## **IRA Rollover Explanation**

2011

DIRECT ROLLOVER OF 11,755 FROM YALE SECURITY IRA TO MERRILL LYNCH

US 1040		Schedule A - Line 21 Unreimbursed Employee Business Expenses	2011
		of unreimbursed employee business expenses	Amount
EDUCATOR LESS AGI	EXPENSES ADJUSTMENT		375. (250.) 125.

US Schedule D Capital Gain or Loss Transactions Worksheet * Check if 28% rate gain or (loss)										
<b>(a)</b> Description of property	T S J	(b) * Code	(c) Date acquired	(d) Date sold	<b>(e)</b> Sales price	<b>(f)</b> Cost or other basis	(g) Adjustments to Gain or Loss			
100 PURDUE 100 RUST 150 RIO 65 RIDER	T T T T	I	07/01/2001 11/01/1998 07/15/2008 IN/HE/RIT	03/10/2011 09/23/2011 06/01/2011 12/30/2011	8,859. 1,700. 10,675. 5,663. 26,897.	10,123. 3,200. 9,543. 7,222. 30,088.	(1,299.) (1,500.) 1,132. (1,559.) (3,226.)			

US 1040		Main Inform	ation Sheet		2011
PRINTED 12/08	8/2011			Taxpayer	Spouse
KARL R KARA B	KENT BRYANT		SSN Birth Death		212-02-0752 01/15/1950
				259-555-1111	
1068 RIVERMEA PLUCKEMIN NJ			Evening Cell or Fax		
FIOCREMIN NO	07970			12345	12345
Email					
Taxpayer Occupation Filing Status	CLERK MARRIED FIL	ING JOINT	Spouse Occupation $\underline{S}$	CHOOL TEACHER	
	IOMAS		214-02-0752 GI		
KENDRA KERRI BR	YANT	03/13/1988 03/17/1948			
Preparer ID:		Preparation Fee	·		
Preparer:				Date:	
Preparer's Use: 1 _ 2 _ 3 _			4 _ 5 _ 6 _		Time in return min.
		Recap of 2011 In	come Tax Return		
Earned Income Federal AGI Taxable Income EIC	74,240. 40,456.		Withholdir Refund/(D	ue) 2	,603.
State	NJ				
Withholding Refund/Due State					
Tax					
Refund/Due					

Maxin	num	n RAL	Par	tial	RAL	2 we	ek c	heck	2 wee	ek de	eposit

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## 1040, 1040A, 1040EZ, 1040NR Income Worksheet

#### Name: KARL R KENT & KARA B BRYANT

**SSN:** 211-02-0752

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

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	13,682.		
Railroad tier 1 received this year			
Total	13,682.		13,682.
Medicare to Schedule A	1,985.		
Federal tax withheld	360.		
<b>Married Filing Separately</b> If the filing status is married filing separately and the taxpayer and spouse lived togeth time during the year, up to 85% of social security and railroad benefits received are ta Information Sheet, filing status 3	xable. See Main		
All others Modified adjusted gross income for this computation consists of AGI (without social se line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adju + tax-exempt interest: <u>338</u> . and excluded income from America	n Samoa (Form 4563)	878. or	
Puerto Rico: + 50% of the benefits received:6,	<u>841.</u>		70,057.
If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the So	cial Security and RR B	enefits are taxable	
If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married fil	ing joIntly), 50% of the	benefits	
received is taxable			
If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):         85% of the social security and railroad benefits received is taxable         Modified AGI         \$34,000 (\$44,000)         \$34,000 (\$44,000)         \$26,057.         \$38	<b>A</b>	11,630.	
	_,		
Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing			
jointly)	6,000.		
Add	В	28,148.	
Taxable social security and railroad retirement tier 1. Minimum of A or B			11,630.
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			

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#### Student Loan Interest, Coverdell ESA and QTP, Tuition and Fees

#### 211-02-0752 Name: KARL R KENT & KARA B BRYANT SSN: Student Loan Interest (Postsecondary Education) Spouse Total Taxpayer 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 74,508. adoption benefits from Form 8839, line 30 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). 268 268. 2 Student loan interest deduction 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 375 250. over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI 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).

	Student's	Social security	Qualified
	name	number	expenses
KARL	KENT	211-02-0752	
KARA	BRYANT	212-02-0752	
TAMARA	THOMAS	214-02-0752	
KENDRA	KENT	213-02-0752	
KERRI	BRYANT	210-02-0752	
1 Total qualified	dexpense		· · ·
2 Modified AGI			•
3 Tuition and f	fees deduction	(Spouse amount: )	

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US	S Chi	ild Tax Credit	t, Federal Ext	ension Paymo	ent, and Ca	rryovers Works		2011
Nar	me: KARL R	KENT & KA	RA B BRYAN	T		5	ssn: 2	11-02-0752
Chi	ild Tax Credit (C	TC)						
1	\$1,000 X 1	qualifying children						1,000.
2	Modified AGI is a	AGI plus excluded in	come from Forms 25	55 (EZ) and 4563,				
	and excluded inc	come from Puerto Rie	co			74,240.		
3	Modified AGI lim	itation \$110,000 mar	ried filing jointly; \$55	,000 married filing				
	separately; all ot	hers \$75,000				110,000.		
4	Subtract line 3 fr	om line 2. If -0-, go to	o line 7					
5	Round up to nex	t \$1,000						
6	Multiply line 5 by	5%						
7		tax credit. Subtract						
	You cannot take	the credit if this amo	ount is -0-					1,000.
8	Amount from Fo	rm 1040, line 46, For	m 1040A. line 28. or	Form 1040NR, line 43	3	5,184.		,
9			re, elderly, education			-,		
Ū				d residential energy		1,894.		
	adoption, monga		and nonebuyers an	a residential chergy		1,001.		
				e Interest Credit, Fo dit, and Form 5695,	· · · ·			
	1 Foreign ta	x credit + dependent	care credit + elderly	credit + education cre	edit +			
	retirement	savings credit						
	2 Amount fro	om line 7 above						
	3 Social sec	urity or RR tier 1 + M	ledicare					
	4 Form 1040	), line 27 + line 59; o	r Form 1040NR, line	54 + uncollected socia	al			
	security ar	nd Medicare taxes lis	ted on W2					
	5 Add lines							
			7 above, minus the la					
	worksheet figuring Fo	or Form 8812, line 6	5. This is the child tax 39 and 8859. Use this	credit for the purpose s amount in place of the	ne child			
			•	C first-time homebuye				
	credit, and	residential energy c	redits as refigured					
	10 Add lines	1 and 9						
10	Subtract line 9 fr	om line 8						3,290.
11	Child tax credit							1,000.
Am	ount paid with F	ederal extension (F	orm 4868 or 2350)					
Car	rryovers from 20	11 to 2012						
1	Section 179 exp	ense disallowed, For	m 4562, accumulativ	e total				
2	Net operating los	ss from 2011 only, Fo	orm 1045					
	Amt. carried forv	vard from 2010. Liste	d on Form 1040, line	21, or Form 1040NR	, line 21			
3	2011 charitable	contributions. Organi	zation limit:					
		-	Cash or oth	er property	Ca	pital Gain		
			50%	30%	30%	20%		
4	Investment inter	est expense. Form 4	952. accumulative to	tal				
				unt carried back, if any				
	•	st credit, Form 8396:		in canca saon, nang				
	wortgage interes			2009	2010	2011		
				2003	2010	2011		
•	Conorol husing	o orodito for 2011	Ly Earm 2000					
8								
9		•						
10		•	8859, cumulative to					
11	•		8801, cumulative tota					
	•		-	/				
13	Nonrecaptured r	et section 1231 loss	es	· · · · · · · · · · · · · · · · · · ·				
		2007	2008	2009	2010	2011		
		I						

		reasury - Internal Revenue Service (99) ual Income Tax Return	2011	OMB No	. 1545-0	074 IRS U	se Only-Do	not w	rite or st	taple in this space.
For the year Jan. 1-Dec. 31, 20	011, or	other tax year beginning ,2	011, ending		,20	I		5	See se	eparate instructions.
Your first name and init KARL R KEN		Last name								ocial security number -02-0752
If a joint return, spouse KARA B BRY									-	e's social security no. $-02-0752$
Home address (numbe	r and	street). If you have a P.O. box, see instru-	ctions.			Apt.	no.			ake sure the SSN(s) above
1068 RIVER										nd on line 6c are correct.
City, town or post office, state, PLUCKEMIN		$^{\circ}$ code. If you have a foreign address, also complete spatial $07978 -$	aces below (se	e instructions)				Che	eck here	ential Election Campaign e if you, or your spouse if filing
Foreign country name			rovince/cou	inty		Foreign posta	al code	ing		t \$3 to go to this fund. Check- elow will not change your tax
	1	Single		4	Head	of household	(with qu	alifyi	ng pe	rson). (See instructions.)
Filing Status	2 2	Married filing jointly (even if only one h	ad income)		If the c	qualifying per	son is a	child	but n	ot your dependent, enter
Check only	3	Married filing separately. Enter spouse	's SSN abo	ve	this ch	ild's name he	ere. 🕨			
one box.		and full name here.		5		ying widow(e	r) with d	epen	dent c	child
Exemptions	6a	Yourself. If someone can claim yo							· · · · <del>· ·</del>	Boxes checked on
	b	X Spouse								6a and 6b 2
If more than	С	Dependents:	., .	pendent's		Dependent's elationship to	under	if chil age 1	d under 7 quali-	No. of children
four depen- (1) First				ecurity no.		you .	cred		ild tax instr.)	■lived with you ■ did not live with
dents, see TAMA		THOMAS				NDCHIL		Х		you due to divorce
instr. and KEND		KENT		2 - 075						or separation (see instr.) 0 Dependents on 6c
	ΙE	RYANT	210-0	2-075	ZSIS	TER				not entered above
here	6	evenetiese eleineed								Add numbers
		exemptions claimed								on lines above► 5
Income	7	Wages, salaries, tips, etc. Attach Form(s)	)					_	7	41,951.
	80	Taxable interest. Attach Schedule B if re	quirod					_	7 8a	5,816.
Attach			•		I . I		338		oa	5,010.
Form(s) W-2 here. Also attach Forms		<b>Tax-exempt</b> interest. <b>Do not</b> include on Ordinary dividends. Attach Schedule B if			00		220	•	9a	232.
W-2G and		Qualified dividends	•				232		9a	232.
1099-R if tax was withheld.		Taxable refunds, credits, or offsets of sta			ll				10	437.
was withheid.	10 11	Alimony received						-	10	ч <i>э</i> 7.
	12	Business income or (loss). Attach Sched						-	12	2,378.
	13	Capital gain or (loss). Attach Schedule D							13	(3,000.)
If you did not get a W-2,	14	Other gains or (losses). Attach Form 479	•		•				14	(37000.7
		IRA distributions			1	ble amount			15b	838.
		Pensions and annuities 16a		825.		ble amount			16b	19,490.
	17	Rental real estate, royalties, partnerships			1				17	1,050.
	18	Farm income or (loss). Attach Schedule	•						18	_,
Enclose, but do	19	Unemployment compensation							19	2,550.
not attach, any payment. Also,	20a	Social security benefits 20a	13,	682.	<b>b</b> Taxa	ble amount			20b	11,630.
please use	21	Other income. List type and amount (see							21	1,200.
Form 1040-V.	22	Combine the amounts in the far right colu						•►	22	84,572.
	23	Educator expenses			23		250	_		
Adjusted	24	Certain business expenses of reservists,								
Gross		and fee-basis gov. officials. Attach Form			24					
Income	25	Health savings account deduction. Attac	h Form 888	39	25					
	26	Moving expenses. Attach Form 3903 .			26					
	27	Deductible part of self-employment tax. A	Attach Sche	dule SE	27		168	•		
	28	Self-employed SEP, SIMPLE, and qualified	ed plans		28					
	29	Self-employed health insurance deductio	n		29					
	30	Penalty on early withdrawal of savings			30		46			
	31a	Alimony paid <b>b</b> Recipient'S SSN <b>•</b> 215	5-02-0	752	31a	3	,600	•		
	32	IRA deduction			32	6	,000			
	33	Student loan interest deduction			33		268	•		
	34	Tuition and fees. Attach Form 8917			34					
	35	Domestic production activities deduction.	Attach For	m 8903	35					
	36	Add lines 23 through 35				· · · · · · · · · · · · · · · · · · ·			36	10,332.
	37	Subtract line 36 from line 22. This is you	-	-				►	37	74,240.
BCA For Disclosur	e, Pri	vacy Act, and Paperwork Reduction Ac	t Notice, s	ee separa	te instru	uctions.	US104	40\$1		Form <b>1040</b> (2011)

Form 1040 (20 <sup>2</sup>	11)	I	KARL R KENT & KARA B BRYANT 211-02	-075	52 Page <b>2</b>
Tax and		38	Amount from line 37 (adjusted gross income)	38	74,240.
Credits		39a	Check X You were born before Jan. 2, 1947, Blind. Total boxes		
			if: Spouse was born before Jan. 2, 1947, Blind. checked ► 39a 1		
Standard		b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	-	
Deduction for-	L	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	15,284.
<ul> <li>People who</li> </ul>	<u>а</u> Г	41	Subtract line 40 from line 38	41	58,956.
check any		42	Exemptions. Multiply \$3,700 by the number on line 6d		18,500.
box on line 39a or 39b <b>o</b> i	r	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	-	40,456.
who can be claimed as a		44	Tax (see instructions). Check if any tax is from: a Form(s) 8814 b Form 4972 c 962 election	44	5,184.
dependent, see		45	Alternative minimum tax (see instructions). Attach Form 6251	. 45	0,2011
instructions.		46	Add lines 44 and 45		5,184.
All others:		47	Foreign tax credit. Attach Form 1116 if required		57±01.
Single or Married filing		48		-	
separately,		40 49		-	
\$5,800 Married filing		-		_	
jointly or		50	Retirement savings contributions credit. Attach Form 8880 50	_	
Qualifying widow(er),		51	Child tax credit (see instructions)511,000.Residential energy credits. Attach Form 569552218.	_	
\$11,600		52		_	
Head of household,		53	Other credits from Form:         a         3800         b         8801         c         53		0.004
\$8,500		54	Add lines 47 through 53. These are your total credits	54	2,894.
		55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	▶ 55	2,290.
Other		56	Self-employment tax. Attach Schedule SE	56	292.
Taxes		57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	57	
		58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
		59a	Household employment taxes from Schedule H	<b>59a</b>	
		b	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	
		60	Other taxes. Enter code(s) from instructions	60	
		61	Add lines 55 through 60. This is your total tax	61	2,582.
Deumente		62	Federal income tax withheld from Forms W-2 and 1099 62 5,603.		FORM 1099
Payments		63	2011 estimated tax payments and amount applied from 2010 return 63 400.		
If you have a	L	64a	Earned income credit (EIC)		
qualifying chil attach Sched		b	Nontaxable combat 64b		
EIC.		65	Additional child tax credit. Attach Form 8812		
		66	American opportunity credit from Form 8863, line 14 66 925.		
		67	First-time homebuyer credit from Form 5405, line 10 67		
		68	Amount paid with request for extension to file		
		69	Excess social security and tier 1 RRTA tax withheld 69		
		70	Credit for federal tax on fuels. Attach Form 4136 <b>70</b>		
		71	Credits from Form: a 2439 b 8839 c 8801 d 8885 71		
		72	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	72	6,928.
Refund		73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	4,346.
Refutiu		74a	Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here	74a	2,173.
	►	b	Routing number 065502789 ► c Type: X Checking Savings		,
Direct deposit?	►	d	Account 12345678		
See instructions	S	75	Amount of line 73 you want <b>applied to your 2012 estimated tax 75</b> 2,173.		
Amount		76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.	▶ 76	
You Owe		77	Estimated tax penalty (see instructions)		
Third Party	Do			s. Com	olete below. X No
Designee		gnee's	Phone		dentification
Sign	Und	- er penal	ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my k	nowledge	and
Here		ef, they a ur sign	are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has ature I Date I Your occupation		ledge. aytime phone number
Joint return?		5		65.00.1111	
See instr.	-	ouse's	signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		
Keep a copy for your	-1-				
records.			SIGN, TAGORE		
F	Print/Tv	ne pre		heck	if PTIN
Paid		PI		elf-employ	J
Pronaror's	irm's nar	ne		's EIN I	
Use Only	irm's add			ne no.	
	s aut				

SCHEDULE A

SCHEDULE A					OMB No. 1545-0074
(Form 1040)		Itemized Deductions	S		2011
Department of the Treasury Internal Revenue Service	Schedule A (Form 1040).		Attachment Sequence No. 07		
Name(s) shown on F	orm <sup>·</sup>	1040		Υοι	ur social security no.
KARL R KEN	JT 8	KARA B BRYANT		21	1-02-0752
Medical		Caution. Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	1 9,475.		
Dental	2	Enter amount from Form 1040, line 38 2 74,240.			
Expenses	3	Multiply line 2 by 7.5% (.075)	<b>3</b> 5,568.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		4	3,907.
Taxes You	5	State and local (check only one box):	0 400		
Paid		a X Income taxes, or	<b>5</b> 2,403.		
		b General sales taxes	. 1		
	6	Real estate taxes (see instructions)	<u>6</u> 1,511.		
	7	Personal property taxes	7 624.		
	8	Other taxes. List type and amount			
			8		4 5 2 0
-	9	Add lines 5 through 8	10 3,164.	9	4,538.
Interest	10	Home mortgage interest & points reported to you on Form 1098	10 3,164.		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst.			
		and show that person's name, identifying no., and address			
		and show that person's name, identifying no., and address			
Note.			11		
Your mortgage	12	Points not reported to you on Form 1098. See instructions for			
interest	12	special rules	12		
deduction may be limited (see	13	Mortgage insurance premiums (see instructions)	13		
instructions).	14	Investment interest. Attach Form 4952 if required. (See inst.)	14		
	15	Add lines 10 through 14		15	3,164.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more,			0,2020
Charity		see instructions	<b>16</b> 2,475.		
•	17	Other than by cash or check. If any gift of \$250 or more, see	,		
If you made a gift and got a			17		
benefit for it,	18	Carryover from prior year	18		
see instructions.	19	Add lines 16 through 18		19	2,475.
Casualty and		-			
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues,			
and Certain		job education, etc. Attach Form 2106 or 2106-EZ if required.			
Miscellaneous		(See instructions.) ►SEE STMT	<b>21</b> 125.		
Deductions	22	Tax preparation fees	22		
	23	Other expenses - investment, safe deposit box, etc. List type			
		and amount			
	<b>.</b> .		23		
	24	Add lines 21 through 23	<b>24</b> 125.		
	25	Enter amount from Form 1040, line 38 <b>25</b> 74, 240.	<b>1</b> 10E		
	26 27	Multiply line 25 by 2% (.02)	<b>26</b> 1,485.	07	
Other	27 28	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0		27	
Miscellaneous	20	Other - from list in the inst. List type and amount▶ GAMBLING LOSSES	1,200.		
Deductions			1,200.	28	1,200.
Total	29	Add the amounts in the far right column for lines 4 through 28. Also,	enter this amount	20	±,200.
Itemized	29	on Form 1040, line 40		29	15,284.
Deductions	30	If you elect to itemize deductions even though they are less than yo		23	10,201.
20000000	50	deduction, check here	_		
For Paperwork Rec		chod	ule A (Form 1040) 2011		

deduction, check here .....

Schedule A (Form 1040) 2011

US Schedule A Name: KARL R KE			ion Detail Works		<b>SSN</b> : 21	<b>2011</b> 1-02-075
Medical Expenses		DICITING	Me	dical miles:	618 X .165 =	145
Insurance premiums paid (r	ot pre-tax)		Medicare from 1040 wo			1,985
Taxpayer	600.		Remainder from worksh			1,500
Spouse	600.	1,200				
Qualified long term care cor		1,200	Spouse			
Taxpayer	112013		Self-employed health in			
Spouse			Taxpayer			
Other medical expenses						
OCTOR BILLS		1 652	Spouse			
		1,653.				
HOSPITAL BILLS		3,200.				
PRESCRIPTION D		965.				
PRESCRIPTION E	YEGLASSES	210.	Amount from additional			
			Total			9,47
Cash Contributions						
50% Limit Organizations				ritable miles:	X .14 =	
CHURCH		1,650.				
VARIOUS		225.				
IILLSAP ELEMEN'	TARY	250.	,			
			From Schedules K-1			
			Amount from additional			
			Total			2,12
30% Limit Organizations		I		itable miles:	X .14 =	- / - 2
SALVATION ARMY		350				
		550.	Amount from additional			
						35
			Total			30
Other Than Cash Contribu	itions 50%	Limit Organizations				
			From Forms 8283			
			Amount from additional			
From Schedules K-1			Total			
<b>30% Limit</b> Capital gain	property donated to 50	% limit organizations.				
			From Forms 8283			
From Schedules K-1			Total			
30% Limit Not capital g	ain property donated to	o 30% limit organizatio	ons.			
			From Forms 8283			
From Schedules K-1			Total			
20% Limit Organization	Capital gain property	donated to 30% limit	organizations.			
			From Forms 8283			
From Schedules K-1			Total			
Contribution Carryovers						
	rom years 2006 throu	gh 2010			12 tax year	
Cash and other 50%	property 30%	Capital gain propert	y Cash and c 0% 50%	other property 30%	Capital ga	in property 20%
2006	0070	2070 20	570 5070	5076	0070	2070
2000						
				+		
2008				+		
2009						
2010				+		
2011						
Contributions allowed this	-					
50% of adjusted gross inco					37,120.	
This year's 50% organizatio						2,12
30% of adjusted gross inco	me				22,272.	
This year's capital gain cont	ributions to 50% organ	nizations limited to 309	%			
50% cash carryover allowed	ł					
50% capital gain carryover	imited to 30%					
This year's 30% organizatio						35
30% organizations cash and						
20% of adjusted gross incol					14,848.	
	insulution to 50 /0 orgal	meanono minicu lo 20.	• • • • • • • • • • • • • • • • • • • •			
30% capital gain carryover						

Sen
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Small
CCH
2010
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SCHEDULE B			1	OMB No. 1545-0074
(Form 1040A or 1040	D)	Interest and Ordinary Dividends	ſ	2011
Department of the Treasury Internal Revenue Service	(99)	► Attach to Form 1040A or 1040. ► See Instructions.		Attachment Sequence No. <b>08</b>
Name(s) shown on re				ocial security number
		KARA B BRYANT	211-	-02-0752
Part I		ist name of payer. If any interest is from a seller-financed mortgage and the buyer		Amount
• • •		sed the property as a personal residence, see instructions and list this interest first.		
Interest		lso, show that buyer's social security number and address ► 'HARLES CAMPBELL 219020752		2,782.
(See instructions	1	.523 NORTH CURRY RD PLUCKEMIN NJ 0	-	
and the instructions			-	
for Form 1040A, or	K	ENDALL FEDERAL CRED	-	456.
Form 1040,	Z	CYX INVESTMENTS	-	123.
line 8a.)	Z	IYX INVESTMENTS	1	2,455.
Note. If you received a Form 1099-INT,	_		-	
Form 1099-OID, or	_		-	
substitute statement from a brokerage	_		-	
firm, list the firm's	_		_	
name as the payer			_	
and enter the total				
interest shown		dd the amounts on line 1	2	5,816.
on that form.	3 E	xcludable interest on series EE and I U.S. savings bonds issued after 1989.		
	A	ttach Form 8815	3	
	<b>4</b> S	ubtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a $$ I	▶ 4	5,816.
	Note.	If line 4 is over \$1,500, you must complete Part III.		Amount
Part II	5 L	ist name of payer ►	-	
Ordinary	7	YX INVESTMENTS	-	232.
Dividends	_		-	
	_		-	
(See instructions	_		-	
and the instructions	_		-	
for Form 1040A, or	_		-	
Form 1040,			- 5	
line 9a.)			-   -	
Note. If you			-	
received a Form 1099-DIV or	_		-	
substitute	_		-	
statement from a brokerage firm,	_		-	
list the firm's	_		-	
name as the	_		-	
payer and enter	_		-	
the ordinary dividends shown	_		-	
on that form.	6 A	dd the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	• 6	232.
		If line 6 is over \$1,500, you must complete Part III.	0	232.
		nust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (k	) had a	
Part III		n account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreig		Yes No
Foreign				ih at ia
Accounts	C	t any time during 2011, did you have a financial interest in or signature authority (or other au omparable to signature authority) over a financial account in a foreign country (such as a ba	nk acco	unt.
and Trusts	S	ecurities account, or other financial account)? See instructions for exceptions and filing requ rom TD F 90-22.1	irements	s for
				A
(See instructions)		"Yes," enter the name of the foreign country	foroign	truet?
		uring 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a	-	
	IT	"Yes," you may have to file Form 3520. See instructions		

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

Schedule B (Form 1040A or 1040) 2011

KARA B BRYANT	212-02-0752
TRANSCRIPTION	561410
	Х
X	X
	2,719.
	2,719.
	2,719.
224.	
	2,719.
	2,719.
	117.
	±±/•
	341. 2,378.
	2,3/0.
	2 270

2,378.

01/02/2006



#### SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury	
Internal Revenue Service	(99)
Name(s) shown on re-	turn

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040). ▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

2011 Attachment 12 Sequence No.

Your so	cial see	curity r	number

211-02-0752

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			~		-	BRYANT			
Par	't I		Sho	ort-Term	Ca	pital Gains a	and Losses - Asset	s Held One Year o	r Less
Note: Ple	ease	round and	luse	e whole dol	lars	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)	( <b>g)</b> Ad or los: 8949, I

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 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		( )			
<ul> <li>4 Short-term gain from Form 6252 and short-term gain of</li> <li>5 Net short-term gain or (loss) from partnerships, S corported from Schedule(s) K-1</li> <li>6 Short-term capital loss carryover. Enter the amount, if a in the instructions</li> </ul>	orations, estates, and a	trusts r Capital Loss Carryove	r Worksheet	4 5 6	()

	7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (h)	
--	---	--	--

#### Part II

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

Note: Please round and use whole dollars on this form.	<b>(e)</b> 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 (s		(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	5.	-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 Form	ns 2439 and 6252; and	long-term gain or (loss) f	rom Forms 4684,		
6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corpo	prations, estates, and t	usts from Schedule(s) K-	1	12	
13 Capital gain distributions. See the instructions				13	69.
14 Long-term capital loss carryover. Enter the amount, if	any, from line 13 of you	r Capital Loss Carryove	er Worksheet in		
the instructions		• • • • • • • • • • • • • • • • • • • •		14	()
15 Net long-term capital gain or (loss). Combine lines 8	3 through 14 in column	(h). Then go to Part III on	page 2	15	-3157.
For Paperwork Reduction Act Notice, see your tax return	instructions.		S	Sched	ule D (Form 1040) 2011

#### Schedule D (Form 1040) 2011 KARL R KENT & KARA B BRYANT

	Part III Summary		
16	Combine lines 7 and 15 and enter the result	16	(3,157.)
	<ul> <li>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.</li> <li>If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>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.</li> </ul>		
17	Are lines 15 and 16 <b>both</b> gains?          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 28% Rate Gain Worksheet in the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20	<ul> <li>Are lines 18 and 19 both zero or blank?</li> <li>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.</li> <li>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.</li> </ul>		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	<ul> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	(3,000.)
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	<ul> <li>Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</li> <li>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).</li> <li>No. Complete the rest of Form 1040 or Form 1040NR.</li> </ul>		

Schedule D (Form 1040) 2011

## **US Schedule D**

-

## Schedule D Tax Worksheet

Na	me: KARL R KENT & KARA B BRYANT	<b>SSN</b> : 21	1-02-0752
1	Taxable income from Form 1040, line 43, Form 1040NR, line 40, Form 1040A, line 27, or from the Foreign Earned		
	Income Tax Worksheet		40,456.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b,		
	or Form 1040NR, line 10b		
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		
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 widow(er);		
	\$34,000, if single or married filing separately; \$45,550 if head of household		
16	Smaller of line 14 or line 15		
17	Subtract line 10 from line 1. If -0- or less, enter -0		
18	Larger of line 16 or line 17	,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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2011

Nai	me: KARL R KENT & KARA B BRYANT	SSN:	211-02-0	)752
	Capital Loss Carryovers from This Year to Next Year			
1	Amount from Form 1040, line 41, or Form 1040NR, line 38		58,95	
2	Loss shown on Schedule D, line 21 as a positive amount		3,00	)0.
3	Combine lines 1 and 2. If -0- or less, enter -0-		61,95	56.
4	Smaller line 2 or line 3		3,00	)0.
5	Loss shown on Schedule D, line 7 as a positive amount			
6	Gain, if any, shown on Schedule D, line 15			
7	Add lines 4 and 6		3,00	)0.
8	Short-term capital loss carryover.			
	Subtract line 7 from line 5. If -0- or less, enter -0-			
9	Loss shown on Schedule D, line 15 as a positive amount		3,15	57.
10	Gain, if any, shown on Schedule D, line 7			
11	Subtract line 5 from line 4. If -0- or less, enter -0			
12	Add lines 10 and 11		3,00	)0.
13	Long-term capital loss carryover. Subtract line 12 from line 9. If -0- or less, enter -0-		15	57.
	Sale of Your Home			
1	Date main home was sold: Acquisition date:			
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.			
lf p	art of the sale is a sale of business property, report the business portion using a depreciation wkst, and report personal	portion b	elow and skip line	<del>)</del> 9.
4	Selling price of home			
5	Selling expenses			
6	Amount realized			
7	Adjusted basis of home sold			
8	Gain on the sale. If -0- or less, enter -0-			
9	Depreciation claimed on property after 05/06/1997			
10	Subtract line 9 from line 8. If -0- or less, enter -0-			
11	Aggregate number of days of nonqualified use after 12/31/2008			
12	Number of days the taxpayer owned the property			
13	Divide the amount on line 11 by the amount on line 12			
14	Gain allocated to nonqualified use			
15	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?		Yes	No
b	If "No", did you sell the home due to a change in place of employment, health or other unforeseen circumstances? $\dots$		Yes	No
С	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.			
а	You must enter this amount on Schedule D or Form 6252			
	This gain is to be considered: Short-term Iong-term.			
b	Transferred to Form 4797, Part III			
	Information for Separate State Returns - Default is to the Taxpayer.			
	Federal Taxpayer		Spouse	
1	Short term			
2	Short term loss based on joint return			
3	Long term	)		
4	Long term loss based on joint return			
5	Schedule D result (line 16 or line 21)         (3,000.)         (3,000.)	)		
6	Short term loss carryover			

Long term loss carryover .....

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157.

157.

	CHEDULE E Supplem								-	OME	8 No. 1545	-0074
•	,										2011	
	artment of the Treasury rnal Revenue Service (99) ► Attach to Form 1040, 104									Atta	achment quence No	13
	me(s) shown on return			1041. 9 000	зера	rate in			Your s		I security	
	ARL R KENT & KARA B BRYANT										2-075	
A	Did you make any payments in 2011 that would require	e vou t	to file For	m(s) 1099? (s	see in	structio	ns)			1 1	L _ [	_ No
в	If "Yes," did you or will you file all required Forms 1099	•		(-) (			-,			<u> </u>		No
	art I Income or Loss From Rental Real E		and R	oyalties	Not	e. If yo	u are in the bus	iness	s of renti	ng p	ersonal pro	operty,
	use Schedule C or C-EZ (see instructions). If yo	ou are	an individ	dual, report fai	rm rer	ntal inco	me or loss from	For	m 4835	on p	age 2, line	940.
Ca	ution. For each rental property listed on line 1, check th	ne box	in the las	t column only	if you	owned	I that property a	s a r	nember	of a		
qu	alified joint venture (QJV) reporting income not subject to	o self-e	employm	ent tax.								
1	Physical address of each property-street, city, state, zip			Type-from			rental real		Fair Rer		ental Personal	
_				list below			operty listed, e number of		Day	s	Use Day	s
Α	BLACK JACK PRODUCTION 1001	YUK	ON D	6	d	ays ren	ted at fair rental	Α				
В							d days with use. See	В				
С						structio		С				
-	pe of Property:											
1	Single Family Residence 3 Vacation/Short-Ter	m Ren	ntal	5 Land		7	Self-Rental					
2	Multi-Family Residence 4 Commercial			6 Royaltie	S	8	Other (describ	be)				
Inco						1	Properties				-	
3a	Merchant card and third party payments.			A	1		В	1			С	
	For 2011, enter -0-	3a	-	1,050.								
3b	Payments not reported to you on like 3a	3b	-	1,050.				_				
	Total not including amounts on line 3a that are	4	-	1,050.								
4 5 x n/	income (see instructions)	4	-	1,050.								
5	enses: Advertising	5										
6	Auto and travel (see instructions)	6										
7	Cleaning and maintenance	7										
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11										
12	Mortgage interest paid to banks, etc. (see instructions)	12										
13	Other interest	13										
14	Repairs	14										
15	Supplies	15										
16	Taxes	16										
17	Utilities	17										
18	Depreciation expense or depletion	18										
19	Other (list) ►	19										
20	Total expenses. Add lines 5 through 19	20				-		_				
21	Subtract line 20 from line 4. If result is a (loss), see											
	instructions to find out if you must file <b>Form 6198</b>	21		1,050.		<u> </u>		-				
22	Deductible rental real estate loss after limitation, if		,			,			,			
~~	any, on Form 8582 (see instructions)	22	(	)		(		)	(			)
23a	Total of all amounts reported on line 3a for all rental pr	•			23a			_	_			
b	Total of all amounts reported on line 3a for all royalty p				-			-	_			
c d	Total of all amounts reported on line 4 for all rental pro				23c		1,050.					
d	Total of all amounts reported on line 4 for all royalty pr Total of all amounts reported on line 12 for all propertie				230		±,030.	+				
e f	Total of all amounts reported on line 18 for all propertie							+				
	Total of all amounts reported on line 20 for all propertie							+				
g 24	Income. Add positive amounts shown on line 21. Do r							. 24	1	1	,050.	
24 25	Losses. Add royalty losses from line 21 and rental rea							2		-	,050.	)
25 26	Total rental real estate and royalty income or (loss											
	Parts II, III, IV, and line 40 on page 2 do not apply to y											
	or Form 1040NR, line 18. Otherwise, include this amo							. 26	5	1	,050.	

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

Schedule SE (Form 1040) 2011	Attachment Sequence No. 17							
Name of person with self-employment income (as shown on Form 1040)	Social security number of person							
KARA B BRYANT	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.

Α	If you are a minister, member of a religious order, or Christian Science	practitioner <b>and</b> you filed Form 4361, but you h	had \$4	00 or more of <b>other</b>
~	net earnings from self-employment, check here and continue with Part			
1:	a Net farm profit or (loss) from Schedule F, line 34, and farm partnership			
	box 14, code A. Note. Skip lines 1a and 1b if you use the farm option		1a	
I	<b>b</b> If you received social security retirement or disability benefits, enter the			
-	Program payments included on Schedule F, line 4b, or listed on Schedule F, listed on Schedule F, listed on S		1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Sc (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1 see instructions for types of income to report on this line. See instruction Note. Skip this line if you use the nonfarm optional method (see instru-	chedule K-1 (Form 1065), box 14, code A . Ministers and members of religious orders, ons for other income to report.	2	2,378.
3	Combine lines 1a, 1b, and 2	· · · · · · · · · · · · · · · · · · ·	3	2,378.
4 a	a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwis		4a	2,196.
	Note. If line 4a is less than \$400 due to Conservation Reserve Program	m payments on line 1b, see instructions.		
I	b If you elect one or both of the optional methods, enter the total of lines	15 and 17 here	4b	
(	c Combine lines 4a and 4b. If less than \$400, stop; you do not owe sel	f-employment tax.		
	Exception. If less than \$400 and you had church employee income,		4c	2,196.
5 a	a Enter your church employee income from Form W-2. See instruction			·
	for definition of church employee income			
I	b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-		5b	
6	Add lines 4c and 5b	-	6	2,196.
	Maximum amount of combined wages and self-employment earnings		-	_ / _ = 7 - = 7 - 5 - 5
•	the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011		7	106,800 00
8 8	a Total social security wages and tips (total of boxes 3 and 7 on Form(s)		-	100,000 00
	and railroad retirement (tier 1) compensation. If \$106,800 or more, sk	ip linés 8b		
	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		8d	13,817.
	Subtract line 8d from line 7. If zero or less, enter -0- here and on line		9	92,983.
3 10	Multiply the <b>smaller</b> of line 6 or line 9 by 10.4% (.104)	-	10	228.
11			11	64.
	Self-employment tax. Add lines 10 and 11. Enter here and on Form		12	292.
	Deduction for employer-equivalent portion of self-employment ta		12	272.
13	amounts.	Add the two following		
	• 59.6% (.596) of line 10.			
	• One-half of line 11.			
	Enter the result here and on <b>Form 1040</b> , <b>line 27</b> , or <b>Form</b>			
-	1040NR, line 27 Part II Optional Methods To Figure Net Earnings			
	rm Optional Method. You may use this method only if (a) your gross f			
	your net farm profits $^2$ were less than \$4,851.			
• •			14	4,480 00
	Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less t		14	т, 100 00
			15	
No	nfarm Optional Method. You may use this method only if (a) your net		10	
	d also less than 72.189% of your gross nonfarm income <sup>4</sup> , and (b) you had			
	east \$400 in 2 of the prior 3 years.	ad her earnings nom seir-employment of		
	ution.         You may use this method no more than five times.           Subtract line 15 from line 14		16	
	Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not le		10	
17	on line 16. Also include this amount on line 4b above		17	
1,				
	From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, (F	rom Sch. C, line 31; Sch. K-1 (Form 1065), box Form 1065-B), box 9, code J1.		
c	code A - minus the amount you would have entered on line 1b <sup>4</sup> F	rom Sch. C, line 7; Sch. C-EZ, line 1d; Sch. K-1	(Form	1065), box 14, code
r	had you not used the optional method.	; and Sch. K-1 (Form 1065-B), box 9, code J2.		

JEFFERSON INDEPENDENT SC 25-5020752 AMERICUS PETROLEUM 25-6020752 X	X 13817 28134  41951	987 2176  3163	580 1306  1886	200 451  651	NJ NJ	13817 28134  41951	693 1674  2367	

#### W-2 DETAIL REPORT - 2011

Name: KARL R KENT & KARA B BRYANT

**SSN:** 211-02-0752

#### **Federal Estimated Tax Payments**

						-
	Date	Amount	Towards	Towards	Towards	Towards
See note	of	of	04/15/2011	06/15/2011	09/15/2011	01/15/2012
below	payment	payment	payment	payment	payment	payment
From last year	04/15/2011	200.				
<b>D</b> 04/15 <b>1</b>	04/14/2011	100.				
<u>U</u> 06/15 2						
E <sub>09/15</sub> 3	09/18/2011	100.				
01/15 4						
* Pay date						
Totals		400.				
* Fill in the par	date on Form 2210,	page 1.				

#### 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 P	ayment									
	Credit from	04/15/2011	06/15/2011	09/15/2011	01/15/2012								
State	last year	Amount 1	Amount 2	Amount 3	Amount 4	*	Total						
NJ													
NJ	State and/or local balanc	e due from previous ye	ears' returns paid in 201	11. Include amounts pa	aid with a 2010 extension	on							
	paid in 2011												
	State and/or local balanc	e due from previous ye	ears' returns paid in 201	11. Include amounts pa	aid with a 2010 extension	on							
	paid in 2011												
NJ	Last state estimate paym	ent for 2010 paid in 20	11 (due January 15, 20	011)									
	Last state estimate paym	ent for 2010 paid in 20	11 (due January 15, 20	011)									

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

	** Date of Payment													
	Credit from	04/15/2011	06/15/2011	09/15/2011	01/15/2012									
State	last year	Amount 1	Amount 2	Amount 3	Amount 4	*	Total							

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211-02-0752

#### W-2G DETAIL REPORT - 2011

Payer	EIN	TP SP 	Federal Withheld	Gross Winnings 	State Withheld	Losses
LOTTERY BOARD	26-7020752	Х		1200  1200	36  36	2250  2250

### 1099G DETAIL REPORT - 2011

		Unemployment	
Payer	T S	Received Repaid	Federal State
INDIANA UNEMPLOYMENT COMMISSIO	Х	2550	120
		2550	120

211-02-0752

#### 1099 MISCELLANEOUS REPORT - 2011

Payer	ID number	Rent	Roy	Prizes	Fed With	Fish Boat 	Med	Nonemp Comp	Sub Paymts	Crop Ins	EPP	Sect 409A 	St 	St With	St 	St With
TRANSCRIPTION: PRATT MEDICAL	C 26-0020752							1637								
FRATI MEDICAL	C 20 0020752							1637								

1099-R DETAIL REPORT - 2011

Payer	EIN	Т Ѕ -	Box 7 	IRA/SEP Simple 	Fed. With.	State With.	Gross	1099R Taxable 	Roll/ Exclude	Net	Cost 	Cost Bal.
SAULK TRUST COMPANY YALE SECURITY IRA	26-2020752 26-3020752	_		X X	NJ NJ		838 11755	838	R 11755	838		
DEFENSE FINANCE AND STILLMAN PENSION FUN	11-2020752 26-4020752	_			NJ 1715NJ		1200 18625	1200	E 335	1200 18290	5864	5194
					 1715		 32418	 2038	 12090	 20328	 5864	 5194

			Child and Depe	endent Care I	Expens	es [	1040	←		OMB No. 1545-0074
For	m <b>2441</b>		<ul> <li>Attach to Form 10</li> </ul>		•		1040A			2011
Depa	artment of the Tr	easury				1	040NR	2441		Attachment
	nal Revenue Se		► See se	eparate instructions	s.					Sequence No. 21
	ne(s) shown		KARA B BRYANT							cial security number $02 - 0752$
	artl		or Organizations Wh		Care -	You must	complete t	hie nart		02 0752
-			more than two care provide			i ou musi	complete t	nis part.		
1	<b>(a)</b> Ca	re provider's		(b) Address	- /		(c) Iden	tifying n	umber	(d) Amount paid
		name	(number, stree	et, apt. no., city, state	e, and ZIP (	code)	(SSI	N or EIN	)	(see instructions)
			128 MENIO	ST		,			,	
MA	RYVILI	LE DAY	CAREPLUCKEMIN	NJ 07978-	-		26-8	0207	52	1,100.
				1	No			0		
			d you receive ent care benefits?					•		Part II below.
		uepenu			165 -			Compl	ete Part II	II on page 2.
Ca	ution. If the	care was prov	vided in your home, you ma	y owe employment t	axes. If you	u do, you car	not file For	m 1040	A. For de	tails,
			1040, line 59, or Form 104							
P	art II	Credit for	r Child and Depende	nt Care Expens	es					
2	Informatio	on about your	qualifying person(s). If ye	ou have more than tw	wo qualifyin	ng persons, s	ee the insti	ructions.		
		(a)	Qualifying person's name	9		(b) Qualifyir	g person's	social		Qualified expenses
	F	irst		Last		secu	urity numbe	er		person listed in column (a)
	TAMARA		THOMAS			214-	02-07	52		1,100.
	A			th #0.000		- 1:6 .:	-			
3			mn (c) of line 2. <b>Do not</b> ent					. 3		1 100
4			e persons. If you completed <b>ne.</b> See instructions							<u>    1,100.</u> 31,088.
	-		nter your spouse's earned in							51,000.
5			tions); all others, enter the					. 5		16,027.
6			e 3, 4, or 5							1,100.
			orm 1040, line 38; Form 10							_ / _ 0 0 0
			·			74	,240.			
8			nal amount shown below that							
		e 7 is:		If line 7 is						
		But not	Decimal		But not	Dec	imal			
	Over		amount is	Over	over		ount is			
		\$0-15,000	.35	\$29,000	,	.2				
		000-17,000	.34		)-33,000	.2			V	0 00
		000-19,000	.33		0-35,000	.2		8	Χ.	0.20
		000-21,000	.32		)-37,000	.2				
		000-23,000	.31		)-39,000	.2				
		000-25,000	.30		0-41,000	.2				
	-	000-27,000	.29		)-43,000	.2				
•	-	000-29,000	.28 simpl amount on line 9. If va		)-No limit	.2	J			
9		•	imal amount on line 8. If yo	• •				_		220.
10			a amount from the Credit					. 9		220.
10		sheet in the in	ne amount from the Credit	1.4	0	۲ ۲	,180.			
11			estructions		-		<u>.</u>			
		•	DA, line 29; or Form 1040N					11		220.
For			Act Notice, see the instruc							Form <b>2441</b> (2011)

Form <b>5695</b>			ļ	OMB No. 1545	-0074
Form	5695	Residential Energy Credits		2011	
Departi	nent of the Treasury	<ul> <li>See instructions.</li> </ul>		Attachment	
	Revenue Service	Attach to Form 1040 or Form 1040NR.		Sequence No.	158
	e(s) shown on return	-		ocial security n	umber
			<u></u>	-02-0752	
Par	t Nonbus	iness Energy Property Credit	<u> </u>		
1a b	home located in the <b>Caution:</b> If you che Print the complete	ecked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I. address of the main home where you made the qualifying improvements. only have one main home at a time. <u>1068 RIVERMEADE DR</u> Number and street Unit No.	1a	X Yes	No
		PLUCKEMIN         NJ         07978 -           City, State, and ZIP code         IP         IP			
c	Caution: If you che improvements that		1c	Yes 🕅	No
2	Lifetime limitation.	Amounts claimed in 2006, 2007, 2009, and 2010.			
а	Amount, if any, from	m line 12 of your 2006 Form 5695 <b>2a</b>			
b	•	m line 15 of your 2007 Form 5695 2b			
C	•	m line 11 of your 2009 Form 5695 2c			
d	•	n line 11 of your 2010 Form 5695 2d			
e			2e		
3	•••	ficiency improvements (original use must begin with you and the component must ected to last for at least 5 years; do not include labor costs) (see instructions)			
а		or system specifically and primarily designed to reduce the heat loss or gain of	1		
u			3a		175.
b	•		3b		
		of that meets or exceeds the Energy Star program requirements and has			
		nted coatings or cooling granules which are specifically and primarily designed			
	to reduce the heat		3c		
d		Ind skylights that meet or exceed the Energy Star			
	program requireme				
e f		of cost on which the credit can be figured         3e         \$2,000           dow expenses on your Form 5695 for 2006, 2007, 2009, or			
'	•	ount from the Window Expense Worksheet (see			
	instructions); other				
g		m line 3e. If zero or less, enter -0			
h	Enter the smaller o		3h	2,	000.
4	Add lines 3a, 3b, 3		4	2,	175.
5	Multiply line 4 by 1	0% (.10)	5		218.
6	Residential energy	property costs (must be placed in service by you; include labor costs for onsite			
	preparation, assem	bly, and original installation) (see instructions)			
а			6a		
b	-		6b		
с _			6c		
7	Add lines 6a throug		7		218.
8	Add lines 5 and 7	nount (If you jointly accurring the home, see instructions)	8 9		<u>218.</u> 500.
9 10	Enter the amount, i	nount. (If you jointly occupied the home, see instructions)	9 10		500.
10			10		500.
12	Enter the smaller o		12		$\frac{300}{218}$
13		_	13		508.
14		rgy property credit. Enter the smaller of line 12 or line 13. Also include this amount on Form 1040,		57	
	line 52, or Form 10		14		218.
BCA	For Paperwo	ork Reduction Act Notice, see your tax return instructions. US5695\$1	L	Form 5695	(2011)

	Alternative Minimum Tax - Individuals
	See separate instructions.
/	

Form 6251

OMB No. 1545-0074

Form	6251		See separate instruction	ns.		2011
	tment of the Treasury al Revenue Service (99)	▶	Attach to Form 1040 or Form			Attachment Sequence No. <b>32</b>
Nam	e(s) shown on Form 104	0 or Form 1040NR			You	r social security no.
KAI	RL R KENT &	KARA B BRYANT			21	1-02-0752
Pa	Alternative	e Minimum Taxable Inco	me (See instructions for how	to complete each line.)		
1	If filing Schedule A (Fo	orm 1040), enter the amount from	n Form 1040, line 41 and go to lin	e 2. Otherwise, enter		
	the amount from Form	1040, line 38 and go to line 6. (	f less than zero, enter as a negat	ive amount.)	1	58,956.
2	Medical and dental. En	nter the smaller of Schedule A (I	Form 1040), line 4, <b>or</b> 2.5% (.025)	) of Form 1040,		
	line 38. If zero or less,	enter -0-			2	1,856.
3	Taxes from Schedule A	A (Form 1040), line 9			3	4,538.
4	Enter the home mortga	age interest adjustment, if any, fr	om line 6 of the worksheet in the	instructions for this line	4	
5	Miscellaneous deduction	ons from Schedule A (Form 104	0), line 27		5	
6	Skip this line. It is reserved	rved for future use			6	
7	Tax refund from Form	1040, line 10 or line 21		· · · · · · · · · · · · · · · · · · ·	7 (	437.)
8			ar tax and AMT)		8	
9	Depletion (difference b	etween regular tax and AMT)			9	
10	Net operating loss ded	uction from Form 1040, line 21.	Enter as a positive amount	[1	10	
11	Alternative tax net oper	rating loss deduction		[1	11(	)
12	Interest from specified	private activity bonds exempt from	om the regular tax		12	
13	Qualified small busines	ss stock (7% of gain excluded u	nder section 1202)		13	
14	Exercise of incentive st	tock options (excess of AMT inc	ome over regular tax income)		14	
15	Estates and trusts (am	ount from Schedule K-1 (Form 1	041), box 12, code A)		15	
16	Electing large partners	hips (amount from Schedule K-	(Form 1065-B), box 6)		16	
17		(difference between AMT and r	,		17	
18			fference between regular tax and	-	18	
19		-	r tax income or loss)		19	
20	Loss limitations (differe	ence between AMT and regular	ax income or loss)		20	
21	Circulation costs (differ	rence between regular tax and A	MT)		21	
22	Long-term contracts (d	lifference between AMT and reg	ular tax income)		22	
23	Mining costs (differenc	e between regular tax and AMT	)		23	
24	Research and experim	ental costs (difference between	regular tax and AMT)		24	
25	Income from certain ins	stallment sales before January 1	, 1987		25(	)
26	Intangible drilling costs	s preference			26	
27	Other adjustments, inc	luding income-based related ad	ustments		27	
28	Alternative minimum	taxable income. Combine lines	1 through 27. (If married filing se	parately and line 28 is		
					28	64,913.
Pa	rt II Alternative	e Minimum Tax (AMT)				
29	Exemption. (If you were	e under age 24 at the end of 20	<ol> <li>see instructions.)</li> </ol>			
	IF your filing status is		AND line 28 is not over	THEN enter on line 29		
	Single or head of hous	ehold	\$112,500	\$48,450		
	Married filing jointly or	qualifying widow(er)	150,000	74,450	29	74,450.
	•	ly	75,000	37,225		
	If line 28 is over the an	nount shown above for your filin	g status, see instructions.			
30	Subtract line 29 from line	ne 28. If more than zero, go to li	ne 31. If zero or less, enter -0- he	re and on lines 33		
	and 35 and skip the res	st of Part II			30	
31		m 2555 or 2555-EZ, see instruc		7		
	• • •		Form 1040, line 13; you reported			
	•		ad a gain on both lines 15 and 16 , if necessary), complete Part III c			
		he amount from line 54 here.	, in necessary), complete r art in c	······ 3	31	
			or less if married filing separately)	), multiply		
	line 30 by 26% (.26	6). Otherwise, multiply line 30 by	28% (.28) and subtract \$3,500 (\$	\$1,750		
	0,1	parately) from the result.				
32	Alternative minimum ta	ax foreign tax credit (see instruct	ions)		32	4.
33				· · · · · · · · · · · · · · · · · · ·	33	
34			4972 and any foreign tax credit f			
			amount from line 44 of Form 1040			
	•	· /			34	5,180.
35	AMT. Subtract line 34 f	from line 33. If zero or less, ente	r -0 Enter here and on Form 104	40, line 45 3	35	

Declaration C	ontrol Number (DCN) 200752 - 00010 -	2	IRS Use Only - Do not write or	staple in this space.
Form <b>845</b>	Treasury For the year .	Income Tax Trai RS e-file Return January 1-December 31, 2		OMB No. 1545-0074
Internal Revenue	Service Vour first name and initial	<ul> <li>See instructions.</li> <li>Last name</li> </ul>		Your social security number
Please print or type.	P       KARL       R         If a joint return, spouse's first name and initial       If a joint return, spouse's first name and initial         N       KARA       B         Home address (number and street). If you have       1068         I       068       RIVERMEADE         DR       City, town or post office, state, and ZIP code (If			211-02-0752 Spouse's social security no. 212-02-0752 ▲ Important! You must enter your SSN(s) above.
	R PLUCKEMIN NJ 07978-	reign province/county	Foreign postal code	
	FILE THIS FORM ONLY IF YO OF THE FOLLOWING FORM			
Check the ap	plicable box(es) to identify the attachments.	S OK SUFFORTING	DOCUMENTS.	
	lix A, Statement by Taxpayer Using the Procedures in lent Investment Arrangement	Rev. Proc. 2009-20 to Det	ermine a Theft Loss Ded	uction Related to a
Form 1	098-C, Contributions of Motor Vehicles, Boats, and Air	planes (or equivalent conte	emporaneous written ack	nowledgment)
Form 2	848, Power of Attorney and Declaration of Representa	tive (or POA that states the	e agent is granted author	ity to sign the return)
Form 3	115, Application for Change in Accounting Method			
Rehabi	468 - attach a copy of the first page of NPS Form 10-1 litation), with an indication that it was received by the E pof that the building is a certified historic structure (or th	Department of the Interior of	or the State Historic Prese	
	136 - attach the Certificate for Biodiesel and, if applica ing the product as renewable diesel and, if applicable,			from the provider
Form 5	713, International Boycott Report			
	283, Noncash Charitable Contributions, Section A, (if a / related attachments (including any qualified appraisa	•		Section B, Donated Property,
	332, Release / Revocation of Release of Claim to Exer or separation agreement, that went into effect after 19			es from a divorce
Form 8	858, Information Return of U.S. Persons With Respect	to Foreign Disregarded E	ntities	
	864 - attach the Certificate for Biodiesel and, if applica duct as renewable diesel and, if applicable, a statemer		Reseller or a certificate	from the provider identifying
Form 8	885, Health Coverage Tax Credit, and all required atta	chments		
	949, Sales and Other Dispositions of Capital Assets, ( tions electronically on Form 8949	or a statement with the sar	ne information), if you ele	ect not to report your

#### DO NOT SIGN THIS FORM.

## Deductible and Nondeductible IRA Worksheet

#### Name: KARL R KENT & KARA B BRYANT

## **SSN:** 211-02-0752

#### **Traditional IRA**

	Were you covered by a retirement plan?			X Yes No
	If married filing jointly, was your spouse covered by a retirement p	olan?		X Yes No
			Taxpayer	Spouse
1	Maximum modified AGI for deductible contributions			
	Filing status Covered by a retirement plan? Yes	No		
	1 or 4 \$66,000	No limit		
	2 Spouse covered by a plan \$110,000			
	2 Spouse not covered by a plan	\$179,000		
	2 Neither spouse covered by a plan	No limit		
	3 Lived with spouse at anytime in 2011 \$10,000	No limit		
	3 Did not live with spouse in 2011 \$66,000	No limit		
	5 \$110,000	No limit	110,000.	110,000.
2	Modified AGI computation			
	Social security computation without IRA	69,216.		
	Taxable social security for this computation	11,630.		
	Modified income including taxable social security	84,572.		
3	Adjustments to income without IRA contribution	4,064.		
4	Modified AGI. Subtract line 3 from line 2		80,508.	80,508.
5	Line 1 minus line 4. If -0- or less, enter -0- on line 6		29,492.	29,492.
6	Line 5 times the applicable percentage from the instructions, roun	ded up to nearest		
	\$10. Do not enter less than \$200, or more than \$5,000 (\$6,000 if	age 50 or older)	6,000.	6,000.
7	Total wages and other earned income, minus any deductions on I	Form 1040,		
	lines 27 and 28, or Form 1040NR, line 27. Do not			
	reduce wages by any losses from self-employment	44,161.		
8	Maximum contribution based on earnings	12,000.	Taxpayer	Spouse
9	Maximum allowable IRA contribution			6,000.
10	Enter IRA contributions for 2011			
	Do NOT enter more than \$5,000 (\$6,000 if age 50 or older) in eith	ner column		6,000.
11	Deductible IRA contributions. Smaller of lines 6, 7, 9, or 10			6,000.
12	Nondeductible IRA contributions			
13	Excess traditional IRA contributions	· · · · · · · · · · · · · · · · · · ·		

#### **Roth IRA**

				Taxpayer	Spouse
14	Maximum mod	dified AGI for allowable contributions			
	Filing status		Modified AGI		
	1 or 4		\$122,000		
	2 or 5		\$179,000		
	3	Lived with spouse at anytime in 2011	\$10,000		
	3	Did not live with spouse in 2011	\$122,000	179,000.	179,000.
15	Modified AGI	AGI + Forms 2555, 8815, and 4563 + Pue	erto Rico income + adoption		
	expense exclu	ision minus IRA to Roth IRA rollovers		80,508.	80,508.
16	Line 14 minus	line 15. If -0-, enter -0- on line 17		98,492.	98,492.
17	Maximum con	tribution allowed based on AGI		б,000.	
18	Maximum con	tribution based on earnings	6,000.		
19	Maximum allo	wable Roth IRA contribution		б,000.	
20	Enter Roth IR/	A contributions for 2011			
	Do NOT enter	more than \$5,000 (\$6,000 if age 50 or old	er) in either column		
21	Excess Roth of	contributions			
0.2		Sonvicos All rights reserved	1158606W/1		

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2011

Form **8863** 

# Education Credits (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

318.

5

Department of the Treasury Internal Revenue Service (99)

# See separate instructions to find out if you are eligible to take the credits. Attach to Form 1040 or Form 1040A.

Attachment Sequence No. 50 Your social security number

211-02-0752

Name(s)	sho	wn on retui	rn				
KARL	R	KENT	&	KARA	В	BRYANT	

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.). 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 th amount in colu (d) by 25% (.2	ımn	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).
ΚI	INDRA						
KI	INT	213-02-0752	3,250.	1,250	. 31	13.	2,313.
		_					
2	Tentative American oppor	tunity credit. Add the amou	unts on line 1, column (f	). If you are taking the			
	lifetime learning credit for a	. 0	II; otherwise, go to Part	· III	▶	2	2,313.
		arning Credit					
		annot take the American of	oportunity credit and the	e lifetime learning cree	lit for the <b>same stu</b>	Ident	
	in the same yea	ar.					
3	(a) Student's	name (as shown on page 1	of your tax return)		<ul><li>(b) Student's social security number (as shown on page 1 of your tax return)</li></ul>		
	First name	Last name	e	1			
	KARA	BRYAN	IT	2	12-02-0752	2	318.
4	Add the amounts on line 3,	column (c) and enter the to	tal			4	318.
-						-	510.

Part III; otherwise go to Part IV		6		64.
For Paperwork Reduction Act Noti		Form <b>8863</b>	(2011)	

5 Enter the smaller of line 4 or \$ 10,000

Tentative lifetime learning credit. Multiply line 5 by 20% (.20). If you have an entry on line 2, go to ......

6

Form	8863 (2011) KARL R KENT & KARA B BRYANT		211	-02	-0752 Page <b>2</b>
Pa	rt III Refundable American Opportunity Credit				
7	Enter the amount from line 2			7	2,313.
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of				
	household, or qualifying widow(er)	8	180,000.		
9	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	9	74,240.		
10	Subtract line 9 from line 8. If zero or less, stop; you cannot take				
	any education credit	10	105,760.		
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household.				
	or qualifying widow(er)	11	20,000.		
12	If line 10 is:				
	• Equal to or more than line 11, enter 1.000 on line 12				
	• Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to	to	•	12	1.000
	at least three places)				
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year an	<b>d</b> mee	t		
	the conditions in the instructions, you cannot take the refundable American opportuni	ty			
	credit. Skip line 14, enter the amount from line 13 on line 15, and check this box		►	13	2,313.
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the a	mount	here and		
	on Form 1040, line 66, or Form 1040A, line 43. Then go to line 15 below			14	925.
Pa	rt IV Nonrefundable Education Credits				
15	Subtract line 14 from line 13			15	1,388.
16	Enter the amount from line, 6, if any. If you have no entry on line 6, skip lines 17 through	igh 22	, and		
	enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions	s)		16	64.
17	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of				
	household, or qualifying widow(er)	17	122,000.		
18	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	18	74,240.		
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter				
	zero on line 22	19	47,760.		
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,				
	or qualifying widow(er)	20	20,000.		
21	If line 19 is:				
	<ul> <li>Equal to or more than line 20, enter 1.000 on line 21 and go to line 22</li> </ul>				
	• Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to	to at le	ast three places)	21	1.000
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see	e instru	ctions)	22	64.

(see instructions) here and on Form 1040, line 49, or Form 1040A, line 31

\*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.

23 Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet

Form 8863 (2011)

1,452.

23

X60 RUBDUE	07/05/2998 09/20/2011	288 <b>359. 29866.</b> T -3	35.
KARL R KENT	& KARA B BRYANT	211-02-0752	

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 12/30/2011
 5663.
 7222.
 T

 KARL R KENT & KARA B BRYANT
 211-02-0752

Form	8879
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## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury	
Internal Revenue Service	

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

2011

Declaration	Control	Number	(DCN)

0020	07520	1001	$\cap 1$
0020	0/520	JUUT	UΤ

,		
Taxpayer's name	Social security	y number
KARL R KENT	211-02-0	0752
Spouse's name	Spouse's soci	ial security number
KARA B BRYANT	212-02-0	0752
Part I Tax Return Information-Tax Year Ending December 31, 2011 (W	Vhole Dollars Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)		1 74,240.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)		2 2,582.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)		<b>3</b> 5,603.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Pa	art I, line 12a)	4 2,173.
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you g	jet and keep a cop	py of your return)
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief,		, 0

clare 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 Fin. check one box only		
X Lauthorize TRAINING	to enter or generate my PIN	12345
ERO firm name		Enter five numbers, but
as my signature on my tax year 2011 electronically filed income tax return.		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 $\ensuremath{\textit{only}}$ if	you are
entering your own PIN and your return is filed using the Practitioner PIN method. 1	The ERO must complete Part III be	elow.
Your signature ►	Date ► 01/01/2	012
Spouse's PIN: check one box only          I authorize       TRAINING         ERO firm name	to enter or generate my PIN	12345 Enter five numbers, but
as my signature on my tax year 2011 electronically filed income tax return.		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. 1	The ERO must complete Part III be	elow.
Spouse's signature	Date ► 01/01/2	012
Practitioner PIN Method Returns O	nlv-continue below	

#### Certification and Authentication-Practitioner PIN Method Only Part III

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 a	ccordance with the requirements of the Practitioner PIN method
and Publication 1345, Handbook for Authorized IRS e-file Providers of Individua	I Income Tax Returns.
EPO's signature > S2400000 TRATNING	Date N 01/01/2012

#### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

## 

Detail	Sheet	
 -		

Name: KARL R KENT & KARA B BRYANT

Description: 1040 WKT1 MEDICARE FOR TP

	Туре	Amount
RT B		1,385
RT D		600
		000
Tetal		

**ID**: 211-02-0752

## **Detail Sheet**

ail	Sheet	

Name: KARL R KENT & KARA B BRYANT

**ID**: 211-02-0752

Description: SCH A PROP TAX DETAIL

DUNTY	Туре	Amount 1,253
JUNIY		1,253
ITY		258

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## **Detail Sheet**

Name: KARL R KENT & KARA B BRYANT	<b>ID</b> : 211-02-0752
Description: SCH C NON 1099-MISC INCOME	
Type	Amount 1,082
	1,002
Total	

## **Detail Sheet**

Name: KARL R KENT & KARA B BRYANT

Description: 8863 AMER OPPTY CREDIT - KENDRA DETAIL

XTBOOKS AND SUPPLIES	500
98-T SCHOLARSHIP	(5,000
98-T BILLED	7,750

**ID**: 211-02-0752

## Three - Year Tax Summary

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.
			3,164.
Contributions			2,475.
Miscellaneous deductions			2,175.
			1,200.
Other itemized deductions			15,284.
Total deductions			18,500.
Exemptions	0	0	
	0	0	40,456.
Tax (2011 - 1040, line 44)	0	0	5,184.
Alternative minimum tax			202
Other taxes			292.
Credits and Payments			0.004
Credits			2,894.
Withholding			5,603.
EIC and Additional Child Tax Credit			1.0.0
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)			
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)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

## Sales Tax Worksheet

Nam	e: KARL R KENT & KARA B BRYANT		SSN:	211-02-0752
1	Federal AGI		74,240.	
2	Nontaxable income listed on tax return			
а	Nontaxable interest	338.		
b	Social security	2,052.		
с	Combat pay			
d	Income on Forms 4970 and 4972			
е	Nontaxable part of IRA, pension, or annuity distributions, not			
	including rollovers	335.	2,725.	
3	Other nontaxable income			
а				
b				
с				
d				
e				
4	Income for sales tax chart		76,965.	
1	Enter the taxpayer's state of residency for 2011			NJ
•	If the taxpayer was a part-year resident, enter the dates resided in this state			110
		-		
	State sales tax from the applicable table			1,063.
2	Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only)			
-	Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South			
	Tennessee, Utah or Virginia in 2011?			
	$\overline{X}$ No. Line 2 should be -0			
	Yes. Enter the letter (A - D) for the optional local sales tax table you w	ant to use		
	Local sales tax from the applicable table			
3	Did your locality impose a local general sales tax in 2011? Residents of Calif			
Ũ	and Nevada, see the Schedule A instructions.			
	$\overline{\mathbf{X}}$ No. Go to line 7.			
	Yes. Enter the local general sales tax rate. If the rate is 2.5%, enter 2.	5		
4	Did you enter -0- on line 2 above?	0		
-	<b>No.</b> Skip to line 6.			
	Yes. Enter the state general sales tax rate from the table headed by the	ne state		
	in the Schedule A instructions.			
	Enter 6.5% as 6.5			
5	Divide line 3 by line 4			
6	Did you enter -0- on line 2 above?			
Ŭ	<b>No.</b> Multiply line 2 by line 3.			
	Yes. Multiply line 1 by line 5			
7	Total of lines 1 and 6 - prorated for part-year residents			1,063.
8	General sales tax paid on specified items.			1,003.
U	Motor vehicles - If the tax rate is higher than the general sales tax rate,			
	only include the amount of tax at the general sales tax rate.			
		matariala		
	Aircraft, boats, homes, including mobile and prefabricated, or home building in Only deductible if the cales tay observed is at the federal cales tay rate.			
~	Only deductible if the sales tax charged is at the federal sales tax rate			1,063.
9	Total sales tax using the sales tax chart			1,003.
10	Sales tax using actual receipts			1 062
11	Sales tax deduction for Schedule A, line 5			1,063.

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USWA\$\$\$3

\_\_\_\_

Use	e the spouse column if this is a married joint return for			
this	s year and the spouse filed separately last year.	Joint or Taxpayer	Spouse	Taxable
	T	4 2 7		
1 Nu	2010 state/local income tax refund	437.		_
	2010 state/local income tax refund	427		_
Tot	tal state/local income tax refund for 2010	437.		_
2 En	ter the amounts from the 2010 tax return			
	he itemized deductions were reduced due to the AGI			
	itation, be sure to enter the reduced amounts			
	hedule A, line 5a, income taxes	2,998.		
	hedule A, line 5b, general sales tax	689.		-
		009.		_
	ference - the state tax refund is only taxable to the			
	tent the state tax deduction exceeds the sales tax	2 200		
deo	duction	2,309.		_
3 Ne	t state/local income tax refund	437.		_
4 Ent	ter the total of all other Schedule A refunds or			
	mbursements			
5 A A	d lines 3 and 4	437.		
				_
	the 2010 tax return, temized deductions are reduced due to income			
	itations, AMT is included, or there are unused			
	edits, see Publication 525. Some or all of the state			
	refund may be tax-free. Check here if the ENTIRE			
sta	te tax refund is nontaxable. Stop here			
<b>6</b> 20 <sup>2</sup>	10 itemized deductions	12,787.		
				-
7 Fili	ing status for 2010. Enter 1, 2, 3, 4, or 5.			
1 =	= Single 4 = Head of household			
2 =	= Married filing jointly 5 = Qualifying widow(er)			
3 =	- Married filing separately	2	Π	
lf th	he 2010 filing status was married filing separately,	_		
and	d itemized deductions were required to be used			
beo	cause the spouse itemized, check here			
_				
-	e 65 or blind, enter amount from the 2010 Form 1040,			
paę	ge 2, line 39a			
		11 400		
9 Sta	andard deduction	11,400.		
10 Ne	t disaster loss from your 2010 Form 4684, line 18			
	w motor vehicle taxes from your 2010 Schedule A, line 7			
	tal standard deduction	11,400.		
	btract line 13 from line 6	1,387.		
	naller of line 5 or line 14	437.		
-	ter the taxable income for 2010, adjusted for any NOL			
	rryover. If less than -0-, show the amount as a negative			
	mber	49,859.		
	nount to include in income for 2011	437.		
	xable state/local income tax refund	437.		437.
	xable amount of other income	107.		1.57.

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