

Label

(See instructions on page 14.)

Use the IRS label.

Otherwise, please print or type.

Label Here

For the year Jan. 1–Dec. 31, 2009, or other tax year beginning , 2009, ending , 20
Your first name and initial Bernard Sanders
Last name Sanders
If a joint return, spouse's first name and initial Jane
Last name Sanders
Home address (number and street). If you have a P.O. box, see page 14.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.

OMB No. 1545-0074

Your social security number

Spouse's social security number

You must enter your SSN(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 page 14) You Spouse

Filing Status

- 1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.
b Spouse
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit (see page 17)
d Total number of exemptions claimed

If more than four dependents, see page 17 and check here

Income

Table with 22 rows for income items: 7 Wages, salaries, tips, etc. Attach Form(s) W-2; 8a Taxable interest; 9a Ordinary dividends; 10 Taxable refunds, credits, or offsets of state and local income taxes; 11 Alimony received; 12 Business income or (loss); 13 Capital gain or (loss); 14 Other gains or (losses); 15a IRA distributions; 16a Pensions and annuities; 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.; 18 Farm income or (loss); 19 Unemployment compensation; 20a Social security benefits; 21 Other income; 22 Total income.

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

If you did not get a W-2, see page 22.

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

Adjusted Gross Income

Table with 11 rows for adjusted gross income items: 23 Educator expenses; 24 Certain business expenses; 25 Health savings account deduction; 26 Moving expenses; 27 One-half of self-employment tax; 28 Self-employed SEP, SIMPLE, and qualified plans; 29 Self-employed health insurance deduction; 30 Penalty on early withdrawal of savings; 31a Alimony paid; 32 IRA deduction; 33 Student loan interest deduction; 34 Tuition and fees deduction; 35 Domestic production activities deduction; 36 Add lines 23 through 31a and 32 through 35; 37 Subtract line 36 from line 22. This is your adjusted gross income.

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 314,742 39

39a Check 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 page 35 and check here **39b**

40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40a** 72,521 57

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 page 35) **40b**

41 Subtract line 40a from line 38 **41** 242,220 82

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 page 37 **42** 7,300 00

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 234,920 82

44 Tax (see page 37). Check if any tax is from: a Form(s) 8814 b Form 4972. **44** 55,344 87

45 Alternative minimum tax (see page 40). Attach Form 6251 **45**

46 Add lines 44 and 45 **46**

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Education credits from Form 8863, line 29 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit (see page 42) **51**

52 Credits from Form: a 8396 b 8839 c 5695 **52**

53 Other credits from Form: a 3800 b 8801 c **53**

54 Add lines 47 through 53. These are your total credits **54**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55**

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 through 59. This is your total tax **60** 55,344 87

Payments

61 Federal income tax withheld from Forms W-2 and 1099 **61** 56,402 47

62 2009 estimated tax payments and amount applied from 2008 return **62** 7,000 00

63 Making work pay and government retiree credits. Attach Schedule M **63**

64a Earned income credit (EIC) **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 page 72) **68**

69 Excess social security and tier 1 RRTA tax withheld (see page 72) **69**

70 Credits from Form: a 2439 b 4136 c 8801 d 8885 **70** 6,340 247

71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments **71** 63,402 47

Refund

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid **72** 8,057 60

73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here **73a**

b Routing number **c** Type: Checking Savings

d Account number

74 Amount of line 72 you want applied to your 2010 estimated tax **74** 8,057 60

Amount You Owe

75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74. **75**

76 Estimated tax penalty (see page 74) **76**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? Yes. Complete the following. No

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

Sign Here

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.

Joint return? See page 15. Keep a copy for your records.

Your signature Date 1/31/10 Your occupation Government Official Daytime phone number

Spouse's signature Date 1/31/10 Spouse's occupation Educator

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

Standard Deduction for—

- People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see page 35.
- All others:
 - Single or Married filing separately, \$5,700
 - Married filing jointly or Qualifying widow(er), \$11,400
 - Head of household, \$8,350

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (5)

Attach to Form 1040.

See instructions for Schedule A (Form 1040).

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Bernard & Jane Sanders

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.						
	1 Medical and dental expenses (see page A-1)	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 (See page A-2.)	5 State and local (check only one box):	5					
	a <input checked="" type="checkbox"/> Income taxes, or		15,440	96			
	b <input type="checkbox"/> General sales taxes						
	6 Real estate taxes (see page A-5)	6	12,331	75			
	7 New motor vehicle taxes from line 11 of the worksheet on back. Skip this line if you checked box 5b	7					
	8 Other taxes. List type and amount	8					
	9 Add lines 5 through 8	9				27,772	71
	Interest You Paid (See page A-6.)	10 Home mortgage interest and points reported to you on Form 1098	10	37,177	86		
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-7 and show that person's name, identifying no., and address		11					
Note. Personal interest is not deductible.							
12 Points not reported to you on Form 1098. See page A-7 for special rules		12					
13 Qualified mortgage insurance premiums (see page A-7)		13					
14 Investment interest. Attach Form 4952 if required. (See page A-8.)		14					
15 Add lines 10 through 14	15				37,177	86	
Gifts to Charity If you made a gift and got a benefit for it, see page A-8.	16 Gifts by cash or check. If you made any gift of \$250 or more, see page A-8	16	5,850	00			
	17 Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500	17	200	00			
	18 Carryover from prior year	18					
	19 Add lines 16 through 18	19				6,050	00
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-10.)	20					
Job Expenses and Certain Miscellaneous Deductions (See page A-10.)	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.)	21	3,000	00			
	22 Tax preparation fees	22					
	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				3,000	00
Other Miscellaneous Deductions	28 Other—from list on page A-11. List type and amount	28					
Total Itemized Deductions	29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter.	29	72,521	57			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>						

**Worksheet
for Line 7—
New motor
vehicle
taxes**

Before you begin: ✓ You cannot take this deduction if the amount on Form 1040, line 38, is equal to or greater than \$135,000 (\$260,000 if married filing jointly).
 ✓ See the instructions for line 7 on page A-6.

Use this worksheet to figure the amount to enter on line 7.

(Keep a copy for your records.)

	1 Enter the state and local sales and excise taxes you paid in 2009 for the purchase of any new motor vehicle(s) after February 16, 2009 (see page A-6)	1		
	2 Enter the purchase price (before taxes) of the new motor vehicle(s)	2		
	3 Is the amount on line 2 more than \$49,500? <input type="checkbox"/> No. Enter the amount from line 1. <input type="checkbox"/> Yes. Figure the portion of the tax from line 1 that is attributable to the first \$49,500 of the purchase price of each new motor vehicle and enter it here (see page A-6).			3
	4 Enter the amount from Form 1040, line 38	4		
	5 Enter the total of any— • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15, and • Exclusion of income from Puerto Rico	5		
	6 Add lines 4 and 5	6		
	7 Enter \$125,000 (\$250,000 if married filing jointly)	7		
	8 Is the amount on line 6 more than the amount on line 7? <input type="checkbox"/> No. Enter the amount from line 3 above on Schedule A, line 7. Do not complete the rest of this worksheet. <input type="checkbox"/> Yes. Subtract line 7 from line 6	8		
	9 Divide the amount on line 8 by \$10,000. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	9		
	10 Multiply line 3 by line 9			10
	11 Deduction for new motor vehicle taxes. Subtract line 10 from line 3. Enter the result here and on Schedule A, line 7.			11