

Received & Inspected
DEC 05 2013
FCC Mail Room

Ronald Yakerson
11421 Viridian Way
Austin TX 78739

December 04, 2013

Office of the Secretary
Federal Communications Commission
Attention: Disability Rights Office, Room 3-B431
9300 East Hampton Drive
Capitol Heights, MD 20743

RE: Case Identifier #: CGB-CC-1196 for television program *Open House ATX*

Affidavit of Ronald Yakerson

My name is Ronald Yakerson. I am 39 years old, working as a videographer, and currently reside at 11421 Viridian way Austin TX 78739.

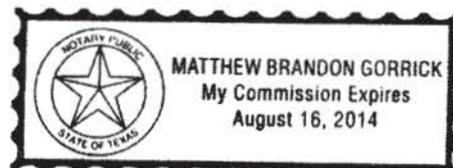
I Ronald Yakerson certify and swear under PENALTY OF PERJURY under the laws of the State of Texas that all information and documentation under case number: CGB-CC-1196 for television program "Open House ATX" is true and correct.



Ronald Yakerson

State of Texas
County of Travis
Before me, Matthew Gorrick, appeared
Ronald Yakerson, on this 4th day of
December, 2013.


Notary Public



DIGITAL EXPOSURE

11421 Viridian Way

Austin, TX 78739

December 3, 2013
Office of the Secretary
Federal Communications Commission
Attention: Disability Rights Office, Room 3-C438
9300 East Hampton Drive
Capitol Heights, MD 20743

RE: Case Identifier: CGB-CC-1196
Petition for Closed Captioning Exemption
Request for Supplemental Information

RECEIVED & INDEXED

DEC 05 2013

FCC Mail Room

To Whom It May Concern:

In regards to Request for Supplemental Information exemption for my programming from the closed captioning requirements, pursuant to Section 79.1 of the Commission's rules, 47 C.F.R. § 79.1. I would like to state that "Open House ATX" produced by Digital Exposure of Austin Texas should be exempt from the closed caption requirement due to "undue economic burden" as defined in Section 79.1(f) of the Commission's rules, 47 C.F.R. § 79.1(f).

Digital Exposure is owned by Ronald Yakerson, and I am the sole proprietor. Digital Exposure is a small production company that specializes in producing local Real Estate programming. As you will see in the enclosed information I have made every attempt to provide closed captioning. I purchase airtime from KBVO for \$100. Per 28:30 spot. I currently buy eight spots every Sunday, and one spot each day of the week except for Saturday. The cost of airtime is my only expense because I produce all of the shows myself. My total cost for airtime is \$67,600 per year. I have looked into **EVERY** option possible to close caption my shows. The minimum cost per year for closed captioning would cost \$84,500. That is \$125. Per show. My choices to provide closed captioning are to pay per each show a minimum of \$125. per show. That cost is more than my airtime and my profit. In addition to the cost being prohibitive, I turn my shows in on a daily basis because they are consistently changing. The turn around time to outsource a close caption file is three days minimum. In that time my shows had to have already changed and are obsolete as each Open House ATX show is different and changing constantly. After researching, the outsourcing of closed captions will be cost prohibitive. The time constraints to add the closed captioning will hinder the programs from being produced on a daily basis and the content of the program to stay timely and relevant to the subject matter being discussed in the show. You will see I have looked into doing the closed caption myself. Besides the software price being high, my shows are not scripted they would need full time staff to transcribe the dialog. The cost of that combined with the software is not

attainable. In addition I have purchased transcoding software and downloaded closed caption software trials, none of which worked to the specifications needed by the network for broadcast.

“Open House ATX” is an educational and locally sponsored program. The program consists of local realtors showcasing specific home listings that are for sale, specifically to the Austin, Texas area. We have asked our sponsors and the network to help fund closed captioning, neither are willing to provide assistance. We also strongly feel that this program contains sufficient lower third text based information about the homes being showcased. Each home is visually represented and contains contact information such as the address of the home, phone number to contact the real estate agent, the price of the home, and an email and website where more information may be obtained. All of the text for the show is readily available by researching the homes either through on-line website resources or by contact the individual real estate agent representing the home for sale. The show “Open House ATX” also has little to no continuous repeat value. As the homes that are being showcased are typically sold within two weeks, no one program can be repeated. This service allows us to quickly produce and air content to best service the real estate agent in advertising the home listing as time is of the essence in marketing a for sale home.

Enclosed you will see in my tax returns that I do not have any assets that that can be liquefied. I have enclosed my personal tax returns showing that I have no assets. Besides my personal debt, I have enclosed my liability statements to Lin media of \$12,983.75.

Digital Exposure, and the “Open House ATX” show will continue to pursue options for suitable options to provide closed caption. Please continue to consider our request and the attached financial reports that show our sponsors and our airtime costs in your decision. I will not be able to maintain the cost to stay in business if I am made to provide closed captioning.

Sincerely,



Mr. Ronald A. Yakerson

ENCLOSURE

From: **Pat Manicom** pmanicom@aol.com
Subject: Request for additional funding for Closed Captioning
Date: December 2, 2013, 2:33 PM
To: Ron Yakerson ron@exposeyourmedia.com

To Whom It may Concern

Ron Yakerson with Digital Exposure has requested additional funding to cover his costs for Closed Captioning. While I fully appreciate and understand the need for closed captioning, I cannot really work it into my budget at this time. When we do work with a certified hearing impaired client, we rely heavily on their accredited agents to meet their needs.

Pat Manicom

Broker Associate

Manicom Real Estate LLC

www.manicomrealestate.com

1921 Lohmans Crossing

512-751-2662

Texas Monthly 2012 & 2013 Five Star Real Estate Agent

Keller Williams Realty



November 19, 2013

Ron Yakerson
Digital Exposure
11421 Viridian Way
Austin, Texas 78739

Ron,

I am sorry to inform you that we can not help regarding your inquiry as to the cost of closed captioning and financial aid for closed captioning for your paid programming on our stations. We no longer offer closed caption services and it would cost \$150.per program for us to outsource your shows. That is MORE than the \$100 you are paying to air each program. The cost is high due to the fact that each show will have to be first transcribed, and then entered into the system. The process is very labor intensive and again, due to the number of programs you air, would take a good deal of time on our end. If there were an internal way around this be assured that I would take it as you are a long time customer of our stations. However, the situation is as it is, unfortunately we are unable to offer any financial help or additional closed caption options. Let me know if there is anything I can do on this end.

Thanks for your continued business!

Steve Stites
Account Executive
LIN Media Austin

ORDER CONFIRMATION

Project Name	The Austin Real Estate Experts	Date	11/25/2013
Quote Name	Quote for The Austin Real Estate Experts	Quote Expires	12/25/2013
Description	Closed caption creation and embedding to H.264 QuickTime .mov	Quote Number	00080133

Services Confirmed For:

Contact Name	Ron Yakerson	Prepared By	Joel Menk
Account Name	Digital Exposure	Phone	612.656.1032
Address	11421 Viridian Way Austin, TX 78757	E-mail	joel@captionmax.com
Phone	(818) 512-0707		
Email	ron@exposeyourmedia.com		

Billing and Project Information:

You supply to us: Full-res H.264 QuickTime .mov
 We deliver to you: Full-res H.264 QuickTime .mov with captions embedded

Service	Notes	Price	Quantity	Total Price
Caption creation, half hour	English pop-on caption creation and export of caption file	\$300.00	1.00	\$300.00
Embedding closed caption data in a video file	Embedding closed caption file into digital video file	\$125.00	1.00	\$125.00
Grand Total				\$425.00

Additional fees may apply if there are changes from this confirmation.

Terms and Conditions

The Terms and Conditions set forth below apply to all orders received by CaptionMax, Inc., ("CMI") from the Customer and all invoices issued by CMI unless specifically stated in writing by CMI to the contrary. CMI's acceptance of any request to provide services is specifically conditioned upon the Customer's acceptance of these terms, and the Customer's retention of CMI to provide services to it constitute acceptance of these Terms and Conditions. CMI reserves the right to add, delete or amend these Terms and Conditions from time to time. Any change shall not apply to previously accepted orders or issued invoices.

1. Quotations and Prices. Written quotations for services automatically expire thirty (30) calendar days from the date issued, unless sooner terminated by notice from CMI. CMI reserves the right at any time to change its charges for services, provided that any such change shall be effective only after thirty (30) days' notice to the Customer. If Customer requests that the scope of work agreed to by CMI be expanded, CMI shall have the right to charge its then current prices for the additional work so performed. Shipping costs are not included in the quotation and are billed as a separate line item. Sales tax, if any, is not included in the quotation and will be invoiced as a separate line item, if applicable. Customer agrees to pay any and all applicable taxes. Customer will be responsible for providing a certificate of tax exemption prior to any order placement. When applicable, Customer agrees to provide new tape stock to CMI. Used, reconditioned, refurbished, or recycled tape stock will not be accepted by CMI.

2. Payment Terms. Invoices will be submitted upon completion of the work. Invoices are due upon receipt. Any dispute must be raised no later than the sooner to occur of five (5) business days of receipt of the invoice, or ten (10) days after its issuance. Invoices not paid in full within sixty (60) days of the due date are subject to a finance charge of eighteen percent (18%) simple annual interest calculated daily on the unpaid balance from the due date. Payments received shall be applied first to any finance charges, then to any cost of collection, including attorneys' fees, then to the oldest outstanding invoice, or in such other order as determined. CMI shall have the right to withhold services if any invoice remains unpaid longer than thirty (30) days after the due date of the invoice. CMI reserves the right to withhold delivery until all invoices are paid in full.

3. Relationship of the Parties. CMI is Customer's independent contractor, and nothing shall be construed to create a partnership, joint venture, agency, or employment relationship. Neither party has authority to enter into agreements of any kind on behalf of the other, and neither party shall be considered the agent of the other.

4. Delays. CMI shall not be liable for any delay or failure to deliver any or all of the services where such delay or failure is caused by Customer's action, labor disputes, strikes, wars, riots, civil commotion, fire, flood, accident, storm, interference with transmission communications within the control of a third party, or any other cause beyond the reasonable control of CMI.

5. Limitation of Liability. CMI is not liable for lost profits, special, incidental, consequential or punitive damages which arise directly or indirectly out of the services it is asked to perform, whether such damages are asserted in any action brought in contract, tort or equity. CMI's liability shall in no event exceed the amount billed for the specific services provided that are the subject of the claim.

6. Confidentiality. CMI will use reasonable efforts to maintain as confidential the information provided to it by the Customer for the services to be delivered by CMI. Confidential information shall be so identified by the Customer prior to its delivery to CMI. Confidential information is generally considered by CMI to be information not generally known to the public and that is not known by CMI prior to its disclosure by the Customer or that is not disclosed to CMI by a third party who has the legal right to make such disclosure.

7. CMI's Property. CMI's company name, trademarks, service marks, and original material, whether federally registered or registered with a state or not, are the sole and exclusive property of CMI. Customer shall not use any such identifying or descriptive words, drawings, logos, or symbols except with the prior express written permission of CMI.

Customer's Property.

Unless Customer makes other arrangements, all media and files become the property of CMI to do with as it sees fit. CMI is not liable for damage or loss of any media. CMI is not liable for damage or loss of any media.

8. Scope of Work. Work shall be completed as agreed upon via written communication. All work performed outside the scope of that original document shall be billed at regular and customary rates for that type of service, currently two hundred dollars (\$200.00) per hour of labor with a minimum charge of one hour, then billed to the nearest quarter hour.

9. Cancellations. Unless contractually exempted in writing by CMI, the following Cancellation charges apply: Once CMI has commenced work on pre-recorded work, Customer is responsible for one hundred percent (100%) payment of quoted work. If Customer reschedules or cancels a scheduled CMI real-time captioning broadcast on notice of forty eight (48) hours or less, Customer shall pay CMI a cancellation fee of fifty percent (50%) of the charges it would have been billed by CMI for the broadcast. If the broadcast is rescheduled or cancelled by a notice of twenty four (24) hours or less, Customer shall pay CMI a cancellation fee of one hundred percent (100%) of the charges it would have been billed by CMI for the broadcast.

10. Expedite fees. For services requiring quick turnaround delivery, unless specifically exempted in writing by CMI, services shall be billed at the regular and customary rates plus fifty percent (50%).

11. Miscellaneous. CMI reserves the right at any time to amend these terms and conditions upon thirty (30) days' notice to the Customer. Minnesota law shall control the resolution of any dispute between the parties. Any action shall be brought in the state district court in Hennepin County, Minnesota, or, if appropriate, in the United States District Court located in Hennepin County, Minnesota, and all parties agree to the jurisdiction of said courts and waive any objection to venue.

From: **Patrick Murphy** <pmurphy@newdaymedia.com> Date: Fri, Apr 5, 2013 at 5:06 PM Subject: Closed Captioning Quote: Expose Your Media To: ron@exposeyourmedia.com

Ron,

It was good to talk with you on Wednesday, -thanks for taking my call around 5:30.....it was a little late for me to call, but I hope that we would be able work with you to Close Caption Expose Your Media's Projects. As we discussed, we like to opportunity to Close Caption your TV Programs & Commercials. Through our FTP, we can digitally deliver 28:30 Programs & :30 Commercials to both TV Networks & Stations. We would like the opportunity to earn your business.

Here's what we discussed:

For a 28:30 Program, we would Download via FTP, Transcribe, Close Caption, Output to your Spec a Program and send it back to you for \$150.00 a program. -to digitally deliver it, it would be \$180.00 a program.

Visit our website: www.newdaycaptioning.com

Again, we would love to earn your business! Feel free to call me if you have any questions, I can be reached on my cell at:[918-271-4324](tel:918-271-4324).

Thank you,

Patrick Murphy

New Day Media Inc.

8321 E. 61st Street Suite 100

Tulsa , OK 74133

(918) 250-4588 ext 106

(918) 271-4324 cell or txt.

pmurphy@newdaycaptioning.com

www.newdaycaptioning.com

From: nuance-onlinestore@digitalriver.com
Subject: Nuance Americas - Order Confirmation (Order #12628027422)
Date: December 2, 2013, 5:25 PM
To: Ron Yakerson ron@exposeyourmedia.com

Dear Ron Yakerson ,

Thanks again for ordering from Nuance. We have received your order. Please retain this email as your proof of purchase.

Your Order and Billing Information

Order Number: 12628027422
Order Date: December 2, 2013

Billing Address:
Ron Yakerson
11421 Viridian Way

AUSTIN TX 78739
8185210707
ron@exposeyourmedia.com

Shipping Address:
Ron Yakerson
11421 Viridian Way

Austin TX 78739
US
8185210707
ron@exposeyourmedia.com

Product SKU: T509A-G00-1.5
Product Name: MacSpeech Scribe
Qty Ordered: 1
Amount: \$149.99
Serial Number: SR99-FGUW-APDR-D36L

SubTotal: \$149.99
Shipping: \$0.00

Tax: \$12.37
Total: \$162.36

Download Information

Do you need to download or re-download your product? Please use the instructions below:
To download or re-download your product, first go to <http://shop.nuance.com/store/nuanceus/help>

Look up your order using your order number 12628027422 and the password you created at the time of your purchase.

1. Click BEGIN DOWNLOAD or Begin HTTP Download (NOTE: If left-clicking the download button does not work, try right-clicking on the button and choosing the option 'Save Target As')
2. If you are presented with an option to either "Open" the file or "Save" it, please choose "Save."
3. A new window will then be prompt you to choose a location to save the file to. We recommend saving the file to your Desktop for easier access.
4. Once you have chosen your download location on this window, click "Save". This will begin the download. When your download completes, click "Close" on the download progress window.
5. To install the product, go to the location your file was downloaded to. Double click on the file to begin the installation.

Product Delivery and Billing Questions

For assistance with your order, you can go to <http://shop.nuance.com/store/nuanceus/help> and perform the following tasks.

- View and print an invoice
- Download your digital product
- Check shipping status of physical product
- Find answers to common questions
- Contact customer service representatives

If you ordered a digital product and did not purchase our Extended Download Service, you have 30 days to download your product. Please save a backup copy to a ZIP drive, Floppy disks, etc., of the file(s) that you downloaded in case you have computer or hard disk problems.

If your product requires a serial number or unlock code, please make note of the number displayed in your order details above for future reference.

If you ordered a physical product, we will send you a separate shipment notification via e-mail as soon as your order has shipped. Thanks again for your order!

Questions Regarding Technical Support

For assistance with the product(s) you have purchased, please contact <http://www.nuance.com/support/>

You can request information regarding the following tasks.

- Questions on installation
- Troubleshooting software
- Help with product specific features
- General questions regarding the product

Please do not respond to this email. If you have a question regarding your order, please go to our Customer Service page and enter your question through our online interface.

From: support@telestream.net
Subject: RE: Hardware Compatibility & Configuration [ref:_00Dd0hmeU._500d09GXsZ:ref]
Date: December 2, 2013, 3:19 PM
To: Ron Yakerson ron@exposeyourmedia.com

To Mr. Ron,

Please download a sample of H.264 with SEI 608/708 with VANC.

<https://www.dropbox.com/s/lwgkj4rdcasuu7t/1080i60ProRes422CC.zip>

There is also the QuickTime VANC variety but you mentioned that it should playback in Windows Media and so SEI 608/708 is more common.

Please download the trial version of MacCaption:

<https://www.dropbox.com/s/0b2mszoril8bk0c/MacCaption%206.0.1.RC2.dmg.zip>

Please let me know if your tests were positive or if you need further assistance.

Regards,

Giovanni

----- Original Message -----

From: support@telestream.net [support@telestream.net]
Sent: 12/2/2013 2:53 PM
To: ron@exposeyourmedia.com
Subject: Hardware Compatibility & Configuration [ref:_00Dd0hmeU._500d09GXsZ:ref]

To Mr. Ron,

Thank you for your interest. It was a pleasure to speak with you.

Please take a look at our product line up below:

<http://www.telestream.net/captioning/compare.htm>

Regards,

Giovanni

ref:_00Dd0hmeU._500d09GXsZ:ref



MacCaption | CaptionMaker, Desktop Edition – \$1,095

Create closed captions from scratch.

You can author the captions by bringing in a video and a text file, and use Auto Time Stamp to automatically sync them up. You can import and export the captions to popular file formats like SCC (CEA-608), MCC (CEA-708), Timed Text, WebVTT, DVD closed captions, burn-in subtitles, and most standalone file formats for web and mobile device video closed captioning. [Learn more.](#)

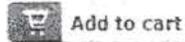
Price includes 1st year of Premium Support.

Mac OS X Version

- MacCaption Desktop (Mac) – \$1,095
(Includes 1 Year Premium Support)

Windows Version

- CaptionMaker Desktop (Windows) – \$1,095
(Includes 1 Year Premium Support)



MacCaption | CaptionMaker, Pro Edition – \$5,750

Includes all the features of the Desktop Edition.

Pro adds support for embedding CEA-708/608 captions into (and extracting captions from) broadcast TV formats like MPEG-2, H.264, MXF, QuickTime ProRes, and Avid AAF. You can also import many professional caption interchange formats such as CAP, TDS, ULT, PAC, and EBU-STL for editing and conversion to CEA-708 captions. Pro also supports subtitle overlays, professional DVD & Blu-ray subtitling formats, and live captioning. [Learn more.](#)

Price includes 1st year of Premium Support.

Mac OS X Version

- MacCaption Pro (Mac) – \$5,750
(Includes 1 Year Premium Support)

Windows Version

- CaptionMaker Pro (Windows) – \$5,750
(Includes 1 Year Premium Support)



MacCaption | CaptionMaker, Enterprise Edition – \$10,950

Includes all the features of the Pro Edition.

Enterprise is aimed at users who need to automate closed captioning conversion and editing tasks. In addition to all the features of the Pro version, Enterprise supports batch conversion, external scripting & control (Command Line Interface), Assemble Captions (conform to EDL), and Time Tailor (non-linear retiming). [Learn more.](#)

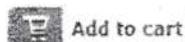
Price includes 1st year of Premium Support.

Mac OS X Version

- MacCaption Enterprise (Mac) – \$10,950
(Includes 1 Year Premium Support)

Windows Version

- CaptionMaker Enterprise (Windows) – \$10,950
(Includes 1 Year Premium Support)



PLEASE NOTE:

The Telestream U.S. support centers and corporate offices will be closed November 28 & 29 in observance of the US Thanksgiving holiday.

Please enter the details of your request. A member of our sales staff will respond as soon as possible. *If you need support for a product you have already purchased, [click here](#).*

Contact Details

Are you with a company?

First Name:

Last Name:

Company:

Email:

Address:

City:

Country:

Postal or Zip Code:

Contact Phone #:

Product Selection

This inquiry is for: A trial of a product
 I need product information

Product:

Your Inquiry

Subject of Inquiry:

How can we help you?:

I have never done captioning. My content is unscripted. I wanted to talk with someone about my options.

Please have someone follow up with me via phone ASAP.



Contact Caption Sales

Thank you for your interest in *MacCaption & CaptionMaker*.

PLEASE NOTE:

The Telestream U.S. support centers and corporate offices will be closed November 28 & 29 in observance of the US Thanksgiving holiday.

We will do our best to address your inquiry as soon as possible.

In the meantime, there are a couple of ways to get information while you are waiting to hear back from us:

- Browse our [Closed Captioning FAQs](#), which has answers to many questions.
- Visit the [Closed Captioning Knowledge Base](#). This area has answers to common questions about the product you are interested in.

Thank you for your interest in Telestream products.

Download FREE Trial

MacCaption and CaptionMaker

Free trial limitations:

- Random characters in the captions/ subtitles will be replaced by question marks (?) or other letters in exported files.
- You can only create/import about 30 captions.
- You can use all imports/exports, but you can't save a project file.
- Command Line Interface (CLI) scripting is not available.

How do I transcribe a video for closed captions and/or subtitles?

If you already have a shooting script, lecture notes, etc., these can be used to partially or completely eliminate the need to transcribe the video. If you don't have a script at all, the fastest way to get a transcript (and the most popular option for live captioning) is to use a professional stenographer (like a court reporter) who has the specialized skill to operate a steno machine, allowing them to type much faster than on a regular keyboard. Because this is a special skill that takes years of training, stenographers tend to charge a lot of money. Another option used for live captioning is a shadow speaker, who listens to what is being said by all voices in the video and repeats them in his/her own voice, using a speech recognition system (see below) to turn the speech into text.

Aren't there any speech recognition systems to automatically transcribe my video?

As of August 2011, there are no commercially available speech recognition systems which can simply take a finished video and transcribe all of the speech into text with enough accuracy for intelligible closed captioning. The automatic speech-to-text systems that do exist are not yet reliable or accurate enough. Universal speech-to-text is an extremely difficult problem despite many years of research.

Software is available which can recognize a single speaker's speech with good accuracy, as long as that speaker first trains their voice into the system, dictates clearly, and there is no background noise or music. These systems are sometimes used for captioning live broadcasts in smaller markets, where hiring a stenographer would be too expensive. When the video contains multiple voices, a shadow speaker is used. This is a person who listens to everything that is said in the video, and repeats it in his/her own voice, like a language interpreter but without changing the language. This allows the speech recognition software to be tightly trained onto the shadow speaker's voice patterns, enabling reasonably good accuracy (up to 90-95% with experience).



Remit Address:

KBVO
PO Box 844304
Dallas, TX 75284
Main: (512) 476-3636
Billing: (317) 296-3100

INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-10
Product		Invoice Date	10/27/13
Estimate Number		Invoice Month	October 2013
		Invoice Period	09/30/13 - 10/27/13

Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14

Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	

Agency Ref	AU5740
Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
Attention: Accounts Payable
11421 Viridiana Way
Austin, TX 78739
USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
1	KBVO	PP Sa-Su 9-930a	9a-930a								
					09/30/13 to 10/06/13	1x	-----S				
	KBVO			Su	10/06/13	28:30	9:00 AM	ATXSUN9A	\$100.00		40
					10/07/13 to 10/13/13	1x	-----S				
	KBVO			Su	10/13/13	28:30	9:00 AM	ATXSUN9A	\$100.00		41
					10/14/13 to 10/20/13	1x	-----S				
	KBVO			Su	10/20/13	28:30	9:00 AM	ATXSUN9A	\$100.00		42
					10/21/13 to 10/27/13	1x	-----S				
	KBVO			Su	10/27/13	28:30	9:00 AM	ATXSUN9A	\$100.00		43
2	KBVO	PP Sa-Su 930-10a	930a-10a								
					09/30/13 to 10/06/13	1x	-----S				
	KBVO			Su	10/06/13	28:30	9:30 AM	AREESUN930A	\$100.00		40
					10/07/13 to 10/13/13	1x	-----S				
	KBVO			Su	10/13/13	28:30	9:30 AM	AREESUN930A	\$100.00		41
					10/14/13 to 10/20/13	1x	-----S				
	KBVO			Su	10/20/13	28:30	9:30 AM	AREESUN930A	\$100.00		42
					10/21/13 to 10/27/13	1x	-----S				
	KBVO			Su	10/27/13	28:30	9:30 AM	AREESUN930A	\$100.00		43
3	KBVO	PP Sa-Su 10a-11a									
					09/30/13 to 10/06/13	1x	-----S				
	KBVO			Su	10/06/13	28:29	10:00 AM	YRESUNDAY10A	\$100.00		40
					10/07/13 to 10/13/13	1x	-----S				
	KBVO			Su	10/13/13	28:30	10:00 AM	YRESUNDAY10A	\$100.00		41
					10/14/13 to 10/20/13	1x	-----S				
	KBVO			Su	10/20/13	28:30	10:00 AM	YRESUNDAY10A	\$100.00		42
					10/21/13 to 10/27/13	1x	-----S				
	KBVO			Su	10/27/13	28:30	10:00 AM	YRESUNDAY10A	\$100.00		43
4	KBVO	PP Sa-Su 1030-11a	1030a-11a								

Subject to our standard terms and conditions located at www.linmedia.com/multiplatform-ad-solutions.

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Remit Address:
KBVO
 PO Box 844304
 Dallas, TX 75284
 Main: (512) 476-3636
 Billing: (317) 296-3100

INVOICE

Advertiser	Digital Video Creations
Product	
Estimate Number	

Invoice #	232185-10
Invoice Date	10/27/13
Invoice Month	October 2013
Invoice Period	09/30/13 - 10/27/13

Station	KBVO
Account Executive	Steve Stites
Sales Office	Austin Local Sales Office
Sales Region	Local

Order #	232185
Alt Order #	
Deal #	
Order Flight	12/31/12 - 12/29/14

Billing Calendar	Broadcast
Billing Type	Cash
Special Handling	

IDB #	
Advertiser Code	
Product Code	

Agency Ref	AU5740
Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
 Attention: Accounts Payable
 11421 Viridiana Way
 Austin, TX 78739
 USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
4	KBVO	PP Sa-Su 1030-11a	1030a-11a								
					09/30/13 to 10/06/13	1x	-----S				
	KBVO			Su	10/06/13	28:30	10:30 AM	AREESUN1030A	\$100.00		40
					10/07/13 to 10/13/13	1x	-----S				
	KBVO			Su	10/13/13	28:30	10:30 AM	AREESUN1030A	\$100.00		41
					10/14/13 to 10/20/13	1x	-----S				
	KBVO			Su	10/20/13	28:30	10:30 AM	AREESUN1030A	\$100.00		42
					10/21/13 to 10/27/13	1x	-----S				
	KBVO			Su	10/27/13	28:30	10:30 AM	AREESUN1030A	\$100.00		43
5	KBVO	PP Sa-Su 11-1130a	11a-1130a								
					09/30/13 to 10/06/13	1x	-----S				
	KBVO			Su	10/06/13	28:30	11:00 AM	ATXSUN11A	\$100.00		40
					10/07/13 to 10/13/13	1x	-----S				
	KBVO			Su	10/13/13	28:30	11:00 AM	ATXSUN11A	\$100.00		41
					10/14/13 to 10/20/13	1x	-----S				
	KBVO			Su	10/20/13	28:30	11:00 AM	ATXSUN11A	\$100.00		42
					10/21/13 to 10/27/13	1x	-----S				
	KBVO			Su	10/27/13	28:30	11:00 AM	ATXSUN11A	\$100.00		43
6	KBVO	PP Sa-Su 1130a-12p	1130a-12p								
					09/30/13 to 10/06/13	1x	-----S				
	KBVO			Su	10/06/13	28:30	11:30 AM	AREESUN1130A	\$100.00		40
					10/07/13 to 10/13/13	1x	-----S				
	KBVO			Su	10/13/13	28:30	11:30 AM	AREESUN1130A	\$100.00		41
					10/14/13 to 10/20/13	1x	-----S				
	KBVO			Su	10/20/13	28:30	11:30 AM	AREESUN1130A	\$100.00		42
					10/21/13 to 10/27/13	1x	-----S				
	KBVO			Su	10/27/13	28:30	11:30 AM	AREESUN1130A	\$100.00		43
7	KBVO	PP Sa-Su 12-1230p	12p-1230p								

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Remit Address:
KBVO
 PO Box 844304
 Dallas, TX 75284
 Main: (512) 476-3636
 Billing: (317) 296-3100

INVOICE

Advertiser	Digital Video Creations
Product	
Estimate Number	

Invoice #	232185-10
Invoice Date	10/27/13
Invoice Month	October 2013
Invoice Period	09/30/13 - 10/27/13

Station	KBVO
Account Executive	Steve Stites
Sales Office	Austin Local Sales Office
Sales Region	Local

Order #	232185
Alt Order #	
Deal #	
Order Flight	12/31/12 - 12/29/14

Billing Calendar	Broadcast
Billing Type	Cash
Special Handling	

IDB #	
Advertiser Code	
Product Code	

Agency Ref	AU5740
Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
 Attention: Accounts Payable
 11421 Viridiana Way
 Austin, TX 78739
 USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
7	KBVO	PP Sa-Su 12-1230p	12p-1230p								
					09/30/13 to 10/06/13	1x	-----S				
	KBVO			Su	10/06/13	28:30	12:00 PM	ATXSUN12P	\$100.00		40
					10/07/13 to 10/13/13	1x	-----S				
	KBVO			Su	10/13/13	28:30	12:00 PM	ATXSUN12P	\$100.00		41
					10/14/13 to 10/20/13	1x	-----S				
	KBVO			Su	10/20/13	28:30	12:00 PM	ATXSUN12P	\$100.00		42
					10/21/13 to 10/27/13	1x	-----S				
	KBVO			Su	10/27/13	28:30	12:00 PM	ATXSUN12P	\$100.00		43
8	KBVO	PP Sa-Su 1230p-1p	1230p-1p								
					09/30/13 to 10/06/13	1x	-----S				
	KBVO			Su	10/06/13	28:30	12:30 PM	AREESUN1230P	\$100.00		40
					10/07/13 to 10/13/13	1x	-----S				
	KBVO			Su	10/13/13	28:30	12:30 PM	AREESUN1230P	\$100.00		41
					10/14/13 to 10/20/13	1x	-----S				
	KBVO			Su	10/20/13	28:30	12:30 PM	AREESUN1230P	\$100.00		42
					10/21/13 to 10/27/13	1x	-----S				
	KBVO			Su	10/27/13	28:30	12:30 PM	AREESUN1230P	\$100.00		43
9	KBVO	PP M-Su 830a-9a	PP M-Su 830a-9a								
					09/30/13 to 10/06/13	5x	MTWTF--				
	KBVO			M	09/30/13	28:29	8:30 AM	ATXMONDAY	\$75.00		191
	KBVO			Tu	10/01/13	28:29	8:30 AM	ATXTUESDAY	\$75.00		192
	KBVO			W	10/02/13	28:29	8:30 AM	ATXWEDNESDAY	\$75.00		194
	KBVO			Th	10/03/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		195
	KBVO			F	10/04/13	28:29	8:30 AM	ATXFRIDAY	\$75.00		193
					10/07/13 to 10/13/13	5x	MTWTF--				
	KBVO			M	10/07/13	28:29	8:30 AM	ATXMONDAY	\$75.00		199
	KBVO			Tu	10/08/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		198
	KBVO			W	10/09/13	28:29	8:30 AM	ATXWEDNESDAY	\$75.00		200

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Remit Address:
KBVO
 PO Box 844304
 Dallas, TX 75284
 Main: (512) 476-3636
 Billing: (317) 296-3100

INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-10
Product		Invoice Date	10/27/13
Estimate Number		Invoice Month	October 2013
		Invoice Period	09/30/13 - 10/27/13

Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14

Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	

Agency Ref	AU5740
Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
 Attention: Accounts Payable
 11421 Viridiana Way
 Austin, TX 78739
 USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
9	KBVO	PP M-Su 830a-9a	PP M-Su 830a-9a								
	KBVO			Th	10/10/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		197
	KBVO			F	10/11/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		196
					10/14/13 to 10/20/13	5x	MTWTF--				
	KBVO			M	10/14/13	28:30	8:30 AM	ATXMONDAY	\$75.00		201
	KBVO			Tu	10/15/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		203
	KBVO			W	10/16/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		202
	KBVO			Th	10/17/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		204
	KBVO			F	10/18/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		205
					10/21/13 to 10/27/13	5x	MTWTF--				
	KBVO			M	10/21/13	28:30	8:30 AM	ATXMONDAY	\$75.00		206
	KBVO			Tu	10/22/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		207
	KBVO			W	10/23/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		209
	KBVO			Th	10/24/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		208
	KBVO			F	10/25/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		210

Aired Spots 52

Gross Total \$4,700.00
Agency Commission \$705.00
Net Amount Due \$3,995.00 Payment Terms 30 Days

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 PO Box 844304
 Dallas, TX 75284
 Main: (512) 476-3636
 Billing: (317) 296-3100

INVOICE

Advertiser	Digital Video Creations
Product	
Estimate Number	

Invoice #	232185-9
Invoice Date	09/29/13
Invoice Month	September 2013
Invoice Period	08/26/13 - 09/29/13

Station	KBVO
Account Executive	Steve Sities
Sales Office	Austin Local Sales Office
Sales Region	Local

Order #	232185
Alt Order #	
Deal #	
Order Flight	12/31/12 - 12/29/14

Billing Calendar	Broadcast
Billing Type	Cash
Special Handling	

IDB #	
Advertiser Code	
Product Code	

Agency Ref	AU5740
Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
 Attention: Accounts Payable
 11421 Viridiana Way
 Austin, TX 78739
 USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
3	KBVO	PP Sa-Su 10a-11a		Su	09/15/13	28:28	10:00 AM	YRESUNDAY10A	\$100.00		37
	KBVO				09/16/13 to 09/22/13	1x	-----S				
	KBVO			Su	09/22/13	28:30	10:00 AM	YRESUNDAY10A	\$100.00		38
					09/23/13 to 09/29/13	1x	-----S				
4	KBVO	PP Sa-Su 1030-11a	1030a-11a	Su	09/29/13	28:29	10:00 AM	YRESUNDAY10A	\$100.00		39
	KBVO				08/26/13 to 09/01/13	1x	-----S				
	KBVO			Su	09/01/13	28:30	10:30 AM	AREESUN1030A	\$100.00		35
					09/02/13 to 09/08/13	1x	-----S				
				Su	09/08/13	28:30	10:30 AM	AREESUN1030A	\$100.00		36
					09/09/13 to 09/15/13	1x	-----S				
				Su	09/15/13	28:30	10:30 AM	AREESUN1030A	\$100.00		37
					09/16/13 to 09/22/13	1x	-----S				
				Su	09/22/13	28:30	10:30 AM	AREESUN1030A	\$100.00		38
					09/23/13 to 09/29/13	1x	-----S				
				Su	09/29/13	28:29	10:30 AM	AREESUN1030A	\$100.00		39
5	KBVO	PP Sa-Su 11-1130a	11a-1130a		08/26/13 to 09/01/13	1x	-----S				
	KBVO			Su	09/01/13	28:30	11:00 AM	ATXSUN11A	\$100.00		35
	KBVO				09/02/13 to 09/08/13	1x	-----S				
				Su	09/08/13	28:30	11:00 AM	ATXSUN11A	\$100.00		36
					09/09/13 to 09/15/13	1x	-----S				
				Su	09/15/13	28:30	11:00 AM	ATXSUN11A	\$100.00		37
					09/16/13 to 09/22/13	1x	-----S				
				Su	09/22/13	28:30	11:00 AM	ATXSUN11A	\$100.00		38
					09/23/13 to 09/29/13	1x	-----S				
				Su	09/29/13	28:30	11:00 AM	ATXSUN11A	\$100.00		39

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KBVO
 PO Box 844304
 Dallas, TX 75284
 Main: (512) 476-3636
 Billing: (317) 296-3100

INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-9
Product		Invoice Date	09/29/13
Estimate Number		Invoice Month	September 2013
		Invoice Period	08/26/13 - 09/29/13
Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14
Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	
Agency Ref	AU5740	Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
 Attention: Accounts Payable
 11421 Viridiana Way
 Austin, TX 78739
 USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
6	KBVO	PP Sa-Su 1130a-12p	1130a-12p		08/26/13 to 09/01/13	1x	-----S				
					Su 09/01/13	28:30	11:30 AM	AREESUN1130A	\$100.00	35	
					09/02/13 to 09/08/13	1x	-----S				
					Su 09/08/13	28:30	11:30 AM	AREESUN1130A	\$100.00	36	
					09/09/13 to 09/15/13	1x	-----S				
					Su 09/15/13	28:30	11:30 AM	AREESUN1130A	\$100.00	37	
					09/16/13 to 09/22/13	1x	-----S				
					Su 09/22/13	28:30	11:30 AM	AREESUN1130A	\$100.00	38	
					09/23/13 to 09/29/13	1x	-----S				
					Su 09/29/13	28:30	11:30 AM	AREESUN1130A	\$100.00	39	
7	KBVO	PP Sa-Su 12-1230p	12p-1230p		08/26/13 to 09/01/13	1x	-----S				
					Su 09/01/13	28:29	12:00 PM	ATXSUN12P	\$100.00	35	
					09/02/13 to 09/08/13	1x	-----S				
					Su 09/08/13	28:30	12:00 PM	ATXSUN12P	\$100.00	36	
					09/09/13 to 09/15/13	1x	-----S				
					Su 09/15/13	28:30	12:00 PM	ATXSUN12P	\$100.00	37	
					09/16/13 to 09/22/13	1x	-----S				
					Su 09/22/13	28:30	12:00 PM	ATXSUN12P	\$100.00	38	
					09/23/13 to 09/29/13	1x	-----S				
					Su 09/29/13	28:29	12:00 PM	ATXSUN12P	\$100.00	39	
8	KBVO	PP Sa-Su 1230p-1p	1230p-1p		08/26/13 to 09/01/13	1x	-----S				
					Su 09/01/13	28:30	12:30 PM	AREESUN1230P	\$100.00	35	
					09/02/13 to 09/08/13	1x	-----S				
					Su 09/08/13	28:29	12:30 PM	AREESUN1230P	\$100.00	36	
		09/09/13 to 09/15/13	1x	-----S							

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Remit Address:

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 Dallas, TX 75284
 Main: (512) 476-3636
 Billing: (317) 296-3100

INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-9
Product		Invoice Date	09/29/13
Estimate Number		Invoice Month	September 2013
		Invoice Period	08/26/13 - 09/29/13
Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14
Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	
Agency Ref	AU5740		
Advertiser Ref	AU5740		

Billing Address:

Digital Video Creations
 Attention: Accounts Payable
 11421 Viridiana Way
 Austin, TX 78739
 USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
8	KBVO	PP Sa-Su 1230p-1p	1230p-1p								
	KBVO			Su	09/15/13	28:29	12:30 PM	AREESUN1230P	\$100.00		37
					09/16/13 to 09/22/13	1x	-----S				
	KBVO			Su	09/22/13	28:30	12:30 PM	AREESUN1230P	\$100.00		38
					09/23/13 to 09/29/13	1x	-----S				
	KBVO			Su	09/29/13	28:29	12:30 PM	AREESUN1230P	\$100.00		39
9	KBVO	PP M-Su 830a-9a	PP M-Su 830a-9a								
					08/26/13 to 09/01/13	5x	MTWTF--				
	KBVO			M	08/26/13	28:30	8:30 AM	ATXMONDAY	\$75.00		169
	KBVO			Tu	08/27/13	28:29	8:30 AM	ATXTUESDAY	\$75.00		166
	KBVO			W	08/28/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		168
	KBVO			Th	08/29/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		170
	KBVO			F	08/30/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		167
					09/02/13 to 09/08/13	5x	MTWTF--				
	KBVO			M	09/02/13	28:30	8:30 AM	ATXMONDAY	\$75.00		172
	KBVO			Tu	09/03/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		173
	KBVO			W	09/04/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		174
	KBVO			Th	09/05/13	28:29	8:30 AM	ATXTHURSDAY	\$75.00		175
	KBVO			F	09/06/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		171
					09/09/13 to 09/15/13	5x	MTWTF--				
	KBVO			M	09/09/13	28:30	8:30 AM	ATXMONDAY	\$75.00		177
	KBVO			Tu	09/10/13	28:28	8:30 AM	ATXTUESDAY	\$75.00		176
	KBVO			W	09/11/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		178
	KBVO			Th	09/12/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		180
	KBVO			F	09/13/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		179
					09/16/13 to 09/22/13	5x	MTWTF--				
	KBVO			M	09/16/13	28:30	8:30 AM	ATXMONDAY	\$75.00		182
	KBVO			Tu	09/17/13	28:29	8:30 AM	ATXTUESDAY	\$75.00		185
	KBVO			W	09/18/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		181
	KBVO			Th	09/19/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		183

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**Remit Address:**

KBVO
PO Box 844304
Dallas, TX 75284
Main: (512) 476-3636
Billing: (317) 296-3100

Billing Address:

Digital Video Creations
Attention: Accounts Payable
11421 Viridiana Way
Austin, TX 78739
USA

INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-9
Product		Invoice Date	09/29/13
Estimate Number		Invoice Month	September 2013
		Invoice Period	08/26/13 - 09/29/13
Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14
Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	
		Agency Ref	AU5740
		Advertiser Ref	AU5740

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
9	KBVO	PP M-Su 830a-9a	PP M-Su 830a-9a	F	09/20/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		184
	KBVO				09/23/13 to 09/29/13	5x	MTWTF--				
	KBVO			M	09/23/13	28:30	8:30 AM	ATXMONDAY	\$75.00		189
	KBVO			Tu	09/24/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		187
	KBVO			W	09/25/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		188
	KBVO			Th	09/26/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		190
	KBVO			F	09/27/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		186

Aired Spots **65**

<u>Gross Total</u>	\$5,875.00	
<u>Agency Commission</u>	\$881.25	
<u>Net Amount Due</u>	\$4,993.75	<u>Payment Terms 30 Days</u>

Subject to our standard terms and conditions located at www.linmedia.com/multiplatform-ad-solutions.

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Remit Address:
KBVO
 PO Box 844304
 Dallas, TX 75284
 Main: (512) 476-3636
 Billing: (317) 296-3100

INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-11
Product		Invoice Date	11/24/13
Estimate Number		Invoice Month	November 2013
		Invoice Period	10/28/13 - 11/24/13
Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14
Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	
Agency Ref	AU5740	Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
 Attention: Accounts Payable
 11421 Viridiana Way
 Austin, TX 78739
 USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
1	KBVO	PP Sa-Su 9-930a	9a-930a		10/28/13 to 11/03/13	1x	-----S				
	KBVO			Su	11/03/13	28:30	9:00 AM	ATXSUN9A	\$100.00		44
					11/04/13 to 11/10/13	1x	-----S				
	KBVO			Su	11/10/13	28:30	9:00 AM	ATXSUN9A	\$100.00		45
					11/11/13 to 11/17/13	1x	-----S				
	KBVO			Su	11/17/13	28:30	9:00 AM	ATXSUN9A	\$100.00		46
					11/18/13 to 11/24/13	1x	-----S				
	KBVO			Su	11/24/13	28:29	9:00 AM	ATXSUN9A	\$100.00		47
2	KBVO	PP Sa-Su 930-10a	930a-10a		10/28/13 to 11/03/13	1x	-----S				
	KBVO			Su	11/03/13	28:30	9:30 AM	AREESUN930A	\$100.00		44
					11/04/13 to 11/10/13	1x	-----S				
	KBVO			Su	11/10/13	28:30	9:30 AM	AREESUN930A	\$100.00		45
					11/11/13 to 11/17/13	1x	-----S				
	KBVO			Su	11/17/13	28:29	9:30 AM	AREESUN930A	\$100.00		46
					11/18/13 to 11/24/13	1x	-----S				
	KBVO			Su	11/24/13	28:29	9:30 AM	AREESUN930A	\$100.00		47
3	KBVO	PP Sa-Su 10a-11a			10/28/13 to 11/03/13	1x	-----S				
	KBVO			Su	11/03/13	28:30	10:00 AM	YRESUNDAY10A	\$100.00		44
					11/04/13 to 11/10/13	1x	-----S				
	KBVO			Su	11/10/13	28:30	10:00 AM	YRESUNDAY10A	\$100.00		45
					11/11/13 to 11/17/13	1x	-----S				
	KBVO			Su	11/17/13	28:29	10:00 AM	YRESUNDAY10A	\$100.00		46
					11/18/13 to 11/24/13	1x	-----S				
	KBVO			Su	11/24/13	28:29	10:00 AM	YRESUNDAY10A	\$100.00		47
4	KBVO	PP Sa-Su 1030-11a	1030a-11a								

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INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-11
Product		Invoice Date	11/24/13
Estimate Number		Invoice Month	November 2013
		Invoice Period	10/28/13 - 11/24/13
Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14
Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	
Agency Ref	AU5740	Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
Attention: Accounts Payable
11421 Viridiana Way
Austin, TX 78739
USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
4	KBVO	PP Sa-Su 1030-11a	1030a-11a		10/28/13 to 11/03/13	1x	-----S				
	KBVO			Su	11/03/13	28:30	10:30 AM	AREESUN1030A	\$100.00		44
					11/04/13 to 11/10/13	1x	-----S				
	KBVO			Su	11/10/13	28:30	10:30 AM	AREESUN1030A	\$100.00		45
					11/11/13 to 11/17/13	1x	-----S				
	KBVO			Su	11/17/13	28:29	10:30 AM	AREESUN1030A	\$100.00		46
					11/18/13 to 11/24/13	1x	-----S				
	KBVO			Su	11/24/13	28:29	10:30 AM	AREESUN1030A	\$100.00		47
5	KBVO	PP Sa-Su 11-1130a	11a-1130a		10/28/13 to 11/03/13	1x	-----S				
	KBVO			Su	11/03/13	28:30	11:00 AM	ATXSUN11A	\$100.00		44
					11/04/13 to 11/10/13	1x	-----S				
	KBVO			Su	11/10/13	28:30	11:00 AM	ATXSUN11A	\$100.00		45
					11/11/13 to 11/17/13	1x	-----S				
	KBVO			Su	11/17/13	28:30	11:00 AM	ATXSUN11A	\$100.00		46
					11/18/13 to 11/24/13	1x	-----S				
	KBVO			Su	11/24/13	28:29	11:00 AM	ATXSUN11A	\$100.00		47
6	KBVO	PP Sa-Su 1130a-12p	1130a-12p		10/28/13 to 11/03/13	1x	-----S				
	KBVO			Su	11/03/13	28:30	11:30 AM	AREESUN1130A	\$100.00		44
					11/04/13 to 11/10/13	1x	-----S				
	KBVO			Su	11/10/13	28:30	11:30 AM	AREESUN1130A	\$100.00		45
					11/11/13 to 11/17/13	1x	-----S				
	KBVO			Su	11/17/13	28:30	11:30 AM	AREESUN1130A	\$100.00		46
					11/18/13 to 11/24/13	1x	-----S				
	KBVO			Su	11/24/13	28:29	11:30 AM	AREESUN1130A	\$100.00		47
7	KBVO	PP Sa-Su 12-1230p	12p-1230p		10/28/13 to 11/03/13	1x	-----S				

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INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-11
Product		Invoice Date	11/24/13
Estimate Number		Invoice Month	November 2013
		Invoice Period	10/28/13 - 11/24/13
Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14
Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	
Agency Ref	AU5740	Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
 Attention: Accounts Payable
 11421 Viridiana Way
 Austin, TX 78739
 USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
7	KBVO	PP Sa-Su 12-1230p	12p-1230p		10/28/13 to 11/03/13	1x	-----S				
	KBVO			Su	11/03/13	28:30	12:00 PM	ATXSUN12P	\$100.00		44
	KBVO				11/04/13 to 11/10/13	1x	-----S				
	KBVO			Su	11/10/13	28:30	12:00 PM	ATXSUN12P	\$100.00		45
	KBVO				11/11/13 to 11/17/13	1x	-----S				
	KBVO			Su	11/17/13	28:30	12:00 PM	ATXSUN12P	\$100.00		46
	KBVO				11/18/13 to 11/24/13	1x	-----S				
	KBVO			Su	11/24/13	28:29	12:00 PM	ATXSUN12P	\$100.00		47
8	KBVO	PP Sa-Su 1230p-1p	1230p-1p		10/28/13 to 11/03/13	1x	-----S				
	KBVO			Su	11/03/13	28:30	12:30 PM	AREESUN1230P	\$100.00		44
	KBVO				11/04/13 to 11/10/13	1x	-----S				
	KBVO			Su	11/10/13	28:30	12:30 PM	AREESUN1230P	\$100.00		45
	KBVO				11/11/13 to 11/17/13	1x	-----S				
	KBVO			Su	11/17/13	28:30	12:30 PM	AREESUN1230P	\$100.00		46
	KBVO				11/18/13 to 11/24/13	1x	-----S				
	KBVO			Su	11/24/13	28:29	12:30 PM	AREESUN1230P	\$100.00		47
9	KBVO	PP M-Su 830a-9a	PP M-Su 830a-9a		10/28/13 to 11/03/13	5x	MTWTF--				
	KBVO			M	10/28/13	28:30	8:30 AM	ATXMONDAY	\$75.00		213
	KBVO			Tu	10/29/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		214
	KBVO			W	10/30/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		215
	KBVO			Th	10/31/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		211
	KBVO			F	11/01/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		212
	KBVO				11/04/13 to 11/10/13	5x	MTWTF--				
	KBVO			M	11/04/13	28:30	8:30 AM	ATXMONDAY	\$75.00		219
	KBVO			Tu	11/05/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		218
	KBVO			W	11/06/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		216

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INVOICE

Advertiser	Digital Video Creations	Invoice #	232185-11
Product		Invoice Date	11/24/13
Estimate Number		Invoice Month	November 2013
		Invoice Period	10/28/13 - 11/24/13
Station	KBVO	Order #	232185
Account Executive	Steve Stites	Alt Order #	
Sales Office	Austin Local Sales Office	Deal #	
Sales Region	Local	Order Flight	12/31/12 - 12/29/14
Billing Calendar	Broadcast	IDB #	
Billing Type	Cash	Advertiser Code	
Special Handling		Product Code	
Agency Ref	AU5740	Advertiser Ref	AU5740

Billing Address:

Digital Video Creations
Attention: Accounts Payable
11421 Viridiana Way
Austin, TX 78739
USA

Line	Channel	Description	Time	Day	Date	Length	Air Time	Ad-ID	Rate	Reconciliation	Ref #
9	KBVO	PP M-Su 830a-9a	PP M-Su 830a-9a								
	KBVO			Th	11/07/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		217
	KBVO			F	11/08/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		220
				11/11/13 to 11/17/13		5x	MTWTF--				
	KBVO			M	11/11/13	28:30	8:30 AM	ATXMONDAY	\$75.00		221
	KBVO			Tu	11/12/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		222
	KBVO			W	11/13/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		223
	KBVO			Th	11/14/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		225
	KBVO			F	11/15/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		224
				11/18/13 to 11/24/13		5x	MTWTF--				
	KBVO			M	11/18/13	28:29	8:30 AM	ATXMONDAY	\$75.00		228
	KBVO			Tu	11/19/13	28:30	8:30 AM	ATXTUESDAY	\$75.00		227
	KBVO			W	11/20/13	28:30	8:30 AM	ATXWEDNESDAY	\$75.00		230
	KBVO			Th	11/21/13	28:30	8:30 AM	ATXTHURSDAY	\$75.00		226
	KBVO			F	11/22/13	28:30	8:30 AM	ATXFRIDAY	\$75.00		229

Aired Spots **52**

Gross Total **\$4,700.00**
Agency Commission **\$705.00**
Net Amount Due **\$3,995.00** **Payment Terms 30 Days**

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12/03/13

Digital Exposure
Profit and Loss Standard
January 2011 through December 2012

	<u>Jan '11 - Dec '...</u>
Ordinary Income/Expense	
Income	
Sales	190,137.00
Total Income	<u>190,137.00</u>
Cost of Goods Sold	
Commissions Paid	950.00
Media Purchased for Clients	80,436.07
Subcontracted Services	150.00
Total COGS	<u>81,536.07</u>
Gross Profit	108,600.93
Expense	
Automobile Expense	3,415.09
Bank Service Charges	1,649.62
Charity	150.00
Computer and Internet Expe...	1,433.17
Equipment Rental	1,253.93
Marketing Expense	782.76
Meals and Entertainment	3,740.80
Office Supplies	737.49
Postage and Delivery	98.92
Professional Fees	7,350.00
Rent Expense	1,000.00
Travel Expense	301.51
Utilities	108.24
Total Expense	<u>22,021.53</u>
Net Ordinary Income	86,579.40
Other Income/Expense	
Other Expense	
Tax Expense	2,029.00
Total Other Expense	<u>2,029.00</u>
Net Other Income	<u>-2,029.00</u>
Net Income	<u><u>84,550.40</u></u>

PREPARED BY	
CHECKED BY	
APPROVED BY	

Yakerson
 DIGITAL Exposure - SCH C 1-2-3
 Y/E 12-31-2012

LINE No.	I. D. #	(1)	(2)	(3)	(4)	TOTAL
		27-2821299	45-4552294	548-45-4170		
1	Gross Receipts	92798	19799	25649		138244
3	Cost of Goods Sold	43986	9385	12533		65904
5	Gross INCOME	48812	10414	13114		72340
7	<u>Expenses</u>					
8	Advertising	-	625	700		1325
9	CAR → Truck exp	6390-	1554	2081		10025
10	Legal + prof. exp	4360-	990	2000		7350
11	OFF EXP.	737-	233	815		1785
12	RENT BUS. PROPERTY	4400-	600	900		5900
13	REPAIR + MAINT.	428-	75	81		584
14	TRAVEL	302-	-	-		302
15	MERCH + ENT.	1070-	330	413		1813
16	POSTAGE	398-	105	178		681
17	TELE	730-	180	235		1145
18	CELL PHONE	2164-	455	654		3273
19	SUBSCRIPTIONS	300-	-	-		300
20	COMPUTER SUPP	833-	380	511		1724
21	ONSITE CATERING	1415-	675	820		2910
22	AIR FARE TO LA-TX	2821-	-	-		2821
23	CAR RENTAL LA-TX	675-	-	-		675
24	BK SERV. CHG.	1249-	-	-		1249
25	EQUIP RENTAL	1253-	712	928		2893
26	MARKETING	783-	385	522		1690
29	TOTAL EXPENSES	30308	7299	10838		48445
32	Profit < LOSS >	18504	3115	2276		23895

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. See instructions.**2011**Declaration Control Number (DCN) ▶ **00965222262212**

Taxpayer's name

RONALD A YAKERSON

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	19,025
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	3,678
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	9
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	1,547
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, 2011, 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. 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.

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 2011 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 2011 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 ▶ **07/17/12**

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 2011 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 2011 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 ▶ **07/17/12****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.

96522212345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 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 ▶ **07/17/12**

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

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

Form **8879** (2011)

DAA

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2011** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1—Dec. 31, 2011, or other tax year beginning 2011, 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 [REDACTED] Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **11421 VIRIDIAN WAY** Apt. no. **▲ 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/county 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. **Check only one box.**

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.) **2**
e lived with you 2
e 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]	YAKERSON	[REDACTED]	SON	<input checked="" type="checkbox"/>
[REDACTED]	YAKERSON	[REDACTED]	SON	<input checked="" type="checkbox"/>

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

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	2,960
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	32
	b	Qualified dividends	9b	32
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	15,073
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-3,000
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	9,355
	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	24,420

Adjusted Gross Income	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	2,115
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	3,280
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid	31a	
	b	Recipient's SSN		
	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	5,395
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	19,025

Taxpayer Name RONALD A YAKERSON
 Spouse Name [REDACTED] 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 [REDACTED]

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) 07/17/12

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

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

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

RONALD A & ANDREA C YAKERSON

Form 8867 (2011)

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 2011?</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 2011? 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 2011? 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 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, 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 responses you received.)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>23 Did you keep the following records?</p> <ul style="list-style-type: none"> • Form 8867, • The EIC worksheet(s) or your own worksheet(s), • A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and • Copies of any documents provided by the taxpayer and on which you relied to complete the form and the worksheet 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>▶ If you checked "Yes" on lines 20, 21, 22, and 23, submit Form 8867 in the manner required, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.</p> <p>▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply.</p>	

RONALD A & ANDREA C YAKERSON

Form 8867 (2011)

Part II Taxpayers With a Child

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

- 8 Child's name
- 9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?
- 10 Is either of the following true?
 • The child is unmarried, or
 • The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund).
- 11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering
- 12 Was the child (at the end of 2011)—
 • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),
 • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or
 • Any age and permanently and totally disabled?
 ▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12 on page 4.
- 13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?
 ▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.
- b Enter the child's relationship to the other person(s)
- c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering
 ▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.
- 14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering
 ▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC 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 "Yes" on line 14, continue.
- 15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit
 ▶ If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.

Child 1	Child 2	Child 3
[REDACTED]	[REDACTED]	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No Don't know
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Earned Income Credit Checklist**▶ For more information about Form 8867, see www.irs.gov/form8867

▶ To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

OMB No. 1545-1629

2011Attachment
Sequence No. 177

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 ▶ ROBERT S CLARKE, C.P.A. [REDACTED]	
2	Is the taxpayer's filing status married filing separately? ▶ If you checked "Yes" on line 2, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 ▶ If you checked "No" on line 3, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4	Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? ▶ If you checked "Yes" on line 4, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a	Was the taxpayer a nonresident alien for any part of 2011? ▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Is the taxpayer's filing status married filing jointly? ▶ If you checked "Yes" on line 5a and "No" on line 5b, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is the taxpayer's investment income more than \$3,150? See Rule 6 in Pub. 596 before answering ▶ If you checked "Yes" on line 6, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2011? 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 ▶ If you checked "Yes" on line 7, stop ; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see page 4.

Form **8867** (2011)

Form **1040** | **Salaries & Wages Report** | **2011**

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

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	CEDAR PARK OPERATING CO.	2,840		2,840
B T	PUBLIC ACCESS COMM. TV	120		120
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		2,960		2,960
Spouse				
Totals		2,960		2,960

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	119	2,840	41				
B	5	120	2				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	124	2,960	43				
Spouse							
Totals	124	2,960	43				

	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						
Taxpayer						
Spouse						
Totals						

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

Carryover Item	Available to 2011	2011 Amounts	Carryover to 2012
Excess section 179	_____	_____	_____
Minimum tax credit	_____	_____	_____
Investment interest	_____	_____	_____
Investment interest - AMT	_____	_____	_____
Short-term capital loss	5,426	_____	5,426
Short-term capital loss - AMT	_____	_____	_____
Long-term capital loss	76,667	_____	76,667
Long-term capital loss - AMT	76,093	UTILIZED	73,093
Residential energy efficient property	_____	_____	_____
D.C. first-time homebuyer credit	_____	_____	_____
Tax credit bonds	_____	_____	_____

Nonrecaptured Section 1231 Losses - Line 8, Form 4797

AMT Nonrecaptured Section 1231 Losses - Line 8, Form 4797

2006 Amounts	_____	_____
2007 Amounts	_____	_____
2008 Amounts	_____	_____
2009 Amounts	_____	_____
2010 Amounts	_____	_____
Available to 2011	_____	_____
2011 Amounts	_____	_____
Carryover to 2012	_____	_____

2006 Amounts	_____	_____
2007 Amounts	_____	_____
2008 Amounts	_____	_____
2009 Amounts	_____	_____
2010 Amounts	_____	_____
Available to 2011	_____	_____
2011 Amounts	_____	_____
Carryover to 2012	_____	_____

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

FYE: 12/31/2011

SING. FAM. RES.

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
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>
<u>Other Depreciation:</u>					
1		6/14/06	60,000	0	0
3	ESCROW FEES	6/14/06	6,742	674	674
	Total Other Depreciation		<u>66,742</u>	<u>674</u>	<u>674</u>
	Total ACRS and Other Depreciation		<u>66,742</u>	<u>674</u>	<u>674</u>
	Grand Totals		<u>294,334</u>	<u>6,364</u>	<u>6,364</u>

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

FYE: 12/31/2011

VIDEO PRODUCTION SERVICE-EXPOSURE

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	VIDEO EQUIP	6/01/99	8.120	0	0
			<u>8.120</u>	<u>0</u>	<u>0</u>
Listed Property:					
2	GMC TRK-2003	4/01/03	33.000	0	0
			<u>33.000</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>41.120</u>	<u>0</u>	<u>0</u>

AMT Asset Report

FYE: 12/31/2011

VIDEO PRODUCTION SERVICE-EXPOSURE

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:								
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>
Listed Property:								
2	GMC TRK-2003	4/01/03	33.000	56.43	14.197	5 HY 150DB	26.760	Std. Mileage
			<u>33.000</u>		<u>14.197</u>		<u>26.760</u>	<u>0</u>
Grand Totals			41.120		22.317		34.744	0
Less: Dispositions and Transfers			0		0		0	0
Net Grand Totals			<u>41.120</u>		<u>22.317</u>		<u>34.744</u>	<u>0</u>

AMT Asset Report

FYE: 12/31/2011

SING. FAM. RES.

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
2	SING. FAM. RES	6/14/06	227,592			227,592	27 MMS/L	25,841	5,690
			<u>227,592</u>			<u>227,592</u>		<u>25,841</u>	<u>5,690</u>
Other Depreciation:									
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	3,034	674
	Total Other Depreciation		<u>66,742</u>			<u>66,742</u>		<u>3,034</u>	<u>674</u>
	Total ACRS and Other Depreciation		<u>66,742</u>			<u>66,742</u>		<u>3,034</u>	<u>674</u>
	Grand Totals		294,334			294,334		28,875	6,364
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>294,334</u>			<u>294,334</u>		<u>28,875</u>	<u>6,364</u>

Federal Statements**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	\$ 7,496		\$ 7,496
TOTAL	\$ 7,496		\$ 7,496

Form 6251, Line 19 - Passive Activities

<u>Description</u>	<u>Form/Sch</u>	<u>AMT Inc/Loss</u>	<u>Regular Inc/Loss</u>	<u>Difference Line 20</u>
SING. FAM. RES.	SCH E1	\$ -5,520	\$ -5,520	\$ 0
TOTAL		\$ -5,520	\$ -5,520	\$ 0

Form 6251, Line 20 - Loss Limitations

<u>Description</u>	<u>Form/Sch</u>	<u>AMT Inc/Loss</u>	<u>Regular Inc/Loss</u>	<u>Difference Line 21</u>
DIGITAL EXPOSURE	SCH E2	\$ 14,875	\$ 14,875	\$ 0
TOTAL		\$ 14,875	\$ 14,875	\$ 0

Federal Statements**Form 1040, Dividend Income**

Payer	Ordinary Dividends	Qualified Dividends
WALT DISNEY CO.	\$ 32	\$ 32
TOTAL	<u>\$ 32</u>	<u>\$ 32</u>

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

Description	Amount
GENERAL SALES TAX	\$ 332
TOTAL	<u>\$ 332</u>

Schedule A, Line 6 - Real Estate Taxes

Description	Amount
PRIMARY RES-TX	\$ 8,308
TOTAL	<u>\$ 8,308</u>

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

Description	Amount
WELLS FARGO	\$ 16,925
TOTAL	<u>\$ 16,925</u>

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

Description	Amount
MISC CHARITIES	\$ 360
TOTAL	<u>\$ 360</u>

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

Description	Amount
MISC THRIFT SHOPS	\$ 250
TOTAL	<u>\$ 250</u>

Form **1040****Self-Employed Health Insurance Deduction Worksheet****2011**

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 2011 for health insurance coverage established under your business for 2011 for you, your spouse, and your dependents. Your insurance can also cover your child who was under age 27 at the end of 2011, 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 2011.
 - 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)
1. 3,280
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.
- \$340 ---if that person is age 40 or younger
 - \$640 ---if age 41 to 50
 - \$1,270 ---if age 51 to 60
 - \$3,390 ---if age 61 to 70
 - \$4,240 ---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 2011. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts
2. _____
3. Add lines 1 and 2
3. 3,280
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. 15,073
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. 29,948
6. Divide line 4 by line 5
6. 0.5033
7. Multiply Form 1040, line 27, by the percentage on line 6
7. 1,064
8. Subtract line 7 from line 4
8. 14,009
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. 14,009
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. 14,009
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. 3,280

Form **1040****Schedule EIC Worksheet 2****2011**

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

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. 29,948

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

c. Add lines 1a and 1b. 1c. 29,948

d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. 1d. 2,115

e. Subtract line 1d from line 1c. 1e. 27,833

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 1c, or Schedule C-EZ, line 1c, 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. 2,960

b. Combine lines 1e, 2c, 3 and 4a. **This is your total earned income.** 4b. 30,793

Is the amount on line 4b less than:

- \$43,998 (\$49,078 for married filing jointly) if you have 3 or more qualifying children, or
- \$40,964 (\$46,044 for married filing jointly) if you have 2 qualifying children, or
- \$36,052 (\$41,132 for married filing jointly) if you have one qualifying child, or
- \$13,660 (\$18,740 for married filing jointly) if you do not have a qualifying child?

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

5. Look up the the amount on line 4b above in the EIC Table in the instructions to find the credit. Use the correct column for your filing status. Enter the credit here. 5. 3,216

6. Enter your adjusted gross income (line 38 of Form 1040; line 22 of Form 1040A; or line 4 of Form 1040-EZ). 6. 19,025

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 \$7,600 (\$12,700 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 6 less than \$16,700 (\$21,800 if married filing jointly)?

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

8. Look at the amounts on lines 5 and 7. Then, enter the smaller amount on line 8. **This is your earned income credit.** 8. 3,216

Form **1040****Schedule EIC Worksheet 1****2011**

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. 32
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 23d, 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. 32

Worksheet 2. Earned Income

1. Enter the amount from line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ). 1. 2,960
2. If you received a taxable scholarship or fellowship grant that was not reported to you on a form W-2 but was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. 2. _____
3. Clergy. If you are a member of the clergy who files Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on line 7 (Form 1040), enter that amount. 3. _____
4. Church employees. If you received wages as a church employee, enter any amount you included on both line 5a of Schedule SE and line 7 (Form 1040). 4. _____
5. If you received a pension or annuity from a nonqualified deferred compensation plan or a section 457 plan and it was included in the total on line 7 (Form 1040 or Form 1040A) or line 1 (Form 1040EZ), enter the amount. (This amount may be reported in box 11 of your Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount of the pension or annuity.) 5. _____
6. Add the amounts on lines 2, 3, 4 and 5 of this worksheet. 6. _____
7. If you received nontaxable combat pay that you elect to include in earned income, enter the amount. 7. _____
8. Subtract line 6 of this worksheet from line 1. Add to this amount any nontaxable combat pay from line 7. This is your earned income. 8. 2,960

Form **1040****Capital Loss Carryover Worksheets****2011**

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

2011 to 2012 Capital Loss Carryover Worksheet

Use this worksheet to figure your capital loss carryovers from 2011 to 2012 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>(7,527)</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. _____
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. _____
7. Add lines 4 and 6	7. _____
8. Short-term capital loss carryover to 2012. 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. _____
11. Subtract line 5 from line 4. If zero or less, enter -0-	11. <u>0</u>
12. Add lines 10 and 11	12. _____
13. Long-term capital loss carryover to 2012. Subtract line 12 from line 9. If zero or less, enter -0-	13. <u>76,667</u>

2011 to 2012 Capital Loss Carryover Worksheet, AMT

Use this worksheet to figure AMT capital loss carryovers from 2011 to 2012 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>1,490</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>4,490</u>
4. Enter the smaller of line 2 or line 3	4. <u>3,000</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. _____
6. Enter the gain, if any, from AMT Schedule D, line 15	6. _____
7. Add lines 4 and 6	7. _____
8. AMT Short-term capital loss carryover to 2012. Subtract line 7 from line 5. If zero or less, enter -0-	8. _____
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>76,093</u>
10. Enter the gain, if any, from AMT Schedule D, line 7	10. _____
11. Subtract line 5 from line 4. If zero or less, enter -0-	11. <u>3,000</u>
12. Add lines 10 and 11	12. <u>3,000</u>
13. AMT Long-term capital loss carryover to 2012. Subtract line 12 from line 9. If zero or less, enter -0-	13. <u>73,093</u>

Form 982 Reduction of Capital Loss Carryovers to 2012

	Regular	AMT
1. Subtract line 7 from line 5	1. _____	_____
2. Form 982 line 9 reduced net capital loss applied to short-term capital loss carryover	2. _____	_____
3. Adjusted Short-term capital loss carryover to 2012. Subtract line 2 from line 1. Enter this amount on line 8 above	3. _____	_____
4. Subtract line 12 from line 9	4. _____	_____
5. Form 982 line 9 reduced net capital loss applied to long-term capital loss carryover	5. _____	_____
6. Adjusted Long-term capital loss carryover to 2012. Subtract line 5 from line 4. Enter this amount on line 13 above	6. _____	_____

Form **1040****Child Tax Credit - Taxable Earned Income Worksheet****2011**

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

Before you begin:

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

1.a. Enter the amount from Form 1040, line 7 or Form 1040NR, line 8.	1a.	<u>2,960</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. Next, if you are filing Schedule C, C-EZ, F or SE, or you received a Schedule K-1 (Form 1065 or Form 1065-B), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.	1b.	_____
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>29,948</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 Form 8812, whichever applies.	3.	<u>32,908</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>2,115</u>
7. Add lines 4a through 4c, 5c, and 6	7.	<u>2,115</u>
8. Subtract line 7 from line 3	8.	<u>30,793</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 Form 8812, enter this amount on line 4a of that form.

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

Form **1040****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. 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.
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 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.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19
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.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 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
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Name **RONALD A & ANDREA C YAKERSON** Taxpayer Identification Number XXXXXXXXXX

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
Allowable Deduction	7,189			7,189

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

Name

RONALD A YAKERSON

Taxpayer Identification Number

Name of Entity

DIGITAL EXPOSURE

EIN

Passive Activity Type **NOT PASSIVE**

K1 Unit

1

1. Beginning of year basis. Per IRC 705(a)(2) do not enter an amount below zero	1.	<u>5,574</u>
Increases to basis:		
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. Adjusted basis before items decreasing basis. Add line 1 and line 19	20.	<u>5,574</u>
Decreases to basis:		
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. Adjusted basis before items of loss or deductions (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. Gain recognized on excess distributions. (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. Gain recognized on appreciated property	35.	_____
36. Total gain recognized on distributions	36.	<u>0</u>

Form 1040	Partner's Basis Worksheet Page 2	2011
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Name RONALD A YAKERSON	Taxpayer Identification Number [REDACTED]
----------------------------------	--

Name of Entity DIGITAL EXPOSURE	EIN [REDACTED]
Passive Activity Type NOT PASSIVE	K1 Unit 1

	Suspended Amount	Current Year	Total Loss	Percent	Allowed Loss	Disallowed Loss Carryforward
Nondeductible noncap exp						
Nondeductible expenses		537				
Cash contributions (50%)						
Cash contributions (30%)						
Noncash contrib (50%)						
Noncash contrib (30%)						
Cap gain prop 50% (30%)						
Cap gain prop (20%)						
Foreign taxes						
Total nonded noncap exp		537	537		537	
Ptrship losses and deductions						
Ordinary business loss		2,925	2,925	1.0000	2,925	
Net rental real estate loss						
Other net rental loss						
Short-term capital loss						
Long-term capital loss						
28% capital loss						
4797 Part I						
4797 Part II						
Other portfolio loss						
1256 contracts/straddles						
Other losses - Sch E						
Other losses - 1040 pg 1						
Section 179 expense						
Portfolio deduct (2% floor)						
Portfolio deduct (other)						
Investment interest expense						
Depletion						
Deductions-royalty income						
Intang drilling expensed						
Preproductive period exp.						
Commercial revital ded						
Reforestation expense ded.						
Other deductions						
Total losses and deductions		2,925	2,925	1.0000	2,925	

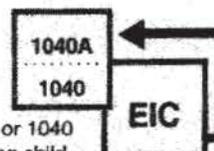
Federal Statements**VIDEO PRODUCTION SERVICE-EXPOSURE****Statement 1 - Schedule C, Cost of Goods Sold, Line 39 - Other Costs**

<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
 [REDACTED]

YAKERSON
 [REDACTED]

Your social security number

[REDACTED]

Before you begin:

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

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

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

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name	Child 1	Child 2	Child 3
If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name Last name [REDACTED] YAKERSON	First name Last name [REDACTED] 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.	[REDACTED]	[REDACTED]	
3 Child's year of birth 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 <u>1998</u>	Year <u>2001</u>	Year _____
4a Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.
b Was the child permanently and totally disabled during any part of 2011?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON	SON	
6 Number of months child lived with you in the United States during 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."	<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) 2011

Form **8812**

Additional Child Tax Credit

1040
1040A
1040NR

8812

OMB No. 1545-0074

2011

Attachment
Sequence No. **47**

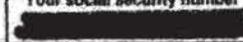
Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

RONALD A & ANDREA C YAKERSON

Your social security number



Part I All Filers

1	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 51).				
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 33).				
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 48).				
	If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.				
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48			2	
3	Subtract line 2 from line 1. If zero, stop; you cannot take this credit			3	2,000
4a	Earned income (see instructions on back)	4a	30,793		
b	Nontaxable combat pay (see instructions on back)	4b			
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	27,793		
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input checked="" type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.			6	4,169

Part II Certain Filers Who Have Three or More Qualifying Children

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

Part III Additional Child Tax Credit

13	This is your additional child tax credit	13	2,000
-----------	--	-----------	--------------

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

▶ See separate instructions.

2011Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Your social security number

RONALD A & ANDREA C YAKERSON

[REDACTED]

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 smaller 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	Alternative minimum taxable income. 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.)		
	IF your filing status is . . .	AND line 28 is not over . . .	THEN enter on line 29 . . .
	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	If line 28 is over the amount shown above for your filing status, see instructions.		74,450
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"> If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. 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 figured for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. All others: 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. 	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	AMT. 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

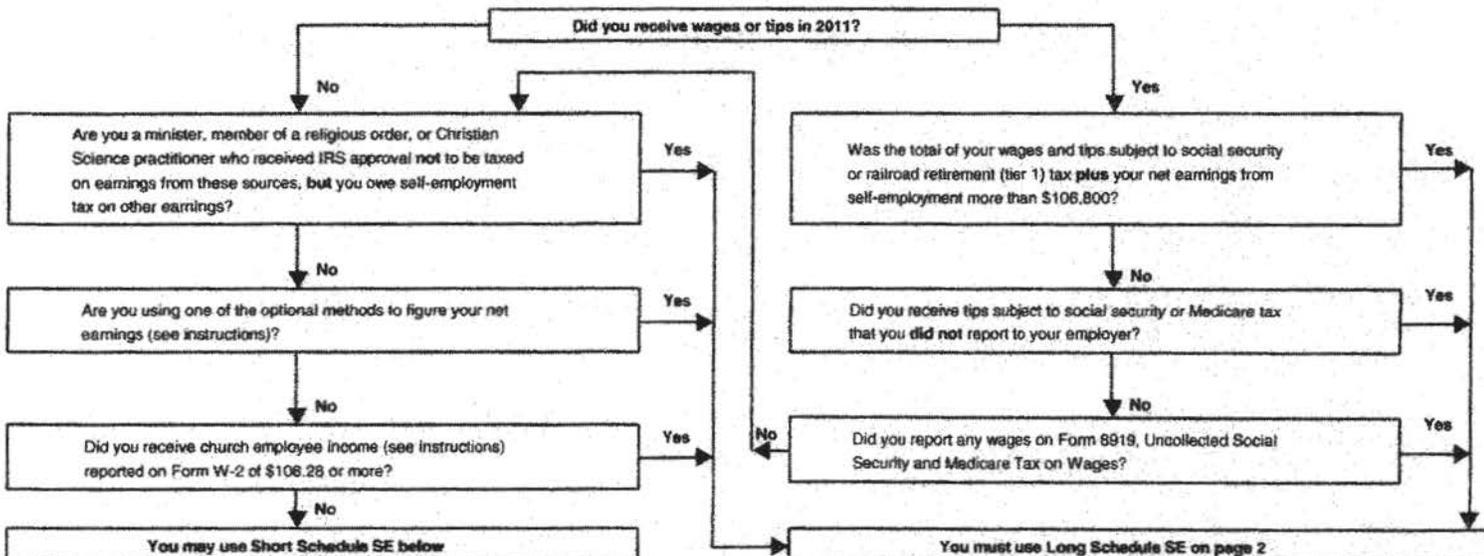
Social security number of person with self-employment income ▶

[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.

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	29,948
3	Combine lines 1a, 1b, and 2	3	29,948
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	27,657
5	Self-employment tax. If the amount on line 4 is: ● \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 ● More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	3,678
6	Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: ● \$14,204.40 or less, multiply line 5 by 57.51% (.5751) ● More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	2,115

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
A		2,925	
B			
C			
D			
29a Totals			17,800
b Totals		2,925	
30 Add columns (g) and (i) 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	Fair Rental Days			Personal Use Days	QJV
				A	B	C		
A	2829 CENT. OLYMPIC PARK AUSTIN, TEXAS 78732	1		365				
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
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 Income. Add positive amounts shown on line 21. Do not include any losses			0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here			5,520
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2			-5,520

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

DAA

RONALD A & ANDREA C YAKERSON

Schedule D (Form 1040) 2011

Page 2

Part III Summary

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

Schedule D (Form 1040) 2011

**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 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.	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II				
9 Long-term totals from all Forms 8949 with box B checked in Part II				
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) 2011

RONALD A YAKERSON

Schedule C (Form 1040) 2011 VIDEO PRODUCTION SERVICE-EXPOSURE

Part III Cost of Goods Sold (see instructions)

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

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

Table with 3 columns: Description, Line Number, Amount. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs (SEE STATEMENT 1), 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

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 2011, enter the number of miles you used your vehicle for:

a Business 13,500 b Commuting (see instructions) 3,600 c Other 6,825

45 Was your vehicle available for personal use during off-duty hours? [X] Yes [] No
46 Do you (or your spouse) have another vehicle available for personal use? [X] Yes [] No
47a Do you have evidence to support your deduction? [X] Yes [] No
b If "Yes," is the evidence written? [X] Yes [] No

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

Table with 2 columns: Expense Description, Amount. Rows include: POSTAGE (788), TELEPHONE (880), CELL PHONE (3,161), SUBSCRIPTIONS (420), COMPUTER SUPPLIES (842), ONSITE CATERING (10,212), OFFICE FURNITURE & EQUIP (2,936), AIR FARE TX TO LA & RETURN TX (2,525), CAR RENTAL TX TO LA (890), 48 Total other expenses (22,654).

SCHEDULE C
(Form 1040)
Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2011
Attachment
Sequence No. **09**Department of the Treasury
Internal Revenue Service (99)▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec

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

Name of proprietor

RONALD A YAKERSON

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)**VIDEO PRODUCTION SERVICE-EXPOSURE****B** Enter code from instructions▶ **541990****C** Business name. If no separate business name, leave blank.**DIGITAL VIDEO CREATIONS****D** Employer ID number (EIN), (see instr.)**E** Business address (including suite or room no.) ▶ **11421 VIRIDIAN WAY**

City, town or post office, state, and ZIP code

AUSTIN**TX 78739****F** Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶**G** Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses Yes No**H** If you started or acquired this business during 2011, check here**I** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) Yes No**J** If "Yes," did you or will you file all required Forms 1099? Yes No**Part I Income**

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

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

8 Advertising	8	720	18 Office expense (see instructions)	18	1,428
9 Car and truck expenses (see instructions)	9	7,189	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	8,400
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	617
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	1,095
17 Legal and professional services	17	1,241	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	22,654
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	43,344			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	15,073			
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31	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.					
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 entered an amount on line 1c, see the instructions for line 31. 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) 2011

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2011

Attachment
Sequence No. **08**

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

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

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 ▶

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

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

Amount

1

2

3

4

Amount

5

6

32

32

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

Standard Deduction for—

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

• All others: Single or Married filing separately, \$5,800

Married filing jointly or Qualifying widow(er), \$11,600

Head of household, \$8,500

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

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

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 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. **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

Medical and Dental Expenses	Caution. 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	
Taxes You Paid	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 ▶	8		377		
CAR LICENSES					
9 Add lines 5 through 8				9	9,017
Interest You Paid	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
Gifts to Charity	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
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)				20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22 Tax preparation fees	22			
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38	25			
	26 Multiply line 25 by 2% (.02)	26			
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶				28
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29		26,552	
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 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 RONALD A YAKERSON		Social security number [REDACTED]
Spouse's name [REDACTED] YAKERSON		Spouse's social security number [REDACTED]

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	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 **12345**
ERO firm name
 as my signature on my tax year 2012 electronically filed income tax return. Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 08/16/13

Spouse's PIN: check one box only

I authorize ROBERT CLARKE, CPA to enter or generate my PIN **67890**
ERO firm name
 as my signature on my tax year 2012 electronically filed income tax return. Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2012 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 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. **[REDACTED]**
do not enter all zeros

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

ERO's signature ▶ ROBERT CLARKE, CPA Date ▶ 08/16/13

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

DAA

TAXPAYER'S COPY

RONALD A & 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"/> i | 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"/> k | Did not rely on any documents, but made notes in file |
| <input type="checkbox"/> f | Records of expenses provided by taxpayer | <input type="checkbox"/> l | Did not rely on any documents |
| <input checked="" type="checkbox"/> g | Taxpayer summary of expenses | | |

► 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)

RONALD A & 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 & 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? • The child is unmarried, or • The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund).	<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)— • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? ▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.	<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? ▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.	<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 ▶ 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.	<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 ▶ 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.	<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 ▶ 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.			<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.

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

OMB No. 1545-1629

Department of the Treasury
Internal Revenue Service

▶ To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.**2012**Attachment
Sequence No. 177

Taxpayer name(s) shown on return

RONALD A & ANDREA C YAKERSON

Taxpayer's social security number

[REDACTED]

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

● Investment Income

● Qualifying Child

● Earned Income

● Full-time Student

Part I All Taxpayers

1	Enter preparer's name and PTIN ▶ ROBERT S CLARKE, C.P.A. P01068979	
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)

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

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

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				
Taxpayer		4,029		4,029
Spouse				
Totals		4,029		4,029

	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							
Taxpayer	169	4,029	58				
Spouse							
Totals	169	4,029	58				

	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						
Taxpayer						
Spouse						
Totals						

Form 1040	Carryover Report	2012
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Name RONALD A & ANDREA C YAKERSON	Taxpayer Identification Number XXXXXXXXXX
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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	5,426	_____	_____	5,426
Short-term capital loss - AMT	_____	_____	_____	_____
Long-term capital loss	76,667	_____	_____	76,667
Long-term capital loss - AMT	73,093	UTILIZED	-477	72,616
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	_____	_____

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>
<u>Prior MACRS:</u>					
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>
<u>Other Depreciation:</u>					
1		6/14/06	60,000	0	0
3	ESCROW FEES	6/14/06	6,742	674	674
	Total Other Depreciation		<u>66,742</u>	<u>674</u>	<u>674</u>
	Total ACRS and Other Depreciation		<u>66,742</u>	<u>674</u>	<u>674</u>
	Grand Totals		<u>294,334</u>	<u>6,364</u>	<u>6,364</u>