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2008 Tax Return(s)

Prepared for WESLEY T CHRISTENSEN
CLIENT CODE: CHRISTEN2498

Account Number 795538
Release Number 2008.04040

Prepared by WIEBEL, HENNELLS & CARUFE, P.A.
9420 BONITA BEACH ROAD, STE. 200
BONITA SPRINGS, FL
34135

(239)992-6211

Processing Date: 10/05/2009
Time: 16:49:41

**Special
Instructions**

Messages

Return Information

CAUTION

- **Electronic Filing.** Schedule SE has not been prepared because self-employment has netted to zero or less because of the self-employment loss reported on Schedule E. This return can be filed electronically, but the taxpayer will receive an IRS notice asking for the Schedule SE when one is not required. The IRS program that processes electronic tax returns cannot determine that the loss on Schedule E is a self-employment loss and will automatically cause a notice to be printed. To prevent getting this notice, the return may be filed by paper with the proper supporting statement. (20572)
- **Schedule E.** The distribution of cash and marketable securities, entered on the Partnership Passthrough worksheet, General - Activity section, Distributions of cash and marketable securities field, have not been included in the calculation of the return. If the distributions exceed the adjusted basis of the partnership interest, the excess should be entered as a gain on the appropriate D series interview form. (20316)

INFORMATIONAL

- **Form 8829 -** An entry is present on Line 7, Line 36 or Line 41. For electronic filing purposes an explanation may be entered on the Business worksheet, the Business Use of Home (Form 8829) section, the e-file Computation for the Business Percentage Shown on Form 8829, Line 7, Line 36 or Line 41 field. (32982)
- **Wages, Salaries and Tips.** The "Social security wages", "Social security tax withheld", "Medicare wages and tips", and/or "Medicare tax withheld" amount on the IRS W-2 worksheet has been autofilled based on entries made in the "Wages, tips, other compensation" and "Box 12 elective deferrals". Please review the autofill information for these fields and correct if necessary. (32262)
- **Depreciation.** One or more prior year assets have been entered without accumulated depreciation entries. Accumulated depreciation is not a calculated amount. Depending on the method entered, an incorrect amount of current depreciation could be calculated. Also, accumulated depreciation will not be included on Pro Forma next year. Please review your input and make corrections as necessary. (32906)
- **AMT NOL.** The AMT net operating losses from prior years have been completely absorbed into current year income. The Worksheet for NOL AMT Carryforward and Detail NOL AMT Carryforward Worksheet have not been produced. If these worksheets are desired, enter "X" on the Return Options worksheet, Form Printing Options section, Mandatory printing of NOL worksheet field to force preparation. (31211)

Return Information

- Schedule A. Nondeductible medical expense is \$2,532. (30274)
- Schedule A. Nondeductible miscellaneous deduction is \$150. (31731)
- NOL. The net operating losses from prior years have been completely absorbed into current year income. The Worksheet for NOL Carryforward and Detail NOL Carryforward Worksheet have not been produced. If these worksheets are desired, enter "X" on the Return Options worksheet, Form Printing Options section, Mandatory printing of NOL worksheet field to force preparation. (33456)
- Schedule SE. Schedule SE has not been prepared for the taxpayer because self-employment income is less than \$400.00. If Schedule SE is desired, select Mandatory Printing on the Return Options worksheet, Form Printing Options section, Schedule SE (self-employment tax) field. (31234)
- This return has qualified for electronic filing and the Practitioner PIN program has been elected to allow for paperless filing. Please review the return with the taxpayer, secure required signatures on Form 8879, and authorize the return to be released for transmission to the IRS. The Electronic Return Originator (ERO) should retain Form 8879. Do not submit unless requested to do so by the Internal Revenue Service. (31404)

Worksheet: Extensions (Forms 4868 and 2350)

Section: Automatic Extension (Form 4868)

Fed inc tax liab - O/R.....0

FILE COPY

NATHAN - 04/08/09 06:38PM WORKSHEET BUSINESS

7,119.00

5,200.00

12,319.00

NATHAN - 04/13/09 10:38AM WORKSHEET BUSINESS

13,650.00

13,650.00

NATHAN - 04/13/09 11:29AM WORKSHEET BUSINESS

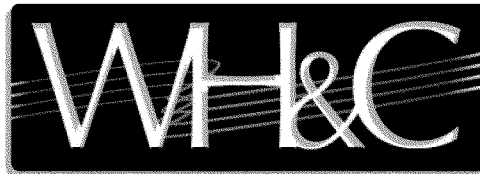
1,090.45

613.58

1,704.03

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List



WIEBEL, HENNELLS & CARUFE, P.A.
Certified Public Accountants

CLIENT: CHRISTEN2498
OCTOBER 5, 2009

WESLEY T CHRISTENSEN
27541 SOUTHVIEW DRIVE
BONITA SPRINGS, FL 34135

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2008
INDIVIDUAL INCOME TAX RETURNS, INCLUDING:

FORM 1040, U.S. INDIVIDUAL INCOME TAX RETURN
SCHEDULE A, ITEMIZED DEDUCTIONS
SCHEDULE C, PROFIT OR LOSS FROM BUSINESS
SCHEDULE C, TWO-YEAR COMPARISON WORKSHEET
SCHEDULE E, SUPPLEMENTAL INCOME AND LOSS PAGE 1
SCHEDULE E, SUPPLEMENTAL INCOME AND LOSS PAGE 2
SCHEDULE E, TWO-YEAR COMPARISON WORKSHEET
FORM 1116, FOREIGN TAX CREDIT
FORM 1116, FOREIGN TAX CREDIT (AMT)
FORM 4562, DEPRECIATION AND AMORTIZATION
FORM 4868, APPLICATION FOR AUTOMATIC EXTENSION OF TIME
FORM 6251, ALTERNATIVE MINIMUM TAX
FORM 8582, PASSIVE ACTIVITY LOSS LIMITATIONS
FORM 8582, PASSIVE ACTIVITY LOSS LIMITATIONS (AMT)
FORM 8829, EXPENSES FOR BUSINESS USE OF HOME
FORM 8879, E-FILE SIGNATURE AUTHORIZATION
ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT
TWO-YEAR COMPARISON WORKSHEET

TAX PREPARATION FEE

\$ 545.00

Two-Year Comparison Worksheet

2008

Name(s) as shown on return

WESLEY T CHRISTENSEN

Social security number

595-34-2498

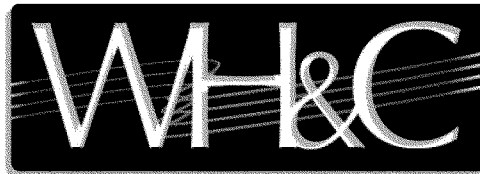
 2007 Filing Status **SINGLE**

 2008 Filing Status **SINGLE**

 2007 Tax Bracket **0.0%**

 2008 Tax Bracket **15.0%**

Description	Tax Year 2007	Tax Year 2008	Increase (Decrease)
WAGES, SALARIES, AND TIPS	7,749.	48,935.	41,186.
SCHEDULE B - ORDINARY DIVIDENDS	11.	0.	-11.
SCHEDULE B - QUALIFIED DIVIDENDS	11.	0.	-11.
SCH. C/C-EZ (BUSINESS INCOME/LOSS)	-3,278.	3,256.	6,534.
SCHEDULE E (RENTAL AND PASSTHROUGH)	-9,397.	-7,735.	1,662.
OTHER INCOME	0.	-4,926.	-4,926.
TOTAL INCOME	-4,915.	39,530.	44,445.
ADJUSTED GROSS INCOME	-4,915.	39,530.	44,445.
MEDICAL AND DENTAL EXPENSES	3,022.	0.	-3,022.
TAXES	2,305.	4,142.	1,837.
INTEREST (DEDUCTIBLE)	10,937.	17,918.	6,981.
JOB EXPENSES AND 2% MISC. DEDUCT.	125.	0.	-125.
TOTAL ITEMIZED DEDUCTIONS	16,389.	22,060.	5,671.
INCOME BEFORE EXEMPTIONS	-21,304.	17,470.	38,774.
PERSONAL EXEMPTIONS	3,400.	3,500.	100.
TAXABLE INCOME	-24,704.	13,970.	38,674.
TAX	0.	1,695.	1,695.
TAX BEFORE CREDITS	0.	1,695.	1,695.
TAX AFTER NON-REFUNDABLE CREDITS	0.	1,695.	1,695.
TOTAL TAX	0.	1,695.	1,695.
FEDERAL INCOME TAX WITHHELD	200.	4,159.	3,959.
SCHEDULE EIC (EARNED INCOME CREDIT)	357.	0.	-357.
RECOVERY REBATE CREDIT	0.	600.	600.
TOTAL PAYMENTS	557.	4,759.	4,202.
TAX OVERPAID	557.	3,064.	2,507.
AMOUNT REFUNDED	557.	3,064.	2,507.



WIEBEL, HENNELLS & CARUFE, P.A.
Certified Public Accountants

Wesley T Christensen
27541 Southview Drive
Bonita Springs, FL 34135

Dear Wesley:

Enclosed is your 2008 income tax return.

Specific filing instructions are as follows.

FEDERAL INCOME TAX RETURN:

This return has qualified for electronic filing and the practitioner PIN program has been elected. After you have reviewed the return for completeness and accuracy, please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS, and no further action is required. If after three weeks you have not received your refund, you may contact the IRS at 1-800-829-4477.

No payment is required as you are due a refund in the amount of \$3,064.

Your copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Wiebel, Hennells & Carufe, P.A.

2008 TAX RETURN FILING INSTRUCTIONS

U.S. INDIVIDUAL INCOME TAX RETURN

FOR THE YEAR ENDING
December 31, 2008

Prepared for	Wesley T Christensen 27541 Southview Drive Bonita Springs, FL 34135
Prepared by	Wiebel, Hennells & Carufe, P.A. 9420 Bonita Beach Road, Ste. 200 Bonita Springs, FL 34135
Amount of tax	Total tax \$ 1,695 Less: payments and credits \$ 4,759 Plus: interest and penalties \$ 0 Overpayment \$ 3,064
Overpayment	Miscellaneous Donations \$ 0 Credited to your estimated tax \$ 0 Refunded to you \$ 3,064
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return qualifies for electronic filing and the practitioner PIN program has been elected. After reviewing the return for accuracy, please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS.
Return must be mailed on or before	Not applicable
Special Instructions	Do not mail the paper copy of the return to the IRS. If after three weeks you have not received your refund, you may contact the IRS at 1-800-829-4477.

IRS e-file Signature Authorization

2008

▶ Do not send to the IRS. This is not a tax return.
 ▶ Keep this form for your records. See instructions.

Declaration Control Number (DCN) ▶ 00 - 655410 - 04968 - 9

Taxpayer's name WESLEY T CHRISTENSEN		Social security number 595 34 2498
Spouse's name		Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2008 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	39,530.
2	Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)	2	1,695.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7)	3	4,159.
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	3,064.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize WIEBEL, HENNELLS & CARUFE, P.A. to enter or generate my PIN 4 2 4 9 8
 as my signature on my tax year 2008 electronically filed income tax return. **ERO firm name** Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
 as my signature on my tax year 2008 electronically filed income tax return. **ERO firm name** Enter five number, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 6 5 5 4 1 0 6 5 0 1 1
 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

819995 11-05-08 **ERO Must Retain This Form - See Instructions**
Do Not Submit This Form to the IRS Unless Requested To Do So

**Tax Year 2008 e-file Jurat/Disclosure
for Form 1040, 1040A, or 1040EZ
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 65541065011
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: 1) acknowledgment of receipt or reason for rejection of transmission; 2) refund offset; 3) reason for any delay in processing the return or refund; and, 4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 42498 Date 10052009

Spouse's PIN: _____

FILE COPY

818711
08-26-08

▼ DETACH HERE ▼

Form **4868**

Department of the Treasury
Internal Revenue Service (99)

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2008, or other tax year beginning

, 2008, ending

1019

2008

Part I Identification		Part II Individual Income Tax	
1 Your name(s) WESLEY T CHRISTENSEN 27541 SOUTHVIEW DRIVE BONITA SPRINGS, FL 34135		4 Estimate of total tax liability for 2008	\$ 0.
2 Your social security number 595-34-2498		5 Total 2008 payments	4,759.
3 Spouse's social security number		6 Balance due. Subtract line 5 from line 4	0.
		7 Amount you are paying	0.
		8 Check here if you are "out of the country" and a U.S. citizen or resident	<input type="checkbox"/>
		9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding	<input type="checkbox"/>

595342498 FX CHRI 30 0 200812 670 0000000000

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign	L A B E L H E R E	For the year Jan. 1-Dec. 31, 2008, or other tax year beginning _____, 2008, ending _____, 20	OMB No. 1545-0074	
		Your first name and initial WESLEY T	Last name CHRISTENSEN	Your social security number 595 34 2498
		If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		Home address (number and street). If you have a P.O. box, see page 14. 27541 SOUTHVIEW DRIVE	Apt. no.	You must enter ▲ your SSN(s) above. ▲
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. BONITA SPRINGS, FL 34135		Checking a box below will not change your tax or refund.		

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). 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) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 17)

If more than four dependents, see page 17.

d Total number of exemptions claimed **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	48,935.
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 page 21)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	3,256.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-7,735.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount (see page 26)	20b	
21	Other income. List type and amount (see page 28) SEE STATEMENT 1	21	-4,926.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	39,530.

Adjusted Gross Income

23	Educator expenses (see page 28)	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 page 29)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶		
32	IRA deduction (see page 30)	32	
33	Student loan interest deduction (see page 33)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	39,530.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 39,530.
39a Check if: [] You were 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 page 34 and check here ... 39b
c Check if standard deduction includes real estate taxes or disaster loss (see page 34) ... 39c
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 22,060.
41 Subtract line 40 from line 38 41 17,470.
42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d ... 42 3,500.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- ... 43 13,970.
44 Tax. Check if any tax is from: a [] Form(s) 8814 b [] Form 4972 44 1,695.
45 Alternative minimum tax. Attach Form 6251 45 0.
46 Add lines 44 and 45 46 1,695.
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
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 page 42). Attach Form 8901 if required 52
53 Credits from Form: a [] 8396 b [] 8839 c [] 5695 53
54 Other credits from Form: a [] 3800 b [] 8801 c [] 54
55 Add lines 47 through 54. These are your total credits 55
56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- 56 1,695.

Standard Deduction for -
People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent.
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 through 60. This is your total tax 61 1,695.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 4,159.
63 2008 estimated tax payments and amount applied from 2007 return 63
64a Earned income credit (EIC) 64a
b Nontaxable combat pay election 64b
65 Excess social security and tier 1 RRTA tax withheld (see page 61) 65
66 Additional child tax credit. Attach Form 8812 66
67 Amount paid with request for extension to file (see page 61) 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 on pages 62 and 63) 70 600.
71 Add lines 62 through 70. These are your total payments 71 4,759.

If you have a qualifying child, attach Schedule EIC.

Refund

72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid 72 3,064.
73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 73a 3,064.
b Routing number [] c Type: [] Checking [] Savings d Account number []
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 page 65 75
76 Estimated tax penalty (see page 65) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? [X] Yes. Complete the following. [] No
Designee's name: PREPARER 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.
Your signature: Date: Your occupation: Daytime phone number: REALTOR
Spouse's signature. If a joint return, both must sign. Date: Spouse's occupation:

Paid Preparer's Use Only

Preparer's signature: Date: Check if self-employed: Preparer's SSN or PTIN: P00187302
Firm's name (or yours if self-employed), address, and ZIP code: WIEBEL, HENNELLS & CARUFE, P.A. EIN: 65 0116709
9420 BONITA BEACH ROAD, STE. 200 Phone no: (239) 992-6211
BONITA SPRINGS, FL 34135

Recovery Rebate Credit Worksheet - Line 70 (Also used for 1040A, line 42 and 1040-EZ, line 9) *Keep for Your Records*

Before you begin: ! See the instructions for line 70 on page 61 to find out if you can take this credit.

TIP If you received Notice 1378, have it available. The notice shows the amount of your economic stimulus payment, which you will need to fill in line 28, on page 63. If you do not have Notice 1378, you can find the amount of your economic stimulus payment on www.irs.gov.

1. Can you, or your spouse if filing a joint return, be claimed as a dependent on another person's return?
 No. Go to line 2. **Yes.** You cannot take the credit. **Stop** here.

2. Does your tax return include a valid social security number for you and, if filing a joint return, your spouse?
 Yes. Skip lines 3 and 4 and go to line 5. **No.** Go to line 3.

3. Are you filing a joint return for 2008?
 Yes. Go to line 4. **No.** You cannot take the credit. **Stop** here.

4. Were either you or your spouse a member of the U.S. Armed Forces at any time during 2008?
 Yes. Go to line 5. **No.** You cannot take the credit. **Stop** here.

5. Enter the amount from Form 1040, line 56 5. 1,695.

6. Enter the amount from Form 1040, line 52 6. 0.

7. Add lines 5 and 6 7. 1,695.

8. Enter \$600 (\$1,200 if married filing jointly) 8. 600.

9. Enter the smaller of line 7 or line 8 9. 600.

10. Is the amount on line 9 at least \$300 (\$600 if married filing jointly)?
 Yes. If you have at least one qualifying child for whom you entered a valid social security number* on Form 1040, line 6c, column (2), and checked the box in column (4), or have at least one qualifying child with a valid social security number* for whom you completed Form 8901, go to line 11. Otherwise, skip lines 11 through 21 and enter the amount from line 9 on line 22.
 No. If line 7 is more than zero, go to line 11. Otherwise, skip line 11 and go to line 12.

11. Is your gross income** more than the amount shown below for your filing status?
 • Single or married filing separately - \$8,950 • Head of household - \$11,500
 • Married filing jointly - \$17,900 • Qualifying widow(er) - \$14,400
 No. Go to line 12. **Yes.** Skip lines 12 through 18 and go to line 19.

12. Enter the amount from Form 1040, line 20a 12. _____

13. Enter the amount of any nontaxable veterans' disability or death benefits you received in 2008 13. _____

14. Are you filing Form 8812?
 Yes. Skip line 15. Enter on line 16 the amount from Form 8812, line 4a. **No.** Go to line 15.

15. Are you filing Form 2555 or 2555-EZ to exclude foreign earned income, or using one of the optional methods to figure your net earnings from self-employment on Schedule SE, or are you a church employee or member of the clergy?
 Yes. Fill out the Earned Income Worksheet on page 8 of Pub. 972 and enter on line 16 the amount from line 8 of that worksheet.
 No. Go to line 16.

16. **Earned income.** If you did not already enter an amount on this line as instructed on line 14 or 15, complete Worksheet B on page 51 through line 4b. Enter the amount from Worksheet B, line 4b. (If you (or your spouse, if filing jointly) had nontaxable combat pay, did not file Form 8812, and did not enter an amount on line 64b, add your (and your spouse's) nontaxable combat pay to the amount on this line 16. _____

17. **Qualifying income.** Add lines 12, 13, and 16 17. _____

18. Is line 17 at least \$3,000?
 No. Skip lines 19 through 21 and enter the amount from line 9 on line 22. **Yes.** Go to line 19.

19. Enter \$300 (\$600 if married filing jointly) 19. _____

20. Enter the larger of line 9 or line 19 20. _____

21. Multiply \$300 by the number of qualifying children for whom you entered a valid social security number* on:
 • Form 1040, line 6c, column (2), and checked the box in column (4), or
 • Form 8901, column (b) 21. _____

22. Add lines 20 and 21 22. 600.

23. Enter the amount from Form 1040, line 38 23. 39,530.

24. Enter \$75,000 (\$150,000 if married filing jointly) 24. 75,000.

25. Is the amount on line 23 more than the amount on line 24?
 No. Skip line 26. Enter the amount from line 22 on line 27 below. **Yes.** Subtract line 24 from line 23 25. _____

26. Multiply line 25 by 5% (.05) 26. _____

27. Subtract line 26 from line 22. If zero or less, enter -0- 27. 600.

28. Enter the amount, if any, of the economic stimulus payment you received (before offset) as shown on Notice 1378 or www.irs.gov. If you received more than one payment, enter the total of all payments you received as shown on all Notices 1378 or on www.irs.gov. If filing a joint return, include your spouse's payment as shown on your spouse's Notice 1378 or on www.irs.gov. If you filed a joint return for 2007 and received an economic stimulus payment, you and your spouse are each treated as having received half of the payment 28. 0.

29. **Recovery rebate credit.** Subtract line 28 from line 27. If zero or less, enter -0-. Enter the result here and, if more than zero, on Form 1040, line 70. If you entered an amount on line 13 on page 62, enter "VA" on the dotted line to the left of Form 1040, line 70. If you (or your spouse, if filing jointly) had nontaxable combat pay, did not file Form 8812, and did not enter an amount on line 64b, enter "NCP" to the left of Form 1040, line 70. If line 28 is more than line 27, you do not have to pay back the difference 29. 600.

* A valid social security number is not required for a qualifying child if you file a joint return AND either you or your spouse was a member of the U.S. Armed Forces at any time during 2008.
 **Your gross income includes the total of the following amounts; Form 1040, lines 7, 8a, 9a, 10, 11, 13 (if you were not required to file Schedule D), 15b, 16b, 19, 20b, and 21 (excluding any negative amounts); Schedule C, line 7; Schedule C-EZ, line 1; Schedule E, lines 3 and 4; Schedule F, line 11; Form 4835, line 7; Schedule K-1 (Form 1065), box 14, codes B and C; Schedule K-1 (Form 1065-B), box 9, code K-2; Schedule K-1 (Form 1120S), box 14, code B. But do not include on this line any amount for which you claimed the foreign earned income exclusion or the housing exclusion on Form 2555 or 2555-EZ.
 Your gross income also includes the total of all gains from Schedule D, lines 1, 8, and 13; Schedule D-1, lines 1 and 8; Form 4684, line 14, and column (c) of lines 35 and 40; Form 4797, lines 2, 10, and 30; Form 6252, lines 24 and 35; Form 6781, lines 1 and 12; Form 8824, lines 14, 23, 35, and 36; and Form 2439, line 1a. But subtract from this total any section 1202 exclusion, any section 1045 or section 1397B rollover, any exclusion of gain from DC Zone assets or qualified community assets, and any section 121 exclusion shown on Schedule D or Form 4797.
 809991 11-20-08

**SCHEDULES A&B
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Schedule A - Itemized Deductions
(Schedule B is on page 2)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A&B (Form 1040).**

OMB No. 1545-0074

2008

Attachment
Sequence No. **07**

Your social security number

WESLEY T CHRISTENSEN

595 34 2498

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-1) SEE STATEMENT 4	1	2,532.
2	Enter amount from Form 1040, line 38 2 39,530.	2	
3	Multiply line 2 by 7.5% (.075)	3	2,965.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local (check only one box):	5	438.
(See page A-2.)	a <input type="checkbox"/> Income taxes, or	6	3,704.
	b <input checked="" type="checkbox"/> General sales taxes	7	
	6 Real estate taxes (see page A-5) SEE STATEMENT 5	8	
	7 Personal property taxes	9	4,142.
	8 Other taxes. List type and amount		
	9 Add lines 5 through 8		
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098, STMT 3	10	17,918.
(See page A-5.)	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-6 and show that person's name, identifying no., and address	11	
Note.	12 Points not reported to you on Form 1098	12	
Personal interest is not deductible.	13 Qualified mortgage insurance premiums (See page A-6)	13	
	14 Investment interest. Attach Form 4952 if required. (See page A-6.)	14	
	15 Add lines 10 through 14	15	17,918.
Gifts to Charity	16 Gifts by cash or check	16	
If you made a gift and got a benefit for it, see page A-7.	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	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See page A-8.)	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 page A-9.)	21	
(See page A-9.)	22 Tax preparation fees	22	150.
	23 Other expenses - investment, safe deposit box, etc. List type and amount	23	
	24 Add lines 21 through 23	24	150.
	25 Enter amount from Form 1040, line 38 25 39,530.	25	
	26 Multiply line 25 by 2% (.02)	26	791.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions	28 Other - from list on page A-10. List type and amount	28	
Total Itemized Deductions	29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)? <input checked="" 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 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-10 for the amount to enter.	29	22,060.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

Attach to Form 1040, 1040NR, or 1041.

See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2008

Attachment
Sequence No. **09**

Name of proprietor

WESLEY T CHRISTENSEN

Social security number (SSN)

595-34-2498

A Principal business or profession, including product or service (see page C-3)

REAL ESTATE

B Enter code from pages C-9, 10, & 11

531210

C Business name. If no separate business name, leave blank.

WESLEY CHRISTENSEN, REALTOR - FL

D Employer ID number (EIN), if any

E Business address (including suite or room no.) **27541 SOUTH VIEW DRIVE**

City, town or post office, state, and ZIP code **BONITA SPRINGS, FL 34135**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2008? If "No," see page C-4 for limit on losses Yes No

H If you started or acquired this business during 2008, check here

Part I Income

1 Gross receipts or sales. Caution. See page C-4 and check the box if: <ul style="list-style-type: none"> This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-4 for limit on losses. 	<input type="checkbox"/>	1	12,319.
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	12,319.
4 Cost of goods sold (from line 42 on page 2)		4	
5 Gross profit. Subtract line 4 from line 3		5	12,319.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4)		6	
7 Gross income. Add lines 5 and 6		7	12,319.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see page C-5) STMT 7	9	552.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see page C-6):		STMT 8
11 Contract labor (see page C-5)	11		a Vehicles, machinery, and equipment	20a	1,199.
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-5)	13	1,781.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see page C-7)	24b	695.
17 Legal and professional services	17	100.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	2,543.
28 Total expenses before expenses for business use of home. Add lines 8 through 27	28		28	28	6,870.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29	29	5,449.
30 Expenses for business use of your home. Attach Form 8829	30		30	30	2,193.
31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 	31		31	31	3,256.
32 If you have a loss, check the box that describes your investment in this activity (see page C-8). <ul style="list-style-type: none"> If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 			32a	<input type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

LHA For Paperwork Reduction Act Notice, see page C-9 of the instructions.

Schedule C (Form 1040) 2008

Schedule C - Two-Year Comparison Worksheet

2008

Business Name:

WESLEY CHRISTENSEN, REALTOR - FL

Description	Tax Year 2007	Tax Year 2008	Increase (Decrease)
INCOME			
GROSS INCOME	11,126.	12,319.	1,193.
EXPENSES			
ADVERTISING	2,956.	0.	-2,956.
CAR AND TRUCK EXPENSES	2,180.	552.	-1,628.
DEPRECIATION AND SEC. 179 EXPENSE	1,069.	1,781.	712.
LEGAL AND PROFESSIONAL SERVICES	200.	100.	-100.
OFFICE EXPENSE	462.	0.	-462.
RENT/LEASE-VEH, MACHINERY, & EQUIP	2,898.	1,199.	-1,699.
SUPPLIES	54.	0.	-54.
MEALS AND ENTERTAINMENT	747.	695.	-52.
UTILITIES	2,347.	0.	-2,347.
OTHER EXPENSES	282.	2,543.	2,261.
TOTAL EXPENSES	13,195.	6,870.	-6,325.
TENTATIVE PROFIT OR (LOSS)	-2,069.	5,449.	7,518.
HOME OFFICE EXPENSE	1,361.	2,193.	832.
NET PROFIT OR (LOSS)	-3,430.	3,256.	6,686.

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships,
S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

2008

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

WESLEY T CHRISTENSEN

595-34-2498

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see page E-3). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and address of each rental real estate property:	2	For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	Yes	No
A	CONDOMINIUM 10725 WILSON ST. CONDOMINIUM 4, BONITA SP	• 14 days or • 10% of the total days rented at fair rental value? (See page E-3.)	A		X
B	CONDOMINIUM 27249 PULLEN AVENUE # B-1, BONITA SPRINGS		B		X
C			C		

Income:	Properties			Totals (Add columns A, B, and C.)
	A	B	C	
3 Rents received	3 9,000.	3 9,350.	3	3 18,350.
4 Royalties received	4		4	
Expenses:				
5 Advertising	5			
6 Auto and travel (see page E-4)	6			
7 Cleaning and maintenance	7	4,000.		
8 Commissions	8			
9 Insurance	9 541.	589.		
10 Legal and other professional fees	10 100.	100.		
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see page E-5)	12 3,795.	3,396.	12	7,191.
13 Other interest	13			
14 Repairs	14 269.	13.		
15 Supplies	15			
16 Taxes	16 1,683.	1,796.		
17 Utilities	17			
18 Other (list) ▶ SEE STATEMENT 9 SEE STATEMENT 10	18 3,659.	68.		
19 Add lines 5 through 18	19 10,047.	9,962.	19	20,009.
20 Depreciation expense or depletion (see page E-5)	20 4,869.	3,739.	20	8,608.
21 Total expenses. Add lines 19 and 20	21 14,916.	13,701.		
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see page E-5 to find out if you must file Form 6198	22 -5,916.	-4,351.		
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See page E-5 to find out if you must file Form 8582. Real estate professionals must complete line 43 on page 2	23 (5,916.)	(4,351.)		
24 Income. Add positive amounts shown on line 22. Do not include any losses	24		24	0.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here	25		25	(10,267.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		26	-10,267.

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

Your social security number

WESLEY T CHRISTENSEN

595-34-2498

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 column (e) on line 28 and attach Form 6198. See page E-1.

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

Table with 5 columns: (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. Rows include MAIN STREET YACHTS, LCC and MAIN STREET, LLC.

Table with 5 columns: (f) Passive loss allowed, (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. Includes Totals and Summary rows.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes Totals and Summary rows.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes Summary row.

Part V Summary

Table with 2 columns: Description, Amount. Rows include Net farm rental income or (loss) from Form 4835, Total income or (loss), Reconciliation of farming and fishing income, and Reconciliation for real estate professionals.

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2008

SCHEDULE E

Name WESLEY T CHRISTENSEN

SSN/EIN 595-34-2498

Passthrough MAIN STREET, LLC

ID 20-4708092

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-6,866.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments	2,532.							
Section 179 and carryover								
Disallowed section 179 expense								
Net income (loss)	-4,334.						6,866.	2,532.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-4,334.						6,866.	2,532.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name WESLEY T CHRISTENSEN

SSN/EIN 595-34-2498

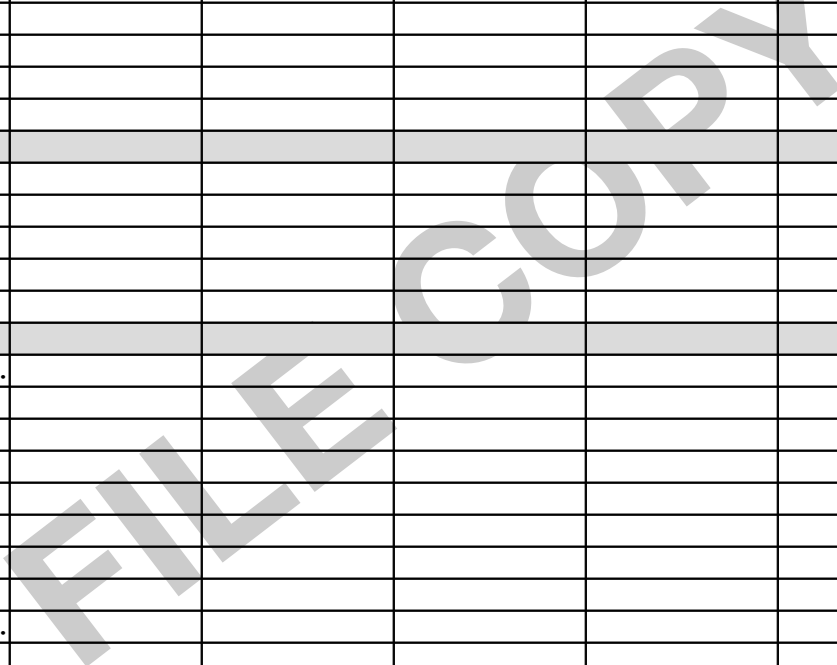
Passthrough MAIN STREET, LLC

ID 20-4708092

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-4,334.							-4,334.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	2,532.							2,532.
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								



INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2008

SCHEDULE E

Name WESLEY T CHRISTENSEN

SSN/EIN 595-34-2498

Passthrough MAIN STREET YACHTS, LCC

ID 51-0579056

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)	-1,636.							
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Net income (loss)	-1,636.						1,636.	
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-1,636.						1,636.	
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

SCHEDULE E

Name WESLEY T CHRISTENSEN

SSN/EIN 595-34-2498

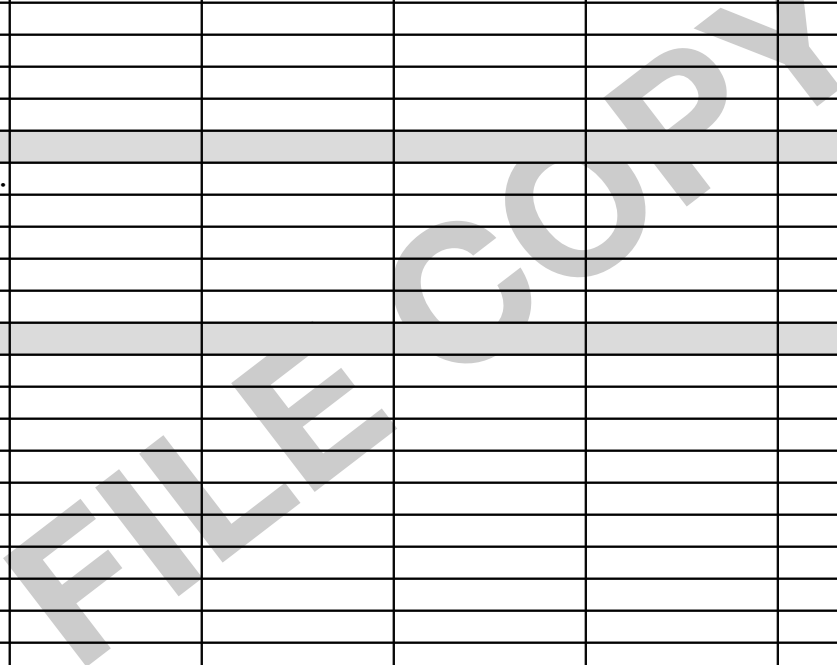
Passthrough MAIN STREET YACHTS, LCC

ID 51-0579056

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	2,948.							2,948.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								



Schedule E PASSTHROUGH RECAP - BASIC INFORMATION 2008

WESLEY T CHRISTENSEN 595-34-2498

TYPE	Schedule K-1 Line Reference: (1065/1120S/1041)			1/1/6	2/2/7	3/3/8	*	*	5/4/1	*	6a/5a/2a	7/6/*	8/7/3	9a/8a/4a	4/*/*
	Entity No.	Act. No.	Name	Ordinary Income (Loss)	Rental Real Estate Inc. (Loss)	Other Rental Income (Loss)	Passive Activity Loss C/O	AMT Passive Activity Loss C/O	Interest	US Treasury Bond Interest	Dividends	Royalties	Short-Term Capital Gain (Loss)	Net Long-Term Capital Gain (Loss)	Guaranteed Payments to Partner
TP	2	2	MAIN STREET YACHTS, LCC			-1,636.									
TP	1	1	MAIN STREET, LLC	-6,866.											2,532.
Totals				-6,866.		-1,636.									2,532.
Component of:				Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Form 8582 Line 3c	Form 8582 AMT, Line 3c	Schedule B, Line 1	Schedule B, Line 1	Schedule B, Line 5	Schedule E, Line 4	Schedule D, Line 5	Schedule D, Line 12	Schedule E, Page 2, Various

Schedule K-1 Line Reference: (1065/1120S/1041)																	
Entity No.	Act. No.	10/9/*	*	11/10/*	13/12/*	12/11/*	13/12/*	13/12/*	13/12/*	*/*	20/17/14	13/*/*	*	14/*/*	17/15/12	*/*/12	*/*/12
		Section 1231 Gain (Loss)	Ordinary Gain (Loss) Form 4797	Other Income	Charitable Contributions 50%	Section 179 Expense	Deductions Related to Portfolio Income (2%)	Other Deductions	Investment Int. Expense (Schedule A)	Investment Int. Expense (Schedule E)	Investment Income	SE Health Insurance Premium	Wages for More Than 2% Shareholders	Net SE Earnings	AMT Depr Adj on Post '86 Property	Minimum Tax Adjustment	Exclusion Items
2	2														2,948.		
1	1											2,532.		-4,334.			
Totals												2,532.		-4,334.	2,948.		
Component of:		Form 4797, Line 2	Form 4797, Line 10	Schedule E, Page 2, Various	Schedule A, Lines 16 & 17	Form 4562, Line 6	Schedule A, Line 23	Schedule E, Page 2, Various	Schedule A, Line 14	Schedule E, Page 2, Various	Form 4952, Line 4a	Form 1040, Line 29	Form 1040, Line 7	Schedule SE, Line 2	Form 6251, Line 18	Form 6251, Line 15	2008 Form 8801

* - No specific Schedule K-1 line reference for these amounts.

Schedule E PASSTHROUGH RECAP - ADDITIONAL INCOME, DEDUCTIONS, AND PRIOR YEAR CARRYOVERS 2008

WESLEY T CHRISTENSEN

959 - 34 - 2498

Schedule K-1
Line Reference:
(1065/1120S/1041) 17/15/* 15/13/13 15/13/* *//10 */*/11 18/16/14 18/16/* 18/16/* * * * * * * *

Entity No.	Act. No.	AMT Adj. Gain or Loss	Low Income Housing Cr Pre '08	Low Income Housing Cr Post '07	Estate Tax Deduction	Excess Deductions on Termination	Tax-exempt Interest Income	Other Tax-exempt Income	Nondeductible Expenses	Section 1231 PAL Carryover	AMT Section 1231 PAL Carryover	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Form 4797 Ordinary PAL C/O	AMT 4797 Ordinary PAL C/O
1	1								195.								
Totals										195.							
Component of:		Form 6251, Line 17	Form 8586 Line 4	Form 8586 Line 11	Schedule A, Line 28	Schedule A, Line 23	Schedule B, Line 1	Schedule B, Line 1	Form 6198, Line 4	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c	Form 8582, Line 3c	Form 8582 AMT, Line 3c

Schedule K-1
Line Reference:
(1065/1120S/1041) */* 13/12/* 13/12/* 13/12/* 13/*/* 13/*/* 13/*/* 11/10/5 * 9c/8c/4c 20/17/* * */*/9 13/12/* *

Entity No.	Act. No.	Section 179 Carryover	Charitable Contributions 30% Regular	Charitable Contributions 30% Special	Charitable Contributions 20%	Keogh Payments	SEP Payments	IRA Contributions	Other Portfolio Income (loss)	Other Nonportfolio Nonpassive income	Unrecaptured Section 1250 Gain	Investment Expenses	Investment Interest Expense C/O (Sch. E)	Nonpassive Depreciation and Amortization	Deductions Related to Portfolio Income (not 2%)	Medical Payments for 2% Owner
Totals																
Component of:		Form 4562, Line 10	Schedule A, Lines 16 & 17	Schedule A, Lines 16 & 17	Schedule A, Lines 16 & 17	Form 1040, Line 28	Form 1040, Line 28	Form 1040, Line 32	Schedule E, Page 2, Various	Schedule E, Page 2, Various	Schedule D, Line 19	Form 4952, Line 5	Form 4952, Line 2	Schedule E, Line 33	Schedule A, Line 28	Schedule A, Line 1

828072 01-08-09 * - No specific Schedule K-1 line reference for these amounts.

Schedule E PASSTHROUGH RECAP - CARRYOVERS TO NEXT YEAR 2008

WESLEY T CHRISTENSEN

595-34-2498

Entity No.	Act. No.	Schedule E Passive Activity Loss C/O	AMT Schedule E Passive Activity Loss C/O	ST Capital PAL C/O	AMT ST Capital PAL C/O	LT Capital PAL C/O	AMT LT Capital PAL C/O	Section 1231 PAL C/O	AMT Section 1231 PAL C/O	Ordinary PAL C/O	AMT Ordinary PAL C/O	Schedule E At-Risk Carryover	AMT Schedule E At-Risk Carryover	ST Capital At-Risk Carryover	AMT ST Capital At-Risk Carryover	LT Capital At-Risk Carryover	AMT LT Capital At-Risk Carryover
2	2	1,636.															
1	1	6,866.	5,554.														
Totals		8,502.	5,554.														

Entity No.	Act. No.	Section 1231 At-Risk Carryover	AMT Section 1231 At-Risk Carryover	Form 4797 Ordinary At-Risk Carryover	AMT Form 4797 Ordinary At-Risk C/O	Charitable Contributions At-Risk Carryover	AMT Charitable Contributions At-Risk C/O	Section 179 Expense At-Risk C/O	AMT Section 179 Expense At-Risk C/O	Portfolio Income Deductions At-Risk C/O	Keogh, SEP, IRA At-Risk C/O	AMT Keogh, SEP, IRA At-Risk C/O	Other At-Risk Carryovers	AMT Other At-Risk Carryovers			
Totals																	

828074 04-25-08 * - No specific Schedule K-1 line reference for these amounts.

Depreciation and Amortization Detail CONDOMINIUM - 27249 PULLEN AVENUE # B-

Asset Number	Description of property					SCHEDULE E- 1			
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
12	TERRACE II CONDO								
	05/01/05	SL	27.50	17	91,827.		8,765.	3,339.	
13	LOAN REFINANCE FEES								
	08/03/05		30M	43	2,084.		2,016.	68.	
20	AIRCONDITIONING UNIT								
	05/01/05	200DB	7.00	17	3,200.		1,801.	400.	
	TOTAL SCH E DEPR. & AMORTIZATION					97,111.		12,582.	3,807.

Schedule E - Two-Year Comparison Worksheet

2008

Property Name:

CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONITA SPRINGS, FL

Description	Tax Year 2007	Tax Year 2008	Increase (Decrease)
INCOME			
RENTS RECEIVED	10,200.	9,350.	-850.
EXPENSES			
CLEANING AND MAINTENANCE	3,244.	4,000.	756.
INSURANCE	589.	589.	0.
LEGAL AND OTHER PROFESSIONAL FEES	150.	100.	-50.
MORTGAGE INTEREST	3,466.	3,396.	-70.
REPAIRS	0.	13.	13.
TAXES	2,323.	1,796.	-527.
OTHER	2,467.	68.	-2,399.
SUBTOTAL	12,239.	9,962.	-2,277.
DEPRECIATION EXPENSE OR DEPLETION	3,899.	3,739.	-160.
TOTAL EXPENSES	16,138.	13,701.	-2,437.
INCOME OR (LOSS)	-5,938.	-4,351.	1,587.
DEDUCTIBLE RENTAL LOSS *	-5,938.	-4,351.	1,587.
* INCLUDES PASSIVE ACTIVITY LOSS			

Schedule E - Two-Year Comparison Worksheet

2008

Property Name:

CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, BONITA SPRINGS

Description	Tax Year 2007	Tax Year 2008	Increase (Decrease)
INCOME			
RENTS RECEIVED	9,625.	9,000.	-625.
EXPENSES			
CLEANING AND MAINTENANCE	1,298.	0.	-1,298.
INSURANCE	541.	541.	0.
LEGAL AND OTHER PROFESSIONAL FEES	150.	100.	-50.
MORTGAGE INTEREST	3,877.	3,795.	-82.
REPAIRS	0.	269.	269.
TAXES	1,753.	1,683.	-70.
OTHER	4,303.	3,659.	-644.
SUBTOTAL	11,922.	10,047.	-1,875.
DEPRECIATION EXPENSE OR DEPLETION	4,611.	4,869.	258.
TOTAL EXPENSES	16,533.	14,916.	-1,617.
INCOME OR (LOSS)	-6,908.	-5,916.	992.
DEDUCTIBLE RENTAL LOSS *	-6,908.	-5,916.	992.
* INCLUDES PASSIVE ACTIVITY LOSS			

Foreign Tax Credit
 (Individual, Estate, or Trust)
 Attach to Form 1040, 1040NR, 1041, or 990-T.

Name **WESLEY T CHRISTENSEN** Identifying number as shown on page 1 of your tax return **595-34-2498**

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ► **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession VARIOUS				
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/>				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	4,142.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	4,142.			
d Gross foreign source income				
e Gross income from all sources	75,270.			
f Divide line 3d by line 3e	.000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 14 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued								(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))		
	In foreign currency				In U.S. dollars							
	Taxes withheld at source on:				Taxes withheld at source on:							
	(h) <input type="checkbox"/> Paid					(n) Other foreign taxes paid or accrued						
	(i) <input type="checkbox"/> Accrued											
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest				
A												
B												
C												

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 **8**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10 Carryback or carryover (attach detailed computation) SEE STATEMENT 11	10		2.
11 Add lines 9 and 10	11		2.
12 Reduction in foreign taxes	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13		2.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14		
15 Adjustments to line 14	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16		
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 2). Estates and trusts: Enter your taxable income without the deduction for your exemption <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>	17		
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 <i>Caution: If you are completing line 19 for separate category e (lump-sum distributions), see pg. 19 of the instructions.</i>	19		
20 Multiply line 19 by line 18 (maximum amount of credit)	20		
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV	21		0.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive category income	22		
23 Credit for taxes on general category income	23		
24 Credit for taxes on certain income re-sourced by treaty	24		
25 Credit for taxes on lump-sum distributions	25		
26 Add lines 22 through 25	26		
27 Enter the smaller of line 19 or line 26	27		0.
28 Reduction of credit for international boycott operations	28		
29 Subtract line 28 from line 27. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29		0.

Alternative Minimum Tax - Individuals

▶ **Attach to Form 1040 or Form 1040NR.**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

WESLEY T CHRISTENSEN

595 34 2498

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	17,470.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	4,142.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is over \$159,950 (over \$79,975 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet on page A-10 of the instructions for Schedule A (Form 1040)	6	
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	7	
8	Tax refund from Form 1040, line 10 or line 21	8	
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	4,926.
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 13	18	1,335.
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 12	19	8.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative tax net operating loss deduction	28	-8,928.
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$214,900, see instructions)	29	18,953.

Part II Alternative Minimum Tax (AMT)

30	Exemption. (If you were under age 24 at the end of 2008, see instructions.) IF your filing status is ... AND line 29 is not over ... THEN enter on line 30 ... Single or head of household \$112,500 \$46,200 Married filing jointly or qualifying widow(er) 150,000 69,950 Married filing separately 75,000 34,975 If line 29 is over the amount shown above for your filing status, see instructions.	30	46,200.
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	0.
32	• If you are filing Form 2555 or 2555-EZ, see page 9 of the instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as figured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 31 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	32	0.
33	Alternative minimum tax foreign tax credit (see instructions)	33	
34	Tentative minimum tax. Subtract line 33 from line 32	34	0.
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Sch J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Sch J	35	1,695.
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	0.

Part III Tax Computation Using Maximum Capital Gains Rates

37	Enter the amount from Form 6251, line 31. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions		37
38	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see the instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 38. Otherwise, add lines 38 and 39, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	40	
41	Enter the smaller of line 37 or line 40		41
42	Subtract line 41 from line 37		42
43	If line 42 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 42 by 26% (.26). Otherwise, multiply line 42 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		43
44	Enter: <ul style="list-style-type: none"> • \$65,100 if married filing jointly or qualifying widow(er), • \$32,550 if single or married filing separately, or • \$43,650 if head of household. 	44	
45	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet on page D-10 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	45	
46	Subtract line 45 from line 44. If zero or less, enter -0-	46	
47	Enter the smaller of line 37 or line 38	47	
48	Enter the smaller of line 46 or line 47	48	
49	Subtract line 48 from line 47	49	
50	Multiply line 49 by 15% (.15)		50
If line 39 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.			
51	Subtract line 47 from line 41	51	
52	Multiply line 51 by 25% (.25)		52
53	Add lines 43, 50, and 52		53
54	If line 37 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 37 by 26% (.26). Otherwise, multiply line 37 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result		54
55	Enter the smaller of line 53 or line 54 here and on line 32. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 32. Instead, enter it on line 4 of the worksheet in the instructions		55

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) WESLEY T CHRISTENSEN	Social Security Number 595-34-2498
--	--

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
C-	WESLEY CHRISTENSEN, RE ALTOR - FL						
	* REGULAR INCOME	3,256.					
	AMT DEPR ADJ	1,335.		1,335.			
	* AMT NET INCOME	4,591.		1,335.			
E-	CONDOMINIUM - 27249 PU LLEN AVENUE # B-1, BON						
	* REGULAR INCOME	-4,351.					
	AMT DEPR ADJ	8.			8.		
	* AMT NET INCOME	-4,343.			8.		
K1-	MAIN STREET, LLC						
	* REGULAR INCOME	0.					
	PAL DISALLOWED	-6,866.			-6,866.		
	AMT PAL DISALLOWED	5,554.			5,554.		
	* AMT NET INCOME	-1,312.			-1,312.		
K1-	MAIN STREET YACHTS, LC C						
	* REGULAR INCOME	0.					
	AMT ADJUSTMENTS	2,948.			2,948.		
	PAL DISALLOWED	-1,636.			-1,636.		
	* AMT NET INCOME	1,312.			1,312.		

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

ASSET NUMBER	DESCRIPTION	AMT METHOD	AMT LIFE	REGULAR DEPRECIATION	AMT DEPRECIATION	AMT ADJUSTMENT
	WESLEY CHRISTENSEN, REALTOR - FL					
2	COMPUTER	150DB	5.00	233.	59.	174.
3	COMPUTER	150DB	5.00	940.	235.	705.
4	DIGITAL CAMERA	150DB	5.00	340.	85.	255.
5	DIGITAL CAMERA	150DB	5.00	268.	67.	201.
	** SUBTOTAL **			1,781.	446.	1,335.
	CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONIT					
12	TERRACE II CONDO	SL	27.50	3,339.	3,339.	0.
20	AIRCONDITIONING UNIT	150DB	7.00	400.	392.	8.
	** SUBTOTAL **			3,739.	3,731.	8.
	CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, RIVER TERRACE CONDO					
17	- UNIT 4-A	SL	27.50	4,429.	4,429.	0.
22	ROOF ASSESSMENT	SL	27.50	182.	182.	0.
24	SEA WALL ASSESSMENT	SL	15.00	258.	258.	0.
	** SUBTOTAL **			4,869.	4,869.	0.
	*** GRAND TOTAL ***			10,389.	9,046.	1,343.

ALTERNATIVE MINIMUM TAX
Foreign Tax Credit
 (Individual, Estate, or Trust)
 Attach to Form 1040, 1040NR, 1041, or 990-T.

Name **WESLEY T CHRISTENSEN** Identifying number as shown on page 1 of your tax return **595-34-2498**

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a Passive category income c Section 901(j) income e Lump-sum distributions
 b General category income d Certain income re-sourced by treaty

f Resident of (name of country) ► **UNITED STATES**

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession VARIOUS				
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/>				
Deductions and losses (Caution: See pages 13 and 14 of the instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction				
b Other deductions (attach statement)				
c Add lines 3a and 3b				
d Gross foreign source income				
e Gross income from all sources	75,270.			
f Divide line 3d by line 3e	.000000			
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use worksheet on page 14 of the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued								(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	In foreign currency				In U.S. dollars					
	Taxes withheld at source on:				Taxes withheld at source on:					
	(h) <input checked="" type="checkbox"/> Paid				(n) Other foreign taxes paid or accrued					
	(i) <input type="checkbox"/> Accrued									
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends	(p) Rents and royalties	(q) Interest			
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 **8**

LHA For Paperwork Reduction Act Notice, see separate instructions.

ALTERNATIVE MINIMUM TAX

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9		
10 Carryback or carryover (attach detailed computation) SEE STATEMENT 14	10	2.	
11 Add lines 9 and 10	11	2.	
12 Reduction in foreign taxes	12		
13 Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit	13		2.
14 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	14		
15 Adjustments to line 14	15		
16 Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16		
17 Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 2). Estates and trusts: Enter your taxable income without the deduction for your exemption <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>	17		
18 Divide line 16 by line 17. If line 16 is more than line 17, enter "1"	18		
19 Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 <i>Caution: If you are completing line 19 for separate category e (lump-sum distributions), see pg. 19 of the instructions.</i>	19		
20 Multiply line 19 by line 18 (maximum amount of credit)	20		
21 Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV	21		0.

Part IV Summary of Credits From Separate Parts III

22 Credit for taxes on passive category income	22		
23 Credit for taxes on general category income	23		
24 Credit for taxes on certain income re-sourced by treaty	24		
25 Credit for taxes on lump-sum distributions	25		
26 Add lines 22 through 25	26		
27 Enter the smaller of line 19 or line 26	27		0.
28 Reduction of credit for international boycott operations	28		
29 Subtract line 28 from line 27. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	29		0.

Expenses for Business Use of Your Home

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

Name(s) of proprietor(s) **WESLEY T CHRISTENSEN** Your social security number
595-34-2498

Part I Part of Your Home Used for Business

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples	1	143
2 Total area of home	2	1,534
3 Divide line 1 by line 2. Enter the result as a percentage	3	9.3220%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.		
4 Multiply days used for daycare during year by hours used per day	4	hr.
5 Total hours available for use during the year (366 days x 24 hours)	5	hr.
6 Divide line 4 by line 5. Enter the result as a decimal amount	6	
7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	9.3220%

Part II Figure Your Allowable Deduction

8 Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions	8	5,449.
See instructions for columns (a) and (b) before completing lines 9-21.		
	(a) Direct expenses	(b) Indirect expenses
9 Casualty losses	9	
10 Deductible mortgage interest	10	13,650.
11 Real estate taxes	11	2,479.
12 Add lines 9, 10, and 11	12	16,129.
13 Multiply line 12, column (b) by line 7	13	1,504.
14 Add line 12, column (a) and line 13	14	1,504.
15 Subtract line 14 from line 8. If zero or less, enter -0-	15	3,945.
16 Excess mortgage interest	16	
17 Insurance	17	1,391.
18 Rent	18	
19 Repairs and maintenance	19	
20 Utilities	20	1,704.
21 Other expenses	21	
22 Add lines 16 through 21	22	3,095.
23 Multiply line 22, column (b) by line 7	23	289.
24 Carryover of operating expenses from 2007 Form 8829, line 42	24	400.
25 Add line 22 column (a), line 23, and line 24	25	689.
26 Allowable operating expenses. Enter the smaller of line 15 or line 25	26	689.
27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	3,256.
28 Excess casualty losses	28	
29 Depreciation of your home from line 41 below	29	
30 Carryover of excess casualty losses and depreciation from 2007 Form 8829, line 43	30	
31 Add lines 28 through 30	31	
32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0.
33 Add lines 14, 26, and 32	33	2,193.
34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684, Section B	34	0.
35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	2,193.

Part III Depreciation of Your Home

36 Enter the smaller of your home's adjusted basis or its fair market value	36	
37 Value of land included on line 36	37	
38 Basis of building. Subtract line 37 from line 36	38	
39 Business basis of building. Multiply line 38 by line 7	39	
40 Depreciation percentage	40	%
41 Depreciation allowable. Multiply line 39 by line 40. Enter here and on line 29 above	41	

Part IV Carryover of Unallowed Expenses to 2009

42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	
43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

SCHEDULE C- 1
Depreciation and Amortization
 (Including Information on Listed Property)

2008

Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **WESLEY T CHRISTENSEN**
 Business or activity to which this form relates: **WESLEY CHRISTENSEN, REALTOR - FL**
 Identifying number: **595-34-2498**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	1,781.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,781.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with entries for CADILLAC and ESCALADE.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with rows 30-36. Columns (a)-(f) Vehicle. Includes data for miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41. Columns Yes No. Includes questions about written policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2008 tax year: Table with columns for percentage and other details.

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

SCHEDULE E- 2
Depreciation and Amortization
 (Including Information on Listed Property)

2008

Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **WESLEY T CHRISTENSEN**
 Business or activity to which this form relates: **CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM**
 Identifying number: **4595-34-2498**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	250.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	4,611.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		250.	15 YRS.	HY	SL	8.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,869.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and personal use questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2008 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2008 tax year 43 216.

44 Total. Add amounts in column (f). See the instructions for where to report 44 216.

SCHEDULE E- 1
Depreciation and Amortization
 (Including Information on Listed Property)

2008

Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **WESLEY T CHRISTENSEN**
 Business or activity to which this form relates: **CONDOMINIUM - 27249**
PULLEN AVENUE # B-1, BON
 Identifying number: **595-34-2498**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	3,739.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,739.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle. Rows 30-36 include questions about business/investment miles, commuting miles, personal use, and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with questions 37-41 and Yes/No columns. Questions relate to written policies, personal use, and demonstration use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2008 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2008 tax year 43 68.

44 Total. Add amounts in column (f). See the instructions for where to report 44 68.

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return WESLEY T CHRISTENSEN	Identifying number 595-34-2498
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Part I 2008 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** on page 3 of the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	-10,267.	
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
d Combine lines 1a, 1b, and 1c	1d		-10,267.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a		
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c Add lines 2a and 2b	2c		

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-8,502.	
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d Combine lines 3a, 3b, and 3c	3d		-8,502.

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used	4		-18,769.
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		10,267.
6 Enter \$150,000. If married filing separately, see the instructions	6	150,000.	STATEMENT 21
7 Enter modified adjusted gross income, but not less than zero (see the instr.)	7	49,797.	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8	100,203.	
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions	9	25,000.	
10 Enter the smaller of line 5 or line 9	10	10,267.	

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		
16 Total losses allowed from all passive activities for 2008. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16	SEE STATEMENT 20	10,267.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 1					
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-10,267.			

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c		-8,502.			

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
SEE ATTACHED STATEMENT FOR WORKSHEET 4					
Total		10,267.	1.0000000	10,267.	0.

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 5				
Total		8,502.	1.000000000	8,502.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET			6
Total		18,769.	8,502.	10,267.

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

Name(s) shown on return WESLEY T CHRISTENSEN	Identifying number 595-34-2498
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Part I 2008 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** on page 3 of the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	-10,259.	
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
d Combine lines 1a, 1b, and 1c	1d		-10,259.

Commercial Revitalization Deductions From Rental Real Estate Activities

2a Commercial revitalization deductions from Worksheet 2, column (a)	2a		
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c Add lines 2a and 2b	2c		

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	1,312.	
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	-6,866.	
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c		
d Combine lines 3a, 3b, and 3c	3d		-5,554.

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used	4		-15,813.
--	----------	--	----------

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5		10,259.
6 Enter \$150,000. If married filing separately, see the instructions	6	150,000.	
7 Enter modified adjusted gross income, but not less than zero (see the instr.)	7	49,797.	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8	100,203.	
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions	9	25,000.	
10 Enter the smaller of line 5 or line 9	10		10,259.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11		
12 Enter the loss from line 4	12		
13 Reduce line 12 by the amount on line 10	13		
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14		

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15		1,312.
16 Total losses allowed from all passive activities for 2008. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16	SEE STATEMENT 27	11,571.

ALTERNATIVE MINIMUM TAX

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-10,259.			

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c	1,312.	-6,866.			

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
	SEE ATTACHED STATEMENT FOR WORKSHEET 4				
Total		10,259.	1.0000000	10,259.	0.

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 5			
Total		6,866.	1.000000000	5,554.

ALTERNATIVE MINIMUM TAX

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SEE ATTACHED STATEMENT FOR WORKSHEET 6				
Total		17,125.	5,554.	11,571.

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

Form 1116

U.S. and Foreign Source Income Summary

NAME

WESLEY T CHRISTENSEN

595-34-2498

INCOME TYPE	TOTAL	U.S.	FOREIGN PASSIVE
Compensation	48,935.	48,935.	
Dividends/Distributions			
Interest			
Capital Gains			
Business/Profession	12,319.	12,319.	
Rent/Royalty	18,350.	18,350.	
State/Local Refunds			
Partnership/S Corporation	-4,334.	-4,334.	
Trust/Estate			
Other Income			
Gross Income	75,270.	75,270.	
Less:			
Section 911 Exclusion			
Capital Losses			
Capital Gains Tax Adjustment			
Total Income - Form 1116	75,270.	75,270.	
Deductions:			
Business/Profession Expenses	2,197.	2,197.	
Rent/Royalty Expenses	28,617.	28,617.	
Partnership/S Corporation Losses			
Trust/Estate Losses			
Capital Losses			
Non-capital Losses			
Individual Retirement Account			
Moving Expenses			
Self-employment Tax Deduction			
Self-employment Health Insurance			
Keogh Contributions			
Alimony			
Forfeited Interest			
Foreign Housing Deduction			
Other Adjustments	4,926.	4,926.	
Capital Gains Tax Adjustment			
Total Deductions	35,740.	35,740.	
Adjusted Gross Income	39,530.	39,530.	
Less Itemized Deductions:			
Specifically Allocated			
Home Mortgage Interest	17,918.	17,918.	
Other Interest			
Ratably Allocated	4,142.	4,142.	
Total Adjustments to Adjusted Gross Income	22,060.	22,060.	
Taxable Income Before Exemptions	17,470.	17,470.	

NAME

WESLEY T CHRISTENSEN

595-34-2498

Foreign Income Category

PASSIVE INCOME

Regular	2005	2006	2007	2008
1. Foreign tax paid/accrued				
2. FTC carryback to 2008				
for amended returns				
3. Reduction allocated to excluded income				
4. Foreign tax available				
5. Maximum credit allowable				
6. Unused foreign tax (+)				
or excess of limit (-)			2.	
7. Foreign tax carryback				
8. Foreign tax carryforward				
9. Less treaty adjustment				
10. Foreign tax or excess limit remaining			2.	
Total foreign taxes from all available years to be carried to next year				2.

	2001	2002	2003	2004
1. Foreign tax paid/accrued				
2. FTC carryback to 2008				
for amended returns				
3. Reduction allocated to excluded income				
4. Foreign tax available				
5. Maximum credit allowable				
6. Unused foreign tax (+)				
or excess of limit (-)				
7. Foreign tax carryback				
8. Foreign tax carryforward				
9. Less treaty adjustment				
10. Foreign tax or excess limit remaining				

	2000	1999
1. Foreign tax paid/accrued		
2. FTC carryback to 2008		
for amended returns		
3. Reduction allocated to excluded income		
4. Foreign tax available		
5. Maximum credit allowable		
6. Unused foreign tax (+)		
or excess of limit (-)		
7. Foreign tax carryback		
8. Foreign tax carryforward		
9. Less treaty adjustment		
10. Foreign tax or excess limit remaining		

NAME

WESLEY T CHRISTENSEN

595-34-2498

Foreign Income Category

PASSIVE INCOME

Alternative Minimum Tax

	2005	2006	2007	2008
1. Foreign tax paid/accrued				
2. FTC carryback to 2008				
for amended returns				
3. Reduction allocated to excluded income				
4. Foreign tax available				
5. Maximum credit allowable				
6. Unused foreign tax (+)				
or excess of limit (-)			2.	
7. Foreign tax carryback				
8. Foreign tax carryforward				
9. Less treaty adjustment				
10. Foreign tax or excess limit remaining			2.	
Total foreign taxes from all available years to be carried to next year				2.

	2001	2002	2003	2004
1. Foreign tax paid/accrued				
2. FTC carryback to 2008				
for amended returns				
3. Reduction allocated to excluded income				
4. Foreign tax available				
5. Maximum credit allowable				
6. Unused foreign tax (+)				
or excess of limit (-)				
7. Foreign tax carryback				
8. Foreign tax carryforward				
9. Less treaty adjustment				
10. Foreign tax or excess limit remaining				

	2000	1999
1. Foreign tax paid/accrued		
2. FTC carryback to 2008		
for amended returns		
3. Reduction allocated to excluded income		
4. Foreign tax available		
5. Maximum credit allowable		
6. Unused foreign tax (+)		
or excess of limit (-)		
7. Foreign tax carryback		
8. Foreign tax carryforward		
9. Less treaty adjustment		
10. Foreign tax or excess limit remaining		

FORM 1040 MISCELLANEOUS INCOME STATEMENT 1

DESCRIPTION	AMOUNT
DOVE REALTY, INC.	7,119.
SOUTHWEST CASH SYSTEMS, INC. REPORTED ON SCHEDULE C	5,200. -12,319.
NOL CARRYOVER TO 2008	-4,926.
TOTAL TO FORM 1040, LINE 21	-4,926.

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 2

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T GEVITY HR, LP AGENT FOR GEVITY HR IV LP	185.				11.	3.
T MAIN STREET MARKETING LLC	48,750.	4,159.			3,023.	707.
TOTALS	48,935.	4,159.			3,034.	710.

SCHEDULE A MORTGAGE INTEREST AND POINTS REPORTED ON FORM 1098 STATEMENT 3

DESCRIPTION	AMOUNT
HOME MORTGAGE INTEREST PAID TO A FINANCIAL INSTITUTION FROM FORM 8829 - DEDUCTIBLE HOME MORTGAGE INTEREST	5,540. 12,378.
TOTAL TO SCHEDULE A, LINE 10	17,918.

SCHEDULE A MEDICAL AND DENTAL EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
SELF-EMPLOYED HEALTH INSURANCE	2,532.
TOTAL TO SCHEDULE A, LINE 1	2,532.

SCHEDULE A REAL ESTATE TAXES STATEMENT 5

DESCRIPTION	AMOUNT
REAL ESTATE TAXES	1,456.
FROM FORM 8829 - REAL ESTATE TAXES	2,248.
TOTAL TO SCHEDULE A, LINE 6	3,704.

FILE COPY

SCHEDULE A

GENERAL SALES TAX DEDUCTION WORKSHEET

STATEMENT 6

1 ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. 438.
 FLORIDA
 IF, FOR ALL OF 2008, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, RHODE ISLAND, OR WEST VIRGINIA, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7. OTHERWISE, GO TO LINE 2.

2 DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, CALIFORNIA (LOS ANGELES COUNTY ONLY), COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSOURI, NEW YORK STATE, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2008?
 IF NO, ENTER -0-.
 IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE. 0.

3 DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2008? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS.
 IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7.
 IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES.
 BONITA SPRINGS

4 DID YOU ENTER -0- ON LINE 2 ABOVE?
 IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6.
 IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT PERCENTAGES. 6.0000

5 DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). .0000

6 DID YOU ENTER -0- ON LINE 2 ABOVE?
 IF NO, MULTIPLY LINE 2 BY LINE 3.
 IF YES, MULTIPLY LINE 1 BY LINE 5. 0.

6A ADD LINE 1 AND LINE 6. 438.

6B PART-YEAR DAYS RATE. 1.000000

6C MULTIPLY LINE 6A BY LINE 6B. 438.

7 ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.

8 DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7.
 ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE. 438.

SCHEDULE C	CAR AND TRUCK EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
CADILLAC ESCALADE - \$3374 GAS, OIL, REPAIRS, ETC. AT 14.58%		492.	
PARKING AND TOLLS		60.	
TOTAL TO SCHEDULE C, LINE 9		552.	

SCHEDULE C	RENT OR LEASE - VEHICLE, MACHINERY, AND EQUIPMENT	STATEMENT	8
CADILLAC ESCALADE			
1. VEHICLE RENTAL/LEASE	8,388.		
2. LESS INCLUSION AMOUNT	162.		
3. NET VEHICLE RENTAL/LEASE	8,226.		
4. BUSINESS USE PERCENTAGE .1458			
5. MULTIPLY LINE 4 BY LINE 3	1,199.		
6. TOTAL VEHICLE RENTAL/LEASE		1,199.	
TOTAL TO SCHEDULE C, LINE 20A		1,199.	

SCHEDULE E	OTHER EXPENSES	STATEMENT	9
CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, BONITA SPRINGS, FL 34135			
DESCRIPTION		AMOUNT	
CONDO FEES		3,443.	
AMORTIZATION		216.	
TOTAL TO SCHEDULE E, PAGE 1, LINE 18		3,659.	

FORM 1116 FOREIGN TAX CREDIT CARRYOVER / CARRYBACK STATEMENT 11

PASSIVE INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2007 FOREIGN TAX CREDIT	2.	0.	2.
2006 FOREIGN TAX CREDIT	0.	0.	0.
2005 FOREIGN TAX CREDIT	0.	0.	0.
2004 FOREIGN TAX CREDIT	0.	0.	0.
2003 FOREIGN TAX CREDIT	0.	0.	0.
2002 FOREIGN TAX CREDIT	0.	0.	0.
2001 FOREIGN TAX CREDIT	0.	0.	0.
2000 FOREIGN TAX CREDIT	0.	0.	0.
1999 FOREIGN TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2008			0.
TOTAL TO FORM 1116, PART III, LINE 10			2.

FORM 6251 PASSIVE ACTIVITIES STATEMENT 12

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, BONITA SPRINGS, FL	SCH E	-5,916.	-5,916.	
CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONITA SPRINGS, FL	SCH E	-4,343.	-4,351.	8.
MAIN STREET YACHTS, LCC	SCH E	1,312.		1,312.
MAIN STREET, LLC	SCH E	-1,312.		-1,312.
TOTAL TO FORM 6251, LINE 19				8.

FORM 6251 DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986 STATEMENT 13

DESCRIPTION	AMOUNT
COMPUTER	174.
COMPUTER	705.
DIGITAL CAMERA	255.
DIGITAL CAMERA	201.
TOTAL TO FORM 6251, LINE 18	1,335.

FILE COPY

FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT STATEMENT 14
CARRYOVER/CARRYBACK

PASSIVE INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2007 ALT. MIN. TAX CREDIT	2.	0.	2.
2006 ALT. MIN. TAX CREDIT	0.	0.	0.
2005 ALT. MIN. TAX CREDIT	0.	0.	0.
2004 ALT. MIN. TAX CREDIT	0.	0.	0.
2003 ALT. MIN. TAX CREDIT	0.	0.	0.
2002 ALT. MIN. TAX CREDIT	0.	0.	0.
2001 ALT. MIN. TAX CREDIT	0.	0.	0.
2000 ALT. MIN. TAX CREDIT	0.	0.	0.
1999 ALT. MIN. TAX CREDIT	0.	0.	0.
FOREIGN TAX CR CARRYBACK TO 2008			0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			2.

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 15

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONITA SPRINGS, FL	0.	-4,351.			-4,351.
CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, BONITA	0.	-5,916.			-5,916.
TOTALS	0.	-10,267.			-10,267.

FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 16

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MAIN STREET, LLC	0.	-6,866.			-6,866.
MAIN STREET YACHTS, LCC	0.	-1,636.			-1,636.
TOTALS	0.	-8,502.			-8,502.

FORM 8582 LOSSES FROM ACTIVE RENTAL OF REAL ESTATE-WORKSHEET 4 STATEMENT 17

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	SPECIAL ALLOWANCE	REMAINING UNALLOWED LOSS
CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONITA SPRINGS, FL 3413	SCH E	4,351.	.423784942	4,351.	0.
CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, BONITA SPRINGS, FL	SCH E	5,916.	.576215058	5,916.	0.
TOTALS		10,267.	1.000000000	10,267.	0.

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 18

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
MAIN STREET, LLC	SCH E	6,866.	.807574688	6,866.
MAIN STREET YACHTS, LCC	SCH E	1,636.	.192425312	1,636.
CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONITA SPRINGS, FL 3413	SCH E	0.	.000000000	0.
CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, BONITA SPRINGS, FL	SCH E	0.	.000000000	0.
TOTALS		8,502.	1.000000000	8,502.

FORM 8582

ALLOWED LOSSES - WORKSHEET 6

STATEMENT 19

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
MAIN STREET, LLC	SCH E	6,866.	6,866.	
MAIN STREET YACHTS, LCC	SCH E	1,636.	1,636.	
CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONITA SPRINGS, FL 3413	SCH E	4,351.	0.	4,351.
CONDOMINIUM - 10725 WILSON ST.	SCH E	5,916.	0.	5,916.
CONDOMINIUM 4, BONITA SPRINGS, FL				
TOTALS		18,769.	8,502.	10,267.

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 20

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
MAIN STREET, LLC	SCH E	-6,866.		-6,866.	6,866.	
MAIN STREET YACHTS, LCC	SCH E	-1,636.		-1,636.	1,636.	
X CONDOMINIUM - 27249 PULLEN AVENUE # B-1,	SCH E	-4,351.		-4,351.		4,351.
X CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4,	SCH E	-5,916.		-5,916.		5,916.
TOTALS		-18,769.		-18,769.	8,502.	10,267.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16

10,267.

FORM 8582

MODIFIED AGI

STATEMENT 21

INCOME	
WAGES, SALARIES, TIPS ETC.	48,935.
DIVIDEND INCOME	
TAXABLE REFUNDS	
ALIMONY RECEIVED	
TAXABLE IRA DISTRIBUTIONS	
TAXABLE PENSIONS AND ANNUITIES	
UNEMPLOYMENT COMPENSATION	
OTHER INCOME	-4,926.
INTEREST INCOME	
ADD: SERIES EE AND I EXCLUSION	
<hr/>	
BUSINESS INCOME OR LOSS	3,256.
ADD: PASSIVE LOSSES	
SUBTRACT: PASSIVE INCOME	
<hr/>	
	3,256.
SALE OF ASSETS	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	
SUBTRACT: PASSIVE INCOME	
<hr/>	
RENTAL, ROYALTY OR PASSTHROUGH INCOME OR LOSS	-7,735.
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	10,267.
SUBTRACT: PASSIVE INCOME	
<hr/>	
	2,532.
FARM OR FARM RENTAL INCOME OR LOSS	
ADD: PASSIVE/RREA PROFESSIONAL LOSSES	
SUBTRACT: PASSIVE INCOME	
<hr/>	
TOTAL INCOME	49,797.
ADJUSTMENTS	
<hr/>	
MOVING EXPENSES	
SELF-EMPLOYED HEALTH INSURANCE DEDUCTION	
PENALTY ON EARLY WITHDRAWAL OF SAVINGS	
ALIMONY PAID	
KEOGH/SEP DEDUCTION	
OTHER ADJUSTMENTS	
<hr/>	
TOTAL ADJUSTMENTS	
<hr/>	
TOTAL TO FORM 8582, LINE 7	49,797.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 22

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONITA SPRINGS, FL	0.	-4,343.			-4,343.
CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, BONITA	0.	-5,916.			-5,916.
TOTALS	0.	-10,259.			-10,259.

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 23

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MAIN STREET, LLC MAIN STREET YACHTS, LCC	0.	-6,866.			-6,866.
	1,312.	0.		1,312.	
TOTALS	1,312.	-6,866.		1,312.	-6,866.

FORM 8582

ALTERNATIVE MINIMUM TAX
LOSSES FROM ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 4

STATEMENT 24

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	SPECIAL ALLOWANCE	REMAINING
					UNALLOWED LOSS
CONDOMINIUM - 27249 PULLEN AVENUE # B-1, BONITA SPRINGS, FL 3413	SCH E	4,343.	.423335608	4,343.	0.
CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4, BONITA SPRINGS, FL	SCH E	5,916.	.576664392	5,916.	0.
TOTALS		10,259.	1.000000000	10,259.	0.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 25

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
MAIN STREET, LLC	SCH E	6,866.	1.000000000	5,554.
CONDOMINIUM - 27249	SCH E			
PULLEN AVENUE # B-1,				
BONITA SPRINGS, FL 3413		0.	.000000000	0.
CONDOMINIUM - 10725	SCH E			
WILSON ST. CONDOMINIUM 4,				
BONITA SPRINGS, FL		0.	.000000000	0.
TOTALS		6,866.	1.000000000	5,554.

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOWED LOSSES - WORKSHEET 6

STATEMENT 26

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
MAIN STREET, LLC	SCH E	6,866.	5,554.	1,312.
CONDOMINIUM - 27249	SCH E			
PULLEN AVENUE # B-1,				
BONITA SPRINGS, FL 3413		4,343.	0.	4,343.
CONDOMINIUM - 10725	SCH E			
WILSON ST.				
CONDOMINIUM 4, BONITA SPRINGS, FL		5,916.	0.	5,916.
TOTALS		17,125.	5,554.	11,571.

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 27

RE E A -	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	MAIN STREET, LLC	SCH E	-6,866.		-6,866.	5,554.	1,312.
	MAIN STREET YACHTS, LCC	SCH E	1,312.		1,312.		
X	CONDOMINIUM - 27249 PULLEN AVENUE # B-1,	SCH E	-4,343.		-4,343.		4,343.
X	CONDOMINIUM - 10725 WILSON ST. CONDOMINIUM 4,	SCH E	-5,916.		-5,916.		5,916.
TOTALS			-15,813.		-15,813.	5,554.	11,571.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME							
TOTAL TO FORM 8582AMT, LINE 16							11,571.

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