

US 1040

IRA Rollover Explanation

2010

DIRECT TRANSFER OF WHOLE AMOUNT 11,755 FROM YALE SECURITY TO MERRILL LYNCH

US Schedule D

Capital Gain or Loss Transactions Worksheet

2010

* Check if 28% rate gain or (loss)

(a) Description of property	(b) Date acquired	(c) Date sold	(d) Sales price	(e) Cost or basis	T S J	*	(f) Gain or loss	S / L
100 PURDUE	07/01/2001	03/10/2010	8859.	10158.	T		-1299.	L
100 RUST CORP	11/01/1998	09/23/2010	1700.	3200.	T		-1500.	L
150 RIO MOTORS	07/15/2008	06/01/2010	10675.	9543.	T		1132.	L
65 RIDER CORP	IN/HE/RIT	12/30/2010	5663.	7222.	T		-1559.	L
			26897.	30123.			-3226.	

PRINTED 11/18/2011

KARL R KENT
 KARA B BRYANT
 1068 RIVERMEADE DR
 DENVILLE NJ 07834-

	Taxpayer	Spouse
SSN	211-02-0752	212-02-0752
Birth	07/28/1940	01/15/1950
Death		
Day Phone	973-555-5555	
Evening		
Cell or Fax		
PIN	12345	12345

Email KKENT@MYMAIL.NET
 Taxpayer Occupation CLERK Spouse Occupation SCHOOL TEACHER
 Filing Status MARRIED FILING JOINT

TAMARA	THOMAS	05/08/2006	214-02-0752	GRANDCHILD	12	1
KENDRA		03/13/1989	213-02-0752	DAUGHTER	12	1
KERRI	BRYANT	03/17/1948	210-02-0752	SISTER	12	1

Preparer ID: _____ Preparation Fee: _____ Date: _____

Preparer: _____

Preparer's Use:	1 _____	4 _____	Time in return min.
	2 _____	5 _____	
	3 _____	6 _____	

Recap of 2010 Income Tax Return

Earned Income	44,174.	Federal Tax	1,193.
Federal AGI	72,775.	Withholding	5,444.
Taxable Income	39,355.	Refund/(Due)	3,188.
EIC		Tax Bracket	15.0 %

State	NJ			
Tax	500.			
Withholding	2,403.			
Refund/Due	977.			
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				

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Interest. List all interest on Schedule B, regardless of the amount.

Unemployment and/or state tax refund. Fill out 1099G worksheet

Additional Earned Income	Taxpayer	Spouse	Total
Scholarship income - no W2			
Household employee income - no W2			
Social Security/Railroad Tier 1 Benefits	Taxpayer	Spouse	Total
Social Security received this year	13,682.		
Railroad tier 1 received this year			
Total	13,682.		13,682.
Medicare to Schedule A	1,757.		
Federal tax withheld	360.		

Married Filing Separately

If the filing status is married filing separately and the taxpayer and spouse lived together at any time during the year, up to 85% of social security and railroad benefits received are taxable. See Main Information Sheet, filing status 3

All others

Modified adjusted gross income for this computation consists of AGI (without social security or railroad benefits) + Form 8815, line 14, + Form 8839, line 30 + Form 2555 (EZ) exclusions + student loan interest adjustment 61,413.

+ tax-exempt interest: 1,649. and excluded income from American Samoa (Form 4563) or

Puerto Rico: _____ + 50% of the benefits received: 6,841.

If the modified AGI is less than \$25,001 (\$32,001 married filing jointly), none of the Social Security and RR Benefits are taxable.

If the modified AGI is between \$25,000 and \$34,000 (\$32,000 and \$44,000 married filing jointly), 50% of the benefits received is taxable

If the modified AGI is greater than \$34,000 (\$44,000 married filing jointly):

85% of the social security and railroad benefits received is taxable	A	11,630.	
Modified AGI		69,903.	
\$34,000 (\$44,000)		44,000.	
Subtract		25,903.	
	X 85%=	22,018.	
Minimum 50% of the benefits received or \$4,500 (\$6,000 married filing jointly)		6,000.	
Add	B	28,018.	
Taxable social security and railroad retirement tier 1. Minimum of A or B			11,630.

Lump Sum Payment of Social Security and Railroad Tier 1 Benefits

	Taxpayer	Spouse	Total
Gross amount received attributable to 2010			
Using the above modified AGI, this is the taxable amount of the 2010 benefit			
Amounts taxable from previous years			
Taxable benefits using the lump-sum election method			

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

Student Loan Interest (Postsecondary Education)	Taxpayer	Spouse	Total
1 Amount paid in 2010. See instructions for limitations and definition of qualified student loan interest. Total column is limited to \$2,500		268.	268.
Modified AGI for this computation including excluded income from Forms 2555 (EZ) and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839, line 30 <u>73,043.</u>			
Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$60,000 (\$120,000 married filing jointly) and is -0- when AGI exceeds \$75,000 (\$150,000 married filing jointly).			

2 Student loan interest deduction		268.	268.
--	--	------	------

Educator Expenses - Elementary and Secondary	Taxpayer	Spouse	Total
Amount of unreimbursed classroom expenses, such as books, supplies, computer equipment and related software, other equipment, and supplementary materials used by the eligible educator in the classroom, up to \$250. Amounts over \$250 should be listed on Schedule A, Job Expenses, subject to 2% of AGI			

Education Savings Accounts (ESAs) and QTPs	Taxpayer	Spouse
1 Excess contributions		
2 Taxable distributions		

Tuition and Fees as an AGI Deduction

In most cases, tuition and fees will create a better income tax result by using Form 8863, Education Credits. The same rules for qualified tuition and fees apply to the credit and the deduction.

No deduction is allowed if filing Form 1040NR or married filing separately.

Some things to consider

Form 8863, Education Credits

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

Tuition and Fees as an AGI Deduction

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

Student's name	Social security number	Qualified expenses
KARL KENT	211-02-0752	
KARA BRYANT	212-02-0752	
TAMARA THOMAS	214-02-0752	
KENDRA KENT	213-02-0752	
KERRI BRYANT	210-02-0752	
1 Total qualified expense		
2 Modified AGI	72,775.	
3 Tuition and fees deduction	(Spouse amount:)	

US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2010

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

SSN: **211-02-0752**

Child Tax Credit (CTC)

1	\$1,000 X <input type="text" value="1"/> qualifying children		1,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	72,775.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	110,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	Maximum child tax credit. Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		1,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	5,031.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy	3,176.	

CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured.		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		1,855.
11	Child tax credit		1,000.

Amount paid with Federal extension (Form 4868 or 2350)

Carryovers from 2010 to 2011

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2010 only, Form 1045 Amt. carried forward from 2009. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2010 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <th>50%</th> <th>30%</th> <th>30%</th> <th>20%</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2010 only, Form 1116. Enter amount carried back, if any														
6	Adoption credit, Form 8839														
		<table border="1"> <tr> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> <th>2010</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2006	2007	2008	2009	2010								
2006	2007	2008	2009	2010											
7	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <th>2008</th> <th>2009</th> <th>2010</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2008	2009	2010										
2008	2009	2010													
8	General business credits for 2010 only, Form 3800														
9	Form 8844, for 2010 only. Enter amount carried back														
10	DC first-time homebuyer credit, Form 8859, cumulative total														
11	Prior year minimum tax credit, Form 8801, cumulative total														
12	AMT limited qualified electric vehicle credit from 2010 only														
13	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> <th>2010</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2006	2007	2008	2009	2010								
2006	2007	2008	2009	2010											

Label (See instructions) Use the IRS label. Otherwise, please print or type.	L A B E L H I S I S T E R E	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning	,2010, ending	,20	OMB No. 1545-0074
	Name	Spouse's Name (if Joint Return)	Home Address	City, State, and ZIP Code	Your social security number
	KARL R KENT	KARA B BRYANT	1068 RIVERMEADE DR	DENVILLE NJ 07834-	211-02-0752
					Spouse's social security no. 212-02-0752

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ▶ **You** **Spouse**

Filing Status

1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5	<input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 2 No. of children on 6c who: • lived with you 3 • 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 5																			
b	<input checked="" type="checkbox"/> Spouse																				
c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="font-size: x-small;">(1) First name</th> <th style="font-size: x-small;">Last name</th> <th style="font-size: x-small;">(2) Dependent's social security no.</th> <th style="font-size: x-small;">(3) Dependent's relationship to you</th> <th style="font-size: x-small;">(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)</th> </tr> </thead> <tbody> <tr> <td>TAMARA</td> <td>THOMAS</td> <td>214-02-0752</td> <td>GRANDCHILD</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>KENDRA</td> <td>KENT</td> <td>213-02-0752</td> <td>DAUGHTER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>KERRI</td> <td>BRYANT</td> <td>210-02-0752</td> <td>SISTER</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)	TAMARA	THOMAS	214-02-0752	GRANDCHILD	<input checked="" type="checkbox"/>	KENDRA	KENT	213-02-0752	DAUGHTER	<input type="checkbox"/>	KERRI	BRYANT	210-02-0752	SISTER
(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)																	
TAMARA	THOMAS	214-02-0752	GRANDCHILD	<input checked="" type="checkbox"/>																	
KENDRA	KENT	213-02-0752	DAUGHTER	<input type="checkbox"/>																	
KERRI	BRYANT	210-02-0752	SISTER	<input type="checkbox"/>																	

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	41,951.
8a	Taxable interest. Attach Schedule B if required	8a	4,225.
b	Tax-exempt interest. Do not include on line 8a	8b	1,649.
9a	Ordinary dividends. Attach Schedule B if required	9a	232.
b	Qualified dividends (see instructions)	9b	232.
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	300.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	2,392.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	(3,000.)
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	12,593.
		b	Taxable amount (see inst.) 838.
16a	Pensions and annuities	16a	19,825.
		b	Taxable amount (see inst.) 19,490.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,050.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation (see instructions)	19	2,550.
20a	Social security benefits	20a	13,682.
		b	Taxable amount (see inst.) 11,630.
21	Other income. List type and amount (see instr.) GAMBLING WINNINGS	21	1,200.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	82,858.

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	One-half of self-employment tax. Attach Schedule SE	27	169.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see instr.)	29	
30	Penalty on early withdrawal of savings	30	46.
31a	Alimony paid b Recipient's SSN ▶ 215-02-0752	31a	3,600.
32	IRA deduction (see instructions)	32	6,000.
33	Student loan interest deduction (see instructions)	33	268.
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	10,083.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	72,775.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	72,775.
	39a	Check <input checked="" type="checkbox"/> You were born before Jan. 2, 1946, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before Jan. 2, 1946, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/> 1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	15,170.
	41	Subtract line 40a from line 38	41	57,605.
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	18,250.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	39,355.
	44	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	5,031.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	5,031.
	47	Foreign tax credit. Attach Form 1116 if required	47	4.
	48	Credit for child and dependent care expenses. Attach Form 2441	48	220.
	49	Education credits from Form 8863, line 23	49	1,452.
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit (see instructions)	51	1,000.
52	Residential energy credits. Attach Form 5695	52	1,500.	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53		
54	Add lines 47 through 53. These are your total credits	54	4,176.	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	855.	
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	338.
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
	60	Add lines 55 through 59. This is your total tax	60	1,193.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	5,444.
	62	2010 estimated tax payments and amount applied from 2009 return	62	400.
	63	Making work pay and government retiree credits. Attach Schedule M	63	800.
	64 a	Earned income credit (EIC) NO	64a	
	b	Nontaxable combat pay election 64b		
	65	Additional child tax credit. Attach Form 8812	65	
	66	American opportunity credit from Form 8863, line 14	66	925.
	67	First-time homebuyer credit from Form 5405, line 10	67	
	68	Amount paid with request for extension to file (see inst.)	68	
	69	Excess social security and tier 1 RRTA tax withheld (see inst.)	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 61, 62, 63, 64a and 65 through 71. These are your total payments	72	7,569.	
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	6,376.
	74 a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	3,188.
	b	Routing number 065502789 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 12345678		
	Amount of line 73 you want applied to your 2011 estimated tax ▶ 75	75	3,188.	
Amount You Owe	76	Amount you owe. Subtract line 72 from line 60. For details on how to pay, see inst. ▶	76	
	77	Estimated tax penalty (see instructions)	77	

If you have a qualifying child, attach Schedule EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. 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.

Joint return? See instr. Keep a copy for your records. **▶**

Your signature	Date	Your occupation CLERK	Daytime phone number 973-555-5555
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation SCHOOL TEACHER	

Paid Preparer's Use Only

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

**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

2010
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

KARL R KENT & KARA B BRYANT

Your social security no.
211-02-0752

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	9,189.		
	2 Enter amount from Form 1040, line 38	2	72,775.		
	3 Multiply line 2 by 7.5% (.075)	3	5,458.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	3,731.	
Taxes You Paid	5 State and local (check only one box):				
	a <input checked="" type="checkbox"/> Income taxes, or	5	2,843.		
	b <input type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions).....	6	1,757.		
	7 New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b	7			
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8			9	4,600.
	Interest You Paid	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		
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	3,164.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,125.		
	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	350.		
	18 Carryover from prior year.....	18			
	19 Add lines 16 through 18			19	2,475.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses 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 ▶ GAMBLING LOSSES		1,200.	28	1,200.
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	15,170.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2010

US Schedule A

Itemized Deduction Detail Worksheet

2010

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

SSN: **211-02-0752**

Medical Expenses		Medical miles: 1236 X .165 = 204.	
Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	1,757.
Taxpayer	1,200.	Remainder from worksheets	
Spouse	1,200.	Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse		Taxpayer	
Other medical expenses		Spouse	
DOCTOR BILLS	1,653.		
HOSPITAL BILLS	3,200.		
PRESCRIPTION DRUGS	965.		
PRESCRIPTION EYEGLASSES	210.	Amount from additional worksheets	
		Total	9,189.

Cash Contributions		Other Charitable miles: X .14 =	
50% Limit Organizations			
CHURCH	1,650.		
VARIOUS	225.		
MILLSAP ELEMENTARY	250.		
		From Schedules K-1	
		Amount from additional worksheets	
		Total	2,125.

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

Other Than Cash Contributions		50% Limit Organizations	
SALVATION ARMY	350.	From Forms 8283	
		Amount from additional worksheets	
From Schedules K-1		Total	350.

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 2005 through 2009				To 2011 tax year			
	Cash and other property		Capital gain property		Cash and other property		Capital gain property	
	50%	30%	30%	20%	50%	30%	30%	20%
2005								
2006								
2007								
2008								
2009								
2010								

Contributions allowed this year			
50% of adjusted gross income		36,388.	
This year's 50% organization cash contributions allowed			2,475.
30% of adjusted gross income		21,833.	
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		14,555.	
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			2,475.

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

2010
Attachment
Sequence No. **08**

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

Part I
Interest

(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶ <u>CHARLES CAMPBELL</u> <u>219020752</u> <u>1523 NORTH CURRY RD DENVILLE NJ 07</u> <u>KENDALL FEDERAL CRED</u> <u>ZYX INVESTMENTS</u> <u>ZYX INVESTMENTS</u>	1	2,782.
2	Add the amounts on line 1	2	4,225.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	4,225.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶ <u>ZYX INVESTMENTS</u>	5	232.
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	232.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See instructions)

	Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
7 a At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country ▶ _____		
8 During 2010, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Schedule B (Form 1040A or 1040) 2010

**Schedule C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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

Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
Attach to Form 1040, 1040NR, or 1041. See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. **09**

Name of proprietor KARA B BRYANT		Social security number (SSN) 212-02-0752
A Principal business or profession, including product or service (see instructions) TYPING MEDICAL TRANS	B Enter code from instructions 561410	
C Business name. If no separate business name, leave blank.	D Employer ID no. (EIN), if any	
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 2010? 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 2010, check here		

Part I Income

1 Gross receipts or sales. Caution. See instructions and check the box if: <ul style="list-style-type: none"> • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. 	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,719.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,719.
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	2,719.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9	210.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	117.
28 Total expenses before expenses for business use of home. Add lines 8 through 27	28			28	327.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			29	2,392.
30 Expenses for business use of your home. Attach Form 8829	30			30	
31 Net profit or (loss). Subtract line 30 from line 29. <ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 	31			31	2,392.
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, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). 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.	

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

Schedule C (Form 1040) 2010

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 page 1, 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 2010, enter the number of miles you used your vehicle for:

a Business 420 b Commuting (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 Total other expenses. Enter here and on page 1, line 27	48 117.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule D (Form 1040).**
▶ **Use Schedule D-1 to list additional transactions for lines 1 and 8.**

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions					6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 100 PURDUE	07/01/2001	03/10/2010	8859.	10158.	-1299.
100 RUST CORP	11/01/1998	09/23/2010	1700.	3200.	-1500.
150 RIO MOTORS	07/15/2008	06/01/2010	10675.	9543.	1132.
65 RIDER CORP	IN/HE/RIT	12/30/2010	5663.	7222.	-1559.
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10 26897.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12
13 Capital gain distributions. See the instructions					13 69.
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions					14 ()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2					15 -3157.

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

Schedule D (Form 1040) 2010

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
- (\$3,000), or if married filing separately, (\$1,500) 21 (3,000.)

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.

US Schedule D

Schedule D Tax Worksheet

2010

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

SSN: **211-02-0752**

1	Taxable income from Form 1040, line 43, Form 1040NR, line 40, Form 1040A, line 27, or from the Foreign Earned Income Tax Worksheet				39,355.
2	Qualified dividends from Form 1040, line 9b, Form 1040A, line 9b, or Form 1040NR, line 10b	232.			
3	Line 4g of Form 4952				
4	Line 4e of Form 4952				
5	Subtract line 4 from line 3				
6	Subtract line 5 from line 2. If -0- or less, enter -0-		232.		
7	Smaller of line 15 or line 16 of Schedule D				
8	Smaller of line 3 or line 4				
9	Subtract line 8 from line 7. If -0- or less, enter -0-				
10	Add lines 6 and 9			232.	
11	Add lines 18 and 19 of Schedule D				
12	Smaller of line 9 or line 11				
13	Subtract line 12 from line 10. If -0- or less, enter -0-				232.
14	Subtract line 13 from line 1. If -0- or less, enter -0-				39,123.
15	Smaller of line 1 or \$68,000 if married filing jointly or qualifying widow(er); \$34,000, if single or married filing separately; \$45,550 if head of household	39,355.			
16	Smaller of line 14 or line 15	39,123.			
17	Subtract line 10 from line 1. If -0- or less, enter -0-	39,123.			
18	Larger of line 16 or line 17			39,123.	
19	Subtract line 16 from line 15			232.	
20	Smaller of line 1 or line 13				
21	Amount from line 19				
22	Subtract line 21 from line 20				
23	Multiply line 22 by 15%				
24	Smaller of line 9 above or Schedule D, line 19				
25	Add lines 10 and 18				
26	Amount from line 1				
27	Subtract line 26 from line 25. If -0- or less, enter -0-				
28	Subtract line 27 from line 24. If -0- or less, enter -0-				
29	Multiply line 28 by 25%				
30	Add lines 18, 19, 22, and 28				
31	Subtract line 30 from line 1				
32	Multiply line 31 by 28%				
33	Tax on line 18 amount				5,031.
34	Add lines 23, 29, 32, and 33				5,031.
35	Tax on line 1 amount				5,069.
36	Tax on all taxable income. Smaller of lines 34 or 35				5,031.

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	57,605.
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-	60,605.
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	Short-term capital loss carryover. Subtract line 7 from line 5. If -0- or less, enter -0-	
9	Loss shown on Schedule D, line 15 as a positive amount	3,157.
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	Long-term capital loss carryover. 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 instr. for Schedule E (Form 1040).

OMB No. 1545-0074

2010

Attachment
Sequence No. **13**

Name(s) shown on return

KARL R KENT & KARA B BRYANT

Your social security no.

211-02-0752

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.

1	List the type and address of each rental real estate property:	2	For each rental real estate prop. listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:	
			Yes	No
A	K-1 BLACK JACK PRODU 1001 YUKON DR FAIRBANKS AK	<ul style="list-style-type: none"> • 14 days or • 10% of the total days rented at fair rental value? (See instructions)	A	
B			B	
C			C	

Income:	Properties			Totals
	A	B	C	(Add columns A, B, and C.)
3 Rents received				3
4 Royalties received	1,050.			4 1,050.
Expenses:				
5 Advertising				5
6 Auto and travel (see instructions)				6
7 Cleaning and maintenance				7
8 Commissions				8
9 Insurance				9
10 Legal and other professional fees				10
11 Management fees				11
12 Mortgage interest paid to banks, etc. (see instructions)				12
13 Other interest				13
14 Repairs				14
15 Supplies				15
16 Taxes				16
17 Utilities				17
18 Other (list) ▶				18
19 Add lines 5 through 18				19
20 Depreciation expense or depletion (see instructions)				20
21 Total expenses. Add lines 19 and 20				21
22 Income or (loss) from rental real estate or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a (loss), see instructions to find out if you must file Form 6198	1,050.			22 1,050.
23 Deductible rental real estate loss. Caution. Your rental real estate loss on line 22 may be limited. See instructions to find out if you must file Form 8582 . Real estate professionals must complete line 43 on page 2	()	()	()	23 () () ()
24 Income. Add positive amounts shown on line 22. Do not include any losses				24 1,050.
25 Losses. Add royalty losses from line 22 and rental real estate losses from line 23. Enter total losses here				25 ()
26 Total rental real estate and royalty income or (loss). 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				26 1,050.

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

Schedule E (Form 1040) 2010

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

OMB No. 1545-0074

2010

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See separate instructions.**

Attachment
Sequence No. **166**

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

Your social security number
211-02-0752



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1 a Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions)

1a

b Nontaxable combat pay included on line 1a
(see instructions)

1b

2 Multiply line 1a by 6.2% (.062)

2

3 Enter \$400 (\$800 if married filing jointly)

3

4 Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a)

4 800.

5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22

5

72,775.

6 Enter \$75,000 (\$150,000 if married filing jointly)

6

150,000.

7 Is the amount on line 5 more than the amount on line 6?

- No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- Yes.** Subtract line 6 from line 5

7

8 Multiply line 7 by 2% (.02)

8

9 Subtract line 8 from line 4. If zero or less, enter -0-

9 800.

10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).

- No.** Enter -0- on line 10 and go to line 11.
- Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly)

10

11 **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40

11 800.

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

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

Schedule M (Form 1040A or 1040) 2010

Name of person with self-employment income (as shown on Form 1040) KARA B BRYANT	Social security number of person with self-employment income ▶	212-02-0752
--	---	-------------

Section B - Long Schedule SE

Part I Self-Employment Tax

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

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

1 a Net farm profit or (loss) from Schedule F, line 36, 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 6b, 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	2,392.
3 Combine lines 1a, 1b, and 2 Subtract from that total the amount on Form 1040, line 29, or Form 1040NR, line 29, and enter the result (see instructions)	3	2,392.
4 a If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	2,209.
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	2,209.
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	2,209.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2010	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	13,817.
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	13,817.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	92,983.
10 Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	274.
11 Multiply line 6 by 2.9% (.029)	11	64.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 56, or Form 1040NR, line 54	12	338.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	169.

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ was not more than \$6,720 or (b) your net farm profits² 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 profits³ 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 11, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 36, 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. C-EZ, line 3; 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 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

W-2 DETAIL REPORT - 2010

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
JEFFERSON INDEPENDENT SC	21-6020752	X	13817	987	857	200	NJ	13817	693		
AMERICUS PETROLEUM	21-5020752	X	28134	2176	1927	451	NJ	28134	1674		
			-----	-----	-----	---		-----	-----		
			41951	3163	2784	651		41951	2367		

US Estimated Tax Payments Made for the Current Tax Year 2010

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 04/15/2010 payment	Towards 06/15/2010 payment	Towards 09/15/2010 payment	Towards 01/15/2011 payment
From last year	04/15/2010	200.				
D 04/15 1	04/14/2010	100.				
U 06/15 2						
E 09/15 3	09/18/2010	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 01/01/2011.

Taxpayer, Joint, or Combined State Return

** Date of Payment

State	Credit from last year	04/15/2010 Amount 1	06/15/2010 Amount 2	09/15/2010 Amount 3	01/15/2011 Amount 4	*	Total
NJ							

NJ	State and/or local balance due from previous years' returns paid in 2010. Include amounts paid with a 2009 extension paid in 2010						
	State and/or local balance due from previous years' returns paid in 2010. Include amounts paid with a 2009 extension paid in 2010						
NJ	Last state estimate payment for 2009 paid in 2010 (due January 15, 2010)						
	Last state estimate payment for 2009 paid in 2010 (due January 15, 2010)						

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

** Date of Payment

State	Credit from last year	04/15/2010 Amount 1	06/15/2010 Amount 2	09/15/2010 Amount 3	01/15/2011 Amount 4	*	Total

W-2G DETAIL REPORT - 2010

Payer	EIN	TP SP	Federal Withheld	Gross Winnings	State Withheld	Losses
NEW JERSEY LOTTERY	21-0020752	X		1200	36	2250
				-----	--	-----
				1200	36	2250

1099G DETAIL REPORT - 2010

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

1099 MISCELLANEOUS REPORT - 2010

Payer	ID number	Rent	Roy	Prizes	Fed With	Fish Boat	Med	Nonemp Comp	Sub Paymts	Crop Ins	EPP	Sect 409A	St	St With	St	St With
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TYPING MEDICAL TRANS:
PRATT MEDICAL C 21-1020752

1637

1637

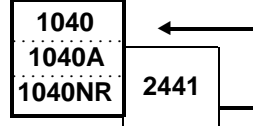
1099-R DETAIL REPORT - 2010

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	21-3020752	T	7	X		NJ	838	838		838		
YALE SECURITY IRA	21-4020752	T	G	X		NJ	11755		R 11755			
DEFENSE FINANCE ACCO	22-7020752	T	7			NJ	1200	1200		1200		
STILLMAN PENSION FUN	24-0020752	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-	62-4020752	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 First Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a)
TAMARA THOMAS	214-02-0752	1,100.

3 Add the amounts in column (c) of line 2. Do not 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.
4 Enter your earned income . See instructions	4	31,088.
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	16,040.
6 Enter the smallest of line 3, 4, or 5	6	1,100.
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	72,775.
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	x . 0.20
9 Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions	9	220.
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	5,027.
11 Credit for child and dependent care expenses. Enter the smaller 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. Form **2441** (2010)

Residential Energy Credits

2010

Department of the Treasury
Internal Revenue Service

▶ **See instructions.**
▶ **Attach to Form 1040 or Form 1040NR.**

Attachment
Sequence No. **158**

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

Your social security number
211-02-0752

Part I Nonbusiness Energy Property Credit (See instructions before completing this part.)

<p>1 Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions)</p>	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Caution: If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part 1.</p>		
<p>2 Qualified energy efficiency improvements (see instructions). a Insulation material or system specifically and primarily designed to reduce the heat loss or gain of your home</p>	2a	175 .
<p>b Exterior windows (including certain storm windows) and skylights</p>	2b	7,450 .
<p>c Exterior doors (including certain storm doors)</p>	2c	
<p>d Metal roof with appropriate pigmented coatings or asphalt roof with appropriate cooling granules that are specifically and primarily designed to reduce the heat gain of your home, and the roof meets or exceeds the Energy Star program requirements in effect at the time of purchase or installation</p>	2d	
<p>3 Residential energy property costs (see instructions). a Energy-efficient building property</p>	3a	
<p>b Qualified natural gas, propane, or oil furnace or hot water boiler</p>	3b	
<p>c Advanced main air circulating fan used in a natural gas, propane, or oil furnace</p>	3c	
<p>4 Add lines 2a through 3c</p>	4	7,625 .
<p>5 Multiply line 4 by 30% (.30)</p>	5	2,288 .
<p>6 Maximum credit amount. (If you jointly occupied the home, see instructions)</p>	6	1,500 .
<p>7 Enter the amount, if any, from your 2009 Form 5695, line 11. Otherwise enter -0-</p>	7	
<p>8 Subtract line 7 from line 6</p>	8	1,500 .
<p>9 Enter the smaller of line 5 or line 8</p>	9	1,500 .
<p>10 Limitation base on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)</p>	10	3,355 .
<p>11 Nonbusiness energy property credit. Enter the smaller of line 9 or line 10. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49</p>	11	1,500 .

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

Part II Residential Energy Efficient Property Credit (See instructions before completing this part.)

Note. Skip lines 12 through 21 if you only have a **credit carryforward from 2009.**

12	Qualified solar electric property costs	12	
13	Qualified solar water heating property costs	13	
14	Qualified small wind energy property costs	14	
15	Qualified geothermal heat pump property costs	15	
16	Add lines 12 through 15	16	
17	Multiply line 16 by 30% (.30)	17	
18	Qualified fuel cell property costs	18	
19	Multiply line 18 by 30% (.30)	19	
20	Kilowatt capacity of property on line 18 above ▶ <u>0.0</u> X \$1,000	20	
21	Enter the smaller of line 19 or line 20	21	
22	Credit carryforward from 2009. Enter the amount, if any, from your 2009 Form 5695, line 28	22	
23	Add lines 17, 21, and 22	23	
24	Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	24	
25	<p>1040 filers: Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; Form 8936, line 14; and Schedule R, line 22.</p> <p>1040NR filers: Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 11 of this form; line 12 of the Line 11 worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 3; Form 8834, line 22; Form 8910, line 21; and Form 8936, line 14.</p>	25	
26	Subtract line 25 from line 24. If zero or less, enter -0- here and on line 27	26	
27	Residential energy efficient property credit. Enter the smaller of line 23 or line 26. also include this amount on Form 1040, line 52, or Form 1040NR, line 49	27	0
28	Credit carryforward to 2011. If line 27 is less than line 23, subtract line 27 from line 23	28	

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Traditional IRA

Were you covered by a retirement plan? Yes No
 If married filing jointly, was your spouse covered by a retirement plan? Yes No

				Taxpayer	Spouse
1	Maximum modified AGI for deductible contributions				
	Filing status	Covered by a retirement plan?	Yes	No	
	1 or 4		\$66,000	No limit	
	2	Spouse covered by a plan	\$109,000		
	2	Spouse not covered by a plan		\$177,000	
	2	Neither spouse covered by a plan		No limit	
	3	Lived with spouse at anytime in 2010	\$10,000	No limit	
	3	Did not live with spouse in 2010	\$66,000	No limit	
	5		\$109,000	No limit	
				109,000.	109,000.
2	Modified AGI computation				
	Social security computation without IRA		69,062.		
	Taxable social security for this computation		11,630.		
	Modified income including taxable social security		82,858.		
3	Adjustments to income without IRA contribution		3,815.		
4	Modified AGI. Subtract line 3 from line 2			79,043.	79,043.
5	Line 1 minus line 4. If -0- or less, enter -0- on line 6			29,957.	29,957.
6	Line 5 times the applicable percentage from the instructions, rounded up to nearest \$10. Do not enter less than \$200, or more than \$5,000 (\$6,000 if age 50 or older).			6,000.	6,000.
7	Total wages and other earned income, minus any deductions on Form 1040, lines 27 and 28, or Form 1040NR, line 27. Do not reduce wages by any losses from self-employment		44,174.		
8	Maximum contribution based on earnings		12,000.		
				Taxpayer	Spouse
9	Maximum allowable IRA contribution			6,000.	6,000.
10	Enter IRA contributions for 2010				
	Do NOT enter more than \$5,000 (\$6,000 if age 50 or older) in either column				6,000.
11	Deductible IRA contributions. Smaller of lines 6, 7, 9, or 10				6,000.
12	Nondeductible IRA contributions				
13	Excess traditional IRA contributions				

Roth IRA

				Taxpayer	Spouse
14	Maximum modified AGI for allowable contributions				
	Filing status	Modified AGI			
	1 or 4	\$120,000			
	2 or 5	\$177,000			
	3	Lived with spouse at anytime in 2010	\$10,000		
	3	Did not live with spouse in 2010	\$120,000	177,000.	177,000.
15	Modified AGI. AGI + Forms 2555, 8815, and 4563 + Puerto Rico income + adoption expense exclusion minus IRA to Roth IRA rollovers			79,043.	79,043.
16	Line 14 minus line 15. If -0-, enter -0- on line 17			97,957.	97,957.
17	Maximum contribution allowed based on AGI			6,000.	
18	Maximum contribution based on earnings		6,000.		
19	Maximum allowable Roth IRA contribution			6,000.	
20	Enter Roth IRA contributions for 2010				
	Do NOT enter more than \$5,000 (\$6,000 if age 50 or older) in either column				
21	Excess Roth contributions				

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **50**

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) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instr.). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply 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 Tentative American opportunity credit. 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					2 2,313.

Part II Lifetime Learning Credit

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

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

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

Part III Refundable American Opportunity Credit		
7	Enter the amount from line 2	7 2,313.
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8 180,000.
9	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	9 72,775.
10	Subtract line 9 from line 8. If zero or less, stop ; you cannot take any education credit	10 107,225.
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11 20,000.
12	If line 10 is: <ul style="list-style-type: none"> • Equal to or more than line 11, enter 1.000 on line 12 • Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) 	12 1.000
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year and meet the conditions in the instructions, you cannot 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"/>	13 2,313.
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 43. Then go to line 15 below	14 925.

Part IV Nonrefundable Education Credits		
15	Subtract line 14 from line 13	15 1,388.
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)	16 64.
17	Enter: \$120,000 if married filing jointly; \$60,000 if single, head of household, or qualifying widow(er)	17 120,000.
18	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	18 72,775.
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19 47,225.
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20 20,000.
21	If line 19 is: <ul style="list-style-type: none"> • Equal to or more than line 20, enter 1.000 on line 21 and go to line 22 • Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) 	21 1.000
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	22 64.
23	Nonrefundable education credits. 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	23 1,452.

*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.

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.

2010

Declaration Control Number (DCN) ▶ 00200752 1

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, 2010 (Whole Dollars Only)	
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1 72,775.
2 Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2 1,193.
3 Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7)	3 5,444.
4 Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4 3,188.
5 Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	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, 2010, 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 KINNELON LIBRARY TCE to enter or generate my PIN 12345
ERO firm name
 as my signature on my tax year 2010 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 2010 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 ▶ 11/01/2011

Spouse's PIN: check one box only

I authorize KINNELON LIBRARY TCE to enter or generate my PIN 12345
ERO firm name
 as my signature on my tax year 2010 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 2010 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 ▶ 11/01/2011

Practitioner PIN Method Returns Only-continue below

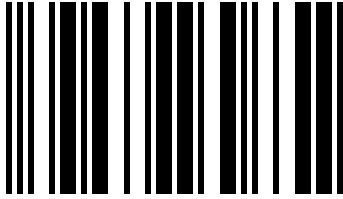
Part III Certification and Authentication-Practitioner PIN Method Only

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 2010 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 ▶ S24051405 KINNELON LIBRARY TCE Date ▶ 11/01/2011

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



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2010 or Other Tax Year

Beginning _____, 2010 ____ Month Ending _____ 200__
On-line Federal Ext. Confirmation # _____

KENT KARL R & BRYANT KARA B

1068 RIVERMEADE DR

DENVILLE

NJ 07834-0000 1408

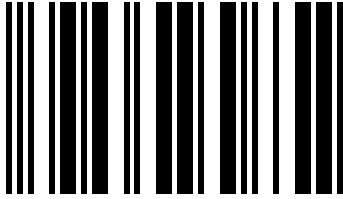
4045

211020752

Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I occupied the rental property for which I am applying for the tenant rebate as my principal residence on October 1, 2010. 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 54 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

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



000000000012345678

KENT KARL R & BRYANT KARA B

001	00	014	41951	040	0	SS#	211020752
EXT	0	15a	4815	40a	0	SP#	212020752
FS	2	15b	1013	042	0	SS1	214020752
DP	0	016	232	044	42	BY1	2006
006	2	017	2392	045	0	SS2	213020752
007	1	018	0	046	500	BY2	1989
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	69568	052	0	RN	065502789
GEF	1	27a	19128	053	0	PID	0
HCa	0	27b	0	054	2453	FID	0
HCb	0	27c	19128	055	0		
HCc	0	029	8500	056	1953		
HCd	0	030	8180	057	976		
22c	0	031	3600	058	0		
VC	1045	032	0	059	0		
CTY	1408	033	0	060	0		
PDR	0	36a	1133	061	0		
DNM	0	36b	1	062	0		
PA	0	36c	0	063	0		
CDV	6486	037	30160	63c	0		
		038	458	064	976		
				065	977		

Name KENT KARL R & BRYANT KARA B	Social Security Number 211-02-0752
--	--

RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____
 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. Dependent's 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	1989	<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	4,815.
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	1,013.
16. Dividends	16	232.
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	2,392.
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 (See instructions)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	69,568.
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	50,440.
29. Total Exemption Amount - See instructions (Part Year Residents see instructions.)	29	8,500.
30. Medical Expenses (See Worksheet and instr.)	30	8,180.
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	20,280.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	30,160.
36a. Total Property Taxes Paid	36a	1,133.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010	<input checked="" 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	30,160.
38. Tax (From Tax Tables, see instructions)	38	458.
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	458.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	458.
44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO.	44	42.
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	500.

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 2009 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	1,953.
Deductions from Overpayment on Line 56 which you elect to credit to:			
57	Your 2011 tax	57	976.
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	976.
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	977.

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(s) as shown on Form NJ-1040 KENT KARL R & BRYANT KARA B	Your Social Security Number 211-02-0752
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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.	%
IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.		COLUMN A	COLUMN B
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	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.	5.	
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	
7.	Tax on Line 6 amount (From Tax Tables or Tax Rate Schedules)	7.	
8.	Allowable Credit (Line 3 times Line 7)	8.	
9.	Credit for Taxes Enter in Box 9a the income or wage tax Paid to Other paid to other jurisdiction during tax year on Jurisdiction income shown on Line 1. See instructions. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9.	

- 0 -

- 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) ..					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
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.

Name(s) as shown on Form NJ-1040 KENT KARL R & BRYANT KARA B	Your Social Security Number 211-02-0752
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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.	%
IF YOU ARE NOT ELIGIBLE FOR A PROP. TAX BENEFIT ONLY COMPLETE COL. B.		COLUMN A	COLUMN B
4.	Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040	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.	5.	
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	
7.	Tax on Line 6 amount (From Tax Tables or Tax Rate Schedules)	7.	
8.	Allowable Credit (Line 3 times Line 7)	8.	
9.	Credit for Taxes Enter in Box 9a the income or wage tax Paid to Other paid to other jurisdiction during tax year on Jurisdiction income shown on Line 1. See instructions. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	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

2010

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	1989
KERRI		BRYANT	210-02-0752	1948

NJ Direct Deposit or Direct Debit Worksheet for Electronic Filing 2010

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Tax Return Information

1 Refund	977.
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 **11/18/2011**
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, 2010	
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, 2010	838.
6	Divide line 5 by line 3	1.00
7	Taxable portion of this year's withdrawal	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	

US Schedule A

Sales Tax Worksheet

2010

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

SSN: **211-02-0752**

1	Federal AGI		72,775.	
2	Nontaxable income listed on tax return			
a	Nontaxable interest	1,649.		
b	Social security	2,052.		
c	Combat pay			
d	Income on Forms 4970 and 4972			
e	Nontaxable part of IRA, pension, or annuity distributions, not including rollovers	335.	4,036.	
3	Other nontaxable income			
a			
b			
c			
d			
e			
4	Income for sales tax chart		76,811.	
1	Enter the taxpayer's state of residency for 2010			NJ
	If the taxpayer was a part-year resident, enter the dates resided in this state _____ to _____			
	State sales tax from the applicable table			1,063.
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 2010? <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 2010? 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			1,063.
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.			
a	Enter the state or local sales tax you paid in 2010 for the purchase of a NEW motor vehicle AFTER February 16, 2009 and BEFORE January 1, 2010			
b	Enter the purchase price (before taxes) of the new motor vehicles			
c	If the amount on line 8b is more than \$49,500, enter the portion of the tax from line 8a that is attributable to the first \$49,500 of the purchase price of each new motor vehicle			
d	Sales tax paid on motor vehicles not included on 8a and sales tax paid on aircraft, boats, homes, including mobile and prefabricated, or home building material - only Only deductible if the sales tax charged is at the general sales tax rate			
9	Total sales tax using the sales tax chart			1,063.
10	Sales tax using actual receipts			
11	Sales tax deduction for Schedule A, line 5			1,063.

Name: KARL R KENT & KARA B BRYANT

SSN: 211-02-0752

Use the spouse column if this is a married joint return for this year and the spouse filed separately last year.	Joint or Taxpayer	Spouse	Taxable
1 NJ 2009 state/local income tax refund	437.		
2009 state/local income tax refund			
Total state/local income tax refund for 2009	437.		
2 Enter the amounts from the 2009 tax return If the itemized deductions were reduced due to the AGI limitation, be sure to enter the reduced amounts			
Schedule A, line 5a, income taxes	2,998.		
Schedule A, line 5b, general sales tax	689.		
Difference - the state tax refund is only taxable to the extent the state tax deduction exceeds the sales tax deduction	2,309.		
3 Net state/local income tax refund	437.		
4 Enter the total of all other Schedule A refunds or reimbursements			
5 Add lines 3 and 4	437.		
On the 2009 tax return, If itemized deductions are reduced due to income limitations, AMT is included, or there are unused credits, see Publication 525. Some or all of the state tax refund may be tax-free. Check here if the ENTIRE state tax refund is nontaxable. Stop here	<input type="checkbox"/>	<input type="checkbox"/>	
6 2009 itemized deductions	13,800.		
7 Filing status for 2009. Enter 1, 2, 3, 4, or 5. 1 = Single 4 = Head of household 2 = Married filing jointly 5 = Qualifying widow(er) 3 = Married filing separately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If the 2009 filing status was married filing separately, and itemized deductions were required to be used because the spouse itemized, check here	<input type="checkbox"/>	<input type="checkbox"/>	
8 Age 65 or blind, enter amount from the 2009 Form 1040, page 2, line 39a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9 Standard deduction	12,500.		
10 State or local real estate taxes shown on your 2009 Schedule A, line 6 (limited to \$500, \$1,000 if married joint)	1,000.		
11 Net disaster loss from your 2009 Form 4684, line 18			
12 New motor vehicle taxes from your 2009 Schedule A, line 7			
13 Total standard deduction	13,500.		
14 Subtract line 13 from line 6	300.		
15 Smaller of line 5 or line 14	300.		
16 Enter the taxable income for 2009, adjusted for any NOL carryover. If less than -0-, show the amount as a negative number	49,859.		
17 Amount to include in income for 2010	300.		
18 Taxable state/local income tax refund	300.		300.
19 Taxable amount of other income			