

Form **1040****General Sales Tax Deduction Worksheet****2011**

Name as shown on return

**RONALD A & ANDREA C YAKERSON**

Taxpayer Identification Number

State of  
**TEXAS**

Locality of

**General Sales Tax from IRS Tables**

- |  |    |                   |
|--|----|-------------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37 .....   | 1. | <u>19,025</u>     |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) .....   | 2. | <u>          </u> |
| 3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation.<br>Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2011 ..... | 3. | <u>          </u> |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes .....  | 4. | <u>19,025</u>     |
| 5. Enter the amount from the sales tax table in the Schedule A instructions.<br>Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8<br>and enter the amount from line 5 on line 9 .....  | 5. | <u>332</u>        |
| 6. Enter the number of days of residence in state .....  | 6. | <u>          </u> |
| 7. Total days in year .....  | 7. | <u>365</u>        |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) .....  | 8. | <u>          </u> |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. ....   | 9. | <u>332</u>        |

**Local Sales Tax Using IRS Tables**

- |  |     |                   |
|--|-----|-------------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. ....   | 10. | <u>          </u> |
| 11. If you are a resident of Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. ....   | 11. | <u>          </u> |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) .....  | 12. | <u>          </u> |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) .....  | 13. | <u>          </u> |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) .....   | 14. | <u>          </u> |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.<br>Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18<br>and enter the amount from line 15 on line 19<br>If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.<br>Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18<br>and enter the amount from line 15 on line 19 ..... | 15. | <u>          </u> |
| 16. Enter the number of days of residence in locality .....  | 16. | <u>          </u> |
| 17. Total days in year .....   | 17. | <u>365</u>        |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) .....   | 18. | <u>          </u> |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. ....   | 19. | <u>          </u> |

**General Sales Tax Summary**

- |   |     |                   |
|---|-----|-------------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets .....     | 20. | <u>332</u>        |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets .....    | 21. | <u>          </u> |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables ..... | 22. | <u>332</u>        |
| 23. Enter the actual state and local general sales taxes paid .....                   | 23. | <u>          </u> |
| 24. Enter the greater of line 22 or line 23 .....                                     | 24. | <u>332</u>        |
| 25. Enter the state and local taxes paid on specified items (major purchases) .....   | 25. | <u>          </u> |
| 26. Add lines 24 and 25, this is the deductible General Sales tax .....               | 26. | <u>332</u>        |
| 27. Enter total state and local income taxes paid .....                               | 27. | <u>          </u> |

Enter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is greater, mark Schedule A, line 5b. If line 27 is greater, mark Schedule A, line 5a.

Form **1040** **Auto Worksheet** **2011**

Name **RONALD A & ANDREA C YAKERSON** Taxpayer Identification Number **[REDACTED]**

Description **VIDEO PRODUCTION SERVICE-EXPOSURE**  
 Form/Schedule **C** Unit number **1**  
 Vehicle 1 - Date **04/01/03** Description **GMC TRK-2003**  
 Vehicle 2 - Date \_\_\_\_\_ Description \_\_\_\_\_  
 Vehicle 3 - Date \_\_\_\_\_ Description \_\_\_\_\_

**General Information**

	Vehicle 1	Vehicle 2	Vehicle 3
1. Total mileage	23,925		
2 a. Business miles ( 51 cents per mile)	6,750		
b. Business miles ( 55.5 cents per mile)	6,750		
3. Commuting mileage	3,600		
4. Other mileage	6,825		
5. Business use percentage	56.43 %		

**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	56.43 %		
10. Business use portion of actual expenses			
11. Depreciation	1,002		
12. Total actual expense allowable. Add lines 6, 10 and 11	1,002		

**Standard Mileage Rate Method**

13. Business mileage (line 2) multiplied by applicable rate	7,189		
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate	7,189		

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			

	Vehicle expense	Vehicle rentals	Vehicle depreciation	Total allowable deduction
<b>Allowable Deduction</b>	<b>7,189</b>			<b>7,189</b>

Form **1040****Partner's Basis Worksheet Page 1****2011**

Name <b>RONALD A YAKERSON</b>		Taxpayer Identification Number [REDACTED]
Name of Entity <b>DIGITAL EXPOSURE</b>		EIN [REDACTED]
Passive Activity Type <b>NOT PASSIVE</b>		K1 Unit <b>1</b>

1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero	1.	<u>5,574</u>
<b>Increases to basis:</b>		
2. Capital contributions: Cash	2.	_____
3. Capital contributions: Property (adjusted basis)	3.	_____
4. Increase in share of partnership liabilities	4.	_____
5. Ordinary business income	5.	_____
6. Net rental real estate income	6.	_____
7. Other net rental income	7.	_____
8. Interest	8.	_____
9. Dividends	9.	_____
10. Royalties	10.	_____
11. Net short-term capital gain	11.	_____
12. Net long-term capital gain	12.	_____
13. Net 28% rate capital gain	13.	_____
14. Net section 1231 gain and ordinary business gains	14.	_____
15. Tax-exempt interest and other tax-exempt income	15.	_____
16. Other income	16.	_____
17. Excess of deductions for depletion over basis of property (other than oil and gas)	17.	_____
18. Other increases	18.	_____
19. Total increases to basis. Combined lines 2 through 18	19.	<u>0</u>
20. <b>Adjusted basis before items decreasing basis.</b> Add line 1 and line 19	20.	<u>5,574</u>
<b>Decreases to basis:</b>		
21. Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A)	21.	_____
22. Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C)	22.	_____
23. Decrease in share of partnership liabilities	23.	_____
24. Total distributions. Combine lines 21 through 23	24.	<u>0</u>
25. Nondeductible noncapital expenses. (See Partner's Basis Worksheet Page 2)	25.	<u>537</u>
26. Oil and gas property depletion deduction up to adjusted basis of property	26.	_____
27. Other decreases	27.	_____
28. Total decreases to basis except items of loss and deductions. Combine lines 24 through 27	28.	<u>537</u>
29. <b>Adjusted basis before items of loss or deductions</b> (Subtract line 28 from line 20. Do not enter less than zero)	29.	<u>5,037</u>
30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)	30.	<u>2,925</u>
31. Basis at the end of the year. (Subtract line 30 from line 29. Do not enter less than zero)	31.	<u>2,112</u>

**Gain Recognized on Distributions**

32. Total distributions less property distributions. Subtract line 22 from line 24	32.	_____
33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27.	33.	_____
34. <b>Gain recognized on excess distributions.</b> (Subtract line 33 from line 32)	34.	_____
• Sch E page 2, ordinary income	_____	_____
• Sch D/8949, short-term capital gain	_____	_____
• Sch D/8949, long-term capital gain	_____	_____
35. <b>Gain recognized on appreciated property</b>	35.	_____
36. <b>Total gain recognized on distributions</b>	36.	<u>0</u>

**Federal Statements****VIDEO PRODUCTION SERVICE-EXPOSURE****Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs**

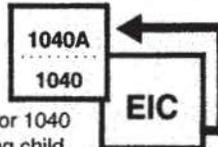
<u>Description</u>	<u>Amount</u>
SUBCONTRACTORS	\$ 5,375
LOCATION SITE TALENT	36,810
TOTAL	<u>\$ 42,185</u>

**SING. FAM. RES.****Statement 2 - Schedule E, Line 19 - Other Expenses**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
H.O.A. FEES	\$ 720		\$ 720
TOTAL	<u>\$ 720</u>		<u>\$ 720</u>

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**  
Qualifying Child Information



OMB No. 1545-0074

**2011**

Attachment Sequence No. **43**

Department of the Treasury  
Internal Revenue Service (99)

Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

Name(s) shown on return

**RONALD A**

**YAKERSON**

Your social security number

**Before you begin:**

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



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

**CAUTION**

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

**Qualifying Child Information**

**Child 1**

**Child 2**

**Child 3**

**1 Child's name**

If you have more than three qualifying children, you only have to list three to get the maximum credit.

First name Last name

**YAKERSON**

First name Last name

**YAKERSON**

First name Last name

**2 Child's SSN**

The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2011. If your child was born and died in 2011 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.

**3 Child's year of birth**

Year 1998

If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year 2001

If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year \_\_\_\_\_

If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

**4a** Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?

Yes.  No.

Go to line 5. Go to line 4b.

Yes.  No.

Go to line 5. Go to line 4b.

Yes.  No.

Go to line 5. Go to line 4b.

**b** Was the child permanently and totally disabled during any part of 2011?

Yes.  No.

Go to line 5. The child is not a qualifying child.

Yes.  No.

Go to line 5. The child is not a qualifying child.

Yes.  No.

Go to line 5. The child is not a qualifying child.

**5 Child's relationship to you**  
(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)

**SON**

**SON**

**6 Number of months child lived with you in the United States during 2011**

• If the child lived with you for more than half of 2011 but less than 7 months, enter "7".

• If the child was born or died in 2011 and your home was the child's home for the entire time he or she was alive during 2011, enter "12."

12 months  
Do not enter more than 12 months.

12 months  
Do not enter more than 12 months.

\_\_\_\_\_ months  
Do not enter more than 12 months.

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

Schedule EIC (Form 1040A or 1040) 2011

Form **8812**

# Additional Child Tax Credit

1040  
1040A  
1040NR

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.

**8812**

Name(s) shown on return

**RONALD A & ANDREA C YAKERSON**

Your social security number

## Part I All Filers

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). <b>1040NR filers:</b> 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.		<b>1</b>	<b>2,000</b>
<b>2</b>	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48		<b>2</b>	
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit		<b>3</b>	<b>2,000</b>
<b>4a</b>	Earned income (see instructions on back)	<b>4a</b>		<b>30,793</b>
<b>b</b>	Nontaxable combat pay (see instructions on back)	<b>4b</b>		
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	<b>5</b>		<b>27,793</b>
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.		<b>6</b>	<b>4,169</b>

## Part II Certain Filers Who Have Three or More Qualifying Children

<b>7</b>	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		<b>7</b>	
<b>8</b>	<b>1040 filers:</b> 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. <b>1040A filers:</b> Enter -0-. <b>1040NR filers:</b> 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.		<b>8</b>	
<b>9</b>	Add lines 7 and 8		<b>9</b>	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69. <b>1040A filers:</b> 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). <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 65.		<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0-		<b>11</b>	
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 <b>Next,</b> enter the <b>smaller</b> of line 3 or line 12 on line 13.		<b>12</b>	

## Part III Additional Child Tax Credit

<b>13</b>	This is your additional child tax credit	<b>13</b>	<b>2,000</b>
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1040  
1040A  
1040NR

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

Form **6251**

**Alternative Minimum Tax—Individuals**

OMB No. 1545-0074

**2011**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

Attachment  
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

**RONALD A & ANDREA C YAKERSON**

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	-7,527
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	9,017
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	0
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	Skip this line. It is reserved for future use	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	0
20	Loss limitations (difference between AMT and regular tax income or loss)	20	0
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.)	28	1,490

**Part II Alternative Minimum Tax (AMT)**

29	Exemption. (If you were under age 24 at the end of 2011, see instructions.)																
	<table border="0"> <tr> <td><b>IF your filing status is . . .</b></td> <td><b>AND line 28 is not over . . .</b></td> <td><b>THEN enter on line 29 . . .</b></td> <td></td> </tr> <tr> <td>Single or head of household</td> <td>\$112,500</td> <td>\$48,450</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>150,000</td> <td>74,450</td> </tr> <tr> <td>Married filing separately</td> <td>75,000</td> <td>37,225</td> </tr> </table>	<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>		Single or head of household	\$112,500	\$48,450	}	Married filing jointly or qualifying widow(er)	150,000	74,450	Married filing separately	75,000	37,225	29	74,450
<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>															
Single or head of household	\$112,500	\$48,450	}														
Married filing jointly or qualifying widow(er)	150,000	74,450															
Married filing separately	75,000	37,225															
	If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.																
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	0														
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here.</li> <li><b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li> </ul>	31															
32	Alternative minimum tax foreign tax credit (see instructions)	32															
33	Tentative minimum tax. Subtract line 32 from line 31	33	0														
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34															
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0														

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

Form **6251** (2011)

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2011**

Attachment Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ **See separate instructions.**

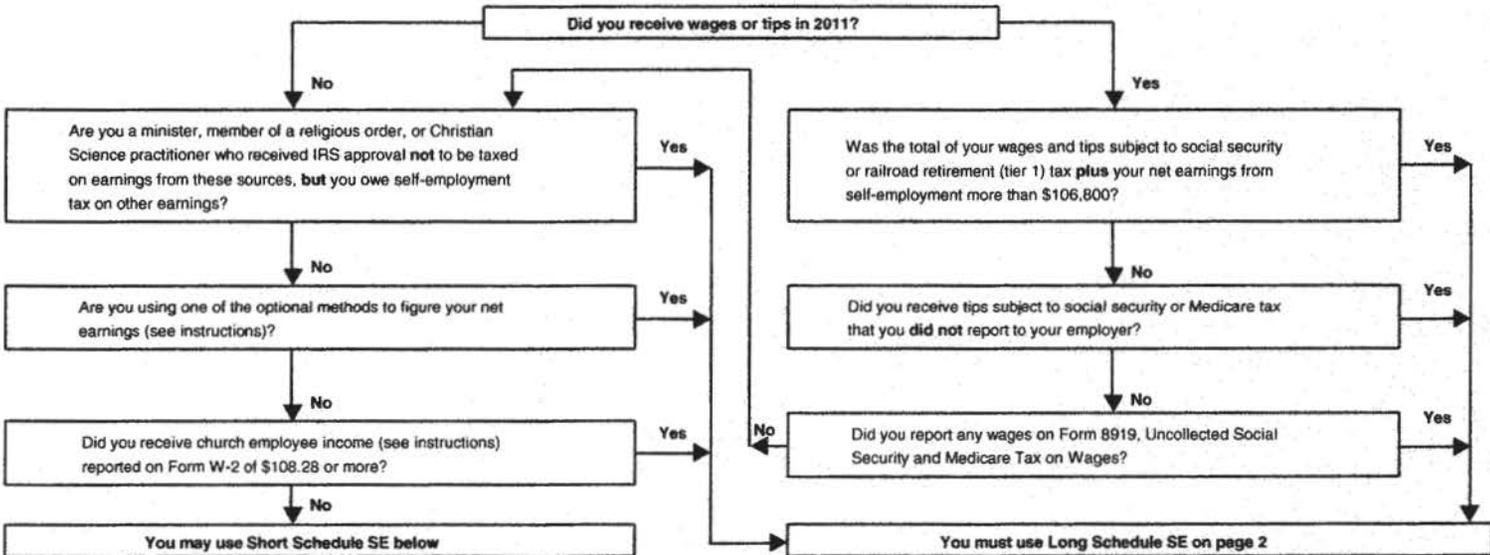
Name of person with **self-employment** income (as shown on Form 1040)  
**RONALD A YAKERSON**

Social security number of person with **self-employment** income ▶ **[REDACTED]**

**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.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	<b>1a</b>	
<b>b</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	<b>1b</b>	
<b>2</b> 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	<b>2</b>	<b>29,948</b>
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	<b>29,948</b>
<b>4</b> 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 <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	<b>27,657</b>
<b>5 Self-employment tax.</b> If the amount on line 4 is: ● \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on <b>Form 1040, line 56, or Form 1040NR, line 54</b> ● 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 <b>Form 1040, line 56, or Form 1040NR, line 54</b>	<b>5</b>	<b>3,678</b>
<b>6 Deduction for employer-equivalent portion of self-employment tax.</b> 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 <b>Form 1040, line 27, or Form 1040NR, line 27</b>	<b>6</b>	<b>2,115</b>

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

Schedule SE (Form 1040) 2011

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

Your social security number

**RONALD A & ANDREA C YAKERSON**

**Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section.  Yes  No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	DIGITAL EXPOSURE	P		27-2821299	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		2,925		17,800
B				
C				
D				
29a Totals				17,800
b Totals		2,925		
30 Add columns (g) and (j) of line 29a				30 17,800
31 Add columns (f), (h), and (i) of line 29b				31 ( 2,925)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 14,875

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number	
A			
B			
Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, & 40. Enter the result here & on Form 1040, line 17, or Form 1040NR, line 18	41	9,355
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships,  
S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041. ▶ See separate instructions.

Name(s) shown on return

Your social security number

**RONALD A & ANDREA C YAKERSON**

- A** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)  Yes  No  
**B** If "Yes," did you or will you file all required Forms 1099?  Yes  No

**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**Caution.** For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, zip	Type—from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental		Personal Use Days	QJV
					Days	Days		
A	2829 CENT. OLYMPIC PARK AUSTIN, TEXAS 78732	1	A		365			
B			B					
C			C					

**Type of Property:**

- 1 Single Family Residence    3 Vacation/Short-Term Rental    5 Land    7 Self-Rental  
 2 Multi-Family Residence    4 Commercial    6 Royalties    8 Other (describe)

Income:	Properties		
	A	B	C
3a Merchant card and third party payments. For 2011, enter -0-	0		
3b Payments not reported to you on line 3a	17,550		
4 Total not including amounts on line 3a that are not income (see instructions)	17,550		

**Expenses:**

5 Advertising			
6 Auto and travel (see instructions)			
7 Cleaning and maintenance			
8 Commissions			
9 Insurance	1,009		
10 Legal and other professional fees			
11 Management fees			
12 Mortgage interest paid to banks, etc. (see instructions)	7,481		
13 Other interest			
14 Repairs			
15 Supplies			
16 Taxes	7,496		
17 Utilities			
18 Depreciation expense or depletion	6,364		
19 Other (list) ▶ SEE STATEMENT 2	720		
20 Total expenses. Add lines 5 through 19	23,070		
21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	-5,520		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	5,520		

23a Total of all amounts reported on line 3a for all rental properties			
b Total of all amounts reported on line 3a for all royalty properties			
c Total of all amounts reported on line 4 for all rental properties		17,550	
d Total of all amounts reported on line 4 for all royalty properties			
e Total of all amounts reported on line 12 for all properties		7,481	
f Total of all amounts reported on line 18 for all properties		6,364	
g Total of all amounts reported on line 20 for all properties		23,070	

24 <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	24	0
25 <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	5,520
26 <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	-5,520

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

DAA

**RONALD A & ANDREA C YAKERSON**

Schedule D (Form 1040) 2011

**Part III Summary**

16 Combine lines 7 and 15 and enter the result	16	-82,093
<ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17 Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions	18	
19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions	19	
20 Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> 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 <b>smaller</b> of:  <ul style="list-style-type: none"> <li>● The loss on line 16 or</li> <li>● (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	3,000
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.		

**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

**RONALD A & ANDREA C YAKERSON**

Your social security number

**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 <b>box A</b> checked in <b>Part I</b> .....				
2 Short-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part I</b> .....				
3 Short-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part I</b> .....				
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 <b>Capital Loss Carryover Worksheet</b> in the instructions .....				6 <b>5,426</b>
7 <b>Net short-term capital gain or (loss)</b> . 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 <b>-5,426</b>

**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 <b>box A</b> checked in <b>Part II</b> .....				
9 Long-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part II</b> .....				
10 Long-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part II</b> .....				
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 <b>Capital Loss Carryover Worksheet</b> in the instructions .....				14 <b>76,667</b>
15 <b>Net long-term capital gain or (loss)</b> . Combine lines 8 through 14 in column (h). Then go to Part III on the back .....				15 <b>-76,667</b>

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

Schedule D (Form 1040) 2011



**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](http://www.irs.gov/schedulec)

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>RONALD A YAKERSON</b>		Social security number (SSN) <b>[REDACTED]</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>VIDEO PRODUCTION SERVICE-EXPOSURE</b>	<b>B</b> Enter code from instructions ▶ <b>541990</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>DIGITAL VIDEO CREATIONS</b>	<b>D</b> Employer ID number (EIN), (see instr.)	
<b>E</b> Business address (including suite or room no.) ▶ <b>11421 VIRIDIAN WAY</b> City, town or post office, state, and ZIP code <b>AUSTIN TX 78739</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> 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
<b>H</b> If you started or acquired this business during 2011, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I</b> Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Part I Income</b>			
<b>1a</b> Merchant card and third party payments. For 2011, enter -0-	<b>1a</b>	0	
<b>b</b> Gross receipts or sales not entered on line 1a (see instructions)	<b>1b</b>	100,602	
<b>c</b> Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. <b>Caution.</b> See instr. before completing this line	<b>1c</b>		
<b>d Total gross receipts.</b> Add lines 1a through 1c	<b>1d</b>	100,602	
<b>2</b> Returns and allowances plus any other adjustments (see instructions)	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	100,602	
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	42,185	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	58,417	
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>		
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	58,417	

<b>Part II Expenses</b>		<b>Enter expenses for business use of your home only on line 30.</b>			
<b>8</b> Advertising	<b>8</b>	720	<b>18</b> Office expense (see instructions)	<b>18</b>	1,428
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	7,189	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	8,400
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	617
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	1,095
<b>17</b> Legal and professional services	<b>17</b>	1,241	<b>25</b> Utilities	<b>25</b>	
			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27a</b> Other expenses (from line 48)	<b>27a</b>	22,654
			<b>b</b> Reserved for future use	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	43,344			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	15,073			
<b>30</b> Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	<b>30</b>				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.	<b>31</b>	15,073			
• 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.					
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).			<b>32a</b> <input type="checkbox"/> All investment is at risk.		
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3.			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		
• If you checked 32b, you must attach Form 6198. Your loss may be limited.					

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

Schedule C (Form 1040) 2011

**SCHEDULE B**  
**(Form 1040A or 1040)**

**Interest and Ordinary Dividends**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ See instructions on back.

Name(s) shown on return

Your social security number

**RONALD A & ANDREA C YAKERSON**

[REDACTED]

**Part I**  
**Interest**

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

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

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

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

**Amount**

**1**

**2**

**3**

**4**

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

**Amount**

**Part II**  
**Ordinary Dividends**

**5** List name of payer ▶  
**WALT DISNEY CO.**

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

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

**6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

**5**

**6**

**32**

**32**

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

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Part III**  
**Foreign Accounts and Trusts**

(See instructions on back.)

**7a** At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements

**b** If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶

**8** During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

**Yes No**

**X**

**X**

**Tax and Credits**

38	Amount from line 37 (adjusted gross income)	38	19,025
39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	26,552
41	Subtract line 40 from line 38	41	-7,527
42	Exemptions. Multiply \$3,700 by the number on line 6d	42	14,800
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	3,678
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	3,678

**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	9
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	3,216
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Form 8812	65	2,000
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	5,225

**Refund**

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	1,547
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	1,547
b	Routing number <input type="text"/>		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
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 **ROBERT S CLARKE, C.P.A.** Personal identification number (PIN)  Phone no. **310-842-7238**

**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 **SELF-EMPLOYED** Daytime phone number **818-768-9101**

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation **H/M** If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

**Paid**

Print/Type preparer's name **ROBERT S CLARKE, C.P.A.** Preparer's signature **ROBERT S CLARKE, C.P.A.** Date \_\_\_\_\_ Check  self-employed  PTIN

**Preparer Use Only**

Firm's name **ROBERT S CLARKE, C.P.A.** Firm's EIN   
 Firm's address **11100 WASHINGTON BLVD CULVER CITY CA 90232** Phone no. **310-842-7238**

**SCHEDULE A**  
**(Form 1040)**
**Itemized Deductions**

OMB No. 1545-0074

**2011**
Attachment  
Sequence No. **07**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

**RONALD A & ANDREA C YAKERSON**

<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions) .....	1			
	2 Enter amount from Form 1040, line 38 <input type="text" value="2"/>	2			
	3 Multiply line 2 by 7.5% (.075) .....	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	
<b>Taxes You Paid</b>	5 State and local (check only one box):	5		332	
	a <input type="checkbox"/> Income taxes, or				
	b <input checked="" type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions) .....	6		8,308	
	7 Personal property taxes .....	7			
8 Other taxes. List type and amount ▶ <b>CAR LICENSES</b>	8		377		
9 Add lines 5 through 8				9	9,017
<b>Interest You Paid</b>	10 Home mortgage interest and points reported to you on Form 1098	10		16,925	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
	12 Points not reported to you on Form 1098. See instructions for special rules .....	12			
	13 Mortgage insurance premiums (see instructions) .....	13			
	14 Investment interest. Attach Form 4952 if required. (See instructions.) .....	14			
	15 Add lines 10 through 14				15
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions .....	16		360	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 .....	17		250	
	18 Carryover from prior year .....	18			
	19 Add lines 16 through 18				19
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) .....				20
<b>Job Expenses and Certain Miscellaneous Deductions</b>	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22 Tax preparation fees .....	22			
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38 <input type="text" value="25"/>	25			
	26 Multiply line 25 by 2% (.02) .....	26			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	
<b>Other Miscellaneous Deductions</b>	28 Other—from list in instructions. List type and amount ▶				28
<b>Total Itemized Deductions</b>	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29			26,552
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

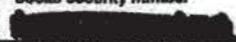
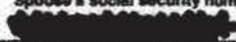
Form **8879****IRS e-file Signature Authorization**

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 <b>RONALD A YAKERSON</b>		Social security number 
Spouse's name  <b>YAKERSON</b>		Spouse's social security number 

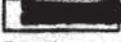
**Part I Tax Return Information — Tax Year Ending December 31, 2012 (Whole Dollars Only)**

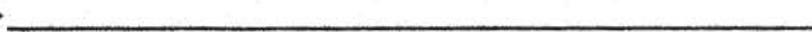
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	13,854
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	2,935
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	30
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	3,504
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)**

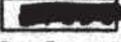
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2012, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the 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 ROBERT CLARKE, CPA to enter or generate my PIN  as my signature on my tax year 2012 electronically filed income tax return. ERO firm name 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 **08/16/13**

Spouse's PIN: check one box only

- I authorize ROBERT CLARKE, CPA to enter or generate my PIN  as my signature on my tax year 2012 electronically filed income tax return. ERO firm name 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 **08/16/13****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.

  
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 **ROBERT CLARKE, CPA** Date **08/16/13****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested****TAXPAYER'S COPY**

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

DAA

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2012** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial **RONALD A** Last name **YAKERSON** Your social security number [REDACTED]

If a joint return, spouse's first name and initial [REDACTED] Last name **YAKERSON** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **11421 VIRIDIAN WAY** TAXPAYER'S COPY ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **AUSTIN TX 78739** Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

Foreign country name Foreign province/state/courty Foreign postal code

**Filing Status** 1  Single 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. 2  Married filing jointly (even if only one had income) 5  Qualifying widow(er) with dependent child 3  Married filing separately. Enter spouse's SSN above and full name here. ▶

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **2** b  Spouse } No. of children on 6c who: c Dependents: (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.)  lived with you **2**  did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)
[REDACTED]	<b>YAKERSON</b>	[REDACTED]	<b>SON</b>	<input checked="" type="checkbox"/>
[REDACTED]	<b>YAKERSON</b>	[REDACTED]	<b>SON</b>	<input checked="" type="checkbox"/>

d Total number of exemptions claimed Add numbers on lines above ▶ **4**

<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	<b>4,029</b>
	8a Taxable interest. Attach Schedule B if required	8a	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b Tax-exempt interest. Do not include on line 8a	8b	
	9a Ordinary dividends. Attach Schedule B if required	9a	<b>108</b>
	b Qualified dividends	9b	<b>108</b>
	10 Taxable refunds, credits, or offsets of state and local income taxes	10	
	11 Alimony received	11	
If you did not get a W-2, see instructions.	12 Business income or (loss). Attach Schedule C or C-EZ	12	<b>23,895</b>
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	<b>-3,000</b>
	14 Other gains or (losses). Attach Form 4797	14	
	15a IRA distributions	15a	
	b Taxable amount	15b	
	16a Pensions and annuities	16a	
	b Taxable amount	16b	
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	<b>-5,615</b>
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20a Social security benefits	20a	
	b Taxable amount	20b	
	21 Other income. List type and amount	21	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	<b>19,417</b>

<b>Adjusted Gross Income</b>	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25 Health savings account deduction. Attach Form 8889	25	
	26 Moving expenses. Attach Form 3903	26	
	27 Deductible part of self-employment tax. Attach Schedule SE	27	<b>1,688</b>
	28 Self-employed SEP, SIMPLE, and qualified plans	28	
	29 Self-employed health insurance deduction	29	<b>3,875</b>
	30 Penalty on early withdrawal of savings	30	
	31a Alimony paid b Recipient's SSN ▶	31a	
	32 IRA deduction	32	
	33 Student loan interest deduction	33	
	34 Tuition and fees. Attach Form 8917	34	
	35 Domestic production activities deduction. Attach Form 8903	35	
	36 Add lines 23 through 35	36	<b>5,563</b>
	37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	<b>13,854</b>

TAXPAYER'S COPY

**SCHEDULE B**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

(Form 1040A or 1040)

▶ Attach to Form 1040A or 1040.

**2012**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

Attachment  
Sequence No. **08**

Name(s) shown on return

**RONALD A & ANDREA C YAKERSON**

Your social security number

**[REDACTED]**

**Part I  
Interest**

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

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

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

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a

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

**Part II  
Ordinary Dividends**

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

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

**5** List name of payer ▶  
**WALT DISNEY CO.**

**6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a

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

**Part III  
Foreign Accounts and Trusts**

(See instructions on back.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2012, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ▶
- 8** During 2012, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

**Amount**

**1**

**2**

**3**

**4**

**Amount**

**108**

**5**

**6**

**108**

**Yes No**

Taxpayer Name RONALD A YAKERSON  
 Spouse Name ANDREA C YAKERSON

**DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO**

**ERO Declaration**

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**ERO Signature**

I am signing this Tax Return by entering my PIN below.

ERO's PIN 96522212345

**Taxpayer Declarations**

**Perjury Statement**

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

**Electronic Funds Withdrawal Consent**

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or 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.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 08/16/13

Taxpayer's PIN (enter five numbers, other than all zeroes)           

Spouse's PIN (enter five numbers, other than all zeroes)           

**Form 1310 Signature and Verification**

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund \_\_\_\_\_

Date \_\_\_\_\_

**TAXPAYER'S COPY**



**Federal Asset Report**

FYE: 12/31/2012

**VIDEO PRODUCTION**

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Listed Property:</b>								
1	GMC TRUCK	1/01/12	0	62.50	0	0 HY	0	0
			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0		0		0	0
	<b>Less: Dispositions and Transfers</b>		0		0		0	0
	<b>Less: Start-up/Org Expense</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>

**Federal Asset Report**  
**VIDEO PRODUCTION SERVICE**

FYE: 12/31/2012

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Listed Property:</b>									
1	GMC TRK	10/01/12	0	62.22		0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

**Federal Asset Report**

FYE: 12/31/2012

**VIDEO PRODUCTION SERVICE-EXPOSURE**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	VIDEO EQUIP	6/01/99	8.120			8.120	5 HY S/L	8.120	0
			<u>8.120</u>			<u>8.120</u>		<u>8.120</u>	<u>0</u>
<b>Listed Property:</b>									
2	GMC TRK-2003	4/01/03	33.000	61.65		16.132	5 HY 150DB	29.730	Std. Mileage
			<u>33.000</u>			<u>16.132</u>		<u>29.730</u>	<u>0</u>
	<b>Grand Totals</b>		41.120			24.252		37.850	0
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>41.120</u>			<u>24.252</u>		<u>37.850</u>	<u>0</u>

**Federal Asset Report**

FYE: 12/31/2012

**SING. FAM. RES.**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
2	SING. FAM. RES	6/14/06	227,592			227,592	27 MMS/L	31,531	5,690
			<u>227,592</u>			<u>227,592</u>		<u>31,531</u>	<u>5,690</u>
<b>Other Depreciation:</b>									
1		6/14/06	60,000			60,000	0 -- Land	0	0
3	ESCROW FEES	6/14/06	6,742			6,742	10 MO S/L	3,708	674
	<b>Total Other Depreciation</b>		<u>66,742</u>			<u>66,742</u>		<u>3,708</u>	<u>674</u>
	<b>Total ACRS and Other Depreciation</b>		<u>66,742</u>			<u>66,742</u>		<u>3,708</u>	<u>674</u>
	<b>Grand Totals</b>		294,334			294,334		35,239	6,364
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	<b>Net Grand Totals</b>		<u>294,334</u>			<u>294,334</u>		<u>35,239</u>	<u>6,364</u>

**AMT Asset Report**

FYE: 12/31/2012

**VIDEO PRODUCTION SERVICE-EXPOSURE**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
1	VIDEO EQUIP	6/01/99	8,120			8,120	5 HY S/L	7,984	0
			<u>8,120</u>			<u>8,120</u>		<u>7,984</u>	<u>0</u>
<b>Listed Property:</b>									
2	GMC TRK-2003	4/01/03	33,000	61.65		16,132	5 HY 150DB	29,730	Std. Mileage
			<u>33,000</u>			<u>16,132</u>		<u>29,730</u>	<u>0</u>
<b>Grand Totals</b>			41,120			24,252		37,714	0
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>41,120</u>			<u>24,252</u>		<u>37,714</u>	<u>0</u>

Form **1040****Child Tax Credit - Taxable Earned Income Worksheet****2012**

Name

Taxpayer Identification Number

**RONALD A & ANDREA C YAKERSON****Before you begin:**

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

1.a. Enter the amount from Form 1040, line 7 or Form 1040NR, line 8. ....	1a.	<u>4,029</u>
b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Form 8812, line 4b. This amount should be shown in Form(s) W-2, box 12, with code Q. ....	1b.	_____
<b>Next</b> , if you are filing Schedule C, C-EZ, F or SE, or you received a Schedule K-1 (Form 1065 or Form 1065-B), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.		
2.a. Enter any statutory employee income reported on line 1 of Schedule C or C-EZ. ....	2a.	_____
b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.* Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed nonfarm partnership expenses you deducted on Schedule E. Do not include any statutory employee income or any other amounts exempt from self-employment tax. ....	2b.	<u>23,895</u>
c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A.* Reduce this amount by any partnership section 179 expense deduction, any depletion on oil and gas properties, and any unreimbursed farm partnership expenses you deducted on Schedule E. Do not include any amounts exempt from self-employment tax. ....	2c.	_____
d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, Section B, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c. ....	2d.	_____
e. If line 2c is a profit, enter the smaller of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c. ....	2e.	_____
3. Add lines 1a, 1b, 2a, 2b, and 2e. If zero or less, stop. Do not complete the rest of this worksheet. Instead, enter -0- on line 2 of the Line 11 Worksheet or line 4a of Schedule 8812, whichever applies. ....	3.	<u>27,924</u>
4. Enter any amount included on line 1a that is:		
a. A scholarship or fellowship grant not reported on Form W-2. ....	4a.	_____
b. For work done while an inmate in a penal institution (enter "PRI" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR) ....	4b.	_____
c. A pension or annuity from a nonqualified deferred compensation plan or a section 457 plan (enter "DFC" and this amount on the dotted line next to line 7 of Form 1040 or line 8 of Form 1040NR). This amount may be shown in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received as a pension or annuity. ....	4c.	_____
5.a. Enter any amount included on line 3 that is also included on Form 2555, line 43, or Form 2555-EZ, line 18. Do not include any amount that is also included on line 4a, 4b, or 4c above. ....	5a.	_____
b. Enter the amount, if any, from Form 2555, line 44, that is also included on Schedule E in partnership net income or (loss), or deducted on Form 1040, line 27 or Form 1040NR, line 27; Schedule C; C-EZ; or F. ....	5b.	_____
c. Subtract line 5b from line 5a. ....	5c.	_____
6. Enter the amount from Form 1040, line 27 or Form 1040NR, line 27. ....	6.	<u>1,688</u>
7. Add lines 4a through 4c, 5c, and 6. ....	7.	<u>1,688</u>
8. Subtract line 7 from line 3. ....	8.	<u>26,236</u>

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

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

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2012**

Attachment  
Sequence No. **07**

▶ Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

▶ Attach to Form 1040.

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on Form 1040

Your social security number

**RONALD A & ANDREA C YAKERSON**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	Income taxes, or	5	357		
b	<input checked="" type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	8,920		
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶ <b>CAR LICENSES</b>	8			
9	Add lines 5 through 8			9	9,277
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>		10	16,377
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		<b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶</b>		11	
		<b>12 Points not reported to you on Form 1098. See instructions for special rules</b>		12	
		<b>13 Mortgage insurance premiums (see instructions)</b>		13	
		<b>14 Investment interest. Attach Form 4952 if required. (See instructions.)</b>		14	
		<b>15 Add lines 10 through 14</b>		15	16,377
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions</b>		16	
If you made a gift and got a benefit for it, see instructions.		<b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500</b>		17	
		<b>18 Carryover from prior year</b>		18	
		<b>19 Add lines 16 through 18</b>		19	
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>		20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶</b>		21	
		<b>22 Tax preparation fees</b>		22	
		<b>23 Other expenses—investment, safe deposit box, etc. List type and amount ▶</b>		23	
		<b>24 Add lines 21 through 23</b>		24	
		<b>25 Enter amount from Form 1040, line 38</b>		25	
		<b>26 Multiply line 25 by 2% (.02)</b>		26	
		<b>27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-</b>		27	
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ▶</b>		28	
<b>Total Itemized Deductions</b>		<b>29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40</b>		29	25,654
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here</b>			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2012

**RONALD A YAKERSON**

Schedule C (Form 1040) 2012 **VIDEO PRODUCTION SERVICE-EXPOSURE**

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	39,253
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs <b>SEE STATEMENT 1</b>	39	4,733
40	Add lines 35 through 39	40	43,986
41	Inventory at end of year	41	0
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4	42	43,986

**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) ▶	04/01/03
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:	
a	Business	11,514
b	Commuting (see instructions)	3,600
c	Other	3,561
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

POSTAGE	398
TELEPHONE	730
CELL PHONE	2,164
SUBSCRIPTIONS	300
COMPUTER SUPPLIES	833
ONSITE CATERING	1,415
AIR FARE TX TO LA & RETURN TX	2,821
CAR RENTAL TX TO LA	675
BANK SERV CHARGES	1,249
EQUIPMENT RENTAL	1,253
MARKETING	783
48 Total other expenses. Enter here and on line 27a	12,621

**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](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>RONALD A YAKERSON</b>		Social security number (SSN) [REDACTED]
<b>A</b> Principal business or profession, including product or service (see instructions) <b>VIDEO PRODUCTION SERVICE</b>	<b>B</b> Enter code from instructions ► <b>541990</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>DIGITAL EXPOSURE</b>	<b>D</b> Employer ID number (EIN), (see instr.) [REDACTED]	
<b>E</b> Business address (including suite or room no.) ► <b>11421 VIRIDIAN WAY</b> City, town or post office, state, and ZIP code <b>AUSTIN TX 78739</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> 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		
<b>H</b> If you started or acquired this business during 2012, check here <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I</b> 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		
<b>J</b> If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Part I Income</b>			
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		19,799
2 Returns and allowances (see instructions)	2		
3 Subtract line 2 from line 1	3		19,799
4 Cost of goods sold (from line 42)	4		9,385
5 <b>Gross profit.</b> Subtract line 4 from line 3	5		10,414
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 <b>Gross income.</b> Add lines 5 and 6	7		10,414

<b>Part II Expenses</b>		<b>Enter expenses for business use of your home only on line 30.</b>	
8 Advertising	8	625	18 Office expense (see instructions)
9 Car and truck expenses (see instructions)	9	1,554	19 Pension and profit-sharing plans
10 Commissions and fees	10		20 Rent or lease (see instructions):
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment
12 Depletion	12		b Other business property
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)
15 Insurance (other than health)	15		23 Taxes and licenses
16 Interest:			24 Travel, meals, and entertainment:
a Mortgage (paid to banks, etc.)	16a		a Travel
b Other	16b		b Deductible meals and entertainment (see instructions)
17 Legal and professional services	17	990	25 Utilities
			26 Wages (less employment credits)
			27a Other expenses (from line 48)
			27b Reserved for future use
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28		7,299
29 Tentative profit or (loss). Subtract line 28 from line 7	29		3,115
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29.	31		3,115
<ul style="list-style-type: none"> <li>• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If a loss, you must go to line 32.</li> </ul>			
32 If you have a loss, check the box that describes your investment in this activity (see instructions).			
<ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>			
		32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2012



Form **1040****Schedule EIC Worksheet 2****2012**

Name **RONALD A & ANDREA C YAKERSON** Taxpayer Identification Number **[REDACTED]**

**Earned Income Credit Worksheet B****1. Self-Employed, Clergy and People with Church Employee Income Filing Schedule SE**

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

1a. 23,895

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

1b. \_\_\_\_\_

c. Add lines 1a and 1b

1c. 23,895

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

1d. 1,688

e. Subtract line 1d from line 1c.

1e. 22,207**2. Self-Employed NOT Filing Schedule SE**

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

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

2a. \_\_\_\_\_

b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.

2b. \_\_\_\_\_

c. Add lines 2a and 2b.

2c. \_\_\_\_\_

**3. Statutory Employees Filing Schedule C or C-EZ**

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

3. \_\_\_\_\_

**4. All filers Using EIC Worksheet B**

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

4a. 4,029

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

4b. 26,236

Is the amount on line 4b less than:

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

**YES.** Continue on to line 5.

**NO. Stop,** you cannot take the credit.

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

5. 4,409

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

6. 13,854

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

7. If you have:

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

**YES.** Leave line 7 blank; enter the amount from line 5 on line 8.

**NO.** Look up the amount on line 6 in the EIC table in the instructions.

Use the correct column for your filing status and the number of children you have. Enter the credit here.

7. \_\_\_\_\_

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

8. 4,409

**Federal Statements****VIDEO PRODUCTION SERVICE-EXPOSURE****Schedule C, Line 1 - Gross Receipts or Sales**

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS AND SALES	\$ 92,798
TOTAL	\$ <u>92,798</u>

**VIDEO PRODUCTION SERVICE****Schedule C, Line 1 - Gross Receipts or Sales**

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS	\$ 19,799
TOTAL	\$ <u>19,799</u>

**VIDEO PRODUCTION****Schedule C, Line 1 - Gross Receipts or Sales**

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS	\$ 25,647
TOTAL	\$ <u>25,647</u>

**SING. FAM. RES.****Schedule E, Line 9 - Insurance**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
INSURANCE (RENT, 1)	\$ 1,081		\$ 1,081
TOTAL	\$ <u>1,081</u>		\$ <u>1,081</u>

**SING. FAM. RES.****Schedule E, Line 16 - Taxes**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
REAL ESTATE TAXES	\$ 7,719		\$ 7,719
TOTAL	\$ <u>7,719</u>		\$ <u>7,719</u>

Form **1040****Schedule EIC Worksheet 1****2012**

Name **RONALD A & ANDREA C YAKERSON** Taxpayer Identification Number **[REDACTED]**

**Worksheet 1. Investment Income****Interest and Dividends**

1. Enter any amount from Form 1040, line 8a. .... 1. \_\_\_\_\_
2. Enter any amount from Form 1040, line 8b plus any amount on Form 8814, line 1b. .... 2. \_\_\_\_\_
3. Enter any amount from Form 1040, line 9a. .... 3. 108
4. Enter the amount from Form 1040, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. .... 4. \_\_\_\_\_

**Capital Gain Net Income**

5. Enter the amount from Form 1040, line 13. If the amount on that line is a loss, enter zero. .... 5. 0
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter zero. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) .... 6. \_\_\_\_\_
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter zero.) .... 7. \_\_\_\_\_

**Royalties and Rental Income from Personal Property**

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

**Passive Activities**

11. Enter the total net income from passive activities. .... 11. \_\_\_\_\_
12. Add the amounts on lines 1, 2, 3, 4, 7, 10 and 11. Enter the total. This is your investment income. .... 12. 108

**Worksheet 2. Earned Income**

1. Enter the amount from line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ). .... 1. 4,029
2. If you received a taxable scholarship or fellowship grant that was not reported to you on a form W-2 but was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. .... 2. \_\_\_\_\_
3. Clergy. If you are a member of the clergy who files Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on line 7 (Form 1040), enter that amount. .... 3. \_\_\_\_\_
4. Church employees. If you received wages as a church employee, enter any amount you included on both line 5a of Schedule SE and line 7 (Form 1040). .... 4. \_\_\_\_\_
5. If you received a pension or annuity from a nonqualified deferred compensation plan or a section 457 plan and it was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. (This amount may be reported in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount of the pension or annuity.) .... 5. \_\_\_\_\_
6. Add the amounts on lines 2, 3, 4 and 5 of this worksheet. .... 6. \_\_\_\_\_
7. If you received nontaxable combat pay that you elect to include in earned income, enter this amount .... 7. \_\_\_\_\_
8. Subtract line 6 of this worksheet from line 1. Add to this amount any nontaxable combat pay from line 7. This is your earned income. .... 8. 4,029

Form **1040****Self-Employed Health Insurance Deduction Worksheet****2012**

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

**RONALD A YAKERSON**

Taxpayer Identification Number

Description **VIDEO PRODUCTION SERVICE-EXPOSURE** Form/Schedule **C** Unit number **1**

1. Enter the total amount paid in 2012 for health insurance coverage established under your business for 2012 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2012, even if the child was not your dependent. But do not include the following.
- Amounts for any month you were eligible to participate in a health plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2012.
  - Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.
  - Any amounts you included on Form 8885, line 4.
  - Any qualified health insurance premiums you paid to "U.S. Treasury-HCTC".
  - Any health coverage tax credit advance payments shown in box 1 of Form 1099-H.
  - Any payments for qualified long-term care insurance (see line 2)
2. For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of the following amounts.
- a) Total payments made for that person during the year.
- b) The amount shown below. Use the person's age at the end of the tax year.
- \$350 ---if that person is age 40 or younger
  - \$660 ---if age 41 to 50
  - \$1,310 ---if age 51 to 60
  - \$3,500 ---if age 61 to 70
  - \$4,370 ---if age 71 or older
- Do not include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2012. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts
- |  |     |  |               |
|--|-----|--|---------------|
| 1. Enter the total amount paid in 2012 for health insurance coverage established under your business for 2012 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2012, even if the child was not your dependent. But do not include the following.                                       | 1.  |  | <u>3,875</u>  |
| 2. For coverage under a qualified long-term care insurance contract, enter for each person covered the smaller of the following amounts.   |     |  |               |
| 3. Add lines 1 and 2   | 3.  |  | <u>3,875</u>  |
| 4. Enter your net profit* and any other earned income from the trade or business under which the insurance plan is established. Do not include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S Corporation, skip to line 11   | 4.  |  | <u>18,504</u> |
| 5. Enter the total of all net profits* from: Schedule C, line 31; Schedule C-EZ, line 3; Schedule F, line 34; or Sch K-1 (1065), box 14, Code A; plus any other income allocable to the profitable businesses. Do not include Conservation Reserve Program payments exempt from self-employment tax. Do not include any net losses shown on these schedules. | 5.  |  | <u>23,895</u> |
| 6. Divide line 4 by line 5   | 6.  |  | <u>0.7744</u> |
| 7. Multiply Form 1040, line 27, by the percentage on line 6  | 7.  |  | <u>1,307</u>  |
| 8. Subtract line 7 from line 4   | 8.  |  | <u>17,197</u> |
| 9. Enter the amount, if any, from Form 1040, line 28 attributable to the same trade or business in which the health insurance plan is established  | 9.  |  |               |
| 10. Subtract line 9 from line 8  | 10. |  | <u>17,197</u> |
| 11. Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder and in which the health insurance plan is established  | 11. |  |               |
| 12. Enter the amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above, or any amount from Form 2555-EZ, line 18, attributable to the amount entered on line 11 above  | 12. |  |               |
| 13. Subtract line 12 from line 10 or 11, whichever applies   | 13. |  | <u>17,197</u> |
| 14. Self-employed health insurance deduction. Enter the smaller of line 3 or line 13 here and on Form 1040, line 29. Do not include this amount in figuring any medical expense deduction on Schedule A (Form 1040)  | 14. |  | <u>3,875</u>  |

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

**Federal Statements****Form 1040, Dividend Income**

Payer	Ordinary Dividends	Qualified Dividends
WALT DISNEY CO.	\$ 108	\$ 108
TOTAL	<u>\$ 108</u>	<u>\$ 108</u>

**Schedule A, Line 5b - State and Local General Sales Taxes**

Description	Amount
GENERAL SALES TAX	\$ 357
TOTAL	<u>\$ 357</u>

**Schedule A, Line 6 - Real Estate Taxes**

Description	Amount
PRIMARY RES-TX	\$ 8,920
TOTAL	<u>\$ 8,920</u>

**Schedule A, Line 10 - Home Mortgage Interest & Points From Form 1098**

Description	Amount
WELLS FARGO	\$ 16,377
TOTAL	<u>\$ 16,377</u>

**Schedule A, Line 16 - Charitable Contributions by Cash or Check**

Description	Amount
MISC CHARITIES	\$
TOTAL	<u>\$ 0</u>

**Schedule A, Line 17 - Charitable Contributions Other Than Cash or Check**

Description	Amount
MISC THRIFT SHOPS	\$
TOTAL	<u>\$ 0</u>

Form **1040****Capital Loss Carryover Worksheets****2012**

Name

**RONALD A & ANDREA C YAKERSON**

Taxpayer Identification Number

**2012 to 2013 Capital Loss Carryover Worksheet**

Use this worksheet to figure your capital loss carryovers from 2012 to 2013 if Schedule D, Line 21, is a loss and (a) that loss is a smaller loss than the loss on Schedule D, line 16, or (b) Form 1040, line 41, is less than zero. Otherwise, you do not have any carryovers.

1. Enter the amount from Form 1040, line 41. If a loss, enclose the amount in parentheses .....	1.	<u>(11,800)</u>
2. Enter the loss from Schedule D, line 21, as a positive amount .....	2.	<u>3,000</u>
3. Combine lines 1 and 2. If zero or less, enter -0- .....	3.	<u>0</u>
4. Enter the smaller of line 2 or line 3 .....	4.	<u>          </u>
If line 7 of Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from Schedule D, line 7, as a positive amount .....	5.	<u>5,426</u>
6. Enter any gain from Schedule D, line 15. If a loss, enter -0- .....	6.	<u>          </u>
7. Add lines 4 and 6 .....	7.	<u>          </u>
8. Short-term capital loss carryover to 2013. Subtract line 7 from line 5. If zero or less, enter -0- .....	8.	<u>5,426</u>
If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from Schedule D, line 15, as a positive amount .....	9.	<u>76,667</u>
10. Enter any gain from Schedule D, line 7 .....	10.	<u>          </u>
11. Subtract line 5 from line 4. If zero or less, enter -0- .....	11.	<u>0</u>
12. Add lines 10 and 11 .....	12.	<u>          </u>
13. Long-term capital loss carryover to 2013. Subtract line 12 from line 9. If zero or less, enter -0- .....	13.	<u>76,667</u>

**2012 to 2013 Capital Loss Carryover Worksheet, AMT**

Use this worksheet to figure AMT capital loss carryovers from 2012 to 2013 if AMT Schedule D, Line 21, is a loss and (a) that loss is a smaller loss than the loss on AMT Schedule D, line 16 or (b) Form 6251, line 28 is a loss. Otherwise, you do not have any carryovers.

1. Enter the amount from Form 6251, line 28. If a loss, enclose the amount in parentheses .....	1.	<u>(2,523)</u>
2. Enter the loss from AMT Schedule D, line 21 as a positive amount .....	2.	<u>3,000</u>
3. Combine lines 1 and 2. If zero or less, enter -0- .....	3.	<u>477</u>
4. Enter the smaller of line 2 or line 3 .....	4.	<u>477</u>
If line 7 of AMT Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.		
5. Enter the loss from AMT Schedule D, line 7 as a positive amount .....	5.	<u>          </u>
6. Enter the gain, if any, from AMT Schedule D, line 15 .....	6.	<u>          </u>
7. Add lines 4 and 6 .....	7.	<u>          </u>
8. AMT Short-term capital loss carryover to 2013. Subtract line 7 from line 5. If zero or less, enter -0- .....	8.	<u>          </u>
If line 15 of AMT Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.		
9. Enter the loss from AMT Schedule D, line 15, as a positive amount .....	9.	<u>73,093</u>
10. Enter the gain, if any, from AMT Schedule D, line 7 .....	10.	<u>          </u>
11. Subtract line 5 from line 4. If zero or less, enter -0- .....	11.	<u>477</u>
12. Add lines 10 and 11 .....	12.	<u>477</u>
13. AMT Long-term capital loss carryover to 2013. Subtract line 12 from line 9. If zero or less, enter -0- .....	13.	<u>72,616</u>

**Form 982 Reduction of Capital Loss Carryovers to 2013**

	Regular	AMT
1. Subtract 2012 to 2013 Capital Loss Carryover Worksheet, line 7 from line 5 .....	1.	<u>          </u>
2. Form 982 line 9 reduction of tax attributes applied to short-term capital loss carryover .....	2.	<u>          </u>
3. Adjusted Short-term capital loss carryover to 2013. Subtract line 2 from line 1. Enter this amount on line 8 in the 2012 to 2013 Capital Loss Carryover Worksheet .....	3.	<u>          </u>
4. Subtract 2012 to 2013 Capital Loss Carryover Worksheet, line 12 from line 9 .....	4.	<u>          </u>
5. Form 982 line 9 reduction of tax attributes applied to long-term capital loss carryover .....	5.	<u>          </u>
6. Adjusted Long-term capital loss carryover to 2013. Subtract line 5 from line 4. Enter this amount on line 13 in the 2012 to 2013 Capital Loss Carryover Worksheet .....	6.	<u>          </u>

**SCHEDULE 8812**  
**(Form 1040A**  
**or 1040)**

# Child Tax Credit

OMB No. 1545-0074

**2012**

Attachment  
Sequence No. **47**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule 8812 and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

Name(s) shown on return

Your social security number

**RONALD A & ANDREA C YAKERSON**

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



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

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

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes  No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes  No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes  No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.  
 Yes  No

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

**Part II Additional Child Tax Credit Filers**

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). <b>1040NR filers:</b> 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.			
		<b>1</b>		<b>2,000</b>
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	<b>2</b>		
<b>3</b>	Subtract line 2 from line 1. If zero, stop; you cannot take this credit	<b>3</b>		<b>2,000</b>
<b>4a</b>	Earned income (see separate instructions)	<b>4a</b>	<b>26,236</b>	
<b>b</b>	Nontaxable combat pay (see separate instructions)	<b>4b</b>		
<b>5</b>	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	<b>5</b>	<b>23,236</b>	
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	<b>6</b>		<b>3,485</b>

**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](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>RONALD A YAKERSON</b>		Social security number (SSN) <b>[REDACTED]</b>
A Principal business or profession, including product or service (see instructions) <b>VIDEO PRODUCTION</b>	B Enter code from instructions ► <b>541990</b>	
C Business name. If no separate business name, leave blank. <b>DIGITAL EXPOSURE</b>	D Employer ID number (EIN), (see instr.)	
E Business address (including suite or room no.) ► <b>11421 VIRIDIAN WAY</b> City, town or post office, state, and ZIP code <b>AUSTIN TX 78739</b>		
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	1	25,647
2 Returns and allowances (see instructions)	2	
3 Subtract line 2 from line 1	3	25,647
4 Cost of goods sold (from line 42)	4	12,533
5 Gross profit. Subtract line 4 from line 3	5	13,114
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	13,114

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

8 Advertising	8	700	18 Office expense (see instructions)	18	815
9 Car and truck expenses (see instructions)	9	2,081	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	900
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	81
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	413
17 Legal and professional services	17	2,000	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	10,838	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	2,276	27a Other expenses (from line 48)	27a	3,848
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31	2,276			
<ul style="list-style-type: none"> <li>• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If a loss, you must go to line 32.</li> </ul>			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		
32 If you have a loss, check the box that describes your investment in this activity (see instructions). <ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>					

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

Schedule C (Form 1040) 2012

## RONALD A &amp; ANDREA C YAKERSON

Schedule D (Form 1040) 2012

Page 2

## Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-82,093
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17 Are lines 15 and 16 both gains? <input 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 <b>28% Rate Gain Worksheet</b> in the instructions	18	
19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> 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 the <b>Schedule D Tax Worksheet</b> 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 <b>smaller</b> of: <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> <b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.	21	( 3,000 )
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> 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.		

Schedule D (Form 1040) 2012

**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](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>RONALD A YAKERSON</b>		Social security number (SSN) [REDACTED]
<b>A</b> Principal business or profession, including product or service (see instructions) <b>VIDEO PRODUCTION SERVICE-EXPOSURE</b>	<b>B</b> Enter code from instructions ▶ <b>541990</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>DIGITAL EXPOSURE</b>	<b>D</b> Employer ID number (EIN), (see instr.) [REDACTED]	
<b>E</b> Business address (including suite or room no.) ▶ <b>11421 VIRIDIAN WAY</b> City, town or post office, state, and ZIP code <b>AUSTIN TX 78739</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> 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
<b>H</b> If you started or acquired this business during 2012, check here		
<b>I</b> 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
<b>J</b> If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Part I Income</b>			
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 92,798
2	Returns and allowances (see instructions)		2
3	Subtract line 2 from line 1		3 92,798
4	Cost of goods sold (from line 42)		4 43,986
5	Gross profit. Subtract line 4 from line 3		5 48,812
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 48,812

<b>Part II Expenses</b>		<b>Enter expenses for business use of your home only on line 30.</b>			
8	Advertising	8		18	737
9	Car and truck expenses (see instructions)	9	6,390	19	
10	Commissions and fees	10		20	
11	Contract labor (see instructions)	11		a	
12	Depletion	12		b	4,400
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	428
14	Employee benefit programs (other than on line 19)	14		22	
15	Insurance (other than health)	15		23	
16	Interest:			24	
a	Mortgage (paid to banks, etc.)	16a		a	302
b	Other	16b		b	1,070
17	Legal and professional services	17	4,360	25	
				26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			27a	12,621
29	Tentative profit or (loss). Subtract line 28 from line 7			27b	
30	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere			28	30,308
31	Net profit or (loss). Subtract line 30 from line 29.			29	18,504
	• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			30	
	• If a loss, you must go to line 32.			31	18,504
32	If you have a loss, check the box that describes your investment in this activity (see instructions).				
	• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.			32a	<input type="checkbox"/> All investment is at risk.
	• If you checked 32b, you must attach Form 6198. Your loss may be limited.			32b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2012

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	13,854
39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		

Standard Deduction for—

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

• All others:  
 Single or Married filing separately, \$5,950  
 Married filing jointly or Qualifying widow(er), \$11,900  
 Head of household, \$8,700

40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	25,654
41	Subtract line 40 from line 38	41	-11,800
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	15,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	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	

Other Taxes

47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0
56	Self-employment tax. Attach Schedule SE	56	2,935
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	2,935

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	30
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC)	64a	4,409
b	Nontaxable combat pay election <b>64b</b>		
65	Additional child tax credit. Attach Schedule 8812	65	2,000
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	6,439

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	3,504
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	3,504
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	

Amount You Owe

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

Third Party Designee

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

Designee's name **ROBERT S CLARKE, C.P.A.** Personal identification number (PIN)  Phone no. **310-842-7238**

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
<input type="text"/>	<input type="text"/>	<b>SELF-EMPLOYED</b>	<input type="text"/>
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.)
<input type="text"/>	<input type="text"/>	<b>H/M</b>	<input type="text"/>

Paid

Print/Type preparer's name **ROBERT S CLARKE, C.P.A.** Preparer's signature **ROBERT S CLARKE, C.P.A.** Date  Check  if self-employed  PTIN

Preparer Use Only

Firm's name **ROBERT S CLARKE, C.P.A.** Firm's EIN   
 Firm's address **11100 WASHINGTON BLVD CULVER CITY CA 90232** Phone no.

**TAXPAYER'S COPY**  
 Form 1040 (2012)

RONALD A YAKERSON

Schedule C (Form 1040) 2012 VIDEO PRODUCTION

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	10,856
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs SEE STATEMENT 3	39	1,677
40	Add lines 35 through 39	40	12,533
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	12,533

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

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	01/01/12
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:	
a	Business	3,750
b	Commuting (see instructions)	600
c	Other	1,650
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

POSTAGE	178
TELEPHONE	235
CELL PHONE	654
COMPUTER SUPPLIES	511
ON SITE CATERING	820
EQUIPMENT RENTAL	928
MARKETING	522

48 Total other expenses. Enter here and on line 27a 48 3,848

**SCHEDULE D  
(Form 1040)****Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.  
▶ Information about Schedule D and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).  
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

**2012**  
Attachment  
Sequence No. 12

Name(s) shown on return

Your social security number

**RONALD A & ANDREA C YAKERSON****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.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I				
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	5,426
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	-5,426

**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.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (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				
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	76,667
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	-76,667

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

Schedule D (Form 1040) 2012

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

OMB No. 1545-0074

**2012**

Attachment Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

**RONALD A & ANDREA C YAKERSON**

**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**A** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) Yes  No   
**B** If "Yes," did you or will you file all required Forms 1099? Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** 2829 CENT. OLYMPIC PARK, AUSTIN, TX 78732  
**B**  
**C**

1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	
			Fair Rental Days	Personal Use Days
A	1		366	
B				
C				

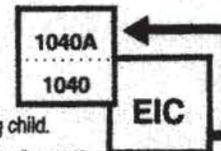
**Type of Property:**

- 1 Single Family Residence    3 Vacation/Short-Term Rental    5 Land    7 Self-Rental
- 2 Multi-Family Residence    4 Commercial    6 Royalties    8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	23,400		
4 Royalties received	4			
<b>Expenses:</b>				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	1,081		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	7,781		
13 Other interest	13			
14 Repairs	14	2,850		
15 Supplies	15			
16 Taxes	16	7,719		
17 Utilities	17			
18 Depreciation expense or depletion	18	6,364		
19 Other (list) ▶ SEE STATEMENT 4	19	3,220		
20 Total expenses. Add lines 5 through 19	20	29,015		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-5,615		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	5,615		
23a Total of all amounts reported on line 3 for all rental properties	23a	23,400		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c	7,781		
d Total of all amounts reported on line 18 for all properties	23d	6,364		
e Total of all amounts reported on line 20 for all properties	23e	29,015		
24 <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	24			0
25 <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			5,615
26 <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			-5,615

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

**SCHEDULE EIC**  
 (Form 1040A or 1040)

**Earned Income Credit**  
 Qualifying Child Information


OMB No. 1545-0074

**2012**
Attachment Sequence No. **43**Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return

**RONALD A**  
**ANDREA C**
**YAKERSON**  
**YAKERSON**

Your social security number

**Before you begin:**

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

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

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

**Qualifying Child Information**

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.						
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2012. If your child was born and died in 2012 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.						
<b>3 Child's year of birth</b> If born after 1993 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	Year <u>1998</u>		Year <u>2001</u>		Year _____	
<b>4a</b> Was the child under age 24 at the end of 2012, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
<b>b</b> Was the child permanently and totally disabled during any part of 2012?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON		SON			
<b>6 Number of months child lived with you in the United States during 2012</b> • If the child lived with you for more than half of 2012 but less than 7 months, enter "7".  • If the child was born or died in 2012 and your home was the child's home for more than half the time he or she was alive during 2012, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>12</u> months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

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

Schedule EIC (Form 1040A or 1040) 2012

**RONALD A & ANDREA C YAKERSON**



Schedule 8812 (Form 1040A or 1040) 2012

**Part III Certain Filers Who Have Three or More Qualifying Children**

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

**Part IV Additional Child Tax Credit**

<b>13</b> This is your additional child tax credit	<b>13</b>	<b>2,000</b>
--	-----------	--------------

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

**Federal Statements****VIDEO PRODUCTION SERVICE-EXPOSURE****Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs**

<u>Description</u>	<u>Amount</u>
LOCATION SITE TALENT	\$ 4,733
TOTAL	\$ <u>4,733</u>

**VIDEO PRODUCTION SERVICE****Statement 2 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs**

<u>Description</u>	<u>Amount</u>
LOCATION SITE TALENT	\$ 1,010
TOTAL	\$ <u>1,010</u>

**VIDEO PRODUCTION****Statement 3 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs**

<u>Description</u>	<u>Amount</u>
LOCATION SITE TALENT	\$ 1,677
TOTAL	\$ <u>1,677</u>

**SING. FAM. RES.****Statement 4 - Schedule E, Line 19 - Other Expenses**

<u>Description</u>	<u>Gross Amount</u>	<u>Business Use Percentage</u>	<u>Net Amount</u>
H.O.A. FEES	\$ 720		\$ 720
NEW LAWN	2,500		2,500
TOTAL	\$ <u>3,220</u>		\$ <u>3,220</u>

Form **1040****Partner's Basis Worksheet Page 1****2012**

Name <b>RONALD A YAKERSON</b>	Taxpayer Identification Number [REDACTED]
Name of Entity <b>DIGITAL EXPOSURE</b>	EIN [REDACTED]
Passive Activity Type <b>NOT PASSIVE</b>	K1 Unit <b>1</b>

1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero	1.	<u>2,112</u>
<b>Increases to basis:</b>		
2. Capital contributions: Cash	2.	_____
3. Capital contributions: Property (adjusted basis)	3.	_____
4. Increase in share of partnership liabilities	4.	_____
5. Ordinary business income	5.	_____
6. Net rental real estate income	6.	_____
7. Other net rental income	7.	_____
8. Interest	8.	_____
9. Dividends	9.	_____
10. Royalties	10.	_____
11. Net short-term capital gain	11.	_____
12. Net long-term capital gain	12.	_____
13. Net 28% rate capital gain	13.	_____
14. Net section 1231 gain and ordinary business gains	14.	_____
15. Tax-exempt interest and other tax-exempt income	15.	_____
16. Other income	16.	_____
17. Excess of deductions for depletion over basis of property (other than oil and gas)	17.	_____
18. Other increases	18.	_____
19. Total increases to basis. Combined lines 2 through 18	19.	<u>0</u>
20. <b>Adjusted basis before items decreasing basis.</b> Add line 1 and line 19	20.	<u>2,112</u>
<b>Decreases to basis:</b>		
21. Distributions: Cash and marketable securities (Sch K-1 (1065), Box 19 A)	21.	_____
22. Distributions: Property (adjusted basis) (Sch K-1 (1065), Box 19 C)	22.	_____
23. Decrease in share of partnership liabilities	23.	_____
24. Total distributions. Combine lines 21 through 23	24.	<u>0</u>
25. Nondeductible noncapital expenses. (See Partner's Basis Worksheet Page 2)	25.	<u>0</u>
26. Oil and gas property depletion deduction up to adjusted basis of property	26.	_____
27. Other decreases	27.	_____
28. Total decreases to basis except items of loss and deductions. Combine lines 24 through 27	28.	_____
29. <b>Adjusted basis before items of loss or deductions</b> (Subtract line 28 from line 20. Do not enter less than zero)	29.	<u>2,112</u>
30. Partnership losses and deductions applied against basis. (See Partner's Basis Worksheet Page 2)	30.	_____
31. <b>Basis at the end of the year.</b> (Subtract line 30 from line 29. Do not enter less than zero)	31.	<u>2,112</u>

**Gain Recognized on Distributions**

32. Total distributions less property distributions. Subtract line 22 from line 24	32.	_____
33. Adjusted basis before items decreasing basis (line 20) less gain from entire disposition of partnership on line 27.	33.	_____
34. <b>Gain recognized on excess distributions.</b> (Subtract line 33 from line 32)	34.	_____
• Sch E page 2, ordinary income	_____	_____
• Sch D/8949, short-term capital gain	_____	_____
• Sch D/8949, long-term capital gain	_____	_____
35. <b>Gain recognized on appreciated property</b>	35.	_____
36. <b>Total gain recognized on distributions</b>	36.	<u>0</u>

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

Your social security number

**RONALD A & ANDREA C YAKERSON**

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section.

Yes  No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	DIGITAL EXPOSURE	P		27-2821299	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A		0		
B				
C				
D				
29a Totals				
b Totals				
30	Add columns (g) and (j) of line 29a			0
31	Add columns (f), (h), and (i) of line 29b			0
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			0

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		
36	Add columns (c) and (e) of line 34b		
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-5,615
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2012**

Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Schedule SE and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

▶ Attach to Form 1040 or Form 1040NR.

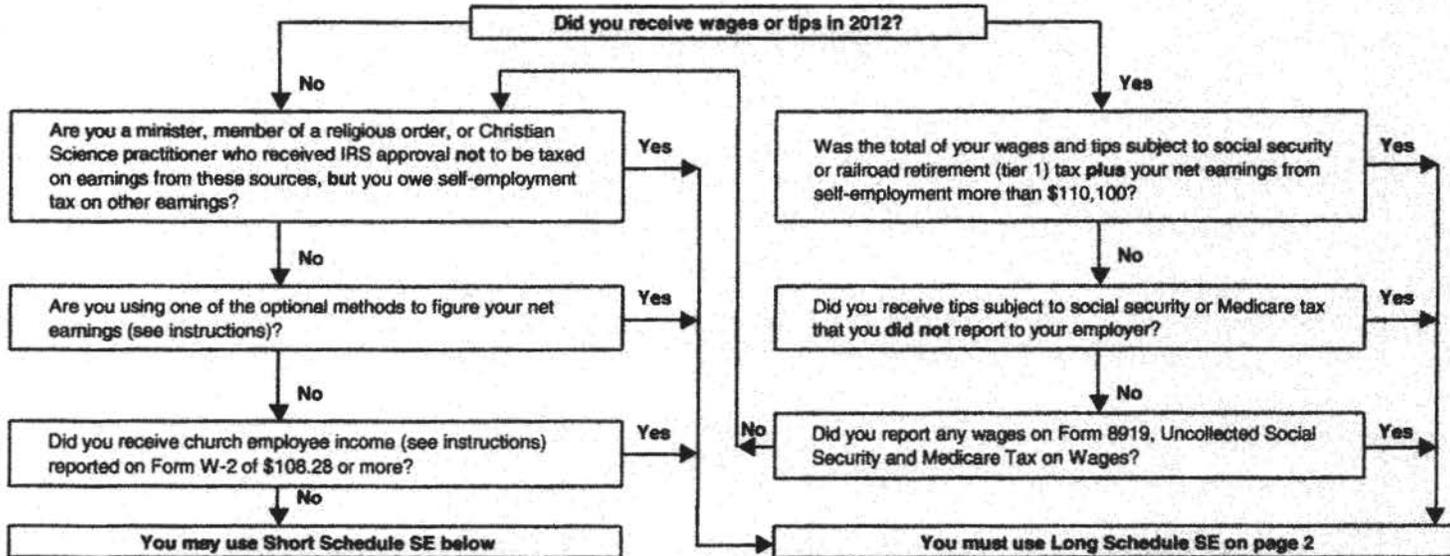
Name of person with self-employment income (as shown on Form 1040)  
**RONALD A YAKERSON**

Social security number of person  
with self-employment income ▶ **[REDACTED]**

**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	23,895
3	Combine lines 1a, 1b, and 2	3	23,895
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 <b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	22,067
5	<b>Self-employment tax.</b> If the amount on line 4 is: • \$110,100 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	2,935
6	<b>Deduction for employer-equivalent portion of self-employment tax.</b> If the amount on line 5 is: • \$14,643.30 or less, multiply line 5 by 57.51% (.5751) • More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,688

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

Schedule SE (Form 1040) 2012

Form **1040**

**Auto Worksheet**

**2012**

Name **RONALD A & ANDREA C YAKERSON** Taxpayer Identification Number **[REDACTED]**

Description **VIDEO PRODUCTION SERVICE-EXPOSURE**

Form/Schedule **C** Unit number **1**  
Vehicle 1 - Date **04/01/03** Description **GMC TRK-2003**  
Vehicle 2 - Date \_\_\_\_\_ Description \_\_\_\_\_  
Vehicle 3 - Date \_\_\_\_\_ Description \_\_\_\_\_

**General Information**

	Vehicle 1	Vehicle 2	Vehicle 3
1. Total mileage	<b>18,675</b>		
2. Business miles ( 55.5 cents per mile)	<b>11,514</b>		
3. Commuting mileage	<b>3,600</b>		
4. Other mileage	<b>3,561</b>		
5. Business use percentage	<b>61.65 %</b>		

**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	<b>61.65 %</b>		
10. Business use portion of actual expenses			
11. Depreciation	<b>1,094</b>		
12. Total actual expense allowable. Add lines 6, 10 and 11	<b>1,094</b>		

**Standard Mileage Rate Method**

13. Business mileage (line 2) multiplied by applicable rate	<b>6,390</b>		
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate	<b>6,390</b>		

Vehicle 4 - Date \_\_\_\_\_ Description \_\_\_\_\_  
Vehicle 5 - Date \_\_\_\_\_ Description \_\_\_\_\_  
Vehicle 6 - Date \_\_\_\_\_ Description \_\_\_\_\_

**General Information**

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

**Actual Expenses**

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 **6,390** Vehicle expense Vehicle rentals Vehicle depreciation Total allowable deduction **6,390**

Form **1040**

**Auto Worksheet**

**2012**

Name **RONALD A & ANDREA C YAKERSON** Taxpayer Identification Number XXXXXXXXXX

Description **VIDEO PRODUCTION SERVICE**  
 Form/Schedule **C** Unit number **2**  
 Vehicle 1 - Date **10/01/12** Description **GMC TRK**  
 Vehicle 2 - Date \_\_\_\_\_ Description \_\_\_\_\_  
 Vehicle 3 - Date \_\_\_\_\_ Description \_\_\_\_\_

**General Information**

	Vehicle 1	Vehicle 2	Vehicle 3
1. Total mileage	4,500		
2. Business miles (55.5 cents per mile)	2,800		
3. Commuting mileage	400		
4. Other mileage	1,300		
5. Business use percentage	62.22 %		

**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	62.22 %		
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	1,554		
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate	1,554		

Vehicle 4 - Date \_\_\_\_\_ Description \_\_\_\_\_  
 Vehicle 5 - Date \_\_\_\_\_ Description \_\_\_\_\_  
 Vehicle 6 - Date \_\_\_\_\_ Description \_\_\_\_\_

**General Information**

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

**Actual Expenses**

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			

<b>Allowable Deduction</b>	Vehicle expense	Vehicle rentals	Vehicle depreciation	Total allowable deduction
	<u>1,554</u>			<u>1,554</u>

Name **RONALD A & ANDREA C YAKERSON** Taxpayer Identification Number XXXXXXXXXX

Description **VIDEO PRODUCTION**  
 Form/Schedule **C** Unit number **3**  
 Vehicle 1 - Date **01/01/12** Description **GMC TRUCK**  
 Vehicle 2 - Date \_\_\_\_\_ Description \_\_\_\_\_  
 Vehicle 3 - Date \_\_\_\_\_ Description \_\_\_\_\_

**General Information**

	Vehicle 1	Vehicle 2	Vehicle 3
1. Total mileage	6,000		
2. Business miles ( 55.5 cents per mile)	3,750		
3. Commuting mileage	600		
4. Other mileage	1,650		
5. Business use percentage	62.50 %		

**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	62.50 %		
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	2,081		
14. Parking fees and tolls from line 6			
15. Line 7b (Int & taxes only) multiplied by bus pct (line 5)			
16. Standard mileage rate	2,081		

Vehicle 4 - Date \_\_\_\_\_ Description \_\_\_\_\_  
 Vehicle 5 - Date \_\_\_\_\_ Description \_\_\_\_\_  
 Vehicle 6 - Date \_\_\_\_\_ Description \_\_\_\_\_

**General Information**

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

**Actual Expenses**

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			

<b>Allowable Deduction</b>	Vehicle expense <b>2,081</b>	Vehicle rentals	Vehicle depreciation	<b>Total allowable deduction</b> <b>2,081</b>
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Form **1040****General Sales Tax Deduction Worksheet****2012**

Name as shown on return

**RONALD A & ANDREA C YAKERSON**

Taxpayer Identification Number

~~XXXXXXXXXX~~State of  
**TEXAS**

Locality of

**General Sales Tax from IRS Tables**

- |   |    |                   |
|---|----|-------------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 37  | 1. | <u>13,854</u>     |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges)  | 2. | <u>          </u> |
| 3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2012 | 3. | <u>1,544</u>      |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes   | 4. | <u>15,398</u>     |
| 5. Enter the amount from the sales tax table in the Schedule A instructions.<br>Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8<br>and enter the amount from line 5 on line 9   | 5. | <u>357</u>        |
| 6. Enter the number of days of residence in state   | 6. | <u>          </u> |
| 7. Total days in year   | 7. | <u>366</u>        |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places)   | 8. | <u>          </u> |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table.   | 9. | <u>357</u>        |

**Local Sales Tax Using IRS Tables**

- |  |     |                   |
|--|-----|-------------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions.  | 10. | <u>          </u> |
| 11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, Virginia, or West Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions.   | 11. | <u>          </u> |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate)  | 12. | <u>          </u> |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate)  | 13. | <u>          </u> |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places)   | 14. | <u>          </u> |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.<br>Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18<br>and enter the amount from line 15 on line 19<br>If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.<br>Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18<br>and enter the amount from line 15 on line 19 | 15. | <u>          </u> |
| 16. Enter the number of days of residence in locality  | 16. | <u>          </u> |
| 17. Total days in year   | 17. | <u>366</u>        |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places)   | 18. | <u>          </u> |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables.  | 19. | <u>          </u> |

**General Sales Tax Summary**

- |   |     |                   |
|---|-----|-------------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets     | 20. | <u>357</u>        |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets    | 21. | <u>          </u> |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables | 22. | <u>357</u>        |
| 23. Enter the actual state and local general sales taxes paid                   | 23. | <u>          </u> |
| 24. Enter the greater of line 22 or line 23                                     | 24. | <u>357</u>        |
| 25. Enter the state and local taxes paid on specified items (major purchases)   | 25. | <u>          </u> |
| 26. Add lines 24 and 25, this is the deductible General Sales tax               | 26. | <u>357</u>        |
| 27. Enter total state and local income taxes paid                               | 27. | <u>          </u> |

Enter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is greater, mark Schedule A, line 5b. If line 27 is greater, mark Schedule A, line 5a.

**AMT Asset Report**

FYE: 12/31/2012

**VIDEO PRODUCTION SERVICE**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Listed Property:</b>									
1	GMC TRK	10/01/12	0	62.22		0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

~~XXXXXXXXXX~~

**AMT Asset Report**

FYE: 12/31/2012

**VIDEO PRODUCTION**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus Sec % 179</u>	<u>Bonus</u>	<u>Basis for Depr</u>	<u>PerConv Meth</u>	<u>Prior</u>	<u>Current</u>
<b>Listed Property:</b>									
1	GMC TRUCK	1/01/12	0	62.50		0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

**AMT Asset Report**

FYE: 12/31/2012

**SING. FAM. RES.**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
2	SING. FAM. RES	6/14/06	227,592			227,592	27 MMS/L	31,531	5,690
			<u>227,592</u>			<u>227,592</u>		<u>31,531</u>	<u>5,690</u>
<b>Other Depreciation:</b>									
1		6/14/06	60,000			60,000	0 -- Land	0	0
3	ESCROW FEES	6/14/06	6,742			6,742	10 MO S/L	3,708	674
	<b>Total Other Depreciation</b>		<u>66,742</u>			<u>66,742</u>		<u>3,708</u>	<u>674</u>
	<b>Total ACRS and Other Depreciation</b>		<u>66,742</u>			<u>66,742</u>		<u>3,708</u>	<u>674</u>
	<b>Grand Totals</b>		294,334			294,334		35,239	6,364
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>294,334</u>			<u>294,334</u>		<u>35,239</u>	<u>6,364</u>

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

FYE: 12/31/2012

**VIDEO PRODUCTION SERVICE-EXPOSURE**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
1	VIDEO EQUIP	6/01/99	8,120	0	0
			<u>8,120</u>	<u>0</u>	<u>0</u>
<b><u>Listed Property:</u></b>					
2	GMC TRK-2003	4/01/03	33,000	0	0
			<u>33,000</u>	<u>0</u>	<u>0</u>
<b>Grand Totals</b>			<u>41,120</u>	<u>0</u>	<u>0</u>



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

FYE: 12/31/2012

**VIDEO PRODUCTION SERVICE**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
--------------	--------------------	------------------------	-------------	------------	------------

Listed Property:

1	GMC TRK	10/01/12	<u>0</u>	<u>0</u>	<u>0</u>
			<u>0</u>	<u>0</u>	<u>0</u>

<b>Grand Totals</b>			<u>0</u>	<u>0</u>	<u>0</u>
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**Future Depreciation Report**      **FYE: 12/31/13**

FYE: 12/31/2012

**VIDEO PRODUCTION**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Listed Property:</b>					
1	GMC TRUCK	1/01/12	<u>0</u>	<u>0</u>	<u>0</u>
			<u>0</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>0</u>	<u>0</u>	<u>0</u>

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

FYE: 12/31/2012

**SING. FAM. RES.**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
2	SING. FAM. RES	6/14/06	227,592	5,690	5,690
			<u>227,592</u>	<u>5,690</u>	<u>5,690</u>
<b><u>Other Depreciation:</u></b>					
1		6/14/06	60,000	0	0
3	ESCROW FEES	6/14/06	6,742	674	674
	<b>Total Other Depreciation</b>		<u>66,742</u>	<u>674</u>	<u>674</u>
	<b>Total ACRS and Other Depreciation</b>		<u>66,742</u>	<u>674</u>	<u>674</u>
	<b>Grand Totals</b>		<u>294,334</u>	<u>6,364</u>	<u>6,364</u>

Form **1040****Carryover Report****2012**

Name

**RONALD A & ANDREA C YAKERSON**

Taxpayer Identification Number

**XXXXXXXXXX**

Carryover Item	Available to 2012	2012 Amounts		Carryover to 2013
Excess section 179	_____	_____	_____	_____
Excess section 179 - AMT	_____	_____	_____	_____
Minimum tax credit	_____	_____	_____	_____
Investment interest	_____	_____	_____	_____
Investment interest - AMT	_____	_____	_____	_____
Short-term capital loss	<u>5,426</u>	_____	_____	<u>5,426</u>
Short-term capital loss - AMT	_____	_____	_____	_____
Long-term capital loss	<u>76,667</u>	_____	_____	<u>76,667</u>
Long-term capital loss - AMT	<u>73,093</u>	<b>UTILIZED</b>	<u>-477</u>	<u>72,616</u>
Residential energy efficient property	_____	_____	_____	_____
D.C. first-time homebuyer credit	_____	_____	_____	_____
Tax credit bonds	_____	_____	_____	_____

**Nonrecaptured Section 1231 Losses - Line 8, Form 4797**

2007 Amounts	_____	_____
2008 Amounts	_____	_____
2009 Amounts	_____	_____
2010 Amounts	_____	_____
2011 Amounts	_____	_____
Available to 2012	_____	_____
2012 Amounts	_____	_____
Carryover to 2013	_____	_____

**AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797**

2007 Amounts	_____	_____
2008 Amounts	_____	_____
2009 Amounts	_____	_____
2010 Amounts	_____	_____
2011 Amounts	_____	_____
Available to 2012	_____	_____
2012 Amounts	_____	_____
Carryover to 2013	_____	_____

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

Name **RONALD A & ANDREA C YAKERSON** Taxpayer Identification Number **[REDACTED]**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T CEDAR PARK OPERATING CO.	4,029		4,029
B	T PUBLIC ACCESS COMM. TV			
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
<b>Taxpayer</b>		<u>4,029</u>		<u>4,029</u>
<b>Spouse</b>				
<b>Totals</b>		<u>4,029</u>		<u>4,029</u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	169	4,029	58				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
<b>Taxpayer</b>	<u>169</u>	<u>4,029</u>	<u>58</u>				
<b>Spouse</b>							
<b>Totals</b>	<u>169</u>	<u>4,029</u>	<u>58</u>				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	TX					
B	TX					
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
<b>Taxpayer</b>						
<b>Spouse</b>						
<b>Totals</b>						

Form **8867****Paid Preparer's Earned Income Credit Checklist**

OMB No. 1545-1629

**2012**Attachment  
Sequence No. 177Department of the Treasury  
Internal Revenue Service

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

Taxpayer name(s) shown on return

**RONALD A & ANDREA C YAKERSON**

Taxpayer's social security number

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

● Investment Income

● Qualifying Child

● Earned Income

● Full-time Student

**Part I All Taxpayers**

1	Enter preparer's name and PTIN ▶ <b>ROBERT S CLARKE, C.P.A.</b> <b>P01068979</b>	
2	Is the taxpayer's filing status married filing separately? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
3	Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
4	Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
5a	Was the taxpayer a nonresident alien for any part of 2012? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	
b	Is the taxpayer's filing status married filing jointly? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
6	Is the taxpayer's investment income more than \$3,200? See Rule 6 in Pub. 596 before answering .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
7	Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2012? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2012)

**RONALD A & ANDREA C YAKERSON**

Form 8867 (2012)

**Part II Taxpayers With a Child**

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

	Child 1	Child 2	Child 3
8 Child's name	JESSE R YAKERSON	JADEN A YAKERSON	
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> <li>The child is unmarried, or</li> <li>The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund).</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of 2012)— <ul style="list-style-type: none"> <li>Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),</li> <li>Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or</li> <li>Any age and permanently and totally disabled?  <ul style="list-style-type: none"> <li>If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.</li> </ul> </li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? <ul style="list-style-type: none"> <li>If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering <ul style="list-style-type: none"> <li>If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering <ul style="list-style-type: none"> <li>If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2012? See Pub. 596 for the limit <ul style="list-style-type: none"> <li>If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

## RONALD A &amp; ANDREA C YAKERSON

Form 8867 (2012)

Page 3

**Part III Taxpayers Without a Qualifying Child**

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

**Part IV Due Diligence Requirements**

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

Form 8867 (2012)

## RONALD A &amp; ANDREA C YAKERSON

Form 8867 (2012)

Page 4

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

## Residency of Qualifying Child(ren)

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

## Disability of Qualifying Child(ren)

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

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

## Documents or Other Information

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

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

1. Completed the actions described on lines 20 and 21 and checked "Yes" on these lines,
2. Completed the actions described on lines 22, 23, 24, and 25 (if they apply) and checked "Yes" (or "Does not apply") on those lines,
3. Submit Form 8867 in the manner required, and
4. Keep all five of the following records for 3 years from the latest of the dates specified in the instructions under Document Retention:
  - a. Form 8867, Paid Preparer's Earned Income Credit Checklist,
  - b. The EIC worksheet(s) or your own worksheet(s),
  - c. Copies of any taxpayer documents you relied on to determine eligibility for or amount of EIC,
  - d. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
  - e. A record of any additional questions you asked and your client's answers.

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

Form 8867 (2012)