

2008 SCHEDULE S SUB Supplemental Information and Dependents



OFFICIAL USE ONLY

If you fill in any part of this schedule, staple it to your D-40.

Your last name. ABCDEFGHIJKLMNOPQ

Your social security number 123456789

Foreign address Do not abbreviate country name.

Home address (number, street and apartment number if applicable) 12345ABCDEF... ABCDEFGHIJKLMNOPQ

City ABCDEFGHIJKLMNOPQ

State/Province ABCDEFGHIJKLMNOPQ

Daytime telephone number 1234567890

Country ABCDEFGHIJKLMNOPQ

Postal code 1234567890

In-care-of address

Home address (number, street and partment number if applicable) 12345ABCDEF... ABCDEFGHIJKLMNOPQ

City ABCDEFGHIJKLMNOPQ

State AB

Zipcode + 4 123456789

Dependents If you have more than 4 dependents, list them on an attachment..

First name ABCDEFGHIJKLM M.I. A Last name ABCDEFGHIJKLMNOPQ Relationship ABCDEFGHIJKLMNOPQ Date of Birth (MMDDYYYY) 00000000

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Head of household filers Do not enter your information SSN of qualifying non-dependent person 123456789 Date of Birth of qualifying non-dependent person (MMDDYYYY) 00000000

First nmae of qualifying non-dependent person ABCDEFGHIJKLM M.I. A Last name ABCDEFGHIJKLMNOPQ

Your last name ABCDEFGHIJLKABCDEF GH
Your SSN 123456789



Calculation G Number of exemptions

Do not attach Schedule S to your D-40, if you only filled in Lines a, f, and i of this Calculation and have not filled in any other sections of Schedule S.

- a Enter 1 for yourself and a 00
- b Enter 1 if you are filing as a head of household and b 01
- c Enter 1 if you are 65 or over and c 02
- d Enter 1 if you are blind d 03
- e Enter number of dependents e 04
- f Enter 1 for your spouse or registered domestic partner if married filing jointly or married filing separately on same return f 05
- g Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over g 06
- h Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind h 07
- i Total number of exemptions Add Lines a - h and enter on D-40, Line 18. i 08

Calculation J Tax computation for married or registered domestic partners filing separately on same DC return

Enter separate amounts in each column. Do not combine amounts until Line k.

	You	Your spouse or domestic partner
a Federal adjusted gross income <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Each registered domestic partner should enter the federal AGI reported on their separate federal returns.</i>	a 123456789.00	123456789.00
b Total additions to federal adjusted gross income <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	b 123456789.00	123456789.00
c Add Lines a and b.	c 123456789.00	123456789.00
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 14</i>	d 123456789.00	123456789.00
e D.C. adjusted gross income Subtract Line d from Line c.	e 123456789.00	123456789.00
f Deduction amount Enter each person's portion of deductions entered on D-40, Line 17. <i>(You may allocate this amount any way you like.)</i>	f 123456789.00	123456789.00
g Exemption amount Enter each person's portion of the exemption amount entered on D-40, Line 19.	g 123456789.00	123456789.00
h Add Lines f and g.	h 123456789.00	123456789.00
i Taxable income Subtract Line h from Line e. Mark if minus <input checked="" type="checkbox"/>	i 123456789.00	<input checked="" type="checkbox"/> 123456789.00
j Tax If Line i is \$100,000 or less, use tax tables. If more than \$100,000 use Calculation I.	j 123456789.00	123456789.00
k Add the amounts on Line j, enter here and on D-40, Line 22.	k 123456789.00	Total tax

Additional Information from the Federal Form 1040 Schedule A

- a Medical and Dental Expenses from Schedule A, Line 4 a 123456789.00
- b Taxes Paid from Schedule A, Line 9 b 123456789.00
- c Interest Paid from Schedule A, Line 15 c 123456789.00
- d Gifts to Charity from Schedule A, Line 19 d 123456789.00
- e Casualty and Theft Losses from Schedule A, Line 20 e 123456789.00
- f Job Expenses and Most Other Miscellaneous Deductions from Schedule A, Line 27 f 123456789.00
- g Other Miscellaneous Deductions from Schedule A, Line 28 g 123456789.00