Form **990-T**

Department of the Treasury
Internal Revenue Service (77)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2007 or other tax year beginning September 1, 2007, and ending August 31, 20 08. ▶ See separate instructions.

OMB No 1545-0687

2007

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 1,618,555,503

Print or Type

Name of organization (☐ Check box if name changed and see instructions)
American Cancer Society, Inc (National Home Office)

Number, street, and room or suite no If a P O box, see page 9 of instructions
250 Williams Street NW, Suite 400

City or town, state, and ZIP code
Atlanta GA 30303-1002

D Employer identification number (Employees' trust, see instructions for Block D on page 9)
13-1788491

E Unrelated business activity codes (See instructions for Block E on page 9)
541800

F Group exemption number (See instructions for Block F on page 9.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ Journal Advertising

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Catherine E Mickle, Telephone number ▶ (404) 329-7934

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶ 1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3	0		0
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11	34,026	0	34,026
12 Other income (See page 11 of the instructions, attach schedule)	12			
13 **Total.** Combine lines 3 through 12	13	34,026	0	34,026

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See page 14 of the instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	0
28 Other deductions (attach schedule)		28	
29 **Total deductions.** Add lines 14 through 28		29	0
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	34,026
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	34,026
33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions.)		33	1,000
34 **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	33,026

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Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation on page 15 Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:			
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $			
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $			
c	Income tax on the amount on line 34 ▶	35c	4,954	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16 Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36		
37	**Proxy tax.** See page 16 of the instructions ▶	37		
38	Alternative minimum tax	38		
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	4,954	

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a				
b	Other credits (see page 17 of the instructions)	40b				
c	General business credit. Check here and indicate which forms are attached ☐ Form 3800 ☐ Form(s) (specify) ▶	40c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d				
e	**Total credits.** Add lines 40a through 40d				40e	0
41	Subtract line 40e from line 39				41	4,954
42	Other taxes. Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)				42	
43	**Total tax.** Add lines 41 and 42				43	4,954
44a	Payments: A 2006 overpayment credited to 2007	44a	375			
b	2007 estimated tax payments	44b				
c	Tax deposited with Form 8868	44c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d				
e	Backup withholding (see instructions)	44e	8,362			
f	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44f	0			
45	**Total payments.** Add lines 44a through 44f				45	8,737
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ▶ ☐				46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶				47	
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶				48	3,783
49	Enter the amount of line 48 you want: **Credited to 2008 estimated tax** ▶ 3,783 **Refunded** ▶				49	0

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

		Yes	No
1	At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1 If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No X
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Catherine E Rickle | 6/8/09 | Chief Financial Officer

Signature of officer | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer's Use Only

Preparer's signature	Kathy Pinson	Date 5/28/09	Check if self-employed ☐
Preparer's SSN or PTIN	P00292940		
Firm's name (or yours if self-employed), address, and ZIP code	Ernst & Young US LLP 55 Ivan Allen Jr Boulevard, Suite 1000 Atlanta, GA 30308	EIN	34-6565596
		Phone no	(404)874-8300

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	

Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) . . ▶

Total deductions. Enter here and on page 1, Part I, line 6, column (B) . ▶

Schedule E—Unrelated Debt-Financed Income (see instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Totals . . . . . ▶

Total dividends-received deductions included in column 8 . . . . . ▶

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

Exempt Controlled Organizations

1 Name of Controlled Organization	2 Employer Identification Number	3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals . . . . . ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J—Advertising Income (see instructions on page 22)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) Cancer &						
(2) Cancer Cytopathology	34,026	0	34,026	0	0	0
(3)						
(4)						
(5) **Totals from Part I**						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A) 34,026	Enter here and on page 1, Part I, line 11, col (B) 0				Enter here and on page 1, Part II, line 27 0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

CORRECTED (IF CHECKED)

PAYER'S name street address city state and ZIP code
STATE STREET RETIREE SERVICES FOR
SOUTH CAROLINA DEFERRED COMPENSATION 401K PLAN
P O BOX 5149
BOSTON MA 02206-5149

PAYER'S Federal Identification number: 04-3581074

RECIPIENT'S Identification number:

RECIPIENT'S name street address city state and ZIP code
AMERICAN CAN SOCIETY
PO BOX 720366
OKLAHOMA CITY OK 73162

1st year of desig Roth contrib:

Account number (optional): SCRS 401K

1 Gross distribution: 56,854.85
2a Taxable amount: 56,854.85
2b Taxable amount not determined: ☐ Total distribution: ☐
3 Capital gain (included in box 2a): 0.00
4 Federal income tax withheld: 5,685.49
5 Employee contrib / Designated Roth contrib or insurance premiums: 0.00
6 Net unrealized appreciation in employer's securities: 0.00
7 Distribution codes: 4 IRA/SEP/SIMPLE: ☐
8 Other: 0.00 %
9a Your percentage of total distribution: %
9b Total employee contributions:
10 State tax withheld: 2,843.00
11 State/Payer's state no: OK/04-3581074
12 State distribution: 56,85
13 Local tax withheld:
14 Name of locality:
15 Local distribution:

OMB No 1545-0119
2008
Form 1099-R

Distributions From I
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PAYER'S name street address city state and ZIP code
STATE STREET RETIREE SERVICES FOR
SOUTH CAROLINA DEFERRED COMPENSATION 401K PLAN
P O BOX 5149
BOSTON MA 02206-5149

PAYER S Federal Identification number: 04-3581074

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OKLAHOMA CITY OK 73162

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8 Other: 0.00 %
9a Your percentage of total distribution: %
9b Total employee contributions:
10 State tax withheld: 2,843.00
11 State/Payer's state no: OK/04-3581074
12 State distribution: 56,85
13 Local tax withheld:
14 Name of locality:
15 Local distribution:

OMB No 1545-0119
2008
Form 1099-R

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PAYER'S name street address city state and ZIP code
STATE STREET RETIREE SERVICES FOR
SOUTH CAROLINA DEFERRED COMPENSATION 401K PLAN
P O BOX 5149
BOSTON MA 02206-5149

PAYER'S Federal Identification number: 04-3581074

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OKLAHOMA CITY OK 73162

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5 Employee contrib / Designated Roth contrib or insurance premiums: 0.00
6 Net unrealized appreciation in employer's securities: 0.00
7 Distribution codes: 4 IRA/SEP/SIMPLE: ☐
8 Other: 0.00 %
9a Your percentage of total distribution: %
9b Total employee contributions:
10 State tax withheld: 2,843.00
11 State/Payer's state no: OK/04-3581074
12 State distribution: 56,85
13 Local tax withheld:
14 Name of locality:
15 Local distribution:

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2008
Form 1099-R

Distributions From P
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PAYER S name street address city state and ZIP code
STATE STREET RETIREE SERVICES FOR
SOUTH CAROLINA DEFERRED COMPENSATION 457 PLAN
P O BOX 5149
BOSTON MA 02206-5149

PAYER'S Federal identification number: 04-3581074
RECIPIENT'S Identification number:

RECIPIENT'S name street address city state and ZIP code
AMERICAN CAN SOCIETY
PO BOX 720366
OKLAHOMA CITY OK 73162

1st year of desig Roth contrib:
Account number (optional): SCRS 457

1 Gross distribution	10,605.87
2a Taxable amount	10,605.87
2b Taxable amount not determined	
Total distribution	X
3 Capital gain (included in box 2a)	0.00
4 Federal income tax withheld	1,060.59
5 Employee contrib / Designated Roth contrib or insurance premiums	0.00
6 Net unrealized appreciation in employer s securities	0.00
7 Distribution codes	7
IRA/ SEP/ SIMPLE	
8 Other	0.00 %
9a Your percentage of total distribution	%
9b Total employee contributions	
10 State tax withheld	530.00
11 State/Payer's state no	OK/04-3581074
12 State distribution	10,605
13 Local tax withheld	
14 Name of locality	
15 Local distribution	

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2008
Form 1099-R

Distributions From Pe
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PAYER'S name street address city state and ZIP code
STATE STREET RETIREE SERVICES FOR
SOUTH CAROLINA DEFERRED COMPENSATION 457 PLAN
P O BOX 5149
BOSTON MA 02206-5149

PAYER S Federal identification number: 04-3581074
RECIPIENT S Identification number:

RECIPIENT S name street address city state and ZIP code
AMERICAN CAN SOCIETY
PO BOX 720366
OKLAHOMA CITY OK 73162

1st year of desig Roth contrib:
Account number (optional): SCRS 457

1 Gross distribution 10,605.87
2a Taxable amount 10,605.87
2b Taxable amount not determined
Total distribution X
3 Capital gain (included in box 2a) 0.00
4 Federal income tax withheld 1,060.59
5 Employee contrib / Designated Roth contrib or insurance premiums 0.00
6 Net unrealized appreciation in employer's securities 0.00
7 Distribution codes 7
IRA/ SEP/ SIMPLE
8 Other 0.00 %
9a Your percentage of total distribution %
9b Total employee contributions
10 State tax withheld 530.00
11 State/Payer's state no OK/04-3581074
12 State distribution 10,605
13 Local tax withheld
14 Name of locality
15 Local distribution

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2008
Form 1099-R

Distributions From Per
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PAYER'S name street address city state and ZIP code
STATE STREET RETIREE SERVICES FOR
SOUTH CAROLINA DEFERRED COMPENSATION 457 PLAN
P O BOX 5149
BOSTON MA 02206-5149

PAYER'S Federal identification number: 04-3581074
RECIPIENT'S Identification number:

RECIPIENT'S name street address, city state and ZIP code
AMERICAN CAN SOCIETY
PO BOX 720366
OKLAHOMA CITY OK 73162

1st year of desig Roth contrib:
Account number (optional): SCRS 457

1 Gross distribution 10,605.87
2a Taxable amount 10,605.87
2b Taxable amount not determined
Total distribution X
3 Capital gain (included in box 2a) 0.00
4 Federal income tax withheld 1,060.59
5 Employee contrib / Designated Roth contrib or insurance premiums 0.00
6 Net unrealized appreciation in employer's securities 0.00
7 Distribution codes 7
IRA/ SEP/ SIMPLE
8 Other 0.00 %
9a Your percentage of total distribution %
9b Total employee contributions
10 State tax withheld 530.00
11 State/Payer's state no OK/04-3581074
12 State distribution 10,605
13 Local tax withheld
14 Name of locality
15 Local distribution

OMB No 1545-0119
2008
Form 1099-R

Distributions From Per
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Ameriprise Financial

AMERIPRISE TRUST COMPANY
10 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474-9900

AMERIPRISE TRUST COMPANY
PAYER's Federal Identification Number: 51-6041053
Phone No (800) 862-7919

Account Number 0050 4828767 001*
Recipient's Identification Number: 13-1788491

Statement Date 01/24/09

AMERICAN CANCER SOCIETY
AMERICAN CANCER SOCIETY INHERITED
IRA AS BENE OF JOAN K LUCAS
ATTN BILL M ROBERTS
BOX 720366
OKLAHOMA CITY, OK 73172-0366

2008 Form 1099-R **OMB No. 1545-0119**
Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc

Box #	*Category*	*Amount*
1	Gross distribution	$9,651 50
2a	Taxable amount	$9,651 50
2b	Taxable amount not determined	(X)
	Total Distribution	(X)
3	Capital gain (included in box 2a)	$0 00
4	**Federal income tax withheld**	**$909.46**
5	Employee contributions/Designated Roth contributions or insurance premiums	$0 00
6	Net unrealized appreciation in employer's securities	$0 00
7	Distribution code(s)	4
	IRA/SEP/SIMPLE	(X)
8	Other Amount	$0 00
	Other Amount Percentage	
9a	Your percentage of total distribution	100 0000%
9b	Total employee contributions	$0 00
10	State tax withheld	
11	State/Payer's State No	
12	State distribution	
13	Local tax withheld	
14	Name of locality	
15	Local distribution	

* This is the account number of one of your investment accounts within your plan This is the account number that will be reported to the Internal Revenue Service for this plan

2008 Form 1099-R

Copy B Report this income on your Federal tax return If thi shows Federal income tax withheld in box 4, attach this copy return This information is being furnished to the Internal Revenue Service

S#3-3 #018387 MRDF# NM1RQ

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	
CONOCOPHILLIPS COMPANY 1490 PLAZA OFFICE BUILDING BARTLESVILLE, OK 74004 918-661-7289	2 Royalties $38,488 17	**2008** Form **1099-MISC**	**Miscellaneous Income**

PAYER'S federal identification number	RECIPIENT'S identification number	3 Other Income	4 Federal income tax withheld	Copy B For Recipient
73-0400345	13-1788491		$706.51	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

RECIPIENT'S name, street address, city, state, and ZIP code	5 Fishing boat proceeds	6 Medical and health care payments
CO3 AMERICAN CANCER SOCIETY ATTN BILL M ROBERTS PO BOX 720366 OKLAHOMA CITY, OK 73162	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ☐	10 Crop insurance proceeds
	11	12

Account number (see instructions)	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
CO3000000000161235			
15a Section 409A deferrals / **15b Section 409A income**	16 State tax withheld	17 State/Payer's state no	18 State income
Form **1099-MISC**	Total Net Amount $35,517 21	Net Working Interest	

(keep for your records) Department of the Treasury - Internal Revenue Service

1099-Misc Instructions for Recipients

Account number May show an account or other unique number the payer assigned to distinguish your account

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is $400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040) See Pub 334 Tax Guide for Small Business, for more information If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals Individuals must report as explained for box 7 below Corporations, fiduciaries or partnerships report the amounts on the proper line of your tax return

Boxes 1 and 2 Report rents from real estate on Schedule E (Form 1040) If you provided significant services to the tenant sold real estate as a business or rented personal property as a business, report on Schedule C or C-EZ (Form 1040) For royalties on timber, coal, and iron ore, see Pub 544, Sales and Other Dispositions of Assets

Box 3. Generally, report this amount on the "Other income" line of Form 1040 and identify the payment The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards taxable damages, Indian gaming profits, payments from a former employer because you are serving in the Armed Forces or the National Guard, or other taxable income See Pub 525 Taxable and Nontaxable Income If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040)

Box 4 Shows backup withholding or withholding on Indian gaming profits Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number See Form W-9, Request for Taxpayer Identification Number and Certification, for more information Report this amount on your income tax return as tax withheld

Box 5 An amount in this box means the fishing boat operator considers you self-employed Report this amount on Schedule C or C-EZ (Form 1040) See Pub 334

Box 6 For individuals, report on Schedule C or C-EZ (Form 1040)

Box 7 Shows nonemployee compensation If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish If payments in this box are SE income, report this amount on Schedule C C EZ, or F (Form 1040), and complete Schedule SE (Form 1040) You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax Contact the payer if you believe this form is incorrect or has been issued in error If you believe you are an employee and cannot get this form corrected, report the amount from box 7 on Form 1040, line 7 (or Form 1040 NR line 8) You must also complete and attach to your return Form 8919, Uncollected Social Security and Medicare Tax on Wages

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities Report on the "Other income" line of Form 1040

Box 9 If checked, $5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis A dollar amount does not have to be shown Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040)

Box 10 Report this amount on line 8 of Schedule F (Form 1040)

Box 13 Shows your total compensation of excess golden parachute payments subject to a 20% excise tax See the Form 1040 instructions for where to report

Box 14 Shows gross proceeds paid to an attorney in connection with legal services Report only the taxable part as income on your return

Box 15a. Shows current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A Any earnings on current and prior year deferrals are also reported

Box 15b. Shows income as a nonemployee under an NQDC plan that does not meet the requirements of section 409A This amount is also included in box 7 as nonemployee compensation Any amount included in box 15a that is currently taxable is also included in this box This income is also subject to a substantial additional tax to be reported on Form 1040 See "Total Tax" in the Form 1040 instructions

Boxes 16-18 Shows state or local income tax withheld from the payments

1099-MISC PAYMENT DETAIL PRINTED ON 01/27/2009

Source	Account Number	Net Amount	Production Taxes	1099 Box/Amount		ST	Telephone Number
CO3	CO3000000000025739	$286 74	$15 48	Box 2	$302 22	TX	(918)661-0903
CO3	CO3000000000158605	$25,554 41	$1,796 41	Box 2	$27 350 82	ND	(918)661-0903
CO3	CO3000000000161235	$9 676 06	$452 56	Box 2	$10 835 13	TX	(918)661-0903
				Box 4	$706 51		
		$35,517 21	$2,264 45				