4040	De	epartment of the Treasury -				201	20					
Form 1040	<u> </u>	I.S. Individua	I Income	Tax Re	eturn	200	JÖ	(99) IRS Use	Only —	Do not	write or staple in thi	s space.
	_	e year Jan 1 - Dec 31, 20	08, or other tax y	year beginning		, 2008,	ending	, 20			OMB No. 1545-0	074
Label (See instructions.)	Your first name MI Last name									Your social security number		
	Card	ol		Mo	seley-	Brauı	n			L		
Use the	If a join	t return, spouse's first name	Э	MI Las	t name							mber
IRS label.												
Otherwise, please print	Home address (number and street). If you have a P.O. box, see instructions. Apartment no.									You must enter your		
or type.	1								social security number(s) above.			
	С			, see instruction	ons.		Sta	ate ZIP code		<u> </u>	` '	
Presidential Election Campaign Filing Status	Chic	cago	IL			L		chang	king a box below v ge your tax or refu	viii not nd.		
	CI	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions).								You Spouse		
			3,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- g- 1- 1 1			,	المسالة			
		1 X Single 4 Head of household (with qual instructions.) If the qualifying									is a child	
		but not your dependent, enter									hild's	
Check only one box.	3									-1-11-1		
		name here. ►				5		ring widow(er) with de		chila (
Exemptions	6			,				box 6a		\vdash	Boxes checked on 6a and 6b	1
	-	Spouse	· · · · · · ·							_ _	No. of children on 6c who:	
		Dependents:			(2) Dependent's social security) Dependent's relationship	(4)		• lived	
						number		to you	child fo	r child	with you	
	_	(1) First name	L	ast name	ļ				(see in		 did not live with you 	
											due to divorce or separation	
											(see instrs) · · · Dependents	
If more than four dependents,									Г	7	on 6c not entered above	
see instructions.							1		Г	7	Add numbers	
	_	Total number of ex	emptions clair	med							on lines	1
	7									7		5,000.
Income	8 8	Taxable interest. A		. ,						8a		76.
	1	Tax-exempt intere	st. Do not inc	lude on line	8a		. 8b		- 1	901		
Attach Form(s)	9 8	Ordinary dividends	. Attach Sche	dule B if req	uired					9a		
W-2 here. Also	ı	b Qualified dividends (see instrs) 9 b										
attach Forms W-2G and 1099-R	10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)								10		0.
if tax was withheld.	11	1 Alimony received								11		
If you did not	12	Business income o								12	17	7,757.
get a W-2,	13											
see instructions.	14											
		Pensions and annu		15a 16a	22 20			amount (see instr amount (see instr	· -	15b 16b		1,842.
		Rental real estate,	_					•	' F	17		1,988. 0,614.
Enclose, but do	18									18	-120	,014.
not attach, any	19											
payment. Also, please use	20 a	Social security benefits		20 a				amount (see instr	s)	19 20 b		
Form 1040-V.	21	Other income NET	OPERATIN	G LOSS	- SEE S					21	-203	3,702.
	22	Add the amounts in	the far right of	column for li	nes 7 throu	gh 21.	This is yo	ur total income.	. >	22	-224	,653.
A alternational	23	Educator expenses					. 23					
Adjusted Gross	24	Certain business expen	ses of reservists	, performing a	tists, and fee-	basis	. 24					
Gross Income	25	government officials. Attach Form 2106 or 2106-EZ								423		
	26	Moving expenses.								The state of		
	27	One-half of self-em					_	1,2	55.			
	28	Self-employed SEP	, SIMPLE, an	d qualified p	olans		. 28			2 = 1		
	29	Self-employed health in								Silve		
	30	Penalty on early wit								181		
	31 a	Alimony paid b Recipie					. 31a			E-14		
	32	IRA deduction (see	instructions)				. 32			200		
	33	Student loan interes	st deduction (s	see instructi	ons)		. 33			2===		
	34	Tuition and fees de								1883		
	35	Domestic production ac								E FU		
	36	Add lines 23 - 31a and 3								36		,255.
	37	Subtract line 36 from	n line 22. This	s is your adj	usted gros	s inco	me		. ▶	37	-225	,908.

Form 1040 (2008)	Carol Moseley-Braun	Page 2
Tax and	38 Amount from line 37 (adjusted gross income)	-225,908.
Credits	39 a Check _ You were born before January 2, 1944, Blind. Total boxes	
	if: Spouse was born before January 2, 1944, Blind. checked ▶ 39 a	All .
[04	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here > 39 b	68
Standard Deduction	c Check if standard deduction includes real estate taxes or disaster loss (see instructions) ▶ 39 c	All .
for –	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	60 503
 People who 		
checked any box		-295,501.
on line 39a, 39b, or 39c or who	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	3 500
can be claimed	43 Taxable income. Subtract line 42 from line 41.	3,500.
as a dependent,	If line 42 is more than line 41, enter -0	0.
see instructions.	44 Tax (see instrs). Check if any tax is from: a Form(s) 8814	
All others:	b Form 4972	0.
	45 Alternative minimum tax (see instructions). Attach Form 6251	
Single or Married	46 Add lines 44 and 45	
filing separately, \$5,450	47 Foreign tax credit. Attach Form 1116 if required	0.
Married filing	48 Credit for child and dependent care expenses. Attach Form 2441 48	All Control of the Co
jointly or Qualifying	49 Credit for the elderly or the disabled. Attach Schedule R 49	
widow(er),	50 Education credits. Attach Form 8863	
\$10,900	51 Retirement savings contributions credit. Attach Form 8880 51	All .
Head of	52 Child tax credit (see instructions). Attach Form 8901 if required 52	
household,	53 Credits from Form: a 8396 b 8839 c 5695 53	Al .
\$8,000	54 Other crs from Form: a 3800 b 8801 c 54	A .
	Add lines 47 through 54. These are your total credits	
	56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0	0.
	57 Self-employment tax. Attach Schedule SE	2,509.
Other	58 Unreported social security and Medicare tax from Form: a 4137 b 8919	
Taxes	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	
	60 Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H 60	
	61 Add lines 56-60. This is your total tax	2,509.
Payments	62 Federal income tax withheld from Forms W-2 and 1099 62 13,780.	2,303.
	63 2008 estimated tax payments and amount applied from 2007 return 63	Al-
If you have a qualifying	64 a Earned income credit (EIC) No 64a	A Company
child, attach	b Nontaxable combat pay election ▶ 64 b	//
Schedule EIC.	65 Excess social security and tier 1 RRTA tax withheld (see instructions) 65	Al .
,	, and the state of	A
		A.
		А
	68 Credits from Form: a 2439 b 4136 c 8801 d 8885 68	A
	69 First-time homebuyer credit. Attach Form 5405 69	A.
	70 Recovery rebate credit (see worksheet)	A .
	71 Add lines 62 through 70. These are your total payments	13,780.
Refund	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	11,271.
Direct deposit?	73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ► 73a	
See instructions	▶ b Routing number	11,2/1.
and fill in 73b,	► d Account number	A
73c, and 73d or		
Form 8888.	74 Amount of line 72 you want applied to your 2009 estimated tax ▶ 74	4
Amount	75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	
You Owe	76 Estimated tax penalty (see instructions)	BE VINE SEE SEE
Third Party	Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete	the following. X No
Designee	Designee's Phone Person	al identification
	Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my known	dodgo ond
Sign	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	knowledge.
Here	Your signature Date Your occupation Day	ytime phone number
loint return? See instructions.	CEO	
Keep a copy	Spouse's signature. If a joint return, both must sign. Date Spouse's occupation	
or your records.	opouse a occupation	STATE OF THE PARTY
,		
	Preparer's	parer's SSN or PTIN
Paid	Signature Check if self-employed	
Preparer's	Firm's name	
Jse Only	(or yours if self-employed),	
-	address, and Phone no.	