

DKT 06-181

DOCKET FILE COPY ORIGINAL

Case Identifier: CGB-CC-0413

Kellogg Street Productions
Mohawk Valley Living
Lance Whitney
30 Kellogg Street
Clinton, NY 13323

10/24/2013

Received & Inspected

Office of the Secretary

OCT 28 2013

Federal Communications Commission

FCC Mail Room

445 12th Street, SW, Room TW-A325
Washington, DC 20554

Attention: Disability Rights Office, Room 3-B431

Updated Application Seeking a Waiver for Exemption from Closed Captioning Rules

Name of Program: Mohawk Valley Living

My name is Lance Whitney. My wife and I produce Mohawk Valley Living from a small office in our home. We have no employees and do everything ourselves. Our equipment consists of a camera and 2 desktop computers. All our equipment has a value of approximately \$3,000.

Lance Whitney- I do all the filming and sound, all the final editing, music, graphics.

Sharry Whitney- My wife does all the producing, does all the interviews, voice-overs, and she handles getting the advertisers, producing their ads as well as bookkeeping.

Currently, we have no other source of income other than the show. I've had a part-time computer tech job since 2001, but was laid off in April of 2012. The only other sources of income are the 2 children's books I wrote last year, but royalties are not much more than \$10-20 a month now. We don't make much money producing this show, it is more something we feel is important to our local community. It makes people proud to live where they do and proud of our past and our future.

We found out how much it meant to people when we took it off the air last year for several months. We were just burned out after 6 years with no money. But it was the number of letters and comments from the community that led us to bring it back in December of 2011.

Our equipment is still the older tape type. We cannot afford the newer tapeless systems. We are not a video production house and just fell into this whole TV show thing on a whim back in 2004. We had no idea we'd still be doing the show so many years later.

We plan on stopping the show around the 10 year mark and/or roughly 500 episodes. We are on episode 412 now. At that time we will do one of three things: **1) sell the program to a larger company that can afford to CC or 2) retire the show altogether or 3) try to invest in new video equipment, do the CC, and move the show into the much larger Albany market**, as the Utica market is too small to support a weekly show.

We're now on WFXV Fox33

After years of being on WKTV (Utica, NY), the new management company there forced us off their station with rate increases. We then had to go to the much smaller TV station, WFXV. We added an "Encore" presentation of the previous week's show which airs at Sunday at 8am, right after our premiere show that airs at 7:30am. Though the rates are cheaper, having 2 shows to sell basically bring us close to what we were making with just the one show on the larger station, WKTV.

We have sought WFXV's assistance with closed captioning our show- but they are too small and informed us that they cannot offer that service to us.

Our joint 2011 and 2012 Taxes other Ralated Financial Info (attached, not to be public display on web)

I believe the attached tax returns show we make very little money and have little in assets. We basically live month to month, especially since I lost my long held IT job in 2012.

Seeking Sources of Funding for Captioning

We have 3 larger sponsors . I have discussed the costs of Closed Captioning with them:

Skinner and Damulis Auto Sales- A small dealership with one location in Richfield Springs, NY. They've made it clear they cannot afford higher costs. A few years ago, they informed us they could no longer afford to be the presenting sponsor of the show, so we found a sponsor to split the cost with them.

Turnbull Insurance Service- This family-run insurance company agreed to split the cost of presenting sponsor with Skinner and Damulis, but has made it clear their support is limited. They have asked us to find an additional sponsor to alternate monthly with them.

Paris Hill Cat Hospital- This small, one location cat doctor is our longest sponsor. He likes supporting our show because it's local. He currently pays \$375 a month to sponsor the show. Funding closed captioning is out of his budget.

Also, we have tried:

To raise more funds from our website. In 2012 we turned it into a more daily updated, blog-style site in an effort to be able to sell small banner ads. After several months we gave it up. The few thousand hits we got every month wasn't enough to place a value on the web ads.

We also looked into local tourism grants in 2012. With the help of an Oneida County Legislator we looked into grants with monies collected from the local bed-tax. After review we were told we are not eligible because our show runs in the market and the grants are for marketing outside our area to bring tourists into our market.

More Information on Recent Quotes (updated 2013)

It seems all the Closed Captioning companies charge an average of \$7 -12 per minute.

Impact Media Closed Captioning- \$10 per minute. No discounts for us.

Video Caption Corp.- \$8 per minute. No discount.

Caption Max- \$10 per minute- \$10 per minute.

QTS in NY- \$12 per minute, but we negotiated down to \$9. And Brenda there said may be even a little more discount if it's regular work. This company would be the one we would choose because they offer 3 day turnaround, they handle everything including the transcription and internet delivery. They have a great reputation and I really like my dealings with them so far.

But even at \$8 per minute the total would be around \$224 per show. With our ads currently ranging in cost from \$15-25 we just don't have anything valuable enough to offer a captioning sponsor.

We now air two different versions of our show each week, our premiere show followed by an Encore of the previous week's show (which has to be re-captioned because we edit out the dated material and such before it airs again). The total for close captioning both show would total \$448 a week.

Yearly cost: around \$20,000

We just simply could never afford to budget that amount. We would be forced to stop the show immediately.

Doing CC ourselves is not possible with our outdated tape equipment

Since 2005 I have researched extensively the possibility of doing the captioning ourselves. Though I have found some that will allow us to caption our show for web delivery, I have not been able to find software that will work for broadcast quality video. The closest is CCaption, which is very popular. I have tried a demo version, but it doesn't quite work with my equipment, it only really works when putting the show on tape, which we don't do because the station doesn't accept videotapes anymore and the cost of the program is over \$6,000.

Personally, I have found all of this frustrating. For example: I currently have video editing software that costs only \$400 and allows me to do all kinds of Hollywood effects, BUT I can't find affordable software that would allow me to embed some simple text? It is very frustrating. I assumed back in 2005 that there would be something available by now.

Recently there have been some advancements with video editors allowing cc more easily. But this would require a complete upgrade of our cameras and computers. This is not really feasible since we don't do any other type of video work. We are just a couple of graphic artists who kind of fell into this whole TV show thing. As I said before, at episode 500 we'll make the decision to sell the show, stop the show, or really go all in and try to upgrade and move into larger markets.

Closing Statement

My wife and I work incredibly hard to put out a fresh new show EVERY week and make very little money. Our show started as a short term project and turned into something that means a lot to our community. We get letters every week from fans who say Mohawk Valley Living has become a permanent part of their family's Sunday mornings.

As I stated before, we are not video producers nor do we do any other type of TV work. We're a couple of artists who happen to get a cheap camera 10 years ago, started making a few non-profit commercials and fell into this weekly show that's been going almost non-stop since 2005 (we did have to stop it once, back in 2011, for a few months when the stress of keeping it afloat financially was getting to us. We brought it back after the outpouring of public support.)

I hope I answered everything correctly. I am no lawyer. I am probably missing a lot of legal jargon that lawyers want to see. I apologize for that.

But I am hoping that by supplying our complete tax returns and other financials that you can see where we get our money from, and how much we have on hand. I hope it shows that an extra \$20,000 a year in expenses would just be too much for our little operation.

As I said before, we're just trying to make it to the 500 episodes/10 year mark (we're on show #412 now). It hasn't been easy financially. But the response we get, from people who tell us we make them feel proud to live in this area, makes it all worth it.

I suppose some of what I'm saying doesn't really matter in terms of legal stuff.

But if we're forced to shut down I at least want you at the FCC to know who we are and what we did on our little Sunday morning show. That we did something whose success cannot be measured in money, but in the smiles we get from fans when they see us filming.

I swear under pain of penalty for perjury that the above is true and accurate.

Thank you,



Lance Whitney
10/25/2013



6 Franklin Ave · PO Box 308
 Clinton, NY 13323
 Phone (315) 693-2000
 Bank By Phone (315) 693-2001

FROM	THROUGH
09-01-13	09-30-13
[REDACTED]	
MEMBER NUMBER	

KELLOGG STREET PRODUCTIONS
 30 KELLOGG ST
 CLINTON NY 13323

PRIME SHARE - ID 0000

Date	Transaction Description	Transaction Amount	Balance
09-01-13	Balance Forward		5.00
	Authorized Signer: SHARRY L WHITNEY		
	Authorized Signer: LANCE D WHITNEY		
	Ending Balance		5.00
	Dividends Paid Year to Date	.00	
	Dividends Paid In 2012	.00	

SHARE DRAFT CHECKING - ID 0060

Date	Transaction Description	Transaction Amount	Balance
09-01-13	Balance Forward		518.79
	Authorized Signer: SHARRY L WHITNEY		
	Authorized Signer: LANCE D WHITNEY		
08-31-13	Withdrawal Visa Check Card	-29.67	489.12
08-30-13	2 3243710065 7 KINNEY DRUGS #84 CLINTON NY		
09-03-13	Withdrawal Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060	-117.95	371.17
09-03-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online 09/03/2013 09:57 874918	-200.00	171.17
09-03-13	Deposit by Check	550.00	721.17
09-04-13	Withdrawal Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060	-281.40	439.77
09-04-13	Withdrawal Visa Check Card	-18.40	421.37
09-03-13	2 3247710046 9 KINNEY DRUGS #84 CLINTON NY		
09-05-13	Withdrawal Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060	-25.17	396.20
09-05-13	Deposit by Check	1,025.00	1,421.20
09-05-13	Withdrawal	-40.00	1,381.20
09-06-13	Withdrawal Visa Check Card	-40.19	1,341.01
09-04-13	2 3248000754 2 SUNOCO 0499255800 MORRISVILLE NY		
09-06-13	Withdrawal Visa Check Card	-37.20	1,303.81
09-05-13	2 3248418200 4 USPS 35166003228026029 CLINTON NY		
09-06-13	Withdrawal Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060	-13.03	1,290.78
09-08-13	Withdrawal Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060	-30.42	1,260.36
09-09-13	Deposit by Check	587.50	1,847.86
09-09-13	Withdrawal	-40.00	1,807.86
09-09-13	Withdrawal Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060	-4.99	1,802.87
09-09-13	Withdrawal Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060	-7.97	1,794.90
09-09-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online 09/09/2013 11:18 878048	-1,500.00	294.90
09-11-13	Withdrawal Visa Check Card	-2.34	292.56
09-10-13	2 3254104008 7		

STEWARTS SHOP 343 MIDDLEVILLE NY		
09-11-13	Deposit by Check	1,200.00 1,492.56
09-11-13	Withdrawal	-50.00 1,442.56
09-13-13	Withdrawal Visa Check Card	-20.03 1,422.53
09-12-13	2 3256104008 1	
STEWARTS SHOP 361 CLINTON NY		
09-13-13	Deposit by Check	1,175.00 2,597.53
09-14-13	Recurring Withdrawal Visa Check Card	-9.45 2,588.08
09-13-13	2 3256003204 2	
EIG*Dotster 866-5392854 MA		
09-16-13	Deposit by Check	1,400.00 3,988.08
09-17-13	Withdrawal Visa Check Card	-53.66 3,934.42
09-16-13	2 3260104009 9	
# 248 HERKIMER ROAD UTICA NY		
09-17-13	Withdrawal ACCESS Online Transfer	-2,900.00 1,034.42
To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
ACCESS Online Sep. 17, 2013 20:05 Ref: 882212		
09-19-13	Recurring Withdrawal Visa Check Card	-13.50 1,020.92
09-18-13	2 3261003285 8	
EIG*Dotster 866-5392854 MA		
09-19-13	Withdrawal Visa Check Card	-65.45 955.47
09-18-13	2 3262710019 3	
NICE N EASY GROCERY SH CLINTON NY		
09-20-13	Deposit by Check	750.00 1,705.47
09-01-13	Withdrawal Fee	-5.00 1,700.47
Inactive ACCESS-A-Bill Fee		
09-23-13	Withdrawal Visa Check Card	-19.56 1,680.91
09-22-13	2 3266105155 4	
STAPLES 00112854 NEW HARTFORD NY		
09-23-13	Deposit Transfer	119.09 1,800.00
From WHITNEY,SHARRY XXXXXXXXXXXX Share 0060		
09-23-13	Draft 001316	-1,800.00
09-24-13	Deposit Transfer	47.32 47.32
From WHITNEY,SHARRY XXXXXXXXXXXX Share 0060		
09-24-13	Withdrawal Visa Check Card	-47.32
09-23-13	2 3266418200 4	
USPS 35166003228026029 CLINTON NY		
09-24-13	Deposit by Check	195.00 195.00
09-24-13	Withdrawal	-50.00 145.00
09-24-13	Deposit Transfer	314.99 459.99
From WHITNEY,SHARRY XXXXXXXXXXXX Share 0060		
09-24-13	Draft 001315	-450.00 9.99
09-25-13	Withdrawal Visa Check Card	-9.99
09-24-13	2 3267003376 6	
EIG*Dotster 866-5392854 MA		
09-25-13	Deposit by Check	1,050.00 1,050.00
09-25-13	Withdrawal	-50.00 1,000.00
09-26-13	Deposit by Check	125.00 1,125.00
09-27-13	Withdrawal Visa Check Card	-3.19 1,121.81
09-26-13	2 3270104009 2	
STEWARTS SHOP 361 CLINTON NY		
09-27-13	Withdrawal Visa Check Card	-49.84 1,071.97
09-26-13	2 3270104009 1	
STEWARTS SHOP 361 CLINTON NY		
09-27-13	Withdrawal Visa Check Card	-21.00 1,050.97
09-27-13	2 3270000457 5	
FACEBK *XL7RY4EX32 www.fb.me/cc CA		
09-30-13	Withdrawal Visa Check Card	-4.95 1,046.02
09-29-13	2 3272000516 3	
DLX*FOR BUSINESS 800-784-7389 MN		
09-30-13	Withdrawal Visa Check Card	-9.94 1,036.08
09-29-13	2 3272000516 7	
DLX*FOR BUSINESS 800-784-7389 MN		
09-30-13	Withdrawal Visa Check Card	-19.95 1,016.13
09-29-13	2 3272000516 1	
DLX*FOR BUSINESS 800-784-7389 MN		
09-30-13	Withdrawal ACCESS Online Transfer	-1,000.00 16.13
To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
ACCESS Online 09/30/2013 07:21 887990		
09-30-13	Deposit by Check	2,650.00 2,666.13
09-30-13	Withdrawal	-20.00 2,646.13
09-30-13	Withdrawal BEST BUY	-25.00 2,621.13
TYPE: PAYMENT CO: BEST BUY		
Ending Balance		
		2,621.13
Dividends Paid Year to Date		
		.00
Dividends Paid In 2012		
		.00

Total ATM Withdrawals and Other Charges 531.22

----- Drafts Cleared -----

Number	Amount	Number	Amount	Number	Amount
001315	450.00	001316	1,800.00		
2 Drafts Cleared for 2,250.00					

----- ATM Withdrawals and Other Charges -----

Date	Amount	Description	Date	Amount	Description
09-11-13	2.34	Withdrawal	09-13-13	20.03	Withdrawal
09-14-13	9.45	Withdrawal	09-17-13	53.66	Withdrawal
09-19-13	13.50	Withdrawal	09-19-13	65.45	Withdrawal
09-23-13	19.56	Withdrawal	09-24-13	47.32	Withdrawal
09-25-13	9.99	Withdrawal	09-27-13	3.19	Withdrawal
09-27-13	49.84	Withdrawal	09-27-13	21.00	Withdrawal
09-30-13	4.95	Withdrawal	09-30-13	9.94	Withdrawal
09-30-13	19.95	Withdrawal	09-01-13	29.67	Withdrawal
09-05-13	18.40	Withdrawal	09-06-13	40.19	Withdrawal
09-06-13	37.20	Withdrawal	09-08-13	30.42	Withdrawal Transfer
09-05-13	25.17	Withdrawal Transfer			

----- ATM Deposits -----

Date	Amount	Description	Date	Amount	Description
09-24-13	47.32	Deposit Transfer			

=====
 Total Dividends Paid Year to Date = .00

Get out of line and go ACCESS Online! Check out our website: www.accessfcu.org The answers to your Credit Union questions are right at your fingertips!





6 Franklin Ave - PO Box 308
 Clinton, NY 13323
 Phone (315) 693-2000
 Bank By Phone (315) 693-2001

FROM	THROUGH
08-01-13	08-31-13
[REDACTED]	
MEMBER NUMBER	

KELLOGG STREET PRODUCTIONS
 30 KELLOGG ST
 CLINTON NY 13323

PRIME SHARE - ID 0000

Date	Transaction Description	Transaction Amount	Balance
08-01-13	Balance Forward		5.00
	Authorized Signer: SHARRY L WHITNEY		
	Authorized Signer: LANCE D WHITNEY		
	Ending Balance		5.00
	Dividends Paid Year to Date	.00	
	Dividends Paid In 2012	.00	

SHARE DRAFT CHECKING - ID 0060

Date	Transaction Description	Transaction Amount	Balance
08-01-13	Balance Forward		126.54
	Authorized Signer: SHARRY L WHITNEY		
	Authorized Signer: LANCE D WHITNEY		
07-31-13	Withdrawal Visa Check Card	-5.70	120.84
07-31-13	2 3212980092 7		
	SUSAN RELYEA HAMILTON NY		
08-01-13	Withdrawal Visa Check Card	-50.40	70.44
07-31-13	2 3213980145 8		
	STOCKBRIDGE VALLEY FOOD MUNNSVILLE NY		
08-02-13	Withdrawal Transfer	-54.78	15.66
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
08-02-13	Deposit by Check	2,250.00	2,265.66
08-02-13	Withdrawal	-50.00	2,215.66
08-02-13	Withdrawal Transfer	-41.26	2,174.40
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
08-02-13	Withdrawal ACCESS Online Transfer	-1,800.00	374.40
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
	ACCESS Online 08/02/2013 16:31 859988		
08-03-13	Withdrawal Adjustment Credit Voucher	2.50	376.90
08-02-13	7 3215105001 7		
	STAPLES 00112854 NEW HARTFORD NY		
08-03-13	Withdrawal Visa Check Card	-19.00	357.90
08-03-13	2 3215000526 1		
	FACEBK *3HN5M4NX32 www.fb.me/cc CA		
08-06-13	Withdrawal Visa Check Card	-25.00	332.90
08-05-13	2 3217004002 5		
	EZ PASS PREPAID TOLL 800-333-8655 NY		
08-06-13	Deposit by Check	1,695.00	2,027.90
08-06-13	Deposit by Check	1,225.00	3,252.90
08-06-13	Withdrawal ACCESS Online Transfer	-2,800.00	452.90
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
	ACCESS Online 08/06/2013 18:26 861761		
08-07-13	Withdrawal Visa Check Card	-86.41	366.49
08-06-13	2 3219105172 5		
	STAPLES 00112854 NEW HARTFORD NY		
08-08-13	Deposit by Check	725.00	1,091.49
08-08-13	Withdrawal	-60.00	1,031.49
08-08-13	Withdrawal Visa Check Card	-25.00	1,006.49
08-08-13	2 3220004055 0		
	EZ PASS PREPAID TOLL 800-333-8655 NY		
08-01-13	Withdrawal Fee	-5.00	1,001.49
	Inactive ACCESS-A-Bill Fee		

08-08-13	Withdrawal Visa Check Card	-33.05	968.44
08-06-13	2 3220849712 1 SMARTHOME 800-762-7846 CA		
08-08-13	Withdrawal Visa Check Card	-48.92	919.52
08-07-13	2 3220710019 2 NICE N EASY GROCERY SH CLINTON NY		
08-09-13	Withdrawal Visa Check Card	-12.00	907.52
08-09-13	2 3221000717 1 FACEBK *2EQTN4EY32 www.fb.me/cc CA		
08-10-13	Withdrawal Visa Check Card	-14.97	892.55
08-10-13	2 3222000687 6 Deansboro Superette DEANSBORO NY		
08-11-13	Withdrawal Visa Check Card	-4.68	887.87
08-10-13	2 3223710020 4 NICE N EASY GROCERY SH CLINTON NY		
08-11-13	Withdrawal Visa Check Card	-52.41	835.46
08-10-13	2 3223710020 0 NICE N EASY GROCERY SH CLINTON NY		
08-12-13	Withdrawal Visa Check Card	-11.96	823.50
08-11-13	2 3223630101 7 WESTMORELAND ANTIQUE C WESTMORELAND NY		
08-12-13	Deposit by Check	475.00	1,298.50
08-13-13	Withdrawal Visa Check Card	-32.69	1,265.81
08-12-13	2 3224060000 4 HANNAFORD #8313 CLINTON NY		
08-14-13	Recurring Withdrawal Visa Check Card	-9.45	1,256.36
08-13-13	2 3225002745 3 EIG*Dotster 866-5392854 MA		
08-16-13	Withdrawal Visa Check Card	-36.20	1,220.16
08-15-13	2 3228105172 6 STAPLES 00112854 NEW HARTFORD NY		
08-16-13	Deposit by Check	2,350.00	3,570.16
08-16-13	Withdrawal Visa Check Card	-12.00	3,558.16
08-16-13	2 3228000293 8 FACEBK *ZR3YQ4NX32 www.fb.me/cc CA		
08-17-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online 08/17/2013 18:18 867235	-3,400.00	158.16
08-19-13	Recurring Withdrawal Visa Check Card	-13.50	144.66
08-18-13	2 3230002815 8 EIG*Dotster 866-5392854 MA		
08-19-13	Deposit by Check	345.00	489.66
08-19-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online Aug. 19, 2013 17:03 Ref: 867905	-350.00	139.66
08-22-13	Withdrawal Visa Check Card	-20.11	119.55
08-21-13	2 3234104008 9 STEWARTS SHOP 361 CLINTON NY		
08-22-13	Withdrawal Visa Check Card	-12.00	107.55
08-22-13	2 3234000461 2 FACEBK *TUJXR4NX32 www.fb.me/cc CA		
08-23-13	Deposit by Check	525.00	632.55
08-26-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online 08/26/2013 09:01 870925	-550.00	82.55
08-26-13	Withdrawal Visa Check Card	-18.93	63.62
08-25-13	2 3238100305 1 BARNES & NOBLE #2133 NEW HARTFORD NY		
08-27-13	Deposit by Check	350.00	413.62
08-27-13	Deposit by Check	175.00	588.62
08-28-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online Aug. 28, 2013 08:34 Ref: 871857	-500.00	88.62
08-29-13	Deposit PAYPAL TYPE: TRANSFER CO: PAYPAL	475.00	563.62
08-30-13	Withdrawal Visa Check Card	-4.95	558.67
08-29-13	2 3241000090 3 DLX*FOR BUSINESS 800-784-7389 MN		
08-30-13	Withdrawal Visa Check Card	-19.95	538.72
08-29-13	2 3241000090 6 DLX*FOR BUSINESS 800-784-7389 MN		
08-30-13	Withdrawal Visa Check Card	-9.94	528.78
08-29-13	2 3241000090 9 DLX*FOR BUSINESS 800-784-7389 MN		
08-30-13	Withdrawal Visa Check Card	-9.99	518.79

08-29-13 2 3241002973 0
 EIG*Dotster 866-5392854 MA
 Ending Balance 518.79
 Dividends Paid Year to Date .00
 Dividends Paid In 2012 .00
 Total ATM Withdrawals and Other Charges 589.21

----- ATM Withdrawals and Other Charges -----

Date	Amount	Description	Date	Amount	Description
08-01-13	5.70	Withdrawal	08-01-13	50.40	Withdrawal
08-03-13	19.00	Withdrawal	08-06-13	25.00	Withdrawal
08-07-13	86.41	Withdrawal	08-08-13	25.00	Withdrawal
08-08-13	33.05	Withdrawal	08-08-13	48.92	Withdrawal
08-09-13	12.00	Withdrawal	08-10-13	14.97	Withdrawal
08-11-13	4.68	Withdrawal	08-11-13	52.41	Withdrawal
08-12-13	11.96	Withdrawal	08-13-13	32.69	Withdrawal
08-14-13	9.45	Withdrawal	08-16-13	36.20	Withdrawal
08-16-13	12.00	Withdrawal	08-19-13	13.50	Withdrawal
08-22-13	20.11	Withdrawal	08-22-13	12.00	Withdrawal
08-26-13	18.93	Withdrawal	08-30-13	4.95	Withdrawal
08-30-13	19.95	Withdrawal	08-30-13	9.94	Withdrawal
08-30-13	9.99	Withdrawal			

----- ATM Deposits -----

Date	Amount	Description	Date	Amount	Description
08-03-13	2.50	Withdrawal Adjustment			

=====
 Total Dividends Paid Year to Date = .00

During July we will be upgrading the Security for ACCESS Online. You may be required to set up a new "user" name and password.





6 Franklin Ave · PO Box 308
 Clinton, NY 13323
 Phone (315) 693-2000
 Bank By Phone (315) 693-2001

FROM	THROUGH
07-01-13	07-31-13
[REDACTED]	
MEMBER NUMBER	

KELLOGG STREET PRODUCTIONS
 30 KELLOGG ST
 CLINTON NY 13323

PRIME SHARE - ID 0000

Date	Transaction Description	Transaction Amount	Balance
07-01-13	Balance Forward		5.00
	Authorized Signer: SHARRY L WHITNEY		
	Authorized Signer: LANCE D WHITNEY		
	Ending Balance		5.00
	Dividends Paid Year to Date	.00	
	Dividends Paid In 2012	.00	

SHARE DRAFT CHECKING - ID 0060

Date	Transaction Description	Transaction Amount	Balance
07-01-13	Balance Forward		22.50
	Authorized Signer: SHARRY L WHITNEY		
	Authorized Signer: LANCE D WHITNEY		
07-01-13	Deposit by Check	825.00	847.50
07-02-13	Withdrawal Visa Check Card	-29.94	817.56
07-01-13	2 3182261824 5 GEISHA II UTICA NY		
07-02-13	Withdrawal Visa Check Card	-8.79	808.77
07-01-13	2 3182418200 2 USPS 35166003228026029 CLINTON NY		
07-02-13	Withdrawal Visa Check Card	-9.49	799.28
07-01-13	2 3182002137 4 EIG*Dotster 866-5392854 MA		
07-02-13	Withdrawal Transfer	-208.79	590.49
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
07-02-13	Withdrawal Transfer	-134.38	456.11
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
07-03-13	Withdrawal Visa Check Card	-10.15	445.96
07-02-13	2 3183418200 7 USPS 35166003228026029 CLINTON NY		
07-03-13	Withdrawal Transfer	-18.63	427.33
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
07-03-13	Withdrawal Transfer	-201.20	226.13
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
07-03-13	Withdrawal Visa Check Card	-20.20	205.93
07-02-13	2 3184710054 2 SAVON GAS #36 VERONA BEACH NY		
07-04-13	Withdrawal Visa Check Card	-65.24	140.69
07-03-13	2 3184105018 8 STAPLS9242000702000 800-3333330 CA		
07-04-13	Withdrawal ACCESS Online Transfer	-100.00	40.69
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
	ACCESS Online Jul. 04, 2013 12:05 Ref: 846179		
07-06-13	Deposit by Check	275.00	315.69
07-06-13	Withdrawal	-250.00	65.69
07-08-13	Deposit PAYPAL	100.00	165.69
	TYPE: TRANSFER CO: PAYPAL		
07-08-13	Withdrawal ACCESS Online Transfer	-50.00	115.69
	To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060		
	ACCESS Online Jul. 08, 2013 11:24 Ref: 847693		

07-10-13	Deposit by Check	137.50	253.19
07-11-13	Withdrawal Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060	-8.11	245.08
07-11-13	Deposit by Check	2,350.00	2,595.08
07-11-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online Jul. 11, 2013 17:22 Ref: 849261	-2,100.00	495.08
07-11-13	Withdrawal Visa Check Card	-25.00	470.08
07-10-13	2 3192004072 0 EZ PASS PREPAID TOLL 800-333-8655 NY		
07-12-13	Deposit by Check	1,675.00	2,145.08
07-12-13	Withdrawal	-20.00	2,125.08
07-01-13	Withdrawal Fee Inactive ACCESS-A-Bill Fee	-5.00	2,120.08
07-14-13	Recurring Withdrawal Visa Check Card	-9.45	2,110.63
07-13-13	2 3194002303 4 EIG*Dotster 866-5392854 MA		
07-14-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online Jul. 14, 2013 16:30 Ref: 850421	-1,800.00	310.63
07-16-13	Deposit by Check	1,400.00	1,710.63
07-16-13	Deposit by Check	26.98	1,737.61
07-16-13	Withdrawal	-26.98	1,710.63
07-17-13	Withdrawal Visa Check Card	-77.19	1,633.44
07-16-13	2 3198105133 4 STAPLES 00112854 NEW HARTFORD NY		
07-18-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online Jul. 18, 2013 09:37 Ref: 852129	-1,400.00	233.44
07-18-13	Withdrawal Visa Check Card	-25.19	208.25
07-17-13	2 3199710020 1 NICE N EASY GROCERY SH CLINTON NY		
07-19-13	Recurring Withdrawal Visa Check Card	-13.50	194.75
07-18-13	2 3199002376 4 EIG*Dotster 866-5392854 MA		
07-21-13	Withdrawal Visa Check Card	-7.75	187.00
07-19-13	2 3202471281 9 BONOMOS DAIRY CREME CLINTON NY		
07-22-13	Deposit by Check	595.00	782.00
07-22-13	Withdrawal	-50.00	732.00
07-24-13	Withdrawal Visa Check Card	-17.64	714.36
07-23-13	2 3205900010 6 FOO CHOW CHINESE RESTAU 315-8669988 NY		
07-24-13	Withdrawal Visa Check Card	-9.71	704.65
07-24-13	2 3205980019 0 LITTLE FALLS HARDWARE LITTLE FALLS NY		
07-25-13	Deposit by Check	550.00	1,254.65
07-25-13	Withdrawal	-40.00	1,214.65
07-25-13	Withdrawal ACCESS Online Transfer To WHITNEY,SHARRY L XXXXXXXXXXXX Share 0060 ACCESS Online 07/25/2013 17:26 855554	-900.00	314.65
07-26-13	Withdrawal Visa Check Card	-27.18	287.47
07-25-13	2 3207200000 1 ZEINA'S CAFE & CATERING UTICA NY		
07-26-13	Withdrawal Visa Check Card	-82.70	204.77
07-25-13	2 3207105083 1 STAPLES 00112854 NEW HARTFORD NY		
07-28-13	Withdrawal Visa Check Card	-18.00	186.77
07-28-13	2 3209000284 4 FACEBK *KZ6UE46Y32 www.fb.me/cc CA		
07-29-13	Withdrawal Visa Check Card	-4.95	181.82
07-29-13	2 3210000736 6 DLX*FOR BUSINESS 800-784-7389 MN		
07-29-13	Withdrawal Visa Check Card	-9.94	171.88
07-29-13	2 3210000736 7 DLX*FOR BUSINESS 800-784-7389 MN		
07-29-13	Withdrawal Visa Check Card	-19.95	151.93
07-29-13	2 3210000736 8 DLX*FOR BUSINESS 800-784-7389 MN		
07-31-13	Withdrawal Visa Check Card	-25.39	126.54
07-30-13	2 3212002005 9 SAVOY RESTAURANT ROME NY		
	Ending Balance		126.54
	Dividends Paid Year to Date	.00	

Dividends Paid In 2012 .00
 Total ATM Withdrawals and Other Charges 879.67

----- ATM Withdrawals and Other Charges -----

Date	Amount	Description	Date	Amount	Description
07-02-13	29.94	Withdrawal	07-02-13	8.79	Withdrawal
07-02-13	9.49	Withdrawal	07-03-13	10.15	Withdrawal
07-03-13	20.20	Withdrawal	07-04-13	65.24	Withdrawal
07-11-13	25.00	Withdrawal	07-14-13	9.45	Withdrawal
07-17-13	77.19	Withdrawal	07-18-13	25.19	Withdrawal
07-19-13	13.50	Withdrawal	07-21-13	7.75	Withdrawal
07-24-13	17.64	Withdrawal	07-24-13	9.71	Withdrawal
07-26-13	27.18	Withdrawal	07-26-13	82.70	Withdrawal
07-28-13	18.00	Withdrawal	07-30-13	4.95	Withdrawal
07-30-13	9.94	Withdrawal	07-30-13	19.95	Withdrawal
07-31-13	25.39	Withdrawal	07-11-13	8.11	Withdrawal Transfer
07-03-13	18.63	Withdrawal Transfer	07-03-13	201.20	Withdrawal Transfer
07-02-13	134.38	Withdrawal Transfer			

=====

Total Dividends Paid Year to Date = .00

During July we will be upgrading the Security for ACCESS Online. You may be required to set up a new "user" name and password.



1 Control no. 15	1 Wages, tips, other comp. 5304.00	2 Federal income tax withheld 504.20
OMB No. 545-0008	3 Social security wages 5304.00	4 Social security tax withheld 222.77
	5 Medicare wages and tips 5304.00	6 Medicare tax withheld 76.91

B Employer's name, address, and ZIP code
 Upturn Industries, Inc
 2-4 Whitney Way
 Bainbridge, NY 13733

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12
12b	12c	12d

b Employer identification number (EIN)		a Employee's social security number	
13 Stat. empl.	Retirement plan	Third-party sick pay	14 Other

C Employee's name, address, and ZIP code
 Lance D Whitney
 30 Kellogg Road
 Clinton, NY 13323

This info. is being furnished to IRS. If you are required to file a tax return, negligence penalty or other sanction may be imposed on you if this income is taxable & you fail to report it.

2012	15 State NY	Employer's state ID number	16 State wages, tips, etc. 5304.00
38-2099803 Form W-2 Wage and Tax Statement Copy C—For EMPLOYEE'S RECORDS (See office to Employee.)		17 State income tax 105.28	18 Local wages, tips, etc.
		19 Local income tax	20 Locality name

d Control no. 35	1 Wages, tips, other comp. 5304.00	2 Federal income tax withheld 504.20
OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service.	3 Social security wages 5304.00	4 Social security tax withheld 222.77
	5 Medicare wages and tips 5304.00	6 Medicare tax withheld 76.91

C Employer's name, address, and ZIP code
 Upturn Industries, Inc
 2-4 Whitney Way
 Bainbridge, NY 13733

7 Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a See inst. for box 12
12b	12c	12d

b Employer identification number (EIN)		a Employee's social security number	
13 Stat. empl.	Retirement plan	Third-party sick pay	14 Other

e Employee's name, address, and ZIP code
 Lance D Whitney
 30 Kellogg Road
 Clinton, NY 13323

2012	15 State NY	Employer's state ID number	16 State wages, tips, etc. 5304.00
38-2099803 Form W-2 Wage and Tax Statement Copy B—To Be Filed With Employee's FEDERAL Tax Return.		17 State income tax 105.28	18 Local wages, tips, etc.
		19 Local income tax	20 Locality name

For the year Jan. 1—Dec. 31, 2012, or other tax year beginning 2012, ending , 20 See separate instructions.

Your first name and initial LANCE Last name WHITNEY Your social security number [REDACTED]

If a joint return, spouse's first name and initial SHARRY L. Last name WHITNEY Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. 30 KELLOGG STREET Apt. no. Presidential Election Campaign

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CLINTON NY 13323

Foreign country name Foreign province/state/country Foreign postal code You Spouse

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

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. 6c Dependents: KRAMER WHITNEY Son RUBEN WHITNEY Son. Total number of exemptions claimed 4

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 5,304 8a Taxable interest. Attach Schedule B if required 41 9a Ordinary dividends. Attach Schedule B if required 9b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 27,095 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 32,440

Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 250 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 1,914 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 2,467 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 440 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 5,071 37 Subtract line 36 from line 22. This is your adjusted gross income 27,369

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	27,369
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,900
41	Subtract line 40 from line 38	41	15,469
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	15,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	269
44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 elec.	44	26
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	26
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	26
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
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	26
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$5,950
 - Married filing jointly or Qualifying widow(er), \$11,900
 - Head of household, \$8,700

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	3,328
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	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	3,328

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	504
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	3,514
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Schedule 8812	65	1,000
66	American opportunity credit from Form 8863, line 8	66	312
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	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"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	5,330

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2,002
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	2,002

Direct deposit? See instructions.

b	Routing number XXXXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2013 estimated tax ▶	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

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

Designee's name ▶ **David R. Loiacono, CPA** Personal identification number (PIN) ▶ **16895**
 Phone no. ▶ **315-356-1150**

Sign Here

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

Your signature **CLIENT COPY** Date _____ Your occupation **SELF-EMPLOYED** Daytime phone number _____
 Spouse's signature. If a joint return, both must sign. Date _____ Spouse's occupation **SELF-EMPLOYED** If the IRS sent you an Identity Protection PIN, enter it here (see instr.) _____

Paid Print/Type preparer's name **David R. Loiacono, CPA** Preparer's signature **David R. Loiacono, CPA** Date **04/09/13** Check if self-employed PTIN _____

Preparer Use Only Firm's name ▶ **The Loiacono Firm, CPAs, P.C.** Firm's EIN ▶ _____
 Firm's address ▶ **503 N George St** Phone no. **315-356-1150**
Rome NY 13440-4101

**SCHEDULE C
(Form 1040)**

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

OMB No. 1545-0074

2012

Attachment Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor LANCE WHITNEY		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) RETAIL SERVICES	B Enter code from instructions ▶ 999999	
C Business name. If no separate business name, leave blank. KELLOGG STREET PRODUCTIONS	D Employer ID number (EIN), (see instr.)	
E Business address (including suite or room no.) ▶ 30 KELLOGG STREET City, town or post office, state, and ZIP code CLINTON NY 13323		
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 2012? 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 2012, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	▶ <input type="checkbox"/>	1	75,534
2 Returns and allowances (see instructions)		2	
3 Subtract line 2 from line 1		3	75,534
4 Cost of goods sold (from line 42)		4	24,328
5 Gross profit. Subtract line 4 from line 3		5	51,206
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	51,206

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

8 Advertising	8	922	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	9,979	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	1,836	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	528
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	264
17 Legal and professional services	17	350	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	7,442
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			28	28	21,321
29 Tentative profit or (loss). Subtract line 28 from line 7			29	29	29,885
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere			30	30	2,790
31 Net profit or (loss). Subtract line 30 from line 29.			31	31	27,095
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (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.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			32a	<input type="checkbox"/>	All investment is at risk.
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.			32b	<input type="checkbox"/>	Some investment is not at risk.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.					

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/form1040.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2012

Attachment
Sequence No. **17**

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

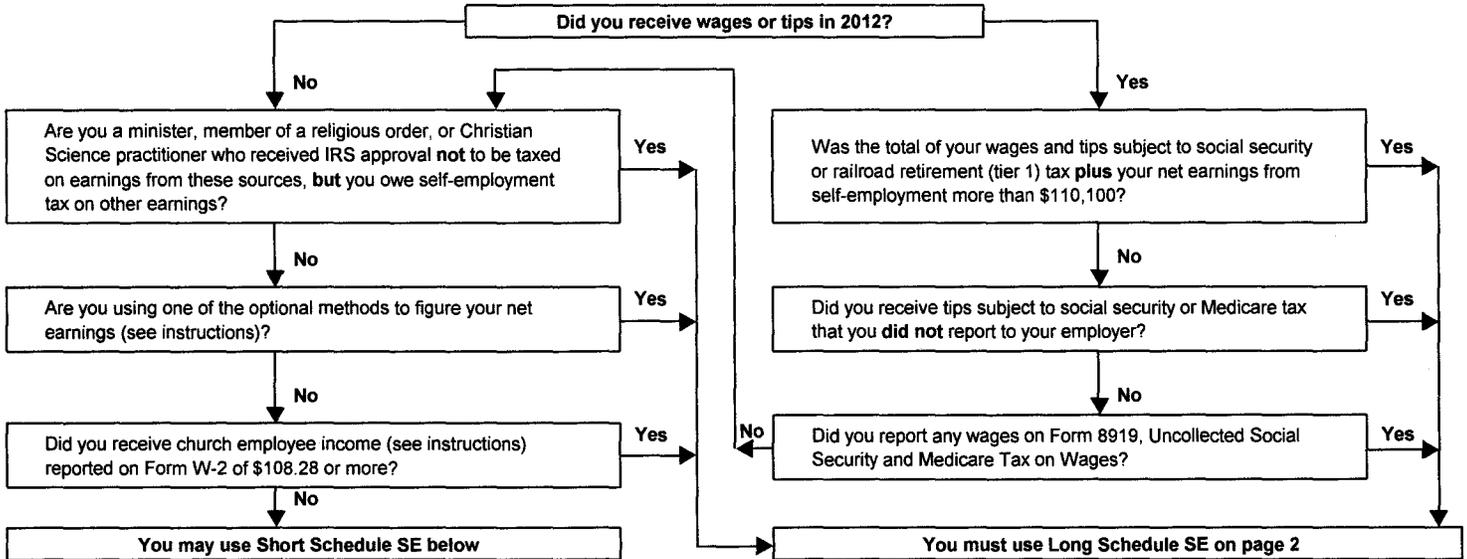
Social security number of person with self-employment income ▶



Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.

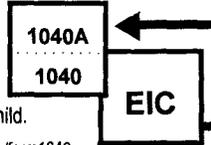


Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	27,095
3 Combine lines 1a, 1b, and 2	3	27,095
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	25,022
5 Self-employment tax. If the amount on line 4 is: • \$110,100 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	3,328
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,643.30 or less, multiply line 5 by 57.51% (.5751) • More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,914

SCHEDULE EIC
(Form 1040A or 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2012

Attachment Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

- ▶ Complete and attach to Form 1040A or 1040 only if you have a qualifying child.
- ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/form1040.

Name(s) shown on return

**LANCE
SHARRY L.**

**WHITNEY
WHITNEY**

Your social security number

[REDACTED]

Before you begin:

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

! If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.

CAUTION

It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name: KRAMER Last name: WHITNEY	First name: RUBEN Last name: WHITNEY	First name: _____ Last name: _____
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2012. If your child was born and died in 2012 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	[REDACTED]	[REDACTED]	[REDACTED]
3 Child's year of birth	Year <u>1996</u> If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year <u>1991</u> If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year _____ If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.
4a Was the child under age 24 at the end of 2012, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2012?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son	Son	
6 Number of months child lived with you in the United States during 2012 • If the child lived with you for more than half of 2012 but less than 7 months, enter "7". • If the child was born or died in 2012 and your home was the child's home for more than half the time he or she was alive during 2012, enter "12."	<u>12</u> months Do not enter more than 12 months.	<u>12</u> months Do not enter more than 12 months.	_____ months Do not enter more than 12 months.

SCHEDULE 8812
(Form 1040A
or 1040)

Child Tax Credit

OMB No. 1545-0074

2012

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

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

▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/form1040.

Name(s) shown on return

Your social security number

LANCE & SHARRY L. WHITNEY

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

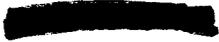
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Note. If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here

Part II Additional Child Tax Credit Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).			
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).			
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).			
	If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
2	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48			1,000
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit			1,000
4a	Earned income (see separate instructions)	4a	30,485	
b	Nontaxable combat pay (see separate instructions)	4b		
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	27,485	
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6		4,123

LANCE & SHARRY L. WHITNEY



Schedule 8812 (Form 1040A or 1040) 2012

Part III Certain Filers Who Have Three or More Qualifying Children

<p>7 Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see separate instructions</p>	<p>7</p>	
<p>8 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.</p>	<p>8</p>	
<p>9 Add lines 7 and 8</p>	<p>9</p>	
<p>10 1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 65.</p>	<p>10</p>	
<p>11 Subtract line 10 from line 9. If zero or less, enter -0-</p>		<p>11</p>
<p>12 Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.</p>		<p>12</p>

Part IV Additional Child Tax Credit

<p>13 This is your additional child tax credit</p>	<p>13 1,000</p>
<p>Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63.</p>	

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Form **8863**

Department of the Treasury
Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits)

▶ See separate instructions to find out if you are eligible to take the credits.
▶ Instructions and more are at www.irs.gov/form8863. Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

2012

Attachment Sequence No. **50**

Name(s) shown on return

LANCE & SHARRY L. WHITNEY

Your social security number

[REDACTED]

! Complete a separate Part III on page 2 for each student for whom you are claiming either credit before you complete Parts I and II.
CAUTION

Part I Refundable American Opportunity Credit			
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	781
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	27,369
4	Subtract line 3 from line 2. If zero or less, stop; you cannot take any education credit	4	152,631
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you cannot take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	781
8	Refundable American opportunity credit. Multiply line 7 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 9 below	8	312

Part II Nonrefundable Education Credits			
9	Subtract line 8 from line 7. Enter here and on line 8 of the Credit Limit Worksheet (see instructions)	9	469
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (.20)	12	
13	Enter: \$124,000 if married filing jointly; \$62,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	
19	Nonrefundable education credits. Enter the amount from line 13 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	19	26

Name(s) shown on return

LANCE & SHARRY L. WHITNEY

Your social security number

[REDACTED]



Complete Part III for each student for whom you are claiming either the American opportunity credit or lifetime learning credit. Use additional copies of Page 2 as needed for each student.

Part III Student and Educational Institution Information
See instructions.

20 Student name (as shown on page 1 of your tax return) RUBEN WHITNEY	21 Student social security number (as shown on page 1 of your tax return) [REDACTED]
--	--

22 Educational institution information (see instructions) a. Name of first educational institution ONONDAGA COMMUNITY COLLEGE	b. Name of second educational institution (if any)
---	--

(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 4585 WEST SENECA TPK SYRACUSE NY 13215-4585	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
---	---

(2) Did the student receive Form 1098-T from this institution for 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2012? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

(3) Did the student receive Form 1098-T from this institution for 2011 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2011 with Box 2 filled in and Box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

If you checked "No" in both (2) and (3), skip (4). (4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T). _____	If you checked "No" in both (2) and (3), skip (4). (4) If you checked "Yes" in (2) or (3), enter the institution's federal identification number (from Form 1098-T). _____
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23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 prior tax years?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.
---	---

24 Was the student enrolled at least half-time for at least one academic period that began in 2012 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? (see instructions)	<input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.
---	---

25 Did the student complete the first 4 years of post-secondary education before 2012?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.
---	---

26 Was the student convicted, before the end of 2012, of a felony for possession or distribution of a controlled substance?	<input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — See Tip below and complete either lines 27-30 or line 31 for this student.
--	---

TIP When you figure your taxes, you may want to compare the American opportunity credit and lifetime learning credits, and choose the credit for each student that gives you the lower tax liability. You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, do not complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Do not enter more than \$4,000	27	781
28 Subtract \$2,000 from line 27. If zero or less enter -0-	28	0
29 Multiply line 28 by 25% (.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30 on Part I, line 1	30	781

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2012

Attachment Sequence No. **53**

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

**SHARRY L. WHITNEY
LANCE WHITNEY**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

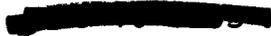
Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2012 (see instructions) ▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2012 (or those made on your behalf), including those made from January 1, 2013, through April 15, 2013, that were for 2012. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	250
3	If you were under age 55 at the end of 2012, and on the first day of every month during 2012, you were, or were considered, an eligible individual with the same coverage, enter \$3,100 (\$6,250 for family coverage). All others, see the instructions for the amount to enter	3	3,100
4	Enter the amount you and your employer contributed to your Archer MSAs for 2012 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2012, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,100
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2012, see the instructions for the amount to enter	6	3,100
7	If you were age 55 or older at the end of 2012, married, and you or your spouse had family coverage under an HDHP at any time during 2012, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	3,100
9	Employer contributions made to your HSAs for 2012	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	3,100
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).	13	250

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2012 from all HSAs (see instructions)	14a	152
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	152
15	Unreimbursed qualified medical expenses (see instructions)	15	152
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount	17b	

SHARRY L. WHITNEY



Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21 Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HDHP" and the amount	21	

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Form **8917**

Tuition and Fees Deduction

OMB No. 1545-0074

2012

Department of the Treasury
Internal Revenue Service

See Instructions.

Attach to Form 1040 or Form 1040A.

Instructions and more are at www.irs.gov/form8917

Attachment
Sequence No. **60**

Name(s) shown on return

Your social security number

LANCE & SHARRY L. WHITNEY

CAUTION You cannot take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.
 - ✓ If you file Form 1040, figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2012 Form 1040 instructions for line 36.

1 (a) Student's name (as shown on page 1 of your tax return)		(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
First name	Last name		
KRAMER	WHITNEY	[REDACTED]	440
2 Add the amounts on line 1, column (c), and enter the total		2	440
3 Enter the amount from Form 1040, line 22, or Form 1040A, line 15		3	32,440
4 Enter the total from either: • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or • Form 1040A, lines 16 through 18		4	4,631
5 Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop; you cannot take the deduction for tuition and fees *If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Effect of the Amount of Your Income on the Amount of Your Deduction in Pub. 970, chapter 6, to figure the amount to enter on line 5.		5	27,809
6 Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000.		6	440

Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.

Form **8829**

Expenses for Business Use of Your Home

OMB No. 1545-0074

► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

2012

Department of the Treasury
Internal Revenue Service (99)

► **Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.**

Attachment
Sequence No. **176**

Name(s) of proprietor(s)

Your social security number

LANCE WHITNEY

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	1
2	Total area of home	2	7
3	Divide line 1 by line 2. Enter the result as a percentage	3	14.29%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	14.29%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	29,885
See instructions for columns (a) and (b) before completing lines 9-21.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	5,518
11	Real estate taxes (see instructions)	11	5,175
12	Add lines 9, 10, and 11	12	10,693
13	Multiply line 12, column (b) by line 7	13	1,528
14	Add line 12, column (a) and line 13	14	1,528
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	28,357
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	630
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	2,794
21	Other expenses (see instructions)	21	538
22	Add lines 16 through 21	22	3,962
23	Multiply line 22, column (b) by line 7	23	566
24	Carryover of operating expenses from 2011 Form 8829, line 42	24	
25	Add line 22, column (a), line 23, and line 24	25	566
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	566
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	27,791
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	696
30	Carryover of excess casualty losses and depreciation from 2011 Form 8829, line 43	30	
31	Add lines 28 through 30	31	696
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	696
33	Add lines 14, 26, and 32	33	2,790
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	2,790

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	133,900
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	133,900
39	Business basis of building. Multiply line 38 by line 7	39	19,134
40	Depreciation percentage (see instructions)	40	3.6360%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	696

Part IV Carryover of Unallowed Expenses to 2013

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

Form **8867**

Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-1629

2012

Attachment Sequence No. **177**

Department of the Treasury
Internal Revenue Service

▶ To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.
▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Taxpayer name(s) shown on return

LANCE & SHARRY L. WHITNEY

Taxpayer's social security number

[REDACTED]

For the definitions of the following terms, see Pub. 596.

- Investment Income
- Qualifying Child
- Earned Income
- Full-time Student

Part I All Taxpayers

<p>1 Enter preparer's name and PTIN ▶ David R. Loiacono, CPA [REDACTED]</p>	
<p>2 Is the taxpayer's filing status married filing separately?</p> <p>▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering</p> <p>▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?</p> <p>▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5a Was the taxpayer a nonresident alien for any part of 2012?</p> <p>▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>b Is the taxpayer's filing status married filing jointly?</p> <p>▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6 Is the taxpayer's investment income more than \$3,200? See Rule 6 in Pub. 596 before answering</p> <p>▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2012? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering</p> <p>▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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LANCE & SHARRY L. WHITNEY

Form 8867 (2012)

Part II Taxpayers With a Child

Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

- 8** Child's name
- 9** Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?
- 10** Is either of the following true?
 • The child is unmarried, or
 • The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund).
- 11** Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering
- 12** Was the child (at the end of 2012)—
 • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),
 • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or
 • Any age and permanently and totally disabled?
 ▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.
- 13a** Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?
 ▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.
- b** Enter the child's relationship to the other person(s)
- c** Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering
 ▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the **Note** at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the **Note** at the bottom of this page.
- 14** Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering
 ▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, see the **Note** at the bottom of this page. If you checked "Yes" on line 14, continue.
- 15** Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit
 ▶ If you checked "No" on line 15, **stop**; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete **Schedule EIC** and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if **Form 8862** must be filed. Go to line 20.

Child 1	Child 2	Child 3
KRAMER WHITNEY	RUBEN WHITNEY	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.

LANCE & SHARRY L. WHITNEY

Form 8867 (2012)

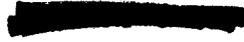
Part III Taxpayers Without a Qualifying Child

<p>16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	
<p>17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2012? See the instructions before answering</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	
<p>18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2012? If the taxpayer's filing status is married filing jointly, check "No"</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	
<p>19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.</p>	

Part IV Due Diligence Requirements

<p>20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22 If any qualifying child was not the taxpayer's son or daughter, did you ask why the parents were not claiming the child and document the answer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply</p>
<p>23 If the answer to question 13a is "Yes" (indicating that the child lived for more than half the year with someone else who could claim the child for the EIC), did you explain the tiebreaker rules and possible consequences of another person claiming your client's qualifying child?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Does not apply</p>
<p>24 Did you ask this taxpayer any additional questions that are necessary to meet your knowledge requirement? See the instructions before answering</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply</p>
<p>To comply with the EIC knowledge requirement, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the taxpayer's responses.</p>	
<p>25 Did you document the additional questions you asked and your client's answers?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply</p>

LANCE & SHARRY L. WHITNEY



Form 8867 (2012)

26 Which documents below, if any, did you rely on to determine EIC eligibility for the qualifying child(ren) listed on Schedule EIC? Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no qualifying child, check box a. If there is no disabled child, check box o.

Residency of Qualifying Child(ren)

- | | | | |
|---------------------------------------|---|----------------------------|---|
| <input type="checkbox"/> a | No qualifying child | <input type="checkbox"/> i | Place of worship statement |
| <input checked="" type="checkbox"/> b | School records or statement | <input type="checkbox"/> j | Indian tribal official statement |
| <input type="checkbox"/> c | Landlord or property management statement | <input type="checkbox"/> k | Employer statement |
| <input type="checkbox"/> d | Health care provider statement | <input type="checkbox"/> l | Other (specify) ▼ |
| <input type="checkbox"/> e | Medical records | | |
| <input type="checkbox"/> f | Child care provider records | | |
| <input type="checkbox"/> g | Placement agency statement | | |
| <input type="checkbox"/> h | Social services records or statement | <input type="checkbox"/> m | Did not rely on any documents, but made notes in file |
| | | <input type="checkbox"/> n | Did not rely on any documents |

Disability of Qualifying Child(ren)

- | | | | |
|---------------------------------------|---|----------------------------|---|
| <input checked="" type="checkbox"/> o | No disabled child | <input type="checkbox"/> s | Other (specify) ▼ |
| <input type="checkbox"/> p | Doctor statement | | |
| <input type="checkbox"/> q | Other health care provider statement | | |
| <input type="checkbox"/> r | Social services agency or program statement | <input type="checkbox"/> t | Did not rely on any documents, but made notes in file |
| | | <input type="checkbox"/> u | Did not rely on any documents |

27 If a Schedule C is included with this return, which documents or other information, if any, did you rely on to confirm the existence of the business and to figure the amount of Schedule C income and expenses reported on the return? Check all that apply. **Keep a copy of any documents you relied on.** See the instructions before answering. If there is no Schedule C, check box a.

Documents or Other Information

- | | | | |
|---------------------------------------|--|----------------------------|---|
| <input type="checkbox"/> a | No Schedule C | <input type="checkbox"/> h | Bank statements |
| <input type="checkbox"/> b | Business license | <input type="checkbox"/> i | Reconstruction of income and expenses |
| <input type="checkbox"/> c | Forms 1099 | <input type="checkbox"/> j | Other (specify) ▼ |
| <input checked="" type="checkbox"/> d | Records of gross receipts provided by taxpayer | | |
| <input checked="" type="checkbox"/> e | Taxpayer summary of income | | |
| <input checked="" type="checkbox"/> f | Records of expenses provided by taxpayer | <input type="checkbox"/> k | Did not rely on any documents, but made notes in file |
| <input checked="" type="checkbox"/> g | Taxpayer summary of expenses | <input type="checkbox"/> l | Did not rely on any documents |

► You have complied with all the due diligence requirements if you:

- Completed the actions described on lines 20 and 21 and checked "Yes" on these lines,
- Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines,
- Submit Form 8867 in the manner required, and
- Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under Document Retention:

- Form 8867, Paid Preparer's Earned Income Credit Checklist,
- The EIC worksheet(s) or your own worksheet(s),
- Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,
- A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
- A record of any additional questions you asked and your client's answers.

► If you checked "No" on line 20, 21, 22, 23, 24, or 25, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return

LANCE & SHARRY L. WHITNEY

Identifying number

Business or activity to which this form relates

RETAIL SERVICES

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	1,836
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	LAPTOPS (3)	1,836	1,836
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,836
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	1,836
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	34,235
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,836
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,836
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 2008 HONDA CRV 04/01/11 79.91% 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 17,980 31 Total commuting miles driven during the year 4,520 32 Total other personal (noncommuting) miles driven 22,500 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2012 tax year (see instructions): 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Statements

RETAIL SERVICES

Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs

<u>Description</u>	<u>Amount</u>
MEDIA TIME PURCHASED	\$ <u>21,220</u>
Total	\$ <u><u>21,220</u></u>

Client Copy

Form **1040** **Auto Worksheet** **2012**

Name **LANCE & SHARRY L. WHITNEY** Taxpayer Identification Number **[REDACTED]**

Description **RETAIL SERVICES**
 Form/Schedule **C** Unit number **1**
 Vehicle 1 - Date **04/01/11** Description **2008 HONDA CRV**
 Vehicle 2 - Date _____ Description _____
 Vehicle 3 - Date _____ Description _____

General Information	Vehicle 1	Vehicle 2	Vehicle 3
1. Total mileage	22,500		
2. Business miles (55.5 cents per mile)	17,980		
3. Commuting mileage			
4. Other mileage	4,520		
5. Business use percentage	79.91 %		

Actual Expenses	Vehicle 1	Vehicle 2	Vehicle 3
6. Parking fees and tolls			
7 a. Gasoline, oil, repairs, insurance, etc.			
b. Interest, registration & taxes			
c. Vehicle rentals (net of inclusion amount)			
8. Total expenses. Add lines 7a - 7c			
9. Business use percentage from line 5	79.91 %		
10. Business use portion of actual expenses			
11. Depreciation			
12. Total actual expense allowable. Add lines 6, 10 and 11			

Standard Mileage Rate Method	Vehicle 1	Vehicle 2	Vehicle 3
13. Business mileage (line 2) multiplied by applicable rate	9,979		
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate	9,979		

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Vehicle 4 - Date _____ Description _____
 Vehicle 5 - Date _____ Description _____
 Vehicle 6 - Date _____ Description _____

General Information	Vehicle 4	Vehicle 5	Vehicle 6
1. Total mileage			
2. Business miles (55.5 cents per mile)			
3. Commuting mileage			
4. Other mileage			
5. Business use percentage			

Actual Expenses	Vehicle 4	Vehicle 5	Vehicle 6
6. Parking fees and tolls			
7 a. Gasoline, oil, repairs, insurance, etc.			
b. Interest, registration & taxes			
c. Vehicle rentals (net of inclusion amount)			
8. Total expenses. Add lines 7a - 7c			
9. Business use percentage from line 5			
10. Business use portion of actual expenses			
11. Depreciation			
12. Total actual expense allowable. Add lines 6, 10 and 11			

Standard Mileage Rate Method	Vehicle 4	Vehicle 5	Vehicle 6
13. Business mileage (line 2) multiplied by applicable rate			
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate			

Allowable Deduction **9,979** Vehicle expense **9,979** Vehicle rentals _____ Vehicle depreciation _____ Total allowable deduction **9,979**

Form 1040	Child Tax Credit - Taxable Earned Income Worksheet	2012
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Name LANCE & SHARRY L. WHITNEY	Taxpayer Identification Number
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Before you begin:

- Use this worksheet only if you were sent here from the Line 11 Worksheet or line 4a of Schedule 8812, Additional Child Tax Credit.
- Disregard community property laws when figuring the amounts to enter on this worksheet.
- If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1.a. Enter the amount from Form 1040, line 7 or Form 1040NR, line 8.	1a. <u>5,304</u>
b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Form 8812, line 4b. This amount should be shown in Form(s) W-2, box 12, with code Q.	1b. _____
Next , if you are filing Schedule C, C-EZ, F or SE, or you received a Schedule K-1 (Form 1065 or Form 1065-B), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.	
2.a. Enter any statutory employee income reported on line 1 of Schedule C or C-EZ	2a. _____
b. Enter any 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.* Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed nonfarm partnership expenses you deducted on Schedule E. Do not include any statutory employee income or any other amounts exempt from self-employment tax.	2b. <u>27,095</u>
c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A.* Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed farm partnership expenses you deducted on Schedule E. Do not include any amounts exempt from self-employment tax	2c. _____
d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, Section B, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c	2d. _____
e. If line 2c is a profit, enter the smaller of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c.	2e. _____
3. Add lines 1a, 1b, 2a, 2b, and 2e. If zero or less, stop . Do not complete the rest of this worksheet. Instead, enter -0- on line 2 of the Line 11 Worksheet or line 4a of Schedule 8812, whichever applies.	3. <u>32,399</u>
4. Enter any amount included on line 1a that is:	
a. A scholarship or fellowship grant not reported on Form W-2	4a. _____
b. For work done while an inmate in a penal institution (enter "PRI" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR)	4b. _____
c. A pension or annuity from a nonqualified deferred compensation plan or a section 457 plan (enter "DFC" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR). This amount may be shown in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity.	4c. _____
5.a. Enter any amount included on line 3 that is also included on Form 2555, line 43, or Form 2555-EZ, line 18. Do not include any amount that is also included on line 4a, 4b, or 4c above.	5a. _____
b. Enter the amount, if any, from Form 2555, line 44, that is also included on Schedule E in partnership net income or (loss), or deducted on Form 1040, line 27 or Form 1040NR, line 27; Schedule C; C-EZ; or F	5b. _____
c. Subtract line 5b from line 5a	5c. _____
6. Enter the amount from Form 1040, line 27 or Form 1040NR, line 27	6. <u>1,914</u>
7. Add lines 4a through 4c, 5c, and 6	7. <u>1,914</u>
8. Subtract line 7 from line 3	8. <u>30,485</u>

- If you were sent here from the Line 11 Worksheet, enter this amount on line 2 of that worksheet.
- If you were sent here from Schedule 8812, enter this amount on line 4a of that form.

*If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE, Section A. Put your name and social security number on Schedule SE and attach it to your return.

Form **1040**

Nonrefundable Personal Credit Limitation Worksheet

2012

Name **LANCE & SHARRY L. WHITNEY**

Taxpayer Identification Number **[REDACTED]**

Amounts from tax return

a. Regular tax (Form 1040, line 44)	a. <u>26</u>	g. CTC, line 11 wrk, line 12	g. _____	m. Form 8834, line 23	m. _____
b. AMT (Form 1040, line 45)	b. _____	h. Child tax cr (Form 1040, line 51)	h. _____	n. Form 8859, line 7	n. _____
c. Foreign tax cr (Form 1040, line 47)	c. _____	i. Form 5695, line 32	i. _____	o. Form 8910, line 22	o. _____
d. Child care cr (Form 1040, line 48)	d. _____	j. Form 5695, line 17	j. _____	p. Form 8936, line 23	p. _____
e. Education cr (Form 1040, line 49)	e. <u>26</u>	k. Form 8396, line 9	k. _____	q. Form 8834, line 30	q. _____
f. Retirement cr (Form 1040, line 50)	f. _____	l. Elderly cr (Sch R, line 22)	l. _____	r. Form 3800, line 38	r. _____
				s. Form 8839, line 12	s. _____

	Form 2441	Schedule R	Form 8880	Form 5695, Part II	Form 5695, Part I
1. Total tax available	1. _____	_____	_____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____	_____	_____
4. Amount from line 3 reported on	4. _____	_____	_____	_____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____	_____	_____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____	_____	_____	_____

	Form 8834, Sec C	Form 8910, Part III	Form 8911, Part III	Form 8936, Part III	Form 8396
1. Total tax available	1. _____	_____	_____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____	_____	_____
4. Amount from line 3 reported on	4. _____	_____	_____	_____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____	_____	_____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____	_____	_____	_____

	Form 8839	Form 8859	Form 8801
1. Total tax available	1. _____	_____	_____
2. Other nonrefundable personal credits allowed	2. _____	_____	_____
3. Limitation based on tax liability, line 1 minus line 2	3. _____	_____	_____
4. Amount from line 3 reported on	4. _____	_____	_____
5. Code(s) for tax amount(s) from above	5. _____	_____	_____
6. Code(s) for credit amount(s) from above	6. _____	_____	_____

Form 8863, Line 19

1. Enter the amount from Form 8863, line 18	_____	11. Enter the total of code(s) c, d, and l from above	_____
2. Lines 2 - 7 are reserved for future use	_____	12. Subtract line 11 from line 10	<u>26</u>
8. Enter the amount from Form 8863, line 9	<u>469</u>	13. Enter the smaller of line 9 or line 12 here and on Form 8863, line 19	<u>26</u>
9. Add lines 1 and 8	<u>469</u>		
0. Enter the amount from Form 1040, line 46	<u>26</u>		

Form 1040	Schedule EIC Worksheet 1	2012
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Name LANCE & SHARRY L. WHITNEY	Taxpayer Identification Number [REDACTED]
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Worksheet 1. Investment Income

Interest and Dividends

- 1. Enter any amount from Form 1040, line 8a. 1. 41
- 2. Enter any amount from Form 1040, line 8b plus any amount on Form 8814, line 1b. 2. _____
- 3. Enter any amount from Form 1040, line 9a. 3. _____
- 4. Enter the amount from Form 1040, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. 4. _____

Capital Gain Net Income

- 5. Enter the amount from Form 1040, line 13. If the amount on that line is a loss, enter zero. 5. _____
- 6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter zero. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
- 7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter zero.) 7. _____

Royalties and Rental Income from Personal Property

- 8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Form 1040, line 21 8. _____
- 9. Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36. 9. _____
- 10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter zero.) 10. _____

Passive Activities

- 11. Enter the total net income from passive activities. 11. _____
- 12. Add the amounts on lines 1, 2, 3, 4, 7, 10 and 11. Enter the total. This is your Investment Income. 12. 41

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Worksheet 2. Earned Income

- 1. Enter the amount from line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ). 1. 5,304
- 2. If you received a taxable scholarship or fellowship grant that was not reported to you on a form W-2 but was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. 2. _____
- 3. Clergy. If you are a member of the clergy who files Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on line 7 (Form 1040), enter that amount. 3. _____
- 4. Church employees. If you received wages as a church employee, enter any amount you included on both line 5a of Schedule SE and line 7 (Form 1040). 4. _____
- 5. If you received a pension or annuity from a nonqualified deferred compensation plan or a section 457 plan and it was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. (This amount may be reported in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount of the pension or annuity.) 5. _____
- 6. Add the amounts on lines 2, 3, 4 and 5 of this worksheet. 6. _____
- 7. If you received nontaxable combat pay that you elect to include in earned income, enter the amount. 7. _____
- 8. Subtract line 6 of this worksheet from line 1. Add to this amount any nontaxable combat pay from line 7. This is your earned income. 8. 5,304

Form 1040	Schedule EIC Worksheet 2	2012
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Name LANCE & SHARRY L. WHITNEY	Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 15px;"></div>
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Earned Income Credit Worksheet B

1. Self-Employed, Clergy and People with Church Employee Income Filing Schedule SE

a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies. 1a. 27,095

b. Enter any amount from Schedule SE, Section B, line 4b and line 5a. 1b. _____

c. Add lines 1a and 1b 1c. 27,095

d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. 1d. 1,914

e. Subtract line 1d from line 1c. 1e. 25,181

2. Self-Employed NOT Filing Schedule SE
Do not include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A 2a. _____

b. Enter any 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. 2b. _____

c. Add lines 2a and 2b. 2c. _____

3. Statutory Employees Filing Schedule C or C-EZ
Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. 3. _____

4. All filers Using EIC Worksheet B

a. Enter your earned income from Worksheet 2, line 8. 4a. 5,304

b. Combine lines 1e, 2c, 3 and 4a. **This is your total earned income.** 4b. 30,485

Is the amount on line 4b less than:

- \$45,060 (\$50,270 for married filing jointly) if you have 3 or more qualifying children, or
- \$41,952 (\$47,162 for married filing jointly) if you have 2 qualifying children, or
- \$36,920 (\$42,130 for married filing jointly) if you have one qualifying child, or
- \$13,980 (\$19,190 for married filing jointly) if you do not have a qualifying child?

YES. Continue on to line 5.
NO. Stop, you cannot take the credit.

5. Look up the the amount on line 4b above in the EIC Table in the instructions to find the credit. Use the correct column for your filing status. Enter the credit here. 5. 3,514

6. Enter your adjusted gross income (line 38 of Form 1040; line 22 of Form 1040A; or line 4 of Form 1040-EZ). 6. 27,369

Note: If the amounts on lines 4b and 6 are the same, skip line 7 and enter the amount from line 5 on line 8

7. If you have:

- No qualifying children, is the amount on line 6 less than \$7,800 (\$13,000 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 6 less than \$17,100 (\$22,300 if married filing jointly)?

YES. Leave line 7 blank; enter the amount from line 5 on line 8.
NO. Lookup the amount on line 6 in the EIC table in the instructions.
Use the correct column for your filing status and the number of children you have. Enter the credit here. 7. 4,167

8. Look at the amounts on lines 5 and 7. Then, enter the smaller amount on line 8. **This is your earned income credit.** 8. 3,514

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Form 1040	Net Earnings from Self-Employment Worksheet	2012
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Name LANCE & SHARRY L. WHITNEY	Taxpayer Identification Number
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	Taxpayer	Spouse
Farm profit or (loss)		
Schedule F		
Farm Partnerships - Schedule K-1, box 14, code A		
Auto expense from farm partnerships	()	()
Amortization from farm partnerships	()	()
Depreciation & Section 179 from farm partnerships	()	()
Depletion from farm partnerships	()	()
Other expenses from farm partnerships	()	()
Home office expenses from farm partnerships	()	()
Unreimbursed partnership expenses from farm partnerships	()	()
Farm adjustment to SE income		
Net farm profit or (loss) - Schedule SE line 1a	<u>0</u>	<u>0</u>
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, in 4b or listed on Sch K-1 (Form 1065), box 20, code Y - Sch SE line 1b	<u>(0)</u>	<u>(0)</u>
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)	27,095	
Nonfarm partnerships - Schedule K-1, box 14, code A		
Auto expense from nonfarm partnerships	()	()
Amortization from nonfarm partnerships	()	()
Depreciation & section 179 from nonfarm partnerships	()	()
Depletion from nonfarm partnerships	()	()
Other expenses from nonfarm partnerships	()	()
Home office expenses from nonfarm partnerships	()	()
Unreimbursed partnership expenses from nonfarm partnerships	()	()
Employee business expenses - Form 2106 (excluding minister 2106 expenses reported below)	()	()
Nonfarm adjustment to SE income		
Self-employment income reported as other income		
Self-employment income from contracts and straddles		
Minister/clergy self-employment income (from Clergy Worksheet Page 4, line 8)		
Net nonfarm profit or (loss) - Schedule SE line 2	<u>27,095</u>	<u>0</u>
Other income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	()	()
Earnings while debtor in a chapter 11 bankruptcy case		
Taxable community property income/-loss		
Exempt community property income/-loss	()	()
Net adjustment included on Schedule SE, line 3	<u>0</u>	<u>0</u>
Net profit (loss) from self-employment activities - Schedule SE line 3	<u>27,095</u>	<u>0</u>
Church employee income - Schedule SE, Page 2 line 5a		

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Form 1040	Self-Employed Health Insurance Deduction Worksheet	2012
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Name of person with self-employment income (as shown on Form 1040) LANCE WHITNEY	Taxpayer Identification Number [REDACTED]
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Description RETAIL SERVICES	Form/Schedule C	Unit number 1
------------------------------------	------------------------	----------------------

1. Enter the total amount paid in 2012 for health insurance coverage established under your business for 2012 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2012, even if the child was not your dependent. But **do not** include the following.
 - Amounts for any month you were eligible to participate in a health plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2012.
 - Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.
 - Any amounts you included on Form 8885, line 4.
 - Any qualified health insurance premiums you paid to "U.S. Treasury-HCTC".
 - Any health coverage tax credit advance payments shown in box 1 of Form 1099-H.
 - Any payments for qualified long-term care insurance (see line 2)

2. For coverage under a qualified long-term care insurance contract, enter for each person covered the **smaller** of the following amounts.
 - a) Total payments made for that person during the year.
 - b) The amount shown below. Use the person's age at the end of the tax year.
 - \$350 ----if that person is age 40 or younger
 - \$660 ----if age 41 to 50
 - \$1,310 ----if age 51 to 60
 - \$3,500 ----if age 61 to 70
 - \$4,370 ----if age 71 or older

Do not include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2012. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts

3. Add lines 1 and 2

4. Enter your net profit* and any other earned income from the trade or business under which the insurance plan is established. Do not include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S Corporation, skip to line 11

5. Enter the total of all net profits* from: Schedule C, line 31; Schedule C-EZ, line 3; Schedule F, line 34; or Sch K-1 (1065), box 14, Code A; plus any other income allocable to the profitable businesses. Do not include Conservation Reserve Program payments exempt from self-employment tax. **Do not** include any net losses shown on these schedules.

6. Divide line 4 by line 5

7. Multiply Form 1040, line 27, by the percentage on line 6

8. Subtract line 7 from line 4

9. Enter the amount, if any, from Form 1040, line 28 attributable to the same trade or business in which the health insurance plan is established

10. Subtract line 9 from line 8

11. Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder and in which the health insurance plan is established

12. Enter the amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above, or any amount from Form 2555-EZ, line 18, attributable to the amount entered on line 11 above

13. Subtract line 12 from line 10 or 11, whichever applies

14. **Self-employed health insurance deduction.** Enter the **smaller** of line 3 or line 13 here and on Form 1040, line 29. **Do not** include this amount in figuring any medical expense deduction on Schedule A (Form 1040)

1.		2,467
2.		
3.		2,467
4.		27,095
5.		27,095
6.		1.0000
7.		1,914
8.		25,181
9.		
10.		25,181
11.		
12.		
13.		25,181
14.		2,467

* If you used either optional method to figure your net earnings from self-employment from any business, do not enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Section B, line 4b.

Federal Statements**RETAIL SERVICES****Form 8829, Line 10 - Indirect Deductible Mortgage Interest and Qualified Mortgage Insurance**

<u>Description</u>	<u>Amount</u>
Mortgage interest (8829, C, 1)	\$ 5,518
Total	\$ <u>5,518</u>

RETAIL SERVICES**Form 8829, Line 11 - Indirect Real Estate Taxes**

<u>Description</u>	<u>Amount</u>
Real estate taxes (8829, C, 1)	\$ 5,175
Total	\$ <u>5,175</u>

RETAIL SERVICES**Form 8829, Line 17 - Indirect Insurance**

<u>Description</u>	<u>Amount</u>
Insurance (8829, C, 1)	\$ 630
Total	\$ <u>630</u>

RETAIL SERVICES**Business Use of Home, Line 21 - Other Expenses**

<u>Description of Property</u>	<u>Direct Expenses</u>	<u>Indirect Expenses</u>
WATER & SEWER	\$	\$ 538
Total	\$ <u>0</u>	\$ <u>538</u>

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Federal Statements

RETAIL SERVICES

Form 4562, Line 11 - Business Income

<u>Description</u>	<u>Amount</u>
Wage Income	\$ 5,304
Business Income	28,931
Total Business Income	<u>34,235</u>

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Federal Asset Report

RETAIL SERVICES

FYE: 12/31/2012

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:										
17	LAPTOPS (3)	7/01/12	1,836		X	X	N/A	5 HY 200DB	0	1,836
			<u>1,836</u>				<u>N/A</u>		<u>0</u>	<u>1,836</u>
5-year GDS Property:										
17	LAPTOPS (3)	7/01/12	N/A*		X	X	0	5 HY 200DB	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Prior MACRS:										
1	COMPUTER	7/01/02	530		X	X	0	5 HY 200DB	530	0
3	HOME OFFICE	1/01/02	133,900	14.29			19,134	27 MMS/L	696	696
4	SONY DIGITAL CAMERA	1/01/05	2,800		X		0	5 HY 200DB	2,800	0
5	EQUIPMENT	7/01/06	2,157		X		0	7 HY 200DB	2,157	0
6	COMPUTER-LANCE	7/01/07	1,229		X		0	5 HY 200DB	1,229	0
7	COMPUTER-SHARRY	7/01/07	937		X		0	5 HY 200DB	937	0
8	PANASONIC DIGITAL CAMERA	7/01/07	3,500		X		0	5 HY 200DB	3,500	0
9	PRINTER	7/01/07	224		X		0	5 HY 200DB	224	0
10	LIGHTS	7/01/07	65		X		0	7 HY 200DB	65	0
11	MISCELLANEOUS EQUIPMENT	7/01/07	1,705		X		0	7 HY 200DB	1,705	0
12	COMPUTER	7/01/10	749		X	X	0	5 HY 200DB	749	0
13	SONY CAMERA	2/15/10	2,594		X	X	0	7 HY 200DB	2,594	0
14	ADORAMA CAMERA	7/01/11	1,052		X	X	0	5 HY 200DB	1,052	0
15	BEST BLANKS VINYL CUTTER	7/01/11	1,054		X	X	0	7 HY 200DB	1,054	0
16	CANNON LARGE FORMAT PRINTER	7/01/11	500		X	X	0	5 HY 200DB	500	0
			<u>152,996</u>				<u>19,134</u>		<u>19,792</u>	<u>696</u>
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Listed Property:										
2	2008 HONDA CRV	4/01/11	0	79.91			0	0 HY	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			154,832				19,134		19,792	2,532
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>154,832</u>				<u>19,134</u>		<u>19,792</u>	<u>2,532</u>

Bonus Depreciation Report

FYE: 12/31/2012

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: RETAIL SERVICES								
1	COMPUTER	7/01/02	530		530	0	0	0
12	COMPUTER	7/01/10	749		749	0	0	0
13	SONY CAMERA	2/15/10	2,594		2,594	0	0	0
14	ADORAMA CAMERA	7/01/11	1,052		1,052	0	0	0
15	BEST BLANKS VINYL CUTTER	7/01/11	1,054		1,054	0	0	0
16	CANNON LARGE FORMAT PRINTER	7/01/11	500		500	0	0	0
17	LAPTOPS (3)	7/01/12	1,836		1,836	0	0	0
	RETAIL SERVICES		8,315		1,836	0	0	0
	Grand Total		8,315		1,836	0	0	0

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AMT Asset Report
RETAIL SERVICES

FYE: 12/31/2012

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:									
17	LAPTOPS (3)	7/01/12	1,836		X X	N/A	5 HY 200DB	0	1,836
			<u>1,836</u>			<u>N/A</u>		<u>0</u>	<u>1,836</u>
5-year GDS Property:									
17	LAPTOPS (3)	7/01/12	N/A*		X X	0	5 HY 200DB	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Prior MACRS:									
1	COMPUTER	7/01/02	530		X X	0	5 HY 200DB	530	0
4	SONY DIGITAL CAMERA	1/01/05	2,800		X	0	5 HY 150DB	2,800	0
5	EQUIPMENT	7/01/06	2,157		X	0	7 HY 150DB	2,157	0
6	COMPUTER-LANCE	7/01/07	1,229		X	0	5 HY 150DB	1,229	0
7	COMPUTER-SHARRY	7/01/07	937		X	0	5 HY 150DB	937	0
8	PANASONIC DIGITAL CAMERA	7/01/07	3,500		X	0	5 HY 150DB	3,500	0
9	PRINTER	7/01/07	224		X	0	5 HY 150DB	224	0
10	LIGHTS	7/01/07	65		X	0	7 HY 150DB	65	0
11	MISCELLANEOUS EQUIPMENT	7/01/07	1,705		X	0	7 HY 150DB	1,705	0
12	COMPUTER	7/01/10	749		X X	0	5 HY 200DB	749	0
13	SONY CAMERA	2/15/10	2,594		X X	0	7 HY 200DB	2,594	0
14	ADORAMA CAMERA	7/01/11	1,052		X X	0	5 HY 200DB	1,052	0
15	BEST BLANKS VINYL CUTTER	7/01/11	1,054		X X	0	7 HY 200DB	1,054	0
16	CANNON LARGE FORMAT PRINTER	7/01/11	500		X X	0	5 HY 200DB	500	0
			<u>19,096</u>			<u>0</u>		<u>19,096</u>	<u>0</u>
Other Depreciation:									
3	HOME OFFICE	1/01/02	0	14.29		0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Listed Property:									
2	2008 HONDA CRV	4/01/11	0	79.91		0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		20,932			0		19,096	1,836
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>20,932</u>			<u>0</u>		<u>19,096</u>	<u>1,836</u>

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Depreciation Adjustment Report

FYE: 12/31/2012

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
C	1	1	COMPUTER	0	0	0
C	1	4	SONY DIGITAL CAMERA	0	0	0
C	1	5	EQUIPMENT	0	0	0
C	1	6	COMPUTER-LANCE	0	0	0
C	1	7	COMPUTER-SHARRY	0	0	0
C	1	8	PANASONIC DIGITAL CAMERA	0	0	0
C	1	9	PRINTER	0	0	0
C	1	10	LIGHTS	0	0	0
C	1	11	MISCELLANEOUS EQUIPMENT	0	0	0
C	1	12	COMPUTER	0	0	0
C	1	13	SONY CAMERA	0	0	0
C	1	14	ADORAMA CAMERA	0	0	0
C	1	15	BEST BLANKS VINYL CUTTER	0	0	0
C	1	16	CANNON LARGE FORMAT PRINTER	0	0	0
C	1	17	LAPTOPS (3)	0	0	0
				<u>1,836</u>	<u>1,836</u>	<u>0</u>
				<u>1,836</u>	<u>1,836</u>	<u>0</u>

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Future Depreciation Report FYE: 12/31/13

FYE: 12/31/2012

RETAIL SERVICES

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	COMPUTER	7/01/02	530	0	0
3	HOME OFFICE	1/01/02	133,900	695	0
4	SONY DIGITAL CAMERA	1/01/05	2,800	0	0
5	EQUIPMENT	7/01/06	2,157	0	0
6	COMPUTER-LANCE	7/01/07	1,229	0	0
7	COMPUTER-SHARRY	7/01/07	937	0	0
8	PANASONIC DIGITAL CAMERA	7/01/07	3,500	0	0
9	PRINTER	7/01/07	224	0	0
10	LIGHTS	7/01/07	65	0	0
11	MISCELLANEOUS EQUIPMENT	7/01/07	1,705	0	0
12	COMPUTER	7/01/10	749	0	0
13	SONY CAMERA	2/15/10	2,594	0	0
14	ADORAMA CAMERA	7/01/11	1,052	0	0
15	BEST BLANKS VINYL CUTTER	7/01/11	1,054	0	0
16	CANNON LARGE FORMAT PRINTER	7/01/11	500	0	0
17	LAPTOPS (3)	7/01/12	1,836	0	0
			<u>154,832</u>	<u>695</u>	<u>0</u>
Listed Property:					
2	2008 HONDA CRV	4/01/11	<u>0</u>	<u>0</u>	<u>0</u>
			<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>154,832</u>	<u>695</u>	<u>0</u>

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Education Expense Optimization Report
Tax Year 2012

Tax Summary:	Adjusted gross income	27,369
	Taxable income	269
	Tax before credits	26
	Nonrefundable credits	26
	Other taxes	3,328
	Total tax	3,328
	Less: Refundable credits	4,826
	Other payments	504
	Add: Estimated tax penalty, late penalties and interest	0
	Federal net due/-overpayment	-2,002
	New York net due/-overpayment	-1,074
	Total net due/-overpayment	-3,076
	Marginal tax rate:	
	Federal	10.000%
	New York	4.000%

Notes: Students are not eligible for nonrefundable education credits due to AGI limits or insufficient tax liability.

Student Summary:	<u>American Opportunity Credit</u>	<u>Lifetime Learning Credit</u>	<u>Tuition and Fees Deduction</u>
RUBEN WHITNEY			
██████████	338	(0 ref)*	
KRAMER WHITNEY			
██████████			440*
TOTALS	<u>338</u> (0 ref)	<u>0</u>	<u>440</u>

* Optimized amount
 ** Maximum amount allowed
 "ref" indicates refundable portion

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