| Schedule A - Line 21 |  |  |  |
| :--- | ---: | ---: | :---: |
| US 1040 | Unreimbursed Employee Business Expenses |  |  |




## Taxpayer

Email


Spouse Occupation SCHOOL TEACHER


1068 RIVERMEADE DR
PLUCKEMIN NJ 07978-

Recap of 2011 Income Tax Return

| Earned Income | 44,161. | Federal Tax | 2,582. |
| :---: | :---: | :---: | :---: |
| Federal AGI. | 74,240. | Withholding | 5,603. |
| Taxable Income | 40,456. | Refund/(Due) | 2,173. |
| EIC |  | Tax Bracket | 15.0 \% |


$\square$


|  | Maximum RAL | Partial RAL | 2 week check | 2 week deposit |
| :---: | :---: | :---: | :---: | :---: |
| Qualifying refund...................... |  |  |  |  |
| Fees |  |  |  |  |
| Net refund |  |  |  |  |
| Fast check |  |  |  |  |
| 2 week check. |  |  |  |  |
| State check |  |  |  |  |
| Check one ............... |  |  |  |  |

Interest. List all interest on Schedule B, regardless of the amount.
Unemployment and/or state tax refund. Fill out 1099G worksheet


Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

|  | Taxpayer | Spouse | Total |
| :---: | :---: | :---: | :---: |
| Gross amount received attributable to 2011 |  |  |  |
| Using the above modified AGI, this is the taxable amount of the 2011 benefit |  |  |  |
| Amounts taxable from previous years |  |  |  |
| Taxable benefits using the lump-sum election method | ...... | . |  |


| Name: KARL R KENT \& KARA B BRYANT | SSN: |  | 211-02-0752 |
| :---: | :---: | :---: | :---: |
| Student Loan Interest (Postsecondary Education) | Taxpayer | Spouse | Total |
| 1 Amount paid in 2011. See instructions for limitations and definition of qualified student loan interest. Total column is limited to $\$ 2,500$ |  | 268. | 268. |

Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line $30 \quad 74,508$.
Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds $\$ 60,000$ ( $\$ 120,000$ married filing jointly) and is -0 - when AGI exceeds $\$ 75,000$ ( $\$ 150,000$ married filing jointly).

| 2 Student loan interest deduction |  | 268. | 268. |
| :---: | :---: | :---: | :---: |
| Educator Expenses - Elementary and Secondary | Taxpayer | Spouse | Total |
| Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to $\$ 250$. Amounts over $\$ 250$ should be listed on Schedule A, Job Expenses, subject to 2\% of AGI |  | 375. | 250. |
| Education Savings Accounts (ESAs) and QTPs |  | Taxpayer | Spouse |
| 1 Excess contributions |  |  |  |
| 2 Taxable distributions . .............................................................. |  |  |  |

## Tuition and Fees as an AGI Deduction

In most cases, tuition and fees will create a better income tax result by using Form 8863, Education Credits. The same rules for qualified tuition and fees apply to the credit and the deduction.
No deduction is allowed if filing Form 1040NR or married filing separately.
Some things to consider
Form 8863, Education Credits

- $40 \%$ of the American Opportunity Credit is refundable and is reduced once the AGI reaches $\$ 80,000$ single ( $\$ 160,000$, married filing jointly), and is -0 - when the AGI reaches $\$ 90,000$ single ( $\$ 180,000$, married filing jointly).
- The nonrefundable education credits are reduced once the AGI reaches $\$ 50,000$, single ( $\$ 100,000$, married filing jointly), and is -0 - when the AGI reaches $\$ 60,000$, single ( $\$ 120,000$, married filing jointly).
- The American Opportunity Credit, if not reduced, can be as much as $\$ 2,500$ credit per student.
- The Lifetime Learning Credit, if not reduced, is limited to $\$ 2,000$.

Tuition and Fees as an AGI Deduction

- The deduction is limited to $\$ 4,000$, if AGI does not exceed $\$ 65,000$, single ( $\$ 130,000$ married filing jointly).
- The deduction is limited to $\$ 2,000$, if AGI exceeds $\$ 65,000$, single ( $\$ 130,000$ married filing jointly).
- The deduction is -0 - when AGI exceeds $\$ 80,000$, single ( $\$ 160,000$ married filing jointly).


Name: KARL R KENT \& KARA B BRYANT SSN: 211-02-0752


| For the year Jan. 1-Dec. 31, 2011, or other tax year beginning ,2011, ending | ,20 | See separate instructions. |
| :---: | :---: | :---: |
| Your first name and initial Last name <br> KARL R KENT  |  | Your social security number 211-02-0752 |
| If a joint return, spouse's first name and initial Last name KARA B BRYANT |  | Spouse's social security no. $212-02-0752$ |
| Home address (number and street). If you have a P.O. box, see instructions. 1068 RIVERMEADE DR | Apt. no. | Make sure the SSN(s) above and on line 6c are correct. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <br> PLUCKEMIN NJ 07978- |  | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $\$ 3$ to go to this fund. Check- |
| Foreign country name Foreign province/county | Foreign postal code | ing a box below will not change your tax or refund. <br> X You Spouse |



38 Amount from line 37 (adjusted gross income) 39a Check $\quad \mathrm{X}$ Youwere born before Jan. 2, 1947, $\quad \square$ Blind. Spouse was born before Jan. 2, 1947, Blind.
Standard
Deduction for-
b If your spouse itemizes on a separate return or you were a dual-status alien, check here Itemized deductions (from Schedule A) or your standard deduction

|  |  | 38 |
| :---: | :---: | :---: |
| Total boxes checked -39 a | 1 |  |
| - 39b |  |  |

40 Itemized deductions (from check any
box on line
$39 a$ or 39b or who can be claimed as a dependent, see
instructions.

- All others:

Single or
Married filing separately, separa
$\$ 5,800$
Married filing
jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500

42 Exemptions. Multiply $\$ 3,700$ by the number on line 6 d
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-
44 Tax (see instructions). Check if any tax is from: $\quad \mathbf{a} \square$ Form(s) $8814 \quad$ b $\square$ Form $4972 \quad \mathbf{c} \square 962$ election
45 Alternative minimum tax (see instructions). Attach Form 6251
46 Add lines 44 and 45


47 Foreign tax credit. Attach Form 1116 if required ............
48 Credit for child and dependent care expenses. Attach Form 2441
49 Education credits from Form 8863, line 23
50 Retirement savings contributions credit. Attach Form 8880
51 Child tax credit (see instructions)
52 Residential energy credits. Attach Form 5695
53 a $\quad$ 3800-b $\square$
54 Add lines 47 through 53 These are cour total $\square$
54 Add lines 47 through 53. These are your total credits

|  | 55 |
| :--- | :--- |
| Other | 56 |
| Taxes | 57 |

56 Self-employment tax. Attach Schedule SE
Taxes

| Payments |
| :--- |
| If you have a <br> qualifying child, <br> attach Schedule <br> ElC. |

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required
59a Household employment taxes from Schedule H
b First-time homebuyer credit repayment. Attach Form 5405 if required
60 Other taxes. Enter code(s) from instructions
61 Add lines 55 through 60. This is your total tax
62 Federal income tax withheld from Forms W-2 and 1099
632011 estimated tax payments and amount applied from 2010 return
64a Earned income credit (EIC)
b Nontaxable combat
pay election
65 Additional child tax credit. Attach Form 8812
66 American opportunity credit from Form 8863, line 14
67 First-time homebuyer credit from Form 5405, line 10
68 Amount paid with request for extension to file
69 Excess social security and tier 1 RRTA tax withheld
70 Credit for federal tax on fuels. Attach Form 4136
71 Credits from Form: a $\square 2439 \quad \mathbf{b} \square 8839$ c $\square 8801 \quad \mathbf{d} \square 8885$
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments
Refund
73 If line 72 is more than line 61 , subtract line 61 from line 72 . This is the amount you overpaid
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here

- b $\begin{aligned} & \text { Routing } \\ & \text { number } \\ & \text { Account }\end{aligned} \boldsymbol{D} 65502789$ c Type: X Checking $\square$ Savings

Direct deposit?
See instruction

| Amount |
| :--- |
| You Owe |
| Third Party |
| Designee |
| Sign |



Preparer's
Use Only

Firm's name
Firm's address

75 Amount of line 73 you want applied to your 2012 estimated tax ${ }^{-}$75 $\quad 2,173$.
76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.
77 Estimated tax penalty (see instructions)

77


For Paperwork Reduction Act Notice, see Form 1040 instructions.


## Cash Contributions

| Other Charitable miles: $\quad$ X $114=$ |  |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
| From Schedules K-1............................... |  |
| Amount from additional worksheets . . . . . . . . . . . . . . . . |  |
| Total ............................................... | 2,125. |
| Charitable miles: $\quad$ X $114=$ |  |
| Schedules K-1 $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots .$. |  |
| Amount from additional worksheets . . . . . . . . . . . . . . . . . |  |
| Total . | 350 . |


| CHURCH | $1,650$. |
| :--- | ---: |
| VARIOUS | 225. |
| MILLSAP ELEMENTARY | 250. |
|  |  |

1,650

| From Forms 8283 ................................... |  |
| :---: | :---: |
| Amount from additional worksheets ...................... |  |
| Total |  |

30\% Limit Capital gain property donated to $50 \%$ limit organizations.

|  | From Forms 8283 ................................... |
| :---: | :---: |
| From Schedules K-1 | Total ............................................ |

$30 \%$ Limit Not capital gain property donated to $30 \%$ limit organizations.


## Contribution Carryovers

|  | From years 2006 through 2010 |  |  |  | To 2012 tax year |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Cash and other property |  | Capital gain property |  | Cash and other property |  |  | Capital gain property |
| 2006 |  |  |  |  |  |  |  |  |
| 2007 |  |  |  |  |  |  |  |  |
| 2008 |  |  |  |  |  |  |  |  |
| 2009 |  |  |  |  |  |  |  |  |
| 2010 |  |  |  |  |  |  |  |  |
| 2011 |  |  |  |  |  |  |  |  |
| $\overline{\text { ¢ }}$ Contributions allowed this year |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| $\stackrel{\text { ® }}{\text { ® }}$ This year's $50 \%$ organization cash contributions allowed |  |  |  |  |  |  |  | 2,125. |
| $30 \%$ of adjusted gross income |  |  |  |  |  |  | 22,272. |  |
| This year's capital gain contributions to $50 \%$ organizations limited to $30 \%$ |  |  |  |  |  |  |  |  |
| 50\% cash carryover allowed |  |  |  |  |  |  |  |  |
| 50\% capital gain carryover limited to 30\% |  |  |  |  |  |  |  |  |
| - This year's $30 \%$ organization cash and other property contributions allowed |  |  |  |  |  |  |  | 350 . |
| $30 \%$ organizations cash and other property carryover |  |  |  |  |  |  |  |  |
| 20\% | usted g |  |  |  |  |  | 14,848. |  |
| This year's capital gain contributions to $30 \%$ organizations limited to $20 \%$ <br> $30 \%$ capital gain carryover limited to $20 \%$ AGI <br> Total contributions allowed this year |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | 2,475. |



For Paperwork Reduction Act Notice, see your tax return instructions.

KARA B BRYANT
TRANSCRIPTION

212-02-0752
561410

2,719.
2,719.
2,719.
224.
117.
341.

2,378.

2,378.
PAPER 49.
$\rightarrow$ Attach to Form 1040 or Form 1040NR. $\downarrow$ See Instructions for Schedule D (Form 1040).

- Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

Dernat Reve Service
Name(s) shown on return

2011
Attachment Sequence No. 12

KARL R KENT \& KARA B BRYANT

Your social security number
211-02-0752

|  | Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | e: Please round and use whole dollars on this form. | (e) Sales price from From(s) 8949, line 2, column (e) | (f) Cost or other basis from Form(s) 8949, line 2, column (f) | (g) Adjustments to ga or loss from Form(s) 8949, line 2 , column |  | (h) Gain or (loss) Combine columns (e) (f), and (g) |
| 1 Short-term totals from all Forms 8949 with box A checked on Part I |  |  |  |  |  |  |
| 2 Short-term totals from all Forms 8949 with box B checked on Part I |  |  |  |  |  |  |
| 3 Short-term totals from all Forms 8949 with box C checked on Part I |  |  |  |  |  |  |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 <br> 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 |  |  |  |  | 4 |  |
|  |  |  |  |  | 5 |  |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions |  |  |  |  | 6 | $($ |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h) |  |  |  |  | 7 |  |

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| Note: Please round and use whole dollars on this form. | (e) Sales price from From(s) 8949, line 2, column (e) | (f) Cost or other basis from Form(s) 8949, line 2 , column (f) | (g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g) | (h) Gain or (loss) Combine columns (e) (f), and (g) |
| :---: | :---: | :---: | :---: | :---: |
| 8 Long-term totals from all Forms 8949 with box A checked on Part II | 21234. | 22866.$)$ | -35. | -1667. |
| 9 Long-term totals from all Forms 8949 with box B checked on Part II | 5663. | 7222.) |  | -1559. |
| 10 Long-term totals from all Forms 8949 with box C checked on Part II |  | ) |  |  |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 |  |  |  |  |
| Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 |  |  |  |  |
| Capital gain distributions. See the instructions Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions |  |  |  | 69. |
|  |  |  |  |  |
| 15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2 |  |  |  | -3157. |

For Paperwork Reduction Act Notice, see your tax return instructions.
Schedule D (Form 1040) 2011

## Part III

## Summary

16 Combine lines 7 and 15 and enter the result


- If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21 . Also be sure to complete line 22.
- If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 both gains?
$\square$ Yes. Go to line 18.
No. Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the $\mathbf{2 8 \%}$ Rate Gain Worksheet in the instructions $\qquad$

19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions

20 Are lines 18 and 19 both zero or blank?
Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.
No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040 NR, line 14, the smaller of:

- The loss on line 16 or
- $(\$ 3,000)$, or if married filing separately, $(\$ 1,500)$

Note. When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?
X Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040, line 44 (or in the Instructions for Form 1040NR line 42).
No. Complete the rest of Form 1040 or Form 1040NR.

| Name: KARL R KENT \& KARA B BRYANT |  |  |  | SSN: | 211-02-0752 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Taxable income from Form 1040, line 43, Form 1040NR, line 40, F Income Tax Worksheet | line 27, | $m$ the Foreign E |  |  | 40,456. |
| 2 | Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b | 232. |  |  |  |  |
| 3 | Line 4g of Form 4952 |  |  |  |  |  |
| 4 | Line 4e of Form 4952 |  |  |  |  |  |
| 5 | Subtract line 4 from line 3 |  |  |  |  |  |
| 6 | Subtract line 5 from line 2. If -0 - or less, enter -0- |  | 232. |  |  |  |
| 7 | Smaller of line 15 or line 16 of Schedule D |  |  |  |  |  |
| 8 | Smaller of line 3 or line 4 |  |  |  |  |  |
| 9 | Subtract line 8 from line 7. If -0 - or less, enter -0- |  |  |  |  |  |
| 10 | Add lines 6 and 9 |  | .............. | 232. |  |  |
| 11 | Add lines 18 and 19 of Schedule D |  |  |  |  |  |
| 12 | Smaller of line 9 or line 11 |  |  |  |  |  |
| 13 | Subtract line 12 from line 10. If -0 - or less, enter -0- |  |  |  |  | 232. |
| 14 | Subtract line 13 from line 1 . If -0 - or less, enter -0 - |  |  |  |  | 40,224. |
| 15 | Smaller of line 1 or $\$ 68,000$ if married filing jointly or qualifying wid $\$ 34,000$, if single or married filing separately; $\$ 45,550$ if head of ho |  | 40,456. |  |  |  |
| 16 | Smaller of line 14 or line 15 |  | 40,224. |  |  |  |
| 17 | Subtract line 10 from line 1 . If -0 - or less, enter -0- | 224 |  |  |  |  |
| 18 | Larger of line 16 or line 17 |  |  | 40,224. |  |  |
| 19 | Subtract line 16 from line 15 |  |  | 232 . |  |  |
| 20 | Smaller of line 1 or line 13 |  |  |  |  |  |
| 21 | Amount from line 19 |  |  |  |  |  |
| 22 | Subtract line 21 from line 20 |  |  |  |  |  |
| 23 | Multiply line 22 by 15\% |  |  | .......... |  |  |
| 24 | Smaller of line 9 above or Schedule D, line 19 |  |  |  |  |  |
| 25 | Add lines 10 and 18 |  |  |  |  |  |
| 26 | Amount from line 1 |  |  |  |  |  |
| 27 | Subtract line 26 from line 25. If -0- or less, enter -0- |  |  |  |  |  |
| 28 | Subtract line 27 from line 24. If -0- or less, enter -0- |  |  |  |  |  |
| 29 | Multiply line 28 by $25 \%$ |  |  |  |  |  |
| 30 | Add lines 18, 19, 22, and 28 |  |  |  |  |  |
| 31 | Subtract line 30 from line 1 |  |  |  |  |  |
| 32 | Multiply line 31 by 28\% |  |  |  |  |  |
| 33 | Tax on line 18 amount |  |  |  |  | 5,184. |
| 34 | Add lines 23, 29, 32, and 33 |  |  |  |  | 5,184. |
| 35 | Tax on line 1 amount |  |  |  |  | 5,221. |
| 36 | Tax on all taxable income. Smaller of lines 34 or 35 |  |  |  |  | 5,184. |

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USSCHD\$3


## Sale of Your Home

1 Date main home was sold:
2 If Form 8828 is also needed for this sale, check here
3 If any part of the main home was ever rented out or used for business, see instructions
If part of the sale is a sale of business property, report the business portion using a depreciation wkst, and report personal portion below and skip line 9.
4 Selling price of home
5 Selling expenses
6 Amount realized
7 Adjusted basis of home sold
Gain on the sale. If -0- or less, enter -0-
Depreciation claimed on property after 05/06/1997
Subtract line 9 from line 8 . If -0 - or less, enter - 0 -
Aggregate number of days of nonqualified use after 12/31/2008
Number of days the taxpayer owned the property
Divide the amount on line 11 by the amount on line 12
Gain allocated to nonqualified use
5 Gain eligible for exclusion
16a Did you (and your spouse if filing a joint return) own and occupy the property as your main home for a total of a least 2 years of the 5 year period before the sale?
b If "No", did you sell the home due to a change in place of employment, health or other unforeseen circumstances?
c If you are an unmarried surviving spouse, the sale occurred no later than 2 years after the date of the other spouse's death, the ownership and use requirements for joint filers were met immediately before the date of such death, and there was no sale or exchange of a main home by either spouse which qualified for the exclusion during the 2 -year period ending on the date of the other spouse's death, check here

Yes

## 17 Maximum exclusion

18 Smaller of line 15 or line 17. If you are reporting the sale on the installment method, enter this amount on Form 6252, line 15
19 Taxable gain.
a You must enter this amount on Schedule D or Form 6252 This gain is to be considered: $\square$ short-term $\square$ long-term.
b Transferred to Form 4797, Part III


[^0]

## Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property,

 use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2 , line 40.Caution. For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

| 1 | Physical address of each property-street, city, state, zip | Type-from list below | 2 | For each rental real estate property listed, report the number of |  | Fair Rental Days | Personal Use Days | QJV |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | BLACK JACK PRODUCTION 1001 YUKON D | 6 |  | days rented at fair rental | A |  |  |  |
| B |  |  |  | value and days with | B |  |  |  |
| C |  |  |  | instructions. | C |  |  |  |

## Type of Property:

| 1 | Single Family Residence | 3 | Vacation/Short-Term Rental | 5 | Land | 7 | Self-Rental |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 2 | Multi-Family Residence | 4 | Commercial | 6 | Royalties | 8 | Other (describe) |

## Income:



Name of person with self-employment income (as shown on Form 1040)

Social security number of person
with self-employment income - 212-02-0752

## Section B - Long Schedule SE

## Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.
A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had $\$ 400$ or more of other net earnings from self-employment, check here and continue with Part I
1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions) b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)
3 Combine lines 1a, 1b, and 2
4 a If line 3 is more than zero, multiply line 3 by $92.35 \%$ (.9235). Otherwise, enter amount from line 3
Note. If line 4 a is less than $\$ 400$ due to Conservation Reserve Program payments on line 1b, see instructions.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here
c Combine lines 4 a and 4 b. If less than $\$ 400$, stop; you do not owe self-employment tax.
Exception. If less than $\$ 400$ and you had church employee income, enter -0 - and continue
5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income
b Multiply line 5 a by $92.35 \%$ (.9235). If less than $\$ 100$, enter -0 -
6 Add lines 4c and 5b
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the $4.2 \%$ portion of the $5.65 \%$ railroad retirement (tier 1) tax for 2011
8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $\$ 106,800$ or more, skip lines 8 b through 10, and go to line 11
b Unreported tips subject to social security tax (from Form 4137, line 10)
c Wages subject to social security tax (from Form 8919, line 10)
d Add lines 8a, 8b, and 8c $\qquad$
9 Subtract line 8 d from line 7 . If zero or less, enter -0 - here and on line 10 and go to line 11
10 Multiply the smaller of line 6 or line 9 by $10.4 \%$ (.104)
11 Multiply line 6 by $2.9 \%$ (.029)
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54
13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts.

- 59.6\% (.596) of line 10.
- One-half of line 11.

Enter the result here and on Form 1040, line 27, or Form
1040NR, line 27
13
168.

## Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ${ }^{1}$ was not more than $\$ 6,720$ or
(b) your net farm profits ${ }^{2}$ were less than $\$ 4,851$.

14 Maximum income for optional methods

|  |  |  |
| :--- | :--- | :--- |
| 14 | $4,480 \quad 00$ |  |
| 15 |  |  |

15 Enter the smaller of: two-thirds (2/3) of gross farm income ${ }^{1}$ (not less than zero) or $\$ 4,480$. Also
include this amount on line 4b above

15
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ${ }^{3}$ were less than $\$ 4,851$ and also less than $72.189 \%$ of your gross nonfarm income, and (b) you had net earnings from self-employment of at least $\$ 400$ in 2 of the prior 3 years.
Caution. You may use this method no more than five times.
16 Subtract line 15 from line 14
16
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ${ }^{4}$ (not less than zero) or the amount on line 16. Also include this amount on line 4b above
${ }^{1}$ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
${ }^{2}$ From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.
${ }^{3}$ From Sch. C, line 31; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
${ }^{4}$ From Sch. C, line 7; Sch. C-EZ, line 1d; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

| W-2 DETAIL REPORT - 2011 211-02-0752 |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Employer EIN | TP ${ }^{\text {SP }}$ | Gross Wages | Federal With. | FICA | Medicare | St | State <br> Wages | State <br> With. | Locality | Local <br> With. |
| JEFFERSON INDEPENDENT SC 25-5020752 | X | 13817 | 987 | 580 | 200 | NJ | 13817 | 693 |  |  |
| AMERICUS PETROLEUM 25-6020752 | X | 28134 | 2176 | 1306 | 451 | NJ | 28134 | 1674 |  |  |
|  |  | 41951 | 3163 | 1886 | 651 |  | 41951 | 2367 |  |  |

Name: KARL R KENT \& KARA B BRYANT<br>SSN: 211-02-0752

## Federal Estimated Tax Payments

| See note below | Date of payment |  | Towards 04/15/2011 payment | Towards 06/15/2011 payment | Towards 09/15/2011 payment | Towards 01/15/2012 payment |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| From last year | 04/15/2011 | 200. |  |  |  |  |
| D 04/15 1 | 04/14/2011 | 100. |  |  |  |  |
| U 06/15 2 |  |  |  |  |  |  |
| E 09/15 3 | 09/18/2011 | 100. |  |  |  |  |
| 01/15 4 |  |  |  |  |  |  |
| * Pay date |  |  |  |  |  |  |
| Totals |  | 400 . |  |  |  |  |
| * Fill in the pay | y date on Form 2210, |  |  |  |  |  |
| State Estimated Tax Payments |  |  |  |  |  |  |

**The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1 , enter it in payment 1 , etc.

* Check the * column if payment 4 was paid before 01/01/2012.

Taxpayer, Joint, or Combined State Return

| ** Date of Payment |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| State | Credit from last year | $04 / 15 / 2011$ <br> Amount 1 | $06 / 15 / 2011$ <br> Amount 2 | $09 / 15 / 2011$ <br> Amount 3 | $01 / 15 / 2012$ Amount 4 | * | Total |
| NJ |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| NJ | State and/or local balance due from previous years' returns paid in 2011. Include amounts paid with a 2010 extension paid in 2011 <br> State and/or local balance due from previous years' returns paid in 2011. Include amounts paid with a 2010 extension paid in 2011 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| NJ | Last state estimate payment for 2010 paid in 2011 (due January 15, 2011) |  |  |  |  |  |  |
|  | Last state estimate payment for 2010 paid in 2011 (due January 15, 2011) |  |  |  |  |  |  |

## Spouse Filing Married Separate State Tax Return or Second Full Year Resident State

| ** Date of Payment |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| State | Credit from last year | $\begin{array}{r} \hline \text { 04/15/2011 } \\ \text { Amount } 1 \end{array}$ | $06 / 15 / 2011$ <br> Amount 2 | $\begin{gathered} \hline 09 / 15 / 2011 \\ \text { Amount } 3 \end{gathered}$ | 01/15/2012 <br> Amount 4 | * | Total |
|  |  |  |  |  |  |  |  |
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W-2G DETAIL REPORT - 2011

Payer EIN TP $\mid$ SP
Federal Gross State Withheld Winnings Withheld Losses 26-7020752 X

| 1200 | 36 | 2250 |
| :--- | :--- | :--- |
| ---- | -- | --- |
| 1200 | 36 | 2250 |

## 1099G DETAIL REPORT - 2011



1099 MISCELLANEOUS REPORT - 2011


TRANSCRIPTION:
PRATT MEDICAL C 26-0020752
1637
1637

1099-R DETAIL REPORT - 2011

| Payer | EIN |  | $\begin{gathered} \text { Box } \\ 7 \end{gathered}$ | IRA/SEP <br> Simple | Fed. With. | State With. | Gross | $\begin{gathered} \text { 1099R } \\ \text { Taxable } \end{gathered}$ |  | Roll/ <br> Exclude | Net | Cost | Cost <br> Bal. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SAULK TRUST COMPANY | 26-2020752 | T | 7 | X | NJ |  | 838 | 838 |  |  | 838 |  |  |
| YALE SECURITY IRA | 26-3020752 | T | G | X | NJ |  | 11755 |  | R | 11755 |  |  |  |
| DEFENSE FINANCE AND | 11-2020752 | T | 7 |  | NJ |  | 1200 | 1200 |  |  | 1200 |  |  |
| STILLMAN PENSION FUN | 26-4020752 | T | 7 |  | 1715 NJ |  | 18625 |  | E | 335 | 18290 | 5864 | 5194 |
|  |  |  |  |  | 1715 |  | 32418 | 2038 |  | 12090 | 20328 | 5864 | 5194 |

Department of the Treasury Internal Revenue Service (99)

- See separate instructions.


Name(s) shown on return Your social security number
KARL R KENT \& KARA B BRYANT 211-02-0752
Part I Persons or Organizations Who Provided the Care - You must complete this part. (If you have more than two care providers, see the instructions.)

| $\mathbf{1}$ (a)Care provider's <br> name | (b) Address <br> (number, street, apt. no., city, state, and ZIP code) | (c)Identifying number <br> (SSN or EIN) | (d)Amount paid <br> (see instructions) |
| :---: | :---: | :---: | :---: | :---: |
| MARYVILLE DAY CARE PLUCKEMIN NJ 07978- | 28 MENIO ST | $26-8020752$ | $1,100$. |
|  |  |  |  |



Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details,
see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

## Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.


- See instructions.

Department of the Treasury Internal Revenue Service

1a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)
Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.
b Print the complete address of the main home where you made the qualifying improvements.
Caution: You can only have one main home at a time.

| 1068 RIVERMEADE | DR |  |
| :--- | :--- | :---: |
| Number and street |  | Unit No. |
| P LUCKEMIN | NJ $07978-$ |  |
| City, State, and ZIP code |  |  |

c Were any of these improvements related to the construction of this main home?
 Caution: If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.
2 Lifetime limitation. Amounts claimed in 2006, 2007, 2009, and 2010.
a Amount, if any, from line 12 of your 2006 Form 5695


|  | $2 a$ |
| :--- | :--- |
|  | $2 b$ |
|  | $2 c$ |
|  | $2 d$ |

c Amount, if any, from line 11 of your 2009 Form 5695
d Amount, if any, from line 11 of your 2010 Form 5695
2d
e Add lines 2a through 2d. If $\$ 500$ or more, stop; you cannot take the nonbusiness energy property credit
3 Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions)
a Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC
b Exterior doors that meet or exceed the Energy Star program requirements
c Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home
d Exterior windows and skylights that meet or exceed the Energy Star program requirements

| 3d | $7,450$. |
| :---: | :--- |
| 3 e | $\$ 2,000$ |

e Maximum amount of cost on which the credit can be figured
f If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, or 2010, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-
g
h
4 Add lines 3a, 3b, 3c, and 3h
4 Add lines 3a, 3b, 3c, and 3h
5 Multiply line 4 by $10 \%$ (.10)
6 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions)
Energy-efficient building property. Do not enter more than $\$ 300$
b Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than $\$ 150$
c Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than $\$ 50$
7 Add lines 6a through 6c
8 Add lines 5 and 7
9 Maximum credit amount. (If you jointly occupied the home, see instructions)
10 Enter the amount, if any, from line $2 e$
11 Subtract line 10 from line 9 . If zero or less, stop; you cannot take the nonbusiness energy property credit
12 Enter the smaller of line 8 or line 11
13 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)
14 Nonbusiness energy property credit. Enter the smaller of line 12 or line 13. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49

| $2 \mathbf{e}$ |  |
| :---: | :---: |
|  |  |
|  |  |
| 3a |  |
| 3b |  |
|  |  |
| 3c |  |



| $6 \mathbf{}$ |  |
| :---: | :---: |
| $6 \mathbf{b}$ |  |
| $6 \mathbf{c}$ |  |
| 7 |  |
| 8 | 218. |
| 9 | 500. |
| 10 | 500. |
| 11 | 218. |
| 12 | $3,508$. |
| 13 | 218. |
| 14 |  |

Form 6251
Department of the Treasury Internal Revenue Service

## Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 and go to line 2. Otherwise, enter the amount from Form 1040, line 38 and go to line 6 . (If less than zero, enter as a negative amount.) ................ 1
2 Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2.5\% (.025) of Form 1040,
line 38. If zero or less, enter -0-
3 Taxes from Schedule A (Form 1040), line 9
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line
5 Miscellaneous deductions from Schedule A (Form 1040), line 27
6 Skip this line. It is reserved for future use
7 Tax refund from Form 1040, line 10 or line 21
8 Investment interest expense (difference between regular tax and AMT)
9 Depletion (difference between regular tax and AMT)
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount
11 Alternative tax net operating loss deduction
12 Interest from specified private activity bonds exempt from the regular tax
13 Qualified small business stock (7\% of gain excluded under section 1202)
14 Exercise of incentive stock options (excess of AMT income over regular tax income)

19 Passive activities (difference between AMT and regular tax income or loss)
20 Loss limitations (difference between AMT and regular tax income or loss)
21 Circulation costs (difference between regular tax and AMT)
22 Long-term contracts (difference between AMT and regular tax income)
23 Mining costs (difference between regular tax and AMT)
24 Research and experimental costs (difference between regular tax and AMT)
25 Income from certain installment sales before January 1, 1987
26 Intangible drilling costs preference
27 Other adjustments, including income-based related adjustments
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is
Part II $\quad$ Alternative Minimum Tax (AMT)

## Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)

$1 \quad 58,956$.

Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)

|  |  |
| ---: | ---: |
| $\mathbf{2}$ | $1,856$. |
| $\mathbf{3}$ | $4,538$. |
| $\mathbf{4}$ |  |
| $\mathbf{5}$ |  |
| 6 |  |
| $\mathbf{7}$ | $\left(\begin{array}{l}\text { ( }\end{array}\right.$ |
| $\mathbf{8}$ |  |

Disposition of property (difference between AMT and regular tax gain or loss)

| 8 |  |
| :---: | :--- |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |

.12

| 13 |
| :--- |
| 14 |

15
. 16
17

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20

| 21 |
| :--- |


| 21 |
| :--- |
| 23 |


| 22 |
| :--- |
| 23 |

24
. 25 (
.. 26
.. 27

29 Exemption. (If you were under age 24 at the end of 2011, see instructions.)

IF your filing status is. . .
Single or head of household
Married filing jointly or qualifying widow(er) ........
Married filing separately ................................

AND line 28 is not over. . .
$\$ 112,500 \quad \ldots \ldots \ldots \ldots . \quad \$ 48,450$
150,000 .............. 74,450
75,000 $\qquad$

If line 28 is over the amount shown above for your filing status, see instructions.
30 Subtract line 29 from line 28. If more than zero, go to line 31 . If zero or less, enter -0-here and on lines 33 and 35 and skip the rest of Part II
31 - If you are filing Form 2555 or $2555-\mathrm{EZ}$, see instructions for the amount to enter.

- If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here.
- All others: If line 30 is $\$ 175,000$ or less ( $\$ 87,500$ or less if married filing separately), multiply line 30 by $26 \%$ (.26). Otherwise, multiply line 30 by $28 \%$ (.28) and subtract $\$ 3,500$ ( $\$ 1,750$ if married filing separately) from the result.
32 Alternative minimum tax foreign tax credit (see instructions)
33 Tentative minimum tax. Subtract line 32 from line 31
34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule $J$ to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)

5,180.
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45


BCA For Paperwork Reduction Act Notice, see the instructions.


## FILE THIS FORM ONLY IF YOU ARE ATTACHING ONE OR MORE OF THE FOLLOWING FORMS OR SUPPORTING DOCUMENTS.

## Check the applicable box(es) to identify the attachments.

Appendix A, Statement by Taxpayer Using the Procedures in Rev. Proc. 2009-20 to Determine a Theft Loss Deduction Related to a Fraudulent Investment ArrangementForm 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes (or equivalent contemporaneous written acknowledgment)
$\square$ Form 2848, Power of Attorney and Declaration of Representative (or POA that states the agent is granted authority to sign the return)

Form 3115, Application for Change in Accounting MethodForm 3468 - attach a copy of the first page of NPS Form 10-168a, Historic Preservation Certification Application (Part 2 - Description of Rehabilitation), with an indication that it was received by the Department of the Interior or the State Historic Preservation Officer, together with proof that the building is a certified historic structure (or that such status has been requested)Form 4136 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the resellerForm 5713, International Boycott Report

Form 8283, Noncash Charitable Contributions, Section A, (if any statement or qualified appraisal is required) or Section B, Donated Property, and any related attachments (including any qualified appraisal or partnership Form 8283)

Form 8332, Release / Revocation of Release of Claim to Exemption for Child by Custodial Parent (or certain pages from a divorce decree or separation agreement, that went into effect after 1984 and before 2009) (see instructions)Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded EntitiesForm 8864 - attach the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller or a certificate from the provider identifying the product as renewable diesel and, if applicable, a statement from the resellerForm 8885, Health Coverage Tax Credit, and all required attachments

Form 8949, Sales and Other Dispositions of Capital Assets, (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949

## DO NOT SIGN THIS FORM

## Traditional IRA



Roth IRA


Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return
KARL R KENT \& KARA B BRYANT

Attachment
Sequence No. 50

You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

## Part I American Opportunity Credit

Caution: You cannot take the American opportunity credit for more than 4 tax years for the same student.

| 1 (a) Student's name (as shown on page 1 of your tax return) First name Last name | (b) Student's social security number (as shown on page 1 of your tax return) | (c) Qualified expenses (see instr.) <br> Do not enter more than $\$ 4,000$ for each student. | (d) Subtract $\$ 2,000$ from the amount in column (c). If zero or less, enter -0- | (e) Multiply the amount in column (d) by $25 \%$ (.25) |  | (f) If column (d) is zero, enter the amount from column (c). Otherwise, add $\$ 2,000$ to the amount in column (e). |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| KENDRA | 213-02-0752 | 3,250. | 1,250. | 313. |  | 2,313. |
| KENT |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2 Tentative American opp lifetime learning credit for | nity credit. Add the am ferent student, go to Pa | unts on line 1, column <br> II; otherwise, go to Par | you are taking the |  | 2 | 2,313. |

## Part II Lifetime Learning Credit

Caution: You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year.



Part IV Nonrefundable Education Credits

*If you are filing Form 2555,2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.
Form 8863 (2011)
 KARL R KENT \＆KARA B BRYANT

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2月966．T
211－02－0752

$$
\begin{array}{lcrrr}
85 & \text { RIDER } & \text { INE/RIT 12/30/2011 } & 5663 . & 7222 . \operatorname{T} \\
\text { KARL R KENT \& KARA B BRYANT } & & 211-02-0752
\end{array}
$$

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



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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.
Taxpayer's PIN: check one box only
X lauthorize TRAINING to enter or generate my PIN

## ERO firm name

as my signature on my tax year 2011 electronically filed income tax return.

12345
Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Your signature
Date $01 / 01 / 2012$

Spouse's PIN: check one box only
X I authorize TRAINING
to enter or generate my PIN

## ERO firm name

as my signature on my tax year 2011 electronically filed income tax return.
I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Spouse's signature e $\qquad$
$\qquad$ Date - 01/01/2012

## Practitioner PIN Method Returns Only-continue below

## Part III $\quad$ Certification and Authentication-Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

20075298765 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return
for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature $\downarrow$ S24000000 TRAINING
Date $01 / 01 / 2012$

## ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Name: KARL R KENT \& KARA B BRYANT
ID: 211-02-0752

Description: 1040 WKT1 MEDICARE FOR TP

Type
PART B
Amount
1,385.
600.

Name: KARL R KENT \& KARA B BRYANT
ID: 211-02-0752

Description: SCH A PROP TAX DETAIL

|  | Type | Amount |
| :---: | :---: | :---: |
| COUNTY |  | 1,253 |
| CITY |  | 258 |
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| To |  | 1,511. |
| $\bigcirc 2011$ CCH Smal | ( | USWDET\$1 |

Name: KARL R KENT \& KARA B BRYAN
Description: SCH C NON 1099-MISC INCOME

| Type | Amount |
| :---: | :---: | :---: |
| OTHER DOCTORS | 1,082 . |



| Gross Income | 2009 | 2010 | 2011 |
| :---: | :---: | :---: | :---: |
| Wages and salaries |  |  | 41,951. |
| Interest and dividends |  |  | 6,048. |
| Business income. |  |  | 2,378. |
| Sale of assets - gain or loss |  |  | (3,000.) |
| Pension and IRA distributions |  |  | 20,328. |
| Rents, royalties, etc |  |  | 1,050. |
| Unemployment and social security |  |  | 14,180. |
| Other income |  |  | 1,637. |
| Total gross income. |  |  | 84,572. |
| Adjustments to Income |  |  | 10,332. |
| Adjusted gross income |  |  | 74,240. |
| Itemized or Standard Deductions |  |  |  |
| Medical expense deduction |  |  | 3,907. |
| Taxes. |  |  | 4,538. |
| Interest |  |  | 3,164. |
| Contributions |  |  | 2,475. |
| Miscellaneous deductions |  |  |  |
| Other itemized deductions |  |  | 1,200. |
| Total deductions |  |  | 15,284. |
| Exemptions |  |  | 18,500. |
| Taxable Income | 0 | 0 | 40,456. |
| Tax (2011-1040, line 44) | 0 | 0 | 5,184. |
| Alternative minimum tax |  |  |  |
| Other taxes |  |  | 292. |
| Credits and Payments |  |  |  |
| Credits |  |  | 2,894. |
| Withholding |  |  | 5,603. |
| EIC and Additional Child Tax Credit |  |  |  |
| Estimated tax payments |  |  | 400. |
| Other payments |  |  | 925. |
| Total credits and payments. |  |  | 9,822. |
| Tax liability after credits |  |  | 2,582. |
| Estimated tax penalty |  |  |  |
| Refund or (Balance Due). |  |  | 4,346. |
| Federal marginal tax bracket | 0.0 \% | 0.0 \% | 15.0 \% |
| State refund or (balance due) <br> 1st resident state refund (balance due) |  |  | NJ |
| 2nd resident state refund (balance due) |  |  |  |
| 1st part-year state refund (balance due) |  |  |  |
| 2nd part-year state refund (balance due) |  |  |  |
| 1st nonresident state refund (balance due) |  |  |  |
| 2nd nonresident state refund (balance due) |  |  |  |
| 3 rd nonresident state refund (balance due) |  |  |  |
| 4th nonresident state refund (balance due) |  |  |  |
| 5 th nonresident state refund (balance due) |  |  |  |

## NOTES FOR 2011



[^1]


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