


# Organized Source Documents

Client Name: Paul Crawford  
Client ID: CRA9876  
Date Created: September 16, 2009  
Pages Processed: 40



<b>a</b> Employee's social security number 432-10-9876		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
<b>b</b> Employer identification number (EIN) 04-3298713				<b>1</b> Wages, tips, other compensation 9060.83		<b>2</b> Federal income tax withheld 106.11			
<b>c</b> Employer's name, address, and ZIP code D. Rock Inc. P.O. Box 435 Amesbury, MA 01913				<b>3</b> Social security wages 9060.83		<b>4</b> Social security tax withheld 561.83			
				<b>5</b> Medicare wages and tips 9060.83		<b>6</b> Medicare tax withheld 131.52			
				<b>7</b> Social security tips		<b>8</b> Allocated tips			
<b>d</b> Control number				<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits			
<b>e</b> Employee's first name and initial Paul M Crawford		Last name Crawford		Suff.		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
2313 Sarah Drive Lafayette, LA 70555						<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>	
						<b>14</b> Other 125H 1589.17 125A 0.00		<b>12c</b>	
								<b>12d</b>	
<b>f</b> Employee's address and ZIP code									
<b>15</b> State MA	Employer's state ID number 043-298-713	<b>16</b> State wages, tips, etc. 9060.83	<b>17</b> State income tax 443.30	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name			

Form **W-2** Wage and Tax Statement

2008

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

Void <input type="checkbox"/>		<b>a</b> Employee's social security number 765-43-2109		OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 11-3583714			<b>1</b> Wages, tips, other compensation 49818.36		<b>2</b> Federal income tax withheld 10181.86		
<b>c</b> Employer's name, address, and ZIP code PRIMARY LAND SERVICE LLC 368 VETERANS MEMORIAL HW COMMACK NY 11725			<b>3</b> Social security wages 51789.13		<b>4</b> Social security tax withheld 3210.93		
			<b>5</b> Medicare wages and tips 51789.13		<b>6</b> Medicare tax withheld 750.94		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number 000218 12/AP2			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		
<b>e</b> Employee's first name and initial      Last name      Suff.  NANCY J CRAWFORD 2313 SARAH DRIVE LAFAYETTE LA 70555			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 D      1970.77		
			<b>13</b> Statutory employee      Retirement plan      Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<b>12b</b>		
			<b>14</b> Other  31.20      SDI		<b>12c</b>		
					<b>12d</b>		
<b>f</b> Employee's address and ZIP code							
<b>15</b> State NY	Employer's state ID number 11-3583714	<b>16</b> State wages, tips, etc. 49818.36	<b>17</b> State income tax 3112.10	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement  
Copy D—For Employer.

2008

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  COUNTRYWIDE HOME LOANS CUSTOMER SERVICE PO BOX 5170 SIMI VALLEY, CA 93062-5170		Payer's RTN (optional)  <b>1</b> Interest income \$ 56.84 <b>2</b> Early withdrawal penalty \$	OMB No. 1545-0112  <b>2008</b>  Form <b>1099-INT</b>	<b>Interest Income</b>	
PAYER'S federal identification number 13-26317719	RECIPIENT'S identification number 432-10-9876	<b>3</b> Interest on U.S. Savings Bonds and Treas. obligations \$	<b>Copy B For Recipient</b>  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  PAUL M CRAWFORD		<b>4</b> Federal income tax withheld \$			<b>5</b> Investment expenses \$
Street address (including apt. no.) 2313 SARAH DRIVE City, state, and ZIP code LAFAYETTE, LA 70555		<b>6</b> Foreign tax paid \$			<b>7</b> Foreign country or U.S. possession
Account number (see instructions) 3697235432		<b>8</b> Tax-exempt interest \$	<b>9</b> Specified private activity bond interest \$		

Form **1099-INT**

(keep for your records)

Department of the Treasury - Internal Revenue Service

VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. KINECTA CTA FEDERAL CREDIT UNION 1440 ROSECRANS AVE MANHATTAN BEACH CA 90266		Payer's RTN (optional) 322278073	OMB No. 1545-0112  <b>2008</b> Form <b>1099-INT</b>	<b>Interest Income</b>
		1 Interest income \$ 1,460.66		
		2 Early withdrawal penalty \$		
		3 Interest on U.S. Savings Bonds and Treas. obligations \$		
PAYER'S federal identification number 95-6038909	RECIPIENT'S identification number 765-44-1234			<b>Copy C For Payer</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2008 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
RECIPIENT'S name NANCY J CRAWFORD		4 Federal income tax withheld \$	5 Investment expenses \$	
Street address (including apt. no.) 2313 SARAH DRIVE		6 Foreign tax paid \$	7 Foreign country or U.S. possession	
City, state, and ZIP code LAFAYETTE LA 70555		8 Tax-exempt interest \$	9 Specified private activity bond interest \$	
Account number (see instructions) 3697235432	2nd TIN not. <input type="checkbox"/>			

Form **1099-INT**

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. The Bank of New York Mellon State of Israel 111 Sanders Creek Parkway East Syracuse, NY 13057		<b>1</b> Original issue discount for 2008* \$ 378.78	OMB No. 1545-0117 <b>2008</b> Form <b>1099-OID</b>	<b>Original Issue Discount</b>
		<b>2</b> Other periodic interest \$		
PAYER'S federal identification number 13-5160382	RECIPIENT'S identification number 432-10-9876	<b>3</b> Early withdrawal penalty \$	<b>4 Federal income tax withheld</b> \$	<b>Copy B For Recipient</b> 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 Paul M Crawford		<b>5</b> Description 465138VQ5		
Street address (including apt. no.) 2313 Sarah Drive		<b>6</b> Original issue discount on U.S. Treasury obligations* \$		
City, state, and ZIP code Lafayette, LA 70555		<b>7</b> Investment expenses \$		
Account number (see instructions) 3697235432		* This may not be the correct figure to report on your income tax return. See instructions on the back.		

Form **1099-OID**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

**Dividends and Distributions**

PAYER'S name, street address, city, state, ZIP code, and telephone no.  American Funds PO Box 25065 Santa Ana CA 92799-5065		<b>1a</b> Total ordinary dividends \$ 33.39	OMB No. 1545-0110  <b>2008</b>  Form <b>1099-DIV</b>	<b>Copy B For Recipient</b>
		<b>1b</b> Qualified dividends \$ 15.37		
		<b>2a</b> Total capital gain distr. \$ 174.47	<b>2b</b> Unrecap. Sec. 1250 gain \$	
PAYER'S federal identification number  95-4253845	RECIPIENT'S identification number  432-10-9876			
RECIPIENT'S name  Paul M Crawford  Street address (including apt. no.)  2313 Sarah Drive  City, state, and ZIP code  Lafayette LA 70555  Account number (see instructions)  3697235432		<b>2c</b> Section 1202 gain \$	<b>2d</b> Collectibles (28%) gain \$	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.
		<b>3</b> Nondividend distributions \$	<b>4</b> Federal income tax withheld \$	
			<b>5</b> Investment expenses \$	
		<b>6</b> Foreign tax paid \$ 1.65	<b>7</b> Foreign country or U.S. possession	
	<b>8</b> Cash liquidation distributions \$	<b>9</b> Noncash liquidation distributions \$		

Form **1099-DIV**

(keep for your records)

Department of the Treasury - Internal Revenue Service

UBS Financial Services Inc.  
2431 EAST 61ST STREET  
8TH FLOOR  
TULSA, OK 74136-1211

Account Number AB 12345 67  
Tax Identification Number 432-10-9876

UBS Financial Services Inc.  
2008 Consolidated Form 1099

Your Financial Advisor or Contact

P15L031991-X1

**IMPORTANT NOTICE:**

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.  
UBS Financial Services Inc., 1000 Harbor Boulevard,  
Weehawken, NJ 07086-6790 (Federal ID 13-2638166)

PAUL M CRAWFORD  
2313 SARAH DRIVE  
LAFAYETTE, LA 70555

**Form 1099-DIV Dividends and Distributions** (OMB No. 1545-0110)

Line#	Category	Amount
1a	Ordinary dividends (includes lines 1b and 5)	\$ 157.03
1b	Qualified dividends	0.00
2a	Total capital gain distributions (includes lines 2b, 2c, 2d)	0.00
2b	Unrecaptured section 1250 gain	0.00
2c	Section 1202 gain	0.00
2d	28% rate gain (Collectibles)	0.00
3	Nondividend distributions	0.00
4	<b>Federal income tax withheld</b>	<b>0.00</b>
5	Investment expenses	0.00
6	Foreign tax paid	0.00
7	Foreign country or U.S. possession	
8	Liquidation distributions - cash	0.00
9	Liquidation distributions - non-cash (fair market value)	0.00

Only the forms applicable to your account are shown.  
Forms which are not applicable and therefore not shown  
include: Form 1099-MISC .

**Form 1099-OID Original Issue Discount** (OMB No. 1545-0117)

Line#	Category	Amount
1*	Original issue discount for 2008	\$ 0.00
2	Other periodic interest	0.00
3	Early withdrawal penalty	0.00
4	<b>Federal income tax withheld</b>	<b>0.00</b>
5	Description	See details
6	Original issue discount on U.S. Treasury obligations	660.03
7	Investment expenses	0.00

\*This may not be the correct figure to report on your income tax return. See enclosure for instructions.

**Form 1099-INT Interest Income** (OMB No. 1545-0112)

Line#	Category	Amount
1	Interest income (not included on line 3)	\$ 6,631.28
2	Early withdrawal penalty	0.00
3	Interest on U.S. Savings Bonds and Treasury obligations	1,058.06
4	<b>Federal income tax withheld</b>	<b>0.00</b>
5	Investment expenses (included on line 1)	0.00
6	Foreign tax paid	0.00
7	Foreign country or U.S. possession	
8	Tax-exempt interest	0.00
9	Specified private activity bond interest (included on line 8)	0.00

**Form 1099-B Proceeds From Broker & Barter Exchange Transactions** (OMB No. 1545-0715)

Line#	Category	Amount
1a	Date of sale or exchange	Various
1b	CUSIP number	Various
2	Stocks, bonds, etc. reported to IRS (gross proceeds less commissions)	\$ 35,426.83
3	Bartering	0.00
4	<b>Federal income tax withheld</b>	<b>0.00</b>
5	Number of shares exchanged	0
6	Classes of stock exchanged	Various
7	Description	See details
8	Profit or (loss) realized on futures contracts for 2008	0.00
9	Unrealized profit or (loss) on open contracts - 12/31/2007	0.00
10	Total Unrealized profit or (loss) on open contracts - 12/31/200	0.00
11	Aggregate profit or (loss) (from lines 8, 9 and 10)	0.00



2008 Consolidated Form 1099

P15L031992-X1

Details for Items Reported on Forms 1099

Dividends and Distributions Details Reported on Form 1099-DIV

Description	Additional Information	Ex Date	Payment Date	Tax year	Amount
<b>Ordinary dividends (less lines 1b and 5)</b>					
RMA MONEY MKT. PORTFOLIO			01/24/08	2008	95.94
			02/22/08	2008	12.30
			03/24/08	2008	4.35
			04/23/08	2008	6.90
			05/22/08	2008	5.05
			06/23/08	2008	5.30
			07/24/08	2008	5.28
			08/22/08	2008	5.52
			09/23/08	2008	5.39
			10/24/08	2008	4.80
			11/20/08	2008	2.75
			12/16/08	2008	.22
			12/23/08	2008	2.71
			12/31/08	2008	.52
<b>Sub Total: RMA MONEY MKT. PORTFOLIO</b>					<b>\$ 157.03</b>
<b>Total Line 1a Ordinary dividends (less lines 1b and 5)</b>					<b>\$ 157.03</b>

Original Issue Discount Details Reported on Form 1099-OID

\*Amortized acquisition premium\* is provided for informational purposes only and is not reported to the IRS. See enclosure under the heading "Original Issue Discount" for more information.

Description (Line #5)	Cusip number	Days held	Quantity/Face amount	Amortized acquisition premium	Amount
TINT DUE 02/15/15 TRSY INTEREST PAYMENT	912833DH0	71	5,000		32.45
	912833DH0	295	3,000		83.14
	912833DH0	366	6,000		199.65
TINT DUE 02/15/20 TINT TRSY INTREST PAYMENT	912833KY5	71	6,000		30.90
	912833KY5	295	4,000		87.99
	912833KY5	366	8,000		225.90
<b>Total Line 6 Original issue discount on US Treasury Obligations</b>					<b>\$ 660.03</b>

2008 Consolidated Form 1099

P15L031993-X1

**Interest Income Details Reported on Form 1099-INT**

*In addition to amounts reported in Box 3, income from certain Federal Agency obligations reported in Box 1 may be exempt from state taxes. Please consult your tax advisor concerning your specific tax situation.  
For clients holding REMICs / Other CDOs: you may receive a corrected Consolidated Form 1099 in March. This Form will contain a Supplemental Information Statement comprised of rate accruals provided to us by the issuer(s) agents. This is information that is not available in January and is necessary for individual tax filing purposes. See enclosure for more information.*

Description	Additional Information	Payment Date	Tax year	Amount
AMER GENL FIN CORP NTS 04.000% 031511 DTD031604		03/17/08	2008	100.00
FC091504 B/E		09/15/08	2008	100.00
<b>Sub Total: AMER GENL FIN CORP NTS</b>				<b>\$ 200.00</b>
BANK OF AMER CORP NTS 07.400% 011511 DTD012301		01/15/08	2008	148.00
FC071501		07/15/08	2008	148.00
<b>Sub Total: BANK OF AMER CORP NTS</b>				<b>\$ 296.00</b>
BELLSOUTH CORP M-W +15BP 04.750% 111512 DTD111504		05/15/08	2008	118.75
FC051505 NTS		11/15/08	2008	118.75
<b>Sub Total: BELLSOUTH CORP M-W +15BP</b>				<b>\$ 237.50</b>
CISCO SYSTEMS INC MW 05.250% 022211 DTD022206		02/22/08	2008	105.00
FC082206 +15BP NTS		08/22/08	2008	105.00
<b>Sub Total: CISCO SYSTEMS INC MW</b>				<b>\$ 210.00</b>
CITIGROUP INC NTS B/E 05.125% 050514 DTD050504		05/05/08	2008	128.13
FC110504		11/05/08	2008	128.13
<b>Sub Total: CITIGROUP INC NTS B/E</b>				<b>\$ 256.26</b>
COSTCO WHSL CORP 05.300% 031512 DTD022007		03/15/08	2008	106.00
FC091507 CALL@MW+10BPS		09/15/08	2008	106.00
<b>Sub Total: COSTCO WHSL CORP</b>				<b>\$ 212.00</b>
E.I. DU PONT DE NEMOURS 05.250% 121516 DTD121506		06/15/08	2008	78.75
FC061507 MW@ +15BP		12/15/08	2008	78.75
<b>Sub Total: E.I. DU PONT DE NEMOURS</b>				<b>\$ 157.50</b>
FHLMC 05.125 % DUE 071512		01/15/08	2008	179.38
DTD 071602 FC 01152003	Accrued interest	01/17/08	2008	2.56
		07/15/08	2008	76.88
<b>Sub Total: FHLMC</b>				<b>\$ 258.82</b>
FHLMC 05.750 % DUE 031509		03/15/08	2008	201.25
DTD 031299 FC 09151999	Accrued interest	06/23/08	2008	110.69
<b>Sub Total: FHLMC</b>				<b>\$ 311.94</b>

**UBS Financial Services Inc.**  
**2008 Consolidated Form 1099**

P15L031994-X1

**Interest Income Details Reported on Form 1099-INT - continued**

*In addition to amounts reported in Box 3, income from certain Federal Agency obligations reported in Box 1 may be exempt from state taxes. Please consult your tax advisor concerning your specific tax situation. For clients holding REMICs / Other CDOs: you may receive a corrected Consolidated Form 1099 in March. This Form will contain a Supplemental Information Statement comprised of rate accruals provided to us by the issuer(s) agents. This is information that is not available in January and is necessary for individual tax filing purposes. See enclosure for more information.*

Description	Additional Information	Payment Date	Tax year	Amount
FHLMC CALLABLE 05.200 % DUE 030519		03/05/08	2008	208.00
DTD 030504 FC 09052004		09/05/08	2008	208.00
<b>Sub Total: FHLMC CALLABLE</b>				<b>\$ 416.00</b>
FHLMC NTS 04.375 % DUE 071715		01/17/08	2008	109.38
DTD 071405 FC 01172006	Accrued interest	01/17/08	2008	.61
<b>Sub Total: FHLMC NTS</b>				<b>\$ 109.99</b>
FNMA 04.625 % DUE 101514		10/15/08	2008	\$ 161.88
DTD 091704 FC 10152004				
FNMA SUBORDINATED 05.250 % DUE 080112		02/01/08	2008	183.75
DTD 072602 FC 02012003		08/01/08	2008	183.75
<b>Sub Total: FNMA SUBORDINATED</b>				<b>\$ 367.50</b>
FNMA SUBORDINATED 06.250 % DUE 020111		02/01/08	2008	218.75
DTD 020101 FC 08012001		08/01/08	2008	218.75
	Accrued interest	09/12/08	2008	53.47
<b>Sub Total: FNMA SUBORDINATED</b>				<b>\$ 490.97</b>
GENL ELEC CAP CORP 05.875% 021512 DTD021502		02/15/08	2008	205.63
FC081502 MTN		08/15/08	2008	205.63
<b>Sub Total: GENL ELEC CAP CORP</b>				<b>\$ 411.26</b>
HEWLETT PACKARD CO NTS 04.500% 030113 DTD030308		09/01/08	2008	\$ 89.00
FC090108 CALL@M/W+25BPS				
HONEYWELL INTL INC NTS 07.500% 030110 DTD030100		03/01/08	2008	150.00
FC090100 GLOBAL		09/01/08	2008	150.00
<b>Sub Total: HONEYWELL INTL INC NTS</b>				<b>\$ 300.00</b>
HOUSEHOLD FIN CORP NTS 06.375% 101511 DTD102301		04/15/08	2008	127.50
FC041502 B/E		10/15/08	2008	127.50
<b>Sub Total: HOUSEHOLD FIN CORP NTS</b>				<b>\$ 255.00</b>
INTL BUSINESS MACH 05.375% 020109 DTD020199		02/01/08	2008	107.50
FC080199 MW/10BP NTS	Accrued interest	05/20/08	2008	66.89
<b>Sub Total: INTL BUSINESS MACH</b>				<b>\$ 174.39</b>

2008 Consolidated Form 1099

P15L031995-X1

**Interest Income Details Reported on Form 1099-INT - continued**

*In addition to amounts reported in Box 3, income from certain Federal Agency obligations reported in Box 1 may be exempt from state taxes. Please consult your tax advisor concerning your specific tax situation.  
 For clients holding REMICs / Other CDOs: you may receive a corrected Consolidated Form 1099 in March. This Form will contain a Supplemental Information Statement comprised of rate accruals provided to us by the issuer(s) agents. This is information that is not available in January and is necessary for individual tax filing purposes. See enclosure for more information.*

Description	Additional Information	Payment Date	Tax year	Amount
J P MORGAN CHASE & CO 05.125% 091514 DTD091504		03/15/08	2008	128.13
FC031505		09/15/08	2008	128.13
<b>Sub Total: J P MORGAN CHASE &amp; CO</b>				<b>\$ 256.26</b>
LOWES COMPANIES INC NTS 05.600% 091512 DTD091107		03/15/08	2008	114.49
FC031508*MW + 20BP*		09/15/08	2008	112.00
<b>Sub Total: LOWES COMPANIES INC NTS</b>				<b>\$ 226.49</b>
ORACLE CORP MW@+15BP NTS 05.000% 011511 DTD011306		01/15/08	2008	125.00
FC071506 B/E		07/15/08	2008	125.00
<b>Sub Total: ORACLE CORP MW@+15BP NTS</b>				<b>\$ 250.00</b>
VERIZON GLOBAL FDG CORP 04.900% 091515 DTD091305		03/15/08	2008	122.50
FC031506 NTS B/E MW+20BP		09/15/08	2008	122.50
<b>Sub Total: VERIZON GLOBAL FDG CORP</b>				<b>\$ 245.00</b>
WAL MART STORES INC B/E 06.875% 081009 DTD081099		02/10/08	2008	240.63
FC021000 GLOBAL BNDS		08/10/08	2008	240.63
<b>Sub Total: WAL MART STORES INC B/E</b>				<b>\$ 481.26</b>
WELLS FARGO & CO NEW SUB 05.125% 091516 DTD091504		03/15/08	2008	128.13
FC031505 NOTES NTS		09/15/08	2008	128.13
<b>Sub Total: WELLS FARGO &amp; CO NEW SUB</b>				<b>\$ 256.26</b>
<b>Total Line 1 Interest income (less line 3)</b>				<b>\$ 6,631.28</b>
US TSY BOND 7.8750% DUE 02/15/21		02/15/08	2008	275.63
DTD 02/15/91 FC 08/15/91	Accrued interest	03/11/08	2008	5.63
		08/15/08	2008	236.25
<b>Sub Total: US TSY BOND 7.8750%</b>				<b>\$ 517.51</b>
US TSY NOTE 04.375 % DUE 08/15/12		02/15/08	2008	65.63
DTD 08/15/02 FC 02/15/03		08/15/08	2008	65.63
<b>Sub Total: US TSY NOTE 04.375 %</b>				<b>\$ 131.26</b>

**UBS Financial Services Inc.**  
**2008 Consolidated Form 1099**

P15L031996-X1

**Interest Income Details Reported on Form 1099-INT - continued**

*In addition to amounts reported in Box 3, income from certain Federal Agency obligations reported in Box 1 may be exempt from state taxes. Please consult your tax advisor concerning your specific tax situation. For clients holding REMICs / Other CDOs: you may receive a corrected Consolidated Form 1099 in March. This Form will contain a Supplemental Information Statement comprised of rate accruals provided to us by the issuer(s) agents. This is information that is not available in January and is necessary for individual tax filing purposes. See enclosure for more information.*

Description	Additional Information	Payment Date	Tax year	Amount
US TSY NOTE 06.000 % DUE 08/15/09		02/15/08	2008	150.00
DTD 08/15/99 FC 02/15/00	Accrued interest	03/11/08	2008	4.29
		08/15/08	2008	120.00
<b>Sub Total: US TSY NOTE 06.000 %</b>				<b>\$ 274.29</b>
US TSY NOTE 04.500 % DUE 05/15/17		05/15/08	2008	67.50
DTD 05/15/07 FC 11/15/07		11/15/08	2008	67.50
<b>Sub Total: US TSY NOTE 04.500 %</b>				<b>\$ 135.00</b>
<b>Total Line 3 Interest on U.S. Savings Bonds and Treasury obligations</b>				<b>\$ 1,058.06</b>

**Proceeds from Broker Transactions Details Reported on Form 1099-B**

*\*Net proceeds\* is the amount reported to the IRS. Accrued interest is reported on Form 1099-INT and details are also included in that Form's detail section.*

Date of sale or activity (Line #1a)	Activity	Quantity/ Face value/ Shares exchanged	Description (Line #7)	Class of stock exchanged (Line #6)	Cusip number (Line #1b)	Net proceeds (Line #2)	Accrued interest	Federal income tax withheld (Line #4)
01/17/08	Sell	6,000	FHLMC 05.125 % DUE 071512 DTD 071602 FC 01152003		3134A4QD9	6,459.85	2.56	.00
06/23/08	Sell	7,000	FHLMC 05.750 % DUE 031509 DTD 031299 FC 09151999		3134A3EM4	7,137.94	110.69	.00
01/17/08	Sell	5,000	FHLMC NTS 04.375 % DUE 071715 DTD 071405 FC 01172006		3134A4VC5	5,192.22	.61	.00
09/12/08	Sell	7,000	FNMA SUBORDINATED 06.250 % DUE 020111 DTD 020101 FC 08012001		31359MGT4	7,367.50	53.47	.00
05/20/08	Sell	4,000	INTL BUSINESS MACH 05.375% 020109 DTD020199 FC080199 MW/10BP NTS		459200AT8	4,072.68	66.89	.00
03/11/08	Sell	2,000	TINT DUE 02/15/15 TRSY INTEREST PAYMENT		912833DH0	1,584.44	.00	.00

**Proceeds from Broker Transactions Details Reported on Form 1099-B - continued**

"Net proceeds" is the amount reported to the IRS. Accrued interest is reported on Form 1099-INT and details are also included in that Form's detail section.

Date of sale or activity (Line #1a)	Activity	Quantity/ Face value/ Shares exchanged	Description (Line #7)	Class of stock exchanged (Line #6)	Cusip number (Line #1b)	Net proceeds (Line #2)	Accrued interest	Federal income tax withheld (Line #4)
03/11/08	Sell	2,000	TINT DUE 02/15/20 TINT TRSY INTREST PAYMENT		912833KY5	1,180.36	.00	.00
03/11/08	Sell	1,000	US TSY BOND 7.8750% DUE 02/15/21 DTD 02/15/91 FC 08/15/91		912810EH7	1,370.63	5.63	.00
03/11/08	Sell	1,000	US TSY NOTE 06.000 % DUE 08/15/09 DTD 08/15/99 FC 02/15/00		9128275N8	1,061.21	4.29	.00
<b>Total</b>						<b>\$ 35,426.83</b>	<b>\$ 244.14</b>	<b>\$ 0.00</b>

**Other Income Details Not Reported to the Internal Revenue Service**

The items in this section are provided to assist you with your tax return preparation. You should discuss with your tax preparer or tax advisor the appropriate tax treatment of these fees and expenses.

\* Applicable to Tax-exempt Original Issue Discount information only

Activity	Description	Cusip number	* Days held	* Quantity/ Face amount	Payment Date	Tax year	* Amortized acquisition premium	Amount
Program Fees	MANAGED ACCOUNT FEE				01/24/08	2008		344.58
					04/23/08	2008		350.21
					07/24/08	2008		347.83
					10/24/08	2008		337.32
<b>Sub Total: MANAGED ACCOUNT FEE</b>								<b>\$ 1,379.94</b>
<b>Total Program Fees</b>								<b>\$ 1,379.94</b>

**2008 Realized Gain/Loss Summary** (Includes sale proceeds not reported on Form 1099-B)

This Realized Gain/Loss Summary is not a tax reporting document and has not been submitted to the IRS. If your sale amount matches the amount on Form 1099-B, which is reported to the IRS, it is marked as such. Please rely on the confirmations previously provided to you as your official activity record.

Estimated 2008 Gain/Loss for transactions with trade dates through 12/31/08 has been incorporated into this statement. Realized gain/loss is based on the sales amount less the cost basis. Please note that gain or loss recognized on the sale or redemption of certain Structured Products may be ordinary, and not capital, gain or loss. Please check with your tax advisor. Note that the Original Cost Basis column is only populated for transactions of securities that have had their basis reduced due to premium amortization or increased due to OID accretion.

The cost basis of the oldest security lot (first-in, first-out or FIFO method of accounting) is assigned to a sale to calculate Gain/Loss unless you identified a specific lot (a "versus purchase" or "VSP" order) when you placed your sell order. An asterisk (\*) indicates a UBS Financial Services adjustment to cost basis. The number "1" indicates cost basis information has been provided by a source other than UBS Financial Services. Gain/Loss may not have been adjusted for all capital changes. Gain/Loss values that may be subject to Wash Sale provisions are not indicated here. "Earnings" in the Purchase Date column indicates the position sold was acquired on various dates through dividend reinvestment and that the Gain/Loss has been aggregated.

Cost basis for coupon tax-exempt municipal securities (including securities subject to AMT) has been adjusted for mandatory amortization of bond premium. The OID amount reported on your Form 1099-OID is not adjusted for Market Discount, Acquisition Premium, or Bond Premium. Therefore, the amortization and accretion adjustments used here may not be consistent with the Form 1099-OID amount because the reporting requirements are different.

Gain/Loss from short sale closings are reported as short-term regardless of the holding period of property used to close the short position. Clients should consult their tax advisors as to whether exceptions may apply in their particular case to change this classification. The possible application of the "Constructive Sale" provisions (Sec.1259) for short-against-the box transactions is not considered. Clients should discuss the possible application of these provisions with their tax advisor.

	Purchase	Sale	Gains	Losses	Net Gain/Loss
Short-term Gain/Loss:	\$ 11,264.92	\$ 11,593.74	\$ 352.70	\$ -23.88	\$ 328.82
Long-term Gain/Loss:	23,933.16	23,833.09	486.02	-586.09	-100.07
<b>Sub Total:</b>	<b>\$ 35,198.08</b>	<b>\$ 35,426.83</b>	<b>\$ 838.72</b>	<b>\$ -609.97</b>	<b>\$ 228.75</b>
<b>Total:</b>	<b>\$ 35,198.08</b>	<b>\$ 35,426.83</b>	<b>\$ 838.72</b>	<b>\$ -609.97</b>	<b>\$ 228.75</b>

**Short-Term Gain/Loss**

This section includes securities held for less than one year, and option contracts that are not reported on Form 1099-B.

Security Description	Activity Type	Quantity/ Face value	Original Cost Basis	Purchase date Date Acquired	Date Sold	Sale Amount	Cost or Other Basis	Gain/Loss	Remarks	Matches 1099-B
FHLMC 05.125 % DUE 071512 DTD 071602 FC 01152003	Trade	6,000.000		10/18/07	01/17/08	6,459.85	6,134.30	325.55		Y
INTL BUSINESS MACH 05.375% 020109 DTD020199 FC080199 MW/10BP NTS	Trade	4,000.000		01/23/08	05/20/08	4,072.68	4,096.56	-23.88		Y
US TSY NOTE 06.000 % DUE 08/15/09 DTD 08/15/99 FC 02/15/00	Trade	1,000.000		09/04/07	03/11/08	1,061.21	1,034.06	27.15		Y
<b>Total Short-Term Gain/Loss</b>						<b>11,593.74</b>	<b>11,264.92</b>	<b>328.82</b>		

**UBS Financial Services Inc.**  
**2008 Consolidated Form 1099**

P15L031999-X1

**Long-Term Gain/Loss**

*This section includes securities held for more than one year, and option contracts that are not reported on Form 1099-B.*

Security Description	Activity Type	Quantity/ Face value	Original Cost Basis	Purchase date Date Acquired	Date Sold	Sale Amount	Cost or Other Basis	Gain/Loss	Remarks	Matches 1099-B
FHLMC	Trade	4,000.000		12/23/03	06/23/08	4,078.82	4,382.00	-303.18		Y
05.750 % DUE 031509	Trade	3,000.000		02/04/04	06/23/08	3,059.12	3,314.73	-255.61		Y
DTD 031299 FC 09151999										
FHLMC NTS	Trade	5,000.000	4,911.20	09/20/05	01/17/08	5,192.22	4,911.20	281.02		Y
04.375 % DUE 071715										
DTD 071405 FC 01172006										
FNMA SUBORDINATED	Trade	7,000.000		12/05/06	09/12/08	7,367.50	7,394.80	-27.30		Y
06.250 % DUE 020111										
DTD 020101 FC 08012001										
TINT DUE 02/15/15	Trade	2,000.000	1,189.72	12/18/03	03/11/08	1,584.44	1,448.70	135.74		Y
TRSY INTEREST PAYMENT										
TINT DUE 02/15/20	Trade	2,000.000	991.30	02/03/05	03/11/08	1,180.36	1,145.48	34.88		Y
TINT TRSY INTREST PAYMENT										
US TSY BOND 7.8750%	Trade	1,000.000		02/23/06	03/11/08	1,370.63	1,336.25	34.38		Y
DUE 02/15/21										
DTD 02/15/91 FC 08/15/91										
<b>Total Long-Term Gain/Loss</b>						<b>23,833.09</b>	<b>23,933.16</b>	<b>-100.07</b>		



CORRECTED (if checked)

**Proceeds From  
Broker and  
Barter Exchange  
Transactions**

PAYER'S name, street address, city, state, ZIP code, and telephone no.  Mellon Investor Services 480 Wasington Blvd. Jersey City, NJ 07310		<b>1a</b> Date of sale or exchange  10/26/2008	OMB No. 1545-0715  <b>2008</b>  Form <b>1099-B</b>
		<b>1b</b> CUSIP no.  05349910	
		<b>2</b> Stocks, bonds, etc.  Reported to IRS } <input checked="" type="checkbox"/> Gross proceeds } <input type="checkbox"/> Gross proceeds less commissions and option premiums  \$ 17.500000	
PAYER'S federal identification number  22-3367522	RECIPIENT'S identification number  432-10-9876	<b>3</b> Bartering  \$	<b>4</b> Federal income tax withheld  \$
RECIPIENT'S name  PAUL M CRAWFORD  Street address (including apt. no.)  2313 SARAH DRIVE  City, state, and ZIP code  LAFAYETTE, LA		<b>5</b> No. of shares exchanged	<b>6</b> Classes of stock exchanged
		<b>7</b> Description	
		<b>8</b> Profit or (loss) realized in 2008  \$	<b>9</b> Unrealized profit or (loss) on open contracts—12/31/2007  \$
CORPORATION'S name		<b>10</b> Unrealized profit or (loss) on open contracts—12/31/2008  \$	<b>11</b> Aggregate profit or (loss)  \$
Account number (see instructions)  123456789		<b>12</b> If the box is checked, the recipient cannot take a loss on their tax return based on the amount in box 2 . . . <input type="checkbox"/>	

**Copy B  
For Recipient**  
 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.

Form **1099-B**

(keep for your records)

Department of the Treasury - Internal Revenue Service

VOID     CORRECTED

Name, address, and ZIP code of RIC or REIT  NATIONAL FINANCIAL SERVICES LLC 161 DEVONSHIRE STREET BOSTON MA 02110	OMB No. 1545-0145  <b>2008</b>  Form <b>2439</b>	<b>Notice to Shareholder of Undistributed Long-Term Capital Gains</b>  For calendar year 2008, or other tax year of the regulated investment company (RIC) or the real estate investment trust (REIT) beginning _____, 2008, and ending _____, 20 _____	
Identification number of RIC or REIT 04-3523567	<b>1a</b> Total undistributed long-term capital gains <p style="text-align: right;">597.81</p>		<b>Copy D</b>  For records of the regulated investment company or the real estate investment trust.
Shareholder's identifying number 432-10-9876	<b>1b</b> Unrecaptured section 1250 gain <p style="text-align: right;">16.31</p>		
Shareholder's name, address, and ZIP code  PAUL M CRAWFORD 2313 SARAH DRIVE LAFAYETTE LA 70555	<b>1c</b> Section 1202 gain <p style="text-align: right;">0.00</p>	<b>1d</b> Collectibles (28%) gain <p style="text-align: right;">0.00</p>	
		<b>2</b> Tax paid by the RIC or REIT on the box 1a gains <p style="text-align: right;">209.24</p>	

Form **2439**

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

FILER'S name, street address, city, state, ZIP code, and telephone no. Campione & Campione, P.A. 31 Royal Palm Pointe Vero Beach, FL 32960		1 Date of closing 11/19/2007	OMB No. 1545-0997 <b>2008</b> Form <b>1099-S</b>	<b>Proceeds From Real Estate Transactions</b>
		2 Gross proceeds \$ 110,000.00		
FILER'S federal identification number 20-1167488	TRANSFEROR'S identification number 432-10-9876	3 Address or legal description		<b>Copy B For Transferor</b> 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 item is required to be reported and the IRS determines that it has not been reported.
TRANSFEROR'S name Paul M Crawford Street address (including apt. no.) 2313 Sarah Drive City, state, and ZIP code Lafayette, LA 70555		4 Transferor received or will receive property or services as part of the consideration (if checked) . . . ▶ <input type="checkbox"/>		
Account or escrow number (see instructions) 3697235432		5 Buyer's part of real estate tax \$ 415.54		

Form **1099-S**

(keep for your records)

Department of the Treasury - Internal Revenue Service

VOID  CORRECTED

**Distributions From  
Pensions, Annuities,  
Retirement or  
Profit-Sharing  
Plans, IRAs,  
Insurance  
Contracts, etc.**

PAYER'S name, street address, city, state, and ZIP code USAA FEDERAL SAVINGS BANK C/O USAA LIFE INSURANCE CO. 9800 FREDERICKSBURG ROAD SAN ANTONIO TX 78288		<b>1</b> Gross distribution \$ 736.98		OMB No. 1545-0119  <b>2008</b>  Form <b>1099-R</b>	<b>Copy 1 For State, City, or Local Tax Department</b>	
		<b>2a</b> Taxable amount \$ 736.98				
				<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>
PAYER'S federal identification number  74-6393739	RECIPIENT'S identification number  432-10-9876	<b>3</b> Capital gain (included in box 2a)  \$	<b>4</b> Federal income tax withheld  \$ 73.70			
RECIPIENT'S name  PAUL M CRAWFORD  Street address (including apt. no.)  2313 SARAH DRIVE  City, state, and ZIP code LAFAYETTE LA 70555		<b>5</b> Employee contributions /Designated Roth contributions or insurance premiums  \$	<b>6</b> Net unrealized appreciation in employer's securities  \$			
		<b>7</b> Distribution code(s)  4	IRA/SEP/SIMPLE <input type="checkbox"/>	<b>8</b> Other  \$ %		
		<b>9a</b> Your percentage of total distribution %	<b>9b</b> Total employee contributions \$			
	1st year of desig. Roth contrib.	<b>10</b> State tax withheld \$ \$	<b>11</b> State/Payer's state no. LA 746393739		<b>12</b> State distribution \$ \$	
Account number (see instructions)  3697235432		<b>13</b> Local tax withheld \$ \$	<b>14</b> Name of locality		<b>15</b> Local distribution \$ \$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  TUFTS MEDICAL 100 BEACON ST. BOSTON, MA 02100		<b>1</b> Rents \$	OMB No. 1545-0115  <b>2008</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>
		<b>2</b> Royalties \$		
		<b>3</b> Other income \$		
PAYER'S federal identification number  02-9876543	RECIPIENT'S identification number  432-10-9876	<b>4</b> Federal income tax withheld \$	<b>Copy B For Recipient</b>	
RECIPIENT'S name  PAUL M CRAWFORD  Street address (including apt. no.)  2313 SARAH DRIVE  City, state, and ZIP code LAFAYETTE, LA 70555		<b>5</b> Fishing boat proceeds \$		
Account number (see instructions)		<b>7</b> Nonemployee compensation \$	<b>8</b> Substitute payments in lieu of dividends or interest \$	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.
<b>15a</b> Section 409A deferrals \$		<b>9</b> Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	<b>10</b> Crop insurance proceeds \$	
<b>15b</b> Section 409A income \$		<b>11</b>	<b>12</b>	
		<b>13</b> Excess golden parachute payments \$	<b>14</b> Gross proceeds paid to an attorney \$	
		<b>16</b> State tax withheld \$	<b>17</b> State/Payer's state no.	<b>18</b> State income \$

Form **1099-MISC**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  Gloucester Fishing, LLC 100 Main Street Gloucester, MA 01930		<b>1</b> Rents \$	OMB No. 1545-0115  <b>2008</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>
		<b>2</b> Royalties \$		
		<b>3</b> Other income \$		
PAYER'S federal identification number  04-1234567	RECIPIENT'S identification number  432-10-9876	<b>5</b> Fishing boat proceeds  \$ 14,000.00	<b>4</b> Federal income tax withheld \$	<b>Copy B For Recipient</b>
RECIPIENT'S name  Paul Crawford  Street address (including apt. no.)  2313 Sarah Drive  City, state, and ZIP code Lafayette, LA 70555	<b>7</b> Nonemployee compensation  \$	<b>6</b> Medical and health care payments  \$	<b>8</b> Substitute payments in lieu of dividends or interest  \$	
Account number (see instructions)	<b>9</b> Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	<b>10</b> Crop insurance proceeds  \$	<b>11</b>	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.
<b>15a</b> Section 409A deferrals  \$	<b>15b</b> Section 409A income  \$	<b>12</b>	<b>13</b> Excess golden parachute payments  \$	
<b>16</b> State tax withheld  \$	<b>17</b> State/Payer's state no.  \$	<b>14</b> Gross proceeds paid to an attorney  \$	<b>18</b> State income  \$	

Form **1099-MISC**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.  POINTE CONCEPTION MEDICAL, INC. 749 WARD DRIVE SANTA BARBARA, CA 93111		<b>1</b> Rents \$ 2,400.00	OMB No. 1545-0115  <b>2008</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>  <b>Copy B For Recipient</b>
		<b>2</b> Royalties \$		
		<b>3</b> Other income \$	<b>4 Federal income tax withheld</b> \$	
PAYER'S federal identification number  20-2836870	RECIPIENT'S identification number  432-10-9876	<b>5</b> Fishing boat proceeds  \$	<b>6</b> Medical and health care payments  \$	
RECIPIENT'S name  PAUL M CRAWFORD  Street address (including apt. no.)  2313 SARAH DRIVE  City, state, and ZIP code LAFAYETTE, LA 70555		<b>7</b> Nonemployee compensation  \$ 3,375.00	<b>8</b> Substitute payments in lieu of dividends or interest  \$	
Account number (see instructions)		<b>9</b> Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	<b>10</b> Crop insurance proceeds  \$	
<b>15a</b> Section 409A deferrals  \$		<b>11</b>	<b>12</b>	
<b>15b</b> Section 409A income  \$		<b>13</b> Excess golden parachute payments  \$	<b>14</b> Gross proceeds paid to an attorney  \$	
		<b>16</b> State tax withheld \$	<b>17</b> State/Payer's state no.	<b>18</b> State income \$

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.

Form **1099-MISC**

(keep for your records)

Department of the Treasury - Internal Revenue Service

**Schedule K-1  
(Form 1065)**

**2008**

Department of the Treasury  
Internal Revenue Service

For calendar year 2008, or tax  
year beginning \_\_\_\_\_, 2008  
ending \_\_\_\_\_, 20\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

<b>Part I Information About the Partnership</b>			
<b>A</b> Partnership's employer identification number 11-3801844			
<b>B</b> Partnership's name, address, city, state, and ZIP code  CCC FINANCIAL HOLDINGS LLC 444 COLUMBUS ROAD, 40TH FLOOR SAN FRANCISCO, CA 94101			
<b>C</b> IRS Center where partnership filed return Ogden, UT			
<b>D</b> <input checked="" type="checkbox"/> Check if this is a publicly traded partnership (PTP)			
<b>Part II Information About the Partner</b>			
<b>E</b> Partner's identifying number 432-10-9876			
<b>F</b> Partner's name, address, city, state, and ZIP code  PAUL M CRAWFORD 2313 SARAH DRIVE LAFAYETTE LA 70555			
<b>G</b> <input type="checkbox"/> General partner or LLC member-manager		<input checked="" type="checkbox"/> Limited partner or other LLC member	
<b>H</b> <input checked="" type="checkbox"/> Domestic partner		<input type="checkbox"/> Foreign partner	
<b>I</b> What type of entity is this partner? _____			
<b>J</b> Partner's share of profit, loss, and capital (see instructions):			
	<b>Beginning</b>		<b>Ending</b>
Profit	0.087000 %		0.087000 %
Loss	0.087000 %		0.087000 %
Capital	0.105949 %		0.105949 %
<b>K</b> Partner's share of liabilities at year end:			
Nonrecourse	. . . . . \$		
Qualified nonrecourse financing	. . . . . \$	1,299	
Recourse	. . . . . \$	79	
<b>L</b> Partner's capital account analysis:			
Beginning capital account	. . . . . \$	4,874	
Capital contributed during the year	. . . . . \$		
Current year increase (decrease)	. . . . . \$	694	
Withdrawals & distributions	. . . . . \$	( 565 )	
Ending capital account	. . . . . \$	5,003	
<input checked="" type="checkbox"/> Tax basis		<input type="checkbox"/> GAAP	
<input type="checkbox"/> Other (explain)		<input type="checkbox"/> Section 704(b) book	

<b>Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
<b>1</b>	Ordinary business income (loss)	<b>15</b>	Credits
<b>2</b>	Net rental real estate income (loss) 671		
<b>3</b>	Other net rental income (loss)	<b>16</b>	Foreign transactions
		A	VARIOUS
<b>4</b>	Guaranteed payments	B	97
<b>5</b>	Interest income 23	C	24
<b>6a</b>	Ordinary dividends 46	D	17
<b>6b</b>	Qualified dividends 0	G	18
<b>7</b>	Royalties	H	40
<b>8</b>	Net short-term capital gain (loss) 1		
<b>9a</b>	Net long-term capital gain (loss)	<b>17</b>	Alternative minimum tax (AMT) items
		A	0
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain		
<b>10</b>	Net section 1231 gain (loss)	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction	<b>19</b>	Distributions
		A	74
<b>13</b>	Other deductions		
A	5	<b>20</b>	Other information
G	18	A	74
J	13	B	13
<b>14</b>	Self-employment earnings (loss)		
*See attached statement for additional information.			
<b>For IRS Use Only</b>			



**Schedule K-1  
(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

2008

For calendar year 2008, or tax  
year beginning \_\_\_\_\_, 2008  
ending \_\_\_\_\_, 20\_\_

**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss) 516,473	<b>13</b> K	Credits 9,531
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends 35,087		
<b>5b</b>	Qualified dividends 35,087	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b> A	Alternative minimum tax (AMT) items -461
<b>11</b>	Section 179 deduction 35,987	<b>16</b> C*	Items affecting shareholder basis STMT
<b>12</b> A	Other deductions 1,070	D	497,486
		<b>17</b> A	Other information 35,087

\* See attached statement for additional information.

**Part I Information About the Corporation**

<b>A</b>	Corporation's employer identification number 72-0462111
<b>B</b>	Corporation's name, address, city, state, and ZIP code Crawford Brands, Inc. P.O. Box 4508 Monroe, LA 71211-4508
<b>C</b>	IRS Center where corporation filed return Ogden, UT 84201

**Part II Information About the Shareholder**

<b>D</b>	Shareholder's identifying number 432-10-9876
<b>E</b>	Shareholder's name, address, city, state, and ZIP code Paul M Crawford 2313 Sarah Drive Lafayette, LA 70555
<b>F</b>	Shareholder's percentage of stock ownership for tax year . . . . . 33.320654 %

For IRS Use Only

Final K-1

Amended K-1

**Schedule K-1  
(Form 1041)**

**2008**

Department of the Treasury  
Internal Revenue Service

For calendar year 2008,  
or tax year beginning \_\_\_\_\_, 2008,  
and ending \_\_\_\_\_, 20\_\_\_\_

**Beneficiary's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and instructions.

**Part I Information About the Estate or Trust**

**A** Estate's or trust's employer identification number  
20-7210777

**B** Estate's or trust's name  
CRAWFORD, DAMORE TRUST

**C** Fiduciary's name, address, city, state, and ZIP code  
SUNTRUST BANK  
TRUST TAX SERVICES  
P.O. BOX 1908  
ORLANDO, FL 32802-1908

**D**  Check if Form 1041-T was filed and enter the date it was filed  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**E**  Check if this is the final Form 1041 for the estate or trust

**Part II Information About the Beneficiary**

**F** Beneficiary's identifying number  
432-10-9876

**G** Beneficiary's name, address, city, state, and ZIP code  
PAUL M CRAWFORD  
2313 SARAH DRIVE  
LAFAYETTE, LA 70555

**H**  Domestic beneficiary  Foreign beneficiary

**Part III Beneficiary's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Interest income	<b>11</b>	Final year deductions
<b>2a</b>	Ordinary dividends 2,854.		
<b>2b</b>	Qualified dividends 1,212.		
<b>3</b>	Net short-term capital gain		
<b>4a</b>	Net long-term capital gain 9,969.		
<b>4b</b>	28% rate gain	<b>12</b> A	Alternative minimum tax adjustment 40.
<b>4c</b>	Unrecaptured section 1250 gain	J	40.
<b>5</b>	Other portfolio and nonbusiness income 17.		
<b>6</b>	Ordinary business income		
<b>7</b>	Net rental real estate income	<b>13</b>	Credits and credit recapture
<b>8</b>	Other rental income		
<b>9</b>	Directly apportioned deductions		
		<b>14</b> A	Other information 732.
<b>10</b>	Estate tax deduction	B*	STMT
		E	2,854.

\*See attached statement for additional information.  
**Note.** A statement must be attached showing the beneficiary's share of income and directly apportioned deductions from each business, rental real estate, and other rental activity.

For IRS Use Only

**This list identifies the codes used on Schedule K-1 for beneficiaries and provides summarized reporting information for beneficiaries who file Form 1040. For detailed reporting and filing information, see the Instructions for Beneficiary Filing Form 1040 and the instructions for your income tax return.**

	<i>Report on</i>		<i>Report on</i>
<b>1. Interest income</b>	Form 1040, line 8a	<b>12. Alternative minimum tax (AMT) items</b>	
<b>2a. Ordinary dividends</b>	Form 1040, line 9a	<i>Code</i>	
<b>2b. Qualified dividends</b>	Form 1040, line 9b	<b>A</b> Adjustment for minimum tax purposes	Form 6251, line 15
<b>3. Net short-term capital gain</b>	Schedule D, line 5	<b>B</b> AMT adjustment attributable to qualified dividends	} See the beneficiary's instructions and the Instructions for Form 6251
<b>4a. Net long-term capital gain</b>	Schedule D, line 12	<b>C</b> AMT adjustment attributable to net short-term capital gain	
<b>4b. 28% rate gain</b>	Line 4 of the worksheet for Schedule D, line 18	<b>D</b> AMT adjustment attributable to net long-term capital gain	
<b>4c. Unrecaptured section 1250 gain</b>	Line 11 of the worksheet for Schedule D, line 19	<b>E</b> AMT adjustment attributable to unrecaptured section 1250 gain	
<b>5. Other portfolio and nonbusiness income</b>	Schedule E, line 33, column (f)	<b>F</b> AMT adjustment attributable to 28% rate gain	
<b>6. Ordinary business income</b>	Schedule E, line 33, column (d) or (f)	<b>G</b> Accelerated depreciation	
<b>7. Net rental real estate income</b>	Schedule E, line 33, column (d) or (f)	<b>H</b> Depletion	
<b>8. Other rental income</b>	Schedule E, line 33, column (d) or (f)	<b>I</b> Amortization	
<b>9. Directly apportioned deductions</b>		<b>J</b> Exclusion items	2009 Form 8801
<i>Code</i>		<b>13. Credits and credit recapture</b>	
<b>A</b> Depreciation	Form 8582 or Schedule E, line 33, column (c) or (e)	<b>A</b> Credit for estimated taxes	Form 1040, line 63
<b>B</b> Depletion	Form 8582 or Schedule E, line 33, column (c) or (e)	<b>B</b> Credit for backup withholding	Form 1040, line 62
<b>C</b> Amortization	Form 8582 or Schedule E, line 33, column (c) or (e)	<b>C</b> Low-income housing credit	Form 8586 (also see the beneficiary's instructions)
<b>10. Estate tax deduction</b>	Schedule A, line 28	<b>D</b> Qualified rehabilitation expenditures	See the beneficiary's instructions
<b>11. Final year deductions</b>		<b>E</b> Basis of other investment credit property	See the beneficiary's instructions
<b>A</b> Excess deductions	Schedule A, line 23	<b>F</b> Work opportunity credit	Form 5884, line 3
<b>B</b> Short-term capital loss carryover	Schedule D, line 5	<b>G</b> Welfare-to-work credit	Form 3800, line 1b
<b>C</b> Long-term capital loss carryover	Schedule D, line 12; line 5 of the wksht. for Sch. D, line 18; and line 16 of the wksht. for Sch. D, line 19	<b>H</b> Alcohol and cellulosic biofuels fuel credit	Form 6478, line 9 (also see the beneficiary's instructions)
<b>D</b> Net operating loss carryover — regular tax	Form 1040, line 21	<b>I</b> Credit for increasing research activities	Form 3800, line 1c
<b>E</b> Net operating loss carryover — minimum tax	Form 6251, line 28	<b>J</b> Renewable electricity, refined coal, and Indian coal production credit	See the beneficiary's instructions
		<b>K</b> Empowerment zone and renewal community employment credit	Form 8844, line 3
		<b>L</b> Indian employment credit	Form 3800, line 1g
		<b>M</b> Orphan drug credit	Form 3800, line 1h
		<b>N</b> Credit for employer-provided child care and facilities	Form 3800, line 1k
		<b>O</b> Biodiesel and renewable diesel fuels credit	Form 8864, line 11 (also see the beneficiary's instructions)
		<b>P</b> Nonconventional source fuel credit	Form 3800, line 1o
		<b>Q</b> Credit to holders of tax credit bonds	Form 8912, line 8
		<b>R</b> Agricultural chemicals security credit	Form 3800, line 1v
		<b>S</b> Energy efficient appliance credit	Form 3800, line 1q
		<b>T</b> Credit for employer differential wage payments	Form 3800, line 1w
		<b>U</b> Recapture of credits	See the beneficiary's instructions
		<b>14. Other information</b>	
		<b>A</b> Tax-exempt interest	Form 1040, line 8b
		<b>B</b> Foreign taxes	Form 1040, line 47 or Sch. A, line 8
		<b>C</b> Qualified production activities income	Form 8903, line 7
		<b>D</b> Form W-2 wages	Form 8903, line 15
		<b>E</b> Net investment income	Form 4952, line 4a
		<b>F</b> Gross farm and fishing income	Schedule E, line 42
		<b>G</b> Foreign trading gross receipts (IRC 942(a))	See the Instructions for Form 8873
		<b>H</b> Other information	See the beneficiary's instructions

**Note.** If you are a beneficiary who does not file a Form 1040, see instructions for the type of income tax return you are filing.

**Box 9—Directly Apportioned Deductions**

The fiduciary must attach a statement showing depreciation, depletion, and amortization directly apportioned to you, if any, for each activity reported in boxes 5 through 8.

**Box 12—Alternative Minimum Tax Items**

The information reported in box 12, codes A through I is used to prepare your Form 6251, Alternative Minimum Tax—Individuals. Code A, Adjustment for minimum tax purposes, is the total amount reported on Form 6251, line 15. Codes B through F represent the portion, if any, of the amount included in code A.

**Codes B through F.** If you have an amount in box 12 with code B, C, D, E, or F, see the instructions for lines 38, 39, and 40 of Form 6251.

**Codes G through I.** Include the amount with any of these codes on the applicable line of Form 6251.

**Code J. Exclusion items.** If you pay alternative minimum tax in 2008, the amount in box 12, code J will help you figure any minimum tax credit for 2009. See the 2009 Form 8801, Credit for Prior Year Minimum Tax—Individuals, Estates, and Trusts, for more information.

**Box 13—Credits and Credit Recapture**

Codes A through T list all the credits that may be allocated to you as a beneficiary. The corresponding line shows you what form to use when reporting the amount.

**Code A. Credit for estimated taxes.** The beneficiary treats this amount as a payment of estimated tax. To figure any underpayment and penalty on Form 2210, Underpayment of Estimated Tax by Individuals, Estates, and Trusts, treat the amount entered on box 13, code A, as an estimated tax payment made on January 15, 2009.

**Note.** Form 1041-T, Allocation of Estimated Tax Payments to Beneficiaries, must be timely filed by the fiduciary for the beneficiary to get the credit for an estimated tax payment.

**Code C. Low-income housing credit.** The fiduciary will provide you with a statement showing the amount to report on line 4 and 11 of Form 8586, Low-Income Housing Credit. If you only have an amount to report on line 4 of Form 8586 and your only source for the credit is a pass-through entity, such as an estate or trust, then you can report the amount on line 1d of Form 3800, General Business Credit, and you do not have to complete Form 8586.

**Code D. Qualified rehabilitation expenditures.** The fiduciary must provide you with a statement that shows the amount of any qualified rehabilitation expenditures and which line on Form 3468, Investment Credit, to report those expenditures.

**Code E. Basis of other investment credit property.** This code is used to report the basis of property for figuring the energy credit, the qualifying advanced coal project credit, and the qualifying gasification project credit on lines 2 through 4 of Form 3468. The fiduciary must provide you with a statement that shows the amount of basis and where to report it on Form 3468. If your statement includes an amount to be reported on line 5c, 5f, 5i, 11c, 11f, or 11i, then the statement must also provide additional information to report on the subsequent line of Form 3468.

**Code H. Alcohol and cellulosic biofuel fuels credit.** If this credit includes the small ethanol producer credit, the fiduciary will provide additional information on an attached statement. If a statement is attached, see the instructions for line 16 of Form 6478, Alcohol and Cellulosic Biofuel Fuels Credit.

If no statement is attached, report this amount on Form 6478, line 9.

**Code J. Renewable electricity, refined coal, and Indian coal production credit.** Complete Form 8835, Renewable Electricity, Refined Coal, and Indian Coal Production Credit, to figure the amount of your credit. The fiduciary must provide a statement showing the amount of credit to report on line 9 in Part I, and how much to report on line 29 in Part II of Form 8835.

**Code O. Biodiesel and renewable diesel fuels credit.** If this credit includes the small agri-biodiesel producer credit, the fiduciary will provide additional information on an attached statement. If no statement is attached, report this amount on line 11 of Form 8864, Biodiesel and Renewable Diesel Fuels Credit. If a statement is attached, see the instructions for Form 8864, line 11.

**Code U. Recapture of credits.** If you are required to recapture any credits, the fiduciary will provide a statement with the information you need to figure your credit recapture.

**Box 14—Other Information**

**Code F. Gross farming and fishing income.** The amount of farming and fishing income is included in box 6. This income is separately stated to help you determine if you are subject to a penalty for underpayment of estimated tax. Report the amount of gross farming and fishing income on Schedule E (Form 1040), line 42.

**Code H. Other income.** If this code is used, the fiduciary will provide you with any additional information you may need to file your return that is not shown elsewhere on this Schedule K-1.



CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Government of the District of Columbia Office of the Chief Financial Officer Office of Tax and Revenue 941 North Capitol Street, NE Washington, DC 20002		<b>1</b> Unemployment compensation \$	OMB No. 1545-0120  <b>2008</b>  Form <b>1099-G</b>	<b>Certain Government Payments</b>  <b>Copy B For Recipient</b>  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.
		<b>2</b> State or local income tax refunds, credits, or offsets \$ 63.11		
PAYER'S federal identification number 53-6001131	RECIPIENT'S identification number 432-10-9876	<b>3</b> Box 2 amount is for tax year 2007	<b>4 Federal income tax withheld</b> \$	
RECIPIENT'S name Paul M Crawford  Street address (including apt. no.) 2313 Sarah Drive City, state, and ZIP code Lafayette, LA 70555		<b>5</b> ATAA payments \$	<b>6</b> Taxable grants \$	
Account number (see instructions)		<b>7</b> Agriculture payments \$	<b>8</b> Box 2 is trade or business income <input type="checkbox"/>	

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CRAWFORD, INC.  
 2313 SARAH DRIVE  
 LAFAYETTE, LA 70555

**FORM 1099-PATR      Year 2008**

PAYERS name, street address, city, state, ZIP code & telephone no.		1 Patronage dividends	OMB No.	Taxable
STATELINE COOPERATIVE		\$ 2086.63	1545-0118	Distributions
P.O. BOX 67		-----		Received from
120 WALNUT STREET		2 Nonpatronage distributions	YEAR 2008	Cooperatives
BURT, IA 505220000		\$ .00	-----	
phone no. 515-924-3555		3 Perunit retain allocations	Form	COPY B
		\$ .00	1099-PATR	for Recipient
PAYER'S Federal ID Number		4 Federal income tax withheld		
421023410	RECIPIENT'S ID Number	\$ .00		
	432-10-9876	-----		
RECIPIENT'S name, street address, city, state, & ZIP		5 Redemption of nonqualified notices & retain allocations	6 Domestic Production activities deduction	
CRAWFORD, INC.		\$ .00	\$ .00	
2313 SARAH DRIVE		-----		
LAFAYETTE, LA 70555			7 Investment credit	
			\$ .00	
		8 Work Opportunity credit	9 Patron's AMT adjustment	
		\$ .00	\$ .00	
Account number (see instructions)		10 Other credits and deductions		
123456789101112		\$ .00		

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.

Department of Treasury - Internal Revenue Service

(Keep for your records)

CORRECTED

OMB No. 1545-0238

**2008**  
**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

**Copy 1**  
**For State Tax**  
**Department**

PAYER'S name, address, ZIP code, federal identification number, and telephone number  Tribal Casino Gaming Enterprises DBA Harrah's Cherokee Smoky Mtn Casino HWY 19 & 441 Cherokee, NC 28719	<b>1</b> Gross winnings 1,020.00	<b>2</b> Federal income tax withheld .00
	<b>3</b> Type of wager 99 SM .25	<b>4</b> Date won 04   28   07
	<b>5</b> Transaction 02841	<b>6</b> Race N/A
	<b>7</b> Winnings from identical wagers N/A	<b>8</b> Cashier
WINNER'S name, address (including apt. no.), and ZIP code  Paul M Crawford 2313 Sarah Drive Lafayette, LA 70555	<b>9</b> Winner's taxpayer identification no. 432-10-9876	<b>10</b> Window MAIN CAGE
	<b>11</b> First I.D. VISA 1743	<b>12</b> Second I.D. A1B2C3D4E5F6
	<b>13</b> State/Payer's state identification no. N/A	<b>14</b> State income tax withheld 0.00
Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.		
<b>Signature</b> ▶		<b>Date</b> ▶

Form **W-2G**

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

**Acquisition or  
Abandonment of  
Secured Property**

LENDER'S name, street address, city, state, ZIP code, and telephone no. FEDERAL NATIONAL MTG. ASSOC. 3900 WISCONSIN AVE., N.W. WASHINGTON DC 20016		OMB No. 1545-0877 <b>2008</b> Form <b>1099-A</b>	<b>Copy B For Borrower</b> 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 taxable income results from this transaction and the IRS determines that it has not been reported.	
LENDER'S federal identification number 52-0883107	BORROWER'S identification number 432-10-9876	<b>1</b> Date of lender's acquisition or knowledge of abandonment 09/26/08		<b>2</b> Balance of principal outstanding \$ 82,283.42
BORROWER'S name PAUL M CRAWFORD Street address (including apt. no.) 2313 SARAH DRIVE City, state, and ZIP code LAFAYETTE, LA 70555		<b>3</b>		<b>4</b> Fair market value of property \$ 67,303.34
		<b>5</b> Was borrower personally liable for repayment of the debt? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Account number (see instructions) 3697235432		<b>6</b> Description of property		

Form **1099-A**

(keep for your records)

Department of the Treasury - Internal Revenue Service



CORRECTED (if checked)

CREDITOR'S name, street address, city, state, and ZIP code  HSBC CARD SERVICES, INC. P.O. BOX 5216 CAROL STREAM IL 60197		OMB No. 1545-1424  <b>2008</b>  Form <b>1099-C</b>		<b>Cancellation of Debt</b>  <b>Copy B For Debtor</b>  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 taxable income results from this transaction and the IRS determines that it has not been reported.
CREDITOR'S federal identification number <b>36-3669862</b>	DEBTOR'S identification number	<b>1</b> Date canceled <b>03/31/2008</b>	<b>2</b> Amount of debt canceled <b>\$ 737.03</b>	
DEBTOR'S name  <b>PAUL M CRAWFORD</b>		<b>3</b> Interest if included in box 2  <b>\$ 22.37</b>	<b>4</b>	
Street address (including apt. no.) <b>2313 SARAH DRIVE</b> City, state, and ZIP code <b>LAFAYETTE LA 70555</b>		<b>5</b> Debt description  <b>CREDIT CARD/LOC</b>		
Account number (see instructions) <b>987654321</b>		<b>6</b> Bankruptcy (if checked) <input type="checkbox"/>	<b>7</b> Fair market value of property <b>\$</b>	

Form **1099-C**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

TRUSTEE'S or ISSUER'S name, street address, city, state, and ZIP code MORGAN STANLEY DW INC. HARBORSIDE FINANCIAL CENTER 401 PLAZA 3, 4TH FLOOR JERSEY CITY, NJ 07311		1 IRA contributions (other than amounts in boxes 2-4 and 8-10) \$ 3,958.29	OMB No. 1545-0747  <b>2008</b>  Form <b>5498</b>	<p style="text-align: center;"><b>IRA Contribution Information</b></p> <p style="text-align: center;"><b>Copy B For Participant</b></p> <p style="text-align: center;">This information is being furnished to the Internal Revenue Service.</p>
TRUSTEE'S or ISSUER'S federal identification no. 94-1671384	PARTICIPANT'S social security number 765-43-2109	2 Rollover contributions \$ 0.00	3 Roth IRA conversion amount \$ 0.00	
PARTICIPANT'S name NANCY J CRAWFORD		5 Fair market value of account \$ 23,230.33	4 Recharacterized contributions \$ 0.00	
Street address (including apt. no.) 2313 SARAH DRIVE		7 IRA      SEP      SIMPLE      Roth IRA <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 Life insurance cost included in box 1 \$ 0.00	
City, state, and ZIP code LAFAYETTE, LA 70555		8 SEP contributions \$ 0.00	9 SIMPLE contributions \$ 0.00	
Account number (see instructions) 123456789		10 Roth IRA contributions \$ 0.00	11 If checked, required minimum distribution for 2009 <input type="checkbox"/>	

Form **5498**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

TRUSTEE'S/PAYER'S name, street address, city, state, and ZIP code Morgan Herring Morgan Green Rosenbluntt PO Box 2756 High Point, NC 27262		OMB No. 1545-1517 <b>2008</b> Form <b>1099-SA</b>		<b>Distributions From an HSA, Archer MSA, or Medicare Advantage MSA</b>  <b>Copy B For Recipient</b>  This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number 56-0649557	RECIPIENT'S identification number 432-10-9876	<b>1</b> Gross distribution \$ 1498.50	<b>2</b> Earnings on excess cont. \$	
RECIPIENT'S name Paul M Crawford		<b>3</b> Distribution code	<b>4</b> FMV on date of death \$	
Street address (including apt. no.) 2313 Sarah Drive City, state, and ZIP code Lafayette, LA 70555		<b>5</b> HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions)				

Form **1099-SA**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

TRUSTEE'S name, street address, city, state, and ZIP code  HSA Bank, a Division of Webster Bank, N.A. 605 N 8th street, ste 320 Sheboygan, WI 53081		<b>1</b> Employee or self-employed person's Archer MSA contributions made in 2008 and 2009 for 2008 \$ 0 <b>2</b> Total contributions made in 2008 \$ 1750.00	OMB No. 1545-1518  <b>2008</b>  Form <b>5498-SA</b>	<b>HSA, Archer MSA, or Medicare Advantage MSA Information</b>   <b>Copy B</b>  <b>For Participant</b>  The information in boxes 1 through 6 is being furnished to the Internal Revenue Service.
TRUSTEE'S federal identification number 06-0273620	PARTICIPANT'S social security number 432-10-9876	<b>3</b> Total HSA or Archer MSA contributions made in 2009 for 2008 \$ 0.00		
PARTICIPANT'S name  Paul M Crawford		<b>4</b> Rollover contributions \$ 0.00	<b>5</b> Fair market value of HSA, Archer MSA, or MA MSA \$ 1733.02	
Street address (including apt. no.) 2313 Sarah Drive City, state, and ZIP code Lafayette, LA 70555		<b>6</b> HSA <input checked="" type="checkbox"/> Archer MSA <input type="checkbox"/> MA MSA <input type="checkbox"/>		
Account number (see instructions)  3697235432				

Form **5498-SA**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. GENWORTH LIFE INSURANCE COMPANY P.O. BOX 40007 LYNCHBURG, VA 24506-9939		<b>1</b> Gross long-term care benefits paid \$ 52,540.00 <b>2</b> Accelerated death benefits paid \$	OMB No. 1545-1519 <b>2008</b> Form <b>1099-LTC</b>	<b>Long-Term Care and Accelerated Death Benefits</b>
PAYER'S federal identification number 91-6027719	POLICYHOLDER'S identification number 432-10-9876	<b>3</b> <input type="checkbox"/> Per diem <input checked="" type="checkbox"/> Reimbursed amount	INSURED'S social security no. 765-43-2109	
POLICYHOLDER'S name PAUL M CRAWFORD Street address (including apt. no.) 2313 SARAH DRIVE City, state, and ZIP code LAFAYETTE, LA 70555		INSURED'S name NANCY J CRAWFORD Street address (including apt. no.) 2313 SARAH DRIVE City, state, and ZIP code LAFAYETTE, LA 70555		<b>Copy B For Policyholder</b> 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 item is required to be reported and the IRS determines that it has not been reported.
Account number (see instructions)	<b>4</b> Qualified contract <input checked="" type="checkbox"/> (optional)	<b>5</b> (optional) <input checked="" type="checkbox"/> Chronically ill <input type="checkbox"/> Terminally ill	Date certified 12/04/2008	

Form **1099-LTC**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number <b>IOWA STUDENT LOAN LIQUIDITY CO ASHFORD II BLDG, 6775 VISTA DR WEST DES MOINES, IA 50266 800-243-7552</b>		OMB No. 1545-1576 <b>2008</b> Form <b>1098-E</b>	<b>Student Loan Interest Statement</b>  <b>Copy B For Borrower</b>  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 the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.
RECIPIENT'S Federal identification no. <b>42-1137531</b>	BORROWER'S social security number <b>432-10-9876</b>	1 Student loan interest received by lender <b>\$ 536.26</b>	
BORROWER'S name <b>PAUL M CRAWFORD 2313 SARAH DRIVE LAFAYETTE, LA 70555</b>			
Account number (see instructions)		2 Box 1 includes loan origination fees and/or capitalized interest (if checked) <input type="checkbox"/>	

Form **1098-E**

(keep for your records)

Department of the Treasury - Internal Revenue Service

You are receiving a 1098-E for the tax year 2008, or a corrected 1098-E for the tax year 2008. This form should replace any information you may have received from us recently.

If "Box 2" is checked above, the total in "Box 1" includes amounts received by the lender that paid loan origination fees and/or capitalized interest on loans made on or after September 1, 2004. If you have loans made before September 1, 2004, you may be able to deduct additional amounts not included in "Box 1". If you have any questions about allowable deductions for the interest and/or origination fees paid on your loans, please contact a tax professional.

If your address or telephone number has recently changed please provide this information to your servicer. Your servicer is identified in the upper left hand corner of this form, in the box titled "Recipient's/Lender's name, address and telephone number".

## Instructions for Borrower

A person (including a financial institution, a governmental unit, and an educational institution) that receives interest payments of \$600 or more during the year on one or more qualified student loans must furnish this statement to you.

You may be able to deduct student loan interest that you actually paid in 2008 on your income tax return. However, you may not be able to deduct the full amount of interest reported on this statement. Do not contact the recipient/lender for explanations of the requirements for (and how to figure) any allowable deduction for the interest paid. Instead, for more information see Pub. 970, Tax Benefits for Education, and "Student Loan Interest Deduction Worksheet" in your Form 1040 or 1040A instructions.

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

**Box 1.** Shows the interest received by the lender during the year on one or more student loans made to you. For loans made on or after September 1, 2004, box 1 must include loan origination fees and capitalized interest received in 2008. If your loan was made before September 1, 2004, you may be able to deduct loan origination fees and capitalized interest not reported in box 1.

**Box 2.** Shows if loan origination fees and/or capitalized interest are included in box 1.

CORRECTED

FILER'S name, street address, city, state, ZIP code, and telephone number  LeTourneau University 2100 South Moberly Avenue Longview TX 75607		1 Payments received for qualified tuition and related expenses <b>\$</b>	OMB No. 1545-1574  <b>2008</b>  Form <b>1098-T</b>	<b>Tuition Statement</b>  <b>Copy B For Student</b>  This is important tax information and is being furnished to the Internal Revenue Service.
FILER'S federal identification no. 75-1081109	STUDENT'S social security number 432-10-9876	2 Amounts billed for qualified tuition and related expenses <b>\$ 10,733.00</b>	3 If this box is checked, your educational institution has changed its reporting method for 2008 <input type="checkbox"/>	
STUDENT'S name  Paul M Crawford		4 Adjustments made for a prior year <b>\$</b>	5 Scholarships or grants <b>\$</b>	
Street address (including apt. no.) 2313 Sarah Drive		6 Adjustments to scholarships or grants for a prior year <b>\$</b>	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2009 <input type="checkbox"/>	
City, state, and ZIP code Lafayette, LA				
Service Provider/Acct. No. (see instr.)	8 Checked if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund <b>\$</b>	

Form **1098-T**

(keep for your records)

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S/TRUSTEE'S name, street address, city, state, ZIP code, and telephone number U.S. BANK NATIONAL ASSOCIATION SL-MO-L3CD P.O. BOX 524 ST LOUIS, MO 63166-0524		<b>1</b> Gross distribution <b>\$</b> 1,743.42	OMB No. 1545-1760 <b>2008</b> Form <b>1099-Q</b>	<b>Copy B For Recipient</b> 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.
PAYER'S/TRUSTEE'S federal identification no. 31-0841368		<b>2</b> Earnings <b>\$</b>		
RECIPIENT'S social security number 432-10-9876	RECIPIENT'S name PAUL M CRAWFORD Street address (including apt. no.) 2313 SARAH DRIVE City, state, and ZIP code LAFAYETTE. LA 70555	<b>3</b> Basis <b>\$</b>	<b>5</b> Check one: • Qualified tuition program— Private <input type="checkbox"/> or State <input type="checkbox"/> • Coverdell ESA <input checked="" type="checkbox"/>	
Account number (see instructions) 3697235432	If an <b>FMV</b> amount is shown below, see <b>Pub. 970</b> , Tax Benefits for Education, for how to figure earnings. 2007 FAIR MARKET VALUE 0.00 DISTRIBUTION CODE 1		<b>6</b> If this box is checked, the recipient is not the designated beneficiary <input type="checkbox"/>	

Form **1099-Q**

(keep for your records)

Department of the Treasury - Internal Revenue Service



CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number  CHASE HOME FINANCE LLC 3415 VISION DRIVE COLUMBUS OH 43219		* <b>Caution:</b> <i>The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.</i>	OMB No. 1545-0901  <b>2008</b>  Form <b>1098</b>	<b>Mortgage Interest Statement</b>  <b>Copy B For Payer</b> <small>The information in boxes 1, 2, 3, and 4 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 the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.</small>
RECIPIENT'S federal identification no. 20-1897196	PAYER'S social security number 432-10-9876	<b>1</b> Mortgage interest received from payer(s)/borrower(s)* \$ 9,580.30		
PAYER'S/BORROWER'S name  PAUL M CRAWFORD		<b>2</b> Points paid on purchase of principal residence \$		
Street address (including apt. no.) 2313 SARAH DRIVE City, state, and ZIP code LAFAYETTE LA 70555		<b>3</b> Refund of overpaid interest \$		
Account number (see instructions) 3697235432		<b>4</b> Mortgage insurance premiums \$ 993.44		
		<b>5</b> 3,964.93		

Form **1098**

(keep for your records)

Department of the Treasury - Internal Revenue Service