

**US 1040**

**IRA Rollover Explanation**

**2011**

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

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning \_\_\_\_\_, 2011, ending \_\_\_\_\_, 20

Your first name and initial **KARL R KENT** Last name \_\_\_\_\_ See separate instructions.  
**Your social security number**  
 211-02-0752

If a joint return, spouse's first name and initial **KARA B BRYANT** Last name \_\_\_\_\_  
**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). **DENVILLE NJ 07834-**  
**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  **You**  **Spouse**

Foreign country name \_\_\_\_\_ Foreign province/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**Filing Status**  
 1  Single **4**  Head of household (with qualifying person). (See instructions.)  
 2  Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
 3  Married filing separately. Enter spouse's SSN above and full name here. ▶ **5**  Qualifying widow(er) with dependent child

**Exemptions**  
 6a  **Yourself.** If someone can claim you as a dependent, do not check box 6a  
 b  **Spouse**  
 c **Dependents:**  
 (1) First name Last name (2) Dependent's social security no. (3) Dependent's relationship to you (4)  If child under age 17 qualifying for child tax credit (see instr.)  
 TAMARA THOMAS 214-02-0752 GRANDCHILD   
 KENDRA KENT 213-02-0752 DAUGHTER   
 KERRI BRYANT 210-02-0752 SISTER   
 d Total number of exemptions claimed **5**

Income	7	7
Wages, salaries, tips, etc. Attach Form(s) W-2		41,951.
<b>8a Taxable interest.</b> Attach Schedule B if required		5,816.
<b>b Tax-exempt interest.</b> Do not include on line 8a	<b>8b</b> 338.	
<b>9a Ordinary dividends.</b> Attach Schedule B if required		232.
<b>b Qualified dividends</b>	<b>9b</b> 232.	
<b>10 Taxable refunds, credits, or offsets of state and local income taxes</b>		287.
<b>11 Alimony received</b>		
<b>12 Business income or (loss).</b> Attach Schedule C or C-EZ		2,378.
<b>13 Capital gain or (loss).</b> Attach Schedule D if required. If not required, check here <input type="checkbox"/>		(3,000.)
<b>14 Other gains or (losses).</b> Attach Form 4797		
<b>15a IRA distributions</b> <b>15a</b> 12,593. <b>b Taxable amount</b>		838.
<b>16a Pensions and annuities</b> <b>16a</b> 19,825. <b>b Taxable amount</b>		19,490.
<b>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.</b> Attach Schedule E		1,050.
<b>18 Farm income or (loss).</b> Attach Schedule F		
<b>19 Unemployment compensation</b>		2,550.
<b>20a Social security benefits</b> <b>20a</b> 13,682. <b>b Taxable amount</b>		11,630.
<b>21 Other income.</b> List type and amount (see instr.) <b>GAMBLING WINNINGS</b>		1,200.
<b>22 Combine the amounts in the far right column for lines 7 through 21. This is your total income</b>	<b>22</b>	84,422.

Adjusted Gross Income	23	23
Educator expenses		240.
Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	<b>24</b>	
Health savings account deduction. Attach Form 8889	<b>25</b>	
Moving expenses. Attach Form 3903	<b>26</b>	
Deductible part of self-employment tax. Attach Schedule SE	<b>27</b>	168.
Self-employed SEP, SIMPLE, and qualified plans	<b>28</b>	
Self-employed health insurance deduction	<b>29</b>	
Penalty on early withdrawal of savings	<b>30</b>	46.
<b>31a Alimony paid</b> <b>b Recipient's SSN</b> ▶ 215-02-0752	<b>31a</b>	3,600.
IRA deduction	<b>32</b>	6,000.
Student loan interest deduction	<b>33</b>	268.
Tuition and fees. Attach Form 8917	<b>34</b>	
Domestic production activities deduction. Attach Form 8903	<b>35</b>	
Add lines 23 through 35	<b>36</b>	10,322.
Subtract line 36 from line 22. This is your adjusted gross income	<b>37</b>	74,100.

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	74,100.
	<b>39a</b>	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1947, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/> 1 if: <input type="checkbox"/> Spouse was born before Jan. 2, 1947, <input type="checkbox"/> Blind. <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for-</b>	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
<b>40</b>	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	15,567.
<b>41</b>	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	58,533.
<b>42</b>	<b>42</b>	<b>Exemptions.</b> Multiply \$3,700 by the number on line 6d	<b>42</b>	18,500.
<b>43</b>	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	40,033.
<b>44</b>	<b>44</b>	<b>Tax</b> (see instructions). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/> 962 election	<b>44</b>	5,124.
<b>45</b>	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	<b>46</b>	Add lines 44 and 45	<b>46</b>	5,124.
<b>47</b>	<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	4.
<b>48</b>	<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	220.
<b>49</b>	<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	1,452.
<b>50</b>	<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	<b>51</b>	Child tax credit (see instructions)	<b>51</b>	1,000.
<b>52</b>	<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	218.
<b>53</b>	<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	2,894.
<b>55</b>	<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	2,230.
<b>Other Taxes</b>	<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	292.
	<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
	<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
	<b>59a</b>	Household employment taxes from Schedule H	<b>59a</b>	
	<b>59b</b>	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>59b</b>	
	<b>60</b>	Other taxes. Enter code(s) from instructions	<b>60</b>	
	<b>61</b>	Add lines 55 through 60. This is your <b>total tax</b>	<b>61</b>	2,522.
<b>Payments</b>	<b>62</b>	Federal income tax withheld from Forms W-2 and 1099	<b>62</b>	5,603.
	<b>63</b>	2011 estimated tax payments and amount applied from 2010 return	<b>63</b>	400.
	<b>64a</b>	<b>Earned income credit (EIC)</b> NO	<b>64a</b>	
	<b>b</b>	Nontaxable combat pay election <b>64b</b>		
	<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
	<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	925.
	<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
	<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
	<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	
	<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
	<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
	<b>72</b>	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	6,928.
	<b>73</b>	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	4,406.
	<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	2,203.
	<b>b</b>	Routing number <b>065502789</b> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions	<b>d</b>	Account number <b>12345678</b>		
	<b>75</b>	Amount of line 73 you want <b>applied to your 2012 estimated tax</b>	<b>75</b>	2,203.
<b>Amount You Owe</b>	<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 61. For details on how to pay, see inst.	<b>76</b>	
	<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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

Your signature	Date	Your occupation CLERK	Daytime phone number 259-555-1111
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation SCHOOL TEACHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

<b>Paid Preparer's Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN S24000000
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

KARL R KENT & KARA B BRYANT

Your social security no.  
211-02-0752

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions).....	1	9,475.			
	2 Enter amount from Form 1040, line 38 ..... 2   74,100.					
	3 Multiply line 2 by 7.5% (.075) .....	3	5,558.			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-.....				4	3,917.	
<b>Taxes You Paid</b>	5 State and local ( <b>check only one box</b> ):					
	a <input checked="" type="checkbox"/> Income taxes, or	5	2,676.			
	b <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions).....	6	1,511.			
	7 Personal property taxes .....	7	624.			
	8 Other taxes. List type and amount ▶ _____	8				
	9 Add lines 5 through 8 .....				9	4,811.
	<b>Interest You Paid</b>	10 Home mortgage interest & points reported to you on Form 1098	10	3,164.		
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 ▶ _____	11					
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules .....	12				
13 Mortgage insurance premiums (see instructions) .....	13					
14 Investment interest. Attach Form 4952 if required. (See inst.)	14					
15 Add lines 10 through 14 .....				15	3,164.	
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	16	2,475.			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500.....	17				
	18 Carryover from prior year .....	18				
	19 Add lines 16 through 18 .....				19	2,475.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....				20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ _____	21				
	22 Tax preparation fees .....	22				
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶ _____	23				
	24 Add lines 21 through 23 .....	24				
	25 Enter amount from Form 1040, line 38 ..... 25	25				
	26 Multiply line 25 by 2% (.02) .....	26				
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- .....				27		
<b>Other Miscellaneous Deductions</b>	28 Other - from list in the inst. List type and amount ..... ▶ GAMBLING LOSSES		1,200.		28	1,200.
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 .....				29	15,567.
30 If you elect to itemize deductions even though they are less than your standard deduction, check here .....						<input type="checkbox"/>

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

Attach to Form 1040A or 1040. See Instructions.

OMB No. 1545-0074

2011

Attachment Sequence No. 08

Name(s) shown on return: KARL R KENT & KARA B BRYANT
Your social security number: 211-02-0752

Table with columns: Part I Interest, Description (1-4), and Amount. Includes entries for CHARLES CAMPBELL, KENDALL FEDERAL CRED, ZYX INVESTMENTS.

Table with columns: Part II Ordinary Dividends, Description (5-6), and Amount. Includes entry for ZYX INVESTMENTS.

Table for Part III Foreign Accounts and Trusts with Yes/No columns. Includes questions 7a, b, and 8 regarding foreign accounts and distributions.

**Schedule C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business  
(Sole Proprietorship)**

▶ For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec)  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **09**

Name of proprietor <b>KARA B BRYANT</b>		Social security number (SSN) <b>212-02-0752</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>TRANSCRIPTION</b>		<b>B</b> Enter code from instructions <b>561410</b>
<b>C</b> Business name. If no separate business name, leave blank.		<b>D</b> Employer ID no. (EIN), (see instr.)
<b>E</b> Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2011, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I</b> Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Part I</b>		<b>Income</b>
<b>1a</b> Merchant card and third party payments. For 2011, enter -0-	<b>1a</b>	
<b>b</b> Gross receipts or sales not entered on line 1a (see instructions)	<b>1b</b>	2,719.
<b>c</b> Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. <b>Caution.</b> See instr. before completing this line	<b>1c</b>	
<b>d Total gross receipts.</b> Add lines 1a through 1c	<b>1d</b>	2,719.
<b>2</b> Returns and allowances plus any other adjustments (see instructions)	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	2,719.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5 Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	2,719.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7 Gross income.</b> Add lines 5 and 6	<b>7</b>	2,719.

<b>Part II</b>		<b>Expenses.</b>	<b>Enter expenses for business use of your home only on line 30.</b>		
<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	224.	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and sect. 179 expense deduction (not including Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27a</b> Other expenses (from line 48)	<b>27a</b>	117.
			<b>b</b> Reserved for future use	<b>27b</b>	
<b>28 Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>28</b>		341.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>29</b>		2,378.
<b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b> . Do <b>not</b> report such expenses elsewhere.	<b>30</b>		<b>30</b>		
<b>31 Net profit or (loss).</b> Subtract line 30 from line 29.			<b>31</b>		2,378.
• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you <b>must</b> go to line 32.					
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on <b>Form 1041, line 3</b> .					
• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					
			<b>32a</b> <input type="checkbox"/>	All investment is at risk.	
			<b>32b</b> <input type="checkbox"/>	Some investment is not at risk.	

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

Schedule C (Form 1040) 2011

BCA

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory:    a  Cost    b  Lower of cost or market    c  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?     Yes     No  
 If "Yes," attach explanation .....

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation .....	35	
36 Purchases less cost of items withdrawn for personal use .....	36	
37 Cost of labor. Do not include any amounts paid to yourself .....	37	
38 Materials and supplies .....	38	
39 Other costs .....	39	
40 Add lines 35 through 39 .....	40	
41 Inventory at end of year .....	41	
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 .....	42	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/02/2006

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:  
 a Business 420    b <sup>Commuting</sup> (see instr.) \_\_\_\_\_    c Other 10000

45 Was your vehicle available for personal use during off-duty hours?     Yes     No

46 Do you (or your spouse) have another vehicle available for personal use?     Yes     No

47a Do you have evidence to support your deduction?     Yes     No  
 b If "Yes," is the evidence written?     Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

PAPER	49.
PRINTER CARTRIDGE	68.
48 <b>Total other expenses.</b> Enter here and on page 1, line 27a .....	48    117.

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ **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.**

OMB No. 1545-0074

**2011**  
Attachment  
Sequence No. **12**

Name(s) shown on return  
**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**

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(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)
<b>1</b> Short-term totals from all Forms 8949 with <b>box A</b> checked on <b>Part I</b> .....		( )		
<b>2</b> Short-term totals from all Forms 8949 with <b>box B</b> checked on <b>Part I</b> .....		( )		
<b>3</b> Short-term totals from all Forms 8949 with <b>box C</b> checked on <b>Part I</b> .....		( )		
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 .....				<b>7</b>

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e) (f), and (g)
<b>8</b> Long-term totals from all Forms 8949 with <b>box A</b> checked on <b>Part II</b> .....	21234.	( 22866 )	-35.	-1667.
<b>9</b> Long-term totals from all Forms 8949 with <b>box B</b> checked on <b>Part II</b> .....	5663.	( 7222 )		-1559.
<b>10</b> Long-term totals from all Forms 8949 with <b>box C</b> checked on <b>Part II</b> .....		( )		
<b>11</b> 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 .....				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions .....				<b>13</b> 69.
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>14</b> ( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8 through 14 in column (h). Then go to Part III on page 2 .....				<b>15</b> -3157.

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

Schedule D (Form 1040) 2011

BCA



Part III Summary

16 Combine lines 7 and 15 and enter the result ..... 16 ( 3,157. )

- 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?

- 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 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 1040NR, line 14, the **smaller** of:

- The loss on line 16 or  ..... 21 ( 3,000. )
- (\$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?

- 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

**Capital Loss Carryovers from This Year to Next Year**

1	Amount from Form 1040, line 41, or Form 1040NR, line 38	58,533.
2	Loss shown on Schedule D, line 21 as a positive amount	3,000.
3	Combine lines 1 and 2. If -0- or less, enter -0-	61,533.
4	Smaller line 2 or line 3	3,000.
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	3,000.
8	<b>Short-term capital loss carryover.</b> Subtract line 7 from line 5. If -0- or less, enter -0-	
9	Loss shown on Schedule D, line 15 as a positive amount	3,157.
10	Gain, if any, shown on Schedule D, line 7	
11	Subtract line 5 from line 4. If -0- or less, enter -0-	3,000.
12	Add lines 10 and 11	3,000.
13	<b>Long-term capital loss carryover.</b> Subtract line 12 from line 9. If -0- or less, enter -0-	157.

**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.

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 \_\_\_\_\_

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?  Yes  No

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:  short-term  long-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	(3,157.)	(3,157.)	
4 Long term loss based on joint return	3,000.	3,000.	
5 Schedule D result (line 16 or line 21)	(3,000.)	(3,000.)	
6 Short term loss carryover			
7 Long term loss carryover	157.	157.	

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

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

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **13**

Name(s) shown on return **KARL R KENT & KARA B BRYANT** Your social security no. **211-02-0752**

**A** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes  No   
**B** If "Yes," did you or will you file all required Forms 1099? Yes  No

**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 days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	BLACK JACK PRODUCTION 1001 YUKON D	6					
B							
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:	Properties						
	A		B		C		
<b>3a</b> Merchant card and third party payments. For 2011, enter -0-	<b>3a</b>						
<b>3b</b> Payments not reported to you on like 3a	<b>3b</b>	1,050.					
Total not including amounts on line 3a that are							
<b>4</b> income (see instructions)	<b>4</b>	1,050.					
<b>Expenses:</b>							
<b>5</b> Advertising	<b>5</b>						
<b>6</b> Auto and travel (see instructions)	<b>6</b>						
<b>7</b> Cleaning and maintenance	<b>7</b>						
<b>8</b> Commissions	<b>8</b>						
<b>9</b> Insurance	<b>9</b>						
<b>10</b> Legal and other professional fees	<b>10</b>						
<b>11</b> Management fees	<b>11</b>						
<b>12</b> Mortgage interest paid to banks, etc.(see instructions)	<b>12</b>						
<b>13</b> Other interest	<b>13</b>						
<b>14</b> Repairs	<b>14</b>						
<b>15</b> Supplies	<b>15</b>						
<b>16</b> Taxes	<b>16</b>						
<b>17</b> Utilities	<b>17</b>						
<b>18</b> Depreciation expense or depletion	<b>18</b>						
<b>19</b> Other (list) ▶	<b>19</b>						
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>						
<b>21</b> Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	<b>21</b>	1,050.					
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	<b>22</b>	( )	( )	( )	( )	( )	
<b>23a</b> Total of all amounts reported on line 3a for all rental properties	<b>23a</b>						
<b>b</b> Total of all amounts reported on line 3a for all royalty properties	<b>23b</b>						
<b>c</b> Total of all amounts reported on line 4 for all rental properties	<b>23c</b>						
<b>d</b> Total of all amounts reported on line 4 for all royalty properties	<b>23d</b>	1,050.					
<b>e</b> Total of all amounts reported on line 12 for all properties	<b>23e</b>						
<b>f</b> Total of all amounts reported on line 18 for all properties	<b>23f</b>						
<b>g</b> Total of all amounts reported on line 20 for all properties	<b>23g</b>						
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	<b>24</b>					1,050.	
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( )	( )	( )	( )	( )	
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	<b>26</b>					1,050.	

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

Schedule E (Form 1040) 2011

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.

**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.

<b>1 a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip lines 1a and 1b if you use the farm optional method (see instructions) . . . . .	<b>1a</b>	
<b>b</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 . . . . .	<b>1b</b>	
<b>2</b> 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. <b>Note.</b> Skip this line if you use the nonfarm optional method (see instructions) . . . . .	<b>2</b>	2,378.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	2,378.
<b>4 a</b> If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 . . . . .	<b>4a</b>	2,196.
<b>Note.</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	<b>4b</b>	
<b>c</b> Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had church employee income, enter -0- and continue . . . . . ▶	<b>4c</b>	2,196.
<b>5 a</b> Enter your church employee income from Form W-2. See instructions for definition of church employee income . . . . .	<b>5a</b>	
<b>b</b> Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- . . . . .	<b>5b</b>	
<b>6</b> Add lines 4c and 5b . . . . .	<b>6</b>	2,196.
<b>7</b> 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 . . . . .	<b>7</b>	106,800 00
<b>8 a</b> 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 8b through 10, and go to line 11 . . . . .	<b>8a</b>	13,817.
<b>b</b> Unreported tips subject to social security tax (from Form 4137, line 10) . . . . .	<b>8b</b>	
<b>c</b> Wages subject to social security tax (from Form 8919, line 10) . . . . .	<b>8c</b>	
<b>d</b> Add lines 8a, 8b, and 8c . . . . .	<b>8d</b>	13,817.
<b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . ▶	<b>9</b>	92,983.
<b>10</b> Multiply the smaller of line 6 or line 9 by 10.4% (.104) . . . . .	<b>10</b>	228.
<b>11</b> Multiply line 6 by 2.9% (.029) . . . . .	<b>11</b>	64.
<b>12 Self-employment tax.</b> Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54 . . . . .	<b>12</b>	292.
<b>13 Deduction for employer-equivalent portion of self-employment tax.</b> Add the two following amounts. <ul style="list-style-type: none"> <li>• 59.6% (.596) of line 10.</li> <li>• One-half of line 11.</li> </ul> Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 . . . . .	<b>13</b>	168.

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

<b>Farm Optional Method.</b> You may use this method <b>only</b> if (a) your gross farm income <sup>1</sup> was not more than \$6,720 or (b) your net farm profits <sup>2</sup> were less than \$4,851.		
<b>14</b> Maximum income for optional methods . . . . .	<b>14</b>	4,480 00
<b>15</b> Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$4,480. Also include this amount on line 4b above . . . . .	<b>15</b>	
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if (a) your net nonfarm profits <sup>3</sup> were less than \$4,851 and also less than 72.189% of your gross nonfarm income <sup>4</sup> , and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.		
<b>Caution.</b> You may use this method no more than five times.		
<b>16</b> Subtract line 15 from line 14 . . . . .	<b>16</b>	
<b>17</b> Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above . . . . .	<b>17</b>	

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.  
<sup>2</sup> 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.

<sup>3</sup> 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.  
<sup>4</sup> 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

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local 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		

**US Estimated Tax Payments Made for the Current Tax Year 2011**

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

**Federal Estimated Tax Payments**

See note below	Date of payment	Amount 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.				
<b>D</b> 04/15 1	04/14/2011	100.				
<b>U</b> 06/15 2						
<b>E</b> 09/15 3	09/18/2011	100.				
01/15 4						
* Pay date						
Totals		400.				

\* Fill in the pay 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 Payment

State	Credit from last year	04/15/2011 Amount 1	06/15/2011 Amount 2	09/15/2011 Amount 3	01/15/2012 Amount 4	*	Total	
NJ								
NJ	State and/or local balance due from previous years' returns paid in 2011. Include amounts paid with a 2010 extension paid in 2011 .....							
	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	04/15/2011 Amount 1	06/15/2011 Amount 2	09/15/2011 Amount 3	01/15/2012 Amount 4	*	Total

## 1099G DETAIL REPORT - 2011

Payer	T S	Unemployment Received	Repaid	Withholding Federal	State
NEW JERSEY DEPARTMENT OF LABOR	X	2550		120	
		----		---	
		2550		120	

1099-R DETAIL REPORT - 2011

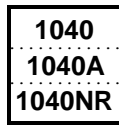
Payer	EIN	T S	Box 7	IRA/SEP Simple	Fed. With.	State With.	Gross	1099R Taxable	Roll/ Exclude	Net	Cost	Cost Bal.
SAULK TRUST COMPANY	26-2020752	T	7	X		NJ	838	838		838		
YALE SECURITY IRA	26-3020752	T	G	X		NJ	11755		R 11755			
DEFENSE FINANCE AND	11-2020752	T	7			NJ	1200	1200		1200		
STILLMAN PENSION FUN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



**Child and Dependent Care Expenses**

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See separate instructions.



Name(s) shown on return **KARL R KENT & KARA B BRYANT** Your social security number **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.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
MARYVILLE DAY CARE	128 MENIO ST DENVER NJ 07834-	26-8020752	1,100.

Did you receive dependent care benefits?	No	Complete only Part II below.
	Yes	Complete Part III on page 2.

**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.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
First	Last		
TAMARA	THOMAS	214-02-0752	1,100.

<b>3</b> Add the amounts in column (c) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,100.																																																										
<b>4</b> Enter your <b>earned income</b> . See instructions	4	28,134.																																																										
<b>5</b> If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	5	16,027.																																																										
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5	6	1,100.																																																										
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	74,100.																																																										
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<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions	9	220.																																																										
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	5,120.																																																										
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	220.																																																										

For Paperwork Reduction Act Notice, see the instructions.

Name(s) shown on return KARL R KENT & KARA B BRYANT

Your social security number 211-02-0752

Part I Nonbusiness Energy Property Credit

1a Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) [X] Yes [ ] No

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.
DENVER NJ 07834-
City, State, and ZIP code

1c Were any of these improvements related to the construction of this main home? [ ] Yes [X] No

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.

Table with 2 columns: Description (a-d) and Amount. a: Amount, if any, from line 12 of your 2006 Form 5695. b: Amount, if any, from line 15 of your 2007 Form 5695. c: Amount, if any, from line 11 of your 2009 Form 5695. d: Amount, if any, from line 11 of your 2010 Form 5695.

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 175.

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 7,450.

e Maximum amount of cost on which the credit can be figured \$2,000

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 Subtract line 3f from line 3e. If zero or less, enter -0- 2,000.

h Enter the smaller of line 3d or line 3g 2,000.

4 Add lines 3a, 3b, 3c, and 3h 2,175.

5 Multiply line 4 by 10% (.10) 218.

6 Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions)

a 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 7 218.

9 Maximum credit amount. (If you jointly occupied the home, see instructions) 500.

10 Enter the amount, if any, from line 2e

11 Subtract line 10 from line 9. If zero or less, stop; you cannot take the nonbusiness energy property credit 500.

12 Enter the smaller of line 8 or line 11 218.

13 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions) 3,448.

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 49 218.

# Alternative Minimum Tax - Individuals

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

**2011**  
Attachment  
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR  
**KARL R KENT & KARA B BRYANT**

Your social security no.  
**211-02-0752**

**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	58,533.
2 Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	1,853.
3 Taxes from Schedule A (Form 1040), line 9	3	4,811.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6 Skip this line. It is reserved for future use	6	
7 Tax refund from Form 1040, line 10 or line 21	7	( 287. )
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction	11	( )
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock (7% of gain excluded under section 1202)	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19 Passive activities (difference between AMT and regular tax income or loss)	19	
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	( )
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 <b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.)	28	64,910.

**Part II Alternative Minimum Tax (AMT)**

29 Exemption. (If you were under age 24 at the end of 2011, see instructions.)		
<b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b>		
Single or head of household . . . . . \$112,500 . . . . . \$48,450	} . . . . .	29
Married filing jointly or qualifying widow(er) . . . . . 150,000 . . . . . 74,450		
Married filing separately . . . . . 75,000 . . . . . 37,225		
If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.		74,450.
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	30	
31		
<ul style="list-style-type: none"> <li>• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>• 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.</li> <li>• <b>All others:</b> 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.</li> </ul>	31	
32 Alternative minimum tax foreign tax credit (see instructions)	32	4.
33 Tentative minimum tax. Subtract line 32 from line 31	33	
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)	34	5,120.
35 <b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	

# Education Credits (American Opportunity and Lifetime Learning Credits)

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

Name(s) shown on return  
**KARL R KENT & KARA B BRYANT**

**Your social security number**  
211-02-0752



**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) <small>First name Last name</small>	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instr.). <b>Do not enter more than \$4,000 for each student.</b>	(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 KENT	213-02-0752	3,250.	1,250.	313.	2,313.
2 <b>Tentative American opportunity credit.</b> Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III. ▶					<b>2</b> 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.

3 (a) Student's name (as shown on page 1 of your tax return) <small>First name Last name</small>	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
KARA BRYANT	212-02-0752	318.
4 Add the amounts on line 3, column (c), and enter the total	<b>4</b>	318.
5 Enter the smaller of line 4 or \$ 10,000	<b>5</b>	318.
6 <b>Tentative lifetime learning credit.</b> Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV	<b>6</b>	64.

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

**Part III Refundable American Opportunity Credit**

<b>7</b>	Enter the amount from line 2 .....	<b>7</b>	2,313.
<b>8</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) .....	<b>8</b>	180,000.
<b>9</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. 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 .....	<b>9</b>	74,100.
<b>10</b>	Subtract line 9 from line 8. If zero or less, <b>stop</b> ; you cannot take any education credit .....	<b>10</b>	105,900.
<b>11</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) .....	<b>11</b>	20,000.
<b>12</b>	If line 10 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 11, enter 1.000 on line 12 .....</li> <li>• Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) .....</li> </ul>	<b>12</b>	1.000
<b>13</b>	Multiply line 7 by line 12. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions in the instructions, you <b>cannot</b> take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/> .....	<b>13</b>	2,313.
<b>14</b>	<b>Refundable American opportunity credit.</b> Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 15 below .....	<b>14</b>	925.

**Part IV Nonrefundable Education Credits**

<b>15</b>	Subtract line 14 from line 13 .....	<b>15</b>	1,388.
<b>16</b>	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions) .....	<b>16</b>	64.
<b>17</b>	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of household, or qualifying widow(er) .....	<b>17</b>	122,000.
<b>18</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. 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 .....	<b>18</b>	74,100.
<b>19</b>	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22 .....	<b>19</b>	47,900.
<b>20</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) .....	<b>20</b>	20,000.
<b>21</b>	If line 19 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 20, enter 1.000 on line 21 and go to line 22</li> <li>• Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) .....</li> </ul>	<b>21</b>	1.000
<b>22</b>	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .....	<b>22</b>	64.
<b>23</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31 .....	<b>23</b>	1,452.

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

KARL R KENT & KARA B BRYANT

Your social security number

211-02-0752

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

**Note:** You **must** check **one** of the boxes below. Complete a separate Form 8949, page 2, for **each** box that is checked.

**\*Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

**(A)** Long-term transactions reported on Form 1099-B with basis reported to the IRS

**(B)** Long-term transactions reported on Form 1099-B but basis not reported to the IRS

**(C)** Long-term transactions for which you cannot check box A or B

<b>3</b>	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Code, if any, for col (g)*	(c) Date acquired (Mo., day, yr.)	(d) Date sold (Mo., day, yr.)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
	100 PURDUE	00	07/01/2001	03/10/2011	8859.	10123.	-35.
	100 RUST		11/01/1998	09/23/2011	1700.	3200.	
	150 RIO		07/15/2008	06/01/2011	10675.	9543.	

<b>4 Totals.</b> Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 8 (if <b>box A</b> above is checked), line 9 (if <b>box B</b> above is checked), or line 10 (if <b>box C</b> above is checked) .....	<b>4</b>	21234.	22866.	-35.

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

KARL R KENT & KARA B BRYANT

Your social security number

211-02-0752

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

Note: You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked.

\*Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see the Instructions for Schedule D (Form 1040)).

Columns (b) and (g) do not apply for most transactions and should generally be left blank.

Box selection for reporting method: (A) Long-term transactions reported on Form 1099-B with basis reported to the IRS, (B) Long-term transactions reported on Form 1099-B but basis not reported to the IRS, (C) Long-term transactions for which you cannot check box A or B.

Table with 7 columns: (a) Description of property, (b) Code, (c) Date acquired, (d) Date sold, (e) Sales price, (f) Cost or other basis, (g) Adjustments to gain or loss. Row 1: RIDER, IN/HE/RIT, 12/30/2011, 5663, 7222.

4 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 8 (if box A above is checked), line 9 (if box B above is checked), or line 10 (if box C above is checked). Totals: 5663, 7222.

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) ▶ 00200752000102

Taxpayer's name KARL R KENT	Social security number 211-02-0752
Spouse's name KARA B BRYANT	Spouse's social security number 212-02-0752

**Part I Tax Return Information-Tax Year Ending December 31, 2011** (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4).....	1	74,100.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) .....	2	2,522.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7).....	3	5,603.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) ..	4	2,203.
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 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**

I authorize TRAINING ERO firm name to enter or generate my PIN 12345  
as my signature on my tax year 2011 electronically filed income tax return. 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**

I authorize TRAINING ERO firm name to enter or generate my PIN 12345  
as my signature on my tax year 2011 electronically filed income tax return. 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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ 01/01/2012

**Practitioner PIN Method Returns Only-continue below**

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

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

SSN: 211-02-0752

**Preparer Use Fields**

Question	Answer
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11 Other than English what language is spoken in your home	NONE
12 Do you or any member of hour household have a disability	YES
13 Preparer Initials	AH
14 Quality Review Initials	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

**Taxpayer Reminders**

Empty space for taxpayer reminders.









**US 1040**

**Three - Year Tax Summary**

**2011**

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

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 .....			1,487.
Total gross income .....			84,422.
<b>Adjustments to Income</b> .....			10,322.
<b>Adjusted gross income</b> .....			74,100.
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			3,917.
Taxes .....			4,811.
Interest .....			3,164.
Contributions .....			2,475.
Miscellaneous deductions .....			
Other itemized deductions .....			1,200.
Total deductions .....			15,567.
<b>Exemptions</b> .....			18,500.
Taxable Income .....	0	0	40,033.
<b>Tax (2011 - 1040, line 44)</b> .....	0	0	5,124.
Alternative minimum tax .....			
Other taxes .....			292.
<b>Credits and Payments</b>			
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 .....			2,522.
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			4,406.
Federal marginal tax bracket .....	0.0 %	0.0 %	15.0 %
<b>State refund or (balance due)</b>			
1st resident state refund (balance due) .....			NJ 996.
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) .....			

**NOTES FOR 2011:**

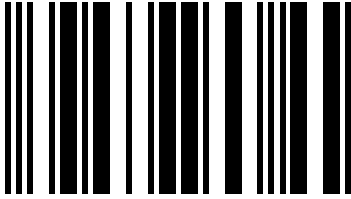
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STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions  
For Tax Year Jan. - Dec. 2011 or Other Tax Year

Beginning \_\_\_\_\_, 2011 \_\_\_\_ Month Ending \_\_\_\_\_ 20\_\_  
On-line Federal Ext. Confirmation # \_\_\_\_\_

KENT KARL R & BRYANT KARA B

1068 RIVERMEADE DR

DENVILLE NJ 07834-0000 1408

4045

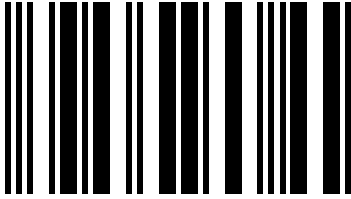
211020752

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

If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on line 55 in full. Write Social Security # on check or money order and make payable to: STATE OF NEW JERSEY - TGI  
If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: N J Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111  
If REFUND: N J Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

<p>▶ _____ Date</p> <p>Your Signature</p>		<p>▶ _____</p> <p>Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)</p>	
<p>Paid Preparer's Signature</p>		<p>Federal Identification Number</p> <p>S24000000</p>	
<p>Firm's Name</p>		<p>Federal Employer Identification Number</p>	



000000000012345678

KENT KARL R & BRYANT KARA B

001	00	014	41951	040	0	SS#	211020752
EXT	0	15a	3504	40a	0	SP#	212020752
FS	2	15b	2604	042	0	SS1	214020752
DP	0	016	232	044	32	BY1	2006
006	2	017	2378	045	0	SS2	213020752
007	1	018	0	046	461	BY2	1990
008	0	019	19128	047	2403	SS3	210020752
009	3	020	0	048	50	BY3	1948
010	0	021	0	049	0	SS4	0
011	1	022	1050	050	0	BY4	0
12a	4	023	0	50b	0	DDI	1
12b	3	024	0	50c	0	AT	C
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	68243	052	0	RN	065502789
GEF	1	27a	19128	053	0	PID	S24000000
HCa	0	27b	0	054	2453	FID	0
HCb	0	27c	19128	055	0		
HCc	0	029	8500	056	1992		
Hcd	0	030	8493	057	996		
22c	0	031	3600	058	0		
VC	1045	032	0	059	0		
CTY	1408	033	0	060	0		
PDR	0	36a	1511	061	0		
DNM	0	36b	1	062	0		
PA	0	36c	0	063	0		
CDV	6234	037	28522	63c	0		
		038	429	064	996		
				065	996		



Name <b>KENT KARL R &amp; BRYANT KARA B</b>	Social Security Number <b>211-02-0752</b>
--	--

**RESIDENCY STATUS** If you were a New Jersey resident for ONLY part of the From \_\_\_\_\_ To \_\_\_\_\_ taxable year, give the period of New Jersey residency: MONTH DAY YEAR MONTH DAY YEAR

FILING STATUS 1.  Single 2.  Married/CU Couple, filing joint return 3.  Married/CU Partner, filing separate return 4.  Head of Household 5.  Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS 6. Regular  2 10. Number of other dependents  0  
 7. Age 65 or Over  1 11. Dependents attending colleges  1  
 8. Blind or Disabled  0 12. Totals (Line 12a - Add Lines 6, 7, 8 and 11)  4  
 9. Number of qualified dependent children  3 (Line 12b - Add Lines 9 and 10)  3

13. Dependents information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)
a.	THOMAS TAMARA	214-02-0752	2006	<input type="checkbox"/>
b.	KENT KENDRA	213-02-0752	1990	<input type="checkbox"/>
c.	BRYANT KERRI	210-02-0752	1948	<input type="checkbox"/>
d.				<input type="checkbox"/>

**GUBERNATORIAL** Do you wish to designate \$1 of your taxes for this fund?  Yes  No  
**ELECTIONS FUND** If joint return, does your spouse/CU partner wish to designate \$1?  Yes  No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	41,951.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	15a	3,504.
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	2,604.
16. Dividends	16	232.
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	2,378.
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	
19. Pensions, Annuities, and IRA Withdrawals (See instructions)	19	19,128.
20. Distributive Share of Partnership Income (See instructions)	20	
21. Net pro rata share of S Corporation Income (See instructions) (Enclose Schedule)	21	
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	1,050.
23. Net Gambling Winnings (See Instructions)	23	
24. Alimony and separate maintenance payments received	24	
25. Other (Enclose Schedule) (See instructions)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	68,243.
27a. Pension Exclusion (See instructions)	27a	19,128.
27b. Other Retirement Income Exclusion (See Worksheet and instr.)	27b	
27c. Total Exclusion Amount (Add line 27a and Line 27b)	27c	19,128.
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions.	28	49,115.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	8,500.
30. Medical Expenses (See Worksheet and instr.)	30	8,493.
31. Alimony and Separate Maintenance Payments	31	3,600.
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34	20,593.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	28,522.
36a. Total Property Taxes Paid (See instructions)	36a	1,511.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011	<input checked="" type="checkbox"/>	
36c. Property Tax Deduction (See instructions)	36c	
37. <b>NEW JERSEY TAXABLE INCOME</b> (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	28,522.
38. Tax (From Tax Tables, see instructions)	38	429.
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
40. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.)	<input type="checkbox"/>	
41. Balance of Tax (Subtract Line 40 from Line 38)	41	429.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	429.
44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO.	44	32.
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed.	<input type="checkbox"/>	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	461.

Name		Social Security Number	
KENT KARL R & BRYANT KARA B		211-02-0752	
47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	2,403.
48	Property Tax Credit (See instructions)	48	50.
49	New Jersey Estimated Tax Payments/Credit from 2010 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instructions) (Fill in only one)	50	
Fill in the box if you had the IRS figure your Federal Earned Income Credit.		<input type="checkbox"/>	
Fill in the box if you are a CU couple claiming the NJ Earned Income Tax Credit		<input type="checkbox"/>	
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr.) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instructions) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	2,453.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE.	55	
If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.			
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT	56	1,992.
Deductions from Overpayment on Line 56 which you elect to credit to:			
57	Your 2012 tax	57	996.
58	N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59	N.J. Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60	N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61	N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62	
63	Other Designated Contribution (See instructions) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	63	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	64	996.
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	996.

**DIRECT DEPOSIT INFORMATION**

`1' for Refund only and `4' for no.

Check Routing Number

Account Number

Type of account (`C' for Checking, `S' for Savings)

Fill in check box if refund is going to an account outside the US

I authorize the Division of Taxation to discuss my return and enclosures with my preparer

<b>Name(s) as shown on Form NJ-1040</b> KENT KARL R & BRYANT KARA B	<b>Your Social Security Number</b> 211-02-0752
--	---

**Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION** If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.

**A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS**

1. Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) .....	1.	
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....	2.	
3. Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____	3.	%
<b>IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.</b>	<b>COLUMN A</b>	<b>COLUMN B</b>
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	4.
5. Property Tax Enter in Box 5a the amount from Worksheet F and Deduction line 1. See instructions.  Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions.	5a. 5.	5. <b>- 0 -</b>
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	6.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	7.
8. Allowable Credit (Line 3 times Line 7)	8.	8.
9. Credit for Taxes Paid to Other Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions.  Credit allowed. (Enter lesser of Line 8 or Box 9a). <b>(The credit may not exceed your New Jersey tax on Line 38).</b>	9a. 9.	9.

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

**Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
FED SCH D					( 3,226. )
2. Capital Gains Distributions .....					69.
3. Other Net Gains .....					
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					

**Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1. a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
2. Totals	b.	c.	d.	e.
3. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22) .....				3.

<b>Name(s) as shown on Form NJ-1040</b> KENT KARL R & BRYANT KARA B	<b>Your Social Security Number</b> 211-02-0752
--	---

**Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION** If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions.

**A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS**

1. Income actually taxed by other jurisdiction during tax year (indicate name _____) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2) .....	1.	
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....	2.	
3. Maximum Allowable Credit Percentage 1 _____ (Divide Line 2 into Line 1) 2 _____	3.	%
<b>IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.</b>	<b>COLUMN A</b>	<b>COLUMN B</b>
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	4.	4.
5. Property Tax Enter in Box 5a the amount from Worksheet F and Deduction line 1. See instructions. 5a. _____  Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions.	5.	5. <b>- 0 -</b>
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	6.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	7.
8. Allowable Credit (Line 3 times Line 7)	8.	8.
9. Credit for Taxes Paid to Other Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions. 9a. _____  Credit allowed. (Enter lesser of Line 8 or Box 9a). <b>(The credit may not exceed your New Jersey tax on Line 38).</b>	9.	9.

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet H to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

**Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY** List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adj. (see inst.) and expense of sale	f. Gain or (loss) (d less e)
2. Capital Gains Distributions .....					2.
3. Other Net Gains .....					3.
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here & make no entry on Line 18) ..					4.

**Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.

1. a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights
FED SCH E		1,050.		
2. Totals	b.	c. 1,050.	d.	e.
3. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22) .....				3. 1,050.

**NJ**

**Dependents Information**

**2011**

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

**SSN:** 211-02-0752

First name	MI	Last name	SSN	Birth year
TAMARA		THOMAS	214-02-0752	2006
KENDRA		KENT	213-02-0752	1990
KERRI		BRYANT	210-02-0752	1948

**NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2011**

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

**Tax Return Information**

1 Refund .....	996.
2 Balance Due .....	

**Direct Deposit and Direct Debit Information**

- Check here if you had a Federal refund and want the state refund deposited to the same bank account as listed on the Federal return. This information will not appear below, but will be transmitted to New Jersey with the electronic return.
- Check here if you want the state refund deposited into a different account.
- Check here to have a refund check mailed to you.

**Direct Debit of Balance Due**

Check here if you want your balance due withdrawn from your bank account and enter your account information below. Please note that the account will be debited when the tax return is processed.  
Enter the date you want the balance due to be withdrawn from your account  
If the return is transmitted on or before April 18, the requested payment date cannot be later than April 18. If the return is efiled after April 18, the requested payment date should be today. This is today's date 01/09/2013  
Check here if you will mail your balance due to New Jersey.

**Bank Account Information**

Routing number 065502789  
Account number 12345678  
Account type Checking  Savings

Will the refund or debit you are requesting involve a foreign bank account? Yes  No

**Electronic Filing Only**

If you used a different account for direct deposit of your state tax refund or requested electronic funds withdrawal for your state tax balance due, rekey the account information below from the check or other document for verification.

RTN:

Account:

Name: KENT KARL R & BRYANT KARA B

SSN: 211-02-0752

**Part I**

1	Value of IRA on December 31, 2011 .....	
2	Total distributions from IRA during the tax year .....	838.
3	Total value of IRA .....	838.
*Unrecovered contributions: Complete either line 4a or 4b		
4 a	First year of withdrawal from IRA: Enter the total of IRA contributions that were previously taxed .....	
4 b	After first year of withdrawal from IRA: Enter amount of unrecovered contributions from Part II, line 7 .....	
5	Accumulated earnings in IRA on December 31, 2011 .....	838.
6	Divide line 5 by line 3 .....	1.00
7	<b>Taxable portion of this year's withdrawal</b> .....	838.

**Part II: Unrecovered contributions (For Second and Later Years)**

1	Last year's unrecovered contributions .....	
2	Amount withdrawn last year .....	
3	Taxable portion of last year's withdrawal .....	
4	Contributions recovered last year .....	
5	This year's unrecovered contributions .....	
6	Contributions to IRA during current tax year .....	
7	Total unrecovered contributions .....	