Mortgage Service Program, Residential Property Mortgagee's Policy, including but not limited to the Residential Property coverage form attached hereto, it is agreed that the insurance applies to the property described above and to any person shown as an Additional Insured with respect to such property, subject to the following additional provisions:

a. The above Named Insured Mortgagee is authorized to act for such Additional Insureds in all matters pertaining to this insurance including receipt of Notice of Cancellation, and return premium, if any.
b. The above Named Insured Mortgagee is authorized to advance all funds to be recovered from the Additional Insured for the insurance afforded.
c. Loss, if any, shall be adjusted with and payable to the above Named Insured Mortgagee, and the Additional Insureds as their interests may appear, either by a single instrument so worded or by separate instruments payable respectively to the Named Insured Mortgagee and the Additional Insured, at our option.

Deductibles:

With respect to all perils except Theft or Vandalism and Malicious Mischief, the sum of $ 500 shall be deducted from the amount which would otherwise be recoverable for each loss separately occurring. With respect to Theft or Vandalism and Malicious Mischief a $ 500 per loss deductible applies. With respect to vacant property a $ 1000 per loss deductible applies for Theft or Vandalism and Malicious Mischief.

CLAIMS INFORMATION ONLY
1-800-326-2845

ALL OTHER INQUIRIES
1-877-530-8951