

PRINTED 01/20/2012

DOUGLAS _____ DAVIS _____

 123 ELM ST _____
 NEW BRUNSWICK NJ 08901- _____

| | | |
|-------------|-----------------|---------------|
| | Taxpayer | Spouse |
| SSN | 731-02-0752 | _____ |
| Birth | 08/09/1991 | _____ |
| Death | _____ | _____ |
| Day Phone | 862-555-1111 | _____ |
| Evening | _____ | _____ |
| Cell or Fax | _____ | _____ |
| PIN | 12345 | _____ |

Email DD@MYMAIL.COM
 Taxpayer Occupation ENTREPRENEUR Spouse Occupation _____
 Filing Status SINGLE

Preparer ID: _____ Preparation Fee: _____ Date: _____
 Preparer: _____ Time in return _____ min.

Recap of 2011 Income Tax Return

| | | | |
|----------------------|---------|--------------------|--------|
| Earned Income | 11,934. | Federal Tax | 799. |
| Federal AGI | 11,962. | Withholding | 1,000. |
| Taxable Income | 5,419. | Refund/(Due) | 201. |
| EIC | _____ | Tax Bracket | 10.0 % |

| | | | | | |
|-------------------|-------|-------|-------|-------|-------|
| State | NJ | _____ | _____ | _____ | _____ |
| Tax | 221. | _____ | _____ | _____ | _____ |
| Withholding | 300. | _____ | _____ | _____ | _____ |
| Refund/Due | 79. | _____ | _____ | _____ | _____ |
| State | _____ | _____ | _____ | _____ | _____ |
| Tax | _____ | _____ | _____ | _____ | _____ |
| Withholding | _____ | _____ | _____ | _____ | _____ |
| Refund/Due | _____ | _____ | _____ | _____ | _____ |

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

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning _____, 2011, ending _____, 20. See separate instructions.

Your first name and initial DOUGLAS Last name DAVIS Your social security number 731-02-0752

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security no. _____

Home address (number and street). If you have a P.O. box, see instructions. 123 ELM ST 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). NEW BRUNSWICK NJ 08901- **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.)
 If more than four dependents, see instr. and check here ▶
 d Total number of exemptions claimed _____

Boxes checked on 6a and 6b 0
No. of children on 6c who:
 ■ lived with you 0
 ■ did not live with you due to divorce or separation (see instr.) 0
 Dependents on 6c not entered above 0
Add numbers on lines above▶ 0

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 _____ 7 10,000.
 8a Taxable interest. Attach Schedule B if required _____ 8a
 b Tax-exempt interest. Do not include on line 8a _____ 8b
 9a Ordinary dividends. Attach Schedule B if required _____ 9a
 b Qualified dividends _____ 9b
 10 Taxable refunds, credits, or offsets of state and local income taxes _____ 10 13.
 11 Alimony received _____ 11
 12 Business income or (loss). Attach Schedule C or C-EZ _____ 12 2,081.
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 13
 14 Other gains or (losses). Attach Form 4797 _____ 14
 15a IRA distributions _____ 15a b Taxable amount _____ 15b
 16a Pensions and annuities _____ 16a b Taxable amount _____ 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E ... 17
 18 Farm income or (loss). Attach Schedule F _____ 18
 19 Unemployment compensation _____ 19
 20a Social security benefits _____ 20a b Taxable amount _____ 20b
 21 Other income. List type and amount (see instr.) JURY DUTY _____ 21 15.
 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income**▶ 22 12,109.

Adjusted Gross Income
 23 Educator expenses _____ 23
 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ ... 24
 25 Health savings account deduction. Attach Form 8889 _____ 25
 26 Moving expenses. Attach Form 3903 _____ 26
 27 Deductible part of self-employment tax. Attach Schedule SE _____ 27 147.
 28 Self-employed SEP, SIMPLE, and qualified plans _____ 28
 29 Self-employed health insurance deduction _____ 29
 30 Penalty on early withdrawal of savings _____ 30
 31a Alimony paid b Recipient's SSN ▶ _____ 31a
 32 IRA deduction _____ 32
 33 Student loan interest deduction _____ 33
 34 Tuition and fees. Attach Form 8917 _____ 34
 35 Domestic production activities deduction. Attach Form 8903 _____ 35
 36 Add lines 23 through 35 _____ 36 147.
 37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 11,962.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for tax and credits.

Standard Deduction for-
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount you owe.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. [X] No

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.

Paid Preparer's Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed if PTIN, Firm's name, Firm's address, Firm's EIN, 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
DOUGLAS DAVIS

Your social security no.
731-02-0752

| Medical and Dental Expenses | Caution. Do not include expenses reimbursed or paid by others. | | | | |
|---|---|--|-----------|--------------------------|------------------|
| | 1 Medical and dental expenses (see instructions)..... | 1 | 4,000. | | |
| | 2 Enter amount from Form 1040, line 38 | 2 | 11,962. | | |
| | 3 Multiply line 2 by 7.5% (.075) | 3 | 897. | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-..... | | | | 4 3,103. | |
| Taxes You Paid | 5 State and local (check only one box): | 5 | 700. | | |
| | a <input type="checkbox"/> Income taxes, or | | | | |
| | b <input checked="" type="checkbox"/> General sales taxes | | | | |
| | 6 Real estate taxes (see instructions)..... | 6 | | | |
| | 7 Personal property taxes | 7 | | | |
| | 8 Other taxes. List type and amount ▶ | 8 | | | |
| | 9 Add lines 5 through 8 | | | | 9 700. |
| | Interest You Paid | 10 Home mortgage interest & points reported to you on Form 1098 | 10 | | |
| 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 | | | |
| Note. 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 | |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 2,740. | | |
| | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500..... | 17 | | | |
| | 18 Carryover from prior year | 18 | | | |
| | 19 Add lines 16 through 18 | | | | 19 2,740. |
| Casualty and Theft Losses | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 20 | |
| Job Expenses and Certain Miscellaneous Deductions | 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 | | | |
| | 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 | |
| Other Miscellaneous Deductions | 28 Other - from list in the inst. List type and amount | | | 28 | |
| Total Itemized Deductions | 29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 | 29 | | 29 6,543. | |
| | 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

US Schedule A

Itemized Deduction Detail Worksheet

2011

Name: DOUGLAS DAVIS

SSN: 731-02-0752

| Medical Expenses | | Medical miles: | Deduction: |
|---------------------------------------|--------|-----------------------------------|------------|
| Insurance premiums paid (not pre-tax) | | 1 | |
| Taxpayer | | Medicare from 1040 worksheet | |
| Spouse | | Remainder from worksheets | |
| Qualified long term care contracts | | Taxpayer | |
| Taxpayer | | Spouse | |
| Spouse | | Self-employed health insurance | |
| Other medical expenses | | Taxpayer | |
| DENTAL | 4,000. | Spouse | |
| | | Amount from additional worksheets | |
| | | Total | 4,000. |

| Cash Contributions | | Other Charitable miles: | |
|-------------------------|--------|-----------------------------------|--------|
| 50% Limit Organizations | | 1000 x .14 = | 140. |
| CHURCH | 2,600. | | |
| | | From Schedules K-1 | |
| | | Amount from additional worksheets | |
| | | Total | 2,740. |

| 30% Limit Organizations | | Charitable miles: | |
|-------------------------|--|-----------------------------------|--|
| | | X .14 = | |
| | | Schedules K-1 | |
| | | Amount from additional worksheets | |
| | | Total | |

| Other Than Cash Contributions | | 50% Limit Organizations | |
|-------------------------------|--|-----------------------------------|--|
| | | From Forms 8283 | |
| | | Amount from additional worksheets | |
| From Schedules K-1 | | Total | |

| 30% Limit Capital gain property donated to 50% limit organizations. | | | |
|---|--|-----------------|--|
| | | From Forms 8283 | |
| From Schedules K-1 | | Total | |

| 30% Limit Not capital gain property donated to 30% limit organizations. | | | |
|---|--|-----------------|--|
| | | 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 | |

| | From years 2006 through 2010 | | | | To 2012 tax year | | | |
|------|------------------------------|-----|-----------------------|-----|-------------------------|-----|-----------------------|-----|
| | Cash and other property | | Capital gain property | | Cash and other property | | Capital gain property | |
| | 50% | 30% | 30% | 20% | 50% | 30% | 30% | 20% |
| 2006 | | | | | | | | |
| 2007 | | | | | | | | |
| 2008 | | | | | | | | |
| 2009 | | | | | | | | |
| 2010 | | | | | | | | |
| 2011 | | | | | | | | |

| Contributions allowed this year | | | |
|--|--|--------|--------|
| 50% of adjusted gross income | | 5,981. | |
| This year's 50% organization cash contributions allowed | | | 2,740. |
| 30% of adjusted gross income | | 3,589. | |
| This year's capital gain contributions to 50% organizations limited to 30% | | | |
| 50% cash carryover allowed | | | |
| 50% capital gain carryover limited to 30% | | | |
| This year's 30% organization cash and other property contributions allowed | | | |
| 30% organizations cash and other property carryover | | | |
| 20% of adjusted gross income | | 2,392. | |
| This year's capital gain contributions to 30% organizations limited to 20% | | | |
| 30% capital gain carryover limited to 20% AGI | | | |
| Total contributions allowed this year | | | 2,740. |

**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
▶ 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 DOUGLAS DAVIS | Social security number (SSN) 731-02-0752 |
| A Principal business or profession, including product or service (see instructions) PHOTOGRAPHIC SERVICE | B Enter code from instructions 541920 |
| C Business name. If no separate business name, leave blank. | D Employer ID no. (EIN), (see instr.) |
| E Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____ | |
| G 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 |
| H If you started or acquired this business during 2011, check here | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| I 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 |
| J If "Yes," did you or will you file all required Forms 1099? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Part I | | Income |
|--|-----------|---------------|
| 1a Merchant card and third party payments. For 2011, enter -0- | 1a | |
| b Gross receipts or sales not entered on line 1a (see instructions) | 1b | 4,000. |
| c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line | 1c | |
| d Total gross receipts. Add lines 1a through 1c | 1d | 4,000. |
| 2 Returns and allowances plus any other adjustments (see instructions) | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 4,000. |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 4,000. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 | 7 | 4,000. |

| Part II | | Expenses. | Enter expenses for business use of your home only on line 30. |
|---|------------|------------------|---|
| 8 Advertising | 8 | | 18 Office expense (see instructions) |
| 9 Car and truck expenses (see instructions) | 9 | 519. | 19 Pension and profit-sharing plans |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment |
| 12 Depletion | 12 | | b Other business property |
| 13 Depreciation and sect. 179 expense deduction (not including Part III) (see instructions) | 13 | | 21 Repairs and maintenance |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses |
| 16 Interest: | | | 24 Travel, meals, and entertainment: |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel |
| b Other | 16b | | b Deductible meals and entertainment (see instructions) |
| 17 Legal and professional services | 17 | | 25 Utilities |
| | | | 26 Wages (less employment credits) |
| | | | 27a Other expenses (from line 48) |
| | | | b Reserved for future use |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | | 1,919. |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 2,081. |
| 30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere. | 30 | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. | 31 | | 2,081. |
| <ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | | | |
| 32 If you have a loss, check the box that describes your investment in this activity (see instructions). | | | |
| <ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | | |
| | | | 32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk. |

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?
If "Yes," attach explanation Yes No

| | | |
|--|----|--|
| 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 Cost of goods sold. 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) ▶ 06/01/2011

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 1000 b ^{Commuting} (see instr.) c Other 12000

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.

| | |
|--|------------------|
| CAMERA | 700. |
| LENSES | 500. |
| PAPER AND DVDS | 200. |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on page 1, line 27a | 48 <u>1,400.</u> |

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

Social security number of person

DOUGLAS DAVIS

with **self-employment** income ▶

731-02-0752

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I.

| | | |
|---|-----------|------------|
| 1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions) | 1a | |
| 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 | 1b | |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions) | 2 | 2,081. |
| 3 Combine lines 1a, 1b, and 2 | 3 | 2,081. |
| 4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 | 4a | 1,922. |
| Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | | |
| b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here | 4b | |
| c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue ▶ | 4c | 1,922. |
| 5 a Enter your church employee income from Form W-2. See instructions for definition of church employee income | 5a | |
| b Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- | 5b | |
| 6 Add lines 4c and 5b | 6 | 1,922. |
| 7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 4.2% portion of the 5.65% railroad retirement (tier 1) tax for 2011 | 7 | 106,800 00 |
| 8 a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$106,800 or more, skip lines 8b through 10, and go to line 11 | 8a | 10,000. |
| b Unreported tips subject to social security tax (from Form 4137, line 10) | 8b | |
| c Wages subject to social security tax (from Form 8919, line 10) | 8c | |
| d Add lines 8a, 8b, and 8c | 8d | 10,000. |
| 9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶ | 9 | 96,800. |
| 10 Multiply the smaller of line 6 or line 9 by 10.4% (.104) | 10 | 200. |
| 11 Multiply line 6 by 2.9% (.029) | 11 | 56. |
| 12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56 , or Form 1040NR, line 54 | 12 | 256. |
| 13 Deduction for employer-equivalent portion of self-employment tax. Add the two following amounts. <ul style="list-style-type: none"> • 59.6% (.596) of line 10. • One-half of line 11. Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27 | 13 | 147. |

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

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

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1d; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

W-2 DETAIL REPORT - 2011

| Employer | EIN | TP SP | Gross Wages | Federal With. | FICA | Medicare | St | State Wages | State With. | Locality | Local With. |
|-------------------|------------|-------|----------------|------------------|------|----------|----|----------------|----------------|----------|----------------|
| DALES CAMERA SHOP | 73-9020752 | X | 10000 | 1000 | 420 | 145 | NJ | 10000 | 300 | | |
| | | | ----- | ----- | --- | --- | | ----- | --- | | |
| | | | 10000 | 1000 | 420 | 145 | | 10000 | 300 | | |

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) ▶ 20075220120200000079

Taxpayer's name
DOUGLAS DAVIS

Social security number
731-02-0752

Spouse's name

Spouse's social security number

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 | 11,962. |
| 2 | Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) | 2 | 799. |
| 3 | Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) | 3 | 1,000. |
| 4 | Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) | 4 | 201. |
| 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 to enter or generate my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2011 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Your signature ▶ Date ▶ 01/02/2012

Spouse's PIN: check one box only

I authorize to enter or generate my PIN
ERO firm name Enter five numbers, but do not enter all zeros
as my signature on my tax year 2011 electronically filed income tax return.

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

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 ▶ 01/02/2012

ERO Must Retain This Form - See Instructions

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

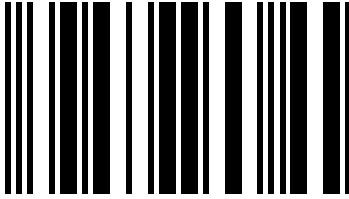
For Paperwork Reduction Act Notice, see your tax return instructions.

Name: DOUGLAS DAVIS

SSN: 731-02-0752

| Gross Income | 2009 | 2010 | 2011 |
|--|-------|-------|---------|
| Wages and salaries | | | 10,000. |
| Interest and dividends | | | |
| Business income | | | 2,081. |
| Sale of assets - gain or loss | | | |
| Pension and IRA distributions | | | |
| Rents, royalties, etc | | | |
| Unemployment and social security | | | |
| Other income | | | 28. |
| Total gross income | | | 12,109. |
| Adjustments to Income | | | 147. |
| Adjusted gross income | | | 11,962. |
| Itemized or Standard Deductions | | | |
| Medical expense deduction | | | 3,103. |
| Taxes | | | 700. |
| Interest | | | |
| Contributions | | | 2,740. |
| Miscellaneous deductions | | | |
| Other itemized deductions | | | |
| Total deductions | | | 6,543. |
| Exemptions | | | |
| Taxable Income | 0 | 0 | 5,419. |
| Tax (2011 - 1040, line 44) | 0 | 0 | 543. |
| Alternative minimum tax | | | |
| Other taxes | | | 256. |
| Credits and Payments | | | |
| Credits | | | |
| Withholding | | | 1,000. |
| EIC and Additional Child Tax Credit | | | |
| Estimated tax payments | | | |
| Other payments | | | |
| Total credits and payments | | | 1,000. |
| Tax liability after credits | | | 799. |
| Estimated tax penalty | | | |
| Refund or (Balance Due) | | | 201. |
| Federal marginal tax bracket | 0.0 % | 0.0 % | 10.0 % |
| State refund or (balance due) | | | |
| 1st resident state refund (balance due) | | | NJ 79. |
| 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:



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 # _____

DAVIS DOUGLAS

123 ELM ST

NEW BRUNSWICK

NJ 08901-0000 1213

8092

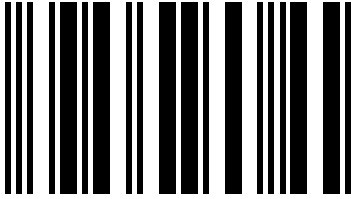
731020752

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>_____ Firm's Name</p> | | <p>_____ Federal Employer Identification Number</p> | |



00000000000000000000

DAVIS DOUGLAS

| | | | | | | | |
|-----|--------|-----|-------|-----|-----|-----|-----------|
| 001 | 00 | 014 | 10000 | 040 | 0 | SS# | 731020752 |
| EXT | 0 | 15a | 0 | 40a | 0 | SP# | 0 |
| FS | 1 | 15b | 0 | 042 | 0 | SS1 | 0 |
| DP | 0 | 016 | 0 | 044 | 118 | BY1 | 0 |
| 006 | 1 | 017 | 2081 | 045 | 0 | SS2 | 0 |
| 007 | 0 | 018 | 0 | 046 | 221 | BY2 | 0 |
| 008 | 0 | 019 | 0 | 047 | 300 | SS3 | 0 |
| 009 | 0 | 020 | 0 | 048 | 0 | BY3 | 0 |
| 010 | 0 | 021 | 0 | 049 | 0 | SS4 | 0 |
| 011 | 0 | 022 | 0 | 050 | 0 | BY4 | 0 |
| 12a | 1 | 023 | 0 | 50b | 0 | DDI | 4 |
| 12b | 0 | 024 | 0 | 50c | 0 | AT | 0 |
| RSF | 000000 | 025 | 15 | 051 | 0 | FOR | 0 |
| RST | 000000 | 026 | 12096 | 052 | 0 | RN | 0 |
| GEF | 1 | 27a | 0 | 053 | 0 | PID | 0 |
| HCa | 0 | 27b | 0 | 054 | 300 | FID | 0 |
| HCb | 0 | 27c | 0 | 055 | 0 | | |
| HCC | 0 | 029 | 1000 | 056 | 79 | | |
| HCD | 0 | 030 | 3758 | 057 | 0 | | |
| 22c | 0 | 031 | 0 | 058 | 0 | | |
| VC | 1045 | 032 | 0 | 059 | 0 | | |
| CTY | 1213 | 033 | 0 | 060 | 0 | | |
| PDR | 0 | 36a | 0 | 061 | 0 | | |
| DNM | 0 | 36b | 0 | 062 | 0 | | |
| PA | 0 | 36c | 0 | 063 | 0 | | |
| CDV | 7391 | 037 | 7338 | 63c | 0 | | |
| | | 038 | 103 | 064 | 0 | | |
| | | | | 065 | 79 | | |

| | |
|------------------------------|--|
| Name DAVIS DOUGLAS | Social Security Number 731-02-0752 |
|------------------------------|--|

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

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

If the dep. does not have health ins. including NJ Family Care / Medicaid, Medicare, private or other, check the box. (see inst.)

| LAST NAME, FIRST NAME, MIDDLE INITIAL | SOCIAL SECURITY # | BIRTH YEAR |
|---------------------------------------|-------------------|------------|
| a. | | |
| b. | | |
| c. | | |
| d. | | |

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 | | 10,000. |
| 15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500) | 15a | | |
| 15b. Tax exempt interest income. DO NOT include on Line 15a | 15b | | |
| 16. Dividends | 16 | | |
| 17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040) | 17 | | 2,081. |
| 18. Net gains or income from disposition of property (Schedule B, Line 4) | 18 | | |
| 19. Pensions, Annuities, and IRA Withdrawals (See instructions) | 19 | | |
| 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 | | |
| 23. Net Gambling Winnings (See Instructions) | 23 | | |
| 24. Alimony and separate maintenance payments received | 24 | | |
| 25. Other (Enclose Schedule) (See instructions) | 25 | | 15. |
| 26. Total income (Add Lines 14, 15a, 16 through 25) | 26 | | 12,096. |
| 27a. Pension Exclusion (See instructions) | 27a | | |
| 27b. Other Retirement Income Exclusion (See Worksheet and instr.) | 27b | | |
| 27c. Total Exclusion Amount (Add line 27a and Line 27b) | 27c | | |
| 28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions. | 28 | | 12,096. |
| 29. Total Exemption Amount - See instructions (Part Year Residents see instructions.) | 29 | | 1,000. |
| 30. Medical Expenses (See Worksheet and instr.) | 30 | | 3,758. |
| 31. Alimony and Separate Maintenance Payments | 31 | | |
| 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 | | 4,758. |
| 35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY. | 35 | | 7,338. |
| 36a. Total Property Taxes Paid (See instructions) | 36a | | |
| 36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011 | | <input type="checkbox"/> | |
| 36c. Property Tax Deduction (See instructions) | 36c | | |
| 37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY. | 37 | | 7,338. |
| 38. Tax (From Tax Tables, see instructions) | 38 | | 103. |
| 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.) | 40 | <input type="checkbox"/> | |
| 41. Balance of Tax (Subtract Line 40 from Line 38) | 41 | | 103. |
| 42. Sheltered Workshop Tax Credit | 42 | | |
| 43. Balance of Tax after Credit (Subtract Line 42 from 41) | 43 | | 103. |
| 44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO. | 44 | | 118. |
| 45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed. | 45 | <input type="checkbox"/> | |
| 46. Total Tax and Penalty (Add Lines 43, 44 and 45) | 46 | | 221. |

| | | | |
|---|--|------------------------|------|
| Name | | Social Security Number | |
| DAVIS DOUGLAS | | 731-02-0752 | |
| 47 | Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099) | 47 | 300. |
| 48 | Property Tax Credit (See instructions) | 48 | |
| 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 | 300. |
| 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 | 79. |
| Deductions from Overpayment on Line 56 which you elect to credit to: | | | |
| 57 | Your 2012 tax | 57 | |
| 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 | |
| 65 | REFUND (Amount to be sent to you. Subtract Line 64 from Line 56) | 65 | 79. |

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

Name: DAVIS DOUGLAS

SSN: 731-02-0752

Amount

A Income received as prizes and awards
 If more than two reported check this box and enter "multiple" on the first entity line and enter the total on line 1.

| | | |
|---|--------------|--|
| 1 | Entity _____ | |
| 2 | Entity _____ | |

B Income received in respect of a decedent. If more than two reported check this box and enter "multiple" on the first entity line and enter the total on line 1.

| | | |
|-----|--------------------|--|
| 1 a | Decedent _____ | |
| b | Decedent SSN _____ | |
| 2 a | Decedent _____ | |
| b | Decedent SSN _____ | |

C Income received from estates and trusts
 If more than one reported check this box

| | | |
|---|----------------------------------|--|
| 1 | Net income from Federal K-1..... | |
| 2 | Net income from Federal K-1..... | |
| 3 | Net income from Federal K-1..... | |
| 4 | Net income from Federal K-1..... | |
| 5 | Net income from Federal K-1..... | |

D Income received from scholarships and fellowships. If more than two reported check this box and enter "multiple" on the first entity line and enter the total on line 1.

| | | |
|-----|-------------------------|--|
| 1 a | Organization _____ | |
| b | Organization ID # _____ | |
| 2 a | Organization _____ | |
| b | Organization ID # _____ | |

E Residential rental value or allowance paid by employer. If more than two reported check this box and enter "multiple" on the first entity line and enter the total on line 1.

| | | |
|-----|--------------------|--|
| 1 a | Company _____ | |
| b | Company ID # _____ | |
| 2 a | Company _____ | |
| b | Company ID # _____ | |

| | |
|--------------------|-----|
| F Other | |
| Company ID number | |
| Other income | 15. |
| Total | 15. |

US Schedule A

Sales Tax Worksheet

2011

Name: DOUGLAS DAVIS

SSN: 731-02-0752

| | | | | |
|----|--|--|---------|------|
| 1 | Federal AGI..... | | 11,962. | |
| 2 | Nontaxable income listed on tax return | | | |
| a | Nontaxable interest | | | |
| b | Social security | | | |
| c | Combat pay | | | |
| d | Income on Forms 4970 and 4972 | | | |
| e | Nontaxable part of IRA, pension, or annuity distributions, not including rollovers | | | |
| 3 | Other nontaxable income | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 4 | Income for sales tax chart | | 11,962. | |
| 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 _____ to _____ | | | |
| | State sales tax from the applicable table | | | |
| 2 | Did you live Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2011? | | | |
| | <input checked="" type="checkbox"/> No. Line 2 should be -0-. | | | |
| | <input type="checkbox"/> Yes. Enter the letter (A - D) for the optional local sales tax table you want to use | | | |
| | Local sales tax from the applicable table | | | |
| 3 | Did your locality impose a local general sales tax in 2011? Residents of California and Nevada, see the Schedule A instructions. | | | |
| | <input checked="" type="checkbox"/> No. Go to line 7. | | | |
| | <input type="checkbox"/> 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? | | | |
| | <input type="checkbox"/> No. Skip to line 6. | | | |
| | <input type="checkbox"/> Yes. Enter the state general sales tax rate from the table headed by the 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? | | | |
| | <input type="checkbox"/> No. Multiply line 2 by line 3. | | | |
| | <input type="checkbox"/> Yes. Multiply line 1 by line 5 | | | |
| 7 | Total of lines 1 and 6 - prorated for part-year residents | | | |
| 8 | General sales tax paid on specified items. 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. Aircraft, boats, homes, including mobile and prefabricated, or home building materials - Only deductible if the sales tax charged is at the federal sales tax rate | | | 700. |
| 9 | Total sales tax using the sales tax chart | | | 700. |
| 10 | Sales tax using actual receipts | | | |
| 11 | Sales tax deduction for Schedule A, line 5 | | | 700. |