

US INDIVIDUAL INCOME TAX RETURN

For the year Jan 1-Dec 31, 2010 or other year OMB No.1545-0074

1st Name, initial Last Name Jr

Name, Spouse Name, Addr, SSN, Your Name, Spouse Name, Street, No, PO Box, City, ST, ZIP, Birth Puffin, V, 05990

Presidential Note: Checking a box below won't change your tax or refund.

Elec Campaign Check if you/spouse want \$3 to go to you Spouse

Filing 1 Single 4 Head of hshld. If qual Status 2 Married filing jointly person a child but not your one 3 Married filing separately Spouse name 5 Qual widow w/dep child Other USER

Exemptions a Yourself (but NOT if you can be someone's dependent) b Spouse

Table with columns: (1) First Last Name, (2) SSN, (3) Relationship, (4) # Children Lived w/ you, # Apart div, # Other. Includes row for Total number of exemptions claimed.

MINI-WORKSHEET FOR LINE 7, WAGES. a. Wages not on W-2 Self: 0 Spouse: 0. b. Total from line a: 0. Note: Line b includes spouse amounts only if you are married filing a joint return. c. Wages from W-2's: 0. d. Total for line 7: 0.

Income 7 Wages, etc 0. Taxable interest income (Sch B if required) 0. Attach copy B Tax-exempt interest 8b 0. Ordinary dividends 9a 0. Qual divs 9b 0.

MINI-WORKSHEET FOR LINE 10, TAXABLE REFUNDS OF STATE AND LOCAL INCOME TAXES

Note: This mini-worksheet requires certain information from your 2009 income tax return. If you did not create this tax return using last year's tax data, complete the Last Year's Data Worksheet before continuing.

a. Sum of "special case" amounts from Forms 1099-G (based on Pub. 525) . a. 0. (If so, see IRS Pub. 525 and enter your taxable refunds manually on line 10.) b. Amount of refunds (up to diff betw deds): i. Refunds received (Form 1099-G) 0. Check to use amount on line i . . . . . x. Check to calculate limit on taxable amt . . . . .

Limitation on Taxable Amount H&R Block load last year users who calculated (but did not use) sales tax deduction in 2009:

1. Sales tax you could have deducted in 2009 . . . . . Line 1 comes from the Last Year's Data Worksheet. We blank out lines 2 - 9 if line 1 is calculated.

Others: 2. 2009 number of exemptions. 3. 2009 adjusted gross income. 4. 2009 nontaxable income . . . . . 5. 2009 total available income. 6. 2009 states of residence: (1) 2009 state at year-end . . . . . 2009 locality. 2009 state general sales tax rate%. CA and NV: Enter your 2009 combined state and local general sales tax rate on the following line. 2009 local general sales tax rate % (2) 2009 other state

2009 dates of residence in other state:

From \_\_\_\_\_ to \_\_\_\_\_

2009 locality \_\_\_\_\_

2009 state general sales tax rate% \_\_\_\_\_

**CA and NV: Enter your 2009 combined state and local general sales tax rate on the following line.**

2009 Local general sales tax rate% \_\_\_\_\_

- 7. 2009 total from tables . . . . .
- 8. 2009 sales tax for major purchases \_\_\_\_\_
- 9. 2009 state and local sales tax ded (line 7 + line 8) . . . . .
- 10. 2009 state and local inc tax ded \_\_\_\_\_
- 11. Ln 10 minus Ln 9 (or line 1, if applicable) . . . . .
- 12. Smaller of lines b(i) and 11 \_\_\_\_\_

ii. Line b(i) or 12 . . . . . **b.** \_\_\_\_\_

**Note:** We carry line 12 to line b if you indicate that you want to calculate the difference between your 2009 income and sales tax deductions. Otherwise we carry line b(i) to line b.

- c. Itemized deductions allowed in 2009 \_\_\_\_\_
- d. 2009 filing status . . . . . **d.** \_\_\_\_\_  
If line d is "3", "X" if itemizing . . . . .
- e. 2009 minimum standard deduction \_\_\_\_\_
- f. Number of boxes x'd on 2009 Form 1040, line 39a . . . . . **f.** \_\_\_\_\_
- g. Ln f x \$1100 (\$1400 if Ln d is 1 or 4) \_\_\_\_\_
- h. 2009 state or local real estate taxes from Schedule A, line 6. **Do not** include foreign real estate taxes . . . . . **h.** \_\_\_\_\_
- i. Enter \$500 (\$1,000 if married filing jointly) . . . . . **i.** \_\_\_\_\_
- j. Smaller of line h or i . . . . . **j.** \_\_\_\_\_
- k. 2009 net disaster loss from Form 4684, line 18 . . . . . **k.** \_\_\_\_\_
- l. 2009 new motor vehicle taxes from Schedule A, line 7 . . . . . **l.** \_\_\_\_\_
- m. 2009 standard deduction (In e **m** n g) \_\_\_\_\_  
**Note:** We blank line m if line d is X'd.
- n. Sum of lines j, k, l, and m . . . . . **n.** \_\_\_\_\_
- o. Line c - line n (not < 0) . . . . . **o.** \_\_\_\_\_
- p. Smaller of line b or line o . . . . . **p.** \_\_\_\_\_
- q. Sum of lines a and p (to line 10) **q.** 0

of W-2, 10	Taxable refunds of state and local income taxes	10	0
W-2G, 81	Alimony received	11	0
1099-R 12	Business income or loss. Attach Sched C or E, 49	12	0
here. 13	Capital gain/loss	13	0
14	Other gains or losses. Attach Form 4797	14	0
Enclosed 15a	IRA's	15a	0
but don't 15b	Taxable	15b	0
16a	Pension, annuities	16a	0
16b	Taxable	16b	0
attach, 17	Rent, royalty, partnership, S corp, trust (See E)	17	0
payments 18	Farm income or loss. Attach Schedule F	18	0
Please 19	Unemploy compensation	19	15,000
use Form 20a	Soc Sec benefits	20a	15,486
1040-V 20b	Taxable	20b	0
21	Other income (type and amt)	21	0
22	Combine lines 7 through 21. Your total income	22	551
Adjusted 23	Educator expenses	23	0
24	Certain bus expenses of reservists, artists, fee-basis gov't officials	24	0
25	Health savings acct ded (Form 8889)	25	0
26	Moving exps (Form 3903)	26	0
27	1/2 of self-empl tax (Sched SE)	27	0
28	SE SEP/SIMPLE/qualified plan	28	0

**MINI-WORKSHEET FOR LINE 29, SELF-EMPLOYED HEALTH INSURANCE DEDUCTION**

a. Total paid in 2010 for 2010 health insurance coverage established under your business (or the S corporation in which you were a more-than-2-percent shareholder) for

Effective March 30, 2010, your insurance can also cover your child who was under age 27 at the end of 2010, even if the child was not your dependent . . . . .

**Note:** Do not include amounts for any month you were eligible to participate in an employer-sponsored health plan (see instr.) or amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.

**Note:** See the IRS instructions if, during 2010, you were an eligible trade adjustment assistance (TAA) recipient, alternative TAA (ATAA) recipient, reemployment trade adjustment assistance (RTAA) recipient, Pension Benefit Guaranty Corporation pension recipient, or more-than-2-percent shareholder in an S corporation.

**Note:** Your personal services must have been a material income-producing factor in the business.

b. Amount from Schedule K-1, line 13 . . . . . 0

c. Line a plus line b . . . . . 0

d. Check here if the business under which the insurance plan was established was an S corp., and you were a more-than-2% shareholder in the S corp . . . . .

e. Net profit and any other earned income from the business under which the insurance plan is established (excluding the self-employed health insurance deduction), minus any deduction on Form 1040, line 28 . -2,449

**Note:** We calculate line e. for you in most cases. But note these special rules:

- If you have more than one source of self-employment income, or if you are filing Form 2555 or Form 2555-EZ, use the worksheet in IRS Publication 535 to figure your entry for line e. Include in your entry any applicable adjustment for self-employment tax that may be required from the worksheet in Publication 535 (do not complete line f., below).
- If you checked box d., enter your Medicare wages (box 5 of Form W-2) from the S corp. on line e. You may need to make additional adjustments on lines e. and f. if, in addition to the S corp, you have another health plan and source of self-employment.
- See the IRS instructions and override as necessary if you have Conservation Reserve Program payments that are exempt from self-employment tax.

f. If you pay self-employment tax, amount from Schedule SE, Section A, line 6, or Section B, line 13, when Schedule SE is recalculated on the assumption that, for purposes of Section A, line 3, or Section B, line 3, the amount from Form 1040, line 29 is zero . . . . . 0

**Note:** If you have more than one source of self-employment income or are using Form 2555 or Form 2555-EZ, include any applicable adjustment for self-employment tax in the amount you enter from IRS Publication 535 on line e., not here.

g. Line e. minus line f . . . . . 0

h. Smaller line c. or g. (for line 29) . . . . . 0

29 Self-employed health ins deduction . . . . . 0

30 Penalty on early w/drawal of IRAs . . . . . 0

31a Alimony recip SN . . . . . 31a

**MINI-WORKSHEET FOR LINE 32, IRA DEDUCTION**

a. Your IRA deduction . . . . .

b. Your spouse's IRA deduction . . . . . 0

c. Total (to line 32) . . . . . 0

Gross 32 IRA deduction (see instr) . . . 32 0

**MINI-WORKSHEET FOR LINE 33,  
STUDENT LOAN INTEREST DEDUCTION**

**Note:** *If you are claimed as a dependent on someone else's return, or if you are married filing a separate return, you are not eligible for this deduction.*

- a. Qualifying interest . . . . .
- b. Maximum interest deduction . . . . .
- c. Eligible interest. Smaller line a or b
- d. Total income (Form 1040 line 22) . . . . .
- e. Total of amounts from Form 1040, lines 23 through 32, and amount to left of line 36 . . . . .
- f. Foreign earned income and housing deduction
- g. Income excluded from Puerto Rico, Guam, American Samoa, or N. Mariana Islands
- h. Modified AGI. Ln d - Ln e + Lns f and g
- i. Phaseout threshold (\$60,000; \$120,000 jnt)
- j. Line h - line i . . . . .
- k. Reduction amount (line c times line j divided by \$15,000 if not joint, \$30,000 joint)
- l. Deduction (line c - line k). To line 33

**Income** 33 Student loan interest deduction 33 0

34 Tuition & fees. Attach Form 8947 34 7

35 Dom. prod. act. ded. (Fm 89035) 35 0

36 Lns 23-31a, 32-35 ▶ 36 0

37 Line 22 - line 36. Your **adjusted gross income** 37 551

**KIA**  
END OF PAGE 1

Tax and Credits Amount from line 37 (adjusted gross income) 2,551

39a You born before Jan 2, 1941 39a Sp born before Jan 2, 1941

MINI-WORKSHEET FOR LINE 39b
a. Married, filing separately and spouse itemizes
b. Are you a dual-status alien

b Sp itemizes on sep rtn/dual-status

MINI-WORKSHEET FOR LINE 40, STANDARD VS ITEMIZED DEDUCTION
a. Your standard deduction (calculated) 3,800
b. Itemized deductions (from Schedule A) 396
c. "X" if you are required to itemize (calculated)
d. "X" if you want to itemize, even if lower deduction
e. "X" if you are married filing separately and are taking the standard deduction (calculated)
f. Larger of a. and b. (or, if c or d is "X", then b; if e is "X", then a) Carry to line 40 6,800

40 Itemized deductions or standard deduction 6,800
Check here if you itemized

41 Subtract line 40 from line 38 41 5,751
42 Exemptions. \$3,650 times number on line 40 42 6,650
43 Taxable income. Ln 41 minus 42 (not less than 0) 43 0

FOREIGN EARNED INCOME TAX WORKSHEET
a. Form 1040, line 43
b. Form 2555, line 45 and 50, or Form 2555-EZ, line 18
c. Lines a + b
d. Tax on line c
e. Tax on line b
f. Line d. minus line e. If zero or less, enter 0

44 Tax. See instr. Check if total includes tax from a 881 b 4972 44 211
45 Alternative minimum tax. (Form 6251) 45 0
46 Add lines 44 and 45 46 211

MINI-WORKSHEET FOR LINE 47, FOREIGN TAX CREDIT
a. Foreign tax credit from Form(s) 1099-DIV, 1099-INT, and Schedule(s) K-1 (partnerships/S corps) 0
Note: We blank line a if you use Form(s) 1116.
b. Smaller of line a. and line 44 0
c. Foreign tax credit from Form(s) 1116 0
d. Line b + line c. To line 47 0

47 Foreign tax credit (1116 if rec'd) 47 0
48 Child care credit (Form 2441) 48 0
49 Educ credits from Fm 8863, line 23 49 0
50 Retirement savings crdt (Fm 5880) 50 0
51 Child tax crdt 51 0
52 Residential energy crdts (Fm 5295) 52 211
53 Other credits. Check Fm 3800
b 880t Specify 53 0
54 Add lines 47 through 53. Your total credits 54 211
55 Subtract line 54 from line 46 (not less than 0) 55 0

Other 56 Self-employment tax. (Sched SE) 56 0
Taxes 57 Unreported tax from: Fm 4167 Fm 89157 57 0
58 Tax on IRAs, qualified plans, etc. (Form 5829) 58 0
59 a W-2, bx 9 b Sch H c Fm 5405, ln 59 59 0
60 Lns 55 to 59. Total tax 60 0

MINI-WORKSHEET FOR LINE 61, FEDERAL TAX WITHHELD
a. Backup withholding (Bkgd Wks, 1099-DIV, 1099-INT/OID, 1099-MISC, K-1) 0
b. Oth fed inc tax w/h (W-2, W-2G, 1099-G, 1099-R, SSA-1099, RRB-1099) 1,500
c. Total federal income tax withheld (to line 60) 1,500

Pay- 61 Federal income tax withheld 61 1,500
ments 62 2010 est tax + amt from 09 62 0
ments 63 Making work pay credit (Sch 63M) 63 0

b Nontax combat ~~64b~~  
**Note:** Attach Schedule EIC if you have a qualifying child.  
 65 Additional child tax credit (8868) ~~65~~  
 66 American opp crdt, Fm 8863, 66 14  
 67 First-time homebuyer credit ~~67~~ 0  
 68 Amt pd with extension requ ~~68~~

**MINI-WORKSHEET FOR LINE 69, EXCESS SOC SEC AND RRTA**  
 (Fill in W-2's first; leave blank unless 2 or more employers.)  
 a. "X" if more than 1 employer  Self  Spouse  
 b. Eligible Soc Sec tax pd  Self: 0 Spouse:  
 c. If a="X", amount on line b minus \$6621.60 . . . . . Self: 0 Spouse:  
 d. Total on line c. Carry to Ln 69 . . TOTAL: 0

69 Excess Soc Sec & RRTA tax withheld ~~69~~ 0  
 70 Crdt for fed tax on fuels (F 4176) ~~70~~  
 71 Credits from: a: 2439 b: 8839  
 c: 880 d: 8885 . . . . . 71 0

72 Lines 61, 62, 63, 64a, 65 - 71. **Total payments** 1,500

**Refund** 73 If line 72 is larger than line 60, amt overpd 1,500

Direct 74a Amount of line 73 you want refunded to you. Check if Form 8888 is attached: 74a 1,500

deposit? b Routing number ~~672~~ c Type:  Checking  Savings

See d Account number ~~XXXXXXXXXX~~

instr. 75 Amt to apply to 2011 estimated tax 0

**Amount you owe** (including Form 2210 penalty) 76

**Note:** For details on how to pay, see IRS instr. Payment Voucher, see IRS instructions.

**You Owe** Amount of penalty on Form 2210 270

**Designee** Allow another to discuss return with IRS Complete following  No  Yes

Designee's name: Phone PIN

**Note:** If you are signing for your child, sign his or her name, and write "By" and then your name, and then, "parent for minor child."

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.

Signature: Date Your occupation Day tel. Consultant 802-868-

Spouse's sig (req'd if joint) Date Spouse's occupa

Preparer name Preparer signature Date Self-emp? PTIN

Firm's name Firm's EIN

Firm's address Ph

END OF FORM

Sign here  
 Keep a copy for your records