

Form **1040** **Salaries & Wages Report** **2012**

Name **LANCE & SHARRY L. WHITNEY** Taxpayer Identification Number XXXXXXXXXX

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T UPTURN INDUSTRIES, INC.	5,304	504	5,304
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	5,304	504	5,304
	Spouse			
	Totals	5,304	504	5,304

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	223	5,304	77				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	223	5,304	77				
Spouse							
Totals	223	5,304	77				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	NY	5,304	105			
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		5,304	105			
Spouse						

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.

2012

Declaration Control Number (DCN) ▶

Taxpayer's name LANCE WHITNEY		Social security number [REDACTED]
Spouse's name SHARRY L. WHITNEY		Spouse's social security number [REDACTED]

Part I Tax Return Information — Tax Year Ending December 31, 2012 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	27,369
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	3,328
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	504
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	2,002
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize The Loiacono Firm, CPAs, P.C. to enter or generate my PIN [REDACTED] as my signature on my tax year 2012 electronically filed income tax return. Enter five numbers, but do not enter all zeros.
- I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 04/09/13

Spouse's PIN: check one box only

- I authorize The Loiacono Firm, CPAs, P.C. to enter or generate my PIN [REDACTED] as my signature on my tax year 2012 electronically filed income tax return. Enter five numbers, but do not enter all zeros.
- I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 04/09/13

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2012 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ David R. Loiacono, CPA Date ▶ 04/09/13

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

1040	Federal Return Summary	2012
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Name LANCE & SHARRY L. WHITNEY	Taxpayer Identification Number [REDACTED]
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Tax Form 1040

Filing Status MFJ
Dependents 2

Income

Salaries & wages	5,304
Taxable interest income	41
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	27,095
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	32,440

Adjustments

Moving expenses	
Self-employment tax adjustment	1,914
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	2,467
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	690
Total adjustments	5,071
Adjusted gross income	27,369

Deductions

Medical and Dental expenses	
Taxes paid	
Interest paid	
Charitable contributions	
Other itemized deductions	
Total allowable itemized deductions	
or, Standard deduction	11,900
Exemption amount	15,200
Taxable income	269

Tax Computation

Regular tax	26
Alternative minimum tax	
Total tax before credits	26
Child and dependent care credit	
Education credits	26
Other credits	
Total credits	26
Tax after credits	
Self-employment tax	3,328
Additional tax on IRAs, etc.	
Other taxes	
Total tax	3,328

Payments

Federal income tax withheld	504
Estimated payments	
Other payments/credits	4,826
Total payments	5,330

Refund/Amount Due

Amount overpaid	2,002
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-2,002
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-2,002

2013 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Tax Rates

Marginal tax rate	10.0 %
Effective tax rate	100 %
Rate of Long-term capital gain	%

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New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

2012

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning and ending

For help completing your return, see the instructions, Form IT-201-I.

Your first name and middle initial LANCE		Your last name (for a joint return, enter spouse's name on line below) WHITNEY		Your date of birth (mm-dd-yyyy) 07-04-1969	Your social security number [REDACTED]
Spouse's first name and middle initial SHARRY L		Spouse's last name WHITNEY		Spouse's date of birth (mm-dd-yyyy) 06-04-1968	Spouse's social security number [REDACTED]
Mailing address (see instructions, page 12) (number and street or rural route) 30 KELLOGG STREET				Apartment number	New York State county of residence Onei
City, village, or post office CLINTON	State NY	ZIP code 13323	Country (if not United States)		School district name Clinton
Permanent home address (see instructions, page 12) (number and street or rural route)				Apartment number	School district code number 117
City, village, or post office		State NY	ZIP code	Decedent information	Taxpayer's date of death
					Spouse's date of death

- A Filing status** (mark an X in one box):
- ① Single
 - ② Married filing joint return (enter spouse's social security number above)
 - ③ Married filing separate return (enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2012 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

NEW D Did you have a financial account located in a foreign country? (see page 13) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No

E (2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months you lived in NYC in 2012

(2) Number of months your spouse lived in NYC in 2012

G Enter your 2-character special condition code if applicable (see page 13)

If applicable, also enter your second 2-character special condition code

H Dependent exemption information (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
KRAMER	WHITNEY	Son	[REDACTED]	09-26-1996
RUBEN	WHITNEY	Son	[REDACTED]	07-12-1991

If more than 9 dependents, mark an X in the box.

201001121022



Your social security number
XXXXXXXXXX

Federal income and adjustments (see page 14)

		Whole dollars only
1	Wages, salaries, tips, etc.	5,304.
2	Taxable interest income	41.
3	Ordinary dividends	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	
5	Alimony received	
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	27,095.
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	
8	Other gains or losses (submit a copy of federal Form 4797)	
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	
12	Rental real estate included in line 11	12
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	
14	Unemployment compensation	
15	Taxable amount of social security benefits (also enter on line 27)	
16	Other income (see page 14) Identify:	
17	Add lines 1 through 11 and 13 through 16	32,440.
18	Total federal adjustments to income (see page 14) Identify: See Statement 1	5,071.
19	Federal adjusted gross income (subtract line 18 from line 17)	27,369.

New York additions (see page 14)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	
22	New York's 529 college savings program distributions (see page 16)	
23	Other (see page 16) Identify:	
24	Add lines 19 through 23	27,369.

New York subtractions (see page 19)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	
26	Pensions of NYS and local governments and the federal government (see page 19)	
27	Taxable amount of social security benefits (from line 15)	
28	Interest income on U.S. government bonds	
29	Pension and annuity income exclusion (see page 19)	
30	New York's 529 college savings program deduction/earnings	
31	Other (see page 20) Identify:	
32	Add lines 25 through 31	
33	New York adjusted gross income (subtract line 32 from line 24)	27,369.

Standard deduction or itemized deduction (see page 24)

34	Enter your standard deduction (table on page 24) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	15,000.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	12,369.
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	2,000.
37	Taxable income (subtract line 36 from line 35)	37	10,369.



Name(s) as shown on page 1
LANCE SHARRY L WHITNEY

Your social security number
XXXXXXXXXX

Tax computation, credits, and other taxes (see page 25)

38 Taxable income (from line 37 on page 2)	38	10,369.
39 NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	39	415.
40 NYS household credit (page 25, table 1, 2, or 3)	40	55.
41 Resident credit (see page 26)	41	
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	
43 Add lines 40, 41, and 42	43	55.
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	360.
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	
46 Total New York State taxes (add lines 44 and 45)	46	360.

New York City and Yonkers taxes, credits, and tax surcharges

47 NYC resident tax on line 38 amount (see page 26)	47	
48 NYC household credit (page 26, table 4, 5, or 6)	48	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	
50 Part-year NYC resident tax (Form IT-360.1)	50	
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	
52 Add lines 49, 50, and 51	52	
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	
55 Yonkers resident income tax surcharge (see page 28)	55	
56 Yonkers nonresident earnings tax (Form Y-203)	56	
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58	
59 Sales or use tax (see page 29; do not leave line 59 blank)	59	0.

See instructions on pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.

Voluntary contributions (see page 30)

60a Return a Gift to Wildlife	60a	
60b Missing/Exploited Children Fund	60b	
60c Breast Cancer Research Fund	60c	
60d Alzheimer's Fund	60d	
60e Olympic Fund (\$2 or \$4; see page 30)	60e	
60f Prostate Cancer Research Fund	60f	
60g 9/11 Memorial	60g	
60h Volunteer Firefighting & EMS Recruitment Fund	60h	
60 Total voluntary contributions (add lines 60a through 60h)	60	
61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61	360.



Your social security number

[REDACTED]

62 Enter amount from line 61

62 360.

Payments and refundable credits (see page 31)

63 Empire State child credit	63	330.
64 NYS/NYC child and dependent care credit	64	
65 NYS earned income credit (EIC)	65	999.
66 NYS noncustodial parent EIC	66	
67 Real property tax credit	67	
68 College tuition credit	68	
69 NYC school tax credit (also complete F on page 1; see page 31)	69	
70 NYC earned income credit	70	
71 Other refundable credits (Form IT-201-ATT, line 18)	71	
72 Total New York State tax withheld	72	105.
73 Total New York City tax withheld	73	
74 Total Yonkers tax withheld	74	
75 Total estimated tax payments and amount paid with Form IT-370	75	
76 Total payments (add lines 63 through 75)	76	1,434.

Submit your wage and tax statements with your return (see page 33).

Your refund, amount you owe, and account information (see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)

77 1,074.

78 Amount of line 77 to be refunded

Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check

78 1,074.

79 Amount of line 77 that you want applied to your 2013 estimated tax (see instructions)

79

See pages 33 and 34 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62).

To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84

80

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34)

81

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 35)

82

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 36)

Date Amount

Third-party designee? (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name David R. Loiacono, CPA	Designee's phone number 315-356-1150	Personal identification number (PIN) [REDACTED]
	E-mail: Dave@loiaconofirm.com		

▼ Paid preparer must complete (see instr.) ▼		Date 04-09-2013
Preparer's signature David R. Loiacono, CPA	Preparer's NYTPRN	
Firm's name (or yours, if self-employed) The Loiacono Firm, CPAs, P	Preparer's PTIN or SSN [REDACTED]	
Address 503 N George St Rome NY 13440	Employer identification number [REDACTED]	
	Mark an X if self-employed <input type="checkbox"/>	
E-mail: Dave@loiaconofirm.com		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SELF-EMPLOYED	
Spouse's signature and occupation (if joint return) SELF-EMPLOYED	
Date	Daytime phone number
E-mail:	



2012

Claim for Empire State Child Credit

Submit this form with Form IT-201 or IT-203.

Step 1 – Enter identifying information

Your name as shown on return LANCE WHITNEY	Your social security number [REDACTED]
Spouse's name SHARRY L WHITNEY	Spouse's social security number [REDACTED]

Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for all of 2012? 1 Yes No
If you marked an X in the No box, stop; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit or additional child tax credit for 2012? 2 Yes No
- 3 Is your federal adjusted gross income (see instructions)
– \$110,000 or less and your filing status is ② married filing joint return;
– \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); or
– \$55,000 or less and your filing status is ③ married filing separate return? 3 Yes No
If you marked an X in the No box at both lines 2 and 3, stop; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the federal child tax credit or additional child tax credit (see instructions) 4 1
- 5 Enter the number of children from line 4 that were at least four years of age on December 31, 2012 5 1
If you entered 0 on line 5, stop; you do not qualify for this credit.

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Step 3 – Enter child information

List below the name, social security number, and date of birth for each child included on line 4.

First name and middle initial	Last name	Social security number	Date of birth (mm-dd-yyyy)
KRAMER	WHITNEY	[REDACTED]	09-26-1996

Use Form IT-213-ATT if you have additional children to report (see instructions).



Step 4 – Compute credit

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

6	Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51	6	
7	Enter your federal additional child tax credit from Form 1040A, line 39, or Form 1040, line 65	7	1,000.
8	Add lines 6 and 7	8	1,000.
9	Enter the number of children from line 4	9	1
10	Divide line 8 by line 9	10	1,000.
11	Enter the number of children from line 5	11	1
12	Multiply line 10 by line 11	12	1,000.
13	Multiply line 12 by 33% (.33)	13	330.

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

All others continue with line 14.

14	Enter the number of children from line 5	14	1
15	Multiply line 14 by 100	15	100.
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16	330.

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns (see instructions)

17	Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank Enter here and on Form IT-201, line 63.	17	
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank Enter the line 18 amount and code 213 on Form IT-203-ATT, line 12.	18	

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2012

Claim for Earned Income Credit

New York State • New York City

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return LANCE SHARRY L WHITNEY	Your social security number [REDACTED]
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- 1 Did you claim the federal earned income credit? If **No**, stop; you do not qualify for these credits. 1 Yes No
- 2 Is your investment income (see instructions) greater than \$3,200? If **Yes**, stop; you do not qualify for these credits. 2 Yes No
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return. 3 Yes No
- 4 Did you claim qualifying children on your federal Schedule EIC? If **No**, continue with line 5.
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC.
If you claimed more than three, see instructions. 4 Yes No

First name and middle initial	Last name	Relationship	Number of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mm-dd-yyyy)
KRAMER	WHITNEY	Son	12			[REDACTED]	09-26-1996
RUBEN	WHITNEY	Son	12	<input checked="" type="checkbox"/>		[REDACTED]	07-12-1991

* Mark an X in these boxes only if you checked Yes in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your federal earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part year New York City resident).
The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part year New York City residents must also complete line 28 on the back of this claim form. 5 Yes No
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. 6 Whole dollars only 5,304.
- 7 If you received a taxable scholarship or fellowship grant, or if you were paid any amount as an inmate in a penal institution for work, or if you received an amount as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, enter that amount here (see instructions) 7
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) 8 25,181.
Employer identification number (see instructions) 088648735
- 9 Enter your federal adjusted gross income (from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) 9 27,369.
- 10 Amount of federal EIC claimed (from federal Form 1040EZ, line 8a; Form 1040A, line 38a; or Form 1040, line 64a) 10 3,514.
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) 11 .30
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) 12 1,054.

Complete Worksheet B on the back page before continuing.

- 13 Enter the amount from Worksheet B, line 5, on the back of this form 13 415.
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) 14 55.
- 15 Enter the smaller of line 13 or line 14 15 55.
- 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) 16 999.
- 17 If your New York State filing status is ③, Married filing separate return, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below.
Federal adjusted gross income (from federal Form 1040EZ, line 4; Form 1040A, line 22; or Form 1040, line 38) 17



Part-year New York State resident earned income credit

Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.

18	Enter your New York State earned income credit (from line 16 or line 17)	18	
19	Enter the amount from Form IT-203, line 42	19	
	– If line 19 is equal to or more than line 18, stop. You do not have excess New York State earned income credit.		
	– If line 19 is less than line 18, continue on line 20 below.		
20	Excess New York State earned income credit (subtract line 19 from line 18)	20	
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.)	21	
	– If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, stop. Do not continue with this computation. Enter the amount from line 20 above on Form IT-203-ATT, line 32.		
	– If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.		
22	Subtract line 21 from line 20. This is your remaining excess New York State earned income credit.	22	
23	Enter the amount from line 19, Column D, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet	23	
24	Enter the amount from line 19, Column A, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet	24	
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000).	25	
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. This is the refundable portion of your part-year New York State resident earned income credit.	26	

New York City earned income credit (full-year and part-year New York City residents)

27	From Worksheet C, New York City earned income credit , on page 3 of Form IT-215-I, Instructions for Form IT-215. Enter here and on Form IT-201, line 70, or Form IT-203-ATT, line 11. Part-year New York City residents must also complete line 28 below.	27	
28	Part-year New York City adjusted gross income Enter the amounts from Worksheet C, lines 6 and 7	28A	
		28B	

Worksheet B

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38)	1	415.
2	Resident credit (see instructions)	2	
3	Accumulation distribution credit (see instructions)	3	
4	Add lines 2 and 3	4	
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form.	5	415.



New York Statements**Statement 1 - Form IT-201 - Total Federal Adjustments to Income**

<u>Description</u>	<u>Amount</u>
SE Tax Adjustment	\$ 1,914
SE Health Ins Adjustment	2,467
Tuition deduction	440
Health Savings	250
Total	<u>\$ 5,071</u>

Client Copy

**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):	20
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	21,321
29 Tentative profit or (loss). Subtract line 28 from line 7		29	29,885
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere		30	2,790
31 Net profit or (loss). Subtract line 30 from line 29.		31	27,095
<ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 			
32 If you have a loss, check the box that describes your investment in this activity (see instructions).		32a <input type="checkbox"/>	All investment is at risk.
<ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. 		32b <input type="checkbox"/>	Some investment is not at risk.

New York Statements

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

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

Client Copy

Form
IT - 201/203

New York Nonrefundable Credit Worksheet

2012

Name
LANCE SHARRY L WHITNEY

Taxpayer Identification Number
[REDACTED]

Amounts in Available to Carryover column may be further reduced on form. If utilizing non-calculating forms use this information to complete forms.

Tax due before credits (From Form IT-201, line 39, plus Form IT-201-ATT, line 21 or from Form IT-203, line 46 plus Form IT-203-ATT, line 20)

415

Form #	Description	Credit Available	Previous Credits Utilized	Credit Utilized	Available to Carryover
IT-201	NYS Household Credit	55		55	

Client Copy

NY Asset Report

RETAIL SERVICES

FYE: 12/31/2012

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Section 179 Expense:								
17	LAPTOPS (3)	7/01/12	1,836	N/A	0	1,836	1,836	0
			<u>1,836</u>	<u>N/A</u>	<u>0</u>	<u>1,836</u>	<u>1,836</u>	<u>0</u>
5-year GDS Property:								
17	LAPTOPS (3)	7/01/12	N/A*	0	0	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Prior MACRS:								
1	COMPUTER	7/01/02	530	0	530	0	0	0
4	SONY DIGITAL CAMERA	1/01/05	2,800	0	2,800	0	0	0
5	EQUIPMENT	7/01/06	2,157	0	2,157	0	0	0
6	COMPUTER-LANCE	7/01/07	1,229	0	1,229	0	0	0
7	COMPUTER-SHARRY	7/01/07	937	0	937	0	0	0
8	PANASONIC DIGITAL CAMERA	7/01/07	3,500	0	3,500	0	0	0
9	PRINTER	7/01/07	224	0	224	0	0	0
10	LIGHTS	7/01/07	65	0	65	0	0	0
11	MISCELLANEOUS EQUIPMENT	7/01/07	1,705	0	1,705	0	0	0
12	COMPUTER	7/01/10	749	0	749	0	0	0
13	SONY CAMERA	2/15/10	2,594	0	2,594	0	0	0
14	ADORAMA CAMERA	7/01/11	1,052	0	1,052	0	0	0
15	BEST BLANKS VINYL CUTTER	7/01/11	1,054	0	1,054	0	0	0
16	CANNON LARGE FORMAT PRINTER	7/01/11	500	0	500	0	0	0
			<u>19,096</u>	<u>0</u>	<u>19,096</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
3	HOME OFFICE	1/01/02	0	0	0	0	696	696
	Total Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>696</u>	<u>696</u>
	Total ACRS and Other Depreciation		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>696</u>	<u>696</u>
Listed Property:								
2	2008 HONDA CRV	4/01/11	0	0	0	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		20,932	0	19,096	1,836	2,532	696
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>20,932</u>	<u>0</u>	<u>19,096</u>	<u>1,836</u>	<u>2,532</u>	<u>696</u>

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

NY Future Depreciation Report**FYE: 12/31/13**

FYE: 12/31/2012

RETAIL SERVICES

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
Prior MACRS:				
1	COMPUTER	7/01/02	530	0
3	HOME OFFICE	1/01/02	0	0
4	SONY DIGITAL CAMERA	1/01/05	2,800	0
5	EQUIPMENT	7/01/06	2,157	0
6	COMPUTER-LANCE	7/01/07	1,229	0
7	COMPUTER-SHARRY	7/01/07	937	0
8	PANASONIC DIGITAL CAMERA	7/01/07	3,500	0
9	PRINTER	7/01/07	224	0
10	LIGHTS	7/01/07	65	0
11	MISCELLANEOUS EQUIPMENT	7/01/07	1,705	0
12	COMPUTER	7/01/10	749	0
13	SONY CAMERA	2/15/10	2,594	0
14	ADORAMA CAMERA	7/01/11	1,052	0
15	BEST BLANKS VINYL CUTTER	7/01/11	1,054	0
16	CANNON LARGE FORMAT PRINTER	7/01/11	500	0
17	LAPTOPS (3)	7/01/12	1,836	0
			<u>20,932</u>	<u>0</u>
Listed Property:				
2	2008 HONDA CRV	4/01/11	0	0
			<u>0</u>	<u>0</u>
	Grand Totals		<u>20,932</u>	<u>0</u>

Client Copy

**New York State E-File Signature Authorization for Tax Year 2012
For Forms IT-201, IT-203, IT-214, and NYC-210**

Electronic return originator (ERO): **do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: LANCE WHITNEY Spouse's name: SHARRY L WHITNEY
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-203, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Go to our Web site at www.tax.ny.gov to view this document.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2012 Form IT-370.

Part A – Tax return information

1	Federal adjusted gross income (from Form IT-201, line 19, or IT-203, line 19)	1.	<u>27,369.</u>
2	Refund (from Form IT-201, line 78, or IT-203, line 68)	2.	<u>1,074.</u>
3	Amount you owe (from Form IT-201, line 80, or IT-203, line 70)	3.	<u> </u>

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-203, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2012 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2012 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2012 electronic return, and I authorize my financial institution to withdraw the amount from my account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: _____ Date: 04-09-13

Spouse's signature: _____ Date: 04-09-13

(jointly filed return only)

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2012 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2012 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2012 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2012 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____

Print name: _____

Paid preparer's signature: David R. Loiacono, CPA Date: 04-09-13

Print name: David R. Loiacono, CPA

New York Individual and Other Return Summaries Tax Year 2012

LANCE SHARRY L WHITNEY

New York State Individual Return

Other New York and New York City Returns

Income, Adjustments and Deductions

Federal adjusted gross income 27,369
 Net additions and subtractions _____
 Adjusted gross income 27,369
 Itemized or standard deduction 15,000
 Exemptions 2,000
 Taxable income 10,369

LLC and LLP Filing Fee

Form IT-204-LL, amount due _____

Nonresident Employee of the City of New York

Form NYC-1127, amount due or -refund _____

Metropolitan Commuter Transportation Mobility Tax

	Taxpayer MTA-6	Spouse MTA-6
Taxable income	_____	_____
Tax	_____	_____
Estimate and extension payments	_____	_____
Amount due or -refund	_____	_____
Tax penalties	_____	_____
Total amount due	_____	_____
Amount refunded	_____	_____
Overpayment applied	_____	_____

Tax, Payments, and Credits

Base tax _____
 Nonresident income percentage _____
 State tax 360
 Nonrefundable state credits _____
 Other state taxes _____
 Total 360
 New York City taxes _____
 New York City nonrefundable credits _____
 Yonkers taxes _____
 Use tax and contributions _____
 Total 360
 Total refundable credits 1,329
 Income tax withheld 105
 Estimate and extension payments _____
 Total payments and credits 1,434
Amount due or -refund -1,074
Amount refunded 1,074
Overpayment applied to next year _____

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Penalties and Interest

Underpayment of estimates penalty _____
 Failure to file penalty _____
 Failure to pay penalty _____
 Late filing interest _____
Total balance due 0

Miscellaneous Information

New York State Individual Return

Tax form IT-201
 Residency type Resident
 Direct debit date _____
 Amended return
 New York State marginal tax rate 4.000 %
 State and cities effective tax rate 3.500 %

2013 Estimates

	Individual New York, New York City and Yonkers	Metropolitan Commuter Tax Taxpayer MTA-5	Spouse MTA-5
1st quarter	_____	_____	_____
2nd quarter	_____	_____	_____
3rd quarter	_____	_____	_____
4th quarter	_____	_____	_____
Total	_____	_____	_____

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number TruHome Solutions, LLC for First Source Federal Credit Union PO Box 14908 Lenexa, KS 66285 (800) 735-8571		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2012 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
RECIPIENT'S federal identification no. [REDACTED]	PAYER'S social security number [REDACTED]	1 Mortgage interest received from payer(s)/borrower(s)* \$ 5,184.14		
PAYER'S/BORROWER'S name Sharry L Whitney Lance D Whitney Jr 30 Kellogg St Clinton NY 13323		2 Points paid on purchase of principal residence \$ 0.00		
Account number (see instructions) [REDACTED]		3 Refund of overpaid interest \$ 0.00		
		4 Property Tax \$5,174.69		

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service

**First Source FCU
4451 Commercial Drive
New Hartford NY 13413**

1-138

**Sharry L Whitney
30 Kellogg St
Clinton NY 13323-1523**



CORRECTED (if checked)

RECIPIENT/LENDER First Source FCU 4451 Commercial Drive New Hartford NY 13413 (315) 735-8571		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div> Form 1098	Mortgage Interest Statement
RECIPIENT'S federal identification no. [REDACTED]	PAYER'S social security number XXX [REDACTED]	1 Mortgage interest received from payer(s)/borrower(s) \$ 376.48		Copy B For Payer/Borrower The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
PAYER/BORROWER Sharry L Whitney 30 Kellogg St Clinton NY 13323-1523		2 Points paid on purchase of principal residence \$ 0.00		
		3 Refund of overpaid interest \$ 0.00		
		4 Mortgage insurance premiums \$		
Account number (see instructions) [REDACTED]		5		

Form 1098

(keep for your records)

Department of the Treasury - Internal Revenue Service

Instructions for Payer/Borrower

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

Account number. May show an account or other unique number the lender has assigned to distinguish your account.

Box 1. Shows the mortgage interest received during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buy-down"

mortgage. Such amounts are deductible by you only in certain circumstances. **Caution:** If you prepaid interest in 2011 that accrued in full by January 15, 2012, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2011 even though it may be included in box 1. If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

Box 2. Not all points are reportable to you. Box 2 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 2 may also be deductible. See Pub. 936 to figure the amount you can deduct.

Box 3. Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 3 amount on the "Other income" line of your 2011 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

Box 4. Shows mortgage insurance premiums which may qualify to be treated as deductible mortgage interest. See the Schedule A (Form 1040) instructions.

Box 5. The interest recipient may use this box to give you other information, such as the address of the property that secures the debt, real estate taxes, or insurance paid from escrow.

FILER'S name, street address, city, state, ZIP code, and telephone number Ithaca College 953 Danby Road Ithaca NY 14850 Contact: ECSI: 866-428-1098		1 Payments received for qualified tuition and related expenses	OMB No. 1545-1574 2011 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service.
FILER'S federal identification no. [REDACTED]	STUDENT'S social security number [REDACTED]	2 Amounts billed for qualified tuition and related expenses \$17,639.00	3 If this box is checked, your educational institution has changed its reporting method for 2011 <input type="checkbox"/>	
STUDENT'S name, street address, city, state, and ZIP code VINCENT R WHITNEY 30 KELLOGG ST CLINTON NY 13323-1523		4 Adjustments made for a prior year	5 Scholarships or grants \$19,532.00	
Service Provider/Acct No. (see instr.) [REDACTED]		6 Adjustments to scholarships or grants for a prior year	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2012 <input checked="" type="checkbox"/>	
8 Checked if at least half-time student <input checked="" type="checkbox"/>		9 Checked if a graduate student <input type="checkbox"/>	10 Ins. contract reimb./refund	

Form **1098-T**

(keep for your records)

Department of the Treasury-Internal Revenue Service

Please Note: The American Opportunity Tax Credit, which expanded and renamed the already-existing Hope credit, can be claimed for tuition and certain fees you pay for higher education.

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number TruHome Solutions, LLC for First Source Federal Credit Union PO Box 14908 Lenexa, KS 66285 (800) 735-8571		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901 2011 Form 1098	Mortgage Interest Statement Copy B For Payer/Borrower The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.
RECIPIENT'S federal identification no. [REDACTED]	PAYER'S social security number [REDACTED]	1 Mortgage interest received from payer(s)/borrower(s)* \$ 5,005.80		
PAYER'S/BORROWER'S name Sharry L Whitney Lance D Whitney Jr 30 Kellogg St Clinton NY 13323		2 Points paid on purchase of principal residence \$ 0.00		
		3 Refund of overpaid interest \$ 0.00		
		4 Mortgage insurance premiums \$ 0.00		
Account number (see instructions) [REDACTED]		5 Property Tax \$5,192.39		

Form **1098**

(keep for your records)

Department of the Treasury - Internal Revenue Service

Control no. 15	1 Wages, tips, other comp. 18248.00	2 Federal income tax withheld 1997.24
OMB No. 545-0008	3 Social security wages 18248.00	4 Social security tax withheld 766.43
	5 Medicare wages and tips 18248.00	6 Medicare tax withheld 264.61

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

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

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

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.

2011	15 State NY	Employer's state ID number	16 State wages, tips, etc. 18248.00
38-2099803 Form Wage and Tax V-2 Statement Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee.)	17 State income tax 494.32	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Department of the Treasury -- Internal Revenue Service

Control no. 35	1 Wages, tips, other comp. 18248.00	2 Federal income tax withheld 1997.24
OMB No. 1545-0008	3 Social security wages 18248.00	4 Social security tax withheld 766.43
This information is being furnished to the Internal Revenue Service.	5 Medicare wages and tips 18248.00	6 Medicare tax withheld 264.61

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

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

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

2011	15 State NY	Employer's state ID number	16 State wages, tips, etc. 18248.00
38-2099803 Form Wage and Tax W-2 Statement Copy B--To Be Filed With Employee's FEDERAL Tax Return.	17 State income tax 494.32	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Department of the Treasury -- Internal Revenue Service

Control no. 35	1 Wages, tips, other comp. 18248.00	2 Federal income tax withheld 1997.24
OMB No. 1545-0008	3 Social security wages 18248.00	4 Social security tax withheld 766.43
	5 Medicare wages and tips 18248.00	6 Medicare tax withheld 264.61

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

Social security tips 0.00	8 Allocated tips 0.00	9
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

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

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

2011	15 State NY	Employer's state ID number	16 State wages, tips, etc. 18248.00
38-2099803 Form Wage and Tax W-2 Statement Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 494.32	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Department of the Treasury -- Internal Revenue Service

Control no. 35	1 Wages, tips, other comp. 18248.00	2 Federal income tax withheld 1997.24
OMB No. 1545-0008	3 Social security wages 18248.00	4 Social security tax withheld 766.43
	5 Medicare wages and tips 18248.00	6 Medicare tax withheld 264.61

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
12b	12c	12d

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

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

2011	15 State NY	Employer's state ID number	16 State wages, tips, etc. 18248.00
38-2099803 Form Wage and Tax W-2 Statement Copy 2--To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax 494.32	18 Local wages, tips, etc.	
	19 Local income tax	20 Locality name	

Department of the Treasury -- Internal Revenue Service

For the year Jan. 1—Dec. 31, 2011, or other tax year beginning , 2011, 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/county Foreign postal code You Spouse

Filing Status 1 Single 2 X 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 X Yourself. If someone can claim you as a dependent, do not check box 6a 6b X Spouse Boxes checked on 6a and 6b 2

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qual. for child tax credit (see instr.). Rows include KRAMER WHITNEY Son, VINCENT WHITNEY Son, RUBEN WHITNEY Son. Total number of dependents on 6c: 3.

d Total number of exemptions claimed Add numbers on lines above 5

Income section table with columns for line number, description, and amount. Total income on line 22 is 31,353.

Adjusted Gross Income section table with columns for line number, description, and amount. Total adjusted gross income on line 37 is 30,068.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	30,068
39a	Check <input type="checkbox"/> You were born before January 2, 1947, if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. <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	

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,600
41	Subtract line 40 from line 38	41	18,468
42	Exemptions. Multiply \$3,700 by the number on line 6d	42	18,500
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0
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	0
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	
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 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	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	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	72
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	72

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	1,997
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Form 8812	65	1,000
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	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"/> 8839 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	2,997

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2,925
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	2,925
b	Routing number XXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2012 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) ▶ **[REDACTED]**

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

Paid

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
David R. Loiacono, CPA	David R. Loiacono, CPA	09/11/12	<input type="checkbox"/>	[REDACTED]

Preparer Use Only

Firm's name ▶	Firm's address ▶	Firm's EIN ▶
The Loiacono Firm, CPAs, P.C.	503 N George St Rome NY 13440-4101	[REDACTED]
Phone no.		
315-356-1150		

**SCHEDULE C
(Form 1040)**

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

OMB No. 1545-0074

2011

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 2011? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income			
1a Merchant card and third party payments. For 2011, enter -0-	0		
b Gross receipts or sales not entered on line 1a (see instructions)	31,659		
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line			
d Total gross receipts. Add lines 1a through 1c		1d	31,659
2 Returns and allowances plus any other adjustments (see instructions)		2	
3 Subtract line 2 from line 1d		3	31,659
4 Cost of goods sold (from line 42)		4	14,545
5 Gross profit. Subtract line 4 from line 3		5	17,114
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	17,114

Part II Expenses		Enter expenses for business use of your home only on line 30.	
8 Advertising	8	18 Office expense (see instructions)	18
9 Car and truck expenses (see instructions)	5,515	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)	2,606	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	350	25 Utilities	25
		26 Wages (less employment credits)	26
		27a Other expenses (from line 48)	4,096
		b Reserved for future use	27b
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		28	13,704
29 Tentative profit or (loss). Subtract line 28 from line 7		29	3,410
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere		30	2,825
31 Net profit or (loss). Subtract line 30 from line 29.		31	585
<ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. • If 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.		32b <input type="checkbox"/> Some investment is not at risk.	
• If you checked 32b, you must attach Form 6198. Your loss may be limited.			

LANCE WHITNEY

Schedule C (Form 1040) 2011 **RETAIL SERVICES**

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36 Purchases less cost of items withdrawn for personal use	36	3,501
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs See Statement 1	39	11,044
40 Add lines 35 through 39	40	14,545
41 Inventory at end of year	41	0
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	14,545

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

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

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

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

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

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

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

DOMAIN REGISTRATION	540
BUSINESS PHONE/INTERNET	2,292
OUTSIDE FEES	245
PAYPAL EXPENSE	1,019
48 Total other expenses. Enter here and on line 27a	48 4,096

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**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See Instructions for Schedule D (Form 1040).
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011

Attachment
Sequence No. **12**

Name(s) shown on return

LANCE & SHARRY L. WHITNEY

Your social security number

[REDACTED]

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I	247	314	0	- 67
2 Short-term totals from all Forms 8949 with box B checked in Part I				
3 Short-term totals from all Forms 8949 with box C checked in Part I				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	
7 Net short-term capital gain or (loss) . Combine lines 1 through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	- 67

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II				
9 Long-term totals from all Forms 8949 with box B checked in Part II	37,990	25,883	0	12,107
10 Long-term totals from all Forms 8949 with box C checked in Part II				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	
15 Net long-term capital gain or (loss) . Combine lines 8 through 14 in column (h). Then go to Part III on the back			15	12,107

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

Schedule D (Form 1040) 2011

LANCE & SHARRY L. WHITNEY

Schedule D (Form 1040) 2011

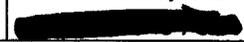
Part III Summary

16 Combine lines 7 and 15 and enter the result	16	12,040
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains?		
<input checked="" type="checkbox"/> Yes. Go to line 18.		
<input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20 Are lines 18 and 19 both zero or blank?		
<input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:	21	
<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 		
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
<input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
<input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

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

Your social security number

LANCE & SHARRY L. WHITNEY



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

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

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

- (A) Long-term transactions reported on Form 1099-B with basis reported to the IRS
(B) Long-term transactions reported on Form 1099-B but basis not reported to the IRS
(C) Long-term transactions for which you cannot check box A or B

Table with 7 columns: (a) Description of property, (b) Code, (c) Date acquired, (d) Date sold, (e) Sales price, (f) Cost or other basis, (g) Adjustments to gain or loss. Rows include HONEYWELL INTERNATIONAL and GE.

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

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ See separate instructions.

Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income ▶

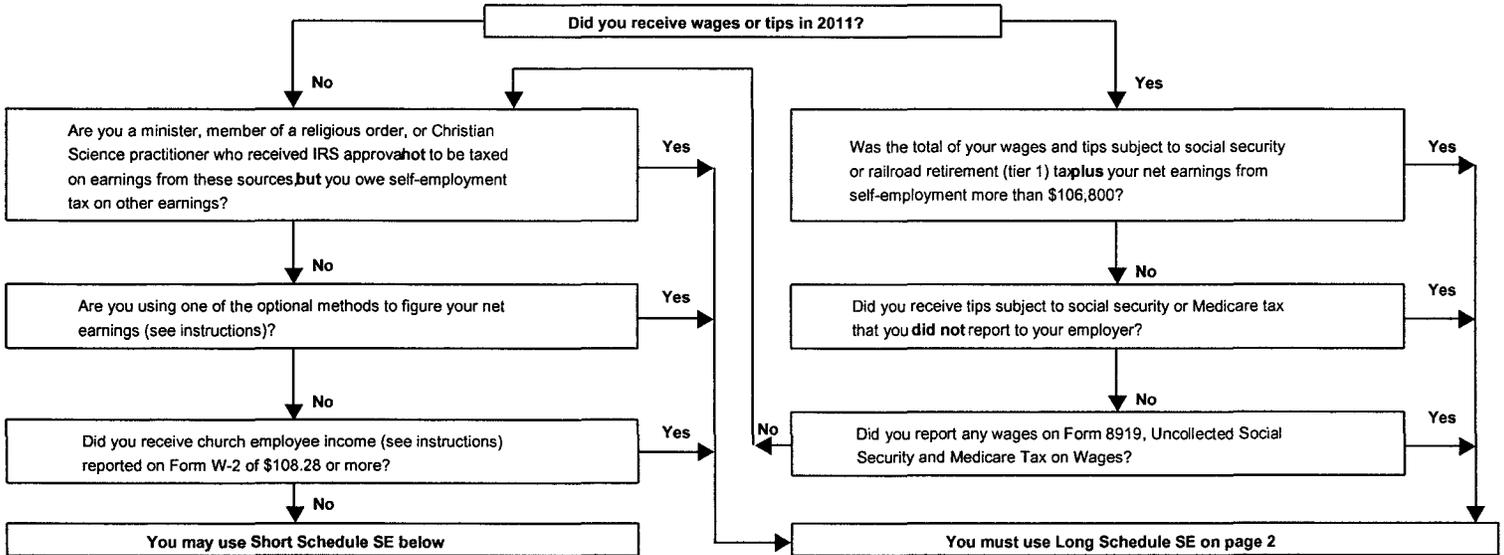
LANCE

WHITNEY

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	585
3 Combine lines 1a, 1b, and 2	3	585
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	540
5 Self-employment tax. If the amount on line 4 is: • \$106,800 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 \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	72
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	41

Form **8812**

Additional Child Tax Credit

1040
1040A
1040NR

8812

OMB No. 1545-0074

2011

Attachment Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return

LANCE & SHARRY L. WHITNEY

Your social security number

[REDACTED]

Part I All 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.		1	1,000
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48		2	
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit		3	1,000
4a	Earned income (see instructions on back)	4a		18,792
b	Nontaxable combat pay (see instructions on back)	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		15,792
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 II 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 II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		6	2,369

Part II Certain Filers Who Have Three or More Qualifying Children

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 instructions on back	7		
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.	8		
9	Add lines 7 and 8	9		
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 instructions on back). 1040NR filers: Enter the amount from Form 1040NR, line 65.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Enter the larger of line 6 or line 11. Next, enter the smaller of line 3 or line 12 on line 13.	12		

Part III Additional Child Tax Credit

13	This is your additional child tax credit	13	1,000
-----------	--	-----------	--------------

1040
1040A
1040NR

Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63.

Form **8917**

Tuition and Fees Deduction

OMB No. 1545-0074

2011

Department of the Treasury
Internal Revenue Service

See Instructions.
Attach to Form 1040 or Form 1040A.

Attachment
Sequence No. **60**

Name(s) shown on return

LANCE & SHARRY L. WHITNEY

Your social security number

[REDACTED]



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 2011 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) Qualified expenses (see instructions)				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">First name</th> <th style="width: 50%;">Last name</th> </tr> <tr> <td>VINCENT</td> <td>WHITNEY</td> </tr> </table>	First name	Last name	VINCENT	WHITNEY	[REDACTED]	1,244
First name	Last name						
VINCENT	WHITNEY						
2	Add the amounts on line 1, column (c), and enter the total		1,244				
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15	31,353					
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	41					
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.		31,312				
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.		1,244				

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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.

2011

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

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 (365 days x 24 hours) (see instructions)	5	8,760 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	3,410
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	5,382
11	Real estate taxes (see instructions)	11	5,192
12	Add lines 9, 10, and 11	12	10,574
13	Multiply line 12, column (b) by line 7	13	1,511
14	Add line 12, column (a) and line 13	14	1,511
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	1,899
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	630
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	3,281
21	Other expenses (see instructions)	21	417
22	Add lines 16 through 21	22	4,328
23	Multiply line 22, column (b) by line 7	23	618
24	Carryover of operating expenses from 2010 Form 8829, line 42	24	
25	Add line 22 column (a), line 23, and line 24	25	618
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	618
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	1,281
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 2010 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	2,825
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	2,825

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 2012

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 **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2011

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	2,606
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
	See Statement 2	2,606	2,606
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	2,606
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	2,606
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	21,439
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	2,606
13	Carryover of disallowed deduction to 2012. 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 2011	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 2011 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	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 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	2,606
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	

For Paperwork Reduction Act Notice, see separate instructions.

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 79.67% 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) 10,357 31 Total commuting miles driven during the year 2,643 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 13,000 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 2011 tax year (see instructions): 43 Amortization of costs that began before your 2011 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	\$ 11,044
Total	\$ <u>11,044</u>

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RETAIL SERVICES

Statement 2 - Form 4562, Line 6 - Section 179 Expense

<u>Description of Property</u>	<u>Cost</u>	<u>Expense</u>
ADORAMA CAMERA	\$ 1,052	\$ 1,052
BEST BLANKS VINYL CUTTER	1,054	1,054
CANNON LARGE FORMAT PRINTER	500	500
Total	<u>\$ 2,606</u>	<u>\$ 2,606</u>

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Form **1040**

Auto Worksheet

2011

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	13,000		
2 a. Business miles (51 cents per mile)	5,178		
b. Business miles (55.5 cents per mile)	5,179		
3. Commuting mileage			
4. Other mileage	2,643		
5. Business use percentage	79.67 %		

Actual Expenses

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	79.67 %		
10. Business use portion of actual expenses			
11. Depreciation			
12. Total actual expense allowable. Add lines 6, 10 and 11			

Standard Mileage Rate Method

13. Business mileage (line 2) multiplied by applicable rate	5,515		
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate	5,515		

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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 a. Business miles (51 cents per mile)			
b. Business miles (55.5 cents per mile)			
3. Commuting mileage			
4. Other mileage			
5. Business use percentage			

Actual Expenses

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

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	Vehicle expense	Vehicle rentals	Vehicle depreciation	Total allowable deduction
	5,515			5,515

Form 1040	Child Tax Credit - Taxable Earned Income Worksheet	2011
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Name **LANCE & SHARRY L. WHITNEY** Taxpayer Identification Number XXXXXXXXXX

Before you begin:

- Use this worksheet only if you were sent here from the Line 11 Worksheet or line 4a of Form 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.

<p>1.a. Enter the amount from Form 1040, line 7 or Form 1040NR, line 8.</p> <p>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.</p> <p>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.</p> <p>2.a. Enter any statutory employee income reported on line 1 of Schedule C or C-EZ</p> <p>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.</p> <p>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</p> <p>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</p> <p>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.</p> <p>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 Form 8812, whichever applies.</p> <p>4. Enter any amount included on line 1a that is:</p> <p>a. A scholarship or fellowship grant not reported on Form W-2</p> <p>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)</p> <p>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.</p> <p>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.</p> <p>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</p> <p>c. Subtract line 5b from line 5a</p> <p>6. Enter the amount from Form 1040, line 27 or Form 1040NR, line 27</p> <p>7. Add lines 4a through 4c, 5c, and 6</p> <p>8. Subtract line 7 from line 3</p>	<p>1a. <u>18,248</u></p> <p>1b. _____</p> <p>2a. _____</p> <p>2b. <u>585</u></p> <p>2c. _____</p> <p>2d. _____</p> <p>2e. _____</p> <p>3. <u>18,833</u></p> <p>4a. _____</p> <p>4b. _____</p> <p>4c. _____</p> <p>5a. _____</p> <p>5b. _____</p> <p>5c. _____</p> <p>6. <u>41</u></p> <p>7. <u>41</u></p> <p>8. <u>18,792</u></p>
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- 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 Form 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	Net Earnings from Self-Employment Worksheet	2011
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Name LANCE & SHARRY L. WHITNEY	Taxpayer Identification Number [REDACTED]
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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	0	0
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	(0)	(0)
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)	585	_____
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	585	0
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	0	0
Net profit (loss) from self-employment activities - Schedule SE line 3	585	0
Church employee income - Schedule SE, Page 2 line 5a	_____	_____

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Form 1040, Dividend Income

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>
GE	\$ 314	\$ 314
HONEYWELL INTL	127	127
Total	<u>\$ 441</u>	<u>\$ 441</u>

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

<u>Description</u>	<u>Amount</u>
Mortgage ins. (8829, C, 1)	\$ 5,382
Total	\$ <u>5,382</u>

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

<u>Description</u>	<u>Amount</u>
Real estate taxes (8829, C, 1)	\$ 5,192
Total	\$ <u>5,192</u>

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

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

Client Copy**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	\$	\$ 417
Total	\$ <u>0</u>	\$ <u>417</u>

Federal Statements

RETAIL SERVICES

Form 4562, Line 11 - Business Income

<u>Description</u>	<u>Amount</u>
Wage Income	\$ 18,248
Business Income	3,191
Total Business Income	<u>21,439</u>

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Federal Asset Report
RETAIL SERVICES

FYE: 12/31/2011

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:										
14	ADORAMA CAMERA	7/01/11	1,052	X	X		N/A	5 HY 200DB	0	1,052
15	BEST BLANKS VINYL CUTTER	7/01/11	1,054	X	X		N/A	7 HY 200DB	0	1,054
16	CANNON LARGE FORMAT PRINTER	7/01/11	500	X	X		N/A	5 HY 200DB	0	500
			<u>2,606</u>				<u>N/A</u>		<u>0</u>	<u>2,606</u>
5-year GDS Property:										
14	ADORAMA CAMERA	7/01/11	N/A*	X	X		0	5 HY 200DB	0	0
16	CANNON LARGE FORMAT PRINTER	7/01/11	N/A*	X	X		0	5 HY 200DB	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
7-year GDS Property:										
15	BEST BLANKS VINYL CUTTER	7/01/11	N/A*	X	X		0	7 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	0	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
			<u>150,390</u>				<u>19,134</u>		<u>16,490</u>	<u>696</u>
Listed Property:										
2	2008 HONDA CRV	4/01/11	0	79.67			0	0 HY	0	0
			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		152,996				19,134		16,490	3,302
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>152,996</u>				<u>19,134</u>		<u>16,490</u>	<u>3,302</u>

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